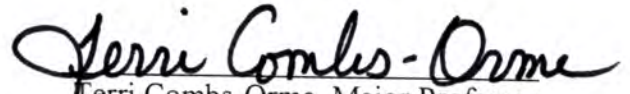
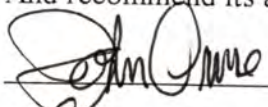


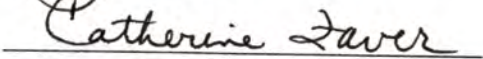
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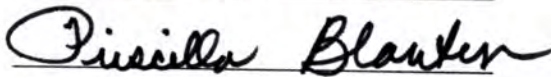
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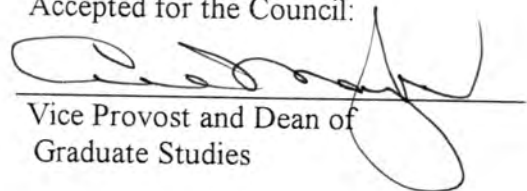
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FAMILY STRUCTURE, RELIGIOUSNESS AND INFANT GENDER EFFECTS
ON PARENTING PRACTICES IN THE AFRICAN-AMERICAN FAMILY

A Dissertation Presented for
The Degree of Doctor of Philosophy
The University of Tennessee, Knoxville

Daphne S. Cain

May, 2002

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2002b
.C35

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DEDICATION

I dedicate this dissertation to the most important people in my life. To my parental role models, my aunt and uncle, Jeanette Jordan Smith and Matthew Moody Smith. Thank you for the wise and gentle guidance, and sweet love and care. There is no doubt that I could not be where I am today if not for your concern and involvement in my life. To my best friend, K. Paige Layno, thank you for the companionship that has taught me how to love and be loved. And lastly, but in some ways most importantly, thank you to my most constant and loyal companion, Bacchus, my beloved dog.

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ABSTRACT

Parenting is a stressful and consuming occupation, even under ideal circumstances. Infants require constant attention and, particularly in the first few months of life, must have their every need met constantly. Thus, it is clear that the full-time job of parenting ideally involves multiple caregivers. Yet the reality is that many children grow up in homes that do not have two parents. This is especially true in the African-American community, in which nearly 50% of children are born, or live at some time, in homes without one parent or the other. Social work research, and this study in particular, seeks to identify the circumstances that make parenting more or less stressful, and thus to contribute to knowledge that might support parents and families in their efforts to provide the best care possible for every child.

A cultural variant theoretical perspective supported by Afrocentric Theory guided this study. A critical review of the race-homogenous and -heterogeneous literature on marital status and extended-kin networks on parenting practices are examined. The African-American parenting practices examined in this paper focus on intragroup variability with specific attention given to family structure, maternal age, maternal education, and family income.

Co-caregiving, religiousness and infant gender effects on maternal stress, agreement with corporal punishment practices, and parenting practices are examined using regression analyses. Co-caregiving, religiousness and infant gender did not influence parenting stress, however, approximately 16% of the sample reported clinical levels of parental distress. A maternal demographic variable (income) and mothers'

perception of the care she received as a child significantly influenced maternal stress. With regard to parenting practices, co-caregiving did not affect maternal parenting, however, at least 16% of the sample reported “at risk” parenting practices (i.e. maternal involvement and acceptance) placing their infants at risk developmentally due to poor parenting.

Religiousness is a strength often associated with the African-American family. Overall, the sample in this study reported being more religious than community averages. Unemployed mothers, more highly educated mothers, and more affluent mothers reported greater religiousness, and, as hypothesized, religiousness positively affected some aspects of parenting (i.e. maternal responsiveness and involvement). A sensitive issue in African-American studies, attitudes toward the use of corporal punishment was examined in the current study. Co-caregiving and infant gender did not affect maternal attitudes toward the use of corporal punishment, however, 67% of the mothers reported agreement with very strict, rigid, and authoritarian discipline practices.

Findings of the current study suggest that the family configuration from which a mother parents her infant may not be as important as the underlying circumstances that contributed to her living arrangements. In addition, faith-based service delivery may be more cost and time effective in the provision of parenting services. These are important findings for social work as focus on marital status and the secular provision of services may thwart efforts at improving parenting conditions. Scapegoating the single African-American mother without consideration to underlying circumstances and context can no longer drive our professional policy development and service delivery.

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Chapter 1: Introduction

Parenting is the process whereby society imparts its values and codes of behavior to children, preserving and furthering those values and codes of behavior. Yet, in every society there may be multiple cultures, each with its own values and preferred behaviors. In the United States, although the majority culture is dominant, the current largest ethnic minority culture is composed of African-Americans, 96% of whom are descendants of slaves (Reed, 1982). Extended family configuration and parenting practices of African-Americans viewed from a shared history perspective form the focus of this paper.

Current research on parenting practices within the African-American community is limited due to an absence of longitudinal research; a severe lack of attention to intragroup variability; a disregard for the inherent diversity in the African-American community; and a minimization of the staggering effects of economic deprivation, racism and social stratification on processes and functioning in the African-American home (Garcia-Coll, Lamberty, Jenkins, McAdoo, Crnic, Wasik & Garcia, 1996). When race is the focal point of research, between-group differences are paramount in analysis (i.e. European-American vs. African-American), and a cultural equivalent theoretical framework is typically employed. This so-called "race-comparative" research encourages the documentation of unfavorable outcomes of African-American children and families (McLoyd, 1990). Conclusions of this research often concentrate on how African-American children are abnormal, deficient, or incompetent when compared to the middle-class European-American mainstream (Barbarin, 1993; Garcia-Coll, et al., 1996; McLoyd, 1990; Myers, Rana & Harris 1979; Washington & McLoyd, 1982). The current

state of literature on African-American children and their families has as its focal point the explanation of developmental deviations in comparison to European-American, middle-class norms. In addition, critics assert that race comparative research often blames African-American parents for not transmitting the “right” educational, moral, and ethical values to their children, while ignoring situational and systemic factors (McLoyd & Randolph, 1984).

Few empirical studies have been published on the beliefs and perspectives of culturally diverse populations with regard to parenting practices (Betz, 1992). Howard and Scott (1991) contend that culturally distinct patterns of behavior deserve to be described in terms of what they are rather than what they are not, and Garcia-Coll et al, (1996) propose that cultures and lifestyles different from the European-American, middle-class mainstream are not pathological, deviant, or deficient but legitimate and valuable in their own right. These sentiments are consistent with the mission statement of the social work profession to, “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty... Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice” (National Association of Social Workers Code of Ethics, 1999). This mission statement is consistent with the cultural variant theoretical modality discussed below.

McMahon and Allen-Meares (1992) write that with regard to published work in social work journals, social work with minority populations appears to be of marginal

interest. They state that most of the literature on social work practice with minorities is “naïve and superficial and fails to address their social context” (McMahon & Allen-Meares, 1992, p. 533). They postulate that this poses a severe limitation on social work practice with minority populations. The lack of interest in African-Americans is evidenced empirically as well. Johnson (1981) found that between the years 1965 to 1978 only two empirical articles on African-American families appeared in five major social work journals. Thus, within-group, minority focused studies of normative parenting practices critically evaluating claims made by Afrocentric theorists would be an important contribution to social work research.

Racially and Ethnically Specific Parenting

Race is not a fixed category, but a fluid, socially and historically constructed category that defines power relations in society (Andersen & Collins, 1998). Simpson and Yinger (1953) proposed that race decrees a way of classifying individuals and groups based on externally visible physical characteristics. For social stratification processes, the visible attributes can be labeled as superior or inferior and then can subsequently guide public and private behavior. Examples of visible attributes are skin color, facial characteristics, and hair texture.

Most easily recognized in African-Americans due to racial characteristics, ethnicity has a strong influence on parenting practices. Ethnicity is the socially acquired cultural distinctiveness derived from national origin, religion, and language (Broom & Selznick, 1970; Harrison, Serafica & McAdoo, 1984; Morris, 1968). Ethnicity is

stratified with inferior/superior positions, as is race, and changes through the process of acculturation and assimilation.

Traditional African values and practices brought to the United States during the slave trade are believed to influence current parenting in the African-American family (Franklin & Boyd-Franklin, 1985; Garcia-Coll, Meyer & Brillion, 1995; Ogbu, 1981). These traditional practices have been altered by slavery, and manipulated by racism, prejudice, discrimination, and oppression (Garcia-Coll et al., 1996; Ogbu, 1991), yet create the segregated context in which African-American families parent. Therefore, the parenting of African-American children cannot be judged insular in relation to specific 'standard norms' applied to all children but derived from one group (European-American, middle-class); they must be considered within context (Garcia-Coll et al., 1996).

Functional parenting of African-American children may reflect competent adaptation to contexts limited by marginalized social status, racism, and segregation. Notions of competence in parenting must expand to include a broader range of alternative behaviors and configurations. With the research focus on between-group variability and deficiency, the range of functional and adaptive parenting practices of African-Americans has not been adequately tapped.

Theoretical Shifts in African-American Studies

Research on African-Americans has gone through three main theoretical shifts: cultural deviance, cultural equivalence, and cultural variant (Allen, 1978). In the early 1900's African-Americans were systematically studied from a "cultural deviant" theoretical orientation. The cultural deviant framework viewed African-American

families as pathological when compared to the ideal, nuclear, European-American, middle-class family, and is epitomized by the writings of Frazier (1939). Observers and writers of the early 1900's, (Frazier, 1939) capitalized on the pathological view of the African-American family and believed the "solution" to the African-American "problem" was conformity to European-American, middle-class family norms.

In the late 1960's, the "cultural equivalent" framework came to prominence. This perspective continues to hold European-American, middle-class values as the ideal or norm; however, African-Americans who are more acculturated and exhibit the values and behaviors of the normed group are depicted as legitimate and highlighted. From this perspective, groups continued to be defined as "other" (Andersen & Collins, 1998) and were perceived through dominant cultural values. This theoretical framework helped to establish the popular, yet often racist, race-comparative research modality that will be discussed below. Highlighting the popularity of race-comparative research, McLoyd and Randolph (1984) conducted a content analysis of the journals on human development and found 47% of all studies of African-American children published in the well known journal, *Child Development*, between 1936 and 1980 were race-comparative. The remaining studies on African-American children were equally divided between race-heterogeneous (at least 10% African-American) and race-homogeneous studies that did not attempt to compare the races.

Beginning in the 1970's, the "cultural variant" theoretical perspective began to be utilized. From this perspective, African-American families are seen as different, yet functional in their own right. The perspective is encapsulated by bell hooks' infamous

charge to bring African-American families, "from margin to center" (hooks, 1984) and is the basis of an Afrocentric perspective. hooks (1984) theorizes that African-Americans live on the margin of economic, social and political life but desire to be placed in the center of the power structure when their reality is in question. To place African-Americans in the center of their reality, a critical examination of the existing systems of power and privilege that impinge upon them needs to be incorporated into the analysis so that the groups behaviors and aspirations do not get distorted by dominant values (Andersen & Collins, 1998).

To better understand the arguments regarding an Afrocentric perspective of parenting, a brief anthropological overview of the historical development of the perspective, and current theory regarding Afrocentric values and practices in parenting in contemporary society will be presented.

There are three main divisions within the field of African-American family studies with regard to the central question of whether or not African-American families differ from non-African-American families in any manner other than economic disparity. Some scholars hold that the only difference between African-Americans and others in society is the overprovision of African-Americans living in poverty and behavioral and social adaptations due to this social class stratification. Others believe poverty with the addition of the slavery experience make African-Americans substantially different from others. Still others insist that African-Americans are unique because of their African heritage and shared experiences including racism (Logan, 2001; McAdoo, 1981). A brief historical review of the development of the Afrocentric perspective follows.

African Shared History

Parenting practices are derived from values and goals based on environmental/contextual determinants. A basic set of linear goals for all parents, regardless of values, consists of ensuring the child's physical survival; maximizing the development of the child's behavioral capacity for economic self-maintenance in adulthood; and fostering the child's behavioral capacities for maximizing other important cultural values (LeVine, 1980).

Assuring child survival was once a formidable goal. In agricultural Africa, infant mortality and family economic survival were paramount interconnected concerns for family groups. The goal for families was to produce enough children to survive into adulthood so that the family's economic livelihood could be maintained. Maximizing fertility in African culture meant giving birth every 2 to 3 years so that the infant could breast-feed for up to 2 years to maximize health. During this 2-year time span, the lactating mother would sleep with her child, feed on demand, physically carry the child constantly, and respond rapidly to her/his cry. These behaviors were an adaptive reaction to the most common precipitant of infant mortality, dehydration from diarrhea (LeVine, 1980). In addition, the infant's constant closeness to the mother minimally disturbed her work in the fields so her productivity could continue.

Once the child was weaned, the mother gave birth again. The weaned child was cared for by older siblings and extended family. Toddlers would share sleeping space and living arrangements with other children with whom they played and learned interdependence. With parents and other adults, the child learned obedience. Becoming

a filial daughter or son and a respectful member of society was emphasized (LeVine, 1980). Special attention was given to narration of folklore (Comer, 1980), and children were encouraged to listen and follow orders rather than converse with adults. Speech comprehension and production was learned through this oral tradition (Harkness & Super, 1977).

A mother's role in agricultural Africa was to provide for the family, produce children, and care for the fragile infant. Parents were not required to provide children with separate living space or possessions until maturity (i.e. marital age). Thus, parents did not feel unable to afford the cost of having large families. For the African family, the rewards of a large family outweighed the costs partially because the greatest portion of the parental investment was during infancy. The child became part of the family economic machine shortly after infancy (LeVine, 1980; Logan, 2001).

Hence, in the agricultural African family, a high birth rate was valued due to high infant mortality rates, and the economic advantage of child labor. Mothers invested a great deal of time and energy into the infant to insure her/his survival. Once the child was weaned, she/he became part of the economic structure of the family. Older children would care for younger children and elders, and join their parents in the fields to produce sustenance. Strong kinship bonds developed as whole families lived in close proximity and focused their energies on family survival. However, beginning in the 16th century, the agricultural African society was seized upon for capitalistic gain (Jones, 1985; Painter, 1993). A new chapter in the shared history of the African-American people was about to be written.

The Shared Experience of Slavery

Africans enslaved in the United States came primarily from the Western part of Africa where kinship organization was focused around large co-resident domestic groups as described above, and conjugal marriages (Sudarkasa, 1996, 1981; Comer, 1980).

When captured and brought to the United States, Africans arrived without members of their biological families; however, they maintained their cultural codes of social/familial development. The African extended family was thus modified and reinstated to meet the contextual demands of slave life.

The extended family was a unit of production and distribution, socialization, education, social control, and of emotional and material support (Sudarkasa, 1981). The extended family home in slave times typically comprised a conjugal pair, their offspring, grandchildren, other relatives, and nonkin (Sudarkasa, 1996, 1981). Marriages, though not legally recognized, were typically monogamous; however, polygamy where wives lived in separate homes, was recorded (Gutman, 1976). The female-headed home during slavery developed either when the husband died or was sold off the plantation, or when an unmarried woman had children for, or by, the "master" (Gutman, 1976). These females would head the home for their children and grandchildren born to unmarried daughters.

To cement the extended family into a cohesive psychologically functional group, and maintain a personal sense of worth and value, the slaves took Christian religion and molded it to fit their contextual needs (Brashears & Roberts, 2001; Comer, 1980). "The concept of a hereafter provided by a Christian religion gave blacks some sense of freedom

from the White master control. It gave Blacks some sense of belonging and worth. The Lord cared when the White master and the White American society did not" (Comer, 1980, p. 47). Christian religion also provided African-Americans with a moral reason to restrain their behavior and conduct themselves responsibly.

"Church provided an outlet for individual talents, self-realization and self-expression in a slave culture which had no opportunities for blacks other than meeting the needs of their masters. Religion in general, and church services in particular, provided an outlet for a discharge of tension which might have been psychologically damaging for many more had it not existed. The practice of 'shouting', verbal response to the sermons and other distinctly black church styles served this function. It was the black church... which was the major adaptive mechanism for black families during slavery. Thus, black families psychologically and socially oriented and organized around religion"

(Comer, 1980, p. 47)

Much has been written about the slave family and the slave experience that is beyond the scope of this paper. It is sufficient to say that the institution of slavery was barbarian, inhumane, violent and deadly. For first-hand accounts of the slave experience refer to the classic slave narratives (Brent, 1861; Douglass, 1845; Truth, 1850).

The Aftermath of Slavery - Development of Economic Disparity

The institution of slavery in the United States lasted approximately 250 years. The Emancipation Proclamation was signed in 1863, freeing African-Americans from legal bondage; however, their plight in life would never be that of others. Civil rights for African-Americans were granted and reversed in the 1800's, lynching went unpunished,

and racial segregation was legalized. Legal protection for African-Americans was virtually non-existent until 1948 when the military forces integrated, and more so in 1954 with the landmark decision to desegregate public schools. Economically, African-Americans were doing only marginally better than they did during slavery.

Until the 1940's, "more than 90% of the Black population worked as sharecroppers, tenant farmers, low paid laborers, and domestics - the lowest level of the job market" (Comer, 1980, p. 48). The economic disadvantage that persisted has been associated with a myriad of social inequality variables including the disproportionate number of female-headed households associated with the African-American family.

The impoverished, African-American, female-headed family, commonly presented as the monolithic African-American family, is often portrayed as matriarchal or mother/woman-*dominated*, and pathological (Moynihan, 1965). Moynihan (1965) charged that the female-headed, African-American home, disseminated a female culture to children and thereby lessened their male children's chances for healthy sex-role development, thus perpetuating the "disorganization" of the African-American family and antisocial tendencies of male African-American youth. Dickerson (1995) contends this family arrangement can better be understood as matrifocal or mother/woman-*centered*. This is a powerful distinction for African-American feminists who believe the empowerment of African-American men, and more specifically the financial empowerment of African-American men, is critical to the betterment of the African-American family. Dickerson (1995) contends that within the African-American community, "female-headed households and unwed motherhood are symptoms, not

causes of poverty... [caused] by societal forces beyond their control" (p. xvi). She asserts that the social welfare system and its policies and programming have necessitated the absentee African-American father. She avows that eligible marital partners for African-American women are diminishing due to rising rates of "underemployment, unemployment, incarceration, homicide, drug abuse, the HIV/AIDS epidemic, and intracommunity violence" (Crawley, 2001; Dickerson, 1995, p. xvi) common in poor African-American communities. Feminist, African-American scholars agree that until the African-American male can adequately provide for his home, he will choose a less demeaning role in life (i.e. the absentee father), and his partner will choose to support her family as best she can.

Comer (1980) contends that the African-American father takes no aggressive or leadership role in public because a society determined to suppress African-Americans would not tolerate it. Thus the absentee African-American father is presented as adaptive in historical context. Historically, slave fathers were not allowed to marry the mothers of their children, and were subsequently purloined of their role as father. After emancipation, and it can be argued continuing today, African-Americans are marginalized educationally and thus economically. Hence, the African-American father can not assume the breadwinner role of the idealized normative European-American nuclear family. Inferentially, the absentee African-American father provides his family with financial support eligibility via public assistance, and maintains personal self-preserving dignity.

In contrast to this perspective, McAdoo (1995) questions the contention that the number of unemployed African-American men and economic hardship is a cause of marriage decline stating, that overall, the earnings of men and the weaker employment of men can explain only 10 – 20% of the decline in marriage since the 1970's. She contends marriage is becoming a minority lifestyle for African-Americans due to the delay of marriage until couples are older and high levels of divorce.

Shared History and Parenting

The long history of slavery and legal racism and segregation, not to mention covert and psychological racism, have had profound effects on African-American families and how African-American children are parented. The Afrocentric perspective of parenting contends that the social conditions experienced by African-Americans encouraged them to accept and incorporate a value system which included negative attitudes and sentiments about themselves. These value systems were transmitted by parents to children in the parenting process. Parents thus parented their children to accept a degraded position in society (Comer, 1980). Comer's (1980) theory regarding harsh discipline in the African-American family is an example of the parenting behaviors allegedly tailored by racism. He states that, "harsh discipline observed in excess in many black families today is directly related to the black parents' need to 'beat the badness out of the boy' ... lest it cause him to forget his place with the White policeman.... Such preparation and reaction was adaptive and necessary for Black survival." (Comer, 1980, 49).

It is obvious that African-Americans came from a different heritage than European-Americans. The African heritage, similar to the European agricultural heritage, valued large families, extended family support, interconnectness, and shared family roles. The experience of slavery was very different from that of European-Americans. African-American families were ripped apart, threat and violence were common, marriage was illegal, economic independence was impossible, and religion became a valued source of self-esteem and expression. The freed slaves' experiences were also very different from the European-American experience. The freed slave had to begin anew with nothing, and a heritage of trauma and terror. She/he had no legal rights, few skills, little education. The fight to survive was of paramount importance. Economic survival was extraneous. The freed slave relied on extended family for basic need provision. Once freed, she/he could marry, but who could support the family?

These conditions only marginally improved until the Industrial Era when floods of African-Americans moved North for work. Many found a new life and employment, but few entered the American middle-class. With the Civil Rights Movement gains came progress legally and financially; however, values, behaviors, and beliefs within the African-American family may have changed little. The values, beliefs and behaviors that underpin parenting in the contemporary African-American home are the foci of the next section.

Current Theory on Afrocentric Values and Parenting Practices

Franklin and Boyd-Franklin (1985) contend that traditional African values and beliefs have been transmitted from generation to generation and continue to influence

African-American parenting. For example, due in part to African culture, parents traditionally view child-rearing as a communal task to be shared by all members of the community (Franklin & Boyd-Franklin, 1985; Garcia-Coll et al., 1995; McAdoo, 1978). Thus, historically African-American parents have relied on extended family networks (i.e. relatives, neighbors, fictive kin, church members) to share in child care (Wilson, 1989).

McAdoo (1993) has recorded minority child-rearing values, beliefs and goals that differ from the mainstream. These values and beliefs are rooted in cultural and religious traditions (Boykin & Toms, 1985; Garcia-Coll, 1990; Garcia-Coll, et al., 1995; Harrison, Wilson, Pine, Chan & Buriel, 1990; Ogbu, 1981), and form the basis of family and extended family interactions, direct family structure, and role performance. Four common legacies and traditions associated with parenting in the African-American culture are: communalism/collectivism (Boykin, 1983; Boykin, Jagers, Ellison & Malbury, 1997; Nobles 1988); spirituality and religion (Brody, Stoneman, Flor & McCrary, 1994); the ability to cope with racism (Bradley, 1998; Derezotes & Snowden, 1990; Levine, Doueck, Freeman & Compaan, 1996; Ogbu, 1991, Slaughter-Defoe, Nakagawa, Takanishi & Johnson, 1990); and an oral tradition of learning and communication (Boykin et al., 1997; Heath, 1989).

McAdoo (1991) proposed that the African cultural values that have been passed from generation to generation include familial strength, a positive ethnic self-image, perseverance in the face of adversity, respect, obedience, biculturality, and learning from elders. Franklin and Boyd-Franklin (1985) add religion to this list. They maintain that parents rely on the church to provide guidance and support for child-rearing. Indeed, data

suggest that the religious beliefs of African-American mothers predict their parenting practices (Brody et al., 1994). Ellison (1997) writes that frequent churchgoers in the African-American community with strong religious convictions regarding child socialization enjoy a higher subjective quality of life, and on average perform more admirably in family roles; strive for and achieve greater family harmony and affective closeness; and enjoy family life more than their less religious counterparts. He suggests clergy provide specific guidance regarding marital or intergenerational relations (i.e. parenting) via sermons and counseling (Ellison, 1997, 128). Moreover, Ellison (1997) contends that African-American church communities promote a sense of role clarity that helps families develop a broad understanding of what healthy family life can be (i.e. what is a "good" parent or a "good" son or daughter) (Ellison, 1997). In addition, African-American church communities have a long tradition of human service delivery toward efforts to promote healthy families including both informal (e.g., companionship) and formal (e.g. money, goods, transportation, child care, information) mechanisms (Ellison, 1997; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Ellison, Hummer, Cormier and Rogers (2000) note also that frequent religious involvement stands out as a critical protective factor contributing to lower mortality and longer life among African Americans. Additionally, Yoos, Kitzman, Olds and Overacker (1995) proposed that culture plays a critical role in attitudes toward parenting through differing socialization agendas, differing roles for parents, and norms for child and parent behavior; and Pachter and Dworkin (1997) contend that developmental expectations also differ partly due to underlying cultural beliefs and values that influence specific child-rearing practices.

Billingsley (1992) writes that most African-American families are very functional; however, little has been written about the strengths of African-American parents (Billingsley, 1992; Hale-Benson, 1986; Hill, 1972; Lum, 1992; McAdoo, 1988; Royse & Turner, 1980; Washington & LaPoint, 1988). The most commonly cited strengths associated with the African-American family are strong kinship bonds, strong work orientation, adaptability of family roles, high achievement orientation, religiousness, high self-esteem, love, respect, personal uniqueness, desire for education, resilience, ethnic pride, self-governance, and a commitment to serving others (Billingsley, 1992; Hill, 1972; Hurd, Moore & Rogers, 1995; Peters, 1988; Thornton, Chatters, Taylor & Allen, 1990; Washington and LaPoint, 1988). The problem with these theorized strengths in the African-American family is the relative lack of empirical evidence to substantiate them. Much of the writing regarding strengths in the African-American family is theoretical, and the small amount of research into those strengths tends to be anecdotal and descriptive in nature. Thus, generalizations regarding the positive aspects of family life for African-American families are difficult to make. In addition, sampling procedures in the study of African-American family strengths tend to be weak with small, non-random samples prevailing.

Disclaimer

As mentioned above, much of the literature on Afrocentric parenting is theoretical and descriptive in nature. Scholars have theorized that traditional African parenting practices have been transmitted from generation to generation, and modified to fit current contextual demands. Research into these theoretical notions has primarily been

anecdotal, descriptive, and methodologically weak. As such, the perspective of Afrocentric parenting is prime for empirical discourse.

With this in mind, it is important to state that although a belief or behavior may be culturally acceptable, that does not make that belief or behavior advantageous. Some culturally sanctioned ideas and behaviors may be harmful to African-American children.

Chapter 2: Review of the Literature

Bronfenbrenner (1979) contends that a minimum requirement for the development of competencies in children is that at least one or more persons in the family unconditionally love them. The traditional Western model of the family includes two married parents and their children (the model nuclear family). However, not all families can or want to model themselves after this norm. Baca Zinn and Eitzen (1999) report that only 10% of U.S. families fit the ideal of a two-parent family in which the male works and the female stays home to care for the children. Thus, who provides unconditional love to children is an important topic in the study of parenting, and for African-American families, marital status and extended kin networks are significant variables in the study of parenting.

Marital status is a component of the child's family structure that has profound effects on parenting. However, there is little research on intact and blended African-American families. The majority of the scarce research on African-American family structure has focused on single-parent families and the extended family due to the large numbers of African-American families living in this context (upwards of 47%) (Andersen, 2000). The research on African-American family structure is presented below.

The most notable finding in the review of the key studies on African-American family structure is the recent proliferation of research in the area. Of the 18 studies on marital status and extended kin networks in the African-American community, nearly three-fourths (72%) were written between 1990 and 2000. Of these, 14 are within-group

studies of African-Americans, all but one (Young, 1970) from a variant theoretical perspective (employing theoretical shifts from Allen, 1978); and four are between-group studies of African-Americans and European-Americans, all from the equivalent theoretical perspective.

Due to this new proliferation of studies on African-American family structure, and lack of follow-up studies examining the same variables, synthesis of the literature is difficult. There is very little replication of the research and few findings are consistent across studies. In addition, there appears to be a severe problem with interaction effects among single-parenthood, social class, and maternal age in that these variables are often confounded in the research.

Some of the studies presented below discuss both marital status and extended kin networks. When this is the case, the extended kin information will be presented with the marital status information in the discussion of the study, but will be discussed separately in the limitations section of the paper.

Within-Group Studies on Marital Status

McGroder (2000) conducted a study of low-income, African-American single mothers with preschool-age children to determine patterns, predictors and developmental correlates of parenting practices. The clinical sample of non-teen African-American mothers (N = 193) was recruited from Aid to Families with Dependent Children (AFDC) recipients attending a mandatory JOBS orientation meeting in suburban Georgia. Cluster analyses revealed four patterns of parenting practices (e.g. aggravated but nurturant, cognitively stimulating, patient and nurturant, and low nurturance); discriminate function

analyses revealed that maternal psychological well-being predicted parenting practices independently of maternal background characteristics (i.e. maternal age, education, time on AFDC, number of children in the household, etc.); and one-way analyses of variance (ANOVA's) revealed parenting patterns significantly influenced child outcomes (i.e. cognitive school readiness and socioemotional maturity) with cognitively stimulating mothers and patient and nurturant mothers scoring more favorably. The limitations of this study include the original program evaluation design of the project and clinical nature of the sample limiting generalizability.

Barbarin and Soler (1993) conducted a study of single-parent and two-parent, African-American families and child adjustment. From a multistage probability sample of African-Americans ($N = 1,458$), they found that young children in single-parent homes are less well adjusted when compared to their two-parent counterparts; however, this difference disappeared at adolescence. In addition, the benefits associated with living in a two-parent home are only found in mother-father and mother-grandmother homes. African-American children living in blended families, with step-parents, did about as well as children living with single parents.

Brody, Flor and Neubaum (1998) conducted two studies of co-parenting behavior among rural, Southern African-Americans. In the first study of two-parent African-American families ($N = 90$), self-report data and observational ratings reveal that higher incomes were associated with less parental depression, and more parental optimism. This in turn was associated with more parental support, higher marital quality, less conflict, and more consistent parenting. In addition, formal religiosity was significantly associated

with less co-parental conflict, more support, higher marital quality, and more consistent parenting. Hence, they concluded that marital quality and religiosity were associated with consistent parenting in the African-American family.

In the second study of Southern, rural, poor (75%), African-American single-mothers ($N = 154$), self-report data revealed that the co-caregiver with these mothers was typically the maternal grandmother. In co-caregiving situations, grandmother support was associated with the use of “no-nonsense” parenting (i.e. high levels of parental control, use of physical restraint, and physical punishment along with affectionate behaviors). When there was conflict in the co-caregiving situation, maternal involvement with the child was diminished. Lack of information about how this sample was selected and maintained makes it difficult to assess the validity and generalizability of the findings.

Brody, Stoneman, Flor and McCrary (1994) conducted a study on formal religiosity and African-American family life with 90 rural African-American families with pre-teen children from Georgia and South Carolina. The convenience sample consisted of a cross-section of economic levels (from \$2,500 to \$57,000). Participants were selected from schools, churches, and by community contacts. Observational and self-report measures were used by African-American home visitors to elicit data. The reliability and validity of the measures the home visitors used were discussed in detail. Brody et al. (1994) found that religiosity was associated with greater marital interaction quality and co-caregiver support, which in turn mediated the relationship between religiosity and parent-youth relationship quality. This relationship held true even when family financial resources were controlled. The study had good construct validity due to

the use of both observational and self-report measures; however, generalizability was limited due to the lack of random sample. Individuals who attend church on a more regular basis may be more family-oriented than individuals who attend less regularly, and community contact referrals may be biased by economic and civic differences.

Cross (1981) summarized the revisionist literature on African-American families and concluded that the vast majority of African-American children are raised in intact households embedded in kin-networks. The date of this study is important to recall as more current information reveals that the majority of African-American children now live in single-parent homes (54.8%) (Randolph, 1995). Cross concluded that the greater prevalence of households headed by African-American females is related to the high African-American male mortality rate. He states that the extended kin system of family configuration can be traced to African origins, and continues today due to economic disparity and a welfare system that rewards fatherless homes. In the same vein as Cross (1981), Staples (1976) theorizes that African-American women desire marriage, but find African-American men reluctant to marry (13.8% of African-American men never marry). This reluctance comes from an abundance of African-American women vis-a-vis African-American men. The lower number of eligible African-American males is due to higher rates of mortality, incarceration, and intermarriage. These unstable interpersonal relations between African-American males and females combined with socioeconomic difficulties (i.e. unemployment/underemployment, and a welfare system that rewards fatherless homes), has contributed to the continuation of the extended kin system of parenting originated in Africa (Cross, 1981; Wilson, 1989).

Methodological Criticisms of Within-Group Studies on Marital Status

The most noticeable limitation with the within-group studies on marital status is the relatively large claims made by theoretical papers (Cross, 1981; Randolph, 1995; Staples, 1976) compared to empirical research (Barbarin & Soler, 1993; Brody, Flor & Neubaum, 1998; Brody et al., 1994; McGroder, 2000; Tolson & Wilson, 1990). Many theories regarding the marital status of African-Americans have been proposed that have as of yet not been empirically examined; however, as the dates of the above studies reveal, empirical discourse guided by theory is advancing.

With regard to the empirical research, sample selection appears to be the most prominent difficulty with numerous studies using non-random community samples (Brody et al., 1994; Brody, Flor & Neubaum, 1998; Tolson & Wilson, 1990;) and clinical samples (McGroder, 2000). In addition, missing information regarding measurement (Brody, Flor & Neubaum, 1998), and the hazards of variable construction in secondary data analysis (Barbarin & Soler, 1993) limit the research findings.

Between-Group Studies on Marital Status

Kriesberg (1970) studied poor, urban, African-American and European-American single-mothers. She found that single mothers, regardless of race, are as accepting of their children as married mothers, do not differ in valuing obedience and discipline, and have similar child expectations. She found that single mothers of both races tended to overcontrol their children and use less indirect supervision. She concludes that the effects of poverty on childrearing practices were dependent upon mediating conditions, most notably, marital status. Kriesberg's research is limited by completion rate (between 20-

33% of the interviews were not completed and not used in analysis). Those individuals who were unable or unwilling to complete the study may have characteristics that also make their parenting different from those who completed the study. For example, a great deal of personal stress could discourage participation in research and reduce the quality of parenting.

McLanahan, Astone and Marks (1991) analyzed three longitudinal surveys on family configuration, social class, race, and parenting: The Panel Study of Income Dynamics, a national probability study of U. S. households as of 1967 (Hill, 1992); the National Longitudinal Surveys, a nationally representative sample of all youth born in the United States between 1957 and 1964 (Manser, Pergamit & Peterson, 1990); and the High School and Beyond Study, a stratified random sample of over 58,000 high school seniors and sophomores in public, private, and church-affiliated schools with base-year data in 1980 (National Center for Educational Statistics, 1980). They conclude that African-American mothers are three times more likely to be poor prior to forming mother-only families, but regardless of race, children in mother-only families are much more likely to be poor. They also found that regardless of race, parents and children in mother-only families communicate more, and that older daughters in mother-only families tend to become confidantes. Contrary to European-American mothers; however, single African-American mothers supervise their children as much as in intact families.

McLeod, Kruttschnitt and Dornfeld (1994) studied the effects of family configuration, race, and socioeconomic status on parenting practices using a national study with a 95% participation rate. They found that African-American children are

disproportionately likely to live with single mothers and in poverty; however, the effects of poverty and single parenthood on parenting did not differ significantly by race.

These findings are limited by a large amount of missing data, the subjective nature of self-report data, and the limitations of variable construction in secondary data analysis. When using secondary data sets, constructs may sometimes be constructed/measured by available variables that are less than ideal. For example, in McLeod, Kruttschnitt and Dornfeld (1994) parental distress was measured using the number of days mothers reported using alcohol by the average number of drinks. Thus, alcohol consumption is assumed to be associated with and to be a measure of parental distress. In addition, the findings are skewed by a large number of young mothers (1/3 of the mothers were below the age of 20) which might be confounded by other highly correlated independent variables (i.e. maternal education and income).

In between-group studies on marital status and parenting, we learn that 3/4 of African-American mothers are poor prior to forming mother-only families compared to 1/4 of European-American mothers (McLanahan, Astone & Marks, 1991). In addition, regardless of race, children in mother-only families are significantly more likely to be poor than children from two-parent families (McLanahan, Astone & Marks, 1991). Not surprisingly then, African-American children are disproportionately likely to live with a single mother and in poverty (McLanahan, Astone & Marks, 1991). Thus, if parenting is affected adversely by poverty, African-American children will be affected more.

With regard to childrearing, the adverse effects of poverty and single parenthood on parenting do not appear to differ by race (Kriesberg, 1970; McLanahan, Astone &

Marks, 1991). It appears that the effects of poverty on childrearing are modified by marital status (having a husband-father available to aid in direct and indirect supervision) (Kriesberg, 1970), and that income accounts for a substantial portion of the differences between childrearing in mother-only and intact families (McLanahan, Astone & Marks, 1991). However, in contrast to European-American children, African-American children report as much supervision by single mothers as do children in intact families (McLanahan, Astone & Marks, 1991).

Methodological Criticisms of the Between-Group Studies on Marital Status

As with the within-group studies on marital status, the major limitation of between-group studies on marital status is the small quantity ($N=3$), and the recent proliferation of studies (2/3 in the 1990's) without replication. In addition, 2/3's of the studies are handicapped by the use of secondary data analysis techniques, so that the constructs are not measured in ideal ways. Of the primary data studies, measurement error (McLeod, Kruttschnitt & Dornfeld, 1994), low participation rates (Kriesberg, 1970), missing data (McLeod, Kruttschnitt & Dornfeld, 1994), the sole use of self-report data (McLeod, Kruttschnitt & Dornfeld, 1994), and missing information on sample selection and measurement (McLanahan, Astone & Marks, 1991) are limitations most noted in the research.

Within- and Between-Group Studies on Extended Kin

Wilson (1989) theorizes that the extended family is a problem-solving and stress-coping system that addresses, adapts, and commits family resources to transitional and crisis situations. Extended family resources include tangible help, material support,

income, child care, household maintenance assistance, non-tangible help, expressive interaction, emotional support, counseling, instruction, and social regulation (Wilson, 1989). Wilson speculates that in the African-American family, lack of adequate adult resources and socioeconomic difficulties are prime reasons for the formation of the extended family support system. In such an extended system, the single mother has greater opportunity for self-improvement, work, and peer interaction, all of which could contribute to improved parenting. Inversely, parenting could be negatively affected by boundary blurring between generations and differing views on appropriate parenting practices.

The extended family characteristic of role flexibility is an example of how the extended family can be helpful when there are inadequate adult resources. For example, in a qualitative field observation, Young (1970) observed that the oldest child in the African-American family took on a parental role with her/his younger siblings allowing the mother to adopt new roles. This observation is limited due to the relative subjective nature of the research, but seems to support the role-flexibility theory in African-American families.

Hunter (1997) studied the grandmothers' role in parenting with a probability subsample ($N = 487$) of noninstitutionalized African-American adult parents with minor children (the National Survey of Black Americans, NSBA). A range of income is represented in the sample, divorced and unmarried fathers are underrepresented, and the sample is "slightly older" (Taylor, 1986) than average. Hunter (1997) found that over 50% of African-American mothers and fathers nominated grandmothers for parenting

roles over other parenting resources including spouses. Motivating mothers to utilize their mothers as parenting resources were feelings of family closeness, number of surviving generations in the multigenerational lineage, residence in the rural South, and family proximity (Hunter, 1997). These results are limited by a response rate of 69%. The parents who did not participate in the study may be systematically different from those who did participate limiting the results in unmeasurable ways. For example, younger parents may have "chose" not to participate (the sample underrepresented younger parents) because of added parental stress due to a lack of parenting support.

Jackson, Gyamfi, Brooks-Gunn and Blake (1998) measured maternal social support in parenting preschool-aged children with a sample of former and current African-American welfare recipients in New York (N = 188). She found that greater financial strain, greater instrumental support (i.e. child care, transportation, and financial assistance), less emotional support from family, and less contact between nonresident fathers and the child predicted symptoms of maternal depression (Jackson, 375, 1998). In turn, symptoms of depression predicted greater parent stress. She also found that employed mothers were more likely to share a residence with the children's grandmothers; however, employment was not associated with less financial strain. Jackson and her colleagues (1998) speculate that the instrumental support provided by resident grandmothers comes with a psychological cost because resident grandmothers can be a source of distress for the mothers. In addition, mothers of male children reported greater parent stress. The study is limited to financially strained families, and by a 71% response rate.

McAdoo (1978) studied reciprocal obligation in middle- and working-class, urban and suburban, African-American families (N = 305). She found extensive kin involvement among African-American families regardless of social class and urbanization; however, reciprocal obligation was strongest among the working-class. She also found that kin interaction is high in African-American families, and there is low geographic mobility. She hence concluded that extended help patterns in the African-American community are culturally, not economically, based.

McAdoo attempts to be culturally sensitive in her research by writing her questionnaires for a minority population and field testing them on such samples. In addition, interviewers and interviewees were similar in race and ethnicity. However, some considerations need to be given to the study's limitations. The sample McAdoo used came from church rolls and public and private school rolls in a metropolitan area, thus potentially biasing the sample toward individuals who are community-oriented and less socially isolated. Extended kin relationships might differ for those who are more socially isolated. In addition, in single-parent homes, the heads-of-household were asked to answer the questions on the missing parent, calling these recall data into question. Recall data may have been biased due to relational difficulties between the single-parents and missing parents, and single-parents may have over- or understated information due to a lack of information. For example, McAdoo (1978) found that there was low geographic mobility and high kin interaction in African-American families, but inaccurate recall data may have overestimated this phenomenon.

Pearson, Hunter, Ensminger and Kellam (1990) studied co-residence and parenting practices of grandmothers in multigenerational households in the predominately poor Woodlawn community of Chicago. The cohort sample of African-American first graders that comprised the study had a nonresponse rate of approximately 14%. Pearson and his colleagues found that grandmothers co-residence occurred in approximately 10% of households, and that grandmothers' parenting involvement was substantial, second only to mothers' involvement. The parenting practices of grandmothers were characterized by either control and punishment or support and punishment. It is difficult to say whether these findings would be generalizable to other communities, particularly given the lack of information about the reliability of the survey questions, and the unique characteristics of the poor urban, ghetto community of Woodlawn.

Contrary to the proliferation of literature on single-parent homes in the African-American community, Tolson and Wilson (1990) emphasize that the African-American family is not homogeneous, and indeed African-Americans do marry and rear children in two-parent homes. Tolson and Wilson (1990) conducted a study to measure the effect of African-American family structure (two - or three-generational family structure) on perceived social climate within the family. The 64 lower-middle class, African-American families who participated in the study were recruited from informal networks in both urban and rural areas of the African-American community. The authors found that a second caregiver significantly increased the emphasis on morality and religion in the home regardless of the sex of the second adult (i.e. father versus grandmother). In addition, the additional adult appeared to provide additional caregiving to the child,

organization to the family, and social support to the mother. The method of recruiting this sample through the use of social networks may have resulted in a sample that is more socially connected than the population as a whole, so replication with a randomly selected sample would strengthen the generalizability of these results.

Wakschlag, Chase-Lansdale and Brooks-Gunn (1996) assessed the quality of the mother-grandmother relationship, and that relationship quality on parenting using an in-home observational rating system with families recruited from prenatal clinics and by participant referral. A regression analyses was used to control for socioeconomic variability in the 96 African-American multigenerational urban families. Results revealed that the quality of the mother-grandmother relationship was strongest on quality of parenting when the mother and grandmother did not live together. They speculate that this was due to the modeling effects of grandmothers who are not in the home. In addition, developmentally supportive parenting (i.e. emotional closeness and positive affect) was significantly more likely to occur when the mother-grandmother relationship was well-individuated. Mothers who had individuated from their mothers had consistently more positive parenting. This study is limited by participation rate (32% of the families approached for the study declined), and potential sample selection bias (sample selected from child health service facilities). Mothers who participated in the study may have been more functional and in less stressful situations than the mothers who chose not to participate. In addition, the more affluent African-American families would not have been accessed due to sample selection beginning in prenatal clinics (affluent parents are more readily seen by private physicians).

There is a relatively large amount of within-group research on the African-American extended family, most of which has been written in the last 10 years (Barbarin & Soler, 1993; Brody, Flor & Neubaum, 1998; Hunter, 1997; Jackson et al., 1998; Pearson et al., 1990; Tolson & Wilson, 1990; Wakschlag et al., 1996). In contrast, there is one between-group study on extended kin and parenting.

Hunter, Pearson, Ialongo and Kellam (1998) studied parenting arrangements in African-American and European-American urban families with middle-school aged children. The recruitment cohort was selected from 19 public elementary schools in Baltimore. Consent rate varied as a function of geographic area with the highest refusal rates from middle-income, two-parent families (Hunter et al., 1998). The overall refusal rate was 16%. Approximately 13 years later, 80% of the original cohort were found for follow-up. Of these 795 families, 757 (76.8% African-American, 23.2% European-American) agreed to participate in the self-report telephone interview (approximately 5% refusal rate). Refusal was more likely in affluent areas.

Hunter and her colleagues found that there were significant differences in family structure, income, and the residential status of caregivers, but few differences in the proportion of caregivers sharing parenting activities (Hunter et al., 348, 1998). The African-American families were significantly poorer, much more likely to live in one-parent nuclear households or one-parent extended households (66%), and more likely to rely on cross-household parenting arrangements than their European-American counterparts. European-American parents were significantly more likely to rely on additional caregivers for rule-setting and discipline; and biological fathers were most

frequently nominated as additional caregivers, followed by grandmothers (Hunter et al., 1998). In African-American families, the presence of extended kin increased the likelihood of shared parenting in all parenting domains (i.e. child management, rule setting, and rule enforcement and discipline) except emotional support. In addition, when target children were boys in African-American families, caregivers were more likely to help with child management and discipline, but less likely to provide emotional support to the mothers.

These results are limited by a 16% original refusal rate, 20% attrition rate due to an inability to find families after a 13 year period, and a 5% refusal rate at time two. Families who chose not to participate in the original sample were more likely to be two-parent middle-class families, and those who chose not to participate at time two were more likely to be affluent. Thus, this pattern of attrition narrows variability and may skew the findings. For example, there may have been less diversity in residential status of caregivers and greater diversity in the numbers of caregivers sharing parenting activities between African-American and European-American families if the sample had retained more affluent and nuclear families. In addition, there is no way of knowing how similar or different the 20% of families who were unable to be located at time two were from the original sample. However, one can speculate that these families were probably less stable and poorer than the families who were located at time two. In addition, there may be some variable confusion with the term "mother" in the study. During telephone interviews, the label "mother" was given to biological, step-, adoptive- and foster-mothers. Issues related to non-biological families may confuse the findings.

In summary, Hunter et al., (1998) and Young (1970) report significant differences in African-American family structure compared to their European-American counterparts. African-American mothers are significantly more likely to use cross-household caregivers, or extended kin to provide various child care needs (Hunter et al., 1998). However, there is little difference in the total number of caregivers sharing parenting activities in African-American and European-American families (Hunter, et al., 1998).

The extent of kin interaction among African-Americans is high with low geographic mobility (McAdoo, 1978), and both middle- and working-class, urban and suburban African-American families engage in extended family interaction (McAdoo, 1978). However, reciprocal obligation is highest among those born in the working-class (McAdoo, 1978).

The benefit of living in a two-adult household holds true only for mother-father and mother-grandmother households (Barbarin & Soler, 1993; Tolson & Wilson, 1990), but this finding may be mediated by financial strain, maternal depression and parental stress (Jackson et al., 1998). It appears that African-American step-families fare no better than do African-American single-parent families in parenting practices related to child behavior outcomes and school adjustment (Barbarin & Soler, 1993).

There is some confusion regarding who the typical co-caregiver is in the African-American family. Three within-group studies (Brody, Flor & Neubaum, 1998; Hunter, 1997; Pearson et al., 1990) report that the co-caregiver in a single-mother, African-American multigenerational household is typically the maternal grandmother. Hunter (1997) found that family proximity and residence in the rural South were motivating

influences for mothers to utilize their mothers as parenting resources. In contrast to the within-group studies mentioned above, in the between-group study conducted by Hunter et al., (1998), in urban Baltimore, the biological fathers were nominated more frequently than grandmothers in providing parental support.

Employed, but poor, African-American mothers are more likely to co-reside with their babies' grandmothers (Jackson et al., 1998). Maternal co-residence with grandmothers was negatively associated with positive parenting (Jackson et al., 1998; Wakschlag, et al., 1996); whereas, maternal self-individuation (i.e. a balance of autonomy and closeness expressed between mother and daughter) (Wakschlag, et al., 1996) was significantly associated with competent parenting. Positive co-caregiving behaviors between mothers and grandmothers in the African-American home are associated with "no-nonsense" parenting by the mothers (high levels of parental control, use of physical restraint and corporal punishment, and affectionate behaviors); while high co-caregiving conflict was associated with less maternal-child involvement (Brody, Flor & Neubaum, 1998), and increased child behavior problems (Jackson et al., 1998). Moreover, having a second adult in the home, be it father or grandmother, significantly increases the moral-religious emphasis of the home (Tolson & Wilson, 1990), and provided the mother with social support and child care so that she had added opportunity for self-improvement, work, and peer contact (Wilson, 1989). However, the added instrumental support that may be provided by co-residing grandmothers can also be a source of distress for the mothers if parenting practices are not agreed upon and boundary issues exist (Jackson et al., 1998).

There appears to be some recent results regarding child gender, maternal support and parental stress. Hunter et al., (1998) found that mothers of middle-school-aged boys received less emotional support but more child management and discipline support than mothers of girls. In addition, Jackson and her colleagues (1998) found that African-American mothers of preschool-aged boys experienced more parenting stress. These findings warrant additional investigation.

Methodological Criticisms of Within- and Between-Group Studies on Extended Kin

Of the nine articles discussed above, seven are empirical (Hunter, 1997; Jackson et al., 1998; McAdoo, 1978; Pearson et al., 1990; Tolson & Wilson, 1990; Wakschlag et al., 1996), one is theoretical (Wilson, 1989) and one is qualitative (Young, 1970). All but one article (Hunter et al., 1998) is race homogenous. Of the eight research articles, 75% include a range of incomes in their sample (Hunter, 1997; Hunter et al., 1998; McAdoo, 1978; Tolson & Wilson, 1990; Wakschlag et al, 1996; Young, 1970;). Two articles include samples of poor African-Americans only (Jackson et al., 1998; Pearson et al., 1990). In total, 63% of the articles report on an urban sample exclusively (Hunter et al., 1998; Jackson et al., 1998; McAdoo, 1978; Pearson et al., 1990; Wakschlag et al, 1996), 25% of the articles report on both urban and rural samples (Hunter, 1997; Tolson & Wilson, 1990), and one article reports on a rural sample exclusively (Young, 1970). Likewise, 63% of the studies use non-random community samples (Hunter et al., 1998; Pearson et al., 1990; Tolson & Wilson, 1990; Wakschlag et al., 1996; Young, 1970), 25% of the articles use random community samples (Jackson et al., 1998; McAdoo, 1978), and one article uses a multistage probability sample (Hunter, 1997).

Limitations of the studies on extended kin include: potential sample selection biases (Tolson & Wilson, 1990; Wakschlag et al., 1996), sole reliance on second-hand recall data (McAdoo, 1978), the unknown reliability and validity of measurement tools (McAdoo, 1978; Pearson et al., 1990), the limitations of secondary data analysis and variable construction (Barbarin & Soler, 1993), marginal response rates (Hunter, 1997; Hunter et al., 1998; Jackson et al., 1998), high attrition (Hunter et al., 1998; Pearson et al., 1990; Wakschlag et al., 1996), variable confusion (Hunter et al., 1998), and questionable objectivity (Young, 1970).

Relationship of Literature to Present Study

Historically, agrarian African family systems were extended to capitalize on family survival which was associated with interconnected family efforts. In this setting extended family, along with a conjugal parental unit, provided parenting resources to children. The shared experience of slavery and the development of economic disparity between European-American and African-American family systems constructed the context in which the single-parent, African-American family structure has flourished. With the majority of African-American children currently being reared in single-parent homes (Randolph, 1995), co-caregiving activities and the identification of who is providing co-care is an important question.

Within-group studies suggest that maternal grandmothers are typically the co-caregivers with single, African-American mothers (Brody, Flor & Neubaum, 1998; Hunter, 1997; Pearson et al., 1990); however, Hunter and his colleagues (1998) found that biological fathers are more frequently nominated for co-caregiving in a race-

comparative sample. Hunter et al., (1998) suggests that family proximity and residence in the rural South are primary considerations for the election of maternal grandmothers as the co-caregivers in single-mother, African-American families.

The relationship of the co-caregiver to the single African-American mother appears to have an effect on the quality and quantity of parenting provided by the mother. Barbarin and Soler (1993) and Tolson and Wilson (1990) found that the benefit of living in a two-adult household holds true only for mother-father and mother-grandmother households. Tolson and Wilson (1990) also found that two-generation African-American families tend to be more organized than multigenerational families. Jackson et al., (1998) and Wakschlag, et al., (1996) found that maternal co-residence with grandmothers was negatively associated with positive parenting; whereas, maternal self-individuation was associated with competent parenting. Jackson and her colleagues (1998) speculate that the instrumental support provided by a co-residing grandmother can be a source of distress for the mother because of differing views on parenting practices and boundary issues, and that co-caregiver conflict was associated with less maternal-child involvement (Brody, Flor & Neubaum, 1998). Developmentally supportive parenting was significantly more likely to occur when the mother-grandmother did not live together, possibly due to the modeling effects of grandmothers who are not in the home (Wakschlag et al., (1996). Modeling developmentally supportive parenting practices “from a distance” (Wakschlag et al., 1996, 2141) is thought to be more effective because multigenerational relationships are more individuated when mothers and grandmothers live separately. Modeling is thought to be less effective in coresiding conditions because

grandmothers participation in the parenting role may contribute to tensions between mothers and grandmothers (due to differing views on parenting practices) and mothers and children (due to blurred boundaries between the parental sphere and child sphere). In addition, there may be a “selection effect” (Wakschlag et al., 1996, 2141) in that more mature (i.e. older, more self-individuated) mothers may live separately from their mothers, be more open to learning from their mothers, and express more developmentally supportive parenting.

Positive co-caregiving behaviors between mothers and grandmothers in the African-American home were found to be associated with high levels of parental control, the use of physical punishment and affectionate behaviors toward the child (Brody, Flor & Neubaum, 1998). Tolson and Wilson (1990) also found that having a co-caregiver in the home, be it grandmother or father, increased the moral-religious emphasis of the home and improved the quality of parenting interactions.

Religion appears to be a strong contributor to quality of life in the African-American community (Boykin & Toms, 1985; Comer, 1980; Garcia-Coll, 1990; Garcia-Coll, Meyer, & Brillon, 1995; Harrison et al.; 1990; Ogbu, 1981) and is suggested to form the basis of family and extended family interactions. Historically, Christian religion provided the “cement” (Comer, 1980) for the extended African-American family, and the morality associated with everyday living including parenting and parent-child relations. Brody et al., (1994) suggests that religion provides guidance and support for child rearing in the African-American family. These assertions have only recently been tested in the

literature (Brody, Flor & Neubaum, 1998; Tolson & Wilson, 1990) and deserve additional empirical attention.

Brody, Flor and Neubaum (1998) found that increased religiosity in two-generation African-American families was associated with decreased marital conflict, increased marital support and quality and increased consistent parenting. Tolson and Wilson (1990) found that having a second care-giver in the home regardless of sex (i.e. father or grandmother) significantly increased the emphasis of morality and religion in the home which was associated with increased family organization and maternal support.

Theorists have alluded to differences in the parenting of African-American boys and girls. Comer (1980) suggests that African-American parents attempt to “beat the badness out of the boy.... lest it cause him to forget his place with the White policeman” (49). In contrast, Billingsley (1992) suggests that African-American mothers “raise their daughters and love their sons” (254). He and Randolph (1995) propose that the desire African-American mothers have to protect their sons from racism and violence, and build their self-esteem, may cause mothers to let sons ‘have their way’. Rosser and Randolph (1989) suggest that African-American mothers expect daughters to develop self-help skills at an earlier age than sons, and expect daughters to be more responsive to maternal discipline. This may result in less physical punishment of sons in the African-American community than is true in European-American families (Koblinsky, Morgan & Anderson, 1997), and may be objectively and subjectively linked to internalized racism and the fear of “White” aggression.

Two recent studies seem related to this contention. Hunter et al., (1998) found that the gender of a child was related to co-parenting arrangements. When the children were males, mothers were more likely to have help with child management and discipline, but were less likely to be provided emotional support from co-caregivers. Jackson and her colleagues (1998) found that when the focal children were males, single African-American mothers reported greater parent stress. Additional research into this area is needed due to the significant correlation between parenting and child outcomes. It appears that African-American mothers of males experience more stress, but receive less emotional support. This maternal stress could be due to difficulties in discipline or projected fear for the welfare of the male African-American child. It also appears that mothers of male children are offered increased assistance with child management and discipline. This could be due to a number of factors including increased behavior problems in male African-American children, and/or an internalization of the stereotypical images of violent and out-of-control African-American male youth on the part of parents and caregivers.

Thus, the present study will address the five questions absent and sometimes suggested in the literature. First, who are typical African-American mothers, and second, who (married partner, grandmother, or unmarried partner) provides co-residing co-caregiving with these mothers? Some research suggests that the majority of African-American mothers are single parents (Randolph, 1995), while others propose a greater diversity in family structures (i.e. nuclear and extended) from which African-American mothers parent (Tolson & Wilson, 1990). Third, how does co-residing co-caregiving

affect maternal parenting stress, maternal parenting, and attitudes toward the use of corporal punishment? Research suggests that maternal stress decreases in a two-adult household (Tolson & Wilson, 1990). However, relationship quality (Brody, Flor & Neubaum, 1998) and maternal maturity (Wakschlag, et al., 1996) seem to affect these findings. Fourth, how does religion affect maternal parenting and family organization? Preliminary research suggests that religiousness increases family organization (Tolson & Wilson, 1990) and is associated with consistent maternal parenting (Brody, Flor & Neubaum, 1998), however additional research in this area is warranted. Lastly, how does child gender affect maternal parenting, attitudes toward the use of corporal punishment and maternal stress. Recent research suggests African-American mothers of male children experience greater stress (Jackson et al., 1998), and numerous theorists suggest maternal parenting variation in relation to child gender, particularly associated with the use of corporal punishment (Billingsley, 1992; Comer, 1980; Randolph, 1995; Rosser & Randolph, 1989).

Research Hypothesis

The present study will address the important aspects of maternal parenting in African-American homes, with a particular focus on co-caregiving practices, religiousness, attitudes toward corporal punishment, and child gender. How these questions and hypotheses are defined and measured is described in the next chapter on research methods. Non-directional hypotheses are tested because for all hypotheses it is important to detect a relationship in either direction. However, based on the literature

reviewed above, results in a particular direction were anticipated, and thus the hypotheses enumerated below are formulated in the anticipated direction.

Research Question 1

There is some debate in the literature as to who is typically the co-residing co-caregiver with African-American mothers (married partner, unmarried partner, grandmother, or none). This study will expand on what is known and examine the question: Who is the typical co-residing co-caregiver with African-American mothers? This question is important because of the profound effects of demographic and psychosocial factors on parenting practices. With nearly 50% of African-American children being reared by unmarried mothers (Andersen, 2000), the presence of a co-residing co-caregiver will play an important role in maternal parenting.

Research Question 2

The literature seems to suggest that co-caregiving practices affect the quality and quantity of maternal parenting. This study will expand on what is known and ask the question: How does co-residing co-caregiving affect maternal parenting?

Hypothesis 1. Co-caregiving (married partner, unmarried partner, grandmother, or none) will affect maternal stress.

Hypothesis 2. Co-caregiving (married partner, unmarried partner, grandmother, or none) will affect maternal parenting.

Hypothesis 3. Co-caregiving (married partner, unmarried partner, grandmother, or none) will affect maternal attitudes toward the use of corporal punishment.

Research Question 3

The literature seems to suggest that religiousness is important in the organization of family life for African-Americans. This study will expand on what is known and ask the question: How does religiousness affect maternal parenting in the African-American home?

Hypothesis 4. Mothers who co-reside with a caregiver will be more religious.

Hypothesis 5. More religious mothers will experience less parenting stress.

Hypothesis 6. More religious mothers will be more competent parents.

Research Question 4

Theorists and recent research suggest parenting differences based on child gender. This study will expand on what is known and ask the question: Are African-American boys maternally parented differently than African-American girls?

Hypothesis 7. Mothers of African-American girls are more likely to agree with corporal punishment techniques.

Hypothesis 8. Mothers of African-American boys experience more stress in their parenting role.

Chapter 3: Research Methods

Design

This study was part of a larger study that used a longitudinal, non-probability sampling design to study maternal parenting practices with newborns (The Volunteer Infant Parent Study - VIPS). This study uses data collected at two times. Recruitment data were collected on the Mother-Baby Unit of a University-affiliated, publicly-funded hospital between February and November, 1999. These data were collected from the mothers within 48 hours of the children's birth. Follow-up data were collected from mothers or primary caregivers, primarily in the child's home, or in other community locations per the caregivers request, between August, 1999, and July, 2000. A small sub-sample of the follow-up data ($n = 18$) were collected by telephone when in-person interviews were not possible. Infants were between six and twelve months of age at follow-up.

Human Subjects Review

The larger study, which encompasses this study, was approved by the University of Tennessee Institutional Review Board (IRB 4033-B). In order to ensure the confidentiality of subject data, several steps were taken: (1) subjects were assigned identification numbers to code subject data into computer data files, and (2) identification numbers and identifying subject information (names, addresses, phone numbers, collateral information) needed to collect follow-up data were kept in a separate, locked location from other data files.

New mothers participating in the study were required to sign consent forms (Appendix A) at recruitment. Participants were informed that by signing the Informed Consent Form they were consenting to the recruitment interview and a follow-up interview to be conducted in their homes when the children were approximately six months old. Participants were informed of their right to withdraw from the study at any time, and were assured that all data provided would be held in strict confidentiality. Participants also were informed that they could skip questions and drop out of the study at any time.

Participants were given a copy of the Informed Consent Form at recruitment that contained the name of the primary investigator, a contact phone number for the primary investigator, and the name of the interviewer.

Sampling

Recruitment

A total of 246 newly delivered European-American and African-American mothers were drawn from the population of mothers giving birth at the University affiliated, publicly funded hospital in this mid-size southeastern city between February and November, 1999. Approximately 3200 babies are delivered annually at this urban hospital surrounded by suburban areas and remote mountainous counties without delivery facilities. Interviews were conducted in the mothers' hospital rooms within 12 to 36 hours after the birth due to the rapid discharge of delivered mothers. The sub-sample of predominately urban, African-American mothers will be used in this study ($n = 103$, 42%) (Figure 1) (All figures can be found in Appendix H).

Three European-American social work graduate students recruited 87% ($n = 214$) of the sample, and an African-American psychology graduate student recruited 13% ($n = 32$) of the sample. Interviewers were provided with a list of delivering and delivered mothers on the Mother-Baby Unit daily. Nurses identified mothers who were too ill, psychotic or intellectually limited to give Informed Consent. Mothers who experienced the death of a child, were relinquishing custody, or whose baby was seriously ill were not included in the sample. Due to the financial and time constraints of the in-home, follow-up interview, mothers were recruited for the sample if they lived within a certain radius of the University (within 30 minutes for European-American mothers, 60 minutes for African-American mothers). In addition, only mothers who would be staying in the area following the birth of their children were included in the sample due to the need for a face-to-face follow-up interview. Mothers who unexpectedly moved out of the catchment area following recruitment were retained in the follow-up study when they were able to be located.

Due to the small population of African-Americans in the study area (10%), African-American mothers were over-sampled so that race-related differences in parenting could be determined. Interviewers approached African-American mothers first for recruitment, and accepted African-American mothers from a wider geographic area (see above).

Mothers were provided with \$10 Walmart gift certificates, and a VIPS magnet for participation in the recruitment sample. The VIPS magnet was dually used as a

marketing tool, and to remind mothers to contact the primary investigator of the study should they move.

Due to the sensitive nature of some of the questions in the recruitment interview, mothers were only interviewed in private. Family members visiting new mothers were provided with coffee, soda or ice-cream gift certificates redeemable in the hospital cafeteria in order to induce them to leave the mothers' rooms for the period of the interview. The recruitment interview took approximately 30 minutes to complete.

Circumstances did not permit probability sampling as the hospital was not willing to provide an enumeration of its delivering patients, and resources would not permit an interviewer to be on the Unit at all times. An interviewer was present on the Unit about twenty hours per week (sometimes including weekends) for most of the recruitment period. Nearly all of the refusals were related to lack of time due to early discharge; mothers' being too sleepy or in pain; or mothers' unwillingness to ask visitors to leave the room for the time of the interview.

Follow-Up

At the conclusion of the recruitment interview, interviewers completed extensive locating and tracking forms. Tracking information included, but was not limited to, mother's maiden name, names of husbands or partners, current address and telephone numbers, driver's license number and Social Security Number, employment information, and names and locating information for at least two collateral contacts. Mothers were reminded at the conclusion of the recruitment interview that a follow-up interview in their homes would be conducted in approximately six months in an effort to better understand

their parenting practices. They were also told of the monetary incentives for continued participation.

Following the recruitment interview, mothers were mailed personal thank-you letters with “forwarding address requested” so that the forwarded mail address could be incorporated into the tracking data. This helped to establish and continue personal rapport with the mothers and it established our protocol of early and continuous tracking. One to two weeks prior to the time for the follow-up interview, letters were mailed to mothers reminding them of the six-month interview with “forwarding address requested”. Mothers were asked to call the primary investigator with convenient interview times, or their recruitment interviewer would be calling them to schedule the six month interview.

When possible, the recruitment interviewer made contact with the mother and scheduled the follow-up in-home interview. It was sometimes, but infrequently, more convenient for a different interviewer to conduct the second interview. In addition, hard-to-schedule mothers sometimes, but infrequently, seemed to be more receptive to a like-race interviewer. In the event that mothers were unable to be located using the tracking information provided, numerous community and web-based resources were employed. Address and telephone numbers of “missing mothers” were obtained by internet websites, local utility companies and public housing boards. In total, 92% ($n = 227$) of the European-American and African-American mothers were interviewed at follow-up between August, 1999, and July, 2000 (Figure 2). Of these, 80% ($n = 181$) of the mothers were interviewed by two of the European-American interviewers and the Primary

Investigator, and 20% ($n = 46$) of the mothers were interviewed by the African-American interviewer.

Mothers were given Walmart gift certificates valued at between \$10 and \$60 to participate in the second interview. Mothers who were hard to schedule were encouraged to participate with increased incentives (i.e. higher valued Walmart gift certificates). Of the follow-up interviews, 92% ($n = 209$) were conducted in mothers' homes, the homes of family or friends, or at various community locations including coffee shops, offices or jail, and 8% ($n = 18$) were conducted over the telephone as a last resort.

Of the 103 African-American mothers interviewed at recruitment, 96 (93%) were interviewed at follow-up. Of these, 69% ($n = 66$) were interviewed by the European-American interviewers and primary investigator, and 31% ($n = 30$) were interviewed by the African-American interviewer (Figure 3). Of the African-American mothers, 54% were paid \$10 for their follow-up participation, 40% were paid \$20 – 30, and 6% were paid additional amounts up to \$60 (Figure 4). The vast majority (97%) of African-American mothers were interviewed in their homes, the homes of family or friends, or various community locations ($n = 93$), only 3% ($n = 3$) were conducted over the telephone as a last resort (Figure 5).

Of the 7% ($n = 19$) of African-American and European-American mothers who left the sample from recruitment to follow-up, 37% ($n = 7$) were African-American. There were no differences in maternal age, education, marital status, employment, total family income and family structure between African-American mothers who stayed in the sample for follow-up and those who did not participate at follow-up (for more

information see Comparison of Participants to Non-Responders in Chapter 4). Hence, the sample of African-American mothers who participated in the follow-up survey ($n = 96$) is not different in any discernable way from the mothers who did not participate at follow-up ($n = 7$).

Data Collection

Recruitment interviews were conducted with 246 newly delivered European-American and African-American mothers at the University affiliated, publicly funded hospital from February through November, 1999. The recruitment interview included an Informed Consent Form, demographic information, the Adult – Adolescent Parenting Inventory -2 (AAPI -2) (Bavolek, 1984), and the Parental Bonding Inventory (PBI) (Parker, Tupling & Brown, 1979) (Table 1). Additional measures were used in the recruitment interview that are not included in this dissertation.

Follow-up interviews were conducted with 227 European-American and African-American mothers in their homes, communities or as a last resort over the telephone from August, 1999 through July 2000. The follow-up interview included demographics, the Duke Religion Index (DUREL) (Koenig, Parkerson & Meador, 1997), the Parenting Stress Index – Short Form (PSI – SF) (Abidin, 1995), the Young Adult Self Report – Revised (YASR) (Achenbach, 1997), and the Home Observation for Measurement of the Environment (HOME) Inventory for Families of Infants and Toddlers (Caldwell & Bradley, 1984) (Table 1) (All tables can be found in Appendix I). Additional measures were used in the follow-up interview that are not included in this dissertation.

The study attempted to maximize participation by providing monetary incentives at each wave of data collection, by establishing early rapport and frequent contact with the participants, and by obtaining extensive tracking and locating information at each wave of data collection.

Measurement

The majority of the data collected at recruitment and follow-up were used primarily in the larger study (VIPS). The population sub-sample used in this study includes only African-American participants who participated in the in-home follow-up study ($n = 96$). The data used in this study include extensive demographic data, a measure of parenting stress and a measure of parenting behavior, a measure of mother-grandmother relationship quality and parental bonding, a measure of attitudes toward corporal punishment, and a religiousness scale (Table 1).

Demographic Data

Extensive demographic data were gathered at recruitment and follow-up. All data collected were self-report or observational. From the recruitment interview, demographic data collected included household composition or family structure (effect coded), observed race/ethnicity (only African-American mothers are included in this dissertation), gender of infants {binary, coded as girl (0) and boy (1)}, mother's date of birth (later transformed into the continuous variable maternal age), previous parenting experience {binary, coded as no (0) and yes (1)}, and maternal education (coded as an ordinal level variable). Family structure was effect coded (mother and baby; mother, baby and married partner; mother, baby and unmarried partner; mother, baby and grandmother) (in 8 cases

mothers reported living with a great-grandmother, foster-grandmother, or aunt and were coded as living with a grandmother; in 5 cases mothers reported living with a grandmother and unmarried partner and were coded as living with a grandmother) so that the regression coefficients associated with the coded vectors would reflect the treatment effect. Effect coding was done so that the means of individual categories of family structure (e.g., mean attitude toward the use of corporal punishment for married mothers) could be compared to the overall mean (e.g., overall mean attitude toward the use of corporal punishment). In effect coding, each vector has one group assigned -1 , one group identified as 1 , and all others assigned 0 . The deviation of a given treatment mean from the grand mean is defined as its effect (Pedhazur, 1997). The effect of a given category is defined as the deviation of its mean from the average of all the category means (Pedhazur & Schmelkin, 1991). When the grand mean is calculated, all subjects are treated as if they belonged to a sample from the same population (Pedhazur & Schmelkin, 1991). Observed race was used in this study as opposed to self-identification due to the sensitive nature of race related research in the University-affiliated publicly-funded hospital. From the follow-up interview, demographic data collected included household composition or family structure (see coding above), maternal employment {binary, coded as no (0) and yes (1)}, and total yearly family income (coded as an ordinal level variable).

Maternal age, maternal education, maternal employment, previous parenting experience, and total family income are used as control variables in analysis (Table 2). Maternal age is controlled for in analysis due to the influence maternal maturity has on parenting practices. Likewise, maternal education is controlled for in analysis due to the

influence having more exposure to parenting materials and external exposure to parenting information has on parenting practices. Maternal employment is controlled for in analysis due to the influence stress associated with work and time management has on parenting. Prior parenting experience is controlled for in analysis due to the learning curve associated with parenting. Total family income is controlled for in analysis due to the influence having greater resources has on parenting.

Infant gender is used as a main independent variable in analysis (Table 3). Family structure is used as a main independent variable, a control variable, and a dependent variable in various data analyses (Tables 2-4). Family structure is controlled for in some analysis due to the influence having additional caregivers in the home has on parenting practices.

Quality of Mother-Grandmother Relationship

The quality of the co-caregiving relationship will be estimated using two measures of mother-grandmother relationship quality. The Parental Bonding Instrument (PBI) (Parker et al., 1979) was given to participants as part of the recruitment interview (Appendix B). The PBI is a 25-item instrument that measures an adult's perceptions of his/her primary caregivers on dimensions of caring and protection. This measure is believed to be predictive of an adult's relationship with his/her own children (i.e. a predictive measure of the amount of care and overprotection between a parent and child). Participants are asked to rate their primary caregivers on a 4-point likert scale from very like (1) to very unlike (4). Of the 83 mothers in the current study who reported who their primary caregiver was, 95% reported a maternal primary caregiver.

The care subscale has 12 items allowing for a maximum score of 36 (higher scores indicate greater care), the protection subscale has 13 items allowing for a maximum score of 39 (higher scores indicate greater overprotection and control). The PBI is used as a control variable in data analysis, and is measured as a continuous level variable (Table 2).

The overall measure and the subscales (care and protection) show acceptable published test-retest (.76 and .63 respectively) and split-half (.88 and .74 respectively) reliability (Parker et al., 1979). Published inter-rater reliability was .85 for the care subscale, .69 for the protection subscale (Parker et al., 1979). Published concurrent validity was determined by comparing raters' scores to interview scale scores and were above .75 for the care subscale, and .45 for the overprotection subscale (Parker et al., 1979).

Mother's estimates of the quality of her relationship with her mother was measured at the follow-up interview. Mother's were asked to rate their relationship with their mother using a three point scale (worse, average or better when compared to others) on the Young Adult Self Report (YASR) (Appendix C) (Achenbach, 1997). The YASR measures adaptive functioning in social relationships, and was developed to explore roles and behaviors specific to young persons ages 18-30. A higher score represents a better quality of relationship (range from 0 - 3). The quality of mother's relationship with her mother YASR question is used as a predictor variable in data analysis (Table 2).

Achenbach (1997) reports one-week test-retest reliability of the YASR of .84. Published mean long-term stability (for intervals averaging 39 months) was .58.

Differences between white and non-white respondents were negligible on problem scale scores of the YASR (Achenbach, 1997).

Parenting Stress

The Parenting Stress Index – Short Form (PSI-SF) (Abidin, 1995) (Appendix D), a 36-item, standardized instrument used to measure stress related to parenting and parent-child interactions, is widely used in investigations of parenting stress and intervention research. The measure was standardized for use with parents of children from 1 month to 12 years of age.

The PSI-SF has three subscales (parental distress, difficult child, and parent-child dysfunctional interaction). Items have five response categories from “strongly agree” (1) to “strongly disagree” (5). The total range of scores are from 36 to 180, with higher scores indicating greater parenting stress. Each subscale (i.e. parental distress, difficult child, and parent-child dysfunctional interaction) has a range of scores from 12 to 60. For comparison, raw scores are converted to percentile scores. Normal range scores are between the 15th and 80th percentile. Percentile scores above the 90th percentile represent clinical levels of stress. Individuals who report clinical levels of stress should be referred for professional assistance (Abidin, 1995). The PSI full scale and subscales are used as dependent variables in data analysis and are measured at a continuous level of measurement (Table 4).

There are seven dimensions used to measure overall parental distress (depression, attachment, role restriction, sense of competence, social isolation, relationship with spouse and parental health). There are six dimensions used to measure maternal

perception of child temperament, or difficult child (adaptability, acceptability, demandingness, mood, distractibility/hyperactivity, and reinforces parent). There are twelve items used to measure parent-child dysfunctional interaction. This subscale measures a parent's perception that his/her child does not meet the parent's expectations and the feeling that the child is a negative element in the parent's life.

Published coefficient alphas for the PSI-SF subscales vary from .70 to .84 (Abidin, 1995). Construct validity is supported by theoretically meaningful correlations between the PSI-SF scores and constructs such as child adjustment. In addition, studies show higher (more stressed) PSI-SF scores among neglectful, drug-addicted, maladjusted, and abusive parents (Abidin, 1995). With reference to ethnic diversity, Hutcheson and Black (1996) found the PSI-SF to be an acceptable measure for use with low-income African-American mothers of infants (acceptable levels of internal consistency and stability over six months, and high concurrent validity with mothers reporting consistent levels of stress across subscales).

Parenting Behavior

The Home Observation for Measurement of the Environment (HOME) Inventory for Families of Infants and Toddlers (Caldwell & Bradley, 1984), the most widely used measure for observational data on the quality of the home environment, is an in-home, naturalistic observational technique used to measure various aspects of the child's home environment including parenting practices (Appendix E). The HOME was empirically designed with little attention given to issues of face validity. Due to this empirical design, some questions appear out of place listed under specific subscales, but remain

highly intercorrelated (i.e. “Family has a pet” is correlated with other Acceptance Subscale questions). Scoring for the HOME is based on an hour of observation in the home, along with information gleaned during the interview.

There are six subscales in the HOME that measure various aspects of parenting behaviors: emotional and verbal responsiveness, acceptance, organization of physical and temporal environment, provision of appropriate play materials, parental involvement, and opportunities for variety in daily stimulation. The Responsivity Subscale has eleven questions (scores range from 0 – 11). The Acceptance Subscale has eight questions (scores range from 0 – 8). The Organization Subscale has six questions (scores range from 0 – 6). The Learning Materials Subscale has nine questions (scores range from 0 – 9). The Involvement Subscale has six questions (range from 0 – 6). The Variety Subscale has five questions (range from 0 – 5).

Measurement scores are based on dicotomous responses (+ or - / present or not present / scored 0/1) for each question. The total score range is from 0 – 45. Summated scores are compared to norms, with respondents in the lowest quartile considered “at risk” for poor child development related to poor parenting. The Responsivity, Acceptance, Learning Materials and Involvement Subscales of the HOME are used as dependent variables in data analysis and are measured at a continuous level of measurement (Table 4).

Published internal consistency estimates summarized by Bradley (1994) are consistently over .80 for total scores, with subscale coefficients from .30 to .80. Interrater reliability has been consistently reported to be .80 or greater. A review of the

concurrent and predictive validity of the HOME showed the HOME to be significantly related to children's intellectual level and cognitive development (Benasich & Brooks-Gunn, 1996). Bradley, Caldwell, Rock, Barnard, Gray, Hammond, Mitchell, Siegel, Ramey, Gottfried, and Johnson (1989) and Bradley, Mundfrom, Whiteside, Casey, and Barrett (1994) assert that the HOME is valid for use with economically disadvantaged and African-American families. However, Berlin, Brooks-Gunn, Spiker, and Zaslow (1995) contends that the HOME Learning Materials Subscale may overlook some ways in which poor mothers provide general learning experiences without economic resources, an issue that needs to be considered in analyses with indigent mothers.

Attitudes Toward Corporal Punishment

Maternal attitudes toward the use of corporal punishment are measured using the Strong Belief in the Use and Value of Corporal Punishment Subscale of the Adult-Adolescent Parenting Inventory (AAPI-2). The AAPI-2 is the revised and re-normed version of the original AAPI developed in 1979 (Bavolek & Keene, 1999). The AAPI-2 is a validated and reliable 40-item inventory designed to measure parenting attitudes (Bavolek & Keene, 1999) (Appendix F). The Belief in the Use and Value of Corporal Punishment Subscale has eleven items (items # 5,9,15, 18, 23, 24, 25, 26, 31, 32, and 37) that are rated on a 5-point likert scale. For adult mothers over 18 years of age, scores are compared to norms generated from 713 adult parents (both abusive and non-abusive) from across the United States who did not have parent training. For mothers aged 13 to 18 years of age, scores are compared to norms generated from 198 adolescent non-parents without formal parent training, representing the "normal teenager" who is not a parent

(Bavolek & Keene, 1999, 21). Low sten scores (1 to 4) indicate a risk for practicing known abusive parenting practices (i.e. hitting, intimidation, pain and belittlement), high sten scores (7 to 10) indicate parenting attitudes that reflect a nurturing, non-abusive parenting philosophy (i.e. the use of alternative strategies to corporal punishment), and mid-range sten scores (4 to 7) represent the parenting attitudes of the general population (Bavolek & Keene, 1999). The Belief in the Use and Value of Corporal Punishment Subscale is used as a continuous dependent variable in data analysis (range from 1 – 7) (Table 4).

The AAPI-2 reports higher reliabilities and lower standard errors than the AAPI. Bavolek and Keene (1999) report internal reliability of .92 using Chronbach's alpha for the Belief in the Use and Value of Corporal Punishment Subscale. Construct validity is supported by the results of a factor analysis (Bavolek & Keene, 1999), and The Belief in the Use and Value of Corporal Punishment Subscale shows significant diagnostic and discriminatory validity (Bavolek & Keene, 1999). Bavolek (1984) reports that sampling considerations in the establishment of the AAPI norms included "geographic region, urban and rural settings, ethnic group, sex, socioeconomic status and age" (p. 45).

Religiousness

Maternal religiousness is measured using the Duke Religion Index (DUREL) (Koenig, Parkerson & Meador, 1997) (Appendix G). The DUREL is a 5-item scale that measures the organizational, non-organizational, and intrinsic aspects of spirituality/religion. Respondents indicate frequency of attending services (organization measure of religion) and engaging in private worship (non-organizational measure of

religiousness) on a 6-point scale from never to more than once per week. Three questions about personal beliefs (intrinsic aspects of religiousness) are measured on a 5-point likert scale from “definitely true of me” to “definitely not true”. Some items are reverse-scored, then all items are summed (score range = 5-27). Lower scores indicate greater religiousness. The DUREL is used as a continuous dependent and main independent variable in data analysis (Tables 3-4).

Koenig et al., (1997) report good construct validity with theoretically meaningful correlations between the DUREL and social support and health outcomes. A correlation of .75 was reported between the intrinsic religiousness scale items and Hoge’s 10-item intrinsic religiousness scale (Hoge, 1972).

Chapter 4: Results

Between February and November, 1999, 103 African-American newly delivered mothers were recruited to participate in the larger VIP study. Among these 103 mothers, 96 (93%) participated in the six-month follow-up. The sample size actually analyzed for mothers ranged from 82 to 96 as the result of missing data for particular dependent variables.

Data Analysis

Descriptive statistics and frequency distributions were computed for all variables. Alpha $\leq .05$ was used to test hypotheses, and two-tailed tests were used because results in either direction were of importance and there is inadequate prior research to make definitive predictions about the directions of the relationships.

Multiple regression was used to test hypotheses. Multiple regression is a method for analyzing variability in a dependent variable as a function of multiple independent variables (predictors) (Long, 1997; Orme & Buehler, 2001; Pedhazur & Schmelkin, 1991). Independent variables are combined as an additive function; each independent variable is tested for statistical significance; the sign of the slope indicates the direction of the relationship; product terms are used to test interactions; and the independent variables can be any level of measurement. Linear regression models were used to model continuous dependent variables, and nonlinear regression models, specifically binary logistic regression was used to model binary dependent variables (Long, 1997; Orme & Buehler, 2001).

Multiple regression has a number of advantages. That is, it can be used to: model main, interacting, or curvilinear effects; model changes brought about by the addition or deletion of independent variables; any combination of nominal, ordinal, or interval independent variables can be analyzed; one can simultaneously estimate independent and combined effects of independent variables; the direction and strength of independent variables can be determined; one can rule out spurious effects and better explain and predict dependent variables; and one can better control for the probability of a Type I error.

Binary logistic regression was used to model binary dependent variables. For these analyses the odds ratio (OR) was used to quantify the strength and direction of relationships between the independent and dependent variables. The OR is ideally suited for analyzing multidimensional tables and provides a number of maximum likelihood estimators for sample data that permit tests of significance and association (Lindsey, 1992). The OR determines how strongly two variables are related by examining the relative influence of the independent variables on the dependent variable. If the odds are the same in each category, their ratio will equal one. A value of one indicates no relationship. If the odds for the categories are sufficiently different (i.e. a value greater or less than one), then there is a relationship. The greater the departure from one, the stronger the relationship (Lindsey, 1992). The OR is insensitive to marginal distributions and size of samples (Lindsey, 1992). Hypotheses about individual independent variables were tested using the Wald statistic. Overall and incremental model fit was tested using

chi-square. Cook's D was used to determine whether there were influential outliers, and tolerance levels were examined to determine whether multicollinearity was a problem.

Linear regression (also sometimes known as "ordinary least squares regression") was used to model continuous dependent variables (Pedhazur & Schmelkin, 1991). Standardized and unstandardized regression coefficients were reported to quantify the strength and direction of the relationships between independent and dependent variables. Overall and incremental model fit were estimated using R^2 , and hypotheses concerning R^2 were tested using the F statistic. When the F was not statistically significant for a block of variables, t -tests were not examined; this is done to protect against Type I error (Fisher's Protected t -test) (Cohen & Cohen, 1983). R^2 indicates the amount of variance in the dependent variable accounted for jointly and non-redundantly by the independent variables, and R^2 change, the amount of variance in the dependent variable accounted for jointly and non-redundantly by the *addition* of independent variables.

The assumptions necessary for hypothesis testing when using linear regression include normality of conditional distributions in the population (tested by the distribution of residuals), equality of conditional variances in the population (i.e. no pattern in scatterplot of residuals), independence of observations (tested using the Durbin-Watson statistic), and a linear relationship between the independent variables and the dependent variables in the population (i.e. no curvilinearity in scatterplot of DV and IV). Cook's D was used to determine whether there were influential outliers, and tolerance levels were examined to determine whether multicollinearity was a problem.

Comparison of Participants and Non-Responders

Participants in the study ($n = 96$) were compared with non-responders ($n = 7$). For the purpose of this comparison, non-responders were defined as those mothers from the original sample who did not participate in the follow-up interview.

Binary logistic regression was used to compare the demographic differences between study participants and non-responders given that the dependent variable was binary. The dependent variable was whether mothers participated in the follow-up study, coded as No (0) and Yes (1). Demographic variables measured for participants and non-responders at recruitment were used as predictor variables. These variables included maternal age, maternal education, maternal employment, previous parenting experience, total family income, and marital status. There were no missing data in this analysis.

In the recruitment sample of African-American mothers ($N = 103$), the likelihood of participation in the six-month follow-up interview did not differ by age, education, marital status, total family income, maternal employment or previous parenting experience ($\chi^2(6) = 7.59, p = .270$) (Table 5).

Missing Data

Patterns of missing data reported in this section are based on the 96 African-American mothers who participated in the follow-up study.

Missing Scale Item Data

Few scale items had missing data, items with missing data had only a small percentage missing data, and few respondents had any missing data. Measures with fewer than 70% completed items were considered missing. Those with more than 70%

completed items were scored after imputing missing item values separately for each measure. Scales with some missing item data, but more than 70% completed items, included the Adult-Adolescent Parenting Inventory – 2 (AAPI-2) (3%), the Parenting Stress Index (PSI) (3%), the Home Observation for Measurement of the Environment (HOME) (15%), and the Parental Bonding Inventory (PBI) (2%). Missing values were imputed using expectation maximization (Acock, 1997) (SPSS Version 10). Missing item values were imputed using non-missing values for the other items in the particular scale. This method of imputation is superior to mean substitution, listwise or pairwise deletion, and other common methods of handling missing data (Acock, 1997).

Missing Scale/Variable Data

The vast majority of participants completed more than 70% of the items for each scale or variable used as independent or control variables. However, for a few scales or variables less than 70% of the data was provided. For the variable total family income, data were missing for 7 of 96 respondents (7%). Missing values for income at follow-up were estimated using income data from the recruitment interview for 5 (5% of total) of the 7 respondents due to a lack of change in demographic information from recruitment to follow-up. The remaining missing income data (2% of total) were imputed using expectation maximization (SPSS Version 10) (Acock, 1997) using the maternal age, education, employment, previous parenting and family structure variables. Missing data for the mother-grandmother relationship quality variable of the Young Adult Self Report (YASR) (3%), were imputed using expectation maximization (SPSS Version 10) (Acock, 1997) using data provided on that variable.

Generally, imputation of missing data is not recommended for dependent variables (Cohen & Cohen, 1983). Thus, listwise deletion was used with scales used as dependent variables that had more than 70% missing data. For the Parenting Stress Index (PSI), data were missing for 4 of 96 respondents (4%); for the Home Observation for Measurement of the Environment (HOME), data were missing for 14 of 96 respondents (15%); for the Duke Religion Index (DUREL), data were missing for 2 of 96 respondents (2%).

Assumptions

The assumptions necessary for hypothesis testing when using linear regression were tested for all analyses. The distributions of residuals were approximately normal in all analyses, attesting to the normality of conditional distributions in the population. No patterns in the scatterplot of residuals were noted in any analyses, attesting to the equality of conditional variances in the population. The Durbin-Watson statistic was run with each analysis in an effort to test for the independence of observations. The Durbin-Watson was low in analyses using the HOME Responsivity Subscale (range from 1.30 to 1.32) suggesting an independence of observation assumption violation; however, independence of observation can be assumed from the research design. No curvilinear patterns in the scatterplot of the dependent and independent variables were noted attesting to a linear relationship between the independent and dependent variables in the population. All Cook's D values were less than 1.00 indicating the absence of influential outliers, and all tolerance levels were greater than .20 attesting to no significant multicollinearity among variables.

Reliability of Measures

Coefficient alpha was computed for each measure (Table 6). All measures except two subscales of the HOME (i.e. organization and variety) had good to excellent internal reliability, ranging from .64 to .91.

Relationships Among Dependent Variables

Correlations among the dependent variables are shown in Table 7. Maternal religiousness was positively correlated with maternal responsiveness, the quality and quantity of learning materials in the home, and maternal involvement. Maternal religiousness was negatively correlated with parental distress. More positive attitudes toward the use of corporal punishment were positively correlated with parental distress. Maternal responsiveness was positively correlated with maternal acceptance and the quality and quantity of learning materials in the home. Maternal responsiveness was negatively correlated with the perception that the infant was difficult, dysfunctional interactions between the parent and infant, and overall parenting stress. Maternal acceptance was positively correlated with the quality and quantity of learning materials in the home, and maternal involvement. Maternal acceptance was negatively correlated with parental distress, dysfunctional interactions between the parent and infant, the perception that the infant was difficult, and overall parenting stress. The quality and quantity of learning materials in the home was positively correlated with maternal involvement. The overall measure of parenting stress and the subscale measures of parenting stress were all significantly positively correlated. Parental distress was positively correlated with dysfunctional interactions between the parent and infant, the perception that the infant

was difficult, and overall parenting stress. Dysfunctional interactions between the parent and infant were positively correlated with the perception that the infant was difficult and overall parenting stress. The perception that the infant was difficult was positively correlated with parenting total stress.

Statistical Power

Statistical power is the probability that the null hypothesis will be correctly rejected, and it is the complement of a Type II error (error in failing to reject the null hypothesis when it's false). Increasing sample size reduces the risk of a Type II error (Cohen, 1988; Rubin & Babbie, 1997). The sample sizes used in the regression analyses reported here are adequate to detect medium to large effect sizes, but not small effect sizes (Cohen, 1988).

Descriptive Data

Table 8 shows the demographic characteristics for the 96 African-American mothers. As shown in Table 8, the largest proportion of mothers were single mothers living alone with an infant (36%). There are nearly equal proportions of mothers and infants living with grandmothers (24%) and unmarried partners (25%). The smallest proportion of mothers and infants are living with a married partner (15%) (Figure 6).

The youngest mothers are living with their infants and grandmothers ($M = 19$, $SD = 4.2$), and the oldest mothers are living with their infants and a married partner ($M = 26.5$, $SD = 5.2$). Of the mothers living alone with their infants, 71.4% report an annual income of less than 5,000, and none report incomes of over 20,000. Of the mothers living with their infants and grandmothers, 39.1% report annual family incomes of less than

5,000, and an additional 34.8% report annual family incomes of between 5,000 – 19,999. Only 4.3% of mothers and infants living with grandmothers report annual family incomes of over 35,000. Of mothers and infants living with unmarried partners, 29.2% report annual family incomes of less than 5,000, and only 33.3% report incomes of over 20,000. Of mothers and infants living with a married partner, 50% report incomes between 5,000 – 19,999, and 28.6% report incomes of over 35,000. Only 7.1% of mothers and infants living with a married partner report annual incomes of less than 5,000 (Figures 7-10).

With reference to between-group differences, a oneway analysis of variance (ANOVA) reveals that there are significant differences in maternal age ($F = 7.81$, $p = .000$) and total family income ($F = 11.51$, $p = .000$) depending on family structure (Table 8). The chi-square statistic reveals that there are significant differences in previous parenting ($\chi^2 = 12.68$, $p = .005$) and maternal education ($\chi^2 = 12.99$, $p = .005$) depending on family structure, but that there is no difference in maternal employment ($\chi^2 = 3.93$, $p = .687$) depending on family structure (Table 8).

There is a statistically significant difference with regard to previous parenting experience, with married mothers most likely to have prior experience (85.7%), and mothers living with grandmothers least likely to have prior experience (26.1%) ($\chi^2 = 12.68$, $p = .005$) (Table 8). Mothers living alone with their infants and mothers living with their infants and unmarried partners are about as likely to have parented prior to the index child as not.

Only mothers living with unmarried partners were more likely to be employed (54.2%) than unemployed (45.8%) at the time of their infants' birth. The majority of

mothers living alone (60.0%), living with their mothers (the infants' grandmothers) (69.6%), and living with married partners (57.1%) were unemployed at the time of their infants' birth. The proportion of mothers who were working was more likely to be working full-time.

The majority of all mothers, regardless of family structure, had at least a high school education (range from 87% of mothers living with their mothers, the infants' grandmothers, to 100% of mothers living with unmarried partners and married partners). Over half of the mothers living with married partners had some college (57.1%) (Table 8).

Regression Analyses

The objective of this study is to identify how family structure, religion and infant gender affects parenting. In order to investigate these research questions, multiple linear regression is used due to the continuous nature of the dependent variables. In all the regression analyses, non-directional hypotheses were tested because results in either direction would be important, and there is inadequate prior research to make definitive predictions about the directions of the differences. Alpha was set at $\leq .05$.

Research Question 1

Who is the typical co-residing co-caregiver with African-American mothers? The majority of mothers in the present study were parenting their infants in co-residing co-caregiving family configurations (64%). Approximately 40% of the mothers were parenting their infants with the help of unmarried or married partners. A little over one-third of the mothers were parenting their infants alone, and approximately one-fourth of

the mothers were parenting their infants with the help of their mothers (the infants' grandmothers) (Table 8).

Research Question 2

How does co-residing co-caregiving affect maternal parenting? The results for this research question will be explained fully below in reporting tests of Hypotheses 1 through 3. In each case the control variables are maternal age, maternal education, maternal employment, prior parenting experience, total family income, maternal care, maternal overprotection, and quality of the mother-grandmother relationship. The main independent variable of interest is family structure (a proxy for co-caregiving). The dependent variables measuring parenting stress, parenting practices and attitudes toward corporal punishment are different for each hypothesis.

Hypothesis 1. Co-caregiving will affect maternal stress. The dependent variables used to test this hypothesis were the continuous total stress scale and three continuous subscales (parental distress, parent/child dysfunctional interaction, and difficult child), on the Parenting Stress Index – Short Form (PSI –SF).

Family structure was the main independent variable of interest. To test the effect of co-caregiving the control variables were entered into the regression equation first. These included maternal age, education, employment, previous parenting experience, total family income, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR). Family structure measured at follow-up was entered into the regression equation after entry of the control variables.

The mean score for the Total Stress Scale of the PSI was 53.20 ($SD = 13.72$), placing these mothers as a group in the lower end of the normative range for total stress (10-15th percentile) (2% of mothers were in the clinical range for total stress). Maternal demographic variables entered in the first block did not affect overall maternal stress ($R^2 = .13$, Adjusted $R^2 = .04$, $F(8,83) = 1.51$, $p = .165$) (Table 9). Co-caregiving did not affect overall maternal stress after taking account of the control variables ($R^2 \text{ change} = .04$, $F \text{ change}(3,80) = 1.27$, $p = .289$) (Table 9).

The mean score for the Parental Distress Subscale of the PSI was 27.51 ($SD = 8.89$), placing these mothers as a group in the normative range for parental distress (65th percentile) (16% of mothers were in the clinical range). Maternal demographic variables entered in the first block did affect parental distress ($R^2 = .17$, Adjusted $R^2 = .09$, $F(8,83) = 2.07$, $p = .048$) (Table 10). In particular, as total family income decreased parental distress increased ($B = -.19$, $r = -.28$, $p = .008$); and mothers who perceived they received less care as children reported more parental distress ($B = -.19$, $r = -.27$, $p = .010$). Co-caregiving did not affect parental distress after taking account of the control variables ($R^2 \text{ Change} = .01$, $F \text{ Change}(3,80) = .28$, $p = .838$) (Table 10).

The mean score for the Parent-Child Dysfunctional Interaction Subscale of the PSI was 18.54 ($SD = 6.00$), placing these mothers as a group in the normative range for this measure (50th percentile) (8% of mothers were in the clinical range). Maternal demographic variables entered in the first block did not affect interactions between the parent and child ($R^2 = .07$, Adjusted $R^2 = -.02$, $F(8,83) = .81$, $p = .599$) (Table 11). Co-

caregiving did not affect interactions between parent and child after taking account of the control variables (R^2 change = .08, F change (3,80) = 2.59, p = .058) (Table 11).

The mean score for the Difficult Child Subscale of the PSI was 23.48 (SD = 6.67), placing these mothers as a group in the normative range for this measure (35th percentile) (4% of mothers were in the clinical range). Maternal demographic variables entered in the first block did not affect the designation of the infant by the mother as “difficult” (R^2 = .14, Adjusted R^2 = .06, F (8,83) = 1.70, p = .111) (Table 12). Co-caregiving also did not affect the designation of the infant as “difficult” after taking account of the control variables (R^2 change = .01, F change (3,80) = .37, p = .777) (Table 12).

Hence, hypothesis 1 is not supported. Maternal stress as measured by the total stress scale and three subscales (parental distress, parent/child dysfunctional interaction, and difficult child) of the Parenting Stress Index – Short Form (PSI-SF) is not affected by co-caregiving after controlling for maternal age, education, employment, total family income, previous parenting, maternal care, maternal overprotection, and maternal relationship quality with her caregiver. However, as high as 16% of our sample reported parental distress levels in the clinical range, and 17% of the variance in parental distress could be explained using maternal demographic variables entered in the first block. In particular, parental distress significantly increased as total family income decreased, and for mothers who reported they received less care from their primary caregivers.

Hypothesis 2. Co-caregiving will affect maternal parenting. The dependent variables used to test this hypothesis were the four continuous subscales (maternal responsivity, acceptance, learning materials, and involvement) on the Home Observation

for Measurement of the Environment (HOME). Family structure was the main independent variable of interest. To test the effect of co-caregiving the control variables were entered into the regression equation first. These included maternal age, education, employment, previous parenting experience, total family income, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR). Family structure measured at follow-up was entered into the regression equation after entry of the control variables.

The mean score for the Responsivity Subscale of the HOME was 8.93 (SD = 1.86), placing mothers in the middle half for this measure (11% of mothers were in the lowest quartile, placing them in the “at risk” for poor parenting group based on poor maternal responsivity). Maternal demographic variables entered in the first block did not affect maternal responsivity ($R^2 = .06$, Adjusted $R^2 = -.04$, $F(8,73) = .62$, $p = .763$) (Table 13). Co-caregiving did not affect maternal responsivity after taking account of the control variables ($R^2 \text{ change} = .01$, $F \text{ change}(3,70) = .36$, $p = .786$) (Table 13).

The mean score for the Acceptance Subscale of the HOME was 5.76 (SD = 1.59), placing mothers in the middle half for this measure (16% of mothers were in the lowest quartile, placing them in the “at risk” for poor parenting group based on poor maternal acceptance). Maternal demographic variables entered in the first block did not affect maternal acceptance ($R^2 = .05$, Adjusted $R^2 = -.05$, $F(8,73) = .49$, $p = .859$) (Table 14). Co-caregiving did not affect maternal acceptance after taking account of the control variables ($R^2 \text{ change} = .04$, $F \text{ change}(3,70) = 1.14$, $p = .341$) (Table 14).

The mean score for the Learning Materials Subscale of the HOME was 7.24 ($SD = 1.75$), placing mothers in the middle half for this measure (6% of mothers were in the lowest quartile, placing them in the “at risk” for poor parenting group based on poor quantity and quality of learning materials in the home). Maternal demographic variables entered in the first block did not affect the quality and quantity of learning materials ($R^2 = .12$, Adjusted $R^2 = .02$, $F(8,73) = 1.20$, $p = .310$) (Table 15). Co-caregiving did not affect the quality and quantity of learning materials after taking account of the control variables ($R^2 \text{ change} = .00$, $F \text{ change}(3,70) = .01$, $p = .998$) (Table 15).

The mean score for the Involvement Subscale of the HOME was 4.45 ($SD = 1.80$), placing mothers in the middle half for this measure (17% of mothers were in the lowest quartile, placing them in the “at risk” for poor parenting group based on maternal involvement). Maternal demographic variables entered in the first block did not affect maternal involvement ($R^2 = .17$, Adjusted $R^2 = .08$, $F(8,73) = 1.86$, $p = .080$) (Table 16). Co-caregiving did not affect maternal involvement after taking account of the control variables ($R^2 \text{ change} = .03$, $F \text{ change}(3,70) = .77$, $p = .516$) (Table 16).

Hence, hypothesis 2 is not supported. Maternal parenting as measured by four subscales (responsivity, acceptance, learning materials, and involvement) of the Home Observation for Measurement of the Environment (HOME) is not affected by co-caregiving when controlling for maternal age, education, employment, total family income, previous parenting, maternal care, maternal overprotection, and maternal relationship quality with her caregiver. However, 16% of the mothers exhibited “at risk”

levels of maternal acceptance, and 17% exhibited “at risk” levels of maternal involvement potentially placing their infants at risk developmentally.

Hypothesis 3. Co-caregiving will affect maternal attitudes toward the use of corporal punishment. The dependent variable used for testing this hypothesis was the Belief in the Use and Value of Corporal Punishment Subscale of the Adult-Adolescent Parenting Inventory - 2 (AAPI-2). Family structure at recruitment was the main independent variable of interest here due to the timing of the dependent variable measure (i.e. the AAPI-2 was gathered at recruitment). To test the effect of co-caregiving the control variables were entered into the regression equation first. These included maternal age, education, employment, total family income, previous parenting experience, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR). Family structure measured at recruitment was entered into the regression equation after entry of the control variables.

Hypothesis 3 is not supported. The mean score for the corporal punishment subscale of the AAPI-2 was 34.29 ($SD = 5.46$), indicating that these mothers (67%) may be at risk for abuse (i.e. hitting, intimidation, pain and belittlement). Maternal demographic variables entered in the first block did not affect maternal attitudes toward the use of corporal punishment ($R^2 = .10$, Adjusted $R^2 = .02$, $F(8,87) = 1.23$, $p = .290$) (Table 17). Co-caregiving did not affect maternal attitudes toward the use of corporal punishment after taking account of the control variables ($R^2 \text{ change} = .03$, $F \text{ change}(3,84) = 1.03$, $p = .385$) (Table 17).

Thus, in conclusion, co-caregiving does not affect maternal stress, parenting practices or attitudes toward the use of corporal punishment after controlling for maternal demographics, previous parenting experience, reported quality of the mothers' relationship with her mother, and the current mother-grandmother relationship quality. Average mothers reported normative amounts of parenting stress and average parenting practices, however, the average mother (67%) indicated agreement with known abusive parenting practices (i.e. hitting, intimidation, pain and belittlement). Lower total family incomes and maternal reports of less optimal care by their own mothers significantly increased parental distress, with a full 16% of mothers reporting clinically significant levels of parental distress. In addition, 16% of mothers reported at-risk levels of maternal acceptance, and 17% of mothers reported at-risk levels of maternal involvement potentially placing their infants at risk developmentally.

Research Question 3

How does religiousness affect maternal parenting in the African-American home?

The results for this question will be explained fully below in reporting tests of Hypotheses 4 through 6. For each hypothesis, multiple linear regression analyses were performed. In each case the control variables are maternal age, education, employment, total family income, previous parenting experience, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality measured by the Young Adult Self Report (YASR). The dependent variables measuring religiousness, parenting stress and maternal parenting practices are different for each hypothesis.

Hypothesis 4. Mothers who co-reside with a caregiver will be more religious.

The dependent variable used for testing this hypothesis was the total score for the Duke Religion Index (DUREL). Family structure was the main independent variable of interest here. To test the effects of co-residence the control variables were entered into the regression equation first. These included maternal age, education, employment, total family income, previous parenting experience, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR). Family structure measured at follow-up was entered into the regression equation after entry of the control variables.

Hypothesis 4 is not supported. The mean score for the Duke Religion Index was 11.50 ($SD = 4.84$), placing mothers in the lower middle half of the norms for this measure (indicating mothers scored higher than community averages on religiousness). Maternal demographic variables entered in the first block were related to maternal religiousness ($R^2 = .17$, Adjusted $R^2 = .09$, $F(8,85) = 2.12$, $p = .043$) (Table 18). Being more religious was significantly related to not being employed ($B = .29$, $t = 2.25$, $p = .027$), being more highly educated ($B = -.26$, $r = -.30$, $p = .004$), and being more affluent ($B = -.22$, $r = -.22$, $p = .034$). Co-residence did not affect maternal religiousness after taking account of the control variables ($R^2 \text{ change} = .03$, $F \text{ change}(3,82) = 1.15$, $p = .347$) (Table 18).

Hypothesis 5. More religious mothers will experience less parenting stress. The dependent variables used for testing this hypothesis were the total stress scale and three continuous subscales (parental distress, parent/child dysfunctional interaction, and difficult child) on the Parenting Stress Index – Short Form (PSI –SF). To test the effect

of religiousness the control variables were entered into the regression equation first. These included family structure at follow-up, maternal age, education, employment, previous parenting experience, total family income, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR).

Maternal demographic variables entered in the first block did not affect overall maternal stress ($R^2 = .17$, Adjusted $R^2 = .05$, $F(11,80) = 1.46$, $p = .164$) (Table 19); parental distress ($R^2 = .18$, Adjusted $R^2 = .06$, $F(11,80) = 1.54$, $p = .133$) (Table 20); parent-child dysfunctional interaction ($R^2 = .15$, Adjusted $R^2 = .04$, $F(11,80) = 1.33$, $p = .225$) (Table 21); or maternal designation of the infant as “difficult” ($R^2 = .15$, Adjusted $R^2 = .04$, $F(11,80) = 1.33$, $p = .225$) (Table 22). Religiousness did not affect overall maternal stress ($R^2 \text{ change} = .01$, $F \text{ change}(1,79) = .55$, $p = .459$) (Table 19); parental distress ($R^2 \text{ change} = .01$, $F \text{ change}(1,79) = 1.12$, $p = .294$) (Table 20); parent-child dysfunctional interaction ($R^2 \text{ change} = .00$, $F \text{ change}(1,79) = .08$, $p = .779$) (Table 21); or maternal designation of the infant as “difficult” ($R^2 \text{ change} = .00$, $F \text{ change}(1,79) = .34$, $p = .562$) (Table 22) after taking account of the control variables.

Hence, hypothesis 5 is not supported. Maternal stress as measured by the total stress scale and three subscales (parental distress, parent-child dysfunctional interaction, and difficult child) of the Parenting Stress Index – Short Form (PSI-SF) is not affected by religiousness as measured by the Duke Religion Index (DUREL) after controlling for maternal age, education, employment, total family income, previous parenting, maternal

care, maternal overprotection, quality of the mother-grandmother relationship, and family structure at follow-up.

Hypothesis 6. More religious mothers will be more competent parents. The dependent variables used for testing this hypothesis were the four continuous subscales (responsivity, acceptance, learning materials, and involvement) on the Home Observation for Measurement of the Environment (HOME).

To test the effect of religiousness the control variables were entered into the regression equation first. These included family structure at follow-up, maternal age, education, employment, previous parenting experience, total family income, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR).

Maternal demographic variables entered in the first block did not affect maternal responsivity ($R^2 = .08$, Adjusted $R^2 = -.07$, $F(11,70) = .53$, $p = .875$) (Table 23); the quality and quantity of learning materials in the home ($R^2 = .12$, Adjusted $R^2 = -.02$, $F(11,70) = .84$, $p = .600$) (Table 24); maternal acceptance ($R^2 = .10$, Adjusted $R^2 = -.05$, $F(11,70) = .67$, $p = .763$) (Table 25); or maternal involvement ($R^2 = .20$, Adjusted $R^2 = .07$, $F(11,70) = 1.55$, $p = .134$) (Table 26). Religiousness was related to maternal responsivity after taking account of the control variables ($R^2 \text{ change} = .11$, $F \text{ change}(1,69) = 9.42$, $p = .003$) (Table 23). As maternal religiousness increases, maternal responsivity increases ($B = -.38$, $t = -3.07$, $p = .003$) after taking account of the control variables. Religiousness did not affect the quality and quantity of learning materials in the home after taking account of the control variables ($R^2 \text{ change} = .04$, $F \text{ change}(1,69) =$

3.38, $p = .070$) (Table 24). Religiousness did not affect maternal acceptance after taking account of the control variables ($R^2 \text{ change} = .00$, $F \text{ change} (1,69) = .31$, $p = .578$) (Table 25). Religiousness did affect maternal involvement after taking account of the control variables ($R^2 \text{ change} = .05$, $F \text{ change} (1,69) = 4.66$, $p = .034$) (Table 26). More religious mothers were more involved with their infants ($B = -.25$, $t = -2.16$, $p = .034$).

Hence, hypothesis 6 is partly supported. After accounting for other variables in the regression, religiousness did not affect the quality and quantity of learning materials in the home, or maternal acceptance. Religiousness did positively affect maternal responsiveness and involvement.

Thus, in conclusion, African-American mothers report being more religious than the average community population. Unemployed mothers, more highly educated mothers, and more affluent mothers report being more religious. Co-caregiving does not affect maternal religiousness when controlling other variables in the regression. Maternal stress, parental distress, parent-child dysfunctional interaction, and the designation of the infant as “difficult” is not affected by religiousness. Similarly, maternal acceptance and the quality and quantity of learning materials in the home are not affected by religiousness. Maternal responsiveness is positively affected by religiousness as is maternal involvement.

Research Question 4

Are African-American boys maternally parented differently than African-American girls? The results for this question are explained fully below in reporting tests of Hypotheses 7 and 8. For each hypothesis, multiple linear regression analyses were

used. In each case the control variables are maternal age, education, employment, previous parenting experience, total family income, family structure, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR). The dependent variable is different for each hypothesis.

Hypothesis 7. Mothers of African-American girls are more likely to agree with corporal punishment techniques. The dependent variable used for testing this hypothesis was the Belief in the Use and Value of Corporal Punishment Subscale of the AAPI-2. To test the effect of infant gender the control variables were entered into the regression equation first. These included maternal age, education, employment, previous parenting experience, total family income, family structure at recruitment (family structure at recruitment is used due to the timing of the dependent variable measure at recruitment), the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR).

Hypothesis 7 is not supported. Maternal demographic variables entered in the first block did not affect maternal attitudes toward the use of corporal punishment ($R^2 = .13$, Adjusted $R^2 = .02$, $F(11,84) = 1.18$, $p = .315$) (Table 27). Infant gender did not affect maternal attitudes toward the use of corporal punishment after taking account of the control variables ($R^2 \text{ change} = .00$, $F \text{ change}(1,83) = .26$, $p = .615$) (Table 27).

Hypothesis 8. Mothers of African-American boys will experience more stress in their parenting role. The dependent variables used for testing this hypothesis were the

continuous total stress scale and three continuous subscales (parental distress, parent/child dysfunctional interaction, and difficult child) on the Parenting Stress Index – Short Form (PSI –SF). To test the effect of infant gender the control variables were entered into the regression equation first. These included maternal age, education, employment, total family income, previous parenting experience, family structure at follow-up, the Parental Bonding Inventory (PBI) subscales (care and overprotection), and the mother-grandmother relationship quality question of the Young Adult Self Report (YASR).

Hypothesis 8 is not supported. Maternal demographic variables entered in the first block did not affect maternal total stress ($R^2 = .17$, Adjusted $R^2 = .05$, $F(11,80) = 1.46$, $p = .164$) (Table 28); parental distress ($R^2 = .18$, Adjusted $R^2 = .06$, $F(11,80) = 1.54$, $p = .133$) (Table 29); parent-child dysfunctional interaction ($R^2 = .15$, Adjusted $R^2 = .04$, $F(11,80) = 1.33$, $p = .225$) (Table 30); or the designation of the infant as “difficult” ($R^2 = .15$, Adjusted $R^2 = .04$, $F(11,80) = 1.31$, $p = .236$) (Table 31). Infant gender did not affect maternal total stress ($R^2 \text{ change} = .01$, $F \text{ change}(1,79) = 1.09$, $p = .299$) (Table 28), parental distress ($R^2 \text{ change} = .000$, $F \text{ change}(1,79) = .008$, $p = .928$) (Table 29), parent-child dysfunctional interaction ($R^2 \text{ change} = .01$, $F \text{ change}(1,79) = .64$, $p = .427$) (Table 30), or the designation of the infant as “difficult” ($R^2 \text{ change} = .02$, $F \text{ change}(1,79) = 1.71$, $p = .195$) (Table 31) after taking account of the control variables.

Thus, in conclusion, infant gender did not affect maternal attitudes toward the use of corporal punishment or maternal overall stress, parental distress, parent-child

dysfunctional interaction, or the perception of the infant as “difficult” when controlling for other variables in the regression.

Summary of Results

The majority of mothers in the current study were parenting their infants with the help of co-residing co-caregivers (64%), however, the single largest proportion of mothers were parenting their infants alone (36%). Of the mothers parenting with the help of co-residing co-caregivers, nearly equal proportions were parenting with the infants’ grandmothers (24%) or with unmarried partners (25%). The smallest proportion was parenting with married partners (15%).

Mothers parenting their infants alone were the poorest with a full 71% reporting incomes of less than 5,000. Mothers parenting with a married partner were the wealthiest with close to 29% reporting incomes of over 35,000. Unmarried partners and infants’ grandmothers contribute to family incomes similarly.

The youngest mothers were living with their infants’ grandmothers (mean age of 19 years), were the least likely to have previous parenting experience and were the only group to have members who did not have at least an eighth grade education. The oldest mothers (mean age of 26 years) were living with a married partner, were the most likely to have previous parenting experience, and were the most likely to have some college education (57%). The majority of all mothers (ranging from 87% to 100%) had at least a high school education. Co-caregiving did not influence maternal employment.

The vast majority of the current African-American sample reported normative levels of parental stress and parenting practices (upwards of 84%). Co-caregiving did not

affect levels of maternal stress or parenting practices. Decreased family incomes and lower maternal reports of care attributed to clinical levels of parental distress associated with the parenting role for 16% of the sample. Small proportions of mothers (16% and 17% respectively) reported “at risk” levels of maternal acceptance and involvement placing their infants at risk developmentally. Just over two-thirds of the mothers in the current sample indicated agreement with very strict, rigid, and authoritarian discipline practices, however, co-caregiving did not influence their concurrence with corporal punishment techniques.

African-American mothers in the current sample report higher than average scores on religiousness. Unemployed mothers, more highly educated mothers, and more affluent mothers reported greater religiousness. Religiousness did not influence parenting stress, but did positively affect maternal responsiveness and involvement. Infant gender did not affect maternal attitudes toward the use of corporal punishment nor did infant gender affect maternal stress.

Chapter 5: Discussion

It is a recent phenomenon that one can find research conducted exclusively with African-Americans. Prior to the 1970's, research including African-Americans was used to highlight European "best practices" and depict the African-American experience as deficient and deviant from the European norm. Only recently has research advanced to see the African-American experience as unique and valued for its own understanding. Researchers can no longer exclude the use of minorities in research without reason, nor can researchers "explain" a perceived defect by virtue of a socially constructed and Eurocentric norm taken out of its original context. These recent advances benefit the African-American family specifically.

Prior to intragroup research on African-American parenting, the parenting practices of African-Americans were understood from the perspective of what was missing, what was wrong, and what needed to be changed (Barbarin, 1993; Garcia-Coll, et al., 1996; McLoyd, 1990; Myers et al., 1979; Washington & McLoyd, 1982). Much of this research was conducted on small clinical samples with homogeneous incomes and family structures. Thus, African-American parents learned that their parenting was deficient based on Eurocentric norms, and social work policy developed from such research suggested that African-American parenting practices needed to be corrected or terminated. The current study and other strengths-directed, race-homogenous research like it provide a broader definition of what the African-American family can be and what practices are useful.

Parenting is a stressful occupation, even under ideal circumstances. Infants require constant attention and, particularly in the first few months of life, must have their every need met constantly. Thus it is clear that the full-time job of parenting ideally involves more than one caregiver. Yet the reality is that many children grow up in homes that do not have multiple caregivers. This is especially true in the African-American community, in which nearly 50% of children are born outside of marriage (or live at some time in a home without one parent or the other). Social work research, and this study in particular, seeks to identify the circumstances that make parenting more or less stressful, and thus to contribute to knowledge that might support parents and families in their efforts to provide the best care possible for every child.

A great deal of the research on African-American parenting, especially race-comparative research, focuses on single African-American mothers. In addition, social work policy overwhelmingly addresses issues of single-parenthood in the African-American community, perhaps partially due to the emphasis on single-point-in-time data and the absence of longitudinal research. This focus in the literature and in policy suggests that inadequate attention has been paid to the circumstances that lead to single parenting in the African-American community.

The current study reveals that family configuration from which a mother parents her infant may not be as important as the underlying circumstances that contributed to her living arrangements. Results suggest that co-caregiving did not influence maternal stress, parenting practices, or attitudes toward the use of corporal punishment; however,

maternal demographic variables and maternal perceptions influenced stress in the parenting role.

A brief review of our sample reveals that the majority of African-American mothers were parenting their infants with the help of co-caregivers, however, the largest single proportion of mothers were parenting their infants alone. Mothers parenting alone were the poorest. Co-residing co-caregiving did not affect maternal parenting. Single African-American mothers experienced comparable levels of parenting stress, and were as responsive, accepting, and involved with their infants as mothers parenting with the help of married partners, unmarried partners and their infants' grandmothers. Single African-American mothers had comparable learning materials in their homes as mothers parenting with the help of co-caregivers, and promoted the use of corporal punishment in a comparable manner.

Family Structure and Parenting

Parenting stress is the tension parents feel in fulfilling their parenting functions. This tension or stress may be associated with how competent mothers feel in their parenting role, how socially isolated from supports she may feel, how emotionally close to her infant she may feel, her level of physical health, how restricted she feels within her parenting role, and her level of depression. Also associated with parenting stress are infant qualities that make it difficult for parents to fulfill their parenting roles (Abidin, 1995). Contributing to parenting tension may be infants who are highly distractible or hyperactive, infants who adapt poorly to novel stimuli, infants who poorly reinforce parenting behaviors, highly demanding infants, and emotionally reactive infants (Abidin,

1995). Measuring parenting stress is important in the study of parenting because parent-child systems under stress may be at risk for dysfunctional parenting behaviors, including abuse (Abidin, 1995).

In the current study, co-caregiving did not affect parenting stress; however, 16% of our sample reported parental distress levels that warranted referrals for professional assistance (indicating that the large majority {84%} of mothers reported normal levels of parental distress). The parental distress subscale measured stress associated with the demands of the parenting role. Questions in the subscale measured maternal depression, mother-infant attachment, role restriction, sense of parental competence, social isolation, relationship with spouse, and parental health. Lower incomes and mothers' reports that they themselves were not nurtured adequately increased these mothers' distress in the parenting role. Not surprisingly, the financial burdens of parenthood contributed to parental distress regardless of family structure. Of interest is the finding that mothers' perceptions of the parenting received by mothers significantly affected their distress in the parenting role. Mothers who reported they were not adequately nurtured felt more parental distress, indicating a potential pathway for the transmission of parenting practices across generations. These mothers may have received less nurturance from their own primary caregivers due to the distress these parents felt in their parenting role. In turn, mothers in the current study felt distress in their roles and may transmit dysfunctional parenting practices to their own offspring.

Co-caregiving did not affect maternal parenting practices, however 16% of our mothers exhibited "at risk" levels of maternal acceptance, and 17% exhibited "at risk"

levels of maternal involvement potentially placing their infants at risk developmentally due to poor parenting practices. Again, the vast majority of mothers (upwards of 84%) scored in the normative range on the parenting measures indicating that even our disadvantaged African-American mothers are faring well in their parenting capacities. With reference to the maternal acceptance subscale of the HOME (Appendix E), a number of questions relate to corporal punishment techniques also measured by the Belief in the Use and Value of Corporal Punishment Subscale of the AAPI-2 (Appendix F). As will be discussed later, a large proportion of our mothers (67%) reported acceptance of corporal punishment techniques potentially placing their infants at risk for abuse. It is possible that low maternal acceptance is correlated with positive attitudes toward the use of corporal punishment; however, it is also possible that the instrument used to measure maternal acceptance in this study is not a valid measure of acceptance for our African-American sample, and may measure attitudes toward discipline more specifically. These issues need to be addressed in subsequent research and the relationship between maternal acceptance and maternal agreement with corporal punishment should be examined.

The 17% of mothers who appear to be deficiently involved with their infants may be exhibiting culturally acceptable parenting practices. Maternal involvement, as measured by the HOME, measures how consistently the mother talks to the infant, provides toys and structural play for the infant, and keeps the infant in visual range. Comer (1980) suggests and Young (1970) found that African-American children are not encouraged to converse with adults but are encouraged to listen and follow orders. In addition, the adaptive strengths suggested in African-American families (i.e. extended

family support and shared family roles) (Franklin & Boyd-Franklin, 1985; Garcia-Coll et al., 1995; McAdoo, 1978; Young 1970) would also suggest that African-American mothers' involvement with children is not as developmentally salient as it would be under European standards due to additional caregivers' involvement with infants. These culturally acceptable practices could conceivably decrease the level of involvement between the infants and mothers, but may still be detrimental to the infant developmentally. The supposition that decreased involvement between African-American infants and mothers places children at risk developmentally needs to be researched further.

The aforementioned results should also be understood in light of study limitations that will be discussed in more detail later. In particular, the sample sizes used to test co-caregiving and parental stress and parenting practices were sufficient only to detect large effect sizes. Thus it is conceivable that co-caregiving does affect parental stress and parenting practices in practically significant ways that could not be detected in the current study. It seems logical to speculate that having a partner or a grandparent in the home would affect maternal stress and parenting practices due to both increased supervision provisions for the child, and maternal supports. These maternal supports may only be helpful when the relationships between the adult co-caregivers are supportive and positive, as is suggested in the literature, and could act as deterrents to positive parenting when the relationships are antagonistic and negative. Thus it is impossible to determine whether the current study may underestimate the influence of co-caregivers, due to limitations in statistical power related to inadequate sample size.

With reference to the final hypothesis regarding whether family structure influences attitudes toward discipline practices, co-caregiving did not affect maternal attitudes toward the use of corporal punishment, however 67% of our mothers reported agreement with very strict, rigid, and authoritarian discipline practices (i.e. hitting, intimidation, pain and belittlement). This finding urges a review of a point of contention in the African-American parenting literature regarding the use of harsh, physical discipline. Bradley (1998a,b,c) takes one side of the debate and summarizes “seminal studies” by African-American scholars on African-American parenting to conclude that African-American parents embrace a firm, hands-on, approach to child discipline that is functional, appropriate and administered by caring supportive parents. She discusses this firm discipline approach as an unconscious influence transmitted from slavery where African-American parents maintained harsh controls over children to protect them from suffering and death by the slave owners. She continues by stating that firm discipline is needed in today’s society to prepare African-American children to live, work and function in a racist society. Raymond, Jones and Cooke (1998) take the opposing position and find Bradley’s sentiments regarding the functional and appropriate use of corporal punishment in the parenting practices of African-Americans empirically unfounded. They state that although “slave-parenting” techniques may have been transmitted to this generation, they are no longer functional or adaptive and may be transmitting underachievement and a violent propensity.

The problem with this debate is that African-American parenting practices and child outcome studies have not been explored sufficiently to make any conclusions. Our

study suggests that the majority of African-American mothers embrace very strict, rigid, and authoritarian discipline practices, based on European standards; however, actual practices and outcomes for children were not measured. This is an important area that needs to be explored further.

Religiousness and Parenting

There is a great deal of interest in the role of religion in Afrocentric Theory (Comer, 1980). The current study reveals that mothers who co-reside with caregivers are no more religious than mothers overall. This finding is in opposition to Tolson and Wilson (1990) who found that having a second caregiver in the home was associated with increased religiousness. However, the African-American mothers in our study reported being more religious overall than community averages; a finding consistent with the geographic location of the sample (i.e. sample gathered in the south, historically more religious than other areas of the country) (Kanagy, Firebaugh, & Nelsen, 1994). This finding is consistent with other research and theoretical writings on African-American spirituality and family life (Boykin & Toms, 1985; Comer, 1980; Garcia-Coll, 1990; Ogbu, 1981).

Religion is viewed as a strong contributor to family life in the African-American home and as the "cement" (Comer, 1980) for morality in the community. In the current study, unemployed mothers, more highly educated mothers and more affluent mothers report greater religiousness. It may be that unemployed mothers utilize the church and religion to organize their lives and to receive social support and validation; whereas working mothers may not have the same time opportunities or social support needs.

More affluent mothers may have more available finances that could contribute to their church attendance, and may use the church as a vehicle for providing community services, thus increasing positive feelings toward religion. More highly educated mothers may find the church to be a source of continued intellectual growth for them and their children, thus prompting greater feelings of religiousness.

It was hypothesized that religiousness would be a resource for parents to decrease parenting stress being that religion is highly regarded as a source of parenting instruction in the African-American home (Brody et al., 1998; Brody et al., 1994), however, religiousness did not affect parenting stress in this sample. This finding could be misleading due to the overall high levels of religiousness among the mothers. The typical mother in our sample reported higher than average levels of religiousness, and the vast majority of our mothers reported normative levels of parental stress. Thus, the higher than average levels of religiousness could have a mean overall effect of lowering parental stress among mothers. Religiousness was related to some aspects of parenting in the current study, however. While it was not related to the quality and quantity of learning materials in the home or to maternal acceptance, higher levels of religiousness were correlated with greater maternal responsiveness and involvement. This finding suggests that religiousness, and possibly the African-American church, supports positive parenting efforts and thus mothers who feel more affinity to religion may incorporate more positive practices into their parenting.

Infant Gender and Parenting

Despite previous evidence that infants are parented differently based on their gender, this did not appear to be the case in the current study. Infant gender did not appear to influence maternal attitudes toward the use of corporal punishment, nor did infant gender affect maternal stress. Several theorists (Billingsley, 1992; Randolph, 1995; Rosser and Randolph, 1989) suggest that African-American mothers use less corporal punishment with male children than female children due to internalized fears that they may one day lose their sons to aggression. This was not found in the current study, however, and may be due to the very young age of the children in question. The measure used to examine maternal attitudes toward the use of corporal punishment in the current study was given within 36 hours of the infants' birth. Due to the recent nature of the infants' birth, mothers may not have contemplated fears surrounding child mortality, particularly those that might materialize as the child matures and moves into the broader racist society. It could be that as African-American male children age, mothers experience more stress due to a number of factors including fears surrounding their children's ultimate survival and success. Thus, mothers of male African-American infants may not experience more parental stress, but the parenting role may become more stressful as the children age. This consideration deserves additional attention.

Strengths of Current Study

Sample

The current study sample consisted of a non-clinical sample of African-American mothers who gave birth at a University-affiliated, publicly-funded hospital in a mid-size

southeastern city. Normative, or average, parenting practices and parenting stress were better examined than in some studies due to the non-clinical (i.e. sample not identified as abusive or neglectful) nature of the population. In addition, sample retention at follow-up was very high at 93%, and the sample had marked variability in maternal age and income. This sample was thus an improvement on the samples in much of the research on African-American parenting practices that use clinical samples that potentially skew findings toward more pathological parenting practices.

Another advantage of this study is that it presents a sample with a range of income and age variability that is not always found in research on African-American parenting practices. Much attention in the area of African-American parenting research has been directed toward young unwed mothers, who tend to be economically disadvantaged. Thus greater variability in parenting practices in the African-American family has gone relatively ignored, such variability adds an important dimension to the study of African-American parenting as it may be influenced by maternal age and income.

The attrition of African-American research participants has also plagued much research in the area. It has been hypothesized that African-American research subjects choose to discontinue research participation due to suspicion of the research agenda (Arean & Gallagher-Thompson, 1996; Hill, 1978; Thompson, Neighbors, Munday, & Jackson, 1996). Research also shows high attrition in low-income participants (Moore, 1997), disproportionately influencing African-American samples, and potentially biasing the knowledge base. In studies where there has been great attrition, comparisons of participants to non-participants are seldom found, thus calling generalizability into

question. In the current study, a comparison of participants to non-responders was conducted to support the generalizability of the study.

Theoretical Framework

The current study attempted to look at African-American parenting practices from a strengths and cultural variant theoretical perspective. African-American parenting practices are not compared to European-American practices and intragroup variability is salient. This is an improvement on cultural equivalent research that tends to compare minority cultures to the dominant culture and depict deviations from the norms as deficient. In addition, where strengths are found in the parenting practices of African-Americans they are highlighted and discussed in the current study, whereas strengths may be overlooked in research from other perspectives. Finally, intragroup variability is highlighted in the current study. Race comparative research on African-American parenting that is limited to disadvantaged samples may have confused disadvantage with cultural influences. Family structure, maternal age, and income variability play a prominent role in the current study. This is an improvement on much research on African-American parenting practices that focus on a single kind of family structure or mothers of a specific age and/or social class.

Measurement

It is important to examine in the body of knowledge as a whole whether the standardized measures being used work equally well for African-American and European-American parents. While these measures are frequently used with minority subjects, little attention has been paid to this issue. The current study makes a valuable

contribution in demonstrating that overall these measures are as reliable for African-American as European-American parents. The tools used in this study (i.e. PBI, YASR, PSI-SF, HOME, AAPI-2, and DUREL) all have published reliability and validity and were found to be reliable in the current study. In addition, all but two of the measures (i.e. PBI and DUREL) have been validated for use with minority populations (the PBI and DUREL are discussed in the limitations section). Moreover, there was relatively little missing data in the current study (the vast majority of participants completed more than 70% of the items for each scale or variable used as independent or control variables); and missing data were imputed using expectation maximization (Acock, 1997), a sophisticated and superior method of missing data imputation that does not reduce the sample size (thus not interfering with statistical power) and is less likely to lead to bias.

Statistical Methods

Sophisticated statistical methods were used in the current study. Follow-up study participants were compared to non-participants using binary logistic regression in an effort to rule out sample selection bias. This procedure is frequently overlooked in other research, potentially introducing unknown bias due to the characteristics of participants who withdrew from the research. As mentioned above, missing data were imputed using a superior method of missing data imputation (expectation maximization), and multiple regression was used to test hypotheses. Multiple regression was selected as the most appropriate tool for data analyses with this sample due to its simultaneous capabilities and control functions.

Limitations and Weaknesses of Current Study

Generalizability

In the absence of a probability sample it is not possible to generalize the results of this study to African-American mothers parenting infants with absolute confidence. We know that the sample is more disadvantaged than the general African-American population in East Tennessee, which is already severely disadvantaged relative to the majority European-American population. The sample consisted of African-American mothers who gave birth in a publicly-funded, university-affiliated hospital in a mid-size southeastern city. This suggests that the sample may consist of mothers who are less affluent on average due to the public nature of their medical treatment. The sample consisted of mothers who were predominately urban, and who were able to give informed consent. Thus severely ill, psychotic or intellectually limited mothers are not represented. In addition, mothers whose infants were seriously ill or who were relinquishing custody of their infants were not included in the sample.

Due to the sensitive nature of the recruitment interview, mothers were only interviewed in private. Nearly all of the small number of interview refusals were related to lack of time due to early discharge; mothers being too sleepy or in pain; or mothers' unwillingness to ask visitors to leave the room for the time of the interview. Mothers may have been discharged early due to an easy birth process and mothers who were overly sleepy or in pain may have experienced a difficult birth. Thus, it may be that the mothers in the current study had a moderate birthing experience and the sample lacks representation for very difficult and the easiest births; however, mode of delivery is

unlikely to be related to parenting practices. More likely, generalizability could be effected by the neonatal differences that may have existed for mothers at the two extremes. In addition, it seems that mothers who had less social support were more likely to be interviewed due to the necessity for privacy during the interview. Thus, mothers who felt the most support socially may be underrepresented in our sample.

Sample Size

Small sample sizes decreased the statistical power available to detect small to medium effect sizes limiting our results. The samples used to determine co-caregiving effects on maternal stress ($N = 92$) and parenting practices ($N = 82$) did not have the statistical power necessary to detect small to medium effect sizes, thus, the samples used may not have been sufficient to detect the true relationships. The remaining sample sizes used in the regression analyses (range from 82 to 96) were adequate to detect medium to large effect sizes, but not adequate to detect small effect sizes. While in many cases small effect sizes are of negligible clinical significance, this is probably not true in all cases.

Measurement

The measures used in the current study are a mixture of self-report (i.e. PBI, YASR, PSI-SF, AAPI-2 and DUREL) and observational (i.e. HOME) measures, and were selected on the basis of psychometric soundness and popular use in the literature. Participants may have tailored their responses in self-report measures and curbed their behavior in observational measures to appear in a more favorable light (Nunnally & Bernstein, 1994). This may be of particular concern due to the predominance of mixed-

race interview settings (see figure 3), especially if the minority respondent feared reprisal for socially unacceptable answers (Brody, Flor & Neubaum, 1998; Davis, 1997; Rhodes, 1994). African-American mothers may have been sensitive to questions regarding income due to means testing for public assistance, and possible confusion regarding the research (i.e. social work research) and social services. The possible confusion regarding social work research and social services may have also influenced responses with regard to corporal punishment. It may have been harder for African-American mothers to admit to their preferred discipline practices when speaking with an European-American interviewer, and thus attitudes toward the use of corporal punishment may have been reported more favorably. This potential bias could have profound effects on the research findings and needs to be investigated in subsequent research. Comparison studies of mixed-race and same-race interview settings need to be conducted to disentangle these potential influences.

Two measures used in this study (i.e. PBI and DUREL) have not been specifically validated for use with minority populations. The principle study used to validate the PBI (Parker et al., 1979) did not specify race as a criterion. The sample used to validate the DUREL (Koenig, et al., 1997) consisted of large community and clinical samples, but did not specify race as a criterion. Thus, these studies did not examine the differential measurement properties of these measures for African-American and European-American samples. This finding may be particularly important with regard to the findings regarding the DUREL as the average African-American mother in our sample scored higher than community averages on religiousness. There is no way of knowing if these "community

averages” consisted of exclusively European-American mothers or a mixture of ethnic groups.

Research Design

The current study was not designed specifically to examine the parenting practices of African-American mothers. This study was part of a larger study designed to study maternal parenting practices with newborns (VIPS). Both European-American and African-American mothers were recruited for the larger study.

The current study of African-American parenting practices was not initially designed to be a within-group study and thus special considerations regarding the needs and issues of minority parents were not included in the initial design. Specifically, measures were not initially chosen based on development and validation with minority populations; and the majority of data were gathered in mixed-race interviews with little attention given to how African-American mothers may experience such questioning. With respect to the qualitative methods of research popular in the African-American research literature, efforts were not made in the current study to elicit research ideas from the community. Furthermore, efforts to disseminate the research findings to the African-American community have not been pursued.

Suggested Future Research

Only recently have researchers incorporated consideration for the unique context in which African-Americans live and parent. Much more within-group/race homogenous research on parenting guided by Afrocentric Theory is warranted. It is dated to study African-Americans in relation to European-Americans. African-Americans have a rich,

unique and fascinating history of their own from which they should have the pleasure of being understood. The historical distinctions in African-American narration need to be incorporated in research, and African-Americans need to be understood from the central position of their reality.

Garcia-Coll et al., (1996) propose that the challenge to future research is to identify alternative competencies in minority families not measured by traditional assessment tools, recognize we cannot afford to waste human talent due to antiquated racial and/or ethnic conceptualizations, and change societal views of competencies in minority families. In this future research, scholars must view each ethnic group's construction of reality based on contextual factors; and ethnocentrism biases in the formulation of research questions, measurement tools, and interpretations of data will need to be considered (Harrison et al., 1990). As the study of minority populations matures, scholars will need to consider the level of acculturation, period of and reasons for immigration, social class, and the appropriateness of comparison groups in research designs (Garcia-Coll et al., 1996). However, along with these innovative conceptualizations, researchers must not over romanticize cultural diversity and be blinded by a bias that fails to recognize cultural patterns of parenting that are destructive to children.

In relation to African-Americans and parenting practices specifically, more research on within-group/race-homogeneous variations in parenting is warranted. Research from a strengths perspective with regard to parenting in poverty and by single-parent families is needed. With the majority of African-American children being reared

in poor, single-parent homes, the relative lack of severe parenting dysfunction suggests great hidden assets and strengths in the African-American community. Research on two-parent families and blended African-American families, virtually non-existent in the literature today, is also needed. Moreover, studying the conditions that create the environment that propagates the continued proliferation of the single-parent African-American home is needed.

An ideal study of African-American parenting practices would include a representative sample of at least 400 to 600 parents of various ages, incomes, and family structures. A sample size of 400 to 600 would allow for adequate statistical power to detect effect sizes of interest (Orme & Hudson, 1995). The ideal study would be a longitudinal study that investigated parental perceptions of how they were parented, parental perceptions of their parenting, and actual parenting practices over the course of children's lives. In addition, the ideal study would include child outcome measures that could be correlated with specific parenting practices. Furthermore, not only would mothers' parenting be examined, but fathers' parenting (a potentially rich source of parenting under-examined in research) would be included in the study along with extended family caregiving. The measures used in this ideal study would be specifically chosen with minority parenting practices in mind. The extent and form that co-parenting take would be examined. Religiousness and oral traditions of learning and communicating, often discussed with reference to African-American strengths, would be examined. In addition, specific disciplinary practices and how discipline is defined in the African-American family would be examined with a emphasis placed on child outcomes.

Individuals wishing to study the African-American family would be well served to be advised by members of that community in the design and implementation of the research. And, most importantly, the results of such research would be shared with research participants and the participating communities in efforts to improve conditions.

Practice and Policy Implications

Policy Implications

Current policy is being written using theorists' suggestions at worst, and recent research at best. The research that is being utilized to write policy lacks attention to intragroup variability in the African-American family and tends to focus on a small subsample of African-American families. Policy that can be informed by the current study would emphasize the overall strengths of African-American mothers regardless of family structure. A more focused look at the underlying circumstances that bring mothers to their family configurations (i.e. age and income) for parenting needs to be highlighted. More efforts toward policy that emphasizes delaying first pregnancy, accentuating educational avenues (i.e. life choices), and providing financial resources to parenting families need to be emphasized. In general, providing young African-American women choices and the financial resources necessary to achieve self-worth outside of the mothering role are needed.

The current study suggests policy could be written that focuses on the strengths of African-American mothers. It seems that the church is a "natural" place to disseminate information on parenting due to the positive influences and protective features suggested in the research, and the African-American churches' long historical tradition of human

service delivery (Ellison, 1997). Policy emphasizing faith-based efforts of parent education in the African-American community is a natural extension of the research. Policy should be written that uses a partnership model in the development of programs, and the role of the minister or pastor should be viewed as pivotal in the development and operation of faith-based efforts (for more information on the role of ministers in the African-American church see Taylor et al., 2000). Parenting classes and resource materials could be physically and strategically placed in predominantly African-American churches. Moreover, elders and ministers of the church could be encouraged to take part in the resource allocations as role models to mothers.

In addition, infusing Afrocentric assessment tools into child welfare and hospital settings that inform workers of social supports, family structure, and maternal perceptions of care is warranted. Social workers can develop policies that allocate resources to organizations that strive to incorporate methods of interaction that are strengths-based and guided by Afrocentric thought.

Practice Implications

The social work profession and African-American families have a disproportionately high rate of interaction. African-Americans are over-represented among the poor in public facilities, and are thus more likely to be observed by social service professionals and reported for child-protection services (i.e. surveillance bias). The poor African-American mothers who are more frequently observed in public facilities tend also to be single mothers. Thus, the parenting practices of single and poor African-American mothers tend to be scrutinized with the mothers' marital status

receiving salient defining status. The current research suggests that this is not a comprehensive picture of the needs. Mothers' marital status did not affect parenting stress or parenting practices in the current study, possibly suggesting that the demographic variables that rendered the mothers vulnerable to higher parenting stress need to be the clinical focus of practice. In particular, mothers who have less financial ability and mothers who perceive they were parented with little care appear to parent less competently. Practice directed at improving the financial standing of mothers and at providing mothers with more confidence in their parenting ability could positively affect these parenting practices.

Social work practitioners need to do a better job assessing the social supports of African-American mothers. Focusing on the "nuclear family" as the only source of support is outdated in our current environment of growing single parenthood. The importance of the church as a source of support needs to be cultivated, and practices based in religious institutions may be more accessible to African-American families. In addition, social workers could partner with churches and religious organizations to advocate for economic and social policy initiatives that could benefit impoverished African-American families and improve parenting.

Conclusion

Race and ethnicity are important in the study of parenting; however, the majority culture is dominant with its values and theories of optimal parenting, and differing values, practices and customs of parenting are still regarded as less than optimal. The current largest ethnic minority group in America, African-American, has similar and differing

values, practices and customs of parenting that appear to be based on their historical, demographic and emotional realities rather than identifiable family structure characteristics salient in the European research and popular literature. In general, the family structure from which an African-American mother parents appears to be less important to parenting stress and practices than the underlying circumstances of the mother (most importantly her economic well-being). Other important contributors to parenting include mother's perception of the care she received as a child and her religiousness. These are important findings for social work as focus on marital status in the provision of services may not enhance efforts at improving parenting conditions. A refocusing of our profession towards faith-based efforts for African-American parenting education to expand and enhance the viable choices of female life is a supported conclusion. Motherhood needs to be portrayed as a life choice *following* education. Discussing career goals and life choices that accentuate roles other than motherhood to young African-American women in an effort to help them chose to delay first birth until they have the education required to find fulfilling and secure employment is needed. Scapegoating the single African-American mother without consideration to underlying circumstances does not appear to be justified.

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APPENDICES

Appendix A. Informed Consent**Volunteer Infant and Parent Services (VIPS) Study
Informed Consent**

We are asking you to be part of a study being done by Dr. Terri Combs-Orme of the University of Tennessee to learn what helps Tennessee babies develop into strong, healthy children and what kinds of **parenting practices** Tennessee families use while their children are growing up.

Being part of this study will involve an interview today of about 15 minutes to tell us some things about you and your feelings. Some of the questions are about private and personal matters, such as your health and how you care for your children. **We also will ask you some questions to allow us to call you later so we can interview you again in your home when your baby is about 6 months old.**

Protections for you. We hope you will be part of this study, but you do not have to. If you do, what you tell us will be kept strictly confidential and stored on a computer without your name and only a study number, where no one but the researchers can see it. No member of your family or anyone at this hospital will know your answers to our questions. If you want to participate but do not want to answer some of the questions, you may skip those questions. If you want to, you may drop out of the study later, too.

We hope you will decide to help us with our study, but if you decide not to, it won't affect the services you get from this hospital or the State of Tennessee, and we will collect no information about you. If you agree to participate and change your mind later, you may call the telephone number on the bottom of this form and the information about you will be removed from our files and destroyed.

Risks and advantages. The only benefit to you is the chance to express your opinions and to help us learn things that could help children and lead to better services for Tennessee families. Because we recognize that being part of this study will take your time, you will receive a \$10 gift certificate for completing our short interview today,

The research director's name and telephone number are listed below. If you have questions or concerns, you may call her.

Your signature below says that you want to answer our interview questions today. Thank you for helping us with this important study.

 Parent

 Date

 Co-signature (if parent is
under age 18)

 Research Director:
Terri Combs-Orme, Ph.D.
(423) 974-3704

 Interviewer

Appendix B. Parental Bonding Inventory (PBI)

The next questions list various attitudes and behaviors of parents. As you remember your mother or father from your first 16 years, would you tell me, using the answers on this card, which one describes the parent who cared for you most. Was that your mother? Parent: _____

	Very Like	Mod. like	Mod. unlike	Very unlike
PB1. Spoke to me with a warm and friendly voice				
PB2. Did not help me as much as I needed				
PB3. Let me do those things I liked doing				
PB4. Seemed emotionally cold to me				
PB5. Appeared to understand my problems and worries				
PB6. Was affectionate to me				
PB7. Liked me to make my own decisions				
PB8. Did not want me to grow up				
PB9. Tried to control everything I did				
PB10. Invaded my privacy				
PB11. Enjoyed talking things over with me				
PB12. Frequently smiled at me				
PB13. Tended to baby me				
PB14. Did not seem to understand what I needed or wanted				
PB15. Let me decide things for myself				
PB16. Made me feel I wasn't wanted				
PB17. Could make me feel better when I was upset				
PB18. Did not talk with me very much				
PB19. Tried to make me dependent on her				
PB20. Felt I could not look after myself unless she was around				
PB21. Gave me as much freedom as I wanted				
PB22. Let me go out as often as I wanted				
PB23. Was overprotective of me				
PB24. Did not praise me				
PB25. Let me dress in any way I pleased				

Appendix C. Quality of the Mother-Grandmother Relationship (Young-Adult Self Report (YASR))

IV. Family

Compared with others as worse, average, or better, how well do you *[Check response below]*:

	Worse	Average	Better	No Contact	
YY22. Get along with your mother?					____ Mother is deceased

Appendix D. Parenting Stress Index – Short Form (PSI-SF)

	1	2	3	4	5
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
P1. I often have the feeling that I cannot handle things very well.	1	2	3	4	5
P2. I find myself giving up more of my life to meet my children's needs than I ever expected.	1	2	3	4	5
P3. I feel trapped by my responsibilities as a parent.	1	2	3	4	5
P4. Since having this child, I have been unable to do new and different things.	1	2	3	4	5
P5. Since having this child, I feel that I am almost never able to do things that I like to do.	1	2	3	4	5
P6. I am unhappy with the last purchase of clothing I made for myself.	1	2	3	4	5
P7. There are quite a few things that bother me about my life.	1	2	3	4	5
P8. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).	1	2	3	4	5
P9. I feel alone and without friends.	1	2	3	4	5
P10. When I go to a party I usually expect not to enjoy myself.	1	2	3	4	5
P11. I am not as interested in people as I used to be.	1	2	3	4	5
P12. I don't enjoy things as I used to.	1	2	3	4	5
P13. My child rarely does things for me that make me feel good.	1	2	3	4	5
P14. Most times I feel that my child does not like me and does not want to be close to me.	1	2	3	4	5
P15. My child smiles at me much less than I expected.	1	2	3	4	5

P16. When I do things for my child I get the feeling that my efforts are not appreciated very much. 1 2 3 4 5

P17. When playing, my child doesn't often giggle or laugh. 1 2 3 4 5

P18. My child doesn't seem to learn as quickly as most children. 1 2 3 4 5

	1	2	3	4	5
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree

P19. My child doesn't seem to smile as much as most children. 1 2 3 4 5

P20. My child is not able to do as much as I expected. 1 2 3 4 5

P21. It takes a long time and it is very hard for my child to get used to new things. 1 2 3 4 5

P22. I feel that I am:

1. not very good at being a parent,	
2. a person who has some trouble being	
a parent,	
3. an average parent,	1 2 3 4 5
4. a better than average parent,	
5. a very good parent.	

P23. I expected to have closer and warmer feelings for my child than I do and this bothers me. 1 2 3 4 5

P24. Sometimes my child does things that bother me just to be mean. 1 2 3 4 5

P25. My child seems to cry or fuss more often than most children. 1 2 3 4 5

P26. My child generally wakes up in a bad mood. 1 2 3 4 5

P27. I feel that my child is very moody and easily upset. 1 2 3 4 5

P28. My child does a few things which bother me a great deal. 1 2 3 4 5

P29. My child reacts very strongly when something happens that my child doesn't like. 1 2 3 4 5

P30. My child gets upset easily over the smallest thing. 1 2 3 4 5

P31. My child's sleeping or eating schedule was much harder to establish than I expected. 1 2 3 4 5

P32. I have found that getting my child to do something or stop doing something is:

1. much harder than I expected,
2. somewhat harder than I expected,
3. about as hard as I expected, 1 2 3 4 5
4. somewhat easier than I expected,
5. much easier than I expected.

1	2	3	4	5
Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
P33. Think carefully and count the number of things which your child does that bother you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please tell me the number which includes the number of things you counted. Is it:				

1= 10+ 2= 8-9 3= 6-7 4= 4-5 5= 1-3 1 2 3 4 5

P34. There are some things my child does that really bother me a lot. 1 2 3 4 5

P35. My child turned out to be more of a problem than I had expected. 1 2 3 4 5

P36. My child makes more demands on me than most children. 1 2 3 4 5

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Appendix E. Home Observation for Measurement of the Environment (HOME) Inventory
for Families of Infants and Toddlers

HOME Inventory for Families of Infants and Toddlers@

Place a plus (+) or minus (-) in the box alongside each item if the behavior is observed during the visit or if the parent reports that the conditions or events are characteristic of the home environment. Enter the subtotals and the total on the record sheet.

I. Responsivity

H1.	Parent spontaneously vocalized to child at least twice.	
H2.	Parent responds verbally to child's vocalizations or verbalizations.	
H3.	Parent tells child name of object or person during visit.	
H4.	Parent's speech is distinct, clear, and audible.	
H5.	Parent initiates verbal interchanges with visitor.	
H6.	Parent converses freely and easily.	
H7.	Parent permits child to engage in "messy" play.	
H8.	Parent spontaneously praises child at least twice.	
H9.	Parent's voice conveys positive feelings toward child.	
H10.	Parent caresses or kisses child at least once.	
H11.	Parent responds positively to praise of child offered by visitor.	

II. Acceptance

H12.	<u>Parent does not shout at child.</u>	
H13.	<u>Parent does not express overt annoyance with or hostility to child.</u>	
H14.	<u>Parent neither slaps nor spansks child during visit.</u>	
H15.	<u>No more than one instance of physical punishment during past week.</u>	
H16.	<u>Parent does not scold or criticize child during visit.</u>	
H17.	<u>Parent does not interfere or restrict child more than 3 times.</u>	

H18.	<u>At least ten books are present and visible.</u>	
H19.	<u>Family has a pet.</u>	

III. Organization

H20.	<u>Child care, if used, is provided by one of three regular substitutes.</u>	
H21.	<u>Child is taken to grocery store at least once a week.</u>	
H22.	<u>Child gets out of house at least four times a week.</u>	
H23.	<u>Child is taken regularly to doctor's office or clinic.</u>	
H24.	<u>Child has a special place for toys and treasures.</u>	
H25.	<u>Child's play environment is safe.</u>	

IV. Learning materials

H26.	<u>Muscle activity toys or equipment.</u>	
H27.	<u>Push or pull toy.</u>	
H28.	<u>Stroller or walker, kiddie car, scooter, or tricycle.</u>	
H29.	<u>Parent provides toys for child to play with during visit.</u>	
H30.	<u>Cuddly toy or role playing toy.</u>	
H31.	<u>Learning facilitators – mobile, table and chair, high chair, play pen.</u>	
H32.	<u>Simple eye-hand coordination toys.</u>	
H33.	<u>Complex eye-hand coordination toys.</u>	
H34.	<u>Toys for literature and music.</u>	

V. Involvement

H35.	<u>Parent keeps child in visual range, looks at often.</u>	
H36.	<u>Parent talks to child while doing household work.</u>	
H37.	<u>Parent consciously encourages developmental advance.</u>	
H38.	<u>Parent invests maturing toys with value via personal attention.</u>	
H39.	<u>Parent structures child's play periods.</u>	
H40.	<u>Parent provides toys that challenge child to develop new skills.</u>	

VI. Variety

H41.	<u>Father provides some care daily.</u>	
H42.	<u>Parent read stories to child at least 3 times weekly.</u>	
H43.	<u>Child eats at least one meal per day with mother and father.</u>	
H44.	<u>Family visits relatives or receives visits once a month or so.</u>	
H45.	<u>Child has 3 or more books of his/her own.</u>	

Appendix F. Adult – Adolescent Parenting Inventory – 2 (AAPI–2)

Now I will read you 40 statements about parenting and raising children. As you answer, please respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer--only your opinion. Also, please respond to the statements as quickly as you can. Give the first natural response that comes to mind. If there is anything you don't understand, or if you hear a word you don't know while responding to a statement, ask me for help.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Children should keep their feelings to themselves.	SA	A	U	D	SD
2. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	U	D	SD
3. Parents should be able to confide in their children.	SA	A	U	D	SD
4. Children need to be allowed freedom to explore their world in safety.	SA	A	U	D	SD
*5. Spanking teaches children right from wrong.	SA	A	U	D	SD
6. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	U	D	SD
7. Children who are one year old should be able to stay away from things that could harm them.	SA	A	U	D	SD
8. Children should be potty trained when they are ready and not before.	SA	A	U	D	SD
*9. A certain amount of fear is necessary for children to respect their parents.	SA	A	U	D	SD
10. Good children always obey their parents.	SA	A	U	D	SD
11. Children should know what their parents need without being told.	SA	A	U	D	SD

12. Children should be taught to obey their parents at all times.	SA	A	U	D	SD
13. Children should be aware of ways to comfort their parents after a hard day's work.	SA	A	U	D	SD
14. Parents who nurture themselves make better parents.	SA	A	U	D	SD
*15. It's OK to spank as a last resort.	SA	A	U	D	SD
16. "Because I said so!" is the only reason parents need to give.	SA	A	U	D	SD
17. Parents need to push their children to do better.	SA	A	U	D	SD
*18. Time-out is an effective way to discipline children.	SA	A	U	D	SD
19. Children have a responsibility to please their parents.	SA	A	U	D	SD
20. There is nothing worse than a strong-willed two-year old.	SA	A	U	D	SD
21. Children learn respect through strict discipline.	SA	A	U	D	SD
22. Children who feel secure often grow up expecting too much.	SA	A	U	D	SD
*23. Sometimes spanking is the only thing that will work.	SA	A	U	D	SD
*24. Children can learn good discipline without being spanked.	SA	A	U	D	SD
*25. A good spanking lets children know parents mean business.	SA	A	U	D	SD
*26. Spanking teaches children it's alright to hit others.	SA	A	U	D	SD
27. Children should be responsible for the well-being of their parents.	SA	A	U	D	SD
28. Strict discipline is the best way to raise children.	SA	A	U	D	SD

29. Children should be their parents' best friend.	SA	A	U	D	SD
30. Children who receive praise will think too much of themselves.	SA	A	U	D	SD
*31. Children need discipline, not spanking.	SA	A	U	D	SD
*32. Hitting a child out of love is different than hitting a child out of anger.	SA	A	U	D	SD
33. In father's absence, the son needs to become the man of the house.	SA	A	U	D	SD
34. Strong-willed children must be taught to mind their parents.	SA	A	U	D	SD
35. A good child will comfort both parents after they have argued.	SA	A	U	D	SD
36. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	U	D	SD
*37. A good spanking never hurt anyone.	SA	A	U	D	SD
38. Babies need to learn how to be considerate of the needs of their mother.	SA	A	U	D	SD
39. Letting a child sleep in the parent's bed every now and then is a bad idea.	SA	A	U	D	SD
40. A good child sleeps through the night.	SA	A	U	D	SD

* Indicates items in The Belief in the Use and Value of Corporal Punishment Subscale

Appendix G. Duke Religion Index (DUREL)

Families and individuals have different religious practices, and some families are not religious at all.

R1. How often do you attend church or other religious meetings?

- Circle one:*
- 1 More than once/week
 - 2 Once a week
 - 3 A few times a month
 - 4 A few times a year
 - 5 Once a year or less
 - 6 Never

R2. How often do you spend time in private religious activities, such as prayer, meditation, or Bible study?

- Circle one:*
- 1 More than once/week
 - 2 Once a week
 - 3 A few times a month
 - 4 A few times a year
 - 5 Once a year or less
 - 6 Never

For the following statements, please tell me whether they are definitely true of you, tend to be true, tend not to be true, or are definitely not true.

R3. In my life, I experience the presence of the Divine (i.e., God).

- Circle one:*
- 1 Definitely true of me
 - 2 Tends to be true
 - 3 Unsure
 - 4 Tends not to be true
 - 5 Definitely not true

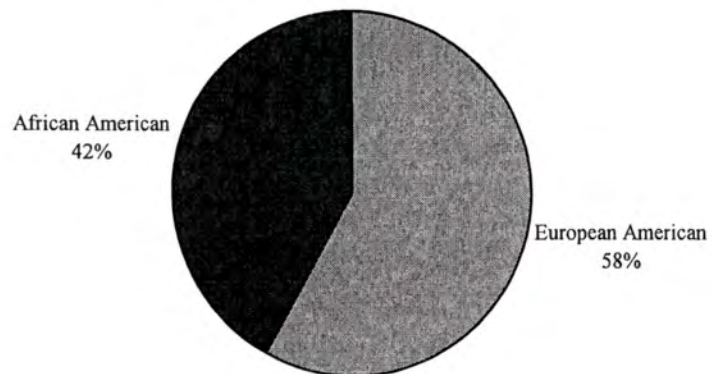
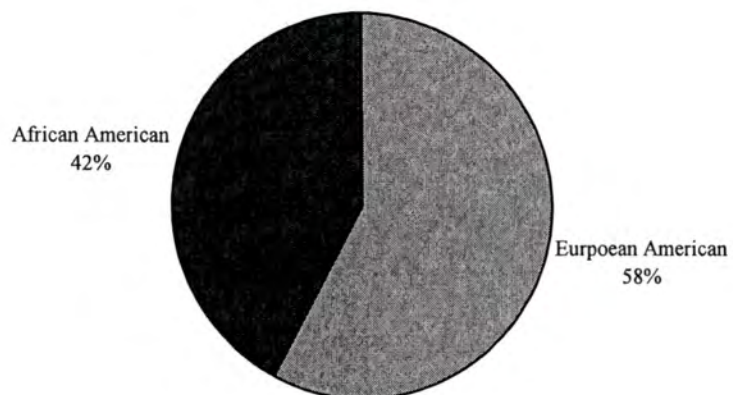


R4. My religious beliefs are what really lie behind my whole approach to life.

- Circle one:**
- 1 Definitely true of me
 - 2 Tends to be true
 - 3 Unsure
 - 4 Tends not to be true
 - 5 Definitely not true

R5. I try hard to carry my religion over into all other dealings in life.

- Circle one:**
- 1 Definitely true of me
 - 2 Tends to be true
 - 3 Unsure
 - 4 Tends not to be true
 - 5 Definitely not true

Appendix H. FiguresFigure 1. Recruitment Sample (N=246)Figure 2. Follow-Up Sample (N = 227)

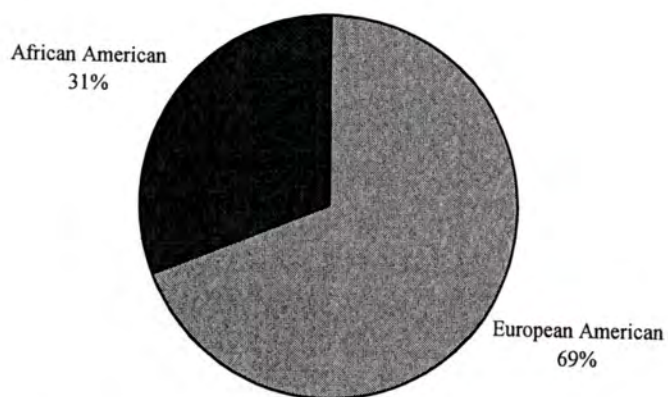


Figure 3. Follow-Up African-American Sample (n = 96)
Interviewer

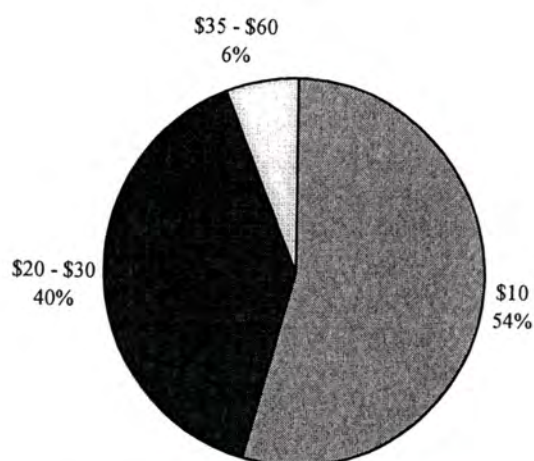


Figure 4. Follow-Up African-American Sample (n = 96) Incentives

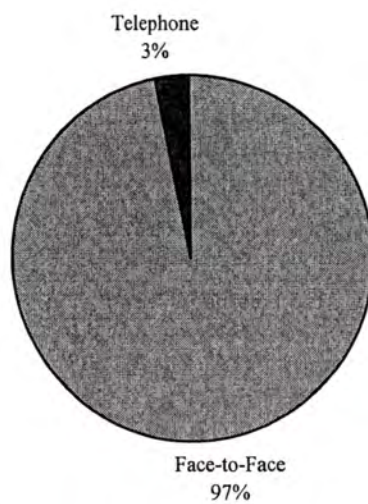


Figure 5. Follow-Up African-American Sample (n = 96) Interview Location

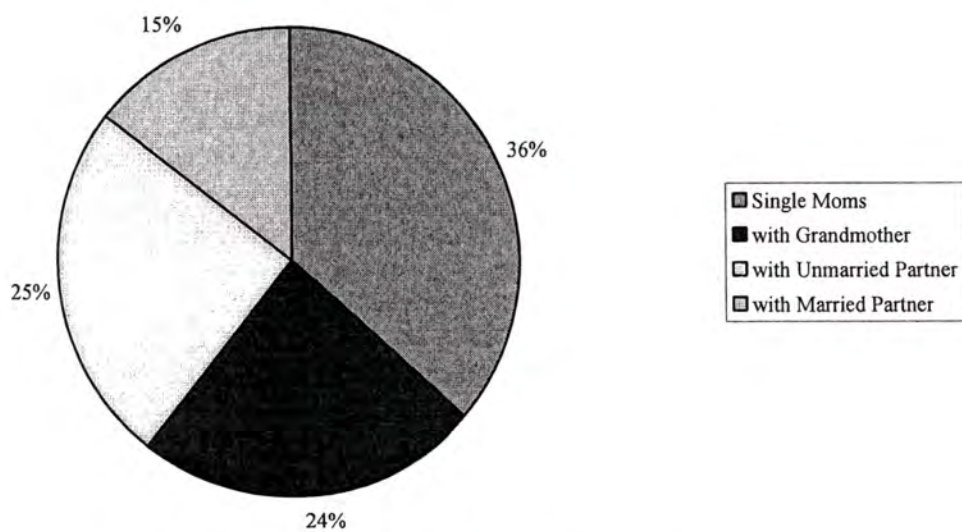


Figure 6. Household Composition (N = 96)

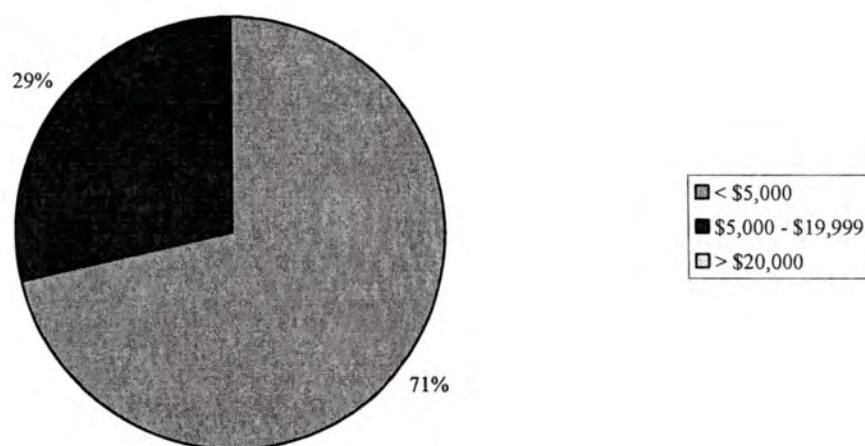


Figure 7. Total Family Income Single Mothers (n = 35)

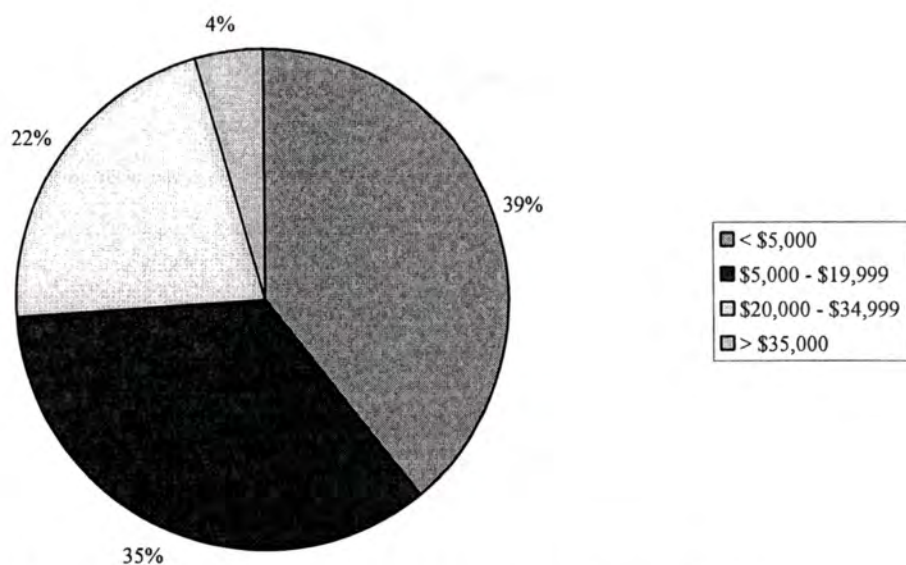


Figure 8. Total Family Income Mother, Baby & Grandmother (n = 23)

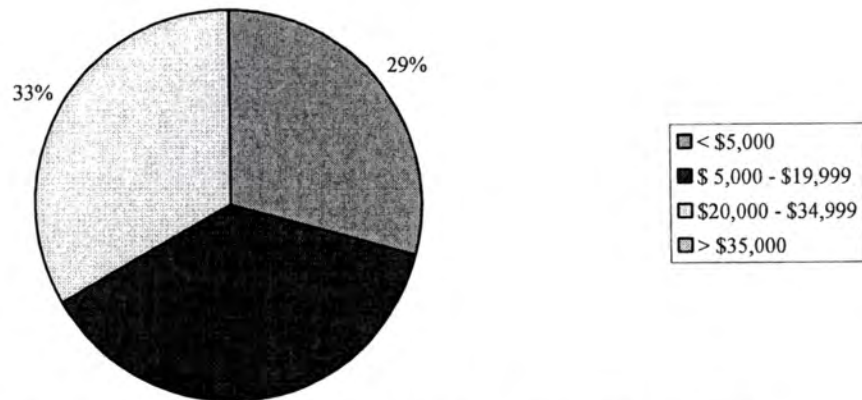


Figure 9. Total Family Income Mother, Baby & Unmarried Partner
(n = 24)

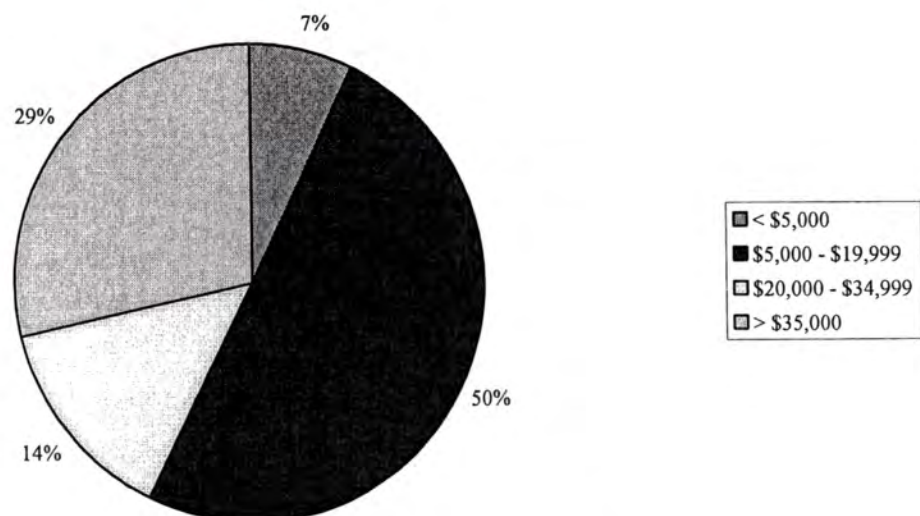


Figure 10. Total Family Income Mother, Baby & Married Partner (n =
14)

Appendix I. TablesTable 1. Recruitment and Follow-up Measures

Measures	Recruitment	Follow-Up
Informed Consent	X	
Demographics	X	X
Parental Bonding Inventory (PBI)	X	
Adult – Adolescent Parenting Inventory (AAPI)	X	
Quality of the Mother-Grandmother Relationship (using the Young Adult Self Report (YASR)		X
Parenting Stress Index –Short Form (PSI - SF)		X
Home Observation for Measurement of the Environment (HOME)		X
Duke Religion Index (DUREL)		X

Table 2. Control VariablesMaternal Age

Continuous Variable range from 14 - 37 years
--

Maternal Education

1 =	Grades 1 – 8 or Elementary School
2 =	Graduate Equivalence Degree (GED)
3 =	Grades 9 – 12 or High School
4 =	Vocational Training
5 =	College

Maternal Employment

0 =	Not Employed
1 =	Employed

Total Family Income

1 =	< \$5,000
2 =	\$5,000 – 19,999
3 =	\$20,000 – 34,999
4 =	\$35,000 – 49,999
5 =	\$50,000 +

Previous Parenting Experience

0 =	No (first time mother)
1 =	Yes (mother of multiple children)

Family Structure

1 =	Mother, Baby and Married Partner
2 =	Mother, Baby and Unmarried Partner
3 =	Mother, Baby and Grandmother
4 =	Mother and Baby

Parental Bonding Inventory (PBI)

Scores range from 0 – 36	Care Subscale (higher scores indicate greater care)
Scores range from 0 – 39	Overprotection Subscale (higher scores indicate greater overprotection and control)

Table 2. Continued

Quality of the Mother-Grandmother Relationship
using the Young Adult Self Report (YASR)

0 =	Mother Deceased
1 =	Worse / No Contact
2 =	Average
3 =	Better

Table 3. Main Independent Variables

Infant Gender

0 =	Girl
1 =	Boy

Family Structure

1 =	Mother, Baby and Married Partner
2 =	Mother, Baby and Unmarried Partner
3 =	Mother, Baby and Grandmother
4 =	Mother and Baby

Duke Religion Index (DUREL)

Continuous Level Variable Range from 5 – 27

Lower scores = greater religiosity

Table 4. Dependent Variables

Parental Stress Index (PSI)

Parental Distress	Scores range from 12-60
Difficult Child	Scores range from 12-60
Parent-Child Dysfunctional Interaction	Scores range from 12-60
Total Stress	Scores range from 29-145

Higher scores = greater parenting stress

Home Observation for Measurement of the Environment
(HOME)Inventory for Families of Infants and Toddler

Responsivity	Range from 0 – 11
Acceptance	Range from 0 – 8
Learning Materials	Range from 0 – 9
Involvement	Range from 0 – 6

Higher scores = more positive observation

Adult-Adolescent Parenting Inventory (AAPI - 2)

Alternatives to Corporal Punishment Subscale

High Sten Scores (7-10) = utilizes alternative, non-abusive means of punishment	Attitudes toward Corporal Punishment
Low Sten Scores (1-4) = at risk for using known abuse parenting practices	

Duke Religion Index (DUREL)

Continuous Level Variable Range from 5 – 27

Lower scores = greater religiosity

Table 5. Comparison of Study Participants (n = 96) to Non-Responders (n = 7)

Characteristic	<u>B</u>	<u>Wald</u>	<u>p</u>	<u>OR</u>
Maternal Age	-.01	.01	.938	.99
Maternal Education	-.07	.22	.637	.93
Marital Status	-.41	.63	.429	.66
Income	-.15	.33	.568	.87
Maternal Employment	-8.10	.04	.834	.00
Previous Parenting Experience	.50	.91	.340	1.65

Note. Study participants did not differ from non-responders ($\chi^2(6) = 7.59, p = .270$).

Table 6. Measure Reliability

Measures	Coefficient Alpha
Parental Bonding Instrument (PBI)	
Care Subscale	.91
Overprotection Subscale	.75
Adult-Adolescent Parenting Inventory – 2 (AAPI –2)	
Corporal Punishment Subscale	.70
Parenting Stress Index (PSI)	
Total Stress	.89
Parental Distress Subscale	.86
Parent-Child Dysfunctional Interaction Subscale	.84
Difficult Child Subscale	.80
Home Observation for Measurement of the Environment (HOME)	
Organization Subscale	.13*
Variety Subscale	.23*
Reliability Subscale	.71
Acceptance Subscale	.66
Learning Materials Subscale	.64
Involvement Subscale	.78
Duke Religion Index (DUREL)	.74
Intrinsic Aspects of Religiousness Subscale	.76

* Unreliable measure not used in analysis

Table 7. Relationships Among Dependent Variables

Dependent Variable	1 Religion	2 Corporal Punishment	3 Responsivity	4 Acceptance	5 Learning Materials	6 Involvement	7 Parental Distress	8 Dysfunction Interaction	9 Difficult Child	10 Total Stress
1		-.10	-.31 **	-.02	-.26 *	-.30 **	.21 *	.07	.14	.15
2			-.03	.07	.03	.02	-.27 *	-.06	-.15	-.16
3				.29 **	.47 **	.46	.02	-.33 **	-.29 **	-.31 **
4					.27 *	.25 *	-.23 *	-.25 *	-.26 *	-.30 **
5						.57 **	.02	-.10	-.17	-.13
6							-.07	-.13	-.08	-.14
7								.44 **	.60 **	.74 **
8									.59 **	.84 **
9										.89 **

* Statistically significant at $p = .05$ level** Statistically significant at $p = .01$ level

Table 8. Demographic Characteristics

	Mother & Baby (n = 35)	Mother, Baby & Grand- mother (n = 23)	Mother, Baby & Unmarried Partner (n = 24)	Mother, Baby & Married Partners (n = 14)		
Characteristic					<u>F</u>	<u>X²</u> <u>p</u>
Maternal Age					7.81	.000
14 – 18 years	17.1%	65.2%	20.8%	7.1%		
19 – 23 years	54.3%	21.7%	37.5%	28.6%		
24 – 28 years	20.0%	8.7%	25.0%	35.7%		
29 – 33 years	2.9%	4.3%	12.5%	21.4%		
34 – 37 years	5.7%	0.0%	4.2%	7.1%		
	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>		
	22.4 (5.3)	19.0 (4.2)	24.0 (4.9)	26.5 (5.2)		
Total Family Income					11.51	.000
<5,000	71.4%	39.1%	29.2%	7.1%		
5,000-19,999	28.6%	34.8%	37.5%	50.0%		
20,000-34,999	0.0%	21.7%	33.3%	14.3%		
35,000-49,999	0.0%	0.0%	0.0%	14.3%		
50,000+	0.0%	4.3%	0.0%	14.3%		
Previous Parent					12.68	.005
Yes	54.3%	26.1%	54.2%	85.7%		
No	45.7%	73.9%	45.8%	14.3%		
Maternal Employ					3.93	.687
Not employed	60.0%	69.6%	45.8%	57.1%		
Part-time	11.4%	13.0%	12.5%	7.1%		
Full-time	28.6%	17.4%	41.7%	35.7%		
Maternal Ed.					12.99	.005
8 th grade or less	0.0%	8.7%	0.0%	0.0%		
GED	11.4%	4.3%	0.0%	0.0%		
High School	54.3%	69.6%	58.3%	35.7%		
Voc. Training	22.9%	8.7%	25.0%	7.1%		
College	11.4%	8.7%	16.7%	57.1%		

Note. The percentage of missing data ranged from 0 to 2%.

Table 9. Co-Caregiving Affect on Maternal Stress (N = 92)

PSI Total Stress						
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.65	-.25	-1.35	.181	-.12	.254
Maternal Ed.	1.40	.10	.62	.536	-.13	.214
Maternal Employment	-1.67	-.06	-.45	.651	-.13	.234
Total Family Income	-1.10	-.08	-.52	.607	-.29	.006
Previous Parenting	1.88	.17	1.12	.266	.02	.864
PBI Care	-.28	-.15	-1.35	.180	-.17	.106
PBI	.06	.03	.29	.770	.08	.432
Overprotection Maternal Relat. with Mother	-1.10	-.08	-.76	.447	-.11	.284
Step 1 Model	$R^2 = .13$ ($R^2_{adj} = .04$) $F(8,83) = 1.51, p = .165$					
Step 2						
Mother, Baby & Married Partner	-4.12	*	-1.12	.264	*	*
Mother, Baby & Unmarried Partner	.19	*	.01	.994	*	*
Mother, Baby & Grandmother	-1.13	*	-.39	.699	*	*
Mother & Baby	5.24	*	1.94	.056	*	*
Step 2 Model	$R^2 \text{ change} = .04,$ $F \text{ change}(3,80) = 1.27, p = .289$					
Overall Model	$R^2 = .17$ ($R^2_{adj} = .05$) $F(3,80) = 1.46, p = .164$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 10. Co-Caregiving Affect on Parental Distress (N = 92)

Variable	PSI Parental Distress Subscale					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.03	.02	.11	.914	-.02	.868
Maternal Education	-1.01	-.11	-.70	.489	-.16	.118
Maternal Employment	1.28	.07	.54	.590	-.06	.564
Total Family Income	-1.72	-.19	-1.25	.214	-.28	.008
Previous Parent PBI Care	.21	.03	.20	.845	.04	.696
PBI	-.22	-.19	-1.65	.103	-.27	.010
Overprotection Maternal Relat. with Mother	.14	.11	1.03	.306	.19	.076
	-.80	-.09	-.86	.392	-.10	.326
Step 1 Model						
$R^2 = .17$ ($R^2_{adj} = .09$)						
$F(8,83) = 2.07, p = .048$						
Step 2						
Mother, Baby & Married Partner	-.54	*	-.23	.822	*	*
Mother, Baby & Unmarried Partner	-.73	*	-.44	.661	*	*
Mother, Baby & Grandmother	-.22	*	-.12	.908	*	*
Mother & Baby	1.48	*	.85	.397	*	*
Step 2 Model						
$R^2 \text{ change} = .01,$						
$F \text{ change}(3,80) = .28, p = .838$						
Overall Model						
$R^2 = .18$ ($R^2_{adj} = .06$)						
$F(3,80) = 1.54, p = .133$						

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 11. Co-Caregiving Affect on Parent-Child Dysfunctional Interaction (N = 92)

PSI Parent-Child Dysfunctional Interaction						
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.39	-.34	-1.85	.068	-.14	.186
Maternal Education	1.25	.20	1.26	.211	-.06	.570
Maternal Employment	-1.29	-.11	-.80	.428	-.10	.332
Total Family Income	.27	.05	.29	.771	-.21	.050
Previous Parent PBI Care	1.08	.22	1.46	.148	.01	.916
PBI	-.02	-.03	-.24	.808	-.01	.914
Overprotection Maternal Relat. with Mother	-.03	-.03	-.29	.773	-.01	.908
	-.15	-.03	-.23	.818	-.06	.570
Step 1 Model	$R^2 = .07$ ($R^2_{adj} = -.02$) $F(8,83) = .81, p = .599$					
Step 2						
Mother, Baby & Married Partner	-2.57	*	-1.59	.115	*	*
Mother, Baby & Unmarried Partner	.08	*	.07	.945	*	*
Mother, Baby & Grandmother	-.79	*	-.62	.539	*	*
Mother & Baby	3.28	*	2.76	.007	*	*
Step 2 Model	$R^2 \text{ change} = .08,$ $F \text{ change}(3,80) = 2.59, p = .058$					
Overall Model	$R^2 = .15$ ($R^2_{adj} = .04$) $F(3,80) = 1.33, p = .225$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 12. Effects of Co-Caregiving on Maternal Perception of Infant (N = 92)

Variable	PSI Difficult Child Subscale					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.38	-.30	-1.63	.107	-.16	.136
Maternal Education	.61	.09	.55	.584	-.16	.128
Maternal Employment	-.51	-.04	-.28	.779	.13	.228
Total Family Income	-.64	-.09	-.61	.543	-.27	.010
Previous Parent PBI Care	1.01	.18	1.23	.223	.00	.992
PBI	-.19	-.21	-1.82	.072	-.20	.060
Overprotection Maternal Relat. with Mother	.07	.08	.71	.478	.12	.264
	-.58	-.09	-.82	.415	-.12	.262
Step 1 Model						
$R^2 = .14$ ($R^2_{adj} = .06$) $F(8,83) = 1.70, p = .111$						
Step 2						
Mother, Baby & Married Partner	-1.56	*	-.87	.387	*	*
Mother, Baby & Unmarried Partner	.62	*	.49	.624	*	*
Mother, Baby & Grandmother	-.16	*	-.11	.913	*	*
Mother & Baby	1.10	*	.83	.409	*	*
Step 2 Model						
$R^2 \text{ change} = .01$, $F \text{ change}(3,80) = .37, p = .777$						
Overall Model						
$R^2 = .15$ ($R^2_{adj} = .04$) $F(3,80) = 1.31, p = .236$						

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 13. Co-Caregiving Affect on Maternal Responsivity (N = 82)

HOME Responsivity Subscale						
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.06	.18	.81	.422	.11	.326
Maternal Education	.07	.04	.21	.834	.13	.248
Maternal Employment	.21	.06	.38	.704	.13	.260
Total Family Income	.07	.04	.22	.829	.16	.158
Previous Parent PBI Care	-.14	-.10	-.52	.602	.01	.902
PBI	.02	.08	.58	.567	.03	.814
PBI	.02	.09	.73	.471	.07	.528
Overprotection Maternal Relat. with Mother	-.27	-.15	-1.23	.224	-.13	.228
Step 1 Model	$\underline{R^2} = .06$ ($\underline{R^2_{adj}} = -.04$) $\underline{F} (8,73) = .62, p = .763$					
Step 2						
Mother, Baby & Married Partner	-.03	*	-.06	.956	*	*
Mother, Baby & Unmarried Partner	-.11	*	-.28	.782	*	*
Mother, Baby & Grandmother	.39	*	.93	.358	*	*
Mother & Baby	-.25	*	-.63	.534	*	*
Step 2 Model	$\underline{R^2 \text{ change}} = .01,$ $\underline{F \text{ change}} (3,70) = .36, p = .786$					
Overall Model	$\underline{R^2} = .08$ ($\underline{R^2_{adj}} = -.07$) $\underline{F} (3,70) = .53, p = .875$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 14. Co-Caregiving Affect on Maternal Acceptance (N = 82)

	HOME Acceptance					
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.05	-.17	-.77	.441	.03	.760
Maternal Education	.34	.19	1.15	.255	.08	.502
Maternal Employment	.18	.05	.38	.709	.12	.282
Total Family Income	.13	.08	.48	.635	.10	.878
Previous Parenting	.24	.19	1.06	.293	.02	.366
PBI Care	-.03	-.14	-1.07	.290	-.10	.362
PBI	.03	.13	1.08	.285	.12	.306
Overprotection Maternal Relat. with Mother	-.04	-.03	-.21	.834	-.08	.488
Step 1 Model	$\underline{R^2} = .05$ ($\underline{R^2_{adj}} = -.05$) $\underline{F}(8,73) = .49, p = .859$					
Step 2						
Mother, Baby & Married Partner	-.65	*	-1.36	.179	*	*
Mother, Baby & Unmarried Partner	.34	*	.98	.328	*	*
Mother, Baby & Grandmother	.47	*	1.31	.195	*	*
Mother & Baby	-.17	*	-.49	.625	*	*
Step 2 Model	$\underline{R^2 \text{ change}} = .04,$ $\underline{F \text{ change}}(3,70) = 1.14, p = .341$					
Overall Model	$\underline{R^2} = .10$ ($\underline{R^2_{adj}} = -.05$) $\underline{F}(3,70) = .67, p = .763$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 15. Co-Caregiving Affect on Home Learning Materials (N = 82)

Variable	HOME Learning Materials					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.03	.08	.36	.721	.14	.200
Maternal Education	.31	.16	.97	.338	.24	.032
Maternal Employment	-.29	-.08	-.57	.571	.12	.274
Total Family Income	.44	.24	1.54	.129	.27	.012
Previous Parent PBI Care	-.16	-.12	-.64	.523	-.03	.810
PBI	.01	.03	.22	.825	.03	.808
Overprotection Maternal Relat. with Mother	.02	.09	.78	.436	.06	.620
	-.02	-.01	-.10	.920	-.01	.916
Step 1 Model						
$R^2 = .12$ ($R^2_{adj} = .02$) $F(8,73) = 1.20, p = .310$						
Step 2						
Mother, Baby & Married Partner	.03	*	.06	.955	*	*
Mother, Baby & Unmarried Partner	.05	*	.13	.900	*	*
Mother, Baby & Grandmother	-.04	*	-.11	.913	*	*
Mother & Baby	-.03	*	-.09	.927	*	*
Step 2 Model						
$R^2 \text{ change} = .00$, $F \text{ change}(3,70) = .01, p = .998$						
Overall Model						
$R^2 = .12$ ($R^2_{adj} = -.02$) $F(3,70) = .84, p = .600$						

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 16. Co-Caregiving Affect on Maternal Involvement (N = 82)

	HOME Involvement					
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.03	.07	.36	.720	.06	.596
Maternal Education	.12	.06	.38	.708	.18	.104
Maternal Employment	-.22	-.06	-.43	.669	.16	.164
Total Family Income	.64	.35	2.29	.025	.30	.006
Previous Parent PBI Care	-.37	-.26	-1.53	.132	-.17	.128
PBI	.01	.04	.36	.719	.02	.860
PBI	.02	.08	.71	.479	.04	.722
Overprotection Maternal Relat. with Mother	-.22	-.13	-1.14	.258	-.11	.326
Step 1 Model	$R^2 = .17$ ($R^2_{adj} = .08$) $F(8,73) = 1.86, p = .080$					
Step 2						
Mother, Baby & Married Partner	-.26	*	-.52	.607	*	*
Mother, Baby & Unmarried Partner	.48	*	1.32	.191	*	*
Mother, Baby & Grandmother	-.35	*	-.92	.359	*	*
Mother & Baby	.13	*	.36	.720	*	*
Step 2 Model	$R^2 \text{ change} = .03,$ $F \text{ change}(3,70) = .77, p = .516$					
Overall Model	$R^2 = .20$ ($R^2_{adj} = .07$) $F(3,70) = 1.55, p = .134$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 17. Co-Caregiving Affect on Attitudes Toward Corporal Punishment (N = 96)

Variable	Attitudes Toward Corporal Punishment					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.15	-.14	-.82	.416	-.01	.890
Maternal Education	.31	.05	.35	.730	-.04	.706
Maternal Employment	-2.43	-.22	-1.73	.087	-.10	.334
Total Family Income	1.80	.32	2.33	.022	.13	.196
Previous Parent PBI Care	1.11	.25	1.71	.091	.15	.136
PBI	.06	.09	.75	.459	.18	.082
Overprotection Maternal Relat. with Mother	-.02	-.03	-.25	.806	-.06	.568
	.15	.03	.25	.800	-.01	.958
Step 1 Model						
$R^2 = .10$ ($R^2_{adj} = .02$) $F(8,87) = 1.23, p = .290$						
Step 2						
Mother, Baby & Married Partner	-2.62	*	-1.67	.099	*	*
Mother, Baby & Unmarried Partner	.85	*	.79	.435	*	*
Mother, Baby & Grandmother	.57	*	.52	.603	*	*
Mother & Baby	1.21	*	1.21	.229	*	*
Step 2 Model						
$R^2 \text{ change} = .03$, $F \text{ change}(3,84) = 1.03, p = .385$						
Overall Model						
$R^2 = .13$, ($R^2_{adj} = .02$) $F(3,84) = 1.18, p = .315$						

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 18. Co-Caregiving and Overall Maternal Religiousness (N = 94)

Variable	Religiousness					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.03	-.03	-.19	.849	-.18	.078
Maternal Education	-1.32	-.26	-1.74	.085	-.30	.004
Maternal Employment	2.83	.29	2.25	.027	.03	.780
Total Family Income	-1.07	-.22	-1.47	.144	-.22	.034
Previous Parent PBI Care	.17	.04	.29	.771	-.03	.770
PBI	-.03	-.04	-.36	.718	-.10	.352
Overprotection Maternal Relat. with Mother	.06	.09	.91	.368	.15	.146
	.08	.02	.16	.870	.04	.734
Step 1 Model	$\underline{R^2} = .17$ ($\underline{R^2_{adj}} = .09$) $\underline{F}(8,85) = 2.12, p = .043$					
Step 2						
Mother, Baby & Married Partner	-.04	*	-.03	.974	*	*
Mother, Baby & Unmarried Father	-1.30	*	-1.46	.147	*	*
Mother, Baby & Grandmother	1.39	*	1.44	.153	*	*
Mother & Baby	-.05	*	-.05	.957	*	*
Step 2 Model	$\underline{R^2 \text{ change}} = .03,$ $\underline{F \text{ change}}(3,82) = 1.15, p = .347$					
Overall Model	$\underline{R^2} = .20, (\underline{R^2_{adj}} = .09)$ $\underline{F}(3,82) = 1.85, p = .058$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 19. Religiousness and Maternal Stress (N = 92)

Variable	PSI Total Stress					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.63	-.24	-1.30	.196	-.12	.254
Maternal Ed.	1.69	.12	.74	.464	-.13	.214
Maternal Employment	-2.34	-.08	-.62	.540	-.13	.234
Total Family Income	-.87	-.06	-.40	.688	-.29	.006
Previous Parent PBI Care	1.81	.16	1.08	.285	.02	.864
PBI	-.28	-.15	-1.32	.190	-.17	.106
Overprotection	.05	.03	.23	.819	.08	.432
Maternal Relat. with Mother	-1.12	-.08	-.78	.439	-.11	.284
Mother, Baby & Married Partner	-4.10	*	-1.12	.267	*	*
Mother, Baby & Unmarried Partner	.30	*	.12	.908	*	*
Mother, Baby & Grandmother	-1.40	*	-.48	.633	*	*
Mother & Baby	5.20	*	1.93	.058	*	*
Step 1 Model	$R^2 = .17$ ($R^2_{adj} = .05$) $F(11,80) = 1.46, p = .164$					
Step 2						
Religiousness	.24	.08	.75	.459	.15	.156
Step 2 Model	$R^2 \text{ change} = .01,$ $F \text{ change}(1,79) = .55, p = .459$					
Overall Model	$R^2 = .17$ ($R^2_{adj} = .05$) $F(1,79) = 1.38, p = .195$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 20. Religiousness and Parental Distress (N = 92)

Variable	PSI Parental Distress Subscale					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.05	.03	.17	.869	-.02	.868
Maternal Education	-.75	-.08	-.51	.612	-.16	.118
Maternal Employment	.67	.04	.28	.783	-.06	.564
Total Family Income	-1.51	-.17	-1.09	.279	-.28	.008
Previous Parent PBI Care	.15	.02	.14	.888	.04	.696
PBI	-.22	-.18	-1.61	.111	-.27	.010
Overprotection Maternal Relat. with Mother	.13	.10	.94	.350	.19	.076
Mother, Baby & Married Partner	-.82	-.09	-.88	.380	-.10	.326
Mother, Baby & Unmarried Partner	-.52	*	-.22	.826	*	*
Mother, Baby & Grandmother	-.47	*	-.28	.779	*	*
Mother & Baby	-.47	*	-.25	.804	*	*
	1.46	*	.84	.402	*	*
Step 1 Model	$R^2 = .18$ ($R^2_{adj} = .06$) $F(11,80) = 1.54, p = .133$					
Step 2						
Religiousness	.22	.12	1.06	.294	.21	.048
Step 2 Model	$R^2 \text{ change} = .01,$ $F \text{ change}(1,79) = 1.12, p = .294$					
Overall Model	$R^2 = .19$ ($R^2_{adj} = .06$) $F(1,79) = 1.51, p = .139$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 21. Religiousness and Parent-Child Dysfunctional Interaction (N = 92)

PSI Parent-Child Dysfunctional Interaction						
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>P</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.34	-.34	-1.82	.072	-.14	.186
Maternal Ed.	1.30	.20	1.28	.203	-.06	.570
Maternal Employment	-1.40	-.12	-.84	.405	-.10	.332
Total Family Income	.31	.05	.33	.744	-.21	.050
Previous Parent PBI Care	1.07	.21	1.44	.155	.01	.916
PBI	-.02	-.03	-.23	.817	-.01	.914
PBI	-.03	-.03	-.31	.757	-.01	.908
Overprotection						
Maternal Relat. with Mother	-.15	-.03	-.24	.815	-.06	.570
Mother, Baby & Married Partner	-2.57	*	-1.58	.117	*	*
Mother, Baby & Unmarried Partner	.13	*	.11	.913	*	*
Mother, Baby & Grandmother	-.83	*	-.64	.522	*	*
Mother & Baby	3.28	*	2.74	.008	*	*
Step 1 Model	$R^2 = .15 (R^2_{adj} = .04)$ $F(11,80) = 1.33, p = .225$					
Step 2						
Religiousness	.04	.03	.28	.779	.07	.520
Step 2 Model	$R^2 \text{ change} = .00,$ $F \text{ change}(1,79) = .08, p = .779$					
Overall Model	$R^2 = .16 (R^2_{adj} = .03)$ $F(1,79) = 1.21, p = .292$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 22. Religiousness and Maternal Perception of Infant (N = 92)

Variable	PSI Difficult Child Subscale					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.38	-.30	-1.59	.116	-.16	.136
Maternal Education	.72	.10	.64	.526	-.16	.128
Maternal Employment	-.76	-.06	-.41	.683	-.13	.228
Total Family Income	-.55	-.08	-.52	.606	-.27	.010
Previous Parent PBI Care	.99	.18	1.19	.238	.00	.992
PBI	-.18	-.21	-1.79	.077	-.20	.060
Overprotection Maternal Relat. with Mother	.07	.07	.66	.512	.12	.264
Mother, Baby & Married Partner	-.59	-.09	-.83	.410	-.12	.262
Mother, Baby & Unmarried Partner	-1.56	*	-.86	.391	*	*
Mother, Baby & Grandmother	.73	*	.57	.570	*	*
Mother & Baby	-.26	*	-.18	.856	*	*
	1.09	*	.82	.415	*	*
Step 1 Model	$R^2 = .15$ ($R^2_{adj} = .04$) $F(11,80) = 1.31, p = .236$					
Step 2						
Religiousness	.09	.07	.58	.562	.14	.180
Step 2 Model	$R^2 \text{ change} = .00,$ $F \text{ change}(1,79) = .34, p = .562$					
Overall Model	$R^2 = .16$ ($R^2_{adj} = .03$) $F(1,79) = 1.22, p = .287$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 23. Religiousness and Maternal Responsivity (N = 82)

HOME Responsivity Subscale						
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.03	.07	.35	.727	.11	.326
Maternal Ed.	-.02	-.01	-.07	.944	.13	.248
Maternal Employment	.64	.17	1.16	.248	.13	.260
Total Family Income	-.06	-.03	-.21	.836	.16	.158
Previous Parent PBI Care	-.03	-.02	-.11	.912	.01	.902
PBI	.01	.05	.40	.690	.03	.814
Overprotection	.04	.16	1.39	.171	.07	.528
Maternal Relat. with Mother	-.24	-.13	-1.15	.255	-.13	.228
Mother, Baby & Married Partner	-.04	*	-.08	.936	*	*
Mother, Baby & Unmarried Partner	-.25	*	-.65	.521	*	*
Mother, Baby & Grandmother	.58	*	1.43	.158	*	*
Mother & Baby	-.29	*	-.76	.450	*	*
Step 1 Model	$R^2 = .08$ ($R^2_{adj} = .07$) $F(11,70) = .53, p = .875$					
Step 2						
Religiousness	-.16	-.38	-3.07	.003	-.31	.004
Step 2 Model	$R^2 \text{ change} = .11,$ $F \text{ change}(1,69) = 9.42, p = .003$					
Overall Model	$R^2 = .19$ ($R^2_{adj} = .05$) $F(1,69) = 1.33, p = .221$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 24. Religiousness and Home Learning Materials (N = 82)

Variable	HOME Learning Materials					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.05	.01	.06	.949	.14	.200
Maternal Ed.	.25	.13	.80	.425	.24	.032
Maternal Employment	-.05	-.01	-.10	.923	.12	.274
Total Family Income	.37	.20	1.29	.202	.27	.012
Previous Parenting	-1.0	-.07	-.38	.702	-.03	.810
PBI Care	.01	.01	.10	.920	.03	.808
PBI	.03	.14	1.16	.250	.06	.620
Overprotection						
Maternal Relat. with Mother	-.00	-.00	-.01	.991	-.01	.916
Mother, Baby & Married Partner	.02	*	.04	.965	*	*
Mother, Baby & Unmarried Partner	-.03	*	-.09	.933	*	*
Mother, Baby & Grandmother	.06	*	.17	.870	*	*
Mother & Baby	-.05	*	-.15	.880	*	*
Step 1 Model	$R^2 = .12$ ($R^2_{adj} = -.02$) $F(11,70) = .84, p = .600$					
Step 2						
Religiousness	-.09	-.23	-1.84	.070	-.26	.016
Step 2 Model	$R^2 \text{ change} = .04,$ $F \text{ change}(1,69) = 3.38, p = .070$					
Overall Model	$R^2 = .16$ ($R^2_{adj} = .01$) $F(1,69) = 1.08, p = .391$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 25. Religiousness and Maternal Acceptance (N = 82)

Variable	Acceptance					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.06	-.19	-.85	.398	.03	.760
Maternal Ed.	.32	.18	1.03	.282	.08	.502
Maternal Employment	.25	.08	.50	.617	-.12	.306
Total Family Income	.10	.06	.39	.697	.10	.366
Previous Parent PBI Care	.26	.21	1.12	.265	.02	.878
PBI	-.03	-.14	-1.10	.277	-.01	.362
Overprotection	.03	.14	1.16	.248	.12	.306
Maternal Relat. with Mother	-.03	-.02	-.18	.856	-.08	.488
Mother, Baby & Married Partner	-.65	*	-1.35	.180	*	*
Mother, Baby & Unmarried Partner	.32	*	.91	.367	*	*
Mother, Baby & Grandmother	.50	*	1.37	.174	*	*
Mother & Baby	-.17	*	-.51	.614	*	*
Step 1 Model	$R^2 = .10$ ($R^2_{adj} = -.05$) $F(11,70) = .67, p = .763$					
Step 2						
Religiousness	-.03	-.07	-.56	.58	-.02	.870
Step 2 Model	$R^2 \text{ change} = .00,$ $F \text{ change}(1,69) = .31, p = .578$					
Overall Model	$R^2 = .10$ ($R^2_{adj} = -.06$) $F(1,69) = .63, p = .807$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 26. Religiousness and Maternal Involvement (N = 82)

Variable	Involvement					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.00	.00	.02	.987	.06	.596
Maternal Ed.	.05	.03	.18	.859	.18	.104
Maternal Employment	.06	.02	.12	.907	.15	.164
Total Family Income	.56	.30	2.02	.047	.30	.006
Previous Parent PBI Care	-.30	-.21	-1.24	.219	-.17	.128
PBI	.01	.03	.23	.823	.02	.860
Overprotection	.03	.13	1.16	.250	.04	.722
Maternal Relationship with Mother	-.20	-.12	-1.06	.292	-.11	.326
Mother, Baby & Married Partner	-.27	*	-.55	.587	*	*
Mother, Baby & Unmarried Partner	.40	*	1.10	.276	*	*
Mother, Baby & Grandmother	-.23	*	-.61	.542	*	*
Mother & Baby	.11	*	.30	.765	*	*
Step 1 Model	$R^2 = .20$ ($R^2_{adj} = .07$) $F(11,70) = 1.55, p = .134$					
Step 2						
Religiousness	-.10	-.25	-2.16	.034	-.30	.006
Step 2 Model	$R^2 \text{ change} = .05,$ $F \text{ change}(1,69) = 4.66, p = .034$					
Overall Model	$R^2 = .25$ ($R^2_{adj} = .12$) $F(1,69) = 1.88, p = .052$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 27. Infant Gender and Maternal Attitudes Toward Corporal Punishment (N = 96)

Variable	Attitudes Toward Corporal Punishment					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Maternal Age	-.15	-.14	-.79	.434	-.01	.890
Maternal Education	.28	.05	.31	.757	-.04	.706
Maternal Employment	-2.26	-.21	-1.57	.121	-.10	.334
Total Family Income	1.71	.30	2.14	.035	.13	.196
Previous Parent PBI Care	1.09	.25	1.67	.098	.15	.136
PBI	.07	.10	.84	.406	.178	.082
Overprotection	-.02	-.03	-.27	.790	-.06	.568
Maternal Relat. with Mother	.16	.03	.27	.790	-.01	.958
Mother, Baby & Married Partner	-2.53	*	-1.59	.116	*	*
Mother, Baby & Unmarried Partner	.89	*	.82	.416	*	*
Mother, Baby & Grandmother	.49	*	.45	.657	*	*
Mother & Baby	1.15	*	1.14	.259	*	*
Step 1 Model	$R^2 = .13, (R^2_{adj} = .02)$ $F(11,84) = 1.18, p = .315$					
Step 2						
Infant Gender	.60	.06	.51	.615	.09	.408
Step 2 Model	$R^2 \text{ change} = .00,$ $F \text{ change}(1,83) = .26, p = .615$					
Overall Model	$R^2 = .14, (R^2_{adj} = .01)$ $F(1,83) = 1.09, p = .379$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 28. Infant Gender and Maternal Stress (N = 92)

	PSI Total Stress					
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.64	-.25	-1.34	.185	-.12	.254
Maternal Ed.	1.28	.09	.57	.572	-.13	.214
Maternal Employment	-.85	-.03	-.23	.821	-.13	.234
Total Family Income	-1.59	-.12	-.73	.467	-.29	.006
Previous Parent PBI Care	1.72	.15	1.02	.310	.02	.864
PBI	-.22	-.12	-1.02	.311	-.17	.106
Overprotection Maternal Relat. with Mother	.05	.03	.25	.805	.08	.432
Mother, Baby & Married Partner	-1.15	-.09	-.80	.427	-.11	.284
Mother, Baby & Unmarried Partner	-3.37	*	-.90	.369	*	*
Mother, Baby & Grandmother	.22	*	.08	.933	*	*
Mother & Baby	-1.89	*	-.63	.529	*	*
	5.04	*	1.87	.066	*	*
Step 1 Model	$R^2=.17$ ($R^2_{adj}=.05$) $F(11,80)=1.46, p=.164$					
Step 2						
Infant Gender	3.20	.12	1.05	.299	.13	.232
Step 2 Model	$R^2 \text{ change}=.01,$ $F \text{ change}(1,79)=1.09, p=.299$					
Overall Model	$R^2=.18$ ($R^2_{adj}=.05$) $F(1,79)=1.43, p=.170$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 29. Infant Gender and Parental Distress (N = 92)

Variable	PSI Parental Distress Subscale					
	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	.03	.02	.11	.915	-.02	.868
Maternal Ed.	-1.01	-.11	-.69	.495	-.16	.118
Maternal Employment	1.24	.07	.51	.614	-.06	.564
Total Family Income	-1.70	-.19	-1.20	.235	-.28	.008
Previous Parent PBI Care	.22	.03	.20	.840	.04	.696
PBI	-.22	-.19	-1.60	.113	-.27	.010
Overprotection Maternal Relat. with Mother	.14	.11	1.03	.307	.19	.076
Mother, Baby & Married Partner	-.79	-.09	-.85	.397	-.10	.326
Mother, Baby & Unmarried Partner	-.58	*	-.24	.813	*	*
Mother, Baby & Grandmother	-.74	*	-.44	.659	*	*
Mother & Baby	-.17	*	-.09	.929	*	*
Step 1 Model	1.49	*	.85	.398	*	*
$R^2 = .18$ ($R^2_{adj} = .06$) $F(11,80) = 1.54, p = .133$						
Step 2						
Infant Gender	-.18	-.01	-.09	.928	.03	.790
Step 2 Model	$R^2 \text{ change} = .000,$ $F \text{ change}(1,79) = .008, p = .928$					
Overall Model	$R^2 = .18$ ($R^2_{adj} = .05$) $F(1,79) = 1.40, p = .186$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Table 30. Infant Gender and Parent-Child Dysfunctional Interaction (N = 92)

	PSI Parent-Child Dysfunctional Interaction Subscale					
Variable	<u>B</u>	<u>B</u>	<u>t</u>	<u>p</u>	<u>r</u>	<u>p</u>
Step 1						
Maternal Age	-.39	-.34	-1.84	.070	-.14	.186
Maternal Education	1.21	.19	1.22	.228	-.06	.570
Maternal Employment	-1.02	-.08	-.61	.542	-.10	.332
Total Family Income	.11	.02	.11	.911	-.21	.050
Previous Parenting	1.03	.21	1.38	.172	.01	.916
PBI Care	-.00	-.00	-.02	.986	-.01	.914
PBI	-.03	-.04	-.32	.748	-.01	.908
Overprotection						
Maternal Relat. with Mother	-.16	-.03	-.26	.799	-.06	.570
Mother, Baby & Married Partner	-2.32	*	-1.41	.163	*	*
Mother, Baby & Unmarried Partner	.15	*	.13	.898	*	*
Mother, Baby & Grandmother	-1.04	*	-.79	.431	*	*
Mother & Baby	3.22	*	2.70	.009	*	*
Step 1 Model	$R^2=.15$ ($R^2_{adj} = .04$) $F(11,80) = 1.33, p = .225$					
Step 2						
Infant Gender	1.08	.09	.80	.427	.08	.468
Step 2 Model	$R^2 \text{ change} = .01,$ $F \text{ change}(1,79) = .64, p = .427$					
Overall Model	$R^2=.16$ ($R^2_{adj} = .03$) $F(1,79) = 1.26, p = .256$					

*Pearson Correlation Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

*Standardized Beta Coefficients are not used with effects coded variables

Vita

Daphne S. Cain is an Assistant Professor of Social Work at Louisiana State University in Baton Rouge, Louisiana. She earned a Bachelor of Arts in Psychology with a minor in Women's Studies from North Carolina State University in Raleigh, North Carolina in 1992. In 1995, she earned a Masters of Social Work from East Carolina University in Greenville, North Carolina. She was licensed in 1998 as a Licensed Clinical Social Worker (LCSW) in North Carolina. She received her Doctorate in Philosophy with a major in Social Work from the University of Tennessee in March, 2002. Her research interests include social justice, clinical practice and parenting.