

Depressive Symptoms, Child Adjustment, and Father Involvement in African American Families

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INTRODUCTION

The association between maternal depressive symptoms and adverse child outcomes (Goodman et al., 2001) may be moderated by father involvement (Mezulis et al., 2004). These associations are understudied among low-income, unmarried or non-cohabiting African American families.

Hypotheses:

- 1) Father involvement would be negatively associated with (a) maternal depressive symptoms and (b) externalizing and internalizing behaviors
- 2a) Maternal depressive symptoms would be positively associated with child internalizing and externalizing behaviors
- 2b) Father involvement would moderate these associations such that the positive associations between maternal depressive symptoms and child internalizing and externalizing behaviors would be weaker with higher levels of father involvement.

METHOD

PARTICIPANTS:

79 African American mothers ($M = 31.96$, $SD = 7.85$, range 22-59 years), with a child between ages 2-12 ($M = 6.25$, $SD = 2.76$; 52% boys). Majority were unmarried (78%) and non-cohabiting with the child's biological father (62%).

MEASURES:

Depressive symptoms during the past week were measured using the 20-item **Center for Epidemiologic Studies Depression Scale** (CES-D; Radloff, 1977; 0=Not at all or less than one day to 3=Nearly every day). Items were summed to derive a total score, with negative items reverse scored. The scores range from 0 to 60, and higher scores indicate more symptoms.

Child behavior problems were measured using the internalizing and externalizing subscales from the 25-item **Strength and Difficulties Questionnaire** (SDQ; Goodman, 1999; 0=Not true to 2=Certainly true). Each subscale was summed to create a score between 0 and 10, with negative items reverse scored. Higher scores in each subscale indicate greater presence of behavior.

Father involvement during the past 6 months was measured using the 43-item **Multidimensional Father Involvement Scale** (MFIS; 1=Never to 5=All the time, with N/A as an option), adapted from existing scales (e.g., Hawkins et al., 2002). The scores range from 1 to 5, and the mean of the scores were calculated for the total.

(See Table 1 for Means and Standard Deviations)

Table 1. Means and Standard Deviations

Measure	M	SD
Father Involvement	3.35	1.18
Depression	12.48**	8.03
Externalizing	6.56	4.50
Internalizing	3.80	2.75

**Score ≥ 16 indicates risk for clinical depression

RESULTS

In contrast to hypothesis 1a, Pearson correlations indicated that father involvement and maternal depressive symptoms were not significantly correlated ($r = .02$, $p = .43$). Partially supporting hypothesis 1b, father involvement was inversely associated with child internalizing behaviors ($r = -.22$, $p = .03$), but not externalizing behaviors ($r = -.11$, $p = .17$).

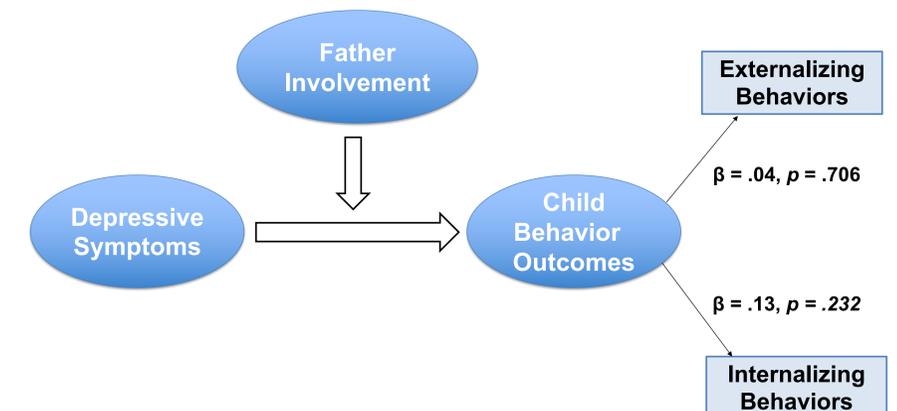
Results from a hierarchical regression supported hypothesis 2a that maternal depressive symptoms were positively associated with both child externalizing ($\beta = .32$, $p = .005$) and internalizing behaviors ($\beta = .37$, $p = .001$). However, the interaction of maternal depressive symptoms and father involvement was not significant (internalizing $\beta = .13$, $p = .232$; externalizing behaviors $\beta = .04$, $p = .706$).

Table 2. Pearson correlations

Measure	Pearson r			
	1	2	3	4
1. Father Involvement	—			
2. Depression	0.02	—		
3. Externalizing	-0.11	0.32**	—	
4. Internalizing	-0.22	0.38**	0.47**	—

Note: ** $p < .01$

Figure 1. Moderating effect of father involvement on the relationship between maternal depressive symptoms and child behavior outcomes



DISCUSSION

This study found that maternal depressive symptoms were significantly related to higher levels of both child internalizing and externalizing behaviors. Consistent with previous research (Hall et al., 2008), maternal depressive symptoms may be a risk factor for child behavior problems. Interventions designed to alleviate maternal depressive symptoms may be of particular importance for low-income, African American mothers because they are at an increased risk of experiencing higher levels of depressive symptoms due to racial discrimination, economic hardships, and lack of social support (Siefert et al., 2007).

Although this research was cross-sectional and cannot infer causality, the inverse correlation between father involvement and child internalizing behaviors suggests that higher frequency of father involvement may be a protective factor for the development of internalizing behaviors in children with depressed mothers. These findings are supported by previous research (Mezulis et al., 2004) such that father involvement was associated with internalizing, but not externalizing, behaviors; however, the quality of their involvement was specifically shown to moderate the effect of maternal depressive symptoms on child internalizing behaviors. Given that father involvement may be important for reducing child internalizing behaviors, interventions promoting positive effects of father involvement may be helpful (Tannenbaum & Forehand, 1994).

Future research should incorporate father reports and examine both the frequency and quality of their involvement (Coley & Morris, 2002).

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