Using CBPR* to Assess Risk, Resilience, and Depressive Symptoms in Low-Income African American Fathers

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*Community based participatory research methods
What is Community Based Participatory Research (CBPR)?

• CBPR involves research scientists working together with community members as a team through all stages of research.

• Developed as an ethical way to conduct research within disadvantaged communities in the context of historical research injustices.

• Community participation in CBPR can yield higher response rates and retention in longitudinal studies.

• CBPR also enables the development of culturally appropriate procedures and measures.

Israel et al., 1998; Shalowitz et al., 2009
Community Child Health Network (CCHN)

• Formed to understand racial/ethnic and SES health disparities in low-income African Americans and Latinos through CBPR.

• CCHN has five sites: Baltimore, Washington D.C., several counties in eastern North Carolina, Lake County, IL, Los Angeles County

• Mothers and fathers were recruited at the birth of a child and followed for two years at roughly 6 month intervals.

Funded by Eunice Kennedy Shriver National Institute of Child and Health Development (NICHD)
CBPR Core Values

• **Value 1:** It is participatory.
• **Value 2:** It is cooperative.
• **Value 3:** It is a co-learning process where there is mutual exchange and mutual learning.
• **Value 4:** It builds on the strengths of the community.
• **Value 5:** It is empowering to the community.
• **Value 6:** It entails implementing an intervention.
• **Value 7:** It entails recognizing the community as a social entity.
• **Value 8:** It requires a long-term commitment.

*Israel et al., 1998; Jones et al., 2010; Ramey et al., 2014; Shalowitz et al., 2009*
Sample

- 2,448 mothers completed the T1 interview
- 2,305 (94%) indicated they were married to or in a relationship with the father of their child
- 1,923 (76%) gave permission to contact the father
- 1,179 (48%) fathers enrolled and completed the T1 interview
Factors in Recruitment and Retention

Maternal factors related to mother permitting us to invite fathers to participate, fathers agreeing to participate, and staying in the study:

• Older age
• Married
• More educated
• Higher income
• Cohabiting with the baby’s father
• Living in the same location for at least 6 months
• Less likely exposed to interpersonal violence
• Higher relationship satisfaction

Schafer et al., 2014
Sample Characteristics (n = 1,179 Fathers)

• Race/Ethnicity
  • 46% African American
  • 26% Latino
  • 25% White
  • 3% Other

• 23% Foreign Born

• Mean Age = 29 yrs (17 – 62 yrs)

• Marriage and Cohabitation
  • 40% Married and Cohabiting
  • 36% Cohabiting, Not Married
  • 23% Neither Married nor Cohabiting
CCHN Fathers: SES Indicators

• Household Income Adjusted for Cost of Living
  • Mean income = $15,955 (SD = $25,929)

• Education
  • 24% Less than HS
  • 43% HS Diploma
  • 33% Some college, 4 year degree, or higher

• Employment
  • 70% Employed Part-Time or Full-Time
  • 20% Unemployed
  • 10% Other
CDC Report: African American Fathers

- African American fathers are highly involved in the lives of their children.
- In comparison to White or Latino fathers, African American fathers are more likely in the last month to have:
  - Bathed, dressed, diapered, or helped children use the toilet everyday
  - Taken children to and from events and activities
  - Played with non-coresidential children
  - Read to non-coresidential children
  - Talked to children about their day
  - Helped children with homework

*Jones & Mosher, 2013*
CCHN studied 522 African American Fathers

- **Sites**
  - North Carolina (29%)
  - Washington D.C. (28%)
  - Baltimore (27%)
- **Mean age = 27 (17 - 58)**

- **Marriage and Cohabitation**
  - 22% Married and Cohabiting
  - 41% Cohabiting, Not Married.
  - 36% Neither Married nor Cohabiting
African American Fathers: SES Indicators

- Household Income Adjusted for Cost of Living
  - Mean Income = $13,821 (SD = 15,266)

- Education
  - 22% had less than high school degree
  - 55% has a high school degree
  - 23% had some college, a four year degree, or higher

- Employment
  - 55% were working full-time or part-time
  - 33% Unemployed
  - 12% Other
My Study Goals

1. To characterize low-income African American fathers on attitudes toward fatherhood and psychosocial variables.

2. To identify possible risk and resilience factors one month after birth that predict a change in depressive symptoms* at 12 months after the birth of child.

3. To explore the moderating effects of hypothesized resilience factors on the relationship between risk factors and depression.

*Measured with *Edinburgh Postnatal Depression Scale* (Cox et al., 1987)
Community Child Health Network (CCHN)

STUDY DESIGN

- **Index Child Birth**
- **1 month (2-16 weeks)**
- **6 months (24-39 weeks)**
- **1 Year (50-65 weeks)**
- **18 months (76-91 weeks)**
- **2 years (102-117 weeks)**

**T0** Hospital Interview
**T1** In-person Interview
**T2** In-person Interview & Biomarkers
**T3** In-person Interview & Biomarkers
**T4** Phone Interview
**T5** Cohort Maintenance
Attitudes toward Fatherhood at 12 months after birth in **African American Fathers**

• A father should be as heavily involved as the mother in the care of the child.
  • 98% of fathers who responded agreed or strongly agreed.

• One of the most important things a father can do for his children is to give their child’s mother encouragement and emotional support.
  • 97% of fathers who responded agreed or strongly agreed.

• Fatherhood is a highly rewarding experience.
  • 99% of all fathers who responded agreed or strongly agreed.
Traditional Stress/Risk Measures

• **Perceived Stress** Scale (Cohen, Kamarck, & Mermelstein, 1983); 10 items
  • In the last month, how often have you been upset because of something that happened unexpectedly?
  • In the last month, how often have you felt that you were unable to control the important things in your life?

• **Life Events** Checklist (Dominguez et al., 2005): 24 items
  • Victim of a violent crime
  • Robbed or burglarized
  • Natural disaster
Additional Risk Measures

- **Experiences of Racism**: Williams Everyday Discrimination Scale (1997)
  - 10 items
    - You are treated with less courtesy than other people are.
    - You receive poorer service than other people at restaurants or stores.

- **Avoidant Coping Style** (collected at T3):
  - 10 items from Brief COPE (Carver, 1997)
    - I've been turning to work or other activities to take my mind off things. (Self-distraction)
    - I've been saying to myself “this isn't real.” (Denial)
    - I've been using alcohol or other drugs to make myself feel better. (Substance use)
    - I've been giving up trying to deal with it. (Behavioral disengagement)
    - I’ve been criticizing myself. (Self-blame)
Resilience Measures

• **Collective Efficacy** scale (Earls et al., 1997): 10 items
  • If there is a problem around here, neighbors get together to deal with it.
  • This is a close knit neighborhood.

• **Social Support** scale - MOS (Sherbourne & Stewart, 1991): 19 items
  • Someone who shows you love and affection.
  • Someone who hugs you.

• **Self-esteem** scale (Rosenberg, 1965): 10 items
  • I feel that I have a number of good qualities.
  • I take a positive attitude toward myself.
Resilience Measures

• **Approach-Oriented Coping Style** (collected at 12 mos after birth)
  • 12 items from Brief COPE (Carver, 1997)
    • I've been taking action to try to make the situation better. (Active coping)
    • I've been getting emotional support from others. (Emotional support)
    • I’ve been getting help and advice from other people. (Instrumental support)
Table 1. Correlations among Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>T1 Depressive SX</th>
<th>T3 Depressive SX</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Household Income</td>
<td>.03</td>
<td>-.00</td>
</tr>
<tr>
<td>2. Years of Education</td>
<td>-.11*</td>
<td>-.00</td>
</tr>
<tr>
<td>3. T1 Perceived Stress</td>
<td>.66**</td>
<td>.41**</td>
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<td>4. T1 Racism Frequency</td>
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<td>.30**</td>
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<td>5. T1 Life Event Count</td>
<td>.43**</td>
<td>.32**</td>
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<td>6. T1 Life Event Impact</td>
<td>.25**</td>
<td>.15*</td>
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<td>7. T2 Avoidant Coping</td>
<td>.41**</td>
<td>.47**</td>
</tr>
<tr>
<td>8. T1 Social Support</td>
<td>-.46**</td>
<td>-.28**</td>
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<tr>
<td>9. T1 Collective Efficacy</td>
<td>-.15*</td>
<td>-.13*</td>
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<tr>
<td>10. T1 Self-esteem Score</td>
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<td>11. T2 Approach Coping</td>
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<td>-.09</td>
</tr>
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</table>

*p < .05. **p < .01. ***p < .001.
Differences Between Depressed and Non-Depressed African American Fathers at One Month

- Depressed fathers had higher
  - Perceived stress
  - Negative life events and impact of life events
  - Experiences of racism
  - Avoidant coping

- Depressed fathers had lower
  - Social support
  - Self-esteem

Bamishigbin et al., under review.
Regression Analyses predicting depressive symptoms at 12 months

• All 8 risk and resilience factors—except for approach-oriented coping—were significant predictors of depressive symptoms in fathers at 12 months after the birth of the child.

• After controlling for 1 month levels of depressive symptoms, the only significant predictors of depression at 12 months (out of 8) were racism and avoidant coping.

• None of the other 6 risk factors or resilience factors were significant.

• There were also no interactions of risk and resilience factors.

Bamishigbin et al., under review
Findings and Implications

• Summary of Findings
  • These low-income African American fathers have very positive attitudes towards fatherhood and have a lot of resources.
  • More frequent experiences of racism were related to more depressive symptoms and more avoidant coping was related to more depressive symptoms.

• Possible Implications
  • These findings run contrary to stereotypes about African American fathers as uninvolved and lazy.
  • Also consistent with previous literature demonstrating the harmful associations of racism and avoidant coping for mental health in fathers as well as in mothers.

Dole et al., 2004
Future Directions

• We are currently looking at the relationships of risk and resilience in mothers and fathers in CCHN. For example:
  • Do mothers risk/resilience factors have an effect on a father’s depression and vice versa?

• Interventions might be developed to teach the public about the adverse effects of everyday racism based not only on this study but others.

• Interventions could also enhance resilience to help fathers avoid depression after birth

• Interventions might also be implemented to teach fathers more approach-oriented coping strategies and ways to reduce avoidant coping strategies.
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