CROSS-ETHNIC EQUIVALENCE OF MATERNAL FUNCTIONING

Ayelet Talmi, Marcela C. Acevedo, Lisa M. Pettitt, and David L. Olds

Prevention Research Center-UCHSC, 1825 Marion Street, Denver, CO 80218

Research suggests that aspects of parenting, mental health, and socialization considered to be adaptive may be ethno-specific. Recent studies point to ethnic differences in the parental behavior and parent-child communication of Hispanic and European American families (Knight, Virdin, and Roosa, 1994) and the determinants of child-rearing attitudes among African American and Hispanic mothers (Rauh, Wasserman, & Brunelli, 1990). Although the literature pertaining to pregnancy, parenting, and mental health is extensive and growing, few studies explore the meaning of ethnic differences or the cross-ethnic equivalence of measures. Thus, this study was designed to examine the cross-ethnic convergent validity of commonly employed survey instruments used to assess various domains of functioning within African-American (AA), Mexican-American (MA), and European-American (EA) groups.

We conducted a cross-sectional comparison of 713 primiparous low-income, at-risk mothers enrolled in a randomized trial of a program of pre-natal and early-childhood home visitation. Three hundred and twenty-nine MA, 120 AA, and 264 EA women were interviewed at registration during pregnancy to assess sociodemographic characteristics, mental health status (Revised Mental Health Battery; Veit & Ware, 1983), parenting beliefs (Adult Adolescent Parenting Interview; Bavolek, 1984), childhood history of caregiving (Parental Acceptance-Rejection Questionnaire; Rohner, 1984), self-efficacy, outcome, and social support expectations (Bandura, 1977), mastery beliefs (Pearlin mastery scale; Pearlin & Schooler, 1967), and adaptation to stress (COPE; Carver, Scheier, & Weintraub, 1989). Convergent validity analyses were conducted by examining the correlations among measures purporting to tap similar or related constructs within each ethnic group. These patterns were then compared across the entire sample.

**Mental Health Status:** As predicted, mental health was most strongly related to positive childhood caregiving histories and mastery beliefs in each ethnic group. Moderate associations between mental health status and more active coping and less denial in the face of stressors were demonstrated in all ethnic groups with the exception of MA mothers who reported the weakest relationship between active coping and mental health status. In each ethnic group, better mental health was associated with greater expectations for social support.

**Mastery Beliefs:** Across ethnic groups, women who felt in control of their lives held fewer unrealistic expectations of their children. Mastery beliefs were also related to the mothers' perceptions of their own childhood histories as more positive in all but the AA group. As expected, a higher sense of mastery also corresponded to more active coping and less denial in response to stressful situations.

**Self-Efficacy:** For all ethnic groups, active coping and higher efficacy expectations were moderately associated. Mastery beliefs were most strongly associated with mothers' expectations that they would successfully perform tasks in the EA group and were highly related to outcome expectations in all ethnic groups. While the connection between social support expectations and childhood history was strongest for MA mothers, all ethnic groups evidenced this relationship.

The present findings suggest that the Pearlin mastery scale, the Revised Mental Health Battery, and the self-efficacy scale have sufficient cross-ethnic equivalence for low-income, at-risk, primiparous AA, primarily English-speaking MA, and EA women. Further analyses exploring exceptions that suggest functional inequivalence (e.g., active coping, childhood history) across ethnicity are discussed.