The Effects of Marriage Education on Children: Examining Rural Minorities

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Background of Study

- The Alabama Community Healthy Marriage Initiative (ACHMI)
- Current study is a subsection of ACHMI
  - Overall purpose of ACHMI
    - To promote healthy relationships and marriages in AL
      - Implementing curricula related to healthy couple and familial functioning
      - Increasing the public’s awareness of the importance of healthy relationships and marriages.
  - Current study tests the rationale of the ACHMI project:
    - Improving the couple/parenting relationship will promote positive parenting practices and positive child outcomes
    - Child-centered initiative
    - A new research design for RME
Literature Background

• Marital/relational conflict and child outcomes
  – conflict between parents has the potential to negatively affect children’s cognitive, emotional, social, and physical development (Ablow, Measelle, Cowan, & Cowan, 2009; Adamson & Thompson, 1998; Grych, Harold, & Miles, 2003; McDowell & Parke, 2009)
  – children’s behavior and attentive skills in the classroom can be negatively affected by parental conflict at home (Buckhalt, ElSheikh, & Keller, 2007; ElSheikh et al., 2007; Harold, Aitken, & Shelton, 2007).

• Spillover Effect
  – aspects of the intimate relationship, (ie. marital conflict) permeate parenting behaviors, which subsequently affects the quality of parent-child relationships and child outcomes (Zimet & Jacob, 2001)

Background Continued

• Social Competence
  – Possessing the capacity to effectively create and maintain positive social experiences by utilizing one’s personal and environmental resources (Junttila, Vauras, and Laakkonen, 2007; Ladd, 1999)
  – It is associated with positive interactions with peers/peer acceptance, academic success, and adaptive psychological functioning during adulthood (McDowell & Parke, 2009; Parker & Asher, 1987)
Empirical Findings on RME

• Addressing marital/co-parenting issues in conjunction with parenting practices has been proven to be more effective than participating in parenting education alone (Brody & Forehand, 1985; Dadds, et al, 1987)

• Shortcoming of current research on RME
  – Few, if not any, studies have examined the effects of RME on child outcomes
  – Most studies utilize primarily middle-class EU samples (Hawkins, et al., 2008)

Current Research Study
Hypotheses

• Hypothesis 1: Participating parents will experience decreases in co-parenting disagreements. This effect will not be observed for control parents.

• Hypothesis 2: Participating parents will report increases in their child’s social competence across time. This effect will not be observed for control parents.

• Hypothesis 3: Observational data will demonstrate increases in social competence for children whose parents have participated in MRE. This positive effect for children in the experimental group will be more pronounced than the effect for control children.

Procedure

• Collaboration between ACHMI and a Head Start program in a neighboring county
  – This Head Start program services children ages 3-5 who live in a rural African American community
  – Parents were recruited via flyers
  – Had option of participating in RME classes or completing surveys as controls
Sample

- There were 80 female caregivers—91% mothers (N=73), 8% grandmothers (N=7), and 1% adopted mothers (N=1).
- Average age = 30.93 years (SD = 9.53, range 19 to 65 years).
- Twenty-four of the women were in the control group and 56 of the women attended the MRE class. Sixty-nine percent (38 individuals) completed the course, which consisted of attending at least four classes. Fifty-four percent (N=30) of the participants attended the class with their co-parenting and/or romantic partner/spouse.
- Data were collected over 4 waves—initial/pre-test (0 months), post-test (1.5 months), and follow-up data (4 & 12 months).

Demographic Information

<table>
<thead>
<tr>
<th></th>
<th>Overall Sample (n = 80)</th>
<th>Participants in MRE (n = 56)</th>
<th>Control Sample (n = 24)</th>
</tr>
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<tbody>
<tr>
<td><strong>Ethnicity</strong></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
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<tr>
<td>African-American</td>
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<td>53 94.6</td>
<td>22 91.7</td>
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<td>1 1.8</td>
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<tr>
<td>Less than High School</td>
<td>13 16.7</td>
<td>9 16.7</td>
<td>4 16.7</td>
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<tr>
<td>High School</td>
<td>22 28.2</td>
<td>15 27.8</td>
<td>7 29.2</td>
</tr>
<tr>
<td>Some Post-Secondary Ed.</td>
<td>43 55.1</td>
<td>31 55.6</td>
<td>13 54.1</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Married</td>
<td>28 35.8</td>
<td>19 35.2</td>
<td>9 40.9</td>
</tr>
<tr>
<td>Cohabitating</td>
<td>17 22.4</td>
<td>15 27.8</td>
<td>2 8.3</td>
</tr>
<tr>
<td>Dating, but not cohabitating</td>
<td>23 30.2</td>
<td>13 24.1</td>
<td>10 45.4</td>
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<tr>
<td>Single</td>
<td>8 10.5</td>
<td>7 13.0</td>
<td>1 4.5</td>
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<td>Less than $14,000</td>
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<td>27 50.0</td>
<td>10 45.4</td>
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<td>Greater than $25,000</td>
<td>17 22.4</td>
<td>10 18.5</td>
<td>7 31.8</td>
</tr>
</tbody>
</table>
Classes

• *Together We Can* (TWC) curriculum by Dr. Karen Shirer.
  - A research-based educational program that meets the core components requirements set by the National Extension Relationship and Marriage Education Network.
  - TWC targets unmarried parents
  - focuses on strengthening the co-parenting relationship in an effort to promote child well-being.
  - designed for lower literacy populations and can be used with both married and nonmarried individuals and couples.
• The classes were held for 6 consecutive weeks
  - each session was two hours
  - four different sets of classes were held
  - two sets of husband/wife teams facilitated the classes.
  - Completion of the program consisted of attending at least four of the sessions.

Measures

• *Children’s Social Competence* (Dodge & Coie, 1987): Participants responded to 7 items regarding their child’s social competence. Items were on a 5-point scale (“Never” to “Almost Always”); higher scores indicate higher level of children’s general social competence with their peers (see —Appendix A). Cronbach’s alpha=0.74 at pre-test, 0.81 at post-test, 0.88 at the four-month follow-up, and 0.84 at twelve month follow-up.
• *Co-parenting Disagreements* (CPD; adapted from Ahrons & Wallisch, 1987): Participants rated 4 items on a 5-point scale (“Never” to “Always”) regarding their current level of disagreement with their co-parenting partner. Higher scores indicate a higher level of disagreement in the co-parenting relationship (see—Appendix B). The last/8the item of this scale rated the overall co-parenting relationship—“Not Supportive” (1) to “Very Supportive” (5). Cronbach’s alpha=0.70 at pre-test; 0.86 at post-test; 0.93 at the four-month follow-up; and .77 at T4 . Example item: “Overall, how supportive are you and your child’s parent of each other in your parenting?”
Observations of Children

• Q-sort Method (Pre-program & 4 months post)
  – California (Block, 1961) and Bronson (Baumrind, 1967) Q-sort method
  – The Q-sort method involves creating a behavioral/personality profile of subject
    • Organize the items into nine categories with regard to which items are most descriptive and least descriptive of the child. Placement of an item in a higher category (e.g., 8 or 9 in comparison to 1 or 2) indicates that the item is more descriptive of the target child (Bost, Vaughn, & Heller, 1998).
    • Scores for each Q-set per child were determined by calculating the correlation between the observed item scores (category number) to standardized criterion scores of social competence that were created by experts in the field of children’s social competence (Block & Block, 1980; Bost, Vaughn, & Heller, 1998; Waters, Noyes, Vaughn, & Ricks, 1985).

  – Criterion-level inter-rater reliability ranged from .23 to .93—two classrooms had reliabilities that fell below .59.
  – The entire classrooms were assessed for the second cohort

RESULTS
Coparenting Disagreements

There was no significant difference in the initial levels of co-parenting disagreements between control and MRE groups at pre-test ($t = -0.28, p = ns$), post-test ($F(1,53) = 0.15, p = ns$), nor at six week follow-up ($F(1,53) = 0.42, p = ns$). However, the one-year follow-up, indicated a significant interaction between MRE participation and time is found. Specifically, those individuals who do not attend MRE classes show an increase in disagreements with co-parenting partners ($F(1,36) = 4.20, p < 0.05$), while the level of co-parent disagreements among MRE participants remain relatively stable and non-significant (see Figure 1).

Children’s Social Competence

An additional RM ANCOVA was conducted to assess the change across time in children’s social competence (CSC). There was no difference between the control group and the MRE participants in caregiver’s reports of children’s social competence at pre-test ($t = -0.59, p = ns$) nor post-test ($F(1,53) = 0.19, p = ns$). However, at the one-year follow-up, there is a significant time X group interaction ($F(1,36) = 3.84, p < 0.05$). MRE participants reported a slight increase in their children’s social competence from pre-test to 1-year follow-up; and concomitantly, control parents report decreases in children’s social competence scores over time (See Figure 2).
Q-sort Data

• A repeated measures analysis of variance (RM ANCOVA) was conducted to assess change across time in social competence utilizing the observational data from pre- to post-test while controlling for ego resiliency at pre-test.

• There was a significant main effect for time \( [F (1, 92) = 1, p = 0.02] \). However, the time X test_group interaction was non-significant.

• We recently finished collecting data from our third cohort, which we will add to our data soon, and we hope to be able to better determine the variant effects of time, namely the effect of test-group status.

Conclusions

• Findings from the current study suggest that RME participation may enhance low-income African American parents' coparenting quality from pre-program to post-program and their preschool children's social skills growth trajectory (i.e., one indicator of child well-being) from pre-program to 12 months following their parent(s)' program participation.

• This study extends the research by providing preliminary evidence that the positive effects of MRE extend to more diverse populations, and my possibly have positive effects for the children of participating parents.
Future Directions

• Assessing teacher data to compare findings to parent data
• Assess Bronson Q-sorts
• Examine the effects of RME on health related outcomes
  – Children’s Health and Maternal Physiology Study (CHAMPS)
    • EKG
    • Stress/Cortisol

References

References


Thank YOU!