Racial Identity, Father Involvement, and Coparenting in Adolescent African American Mothers and Fathers

Colleen M. Varga M.A.
The George Washington University

Christina B. Gee Ph.D.
The George Washington University

Adolescent childbearing is a major public policy concern in the United States, and father involvement is a particular focus for researchers and members of socioeconomically disadvantaged and minority populations. In the present study, 52 low-income, African American adolescent mothers and their children's fathers were interviewed during the prenatal period about their relationships, social networks, and racial identity. Coparenting was found to be associated with racial identity in that mothers and fathers who reported pre-encounter racial identity attitudes reported lower levels of coparenting satisfaction than mothers and fathers in the more advanced stages of racial identity. No associations were found between racial identity and father involvement. This study extends the literature on coparenting, father involvement and racial identity to a community sample of understudied young parents at risk for negative outcomes.

Keywords: racial identity, adolescent parenting, coparenting, father involvement

The United States has one of the highest rates of adolescent pregnancy among the Western industrialized countries (Ventura, Abma, Mosher, & Henshaw, 2006); consequently, adolescent childbearing is a major public health and policy concern in the United States today. In particular, minority adolescent mothers are at risk for multiple negative outcomes, including low rates of high school completion, high rates of poverty, lack of adequate health insurance, and frequent reliance on public assistance to provide for their children (U.S. Census Bureau, 2005). Despite indications that pregnant and parenting adolescents are at increased risk for relationship problems and accompanying parenting difficulties, there has been little research on young, unmarried coparenting couples. Becoming a parent as an adolescent is particularly stressful, as teenagers are struggling with basic issues of identity formation and ego development while simultaneously coping with issues of responsibility, dependency, and loss of freedom (Feinberg, 2002). Attachment theory research indicates that for adolescents, having had the opportunity to observe a positive, functional coparental relationship is related to more positive and secure attachments, both with their child and their child's other parent (Hazan & Shaver, 1994; McHale, Lauretti, Talbot, & Pouquette, 2002). Unfortunately, adolescent mothers often lack healthy role models on which to base decisions about becoming a parent, completing their education, and keeping their child's other parent involved.

African American adolescent parents have been highly under-represented in the literature, highlighting a need for research on potential protective factors such as racial identity (Sneed, Schwartz, & Cross, 2006). African American adolescents may be particularly vulnerable due to the developmental tasks of identity formation within the context of an exceedingly race-conscious society (Caldwell, Zimmerman, Bernat, Sellers, & Notaro, 2002; Spencer, 1995; Tatum, 1997). The significance that these adolescent mothers and young fathers attach to being African American may be even more critical to a sense of well-being within the context of pregnancy and childcare concerns. The results of numerous studies suggest that a strong racial identity may be beneficial to African American adolescents (e.g. Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Thus, the current study focuses on a deeper examination of the associations between racial identity and specific adjustment outcomes, particularly within socioeconomically and racially under-represented samples (Burrow, Tubman & Montgomery, 2006; Sneed, Schwartz & Cross, 2006; Worrell & Gardner-Kitt, 2006).

In much of the literature, racial or ethnic minority status is synonymous with poverty (Nazroo, 2003). This state of affairs partially reflects the economic realities of life in the United States; 25% of African Americans live at or below the poverty line, in contrast with 10% of Whites (U.S. Bureau of the Census, 2007). However, the effects of socioeconomic status can also lead to negative outcomes separate from those arising from racial or ethnic background. For instance, adolescent parenting may be more likely in low-income neighborhoods regardless of race, as a consequence of residing in neighborhoods with high rates of poverty and single-mother households, low parental education,

and a perception of limited life options (Cherlin, Kiernan, & Chase-Lansdale, 1995; Furstenberg & Teitler, 1994; Luker, 1996). A number of factors addressed in the current study include the effects of both race and socioeconomic status. For example, Mitnick, Heyman and Slep (2009) found that parents who were young, non-White, or unmarried, as well as those with relationships of shorter duration before becoming pregnant, were at highest risk for declines in relationship satisfaction after the birth of a child. In addition, an extended-family model of parenting is consistent with African American cultural values (Jones, Zalot, Foster, Sterrett, & Chester, 2007), and such a model may also be an economic necessity if other relatives are needed to help care for children while their parent works one or more jobs. Geronimus (2003) also argues that within African American communities, parents and adults convey messages about parenthood and the timing of childbirth based on historical and present availability of social supports and resources. In sum, research suggests that both race and class depend on and mutually influence each other (Hardaway & McLoyd, 2009; Ken, 2007; Moore, 2008).

One way to "unpack" these variables is to move beyond the comparison of racial groups to a focus on within-group differences in outcome variables important to adolescent pregnancy. One of the largest concerns, particularly among African Americans, is the extent to which fathers are involved in the lives of their children (Miller-Loncar, Erwin, Landry, Smith, & Swank, 1998). Thus, the present study focuses on African American adolescents in order to explore the multiple processes affecting coparenting skills and father involvement. By providing adolescent parents with the tools they need to model healthy cooperation and communication within their personal and parenting relationships, their children are likely to experience fewer behavior problems, greater educational attainment, decreased likelihood of becoming adolescent parents themselves, and greater well-being overall (Feinberg, 2003). This study aims to address a gap in the literature by examining the link between racial identity, father involvement, and coparenting in African American parenting adolescents.

Father Involvement

Evolutionarily, mothers have been almost invariably involved in their children's lives, but fathers have been less involved. Changes in the structure of American families over the last 35 years, including higher divorce rates, welfare reform, and an increase in births to both unwed and young mothers, have stimulated research on the relative importance of fathers' involvement in child care and development (McHale et al., 2002). In particular, father involvement research has stemmed from social policy concerns about four major issues: poverty among children in single-parent homes, the ever-increasing number of children born to unmarried adolescent parents, long-term welfare dependence among adolescent mothers and their children, and inadequate earning potential among disadvantaged males (Achatz & MacAllum, 1994).

Recent literature has defined father involvement by taking into account the cognitive, affective, and behavioral domains. Cognitive involvement can include planning, teaching, and monitoring; affective involvement includes providing emotional support, showing affection, and sharing activities; and behavioral involvement can include caretaking, providing financial support, and protecting children (Sanderson & Sanders Thompson, 2002; and see Palkovitz, 1997, for an extensive review of father involvement definitions). Father involvement and accessibility have been linked with positive outcomes for children of all ages (Silverstein, 2002). However, much of the research suggests that being unmarried (Achatz & MacAllum, 1994; Lerman & Sorenson, 2000; Osborne & McLanahan, 2007), not residing with the child (Fagan & Palkovitz, 2007; Lerman & Sorenson, 2000), and being an adolescent father (Arendell, 1995; Osborne & McLanahan, 2007) are associated with limited parental involvement. For example, a study by Carlson, McLanahan, and Brooks-Gunn (2008), which included both adolescent and adult fathers, found that approximately 60% of children born outside of wedlock will have a nonresident father by the age of five, and as many as 37% of nonresident fathers had not seen their child during the previous two years.

Father involvement appears to differ across racial and ethnic groups (Miller-Loncar et al., 1998). African American families have to cope with the historical legacy and current manifestations of racism, a legacy that is often evident through disproportionate levels of economic hardship (Miller-Loncar et al., 1998). This economic hardship, in turn, contributes to the difficulty some fathers have with providing for and remaining involved with their children (Roy & Dyson, 2010). African American males are more likely to father children out of wedlock than White or Hispanic fathers (Arendell, 1995), and unmarried fathers have been found to be less involved (Lerman & Sorenson, 2000). Gee, McNerney, Reiter, and Leaman (2007) found that both early postnatal and three year postpartum father involvement, as measured by material support, was lower in African American fathers than in White and Latino fathers.

In contrast, other research has indicated that compared to White fathers, African Americans have higher levels of cognitive (Toth & Xu, 1999) and behavioral father involvement (as defined by participation in and responsibility for child care tasks; McLoyd, Cauce, Takeuchi, & Wilson, 2000; Sanderson & Sanders Thompson, 2002; Shelton & John, 1993). In addition, 10 years after the child's birth, both

resident and non-resident African American fathers reported less erosion in father involvement than Whites and Hispanics (Lerman & Sorenson, 2000). Stier and Tienda (1993) also found that low-income African American adult fathers visited their children more frequently than Whites or Hispanics, possibly because African American fathers may believe they can see their child even if they are no longer involved with the child's mother (Florsheim et al., 2003). Overall, it appears that for adult African American fathers, father involvement is a highly dichotomous state; fathers tend to be highly involved, active and caring, or disengaged and out of touch (Coley & Chase-Lansdale, 1999; Stier & Tienda, 1993). However, there is a dearth of literature specific to African American fathers of children born to adolescent mothers. This study focuses on adolescent mothers' and fathers' racial identities and expectations about coparenting as factors that may be linked to father involvement.

Coparenting

Coparenting has received increasing attention in the literature in recent years as an important factor in father involvement. Coparenting, also known as the parenting alliance, is defined by the relationship between a mother and a father as it relates to parenthood and raising children (Weissman & Cohen, 1985). A sound parenting alliance exists when both parents are invested in a child, value the other parent's input and involvement with the child, respect each other's judgment, and have a desire to talk to each other about their child. Coparenting can be differentiated from father involvement in that it includes only the emotional and financial aspects of the parents' relationship that relate to childrearing; it consists less of tangible support and physical presence and more of emotional support as it is related to parenting (Feinberg, 2003). Recently, Van Egeren and Hawkins (2004) reviewed Weissman and Cohen's original (1985) descriptions, Feinberg's (2003) operationalizations, and Van Egeren's (2003) suggestions. From these, four components of coparenting were developed, including aspects of solidarity, support, undermining, and shared parenting (Van Egeren & Hawkins, 2004).

Coparenting does not start at birth but begins during the prenatal period. Consequently, the psychological support and planning the father provides during pregnancy and infancy are considered a primary foundation of the coparenting alliance (Konold & Abidin, 2001). In addition, activities that fathers and mothers engage in to prepare for the baby, such as purchasing a crib and other supplies, purchasing baby clothes, and going to the doctor or childbirth classes, set the stage for how and by whom child-related tasks will be managed (Feinberg, 2002). In other words, the coparents' relationship, the father's involvement, and plans for coparenting before birth carry crucial weight in the formation of

the way that mothers and fathers will interact with regard to the child.

The study of coparenting is important for a number of reasons. In particular, coparenting support has been found to be related both cross-sectionally and longitudinally to parental adjustment, parenting, and child adjustment (Belsky, Putnam, & Crnic, 1996; Margolin, Gordis, & John, 2001; O'Hara & Swain, 1996). Coparenting may be an important mediator or moderator affecting the relationship between individual, family, and external stressors and healthy parenting and child adjustment (Feinberg, 2003). For example, severe or chronic problems in the coparenting relationship can have a "spill-over" effect, leading to greater hostility, conflict, and dissatisfaction in the overall relationship (Carlson & McLanahan, 2006; Feinberg, 2003; Moore & Florsheim, 2008). Further, this effect is exacerbated in times of increased stress (Gable, Crnic, & Belsky, 1994). Minority adolescents may be at greater risk for a "spill-over" effect from relationship quality to coparenting due to the numerous stressors related to adolescent parenthood, highlighting the need for research on this vulnerable population.

Race constitutes an additional factor that may affect coparenting. Coparenting may differ in some cultures; for example, within African American communities, it may be adaptive for coparenting to take place within an extended family network in order to ensure that children will have caring adults who are able to supplement or even substitute for parental support (Geronimus, 2003). Unfortunately, most coparenting studies have examined White, middle-class married samples, limiting their generalizability. Given that diminished financial resources are associated with lower coparenting relationship quality among White married couples (Conger, Ge, Elder, Lorenz, & Simons, 1994; Van Egeren, 2003), low-income, minority adolescent parents may be at particular risk for a negative coparenting relationship.

Racial Identity

Racial identity, defined as "a sense of group or collective identity based on one's perception that he or she shares a common racial heritage with a particular racial group" (Helms, 1990, p. 3), may be one cultural factor that influences coparenting. Cross's (1971) nigrescence theory, originally consisting of five stages, is often considered the seminal work on African American racial identity. More recently, the revised model clarified four stages of development that African Americans can progress through on their way to a psychologically healthy racial identity (Cross, 1991). The first stage is the pre-encounter stage, characterized by denial of racism or racial dynamics, and active or passive idealization of White culture combined with denigration of one's own minority culture (Cross, 1991; Helms, 1990; Vandiver, Fhagen-Smith, Cokley, Cross, & Worrell, 2001). The second

stage is the encounter stage, a period during which an encounter forces the individual to recognize the existence and impact of racism. The third stage is the immersion/emersion stage, which is frequently described as being very pro-African American and very anti-White, and frequently involves immersion in their minority culture without feeling internally as if they are fully committed to all values or activities associated with that group. Finally, the fourth stage is the internalization stage, during which individuals have internalized their racial identity with their self-concept in ways in which they are comfortable, and are willing and able to concentrate on issues beyond the limits of their personal sense of "being Black" or African American.

Racial identity theory has recently emphasized the study of racial identity as a core factor rather than restricting the study of "race" to between-group differences (Sneed, Schwartz & Cross, 2006). Utilizing this model, a number of empirical studies have found an association between racial identity and African American mental health (Buckley & Carter, 2005; Carter, 1991; Munford, 1994; Neville, Heppner, & Wang, 1997; Neville & Lilly, 2000; Pyant & Yanico, 1991). For example, pre-encounter attitudes (characterized by denial of one's racial identity) have been found to be associated with anxiety, paranoia, alcohol use, and global psychological distress (Carter, 1991), as well as low self-esteem, more depressive symptoms, and lower general well-being (Buckley & Carter, 2005; Munford, 1994; Pyant & Yanico, 1991). On the other hand, internalization attitudes (characterized by comfort and acceptance of a personal racial identity) and other indicators of positive racial identity have been linked to higher self-esteem, fewer depressive symptoms, and higher general well-being (Buckley & Carter, 2005; Munford, 1994; Pyant and Yanico, 1991), as well as to lower rates of problem behavior and psychological distress (McCreary, Slavin & Beary, 1996; Sellers et. al., 2003). Previous studies have not specifically focused on the characteristics associated with high scores in each stage of the Cross model of nigrescence, leading to some question about which of these stages can be considered to be indicative of "positive racial identity." However, it is apparent that the pre-encounter stage, characterized by a failure to engage in an examination of the meaning and experience of one's racial or ethnic identity, is qualitatively different from the latter three stages, which represent progress along the path to a positive racial identity.

One limitation of the racial identity literature is that it has seldom examined the influence of racial identity on interpersonal or relational outcomes such as the coparenting relationship. The coparenting relationship may be influenced to a large extent by parents' beliefs, values, desires and expectations, which are in turn shaped by not only the dominant culture but by sub-cultural themes within socioeconomic, ethnic, religious, and racial groups (Feinberg, 2003). African American racial identity may be particularly salient to father involvement and coparenting because the African American worldview emphasizes the importance of family and an extended-family model of parenting (Jones et al., 2007). Todisco and Salomone (1991) found that for African Americans in particular, the importance of family is marked in regard to the nuclear family but broadens to extended kin and others who are part of the family group. Further, prevention programs designed to strengthen African American families through racial socialization and other parenting and communication tools have been shown to increase parent-child relationship quality and youth self control(Brody et al., 2005). Consequently, positive racial identity may be associated with higher levels of father involvement and positive coparenting among adolescent African American parents.

Current Study

The literature on coparenting and father involvement suggests that a cooperative understanding of parenting roles and the involvement of the father even before a baby is born sets the stage for involved and well-adjusted parenting (e.g. Konold & Abidin, 2001). The literature also suggests that the involvement of African American fathers is highly dichotomous and more vulnerable to socioeconomic circumstances associated with poorer coparenting (e.g. Carlson et al., 2008). However, little research has studied low-income minority adolescents, a group likely to be particularly vulnerable to poor father involvement and coparenting outcomes. In light of the questions about father involvement in the African American adolescent population, one research imperative is exploring protective factors that can help build resilience and preparedness for the realities of father involvement and coparenting. Racial identity is one such factor, as having a positive racial identity has been linked to positive outcomes including higher self-esteem and psychological well-being. Therefore, this study examined the link between racial identity, father involvement, and coparenting in adolescent African American mothers and fathers. Further, this study extended the literature on racial identity beyond college-aged convenience samples to a community-based sample of both adolescent mothers and fathers.

On the basis of the existing literature, several hypotheses were proposed. First, we hypothesized that adolescent mothers and fathers in this community sample who reported higher levels of prenatal coparenting would report higher levels of prenatal father involvement. Second, we hypothesized that mothers and fathers who scored highest on the pre-encounter subscale would report lower levels of coparenting than mothers and fathers who scored highest on the encounter, immersion-emersion, or internalization subscales. Third, we hypothesized that mothers and fathers who

scored highest on the pre-encounter subscale would report lower levels of father involvement than mothers and fathers who scored highest on the encounter, immersion-emersion, or internalization subscales. In other words, we hypothesized that individuals with a healthier, more developed racial identity would demonstrate greater coparenting skills and father involvement.

Method

Participants

Between 2005 and 2009, participants were recruited from high schools, community service agencies, parenting groups and hospitals in a large mid-Atlantic urban area. Criteria for inclusion specified that the mother and father be Latina/Latino or African American; however, the present study only analyzed data from African American participants. The final sample consisted of 52 couples (104 individuals). All mothers were required to be in the third trimester of their first pregnancy and were between the ages of 13 and 19 at conception. The average age of the participant mothers was 17.6 years (range: 13-20 years). While fathers could be of any age, the average age of the participant fathers was 20 years old (range: 15-40 years). This age range was similar to that of other studies of adolescent mothers' partners (Achatz & MacAllum, 1994; Lerman & Sorenson, 2000). Couples were not required to be romantically involved in order to participate, as mothers and fathers could be enrolled and interviewed separately. All mothers and a majority of fathers (86.4%) were expecting their first child. A small percentage of fathers had one (11.5%; n=6) or two (1.9%; n=1) previous children. One couple (1.9%) was currently married. In terms of relationship status, 84.6% of fathers and 90.4% of mothers described their relationship with the baby's other parent as exclusive, 9.6% of fathers and mothers described their relationship as "romantically involved but not exclusive," and 5.8% of fathers (and no mothers) described their relationship as "not romantically involved at all" at the time of the prenatal interview.

This sample demonstrated relatively high rates of high school completion, as 100% of the mothers and 94% of the fathers were either in school or had completed high school or a G.E.D. at the time of the prenatal interview. Rates of unemployment were extremely high for participants who were no longer in school; 53% of the mothers and 39% of the fathers were unemployed. All participants were currently receiving financial assistance, either in the form of government aid or family help (see Table 1 for details of support received). Partner support was noticeably minimal; nearly all of the participants who were still in school relied primarily on their mothers to provide assistance with basic needs including housing, food, clothing, and transportation. For those mothers who were no longer in school and received help from others, they relied about equally on mothers and their baby's other parent for food, clothing, and transportation. However, nearly 50% still continued to rely on their mother for housing. Fathers both in school and out of school generally received minimal support from their baby's other parent, but like the mothers, about half of the fathers relied on their mother for housing and transportation regardless of educational status.

Procedure

This study was based on data gathered during the third trimester of pregnancy and was part of a larger longitudinal study. Research associates described the study to potential participants and their parents and explained that their participation was voluntary and confidential. A parent or guardian was required to sign a parental consent form for minors, and the minor signed an assent form. Interviews took place at the participant's home or at a community site and were conducted by a trained undergraduate or graduate research associate, matched by gender when possible. All participants received $30 compensation for their time upon completion of each interview.

Measures

Demographic Information. Information about the participants' age, race, marital status, educational attainment, and receipt of public assistance was obtained through a set of fixed format questions. In addition, participants were asked about their relationship history and current level of romantic involvement with their child's other parent.

Father Involvement. Participants responded to 15 questions taken from the Fragile Families and Child Well-Being Study (Fragile Families, 2004) that asked about fathers' provision of cognitive (planning) and behavioral (financial and in-kind) support for the baby's mother. Using a 4-point scale from 1 (never) to 4 (often), participants rated how often in the past month the father had been involved in the cognitive domain (e.g., "discussed how you will divide parenting roles and responsibilities") and the behavioral domain (e.g., "gone to Lamaze classes with the baby's mother"). A mean score was derived with higher scores indicating more father involvement. The internal consistency for this measure was adequate (alpha= .74). These questions have been utilized widely in studies on low-income, minority populations, though not specifically on an adolescent population (e.g., Carlson et al., 2008).

Coparenting. Coparenting was measured by the Parenting Alliance Inventory (PAI), a 20-item self report measure that assesses the degree to which parents believe they have a sound working relationship with their child's other parent in regards to care, decisions, and responsibilities associated

Table 1. Descriptive Statistics for Assistance Received

| | Mothers (%) | | Fathers (%) | |
| | In school | No longer in school | In school | No longer in school |
Variable	*(n=36)*	*(n=15)*	*(n=34)*	*(n=18)*
Welfare	25.0	33.3	14.7	5.6
Other Government Assistance*	7.1	0	8.8	0
Employment				
Regular/full-time	5.5	26.7	23.5	50.0
Part-time	11.1	20.0	11.8	11.1
Not Employed	83.3	53.3	64.7	38.9
Support from baby's other parent				
Rent/housing	2.8	6.7	0	0
Car/transportation	8.3	20.0	0	0
Food	5.6	13.3	8.8	11.1
Clothes	5.6	20.0	2.9	0
Support from participant's mother				
Rent/housing	63.9	46.7	58.8	50.0
Car/transportation	50.0	26.7	26.5	44.4
Food	61.1	26.7	44.1	16.7
Clothes	63.9	20.0	32.4	11.1

Note. *Includes unemployment insurance, workman's compensation, disability, and social security.

with the child (Abidin & Brunner, 1995). This measure is consistent with the conceptualization of coparenting described by Van Egeren and Hawkins (2004) and effectively measures the factors of solidarity ("I feel close to my child's other parent when I see him/her play with our child"), shared parenting ("My child's other parent and I agree on what our child should and should not be permitted to do"), and support versus undermining ("My child's other parent tells me I'm a good parent"). Responses were made using a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). A mean score was derived with higher scores indicating greater coparenting skills. The PAI has been found to demonstrate high internal consistency, reliability, and construct validity, with an original alpha reliability of .97 (Abidin & Brunner, 1995) and an alpha coefficient of .96 in the current study. The PAI measures the same constructs in men and women (Abidin & Brunner, 1995; Bearss & Eyberg, 1998; Konold & Abidin, 2001), and higher scores have been associated with greater

father involvement (McBride & Rane, 1998; Schoppe-Sullivan, Brown, Cannon, Mangelsdorf, & Sokolowski, 2008). While the PAI has been validated with a small African American sample (Bearss & Eyberg, 1998) and two adolescent samples (Futris et al., 2010; Futris & Schoppe-Sullivan, 2007), it has not been validated specifically with a Hispanic population.

Racial Identity

Racial identity was assessed using the abbreviated 20-item Brief Social Attitudes Inventory (BRIAS; Parham & Helms, 1981), which operationalized Cross's (1991) revised nigrescence model. The BRIAS was designed to assess thoughts and feelings about an individual and members of the individual's racial group (as defined by society) in comparison to an individual's feelings about Whites as a group (Helms, 1990). Four subscales, based on four stages of identity development, were included. Participants responded us-

ing a 5-point scale from 1 (strongly disagree) to 5 (strongly agree). Scores for each stage were obtained by calculating a mean score from the responses to the appropriate items. Participants were categorized based on which of the four subscales they most strongly endorsed. The sample was characterized by an overrepresentation of both mothers and fathers who scored highest on the internalization subscale; the second largest proportion scored highest on the pre-encounter subscale. We found respective internal consistencies of .78, .67, .63, and .51 for the abbreviated pre-encounter, encounter, immersion/emersion, and internalization attitudes scales.

Results

The data were analyzed by independent samples t-tests using the Predictive Analytics SoftWare Statistics package. In support of our first hypothesis, for both fathers and mothers, father involvement and coparenting were correlated in the positive direction, $r = .49$, $p = .001$ (fathers), and $r = .46$, $p < .001$ (mothers). An independent samples t-test was performed, and results indicated that there were no significant differences between mothers' and fathers' reports, $t(103) = -0.73$, $p = .47$ (coparenting), and $t(104) = -1.79$, $p = .94$ (father involvement), though mothers reported slightly lower levels of both coparenting and father involvement (see Table 2).

Our second hypothesis was also supported by the results of independent samples t-tests. Both mothers and fathers who scored highest on the pre-encounter subscale reported lower levels of coparenting than mothers and fathers who scored highest on the encounter, immersion-emersion, or internalization subscales, $t(52) = 2.21$, $p = .03$ (mothers), $t(48) = 2.27$, $p = .028$ (fathers). Hypothesis three, however, was not supported. Neither fathers nor mothers who scored high-

est on the pre-encounter stage reported lower levels of father involvement than fathers who scored highest on the encounter, immersion-emersion, or internalization subscales, $t(52) = 0.84$, $p = .40$ (mothers), $t(49) = 1.21$, $p = .23$ (fathers).

Discussion

The present study highlighted the positive association between father involvement and coparenting in low-income, African American parenting adolescents and their children's fathers. Consistent with previous research on White, middle-class married couples, this study found a strong association between levels of coparenting and levels of father involvement. Regardless of romantic involvement, when mothers and fathers were better able to emotionally support each other in preparations for a baby's birth, fathers were more likely to be involved with planning for and providing financial support for the child they were expecting (Sanderson & Sanders Thompson, 2002).

In addition, the current study provided evidence for within-group differences among adolescent African American parents in self-reported coparenting relationship quality based on their stage of racial identification. Mothers and fathers who had begun the process of exploring their racial identity reported being better able to negotiate the complex process of coparenting as adolescents. These findings are notable in that they provide evidence that pre-encounter attitudes are not only associated with individual negative outcomes such as lower self-esteem, lower general well-being, and psychological distress (Buckley & Carter, 2005; Carter, 1991; Munford, 1994; Pyant & Yanico, 1991), but also with negative interpersonal outcomes such as lower levels of prenatal coparenting. It is surprising, however, that pre-encounter attitudes were not also associated with father involve-

Table 2. Descriptive Statistics

Variable	Mothers (N=52)		Fathers (N=52)	
	M	SD	M	SD
Father Involvement	2.50	0.45	2.66	0.45
Coparenting	4.37	0.61	4.45	0.55
Racial Identity				
Pre-Encounter	1.95	0.65	2.07	0.79
Encounter	1.95	0.58	2.02	0.68
Immersion/Emersion	1.94	0.48	2.11	0.71
Internalization	3.60	0.60	3.67	0.70

ment, particularly when considering the strong correlation between father involvement and coparenting. One possibility is that many of the behavioral aspects of direct father involvement, such as time spent with the child and purchasing items for the child, are more likely to occur once the child is born. Prenatal coparenting may involve a larger affective planning aspect, including such aspects as the baby's other parent expressing confidence in parenting abilities or having the same goals for the child. In other words, it may be easier for fathers to be involved in the coparenting process prenatally in terms of supporting the baby's mother than it is for them to be actively involved with the child who is not yet born.

The findings of this study should be interpreted in light of its limitations. One limitation is the geographical area from which the sample was recruited; as this sample was recruited from a single urban geographical area, it may not be representative of all low-income African American adolescent parents. Future research may confirm these hypotheses on a larger scale, with adolescents who do not receive prenatal services, or with adolescent fathers specifically; about half of the fathers in the current study were over the age of 20. However, this sample may help to better describe the experience of a group of similarly socioeconomically disadvantaged teens, allowing a beginning understanding of the intersection of race and class for minority adolescents.

Second, the measures used for father involvement, coparenting and relationship quality have not all been validated specifically on adolescent and minority participants. While the measures for coparenting and father involvement demonstrated reasonably strong internal consistency with this particular sample, the alpha for some of the subscales of the measure of racial identity was lower than desirable. A more internally valid measure of racial identity would likely lead to greater validity. Future research should also consider other measures of racial identity to explore questions of constructs such as racial salience and centrality. In addition, it would be valuable for future research to explore the variation in racial identity across the adolescent timeframe, as the earlier stages of racial identity development may simply be more relevant for 13-15 year olds than for 17-18 year old individuals. Another limitation is that social desirability may have played a factor in participants' responses given that the racial identity measure was administered orally by undergraduate and graduate research assistants, the majority of whom were Caucasian females. As the literature suggests that participants tend to respond differently to interviewers of their own versus another race (Richeson & Shelton, 2003), future researchers may wish to consider administering such measures using computer assisted interviews in order to reduce socially desirable responses and potential discomfort.

Finally, longitudinal analysis would better allow for an examination of the proximate and causal research questions about minority parenting adolescents and racial identity, as racial identity may change throughout the adolescent years and/or through adjustment to parenting and coparenting. Further, this relationship may be moderated by factors such as cohabitation or extended family involvement in the parenting process. As the present study was cross-sectional in nature, causality could not be inferred in the associations between racial identity, coparenting, and father involvement. However, data for these participants continues to be collected over a 24 month time period, allowing for a closer examination in the future of the proximate and causal research questions surrounding the prenatal and postnatal experience of parenting minority adolescents.

Despite these limitations, the outcomes of this study carry notable implications for both theory and intervention. Racial identity is a significant factor in how prenatal adolescents expect to manage a family, agree on moral values and priorities, divide parenting duties and responsibilities, and support each other through the difficult process of raising a child together. Many researchers see racial identity development as a cyclical process occurring across the lifespan, with patterns of racial identity linked with key developmental tasks; most notably, identity formation during adolescence (Burrow et al., 2006). In the present study, individuals who internalized their racial identity with their self-concept reported feeling more capable of effective coparenting. Thus, increasing positive racial identity may improve a number of outcomes, including coparenting relationships, among African American adolescent mothers and young fathers during a critical developmental period.

The present findings may have important implications for the development of relationship education programs, potentially at the high school level, when young people are most at risk for negative outcomes resulting from pregnancy and difficulties with parenting. Interventions could be organized to teach relationship skills such as supportive communication and the harm of undermining behaviors, which may lead to a better coparenting relationship and, consequently, increased father involvement. Florsheim and Smith (2005) have begun testing of a preventive intervention program called the Young Parenting Program with these goals in mind. In addition, the present results on the importance of a positive racial identity suggest the value of tailoring these programs specifically to the developmental challenges faced by minority adolescents.

The results of this study are significant for a number of reasons. First, they extend the literature to an underrepresented sample of the population by including both mother and father reports from a low-income minority group. Second, the results suggest that racial identity and other factors specific to diverse groups may not be peripheral, but integral

factors in racial disparities research. Individuals differ not only in their rates of healthy coparenting and levels of father involvement, but also in the degree to which they identify with the norms and expectations of the racial group(s) to which they belong, and such differences can be found within groups as well as between groups. Future research would do well to include racial identity as a contributing factor while studying specific populations, rather than reviewing differences between racial and ethnic groups and attributing those differences to factors that are intrinsic to being African American, Hispanic, or White.

Table 3. Correlations between Major Study Variables

Variables	1	2	3	4	5	6	7	8
1. Coparenting	1							
2. Father Involvement	.47**	1						
3. Pre-encounter	-.08	-.06	1					
4. Encounter	-.13	-.10	.69**	1				
5. Immersion/Emersion	-.07	.05	.45**	.63**	1			
6. Internalization	.11	.01	-.10	-.05	-.07	1		

Note: ** $p < 0.01$ (2-tailed)

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