

HH3 PUDIIC ACCESS

Author manuscript

J Natl Med Assoc. Author manuscript; available in PMC 2017 March 30.

Published in final edited form as:

J Natl Med Assoc. 2009 February; 101(2): 156–160.

Stress of caring for children: the role of perceived racism

Anissa I. Vines, PhDa and Donna D. Baird, PhDb

^aUniversity of North Carolina at Chapel Hill, NC, USA

bNational Institute of Environmental Health Sciences, NC, USA

Abstract

Purpose—Regardless of race, most mothers experience stress related to concerns about their children. African-American mothers may experience the additional stress of their child(ren) experiencing racism. This paper describes the stress that African-American women have about their children experiencing racism.

Methods—The Telephone-Administered Perceived Racism Scale (TPRS) was administered to 476 African-American women ages 36-53 who were members of a prepaid health plan. The 8-item Concern for Children scale, one of the five TPRS scales, was completed by 382 women and assessed the level of concern women have about their children experiencing racism. The responses ranged from "not at all concerned" to "very concerned."

Results—For six of the eight items, over 60% reported being "very concerned" for their children. Items of highest concern involved institutionalized racism with over 70% reported being very concerned about their children being harmed or harassed by the police or getting stopped in a predominantly White neighborhood. Respondents were less concerned about their children being considered less attractive than their white counterparts and/or being excluded from social events, activities, or groups. Level of concern was not related to income or education. Unsurprisingly, respondents who reported high levels of perceived racism also reported greater concern for their child(ren).

Conclusions—These findings highlight an additional stressor related to childrearing in a "race-conscious" society. Future research on stress and African-American women's health should include this additional stressor.

Keywords

stress; care-giving; race; racism; children

Introduction

Most mothers, regardless of race, have concerns about their child's future. African-American mothers may experience an additional stressor – the stress of their child experiencing racism because of their "blackness." With the persistent rise in female-headed

households and with stress-related diseases such as cardiovascular disease being the leading cause of death among African-American women, it is important to explore this additional stressor in the lives of African-American women.

Stress may produce short-term responses, which may be behavioral (e.g. smoking), physiological (e.g. elevated blood pressure), or psychological (e.g. tenseness). African-Americans in particular are more concerned about issues such as health problems, drugs, and alcohol. Because of the serious effects that stress could have on one's mental and physical health, it is important to study many different factors that cause stress.

One factor that can directly exacerbate the affects of stress on health is racism. Racism has been defined as the "beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group variation." Child-rearing in a race-conscious society can cause stress. Parental experiences of and responses to racism have been shown to have important effects on the well-being of the child(ren). We also know from several studies on racism and health that exposure to racism can have direct negative effects on adult health.

Using formative research data on a race-related stress related to child-rearing among mothers or caregivers, the goals of this brief report are: 1) to describe the concerns black women have about their children experiencing racism, and 2) to examine their overall level of concern in relation to sociodemographical variables and their perception of racism.

Methods

Study Participants

Data for this investigation were collected as part of a large women's health study of 35-49 year old women that began in 1996.⁵ The participants were randomly selected from the membership list of a large urban health plan where approximately half the membership is black. The term "black" includes those women who self-reported as non-Hispanic black or African-American. For this paper, the term African-American will be used to describe the study participants. Those eligible for the telephone interview on perceived racism were African-American participants who had completed a clinic visit, a telephone interview and a mailed questionnaire (n=527). Of those eligible, 476 women completed the telephone interview on perceived racism (90% response rate). Twenty-seven refused the interview and twenty-four could not be contacted. The data were collected over a six-month period in 1999 by trained African-American female telephone interviewers. From the 476 respondents, 382 (80%) reported caring for or raising a child(ren) and/or a grandchild(ren). The respondents ranged in age from 36 to 53 years at the time of interview.

Measures of Concern for Children and Perceived Racism

Concern-related stress and other perceptions of racism were assessed using the Telephone-Administered Perceived Racism Scale (TPRS), a 61- item multidimensional tool designed for epidemiological use. ⁶ The TPRS was psychometrically tested and found to be a reliable measure of perceived racism. ⁶ Five scales comprise the TPRS – Experience of Racism (by Blacks as a group and by individual respondents), Emotional Response, Behavioral

Response, Concern for Children, and Past Experiences of Racism. For this paper, we focused on the Experience of Racism scale and the Concern for Children scale, where the alpha reliability values ranged from 0.82 to 0.90. 6

The Concern for Children Scale included eight items by which respondents reported the level of concern they perceived as a result of their children experiencing racism either now or in the future. For each item, the women were asked to rate their concern on an intensity scale ranging from 1= "Not at all concerned" to 4= "Very concerned." The score on the Concern scale was dichotomized at the median. The score on the Experiences of Racism scale was the sum of all items on the Individual and Group Experiences of Racism subscales and was analyzed as a 3-level categorical variable.

Demographic Data

Demographic information (i.e. education, annual adjusted household income, number of people in the household and marital status) was obtained from the initial study's self-administered survey and telephone interview. Educational status was categorized as high school or less, some college or technical school, college-graduate, and post-baccalaureate training. Total household income was adjusted based on the total number of people that was supported by the reported income and indexed to a household size of two. Adjusted household income was categorized into four groups: < \$40,000 and/or Medicaid; \$40,000 - \$59,999; \$60,000 - \$99,999; and > \$100,000.

Statistical analysis

Descriptive statistical methods were used to determine the univariate distribution of responses to the Concern for Children scale. The associations of the Concern for Children measure with the perceived racism scale and the demographical variables were determined using Chi-square tests.

Results

For six of the eight items, at least 60% of the women reported being very concerned about their children 'getting poor instruction in school,' 'being harassed by the police,' 'getting stopped in a white neighborhood because they are black (over 70%)', 'being punished more harshly than their white counterparts', 'being discouraged or criticized' and 'having fewer choices' (Figure 1). Items of less concern were 'being considered less attractive than their white counterparts' and 'being excluded from social events.'

Most of the women reported having at least some college, with 19% having graduated from college and 9% reporting post-baccalaureate training (Table 1). Majority of the women (62%) had an annual adjusted income of < \$40,000 and 36% reported having at least 4 people in the household. Twenty-two percent of the sample reported being single or never married. Forty-nine percent reported being married or living as married, and 30% reported being a widow, separated, or divorced. Examining the association between the Concern for Children stress scale and demographic and socioeconomic indicators, the levels of concern did not vary by levels of education, income or marital status. However, there was a statistically significant association between perceived racism and Concern-related stress (p =

<0.0001), with women with high perceptions of racism also having more concern regarding their children.

Discussion

This paper provides information about an additional factor that can add to the stress burden of African-American women. A positive association was found between perceived experiences of racism and the level of concern one has for his/her child(ren) experiencing racism. The caregivers' level of concern for their child(ren) did not vary by any of the demographical variables indicating that an increase in socioeconomic level does not protect women from this concern. Most black women report an experience of racism regardless of their socioeconomic status.^{7,8}

Despite skin tone being a salient racial characteristic, 9 respondents were less concerned about their children being considered less attractive than their white counterparts and/or being excluded from social events, activities, or groups because they are black. On the contrary, the highest concerns expressed by the respondents for their children involved institutionalized forms of racism such as police harassment (over 70% were very concerned). Jones defined institutionalized racism as "differential access to the goods, services, and opportunities of society by race." The high level of concern regarding institutionalized racism may be understood in light of data showing that black youth are more likely to go to jail or to be suspended from school in comparison to white youth, 11 and there is research documenting the existence of racial discrimination in the criminal justice system. 12

During the development of the Concern scale, some of the focus group participants shared a concern about their children being viewed negatively when they gather in public places; concern that groups of black children are viewed with fear or suspicion. Further, in a focus group study of African-American women on race and gender stress, participants talked about racial experiences in relation to their children. One participant shared concern for how her unborn male child will be treated in a racist society. These findings can be understood by drawing upon Critical Race Theory (CRT). CRT posits racial stratification to be ubiquitous, produced and reproduced in laws, customs, practices, and experiences. As reported by Jackson and further supported by this study, African American women are aware of the impact of race on their children's quality of life and opportunities. According to CRT, racial stratification and its negative impacts exist and subordinated groups' expressed experiences of racism are valid and legitimate. The findings show concern women have for their children's experiences of racial discrimination which is another negative result of racial stratification. These results emphasize the need to address racism at an institutional level to promote lasting change.

This study had limitations. First, the TPRS was designed primarily to measure perceived racism among employed black women. The results from this study reflect the experiences of 36-53 year old women who were likely to have adolescent or adult children, though a number reported also caring for or helping to caring for their grandchildren. There may be variation by age in the experiences of perceived racism and the degree of concern for child(ren).

An extension of this research relates to the well-being of the child. According to Scott¹⁵ African-American children that experience a high frequency of racial socialization messages in their home were more likely to cope with perceived discriminatory experiences than those who received less racial socialization. This is important because it allows a child to deal with the issue externally instead of internally; internalizing can adversely affect mental health.¹⁶ The current study adds to the understanding of perceived racism and how it affects African-American women. Concern for their children's experiences of racial discrimination can be a chronic stressor for African-American women. Its effects on physical and mental health outcomes need to be studied.

References

- Schulz A, Israel B, Williams D, et al. Social inequalities, stressors, and self reported health status among African-American and white women in Detroit metropolitan area. Soc Sci Med. 2000; 51:1639–1653. [PubMed: 11072884]
- Schuster MA, Halfon N, Wood DL. African-American mothers in South Central Los Angeles. Their fears for their newborn's future. Arch Pediatr Adolesc Med. 1998; 152(3):264–268. [PubMed: 9529464]
- 3. Clark R, Anderson NB, Clark VR, et al. Racism as a stressor for African-Americans: A biopsychosocial model. Am Psychol. 1999; 54:805–816. [PubMed: 10540593]
- Caughy MO, O' Campo PJ, Muntaner C. Experiences of Racism Among African-American Parents and the Mental Health of their Preschool-Aged Children. Am J Public Health. 2004; 94(12):2118– 2124. [PubMed: 15569963]
- 5. Baird DD, Schectman JM, Dixon D, et al. African-Americans at higher risk than Whites for uterine fibroids: Ultrasound evidence. Am J Epidemiol. 1998; 147(11):S90.
- 6. Vines AI, McNeilly MD, Stevens J, et al. Development and reliability of a telephone-administered perceive racism scale (TPRS): A tool for epidemiological use. Ethn Dis. 2001; 11:251–262. [PubMed: 11456000]
- 7. Vines AI, Baird DD, McNeilly M, et al. Social correlates of the chronic stress of perceived racism among Black women. Ethn Dis. 2006; 16(1):101–107. [PubMed: 16599356]
- Watson JM, Scarinci IC, Klesges RC, et al. Race, socioeconomic status, and perceived discrimination among healthy women. J Womens Health Gend Based Med. 2002; 11(5):441–451.
 [PubMed: 12165161]
- 9. Porter CP. Social Reasons for Skin Tone Preferences of Black School-Age Children. Am J Orthopsychiatry. 1991; 61(1):149–154. [PubMed: 2006672]
- 10. Jones CP. Levels of racism: A theoretic framework and a gardener's tale. Am J Public Health. 2000; 90:1212–1215. [PubMed: 10936998]
- Brooks, K., Schiraldi, V., Zeidenberg, J. Justice Policy Institute publication ED446164.
 Washington, DC: Center on Juvenile and Criminal Justice; 2000. School house hype: Two years later.
- 12. Mitchell O. A Meta-Analysis of Race and Sentencing Research: Explaining the Inconsistencies. J Quant Criminol. 2005; 21(4):439–466.
- 13. Jackson, FM. [Accessed 04/01/08] Race, Stress, and Social Support: Addressing the Crisis in Black Infant Mortality. Joint Center for Political and Economic Studies Health Policy Institute. 2007. http://minority-health.pitt.edu/archive/00000844/01/RACE_AND_STRESS_FINAL %5B1%5D.pdf
- 14. Brown TN. Critical race theory speaks to the sociology of mental health: mental health problems produced by racial stratification. J Health Soc Behav. 2003 Sep; 44(3):292–301. [PubMed: 14582309]
- Scott LD. The relation of racial identity and racial socialization to coping with discrimination among African-American adolescents. J Black Stud. 2003; 22:520–538.

16. Fischer AR, Shaw CM. African-Americans' mental health and perceptions of racist discrimination: The moderation effects of racial socialization experiences and self-esteem. J Couns Psychol. 1999; 46:395–407.

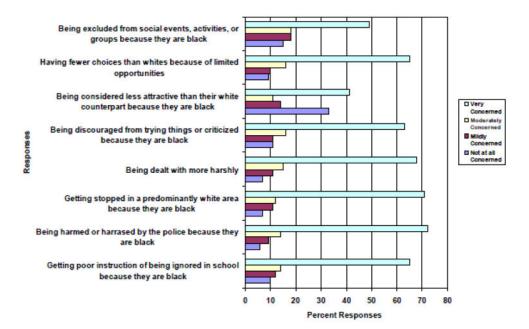


Figure 1.Percent Responses to the Concern for Children Scale, Uterine Fibroid Study, Perceived Racism Sub-Study, Washington, DC, n=382

Table 1

Associations between Levels of Concern for Children and Perceived Racism and Demographical Characteristics, Uterine Fibroid Study Perceived Racism Sub-Study, Washington, D.C., n=382.

	Total Concern % (n)	High Concern % (n)	Low Concern % (n)	X ² (p-value)
Perceived Racism				35.4 (<0.0001)
High	32.3 (123)	45.2 (90)	18.13 (33)	
Medium	32.0 (122)	29.7 (59)	34.62 (63)	
Low	35.7 (136)	25.1 (50)	47.25 (86)	
Missing	(1)			
Education				5.8 (0.12)
High school of less	22.6 (86)	21.1 (42)	24.2 (44)	
Some college or technical college	49.1 (187)	54.8 (109)	42.9 (78)	
College	19.2 (73)	16.6 (33)	22.0 (40)	
Post-baccalaureate	9.2 (35)	7.5 (15)	11.0 (20)	
Missing	(1)			
Adjusted Household Income				2.0 (0.57)
< \$40,000	62.4 (236)	60.9 (120)	64.1 (116)	
\$40,000 -\$59,999	16.4 (62)	18.8 (37)	13.8 (25)	
\$60,000 - \$99,999	16.9 (64)	15.7 (31)	18.2 (33)	
\$100,000	4.2 (16)	4.6 (9)	3.9 (7)	
Missing	(4)			
Number of People in Household				0.99 (0.80)
1	7.9 (30)	9.1 (18)	6.6 (12)	
2	28.0 (106)	27.9 (55)	28.0 (51)	
3	27.7 (105)	27.9 (55)	27.5 (50)	
4	36.4 (138)	35.0 (69)	37.9 (69)	
Missing	(3)			
Marital Status				1.20 (0.55)
Single	21.5 (82)	22.1 (44)	20.9 (38)	
Married	48.8 (186)	46.2 (92)	51.7 (94)	
Divorced, separated or widowed	29.7 (113)	31.7 (63)	27.5 (50)	
Missing	(1)			