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Risk factors related to maternal self-efficacy among Mexican women: A comparison between Mexico and the United States of America

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Depression and intimate partner violence affect women in different ways. One such way pertains to their perceived maternal competence. The present study examined the effects of depression and intimate partner violence on maternal self-efficacy among Mexican women living in Mexico and the United States of America. A total of 136 women (91 Mexican immigrant women living in the United States of America and 45 Mexican women living in Mexico) completed three questionnaires. Results showed that mothers in Mexico reported higher levels of depression, as well as increased incidence of physical and psychological violence. Furthermore, in a multiple regression analysis, educational level and depression were significant predictors of maternal self-efficacy. A mediating effect of depression on the relationship between physical violence and maternal self-efficacy was also found. Overall, Mexican immigrant women living in the United States of America appeared to have higher levels of maternal self-efficacy in comparison to mothers living in Mexico.
Keywords: *Maternal self-efficacy, depression, intimate partner violence, mediation effect.*

Factores de riesgo en la auto-eficacia materna de las mujeres mexicanas: Una comparación entre México y los Estados Unidos de Norteamérica

La depresión y la violencia de pareja afectan la vida de las mujeres de muy distintas formas, una muy particular tiene que ver con sus capacidades como madres. En el presente estudio se investigaron los efectos que tienen la depresión

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y la violencia de pareja en la auto-eficacia materna de mujeres mexicanas viviendo en México y los Estados Unidos de Norteamérica. Un total de 136 mujeres viviendo en ambos países (91 mujeres inmigrantes de origen mexicano radicando en los Estados Unidos de Norteamérica y 45 mujeres mexicanas residiendo en México) respondieron los 3 instrumentos usados en esta investigación. Los resultados mostraron que las madres mexicanas reportaron niveles más altos de depresión, violencia física y violencia psicológica. Por otra parte, el análisis de regresión múltiple mostró que el nivel educativo y la depresión fueron predictores significativos de la auto-eficacia materna. Una de las principales contribuciones del presente estudio fue el identificar el efecto mediador que tiene la depresión entre la violencia física y la auto-eficacia materna. De manera conclusiva se puede afirmar que en términos generales las mujeres inmigrantes de origen mexicano residentes en los Estados Unidos de Norteamérica se percibieron como más eficaces en relación con sus capacidades maternas en comparación con las madres residentes en México.

Palabras clave: *auto-eficacia materna, depresión, violencia de pareja, efecto mediador.*

Introduction

The experience of being a mother has changed drastically throughout the last four decades; factors that have influenced these changes include: (1) participation of women in the labor force; (2) increased proportion of households headed by women; (3) increased incidence of divorce, and (4) greater number of children per family (Baca Zinn & Pok, 2002). Mothers in different countries around the world share many values, ideas, traditions, and parenting practices. However, motherhood in the Hispanic context is particularly characterized by the affection, warmth, protection, acceptance, and emotional support provided to their children (Perreira, Chapman, & Stein, 2006; Raffaelli & Green, 2003). In addition to dedication, Hispanic women have a clear perception of their own competence through which they can meet their own expectations and adequately attend to responsibilities.

Albert Bandura (1982) was among the first to examine these competencies, and coined the term "self-efficacy" to describe people's perceptions about their own cognitive and social skills. Using these perceptions for guidance, individuals can appropriately allocate effort to achieve their goals. With social learning theory as a basis, Bandura (1997) described how those who recognize themselves as efficacious are more likely to persevere in their efforts to achieve goals, even in the face of adversity.

The concept of self-efficacy has been applied across several fields, including sociology, psychology, anthropology, and public health. Shortly after Bandura's initial conceptualization of self-efficacy, scholars began to explore its impact on family functioning and parenting (Cutrona & Troutman, 1986; Donovan & Leavitt, 1989; Johnson & Mash, 1989). These studies formed the basis for a new

term: parental self-efficacy. According to Jones and Prinz (2005), parental self-efficacy is a cognitive construct based on an individual expectation regarding one's own competence as a parent. In general, it involves specific beliefs with which parents evaluate their ability to influence their child. In turn, these beliefs allow parents to assess the environment in which they live in order to maximize the welfare of their children (Ardelt & Eccles, 2001). Previous parenting experience, individual resources, parenting style, and child difficulty may influence how parents evaluate their parenting competence.

Parental self-efficacy is influenced by both internal and external factors. Both Mexican families, and families that have immigrated to the United States, face several sociocultural challenges such as unemployment, lower levels of education, impoverished and unsafe neighborhoods, and lack of government support (García & De Oliveira, 1994). Furthermore, immigrant parents must contend with additional stressors such as discrimination, legal status, lack of English fluency, acculturation, low wages, and many working hours (Alegria et al., 2007; Arbona et al., 2010; Landale, Thomas, & Van Hook, 2011). These factors may render adaptation to a new culture stressful for many immigrant parents and their children (Bacallao & Smokowski, 2007; Berry, 2001; Torres & Rollock, 2004).

In addition to external challenges, parents in both countries are affected by internal, family-based difficulties. These, in turn, may yield negative consequences, such as intimate partner violence (IPV), despondent mood, feelings of inadequacy, depression, gender inequality, stress, anxiety, and alcoholism (Choi, Kim, Ryu, Chang, & Park, 2012; Mattson & Ruiz, 2005). Empirical studies suggest that depression is a relatively common mental disorder among Mexican women, with prevalence between 5.8% and 19.8% (Belló, Puentes-Rosas, Medina-Mora, & Lozano, 2005; Enriquez et al., 2010; García de Alba, Castañeda, Pando, & Aranda, 2011). Other studies that include immigrant women estimate the prevalence of depression as between 8.4% and 25% (Alegria et al., 2008; Breslau & Kendler, 2005; Hovey & Magaña, 2000).

Noteworthy factors that are associated with depression include lack of social and family support (Da-Silva, Morales-Santos, Carvalho, Martins, & Teixeira, 1998), lack of education (Morales-Carmona, Luque-Coqui, & Barroso-Aguirre, 2002), previous episodes of depression (Ortega, Lartigue, & Figueroa, 2001), and age (García de Alba et al., 2011). Similarly, in a study including the participation of Mexican immigrant women, results showed that acculturative stress, ineffective social support, negative expectations for the future, low levels of income, religiosity, education, perceived family dysfunction, and lack of options in the decision to immigrate were significant predictors of depression (Hovey, 2000).

The incidence of intimate partner violence (IPV) is another factor that may affect perceived maternal self-efficacy. According to a study carried out by the United Nations in Mexico, the United States, and many other Latin American countries, results indicated that IPV is one of the leading causes of death, severe

injuries, and mental health problems in women (Fríes & Hurtado, 2010). Based on the deleterious effects that IPV can have on women's physical and mental health, it was hypothesized that IPV would also have a negative impact on women's perceptions about their competence as mothers.

Research indicates that approximately 20% of female Hispanics in the United States have experienced at least one episode of intimate partner violence (Caetano & Cunradi, 2003; Hazen & Soriano, 2007). Similarly, the incidence of IPV in Mexico has reached disturbing rates. According to the most recent national survey exploring IPV in Mexico, 54.6% of women aged 15 years and over have experienced at least one episode of intimate partner violence during their lives (INEGI, 2013).

A substantial body of literature has examined the relationship between depressive symptoms, marital interactions, and social conditions on parenting among Hispanic immigrant women living in the United States and mothers living in Mexico (Driscoll, Russell, & Crockett, 2008; Vera et al., 2005). However, there are no cross-cultural studies exploring the relationship between depression, intimate partner violence, and maternal self-efficacy in both populations. This study endeavored to address this gap in existing literature by examining and comparing the impact of these factors in two different sociocultural contexts.

Method

Participants

Of the 136 mothers participating in this study, 67% were Mexican immigrant mothers living in Texas and 33% were Mexican mothers living in Mexico. Both groups of participants lived in urban areas and were characterized by low socioeconomic status. The number of children per mother ranged between 1 and 7 (M = 2.88, SD = 1.15). Most of the participants were married (77.2%); others were cohabitating (12.5%) or divorced/separated (4.4%). At the time of the study, the mothers' mean age was 31.75 (SD = 5.34; range = 21 to 49 years). Close to half (48.5%) of the mothers possessed a middle school education or less, 19.9% had a high school diploma, 30.9 % had greater than a high school education, and only one mother (0.7%) had a graduate degree.

Procedures

In the United States of America, the sample included only Mexican women that had immigrated at least three years ago. Mothers living in the United States had a child studying in a public kindergarten. A total of 91 Mexican immigrant women decided to participate. Mothers living in Mexico were also recruited based on their child's enrollment in public kindergarten. In addition, 45 mothers living

in Mexico participated in this study. Participants received an informed consent form prior to the implementation of the study; this included the purpose and general characteristics of the study, participants' rights, and confidentiality procedures. Women who agreed to participate voluntarily signed the consent. In both countries, participants completed the surveys in small group settings. The sessions lasted between 30 and 50 minutes in duration. Data analyses were conducted using the Statistical Package for Social Sciences (SPSS), version 20.

Instrumentation

Participants in both countries completed the *Parental Involvement and Efficacy Scale* (PIE), *the Revised Conflict Tactic Scale* (CTS2), the *Center for Epidemiological Survey-Depression Scale* (CES-D), and demographic questions. All questionnaires were completed in Spanish using previously validated translations.

- The *Revised Conflict Tactic Scale* was used to measure intimate partner violence (Straus, 1995). This self-report measure lists acts of psychological and physical abuse that are perpetrated against a member of a couple during the last year. Mothers were asked about the occurrence of eight psychologically violent behaviors and twelve physically violent behaviors during the past year. Possible values range from 0 to 200, with higher values indicating a greater level of IPV. Responses are structured on a 6-point Likert scale (i.e., *never, once, 2 times, 3-5 times, 6-10 times, and more than 10 times*) to indicate the frequency with which different abusive behaviors occurred. Internal reliability coefficients are .79 for psychological aggression and .86 for physical assault (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). These scales have been used with Spanish-speaking populations and have demonstrated satisfactory internal reliability (Connelly, Newton, & Aarons, 2005).
- The *Center for Epidemiological Survey - Depression* was used to measure participants' depression (Radloff, 1977). The CES-D is a 20-item self-report measure. Possible scores range from 0 to 60. A score of 16 or more indicates significant depression symptoms. Internal reliability estimates range from .85 to .91 and are similar for European Americans, African Americans, and Mexican Americans (Caetano & Cunradi, 2003). The validity and reliability of the Spanish version of the CES-D (internal consistency reliability) yields coefficient alphas of .86 and .80, respectively (Roberts, 1980).
- The *Parental Involvement and Efficacy scale* is a measure of maternal self-efficacy that addresses mothers' perceptions about children's health, social skills, and cognitive development (Diener, Nievar, & Wright, 2003). This instrument includes 18 items on a 5-point Likert scale ranging from strongly disagree to strongly agree. A higher score on the measure indicates a stronger belief in maternal self-efficacy and involvement. This measure was normed

in a multi-state study, with alphas ranging from .81 to .84 (Nievar, Brophy-Herb, Fitzgerald, & Diener, 2007).

Results

The current study examined the associations between maternal self-efficacy, depression, physical violence, psychological violence, and immigrant status. The purpose of the first analysis was to identify group differences between mothers living in Mexico and Mexican mothers living in the United States using independent samples t-tests. Immigrant status was coded as "0" for Mexican immigrant mothers living in the United States and "1" for mothers living in Mexico. Results showed no significant difference in maternal self-efficacy between Mexican immigrant and Mexican mothers, $t(134) = 1.10$, $p > .05$. However, there were significantly lower levels of depression for Mexican immigrant mothers relative to Mexican mothers, $t(134) = -9.68$; $p < .05$). Mexican immigrant mothers also had significantly lower ratings of physical violence, $t(134) = - 8.53$; $p < .05$, and psychological violence in comparison to Mexican mothers $t(134) = -10.71$; $p < .05$.

The next analysis examined the relationship between predictor and outcome variables. Possible associations between study variables and sociodemographic variables (i.e. mother's age, marital status, educational level, and number of children) were examined with the purpose of determining potential confounds. Only one significant correlation was found. Education level was significantly positively correlated with maternal self-efficacy ($r = .24$, $p < .01$). As such, multiple regression analyses included education level as a control variable. Table 1 shows Pearson correlations as well as mean and standard deviation. As expected, higher levels of maternal self-efficacy were associated with lower levels of depression and intimate partner violence. Using Radloff's suggested cutoff (CES-D ≥ 16), 51 women (37.5%) demonstrated evidence of clinical depression.

TABLE 1. CORRELATIONS BETWEEN STUDY VARIABLES.

Variables	*1*	*2*	*3*	*4*	*5*	*6*
Maternal self-efficacy	-					
Depression	-.29**	-				
Physical violence	-.22**	.61**	-			
Psychological violence	-.09	.66**	.72**	-		
Country of residence	-.10	.64**	.59**	.68**	-	
Educational level	.24**	.06	.01	.15*	.26**	-
M	74.38	14.96	6.76	19.23	.33	3.02
SD	5.78	11.68	13.13	20.87	.47	1.96

* $p < .05$. ** $p < .01$.

Analyses were computed separately for Mexican immigrant mothers living in the United States and mothers living in Mexico, for the purpose of examining and comparing the magnitude of correlations in each group (see tables 2 and 3). For mothers living in Mexico, results showed significant correlations between maternal self-efficacy and depression, maternal self-efficacy and physical violence, and maternal self-efficacy and educational level. The correlation between maternal self-efficacy and psychological violence was not statistically significant for either group. The correlations between depression and physical violence and between depression and psychological violence were statistically significant for both groups.

TABLE 2. CORRELATIONS BETWEEN STUDY VARIABLES (MEXICAN IMMIGRANT MOTHERS LIVING IN THE UNITED STATES).

Variables	*1*	*2*	*3*	*4*	*5*
Maternal self-efficacy	-				
Depression	-.08	-			
Physical violence	-.01	.30**	-		
Psychological violence	.19	.27*	.40**	-	
Educational level	.17	-.12	.12	.06	-
M	74.76	9.70	1.31	9.30	9.76
SD	5.74	7.02	2.76	10.28	3.57

Note. Intercorrelations for Mexican immigrant mothers (n = 91).
* $p < .05$. ** $p < .01$.

TABLE 3. CORRELATIONS BETWEEN STUDY VARIABLES (MEXICAN MOTHERS LIVING IN MEXICO)

Variables	*1*	*2*	*3*	*4*	*5*
Maternal self-efficacy	-				
Depression	-.57**	-			
Physical violence	-.36*	.44**	-		
Psychological violence	-.24	.49**	.61**	-	
Educational level	.41**	-.12	-.30*	-.11	-
M	73.60	25.58	17.80	39.31	11.82
SD	5.85	12.06	18.10	22.46	3.66

Note. Intercorrelations for Mexican mothers ($n = 45$).
* $p < .05$. ** $p < .01$.

A multiple regression analysis was conducted to determine whether educational level, physical violence, psychological violence, immigration status, and depression were statistically significant predictors of maternal self-efficacy. Edu-

cational level and immigration status were controlled for in the first step. Physical and psychological violence were entered at the second step to account for what was expected to be a substantial contribution to IPV. Depression was entered in the last step to evaluate its unique contribution to maternal self-efficacy above and beyond the other predictors.

Results of the regression predicting maternal self-efficacy list all three steps (Table 4). The initial model explained little variance of maternal self-efficacy (R^2 = .08, F (2, 133) = 6.04, p< .05). The second step showed that only physical violence significantly predicted maternal self-efficacy, but there was no significant contribution to the overall model (R^2 = .11, F (4, 131) = 4.19, p >.05). In the last step, depression was entered alone into the equation, and it remained a significant predictor. However, physical violence was no longer a significant predictor in the final model, suggesting mediation. Overall, the model was significant (R^2 = .18, F (5, 130) = 5.51, p < .05).

TABLE 4. HIERARCHICAL REGRESSION ANALYSIS PREDICTING MATERNAL SELF-EFFICACY.

Variable	*B*	*β*	R^2	R^2 Δ	*P*
Step 1					
Educational level	.83	.28*			
Country of residence	-2.07	-.17	.08	.08	< .01
Step 2					
Educational level	.73	.25*			
Country of residence	-1.13	-.09			
Physical violence	-.12	-.26*			
Psychological violence	.04	.13	.11	.03	ns
Step 3					
Educational level	.64	.22*			
Country of residence	.40	.03			
Physical violence	-.03	-.09			
Psychological violence	.07	.24			
Depression	-.18	-.36*	.18	.06	< .01

* p < .05.

We next examined whether depression mediated the relationship between physical violence and maternal self-efficacy. According to Cohen, Cohen, West, and Aiken (2003), this mediating relationship can be assessed by determining whether the following conditions are met:

1. The first independent variable significantly predicts the outcome variable.
2. The first independent variable is significantly related to the second independent variable.

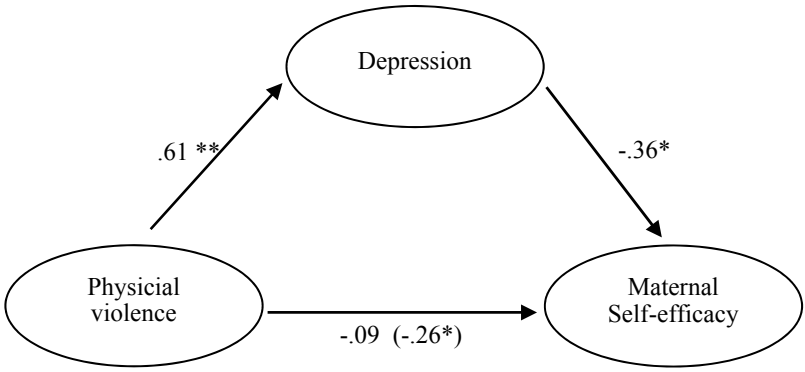
3. When the second independent variable is added:
   – It significantly predicts the outcome variable.
   – The relationship between the first independent variable and the second independent variable decreases significantly.

In this analysis, we found that:

1. Physical violence significantly predicts maternal self-efficacy.
2. Physical violence correlates significantly with depression.
3. When depression is added as a second predictor:

– Depression significantly predicts maternal self-efficacy.
– The relation between physical violence and maternal self-efficacy decreases significantly.

The findings indicate that physical violence significantly predicted maternal self-efficacy ($\beta = -.26$, $p < .05$). When depression was added, it significantly predicted maternal self-efficacy ($\beta = -.36$, $p < .05$) and physical violence became non-significant. Considering that depression was significantly related with physical violence ($\beta = .61$, $p < .01$) all conditions were met to indicate that depression mediated the relationship between physical violence and maternal self-efficacy. An additional Sobel test verified that depression significantly mediated the relationship between physical violence and maternal self-efficacy ($z = -2.27$, $p = .02$).



* $p < .05$. ** $p < .01$.

Figure 1. Mediating effect of depression on the relationship between physical violence and maternal self-efficacy.

Discussion

In response to a lack of cross-cultural studies, we investigated the relationship between maternal self-efficacy, depression, and intimate partner violence among mothers living in Mexico and Mexican immigrant mothers living in the United States. As expected, maternal self-efficacy was related significantly to intimate partner violence and depression. Results of the present study support Bandura's notion regarding the influence of efficacy sources (such as internal emotional states) on the development of one's efficacy beliefs. Individuals perceive themselves as inefficacious when they experience negative emotional states, such as depression.

Additionally, participants' depressive symptoms were related positively to the incidence of physical and psychological violence. Other studies carried out in the United States mirror these results and suggest that depression is a frequent, serious mental health problem among women who have experienced intimate partner violence (Bonomi et al., 2009; Fogarty, Fredman, Heeren, & Liebschutz, 2008).

One of the main contributions of this study was the identification of a mediating effect of depression on the relationship between physical violence and maternal self-efficacy. Episodes of physical violence experienced by a woman may have a negative effect on her maternal self-efficacy, but only when physical violence increases her level of depression. We also found that physical violence affected maternal self-efficacy both directly and indirectly: mothers who were abused physically by their partner reported higher levels of depression.

A meta-analysis conducted by Golding (1999) estimated that the prevalence of depression among women who have experienced intimate partner violence is around 47%. Moreover, a study including Hispanic women who experienced this type of violence showed that physically abused women reported higher levels of depression. Furthermore, women who experienced intimate partner violence showed more depressive symptoms (41%) in comparison to women who had not been abused by their partner (18.6%) (Rodriguez, Heilemann, Fielder, Ang, Nevarez, & Mangione, 2008). In this study, depression played a central role in its relationship to maternal self-efficacy and physical violence.

In spite of relevant cultural, economic, social, and political differences between Mexico and the United States, we did not found statistically significant differences in terms of maternal self-efficacy between the two groups. Although some studies suggest that being a mother in a foreign country may be more difficult (Bacallao & Smokowski, 2007; Parra-Cardona, Bulock, Imig, Villaruel, & Gold, 2006), Mexican immigrant mothers also describe many benefits they enjoy since their immigration to the United States. The family and social support immigrant mothers receive in the United States may explain their higher levels of perceived parental self-efficacy. These beliefs may be further supported and ingrained as a result of increased resources offered by government agencies in the United States, as well as support provided by Non-Governmental Organizations (NGOs).

Although it was hypothesized that Mexican immigrant mothers would report higher levels of depression relative to Mexican mothers, results actually demonstrated the opposite. Previous studies on depression among Hispanic immigrants have yielded inconsistent findings. Some studies suggest that Hispanic immigrants show a greater number of depressive symptoms compared to participants born in the United States (Cuellar & Roberts, 1997; Gonzalez et al., 2001). In contrast, other studies indicate that Hispanic immigrants have lower depression levels than US-born Hispanics (Alegria et al., 2008; Golding & Burman, 1990; Vega et al., 1998). Previous studies had only compared Hispanic immigrant women with Asian, European-American, and African-American women. Therefore, the inclusion of a group of women living in Mexico for comparison with Hispanic immigrants was a major contribution to the existing reserach.

Lastly, based on extant literature examining the prevalence of intimate partner violence among Hispanic immigrant women living in the United States, it was hypothesized that Mexican immigrant mothers would report higher levels of intimate partner violence; however, t-tests showed that levels of intimate partner violence were higher among Mexican mothers living in Mexico. A potential explanation for this result may lie with the emotional and economic support that each group of mothers received. Although some studies have shown that Hispanic immigrant women represent a vulnerable and marginalized minority group in the United States, there are a few studies investigating the positive influence of support and resources among Hispanic immigrants. According to Dutton (1996), family support received by victims of intimate partner violence can foster effective coping as well as inspire efforts toward better life conditions. In spite of the multiple challenges that Hispanic immigrants face in the acculturation process, paradoxically, Hispanic immigrants who have experienced intimate partner violence are eligible to receive support from government agencies and civil organizations in the United States. These sources of support may be critical for Hispanic immigrants living in the United States and Mexican mothers living in Mexico.

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