MATERNAL DEPRESSIVE SYMPTOMS, CHILD BEHAVIORAL OUTCOMES, AND EFFECTS OF PARTNER INVOLVEMENT AND SOCIAL SUPPORT IN A SAMPLE OF LATINA ADOLESCENT MOTHERS AND THEIR TODDLERS

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INTRODUCTION

The literature identifies maternal depression and depressive symptoms as predictive of negative child outcomes (Zahn-Waxler, Duggal, & Gruber, 2002; Cornish, McMahon, Ungerer, et al., 2005). It is important to study the effects of depressive symptoms in women who begin childbearing in adolescence and are of minority status because these women are at increased risk for psychopathology (Colletta, 1983). Additionally, Latina adolescent mothers display high levels of depressive symptoms (Nadeem, Whaley, & Anthony, 2006). Despite this elevated risk for depression, however, research looking specifically at the relation between maternal depressive symptoms and child behavioral and emotional outcomes in samples of Latina adolescent mothers has been scarce, with this relation having been studied in only 3 samples (Leadbeater, Bishop, & Raver, 1996; Yoshikawa, Rosman, & Hsueh, 2001; Weller, Grau, Quattlebaum & Castellanos, 2008). Moreover, research examining this relation in adult Latina mothers has been scarce as well, making generalizations difficult.

In addition to the need to establish the nature of the relation between maternal depression and child emotional and behavioral problems, the need arises to uncover factors that may protect the child from any negative effects that may be suffered due to maternal depressive symptoms. One such factor is social
support and child care assistance available to the mother. In samples of Latina adolescent mothers, partners emerge as one important source of support for the mother (Wasserman, Brunelli, Rauh, & Alvarado, 1994; de Anda & Becerra, 1994). Thus it is important to examine the role played by the social support and child care assistance provided by the partner. Through these types of support, the partner may influence both the mother and the child and could prove to be an important protective factor. This study aimed to add to the literature by exploring the relation between maternal depressive symptoms and child internalizing and externalizing problems and the possible positive influence of social support and child care support given by partners in a sample of Latina adolescent mothers.

Significance of sample

Research indicates that, compared to having children in adulthood, early childbearing is related to less effective and desirable parenting (Field, Widmayer, Stringer, & Ignatoff, 1980; Osofsky, Hann, Peebles, 1993) and more negative outcomes for both the young mothers and their offspring (Baldwin & Cain, 1980; Brooks-Gunn & Furstenberg, 1986). Cognitive deficiencies and behavior problems start to appear in children of adolescent mothers in their second year of life and increase in severity throughout their development (Brooks-Gunn & Furstenberg, 1986; Furstenberg, Brooks-Gunn, & Morgan, 1987; Field,
Widmayer, Adler, & de Cubas, 1990; Hann, Osofsky, & Culp, 1996). According to the literature, adolescent mothers are likely to have a higher number of risk factors than their non-parenting peers and adult counterparts. Adolescent mothers tend to come from lower SES backgrounds, have lower intellectual ability, and perform more poorly in school than their peers who do not have children (Flick, 1986; Klerman, 1993). Moreover, adolescent mothers are more likely than adult mothers to live with their children in impoverished households in neighborhoods that lack beneficial resources (Klerman, 1993; Moore, Hofferth, Wertheimer, Waite, & Caldwell, 1981).

Depression and depressive symptoms are prevalent in women who have young children (White & Barrowclough, 1998; Gotlib, Whiffen, Mount, Milne, & Cordy, 1989; O’Hara, Neunaber, & Zekoski, 1984; O’Hara, Zekoski, Phillips, & Wright, 1990; Kumar & Robson, 1984), in women of minority status living in poverty (Belle, 1990; Ross & Huber, 1985), and in women with low educational attainment (Miech, Caspi, Moffitt, Wright, & Silva, 1999). Additionally, the difficulties of having low income can significantly increase an adolescent mother’s already high risk for depression (Leadbeater & Linares, 1992).

The adolescent birth rate for Latinas (83 per 1000 births; 15-19 years of age) is the largest compared to other groups in the U.S. (64 per 1000 births for non-Hispanic blacks; 27 per 1000 births for non-Hispanic whites; National Vital Statistics Report, 2009). Latinos are also overrepresented among the poor. Some
evidence indicates that Latino parents of any age have higher levels of depressive symptoms when compared to their African American or European American counterparts or when compared to a normative control sample (Aikens, Coleman, & Barbarin, 2007; Blacher, Lopez, Shapiro, & Fusco, 1997). Although group differences have not emerged when investigating inner-city samples (Yonkers, et al., 2001), a study of low-income Latina mothers ranging in age from 16 to 44 years indicated that a large percentage (23%) reported significant levels of depressive symptoms (Chaudron, Kitzman, Peifer, et al., 2005). What is more, some research indicates that adolescent Latina mothers display high rates of depression (Nadeem, Whaley, & Anthony, 2006; Shorris, 1992) which is understandable given their many risk factors. Taken together, this evidence highlights the importance of examining depressive symptoms among young Latina mothers as they are likely quite prevalent in this minority group of parents. Yet, psychological research on young Latina mothers and their children has been scarce despite the elevated risk for negative outcomes such as depression in the mothers and behavioral, cognitive, and emotional difficulties in their children.

It is also important to begin studying the children of these mothers at an early age. Given that children of adolescent mothers tend to show behavior problems during the second year of life (Brooks-Gunn & Furstenberg, 1986; Furstenberg, Brooks-Gunn, & Morgan, 1987; Field, et al., 1990; Hann, Osofsky, & Culp, 1996), investigating the correlates of these difficulties to gain a better
understanding of how to intervene becomes crucial. In one study, self-reported maternal depressive symptoms in adolescent mothers when the child is 18 months predicted child internalizing and externalizing behavior problems when the child is 7 years of age based on reports of mothers and teachers (Lyons-Ruth, Easterbrooks, & Cibelli, 1997). Adding to this, young children of Latino parents (of any age) show significantly lower school readiness skills when they reach school age than their peers and are at higher risk for unfavorable cognitive, emotional, and behavioral outcomes (Coley, 2002). As children of Latina adolescent mothers appear to be at higher risk for these difficulties based on the findings reviewed above, it is important to study the factors that lead to and protect Latina adolescent mothers and their toddlers from these outcomes allowing for prevention and intervention efforts to be tailored specifically to the needs of this population.

Maternal Depression and Child Outcomes

Maternal depression has been widely studied as a parental variable that is related to negative outcomes in children. The overwhelming majority of this research investigated this relation in samples of only European American women and their children or mixed samples of which European Americans made up the majority. Initially, depressed mothers and their children acted as control groups in
studies investigating the effect of maternal schizophrenia on child outcomes. In these studies, it became apparent that children of depressed mothers were at risk for similar or worse outcomes (Downey & Coyne, 1990). After seeing these results, researchers began to specifically look at children of depressed mothers. These children are at risk for a variety of negative developmental outcomes throughout the lifespan. In a review chapter on parental psychopathology, Zahn-Waxler and colleagues discussed the outcomes for children of depressed parents (Zahn-Waxler, Duggal, & Gruber, 2002). In infancy, children of depressed mothers in comparison to children of well mothers tend to have more difficult temperaments, mood dysregulation, poorer motor and mental development, and less secure attachments (Zahn-Waxler, Duggal, & Gruber, 2002; Cornish, McMahon, Ungerer, et al., 2005).

Continuing into toddlerhood, when compared to their peers, offspring of depressed mothers also react poorly to stress, show poor self-regulation, and are less skilled at interacting with peers (e.g., aggression toward, withdrawal from, or inappropriate behaviors toward peers). These children may also show sleep difficulties and are at risk for behavioral problems as well (Downey & Coyne, 1990; Zahn-Waxler, Duggal, & Gruber, 2002). In a sample of 184 mothers and their toddlers, higher maternal depression scores related to higher levels of externalizing and internalizing behavior problems in children (Koblinsky, Kuvalanka, & Randolf, 2006). Hoffman, Crnic, and Baker (2006) found that when
comparing 4-year-old children of depressed mothers and non-depressed mothers, those with depressed mothers displayed more dysregulation and behavioral problems.

Impairments continue to develop into middle childhood when children of depressed mothers show even more consistent difficulties with peers, and cognitive deficits begin to affect school performance (Zahn-Waxler, Duggal, & Gruber, 2002). In a sample of 477 mothers and their school-aged children, maternal depression related to rates of ADHD diagnosis, adjustment disorder, and being identified as at-risk for such disorders (Leschied, Chiodo, Whitehead, & Hurley, 2005). Hay, Pawlby, Sharp, et al. (2001) found that 11-year-old children of mothers who exhibited depression at 3 months post-partum were more likely to display low IQ scores, have attention problems, receive special education services, and have difficulties with mathematical reasoning. These difficulties continue throughout adolescence for children of depressed mothers. In a sample of which European Americans made up the majority (91%), offspring of depressed and non-depressed parents were assessed in adolescence and young adulthood. Offspring whose mothers were depressed showed more physical symptoms in adolescence and increased risk of using mental health services and higher levels of minor stressors in young adulthood (Lewinsohn, Olino, & Klein, 2005).
**Latina mothers.** The majority of this research has been conducted with samples of European Americans, and little is known about the relation between maternal depressive symptoms and child outcomes in samples of ethnic minority mothers. Even less is known about Latina mothers, specifically. Research investigating the relation between maternal depression and child behavior outcomes in samples of Latinas has been sparse. However, some studies with mixed samples have included large enough proportions of Latinas to have confidence that the conclusions that were drawn apply to Latinas specifically, rather than the group that represented the majority of the sample. A few others have used a within-group design to examine the nature of the relation more closely. All of these studies were cross-sectional and used self-report measures of maternal depression, and the majority used maternal report of child behavior.

One study investigating the relation between maternal depression and child outcomes in Latino (n = 404), African American (n = 538), and European American (n = 884) families found in within-group analyses that maternal depression in Latino families significantly predicted child internalizing and externalizing problems in 6- to 9-year-old children (Pachter, Auinger, Palmer, & Weitzman, 2006). In a mixed sample including 32.9% Latina mothers (41.4% African American, 17% European American), Malik and colleagues (2007) found that maternal depression predicted aggression in children whose mean age was 24.91 months.
Two within group studies also found an association. One study of 47 Latina mothers and their 6th-, 7th-, and 8th- grade children showed that for children who were exposed to community violence, maternal depression mediated the relation between violence and adolescent self-reported depression and teacher reported disruptive behaviors such that higher levels of depression predicted significantly higher levels of negative outcomes than solely being exposed to community violence (Aisenberg, Trickett, Mennen, Saltzman, and Zayas, 2007). Additionally, in a study of 56 Latina mothers and their children (aged 4-13) investigating models of economic pressure on child outcomes found that maternal depression had a mediating effect on the relations between economic pressure and child internalizing and externalizing (Dennis, Parke, Coltrane, Blacher, & Borthwick-Duffy, 2003). These findings imply that maternal depression had direct effects on child behavior, especially in high-risk contexts.

**Adolescent mothers.** Investigations of the relation between maternal depression and child outcomes in samples of adolescent mothers have been limited as well, and the majority of this research has been done on European American and African American samples. Overall, these studies have found that maternal depression in adolescent mothers is associated with child behavior ratings. All studies reviewed used self-report measures of depressive symptoms and either maternal reports or a combination of maternal and teacher reports of child behavior. Four of the five studies reviewed were part of larger longitudinal
studies and used at least two time-points; the other was cross-sectional. Two studies were done with mixed samples of African American and European American adolescent mothers, two studies with primarily European American adolescent mothers, and only one of these studies included Latina adolescent mothers in its sample.

In a study of 37.7% European American and 32.8% African American children (only 4% of the sample was made up of Latino children) with adolescent mothers, children whose mothers had higher levels of depressive symptoms showed higher levels of behavior problems (Spieker et al., 1999). Hubbs-Tait and colleagues (1994) found in a sample of 27 European American adolescent mothers and 15 African American mothers that adolescent mothers’ depression scores added significantly to a model explaining behavior problems in their offspring after taking attachment into account. In a primarily European American sample of adolescent mothers and their children, results demonstrated that lower levels of maternal depressive symptoms at one time point were predictive of higher levels of positive behavioral adjustment at a later time point (Rhule, McMahon, Spieker, & Munson, 2006). A similar longitudinal study of 80 percent European American (20% African American, Latino, or mixed) adolescent mothers found that self-reported maternal depressive symptoms measured over the first five years of the child’s life were positively related to maternal report of child internalizing and externalizing behavior problems at age 7 (Lyons-Ruth,
Easterbrooks, & Cibelli, 1997). Lastly, an investigation done with a sample of 139 adolescent mothers (55.4% African American, 28.1% European American, 3.6% Latina, 12.9% mixed) and their children showed that maternal depressive symptoms were related to child internalizing and externalizing symptoms (Black, Papas, Hussey, et al., 2002).

*Latina adolescent mothers.* Although maternal depressive symptoms seem to be linked to child outcomes in samples of European American and African American teen mothers, this relation has not been well-investigated in samples of Latina adolescent mothers. Only a handful of published research studies have looked at the relation of depression on child outcomes in samples that included significant proportions of adolescent Latina mothers and their young children. Each of the four studies reviewed below utilized self-report measures of maternal depressive symptoms, and all but one used maternal report of child behavior problems. Three of the four investigations used data collected at multiple time points.

In analyses of data on 83 participants collected as part of a longitudinal study of adolescent mothers and their children, Leadbeater and colleagues found that maternal depressive symptoms at several time-points early in the child’s life were significantly correlated with mother-reported total behavior problems in children aged 28 to 36 months (Leadbeater & Bishop, 1994). Concurrent correlations were also significant between these variables (Leadbeater & Bishop,
Further investigation with a smaller subsample in this study found that chronic depressive symptoms over the first year of the child’s life were correlated to mother-reported preschool problem behaviors (Leadbeater, Bishop, & Raver, 1996). Each of these samples consisted of approximately 40% Latina and just over half African American adolescent mothers. Additionally, Yoshikawa and colleagues (2001) found that maternal depressive symptoms in a large mixed sample including 23% Latina (54% African American, 23% European American) teenage mothers predicted behavior problems in their children.

However, none of these studies reported their results separately by ethnicity; thus, little can be determined about their applicability to Latina adolescent mothers. Only one study has looked at this relation in a sample of all Latina adolescent mothers. In a preliminary study on the relation between maternal depression and child behavior and affect outcomes in a sample of young mainland Puerto Rican mothers and their young children, findings revealed that maternal depressive symptoms were significantly associated with less child positive affect and more distress in children as observed during interaction with mothers (Weller et al., 2008). Clearly, the literature on this population is lacking.

Given the scarcity of data on samples of Latina mothers in general and Latina adolescent mothers specifically, it was the goal of the current study to add to the literature by using a within-group design to examine the relation between maternal depressive symptoms and child behavior outcomes in adolescent Latina
mothers and their 18 month old children. In addition, the study aimed to uncover factors that may influence both depressive symptoms and protect children from the potentially detrimental effects of these symptoms.

Partner Support

Social support is one factor that may influence both adolescent mothers’ psychological well-being and protect their children. Research has shown that social support can play a mitigating role in levels of depressive symptoms (Windle, 1992; Cohen & Wills, 1985). Social support provided by members of one’s social network can be comprised of any combination of the following types of support: emotional, cognitive, tangible, socializing, positive feedback and child care assistance (Cauce et al., 1996; Cohen & Wills, 1985; Colleta & Lee, 1983). It is important, then, to consider the effects that providers of social support have on maternal depression and its relation to child outcomes. In samples of Latina adolescent mothers, husbands and partners are reported as one of the most important sources of support (Wasserman, Brunelli, Rauh, & Alvarado, 1994; de Anda & Becerra, 1994). Additionally, Latina adolescent mothers are more likely to report co-residing or being married to the father of their child than their non-Latina counterparts (Wasserman et al, 1994; de Anda & Becerra, 1984). When looking at ethnic group differences, studies have shown that in contrast to European American and African American adolescent mothers for whom being in a romantic relationship is related to greater psychological distress, Latina
adolescent mothers with partners report less psychological distress than those
without partners (Eshbaugh, 2006). At the same time, however, adolescent
mothers of Latino descent report lower levels of emotional and child care support
from their partners when compared to African American (Wasserman et al., 1994)
and European American adolescent mothers (de Anda & Becerra, 1984). Thus, it
is not clear what may account for the positive effect of having a partner.
Nonetheless, this evidence points to the potentially important role of partners in
the psychological adjustment of young Latina mothers.

The effect of partner support in the lives of Latina adolescent mothers and
their children could be studied in several different ways as support is 1) provided
directly to the mother in the form of personal social support and 2) provided
directly to the child through child care. Social support could have a direct relation
to the psychological well-being of adolescent mothers as could partner-provided
child care to the behavioral outcomes of the child. Indirect relations could also
exist between partner support (child care and social support) and child behavioral
outcomes such that higher levels of partner support relate to lower levels of
maternal depressive symptoms which, in turn, relate to lower levels of child
behavior problems. Lastly, partner support could buffer children from the
negative effects of maternal depressive symptoms. The following text provides
the existent empirical evidence for the direct and indirect effects of partner social
and child care support on both the mother and the child. No previous studies have
examined whether partner support moderates the relation between maternal depressive symptoms and child outcomes.

*Direct effects on maternal depression.* Studies examining the role of partner support on adolescent mothers’ adjustment have focused primarily on African American mothers and have shown mixed results regarding the relation between partner support and adjustment. Some studies have found that greater partner support related to better psychological functioning in samples of African American adolescent mothers (Leadbeater & Linares, 1992; Thompson & Peebles-Wilkins, 1992), but others have not shown this relation (Turner, Grindstaff, & Phillips, 1990). However, the two studies that have included young Latina mothers have found a positive relation between partner support and adjustment. Specifically, in a mixed sample of African American and Puerto Rican adolescent mothers, Leadbeater & Linares (1992) found that support provided by the partner predicted decreases in depressive symptoms over time. Also, in a cross-sectional study of Puerto Rican adolescent mothers, partner support related negatively with levels of symptomatology (Contreras, Lopez, et al., 1999). Two of these studies utilized dichotomous measures of support provided by the child’s father or the partner based on mother report (Leadbeater & Linares, 1992; Thompson & Peebles-Wilkins, 1992) while the other two assessed this variable using multi-item questionnaires of support.
Direct effects on child outcomes. Partners may also have a direct effect on child outcomes through the care they provide to the child. Studies examining this relation in adolescent mothers have supported this direct relation. One study done with a sample of primarily African American adolescent mothers found that children who had high mother-reported contact with their fathers (i.e., composite of father’s pre-natal romantic involvement with mother, post-natal contact with child, residential status, financial support, child care assistance, etc.) from birth to age 8 had fewer behavior problems at ages 8 and 10, when controlling for maternal characteristics (Howard, Lefever, Borkowski, & Whitman, 2006). Additionally, the longitudinal Baltimore study of 400 African American adolescent mothers found that children who reported strong relationships with their father or their mother’s partner showed better employment and education outcomes and were less likely to report depression than those who reported not being close to a father-figure (Furstenberg & Harris, 1993). Cooley & Unger (1991) reported that presence of a male partner in the household (measured by number of years lived there) directly related to mother-reported child outcomes in 6-7 year old children. The latter two studies indicated that children’s outcomes can be significantly influenced by their mothers’ romantic partners. Therefore, the current study examined the effects of the partner’s provision of child care on the child’s behavior regardless of whether the partner is the biological father.
**Indirect effects on child outcomes.** Not only is it important to establish the existence or non-existence of a relation between partner support and maternal depression, but it is also critical to examine the nature of that relation. If partner support increases maternal well-being, partner support may then indirectly have a positive effect on child behavioral and emotional outcomes through exposing the child to lower levels of maternal depressive symptoms. Few studies have looked at this indirect relation between partner support and child outcomes. In a cross-sectional study of a mixed sample of adult parents, mother’s perceptions of partner support of the parenting role, assessed by a single item, related indirectly to mother-reported toddler behavior outcomes through its relation to maternal mental health (Malik et al., 2007). This study was done with a sample of primarily African American adult mothers (41.4%; 32.9% Latino; 17% European American) to determine contextual factors contributing to the relation between maternal depression and child outcomes.

Only one study has examined this indirect relation in an adolescent sample and it utilized a measure of perceived relationship quality rather than partner social support per se. Specifically, Black and colleagues (2002) found in a sample of primarily African American and Puerto Rican adolescent mothers that the mothers’ perceptions of the quality of their romantic relationships related to lower levels of depressive symptoms, which related to lower levels of child internalizing and externalizing problems. In other words, maternal depressive symptoms
mediated the relation between the mother-partner relationship quality and child outcomes in these two studies. However, considering that one study used a measure of relationship quality and the other used a single item measure of support of parenting role, applying these findings to partner social support, in general, is difficult. It is clear that there is a need for further research using measures of partner-provided social support to investigate this indirect relation. Moreover, only one of the studies investigated this relation with a sample of adolescent mothers, so it is unclear to what extent the results generalize to Latina adolescent mothers. To determine the ability to generalize to this population, it was the goal of this study to add to the literature by using improved measures of social support provided by the partner to the mother and of child care support provided to the child.

*The Current Study*

The current study examined the relation of maternal depressive symptomatology to toddler behavior as well as the influence of different types of partner support on both the mother and the child in a sample of Latina adolescent mothers and their toddlers. First, the study investigated the relation between maternal depressive symptoms and child internalizing and externalizing since little research has been done with adolescent Latina mothers and their children to establish this relation confidently. Next, the current project examined partner support as a possible protective factor for both the mothers and their children.
Specifically, the study explored the direct effects of social support provided to the mothers and direct effects of partner-provided child care on child internalizing and externalizing symptoms. Also with regard to partner support, the current study investigated indirect relations of partner social support and child care support to child internalizing and externalizing through their relations to maternal depressive symptoms. Lastly, the study examined whether partner child care moderates the relation between maternal depressive symptoms and child internalizing and externalizing symptoms.

Previous research investigating these relations has several limitations. First, research with Latina adolescent mothers has been scarce at best. As previously mentioned, only 3 published studies investigated the relation between maternal depressive symptoms and child outcomes in samples that included Latina adolescent mothers (Leadbeater & Bishop, 1994; Leadbeater, Bishop, & Raver, 1996; Yoshikawa, Rosman, & Hsueh, 2001), and it is unclear to what degree the findings generalize to this specific group as they used mixed samples. The current study built on the preliminary research done by Weller and colleagues (2008) to investigate this relation using a within-group design.

Another limitation of previous research that this study addressed was the measurement of social support and child care. Prior investigations looking at the effects of social support on maternal and child adjustment measured social support differently (Leadbeater & Linares, 1992; Thompson & Peebles-Wilkins,
1992; Contreras, Lopez et al., 1999; Malik et al., 2007; Black et al, 2002), making generalization across studies difficult. In the existing literature, measures of support generally have focused on one aspect of support (i.e., relationship quality, level of contact, support of parenting role, or amount of time living in household) and do not measure general social support. The current study followed Contreras and colleagues (1999) in utilizing a measure that includes mother perception of social support from partner by assessing multiple types of support that could be provided. Perceived support has been shown to better predict psychological adjustment than measures of utilized or actual support (Cauce et al, 1996). As such, the current study used measures of perceived social support when measuring relations between support and maternal depressive symptoms. Additionally, the study used a detailed, multiple-item measure of utilized child care to assess different aspects of child care (i.e., didactic, physical play, care giving) provided by the partner adapted from measures of father involvement used in studies of adult parents with minority participants and Latino parents, specifically (Cabrera, et al., 2004; Cabrera, Shannon, West, & Brooks-Gunn, 2006). No previous studies measured different forms of partner child care being provided to children of young Latina mothers. This study had the advantage of being able to gain a comprehensive understanding of this variable in this sample.

As in prior research, the current study assessed maternal depressive symptomatology through self-report. Specifically, this study used the Symptom
Checklist-90-R (SCL-90-R; Derogatis, 1994) which measures levels of depressive symptoms. Additionally, the current study measured child behavior through maternal report, which is consistent with previous studies investigating the relation between maternal depressive symptoms and child outcomes (for children under the age of 9) in samples of adolescent mothers and Latina mothers. Furthermore, three of the four studies reviewed above that included Latina adolescent mothers used maternal-report of child behavior. The current study assessed child behavior using mother report with the CBCL/1½-5 (Achenbach & Rescorla, 2000) as it is available in both Spanish and English and is adequately reliable and valid in samples of Latino parents (Gross, et al., 2006; Weiss, et al., 1999).

The current study tested four hypotheses to evaluate whether maternal depressive symptoms related to child internalizing and externalizing problems in a sample of Latina adolescent mothers and their children. The first hypothesis predicted that maternal depressive symptoms would relate to greater internalizing and externalizing problems in offspring of Latina adolescent mothers. The second hypothesis predicted that greater partner social support provided to mothers would relate to fewer maternal depressive symptoms. The third hypothesis predicted that partner child care provided to the child would directly relate to fewer internalizing and externalizing behavior problems. The fourth hypothesis predicted that, if the second hypothesis was supported, children of mothers with higher partner-
provided social support would be indirectly affected by this support through lowered symptomatology in the mothers and, thus, be at a lower risk for the negative effects of maternal depressive symptoms.

Finally, with regard to the moderating effects of partner child care on the relation between maternal depressive symptomatology and child behavioral and emotional outcomes, the study did not have a definite hypothesis regarding the nature of the interaction given the scarcity of prior empirical research. Theories on parenting suggest that presence of a healthy male caregiver in the context of having a depressed parent may serve as a protective factor for the child (Belsky, 1984; Goodman & Gotlib, 1999) and literature with adult parents has supported that having a healthy father is directly related to better outcomes for children of depressed mothers (Conrrad & Hammen, 1989; Goodman, Brogan, Lynch, & Fielding, 1992). Although, previous literature has called for research exploring this relation, the interaction of maternal depression and father child care has never been tested. In the only study to test a similar interaction effect, Howard and colleagues (2006) tested the buffering effect of maternal risk (i.e., having a high- or low-risk mother) on the relation between father contact and child outcomes in a sample of African American adolescent mothers. The results of this study demonstrated that father contact was related to lower internalizing symptom ratings in children with a high risk mother (e.g., mother with low intelligence, low cognitive readiness to parent, and high internalizing and externalizing problems).
while father contact was not related to internalizing symptoms for children with low-risk mothers. This interaction effect was not significant when tested with children’s externalizing problems as the outcome.

Therefore, though theory and research on direct relations would suggest that presence of healthy fathers plays a buffering role in the lives of children whose mothers display high levels of depressive symptoms; only one study has investigated a similar moderating effect. The sample in this study did not include Latinas. Therefore, this study aimed at exploring the effect of this interaction on both internalizing and externalizing behavior problems in our sample.
METHOD

Participants

One-hundred thirty-five mainland Latina mothers residing in a low-income neighborhood of a Midwestern city and their 18 month-old children participated in the study. Mothers’ mean age at the time of interview was 19.5 years (SD = 1.4). Mothers are predominantly of Puerto Rican heritage (81.5%) and 46% were born outside of the mainland US. Children’s (58.5% male; 41.5% female) mean age at the time of interview was 18.3 months (SD = .86) and the majority were the first child (85.2%); 71.9% were the only child. Ninety one percent of the children were born in the US mainland; 71.1% were described by their mothers as being of purely Latino origin; 16.3% as mixed Latino and African American origin; 8.1% mixed Latino and European American origin; and 4.4% mixed Latino and other. One hundred mothers (74.1%) reported being involved in a romantic relationship (i.e., being married, having a boyfriend/partner) at the time of interview. Out of the participants with partners, 77 reported that their partner is the father of their child, and the remaining 23 reported that their partner is not their child’s father. Seventy-six (56.3%) of the 135 participants reported living with their romantic partner; 43.7% of the sample
had other living arrangements (i.e., alone, with one or both parents, with other family members).

In terms of educational attainment, the majority of participants did not complete high school (70.4%), 18.5% earned a high school diploma, 9.6% have attended some years of college or professional training, and 1.5% graduated college. Twelve participants (8.9%) are currently attending school full time, 12.6% part-time, and 78.5% are not currently attending school. Of the participants, 27.4% reported that they are working full time, 12.6% working part time, and 60% unemployed. Additionally, 87.4% of the mothers reported receiving one or more forms of government assistance (i.e., food stamps, medical card, Temporary Assistance for Needy Families).

Procedure

Most participants (80%) were recruited in the waiting rooms of pediatric clinics serving the Latino neighborhoods in a large Midwestern city. The remaining participants were either referred by friends/relatives or self (15.6%) or by professionals or others in the community (4.4%). Out of 229 eligible individuals, 10 did not agree to be enrolled in the study on first contact. The remaining 219 enrolled to participate in the study. Out of those, 135 participated and 29 are enrolled but their children do not yet meet the age criteria and will be
scheduled in the future. Fifty-five individuals who were enrolled were lost because they moved away (21.8%), could not be located after first contact (11.9%), refused to participate when contacted (9.9%), or had scheduling problems that prevented them from participating while there children met the age criteria (40%).

Two bilingual female researchers conducted home visits in English or Spanish, videotaping the child with the mother and interviewing the mother using various questionnaires within a computer assisted interview. Language was determined by the mothers’ preferred language to read. Just over 67 percent (67.4%) of mothers completed questionnaires in English, while the remaining 32.6% completed them in Spanish. At the end of the visit mothers were presented with $70 and a small gift for the child as compensation. The mothers also received a copy of the videotape within a few weeks after the visit.

Measures

Demographics. Demographic information was obtained through participant self report. When participants were recruited for the study, they were asked to provide their date of birth, ethnicity, and the date of birth of their target child to determine eligibility. At the time of interview, participants were asked to provide further demographics through use of a computer-aided interview.
Participants were asked about country of origin of participants, their children, and their parents and grandparents. Additionally, participants reported school status, education level, financial support, employment status, and living arrangements in these interviews.

Maternal depressive symptoms. Maternal depressive symptoms were measured using the 13-item Depression scale of the Symptom Checklist-90-R (SCL-90-R; Derogatis, 1994). The SCL-90-R is a self-report symptom checklist with questions regarding symptoms in the past two weeks (e.g., ‘in the past two weeks, how much were you distressed by feeling hopeless about the future?’). Scales range from 0 (not at all) to 4 (extremely). Derogatis (1994) reports adequate reliability coefficients (α = .90) for this scale. In the current sample, this scale showed an internal consistency reliability of .90 for the whole sample, .89 and .93 for English and Spanish respondents, respectively. According to age norms of the SCL-90-R, the sample was split into adults (19 years of age and above; 65.2% of the sample) and adolescents (less than 19 years of age; 34.8% of the sample). The mean adult score was .69 (SD = .68) and 13.6% of the adults fell in the clinically significant range for depressive symptoms. The mean adolescent score was .73 (SD = .68), and 6.3% scored in the range of clinically significant depressive symptoms. Compared to the test norms, the adult scores in the current sample were slightly higher (norm M (SD) = .46 (.52)) and the adolescent scores were slightly lower (norm M (SD) = .95 (.72)). The questions making up this
scale were translated by a bilingual member of the research team and then back translated and adjusted by a group of bilingual individuals as part of a previous study with Latina adolescent mothers. In these studies, adequate reliability and validity of the SCL-90-R were found (Contreras et al., 1999; López & Contreras, 2005).

**Partner social support.** The Social Support Network Questionnaire (SSNQ; Rhodes, et al., 2004) was used. Participants were asked to nominate sources of emotional, tangible, cognitive guidance, positive feedback, and socializing support. Partners were given a score of 0-'not nominated' or 1-'nominated' for each type of support. Scores were added together to comprise an overall measure of social support. Partners ranged from ‘0’-perceived as unavailable to provide any type of support to ‘5’- perceived as available to provide all types of support. For the participants who reported having a partner, adequate reliability (α = .87) was found, and reliabilities of .88 and .87 were found for English and Spanish respondents, respectively. Previous studies using a similar composite of 6 types of support (the five types in this study, and child care) from the SSNQ in samples of Latina adolescent mothers have found similar reliabilities (Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999).

**Partner child care.** Participants were asked a standard series of questions indicating the frequency of child care support from the partner during the past month. Responses ranged from ‘0’-never to ‘6’-several times a day. Two items
were used to assess frequency of partner involvement on didactic (i.e., sing songs and read stories) child care. Four items were used to assess frequency of partner involvement in physical play with children (i.e., play with child with toys; tease child to get him/her to laugh; play physical games like chasing, taking child for ride on shoulders or turning child upside-down or tossing him/her in air; held or caressed child). Five items were used to assess frequency of partner care giving (i.e., help with bath, diaper change, and feeding). All items were selected from scales used in previous research with ethnic minority parents by Cabrera and colleagues (2004). In the current sample, scores were averaged together to provide an overall score of child care provided by partners for participants who reported having a partner currently (α = .87). Adequate reliabilities were also found for participants who completed the questionnaires in English and Spanish (α = .89; α = .83, respectively).

*Child behavior.* To measure child internalizing and externalizing symptoms, the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000) was used. Participants were asked to rate 99 items that describe specific problems, both emotional and behavioral, in regard to their child on a 3-point scale (‘not true for the child’ (0), ‘somewhat or sometimes true’ (1), ‘very true or often true’ (2)). Scores on the Internalizing Scale are made up of four subscales (Emotionally Reactive, Anxious/Depressed, Somatic Complaints, and Withdrawn). The Externalizing Scale consists of a composite of two subscales (Attention Problems
and Aggressive Behavior). Both Internalizing and Externalizing Scale scores were used for this study.

Official Spanish and English versions of this questionnaire are available. Excellent validity, internal consistency, and test-retest reliability has been found in English speaking samples. Also, in a sample of Latino parents, the Spanish version showed acceptable internal consistency ($\alpha = .82$, internalizing, $\alpha = .90$, externalizing; Weiss, et al., 1999). Test-retest reliabilities on all scales of the CBCL ranged from .72 to .77, and concurrent validity was adequate between the English and Spanish versions (Weiss, et al., 1999). These results show adequate reliability and validity with Latino families. In the current sample, adequate reliabilities were found for both internalizing ($\alpha = .80$) and externalizing ($\alpha = .71$). Adequate reliabilities were also found for participants who completed the questionnaires in English (internalizing $\alpha = .79$; externalizing $\alpha = .91$) and Spanish (internalizing $\alpha = .86$; externalizing $\alpha = .59$). Means from the current sample (internalizing $M(\text{SD}) = 11.39(7.24)$; externalizing $M(\text{SD}) = 19.03(7.81)$) were higher than those of the normative sample (internalizing $M(\text{SD}) = 8.6(6.2)$; externalizing $M(\text{SD}) = 12.9(7.7)$). These results are consistent with a study that indicated that when compared to African American and European Americans, Latino parents mean ratings of children’s internalizing behaviors were higher (Gross et al., 2006). Out of the entire sample, 16.3% of the target children fell in the clinically significant range of scores for internalizing and 24.4% fell in the
clinically significant range for externalizing. No gender differences were found for internalizing or externalizing symptom scales in the current sample. For analyses, raw scores for internalizing and externalizing were used to maximize variability in the variables.

Negative life events. Negative life events were measured using a modified version of the Life Events Survey (Sarason, Johnson, & Siegel, 1978) that was adapted for use with young minority mothers using a focus group (Rhodes, Ebert, & Fisher, 1992). Mothers were asked to respond to a series of questions regarding stressful events that may have happened in the last year. Mothers rated events on a scale ranging from 1 (extremely negative) to 5 (extremely positive) for events that occurred to them in the last year. If the event did not occur, mothers could give the response of 6 (did not occur in the past year). Scores for events that were perceived by participants as negative were added together and weighted such that events which were perceived as extremely negative carried more weight than those that were perceived as merely negative. Adequate reliability has been found for this questionnaire (Sarason, Johnson, & Siegel, 1978). Weighted scores obtained in the current sample (M = 4.17, SD = 3.55) were similar to scores obtained in another sample of Latina adolescent mothers (M = 5.4, SD = 4.06; Contreras, 2004).
Table 1. Means and Standard Deviations of Measures of Negative Life Events, Maternal Depressive Symptoms, Perceived Partner Social Support, Partner Child Care, and Child Behavior (N=135)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean (SD)</th>
<th>Observed Range</th>
<th>Potential Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>NLE</td>
<td>4.17 (3.55)</td>
<td>.00 – 15.00</td>
<td>.00 – 70.00</td>
</tr>
<tr>
<td>MDSX</td>
<td>.71 (.68)</td>
<td>.00 – 3.15</td>
<td>.00 – 4.00</td>
</tr>
<tr>
<td>PPSS</td>
<td>2.55 (2.18)</td>
<td>.00 – 5.00</td>
<td>.00 – 5.00</td>
</tr>
<tr>
<td>PCC</td>
<td>3.15 (1.70)</td>
<td>1.00 – 6.00</td>
<td>1.00 – 6.00</td>
</tr>
<tr>
<td>CBINT</td>
<td>11.39 –(7.24)</td>
<td>2.00 – 40.00</td>
<td>0.00 – 76.00</td>
</tr>
<tr>
<td>CBEXT</td>
<td>19.03 (7.81)</td>
<td>4.00 – 6.00</td>
<td>0.00 – 68.00</td>
</tr>
</tbody>
</table>

Note. NLE = Negative Life Events; MDSX = Maternal Depressive Symptoms; PPSS = Perceived Partner Social Support; PCC = Partner Child Care; CBINT = Child Behavior Internalizing; CBEXT = Child Behavior Externalizing

α 0-4 Likert scale; β 0-2 scale
RESULTS

Overview of Analyses

First, all variables of interest were standardized for use in all analyses to reduce collinearity. Preliminary bivariate correlations were then run testing for potential control variables in the entire sample (N = 135) and the sub-sample of participants with partners (N = 100). Next, bivariate correlations were run on the entire sample to assess whether significant relations existed among maternal depression, child internalizing, and child externalizing. Hierarchical linear regressions were run to test the four hypothesis and the exploratory analyses, and control variables were entered into the first step of each of these analyses. To test the first hypothesis, two hierarchical linear regressions were run on the entire sample with child internalizing and child externalizing as the dependent variables.

Remaining analyses were run on the sub-sample of 100 participants reporting a romantic partner to gain a clearer understanding of the impact that partners play in the lives of the Latina adolescent mothers and their children in our sample. Bivariate correlations were run with this sub-sample to assess the relation between partner provided child care, perceived partner social support, maternal depressive symptoms, and child internalizing and externalizing. Next,
hierarchical linear regressions were run to test the second hypothesis. To test the third hypothesis, hierarchical linear regressions were run. Hierarchical linear regressions were again used to test the fourth hypothesis. Lastly, exploratory hierarchical linear regression analyses were run testing the buffering effect of partner child care.

**Preliminary Analyses**

To test for potential control variables, bivariate correlations were run examining the relations among child age, child gender, being an only child versus having siblings, mother age, negative life events, economic strain, maternal depression, child internalizing, and child externalizing. Results indicated that only the negative life events variable was significantly related to maternal depressive symptoms \(r = .48, p < .001\), child internalizing \(r = .20, p = .02\), and child externalizing \(r = .30, p = .001\). Based on these results, negative life events was controlled for in all analyses run with the entire sample.

Similar bivariate correlations were again run to test whether negative life events remained a significant control variable for the sub-section of the participants who reported having a partner. Results of these analyses indicated that negative life events remained significantly related to maternal depressive symptoms \(r = .42, p < .001\), child internalizing \(r = .21, p = .04\), and child externalizing \(r = .40, p < .001\). Therefore, negative life events was included as a
control variable in further analyses with the 100 participants who reported having a partner.

_Bivariate Correlations_

Bivariate correlations were run both on the entire sample as well as on the sub-sample of participants who reported a romantic partner to assess the relations among the variables of interest. Table 2 shows the correlations among the variables used in analyses with the total sample. Results indicated that maternal depressive symptoms was significantly positively related to both child internalizing (r = .44, \( p < .001 \)) and child externalizing (r = .42, \( p < .001 \)). Additionally, results indicated that child internalizing and externalizing were significantly positively related (r = .58, \( p < .001 \)).

Table 3 shows results of bivariate correlations between the variables used in analyses in which partner support, both social and child care, were of interest. Results indicated that maternal depressive symptoms remained significantly positively related to child internalizing (r = .49, \( p < .001 \)) and child externalizing (r = .45, \( p < .001 \)) and that child internalizing and child externalizing remained significantly positively correlated (r = .57, \( p < .001 \)). Partner child care was significantly negatively correlated with maternal depressive symptoms (r = -.25, \( p = .01 \)), but was not significantly correlated with either child internalizing (r = -.11, \( p = .28 \)) or externalizing (r = -.08, \( p = .28 \)). Partner perceived social support was significantly related to partner child care (r = .40, \( p < .001 \)), maternal depressive
Table 2. Bivariate Correlations Among Maternal Depressive Symptoms, Child Internalizing, Child Externalizing (N=135)

<table>
<thead>
<tr>
<th></th>
<th>MDSX</th>
<th>CBINT</th>
<th>CBEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDSX</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBINT</td>
<td>.44*</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>CBEXT</td>
<td>.42*</td>
<td>.58*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note. MDSX = Maternal Depressive Symptoms; CBINT = Child Behavior Internalizing; CBEXT = Child Behavior Externalizing

* p ≤ .001

Table 3. Bivariate Correlations Among Maternal Depressive Symptoms, Child Internalizing, Child Externalizing, Negative Life Event, Perceived Partner Social Support, and Partner Child Care (N=100)

<table>
<thead>
<tr>
<th></th>
<th>MDSX</th>
<th>CBINT</th>
<th>CBEXT</th>
<th>PPSS</th>
<th>PCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDSX</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBINT</td>
<td>.49***</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBEXT</td>
<td>.45***</td>
<td>.57***</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPSS</td>
<td>-.28**</td>
<td>-.23*</td>
<td>-.07</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>PCC</td>
<td>-.25*</td>
<td>-.11</td>
<td>-.08</td>
<td>.40***</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note. NLE = Negative Life Events; MDSX = Maternal Depressive Symptoms; PPSS = Perceived Partner Social Support; PCC = Partner Child Care; CBINT = Child Behavior Internalizing; CBEXT = Child Behavior Externalizing

*p ≤ .05; **p < .01; ***p ≤ .001
symptoms ($r = -.28, p = .005$), and child internalizing ($r = -.23, p = .02$), but not child externalizing ($r = -.07, p = .50$). Due to the significant relation between perceived partner social support and child internalizing, partner social support was used as an additional control in further analyses on this subsample of 100 participants in which child internalizing was a dependent variable.

**Hypothesis Testing**

**Hypothesis 1: Maternal depression and child outcomes.** First, hierarchical linear regressions were run testing the direct relations between maternal depressive symptoms and child externalizing and internalizing. In the first regression, child internalizing was used as the dependent variable (See Table 4). Negative life events were controlled for by entering them into the first step of the regression and maternal depressive symptoms were entered into the second step. Results of this hierarchical linear regression analysis indicated that maternal depressive symptoms significantly related to more child internalizing ($\beta = .45, p < .001$) when controlling for negative life events. The addition of maternal depressive symptoms accounted for 15% of the variance in the model, and negative life events no longer significantly predicted internalizing when maternal depressive symptoms was in the model.

Table 5 shows results of a similar hierarchical linear regression assessing the relation between maternal depressive symptoms and child externalizing entering negative life events into the first step of the model and maternal
Table 4. Hierarchical Linear Regression Analyses Predicting Child Internalizing (N=135).

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.20</td>
<td>.09</td>
<td>.20*</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$F$</td>
<td>5.59**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>-.01</td>
<td>.09</td>
<td>-.01</td>
</tr>
<tr>
<td>Maternal Depressive Symptoms</td>
<td>.45</td>
<td>.15</td>
<td>.45***</td>
</tr>
<tr>
<td>$R^2\Delta$</td>
<td>.15</td>
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<tr>
<td>$F\Delta$</td>
<td>24.84***</td>
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*Note. *p < .05, **p < .01, ***p < .001

Table 5. Hierarchical Linear Regression Analyses Predicting Child Externalizing (N=135).

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.30</td>
<td>.08</td>
<td>.30***</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$F$</td>
<td>12.65***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
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</tr>
<tr>
<td>Negative Life Events</td>
<td>.12</td>
<td>.09</td>
<td>.12</td>
</tr>
<tr>
<td>Maternal Depressive Symptoms</td>
<td>.36</td>
<td>.09</td>
<td>.36***</td>
</tr>
<tr>
<td>$R^2\Delta$</td>
<td>.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$F\Delta$</td>
<td>16.11***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. *p < .05, **p < .01, ***p < .001
depressive symptoms into the second step. After controlling for the impact of negative life events, maternal depressive symptoms significantly related to more child externalizing ($\beta = .36, p < .001$). Adding maternal depressive symptoms into the model accounted for 10% of the variance in the model and negative life events no longer significantly related to externalizing.

**Hypothesis 2: Perceived partner social support and maternal depressive symptoms.** To test the hypothesis that participants’ perception of social support provided by their partners would relate to lower levels of depressive symptoms, a hierarchical linear regression was run controlling for the relation of negative life events by entering negative life events into the first step of the model and perceived partner social support into the second step. This analysis was conducted on the subset of participants with partners ($N = 100$). Results of the hierarchical linear regression indicated that perceived partner social support was significantly related to lower depressive symptoms ($\beta = -.29, p = .01$) after controlling for negative life events (See Table 6). The addition of perceived partner social support into the model accounted for 6% of the variance and negative life events remained significantly predictive of maternal depression ($\beta = .40, p < .001$).

**Hypothesis 3: Partner child care and child outcomes.** To test the hypothesis that partner child care was directly related to child outcomes, two hierarchical linear regressions were run. The first regression tested whether partner child care related to child internalizing symptoms when controlling for
### Table 6. Hierarchical Linear Regression Analyses Predicting Maternal Depressive Symptoms (N=100).

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.44</td>
<td>.10</td>
<td>.42***</td>
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<tr>
<td>R²</td>
<td>.17</td>
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<td></td>
</tr>
<tr>
<td>F</td>
<td>20.39***</td>
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<tr>
<td><strong>Step 2</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.42</td>
<td>.10</td>
<td>.40***</td>
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<tr>
<td>Maternal Depressive Symptoms</td>
<td>-.29</td>
<td>.10</td>
<td>-.25***</td>
</tr>
<tr>
<td>R²Δ</td>
<td>.06</td>
<td></td>
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</tr>
<tr>
<td>FΔ</td>
<td>7.77**</td>
<td></td>
<td></td>
</tr>
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</table>

*Note. *p < .05, **p < .01, ***p < .001*

### Table 7. Hierarchical Linear Regression Analyses Predicting Maternal Depressive Symptoms (N=100).

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.22</td>
<td>.11</td>
<td>.19†</td>
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<tr>
<td>Perceived Partner Social Support</td>
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<td>.12</td>
<td>-.21*</td>
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<tr>
<td>R²</td>
<td>.09</td>
<td></td>
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</tr>
<tr>
<td>F</td>
<td>4.56*</td>
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<td><strong>Step 2</strong></td>
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<tr>
<td>Negative Life Events</td>
<td>.22</td>
<td>.11</td>
<td>.19†</td>
</tr>
<tr>
<td>Perceived Partner Social Support</td>
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<td>-.21*</td>
</tr>
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<td>Partner Child Care</td>
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<td>.15</td>
<td>.004</td>
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<tr>
<td>R²Δ</td>
<td>.00</td>
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<tr>
<td>FΔ</td>
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</tbody>
</table>

*Note. †p ≤ .10, *p < .05, **p < .01, ***p < .001*
negative life events and partner social support by entering the controls into the first step of the regression and partner child care into the second step. Table 7 shows the results of this analysis. Results did not support the hypothesis, indicating that partner child care was not significantly related to child internalizing ($\beta = .004, p = .97$) after controlling for negative life events and perceived partner social support. Even in the presence of partner child care, partner social support remained a significant predictor of child internalizing ($\beta = -.27, p = .05$) and negative life events was marginally related ($\beta = .22, p = .06$).

Results of a second linear regression examining whether partner child care related to child externalizing symptoms when controlling for negative life events by entering negative life events into the first step of the regression and partner child care into the second step can be seen in Table 8. Contrary to the hypothesis, results suggested that when controlling for negative life events partner child care was not significantly related to child externalizing ($\beta = -.03, p = .82$) symptoms. Negative life events remained a significant predictor of child externalizing when partner child care was entered into the model ($\beta = .40, p < .001$).

**Hypothesis 4: Partner social support indirect effects on child outcomes.**

For analyses assessing the indirect influence of partner social support on child internalizing and externalizing problems, the 100 participants who reported having a partner were included. Analysis of mediation requires that the independent variable be related to the dependent variable and the mediator and
### Table 8. Hierarchical Linear Regression Analyses Predicting Child Internalizing (N=100).

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.44</td>
<td>.10</td>
<td>.40***</td>
</tr>
<tr>
<td>R²</td>
<td>.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>18.87***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.44</td>
<td>.10</td>
<td>.40***</td>
</tr>
<tr>
<td>Partner Child Care</td>
<td>-.03</td>
<td>.13</td>
<td>-.02</td>
</tr>
<tr>
<td>R²Δ</td>
<td>.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FΔ</td>
<td>.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. *p < .05, **p < .01, ***p < .001*

that the mediator be related to the dependent variable in the presence of the independent variable (Baron & Kenny, 1986). Following these criteria, a hierarchical linear regression model was analyzed investigating whether maternal depressive symptoms mediated the relationship between (a) Perceived Partner Social Support and (b) Child Internalizing. Results of the hierarchical linear regressions indicated that higher amounts of perceived partner social support were significantly related to lower levels of internalizing in children (β = -.27, p = .03) when controlling for negative life events, meeting the first criterion of mediational analysis. Additionally, as previously mentioned, perceived partner social support was significantly related to lower levels of maternal depressive symptoms when controlling for negative life events (β = .40, p < .001) which meets the second
criterion of meditational analyses. Lastly, maternal depressive symptoms related significantly to child internalizing in the presence of perceived partner social support when controlling for negative life events ($\beta = .50, p < .001$), meeting the third criterion.

When including the IV and Mediator in the model, the $\beta$-value for partner social support dropped from -.27 to -.12. To assess whether this was a significant change, the Sobel Test was conducted. The Sobel Test produced a $z$-score of 2.44 which is greater than the critical $z$-value of 1.96, indicating a significant partial mediation effect. Figure 1 depicts this indirect relation. The results of the statistical analysis suggest then that maternal depressive symptomatology partially
explains the relation between perceived partner social support and child internalizing problems. Because the relation between partner social support and child externalizing was not significant ($\beta = -.05, p = .69$), meditational analyses between two variables were not run.

*Exploratory analyses: Moderating effect of partner child care.* Lastly, regressions were run testing whether partner child care moderated the relation between maternal depression and child internalizing and externalizing controlling for perceived partner social support provided to participants and negative life events that have occurred in the last year. A hierarchical linear regression was run in which control variables were entered into the first step and partner child care and maternal depressive symptoms were entered into the second step. In the final step, an interaction term computed by multiplying partner child care and maternal depressive symptoms together was added into the analysis to examine whether partner child care had a moderating effect on the relation between maternal depressive symptoms and child outcomes (See Table 9). Analyses testing interaction effects of partner child care and maternal depressive symptoms on child internalizing indicated that partner child care moderates the relation between mother-reported depressive symptoms and child internalizing symptoms reported by mothers ($\beta = -.25, p = .02$). Indicators of multicollinearity were examined given the significant correlation between perceived partner social support and partner child care, but no multicollinearity was indicated.
In Figure 2, the results were plotted such that child internalizing is on the y-axis, maternal depressive symptoms on the x-axis, and three levels of partner child care are represented by three lines of different colors. Following Jaccard and Turrisi (2003), the regression equation was used to calculate y-values at three levels of maternal depressive symptoms (-1 standard deviation (low), 0 (medium), and +1 standard deviation (high)) and three levels of partner child care (-1 SD (low), 0 (medium), and +1 SD (high)). In the figure, the buffering effect of partner child care is implied. The slopes indicate that maternal depressive symptoms are more strongly related to child internalizing symptoms at low levels of partner child care than at high levels of partner child care. Results support the theoretical hypothesis that presence of a male caregiver would buffer children against the negative effects of maternal depressive symptoms.

Although this moderation was significant for child internalizing, results of the analyses investigating whether this relation was present for child externalizing symptoms did not produce significant results, as the interaction term was not a significant predictor of child externalizing ($\beta = -.01$, $p = .92$).
Table 9. Hierarchical Linear Regression Analyses Predicting Child Internalizing (N=100).

<table>
<thead>
<tr>
<th>Predictor</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.22</td>
<td>.11</td>
<td>.18†</td>
</tr>
<tr>
<td>Perceived Partner Social Support</td>
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<td></td>
</tr>
<tr>
<td>(R^2)</td>
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<td>.09</td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td>4.56*</td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
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<tr>
<td>Negative Life Events</td>
<td>.01</td>
<td>.11</td>
<td>.01</td>
</tr>
<tr>
<td>Perceived Partner Social Support</td>
<td>-.15</td>
<td>.13</td>
<td>-.12</td>
</tr>
<tr>
<td>Maternal Depressive Symptoms</td>
<td>.50</td>
<td>.11</td>
<td>.47***</td>
</tr>
<tr>
<td>Partner Child Care</td>
<td>.08</td>
<td>.14</td>
<td>.05</td>
</tr>
<tr>
<td>(R^2)∆</td>
<td></td>
<td>.17</td>
<td></td>
</tr>
<tr>
<td>(F)∆</td>
<td></td>
<td>10.44***</td>
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</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>.04</td>
<td>.11</td>
<td>.04</td>
</tr>
<tr>
<td>Perceived Partner Social Support</td>
<td>-.16</td>
<td>.12</td>
<td>-.13</td>
</tr>
<tr>
<td>Maternal Depressive Symptoms</td>
<td>.37</td>
<td>.12</td>
<td>.34***</td>
</tr>
<tr>
<td>Partner Child Care</td>
<td>.12</td>
<td>.14</td>
<td>.08</td>
</tr>
<tr>
<td>MatDepSx x Partner CC</td>
<td>-.25</td>
<td>.10</td>
<td>-.25*</td>
</tr>
<tr>
<td>(R^2)∆</td>
<td></td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>(F)∆</td>
<td></td>
<td>6.20*</td>
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</tr>
</tbody>
</table>

*Note. \(†p \leq .10, *p < .05, **p < .01, ***p < .001\)
Figure 2. Partner Child Care Moderates Relation Between Maternal Depressive Symptoms and Child Internalizing Symptoms (N = 100).
DISCUSSION

The purpose of the current study was to examine the relation between maternal depressive symptoms and child behavioral outcomes as well as the impact that specific types of partner support played in that relation in a sample of young Latina mothers and their children. Support was assessed in two ways: 1) through a measure of participant perception of social support provided to the participant directly and 2) through a participant-report measure of partner provided child care in the past month. Overall the results indicated that maternal depressive symptoms relate positively to child internalizing and externalizing symptoms. Additionally, results point to the important direct and indirect relation of partner support in the lives of adolescent Latina mothers and their children.

With regard to the first hypothesis, results of the current study support that maternal depressive symptoms relate to higher problem behavior levels in their children when controlling for influence of negative life events. These results are consistent with the existent literature on Latina adolescent mothers (Leadbeater & Bishop, 1994; Yoshikawa et al., 2001; Weller et al., 2008), adolescent mothers in general (Spieker, 1999; Rhule et al., 2006; Lyons-Ruth et al., 1997; Black et al., 2002), and Latina adult mothers (Malik et al., 2007; Aisenberg et al., 2007; Dennis et al., 2003) as well as with more established findings in mixed or non-
minority samples of adult mothers (Zahn-Waxler et al., 2002; Downey & Coyne, 1990). The second hypothesis was also supported by the current study since partner social support was negatively related to lower levels of maternal depressive symptoms in this sample. This is consistent with literature on Latina adolescent mothers with partners who report less psychological distress than those without partners (Eshbaugh, 2006). However, partner social support only accounted for 6% of the variance in this model, and negative life events remained significantly related to maternal depressive symptoms concurrently. These results indicate that, although partners play an important role, maternal depressive symptoms may be a result of multiple factors and cannot be well explained by one variable of interest.

With regard to partner child care, results did not support the hypothesis that partner child care would be directly related to child internalizing and externalizing. In the analysis assessing the direct relation between partner child care and child internalizing, partner social support was controlled for given the significant (negative) relation between partner social support and child internalizing. Contrary to hypothesis, results of the analysis assessing the main effect of partner child care on child internalizing demonstrated that partner child care was not significantly related to child internalizing, but that partner social support was significantly related to this variable and, thus, was a stronger predictor of this child outcome than partner child care. Research has shown that
Latina mothers report less child care support from partners than do EA and AA counterparts (Wasserman et al., 1994; de Anda & Becerra, 1984) and that Latino cultural values do not prescribe significant involvement in child care as a gender role of fathers or partners (Shorris, 1992). In the current sample, 10% of the participants reporting a partner rated their partners as never providing any child care support and 34% reported that their partners provided child care once a week or less to the target child. The remaining 55% reported that their partners provided child care support several times a week or more. Additionally, range restriction was not an issue as the data was relatively normally distributed. Thus, it would seem that a significant amount of child care is being provided by partners of the adolescent mothers in this sample, and thus, low levels of partner child care cannot account for the non-significant findings.

However, it is possible that confounding variables, such as length of involvement in child’s life, are obscuring the relation between partner child care and child outcomes. For instance, the current study only asked about partner involvement in child care during the past month which gives a good idea of recent child care, but provides no information about length and consistency of partner child care over time. Partners who have been in the child’s life longer may be more consistently involved in children’s lives and may have provided that child care over a longer period of time, which may have a greater influence on child behavior. In contrast, child care provided by partners who have only recently been
romantically involved with the child’s mother may have less influence on child behavior. Future research should examine the effects of these variables using length of relationship or a measure of child care provision over a longer period of time to gain a better understanding of the relation between partner child care and child outcomes.

Results of the current analyses partially supported the hypothesis that partner social support would have an indirect influence on child outcomes through its influence on maternal depression. Though analyses of this relation on child externalizing were not significant, results indicated that the relation between perceived partner social support and child internalizing is partially explained through the relation of partner support to maternal depressive symptoms. In other words, partner social support has a positive indirect effect on child internalizing through its significant negative relation to maternal depressive symptoms. These results are consistent with results from previous studies examining the indirect effect of partner support on child emotional and behavioral outcomes through its effect on maternal mental health in adults (Malik et al., 2007) and adolescents (Black et al., 2002).

Finally, the current study explored the potential buffering effect of partner child care on the relation between maternal depressive symptoms and child outcomes. Though this relation had been hypothesized in prior theoretical literature, it had never been directly tested. Thus, the current study filled a gap in
the existent literature by examining this relation. Results of analyses indicated that partner child care significantly moderates the relation between maternal depressive symptoms and child internalizing supporting theories on parenting suggesting such a relation (Belsky, 1984; Goodman & Gotlib, 1999). However, these results were not found for child externalizing symptoms which is consistent with results of a study testing a similar relation in African American adolescent mothers in which significant moderation was found for child internalizing but not externalizing (Howard, Lefever, Borkowski, & Whitman, 2006). Potentially, this could be due to the fact that support, in general, has been found to mitigate levels of depressive symptoms which are categorized as internalizing in nature. Following from the literature on this buffering effect of support, it could then be hypothesized that support from partners given directly to children may have a greater impact on child internalizing just as support has an impact on internalizing disorders in adults.

Moreover, it is unknown to what extent partners are models of externalizing behaviors such as yelling, throwing things, hitting others, and having a quick temper. If partners display antisocial behaviors, it is likely that, rather than helping to lower symptoms of externalizing, involvement by these partners may exacerbate these behaviors in children. In fact research has shown that adolescent fathers are more likely than their non-parenting peers to show signs of delinquent behavior (Dearden et al, 1995; Stouthamer-Loeber & Wei,
1998). Additionally, there is some evidence that children who reside with antisocial fathers are at both genetic and environmental risk for externalizing behavior problems (Jaffee, Moffitt, Caspi, & Taylor, 2003). Therefore, increased contact between partners and children of adolescent mothers may actually serve to maintain or possibly increase externalizing behaviors in children rather than serving a positive function.

The current study built on previous research in many ways. First, the use of a within-group design helped to clarify the relation of maternal depressive symptoms to child behavioral and emotional outcomes in a sample of young Latina mothers and their children. As previously mentioned, past research has included Latina adolescent mothers as members of mixed samples and often failed to describe their findings independently for the Latina participants. Therefore, although previous research has found a positive relation between these two variables, it did not allow for generalization to Latina adolescent mothers, specifically. Additionally, use of a within-group study design allowed for the context in which these mothers are embedded to be taken into account in the current study.

Further, as research has shown that partners play an important role in the lives of adolescent Latina mothers (Wasserman, Brunelli, Rauh, & Alvarado, 1994; de Anda & Becerra, 1994), this study added to the literature by examining specific ways in which partners may provide support to these mothers and their
children. Utilizing measures of partner social support and partner child care that were multi-faceted and contained multiple items strengthened the current study as prior research had used single-item measures or measures that focus on one area of support rather than many. In addition, the use of a measure of perceived partner social support was an asset of the current study since this type of support has been found to predict psychological adjustment better than utilized or actual support (Cauce et al, 1996).

This study also added to the literature by assessing the buffering effect of partner child care which had not been tested directly in previous research. Despite the hypothesis that presence of a healthy male in the lives of children with depressed mothers may act as a buffer for children against negative behavioral and emotional outcomes (Belsky, 1984; Goodman & Gotlib, 1999), no previous research had tested this effect using a moderation framework. Though one study examined a similar relation (Howard, Lefever, Borkowski, & Whitman, 2006), it measured maternal risk (high and low) as the moderator between partner involvement and child internalizing rather than maternal depressive symptoms making it difficult to generalize to the current study. Thus, the current study contributed to literature on maternal depression, child outcomes, and influence of partners by assessing this buffering effect for the first time.

Despite adding to the literature in many ways, the current study also has limitations. First, the study relied solely on maternal report for all variables of
interest. Although previous research has also often relied on maternal report for measures of child behavior, partner support, and maternal psychopathology, reliance on self-report remains a limitation of the current study. Studies using observed measures or measures with multiple reporters would provide data that were less confounded with each other, and perhaps give a better idea of the relations that this study investigated. Specifically, current research suggests that getting partners report or third-party observation of the support provided by partners to participants and their children would produce independent data (Mikelson, 2008), though there is some evidence that mothers are reliable reporters of father involvement (Hernandez & Coley, 2007). Moreover, having children’s behavior rated by another caregiver or observed independently from the mother and coded could provide a purer measure of child behavioral and emotional difficulties as mothers’ own symptom levels may influence their ratings of their children’s behavior.

Another limitation of the current study is that it is cross-sectional in nature. As a result, it is difficult to draw conclusions about the causal direction of the relations found in this study. Therefore, although it points to important relations, these results should be examined with longitudinal data to clarify whether any causal relationships exist between these variables; and, if so, the direction of the causation. The cross-sectional design is especially problematic when considering the assessment of meditational and buffering effects of partner
support and maternal depression variables. These relations are best tested with three time-points of data given that causation can be determined longitudinally and is best assessed when each variable has been measured independently from the others at a different time-point.

Given the high rate of adolescent births in the Latino population in the U.S., further research clarifying variables that help and influence Latina adolescent mothers and their children should be done. Specifically, future research should assess these factors using a longitudinal design to assess causal relationships in depth and use multiple-informant or observation data to eliminate biases from collecting data based on participant report only. Further investigations should also maintain a within-group design to better understand these relations within this population and their cultural and ecological context. Additionally, future research could add to the literature by investigating variables that relate to child externalizing, specifically. Perhaps aspects of partner support and partner child care that were not assessed in the current study play an important role in the development of externalizing behavior problems in children of adolescent Latina mothers. Last, future research should further investigate the indirect relation of partner social support on child internalizing through its relation to maternal depressive symptoms. Though maternal depressive symptoms did significantly explain the relation between perceived partner social support and child
internalizing in the current study, it is possible that parenting would serve as a better mediator for this relation.

Treatment and prevention efforts aimed at young Latina mothers could benefit from the findings of the current study. First, the current study established that maternal depressive symptoms relate to higher problem behaviors and emotional difficulties in children. Thus, prevention and treatment efforts should be aimed at giving adolescent Latina mothers skills and treatment to lower their depression levels. Intervention aimed at teaching mothers parenting skills may also increase their effectiveness with children, lowering their stress as well as having a positive influence on emotional and behavioral problems in children. Given that maternal depression can have long-lasting effects on child outcomes, early intervention is necessary in this population since behavior problems and other difficulties begin to arise in children of adolescent mothers in their second year (Brooks-Gunn & Furstenberg, 1986; Furstenberg, Brooks-Gunn, & Morgan, 1987; Field, Widmayer, Adler, & de Cubas, 1990; Hann, Osofsky, & Culp, 1996).

Additionally, prevention and treatment efforts including partners of these young mothers could prove helpful for both the mother and child. Specifically, treatment and prevention efforts for this population could draw from this research following the finding that partner support plays an important role in reducing maternal depression and in protecting children from negative outcomes of having mothers with high depressive symptoms. Thus, these programs could be aimed at
guiding partners in appropriate child care as well as increasing social support provided by partners to mothers.

In sum, the current study furthered the literature by assessing the relation of maternal depressive symptoms to child outcomes and investigating the role that partners play in the lives of adolescent Latina mothers and their children. Results indicated that maternal depressive symptoms relate to child behavioral and emotional outcomes in this sample as would be predicted by previous research. Moreover, important findings on the direct and indirect influence of partner support were found. Further research on these relations in a longitudinal study is indicated. The findings from this study indicate that intervention and prevention efforts for this population may benefit from early assessment of depressive symptoms and child behavior as well as involvement of romantic partners of adolescent Latina mothers in learning how to provide better support to both the mothers and their children.
REFERENCES


depressive symptoms and child outcomes. Poster session presented at the semi-annual meeting of the Society for Research on Adolescence, Chicago, IL.


APPENDIX

Consent Forms

METROHEALTH MEDICAL CENTER

Human Investigation Consent Form

Project Title: Latina Adolescent Parenting Project

Investigator: Dr. Josefina Grau, Kent State University

Dear Participants and Parents:

Kent State University in collaboration with MetroHealth Medical Center is conducting a study of the factors influencing the well being of young Latina mothers and their children. We would like you to take part in this study. If you decide to participate, you will be asked to complete two home visits, one in the near future when your child is approximately 1 and ½ years old, and the other, six months later. The home visits will be scheduled at a time that is convenient to you and will be conducted by two female researchers. During each of the visits, one of the researchers will videotape your child while he/she is administered a developmental test. The researcher will then videotape you while you play with and teach your child. Finally, you will be interviewed individually about your own functioning (e.g., social and personal adjustment, relationships with family members) and your child’s behavior. The visit will take approximately 2 and ½ hours to complete. For your participation, you will receive $70.00, a copy of the videotape, and a small toy for your child at the end of each of the home visits.

All the information gathered through this study will remain strictly confidential within the limits of the law. This means that we are required by law to break confidentiality and report to local authorities if we find evidence of child (including you, if you are less than 18 years old) or elder abuse, or if we learn that you have suicidal or homicidal feelings. To maintain confidentiality, the information you provide to us will be identified only by a participant number (not your name) and will be examined only by Dr. Grau and qualified members of her research team at Kent State University. We will schedule the home visit at a time that is convenient to you, so that you can be videotaped and interviewed privately.
Also, you will have the choice of responding to interview questions either aloud or by pointing to response options that will be printed in response cards. However, if you have confidentiality concerns because of the presence of a family member or someone else in your home while you are being videotaped or interviewed, we can interrupt the procedures or reschedule the home visit.

Personnel at MetroHealth Medical Center will not have access to the information you provide us. Similarly, Dr. Grau and her research team will not have access to medical or any other information that MetroHealth Medical Center may have about you.

You may experience some discomfort when asked to answer personal questions, but our experience is that this discomfort is, at most, slight and short lived. If you experience more than mild discomfort, we encourage you to contact the Center for Behavioral Health, Child and Adolescent Services at MetroHealth Medical Center (216 - 778-3745). Alternatively, if you prefer, the interviewer can assist you with the referral.

You are under no obligation to complete this study even if you sign this consent form.

You may skip questions or discontinue your participation at any time. You will be presented with another consent form for the second home visit. Participation is completely voluntary and refusing to participate will not affect in any way the services you receive at MetroHealth Medical Center.

If you have any questions regarding the study, please feel free to call Dr. Josefina Grau at (330) 672 3106 or (216) 212-9188. This project has been approved by Kent State University and MetroHealth Medical Center. If you have any questions about Kent State University's rules for research, please call Dr. John L. West at (330) 672-3012. If you have any questions about your rights as a research participant, contact the MetroHealth Medical Center’s Institutional Review Board (which is a group of people who review the research to protect your rights) at (216) 778-2077.

By signing this form I acknowledge that I have read and understand this form, and have had any questions regarding this study satisfactorily answered, and I am voluntarily consenting to participate in this study.

__________________________________________
Participant's signature    Date
Parent/Guardian Consent: I give my daughter permission to participate in this study.

_________________________________________________
Parent or Guardian's Signature   Date

_________________________________________________
Researcher Signature            Date
(Person obtaining consent)

THIS SIDE — IRB OFFICE USE ONLY

Latina Adolescent Parenting Project –  IRB #:  IRB06-00047/CR00002903
Consent Form
                                  Protocol Expiration Date:  2/19/2010

HUMAN INVESTIGATION CONSENT FORM
CONSENT FOR PHOTOGRAPHY, AUDIO OR VIDEOTAPING (medical)

Request Type:  □ Photography   □ Audiotape   □ Videotape   □ Other: _____

Photographs of the subjects(s) will be: ■ Clothed   □ Partially clothed   □ Undressed

Permission is hereby given to photograph, audiotape, or videotape the following named person(s) ___________________________________ with the understanding that such photographs, audiotapes or videotapes may be used for the following stated purposes:

□ Medical Necessity/Diagnostic Purposes: Explain:__________________

□ Education: Explain intended purpose:____________________________

□ Publication in medical and/or scientific journals: ___________________ Journal Name

■ Inclusion in Research Paper(s): Latina Adolescent Parenting Project Name of Study

□ Other: _____________________________________________________ Please Specify

The department requesting photos, videos, etc will be responsible for proper storage of the media as established by The MetroHealth System medical record retention requirements. Photographs, etc are not to be placed in the patient medical record. The department requesting photographs, video, etc is _______Research________ :

Description of media requested:  Videotaping of 1) mother while she teaches and plays with her child; 2) child while he/she is administered a developmental test.

Purpose of Request (describe how photographs, audiovisual or videotaped will be used): Learn about factors influencing the well being of young Latina mothers and their children.

I, the undersigned, understand that this authorization is valid for a period of 60 days from the date of completion of this authorization, and may be revoked by me or my legal representative in
writing at any time. However, I understand that if I do so, it will not have any effect on any actions that were taken before the revocation was received. I understand that for the revocation to be effective, I must do so in writing and send it to department who originally requested the photographs, etc. The revocation notices will be filed in the patient medical record after review by the originating department.

I further understand that once the media has been released, re-disclosure of my information by the recipient which may include protected health information may no longer be protected by law.

<table>
<thead>
<tr>
<th>Signature of Participant</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Signature of parent/guardian</td>
<td>Date/Time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Photographer</th>
<th>Date/Time</th>
<th>Witness</th>
</tr>
</thead>
</table>

For non-medical photographs, videotapes or audiotapes for non-medical purposes for use by The MetroHealth Foundation, Marketing or Media Relations, please refer to the form in Attachment B.

MHS FORM 031047901

4/05
Título del Proyecto: Latina Adolescent Parenting Project

Investigadora: Dra. Josefina Grau, Kent State University

Estimadas Participantes y Padres:

En colaboración con MetroHealth Medical Center, Kent State University está conduciendo un estudio acerca de los factores que influyen en el bienestar de madres Latinas jóvenes y sus hijos/as. Nos gustaría que participes en este estudio. Si decides participar, te visitaremos en tu casa dos veces, una vez en el futuro cercano cuando tu hijo/a tenga aproximadamente 1 año y medio, y la otra vez, seis meses más tarde. Las visitas serán fijadas para el día y la hora que a ti te convenga, y serán conducidas por dos investigadoras mujeres. Durante cada una de las visitas, una de las investigadoras filmará a tu hijo/a mientras le administra una prueba de su desarrollo. Después de eso, la investigadora te filmará mientras le enseñas y juegos con tu hijo/a. Finalmente, te entrevistaremos individualmente acerca de tu propio bienestar (por ejemplo, tu adaptación social y personal, tus relaciones con tu familia y amigos) y acerca del comportamiento de tu hijo/hija. La visita tomará aproximadamente 2 horas y 1/2. Al terminar cada visita, recibirás $70.00, una copia del video, y un juguete pequeño para tu hijo/a.

Toda la información que obtengamos a través de este estudio se mantendrá confidencial dentro de los límites de la ley. Esto significa que no podremos mantener confidencialidad y tendremos que reportar a las autoridades si encontramos evidencia de abuso de menores (incluyendo a ti, si es que eres menor de 18 años) o de ancianos, o si notamos que tienes deseos de cometer suicidio u homicidio. Para mantener la confidencialidad, la información que nos des será identificada solamente mediante un número (no tu nombre) y será examinada solo por la Dra. Grau y miembros calificados de su grupo de investigación en Kent State University. Para que seas filmada y entrevistada privadamente, las visitas serán fijadas para el día y la hora que sean convenientes para ti. También tendrás
la opción de responder a las preguntas de la entrevista en voz alta o señalando las respuestas que estarán escritas en tarjetas al frente de ti. De todos modos, si cuando estás siendo filmada o entrevistada, hay alguien en tu casa que prefieres que no te escuche o vea, podemos interrumpir la filmación o entrevista por un rato, o hacer una cita para continuar la visita en otro momento.

El personal de MetroHealth no tendrá acceso a la información que nos des. Tampoco tendrá la Dra. Grau y su grupo de investigación acceso a cualquier información que MetroHealth Medical Center pueda tener acerca de ti.

Puede que te sientas incomoda cuando te hagamos preguntas acerca de cosas personales, pero nuestra experiencia es que esta incomodidad es, a lo más, leve y breve. Si tu sientes más que incomodidad leve, te recomendamos que llames al Center for Behavioral Health, Child and Adolescent Services en el MetroHealth Medical Center (216 778-3745). Si prefieres, la entrevistadora te puede ayudar a hacer una cita.

Tú no estás obligada a completar el estudio aunque firmes este consentimiento. Puedes saltarte preguntas o dejar de participar en cualquier momento. Te pediremos que firmes otro consentimiento cuando te visitemos la segunda vez. Tu participación es completamente voluntaria y los servicios que puedas estar recibiendo en MetroHealth Medical Center no van a ser afectados si te niegas a participar.

Si tiene preguntas acerca del estudio, por favor llama a la Doctora Josefina Grau al (330) 672-3106 or (216) 212-9188. Este estudio ha sido aprobado por Kent State University y MetroHealth Medical Center. Si tienes preguntas acerca de los reglamentos de investigación de Kent State University, por favor llama al Dr. John L. West al (330) 672 3012. Si tienes preguntas acerca de tus derechos como participante, por favor llama al Institutional Review Board del MetroHealth Medical Center (que es un grupo de personas que revisa las investigaciones para proteger tus derechos) al (216) 778-2077.

Mi firma indica que yo lei y entiendo este formulario, que mis preguntas acerca del estudio han sido contestadas satisfactoriamente, y he decidido participar voluntariamente en este estudio.
Firma de la Participante     Fecha

Autorización del padre/madre: Le doy permiso a mi hija para participar en el estudio.

Firma del Padre/Madre     Fecha

Firma de la investigadora     Fecha
(Individuo que obtuvo el consentimiento)

THIS SIDE — IRB OFFICE USE ONLY

Latina Adolescent Parenting Project
Consent Form
Page 79 of 2
IRB #: 06-00047
Protocol Approval Date: 4/5/2006
Protocol Expiration Date: 2/19/2010

HUMAN INVESTIGATION CONSENT FORM

The MetroHealth System
2500 MetroHealth Drive, Cleveland, Ohio 44109-1998

CONSENTIMIENTO DE FILMACION

Tipo: □ Fotografía  □ Grabación de voz/sonido  ■ Video tape  □ Otro: ______

Las fotografías de las participantes se tomarán:  ■ Vestida  □ Parcialmente Vestida
□ Desnuda

Doy permiso para que mi hijo/a y yo, ______________________ seamos filmados con el entendimiento que el video tape puede ser usado para los siguientes propósitos

□ Necesidad médica/diagnostico: ________________________________

□ Educación: Explique: ________________________________
☐ Publicación en revistas profesionales:___________________________

Nombre de la Revista

☐ Para reportes de investigación: Latina Adolescent Parenting Project ___

Nombre del Estudio

☐ Otro:_____________________________________________________

Especifique

El departamento que esta pidiendo el video va ha ser responsable de salvaguardarlo de acuerdo a los requisitos de MetroHealth System. Estos no serán puestos en la ficha médica del paciente. El departamento que esta pidiendo el video es ______Investigación____

Descripción del video que se solicita: Filmación de 1) la madre mientras le enseña y juega con su hijo/a; el/la hijo/a mientras se le administra una prueba de su desarrollo.

Razón para la solicitud: El video será usado para aprender acerca de los factores que influyen en el bienestar de madres Latinas jóvenes y sus hijos/as.

Mi firma indica que yo entiendo que esta autorización es válida por 60 días, y puede ser revocada por mi o mi representante legal por escrito en cualquier momento. Entiendo que si revoco el permiso esto no tendrá ningún efecto en las acciones que se tomaron antes de recibir el pedido de revocación. Entiendo que para que la revocación sea efectiva, yo debo hacerlo por escrito y mandarla al departamento que pidió el video. La nota de revocación será puesta en la ficha médica después de ser evaluada por el departamento.

También entiendo que una vez difundida, puede que nuevas revelaciones de mi información, que puede incluir información médica que es protegida, ya no sea protegida por la ley.

Firma de la participante ___________________________ Fecha ____________

Firma del Padre/Madre de la participante ___________________________ Fecha ____________

Nombre de la persona tomando el video ___________________________ Fecha ____________ Testigo ___________________________
Maternal Questionnaire

2. Language

1:2 (CHECK ONLY ONE ANSWER)

|__| 1. 1. English
|__| 2. 2. Spanish

8. With whom do you currently live?
   <CHECK ALL THAT APPLY by moving the highlight bar to an answer and then PRESS THE SPACE BAR to toggle a check mark on and off>

1:60-73

(CHECK ALL THAT APPLY)

|__| 1. 1. Live with child
|__| 2. 2. Live with child's father
|__| 3. 3. Live with boyfriend/husband (not the child's father)
|__| 4. 4. Live with mother
|__| 5. 5. Live with father
|__| 6. 6. Live with siblings
|__| 7. 7. Live with paternal grandparents
|__| 8. 8. Live with maternal grandparents
|__| 9. 9. Live with boyfriend/husband's parents
|__| 10. 10. Live with members of the boyfriend/husbands' family
|__| 11. 11. Live with friends
|__| 12. 12. Other <SPECIFY> (GO TO QUESTION 9)
|__| 13. 13. DON'T KNOW
|__| 14. 14. REFUSED

9. <ENTER SUBJECT'S ANSWER FOR WITH WHOM SHE LIVES>

2:1-40

14. How far have you gotten in school?
   <READ LIST>

3:42-43

(CHECK ONLY ONE ANSWER)

|__| 1. 1. Less than seventh grade
|__| 2. 2. Seventh grade
|__| 3. 3. Eighth grade
|__| 4. 4. Ninth grade
|__| 5. 5. Tenth grade
|__| 6. 6. Eleventh grade
|__| 7. 7. Twelfth grade
|__| 8. 8. High school diploma/GED
|__| 9. 9. Partial college
|__| 10. 10. College graduate
|__| 11. 11. Other <SPECIFY> (GO TO QUESTION 15)
|__| 12. 12. DON'T KNOW
|__| 13. 13. REFUSED
15. <ENTER SUBJECT'S ANSWER FOR HOW FAR SHE HAS GOTTEN IN SCHOOL>  
3:44-73

17. Are you in school now?  
3:75  
(CHECK ONLY ONE ANSWER)  
|__|  1. 1. No  (GO TO QUESTION 18)  
|__|  2. 2. Yes, part time/night school  
|__|  3. 3. Yes, full time  
|__|  4. 4. DON'T KNOW  
|__|  5. 5. REFUSED  

19. <ENTER SUBJECT'S ANSWER AS TO WHY SHE IS NOT IN SCHOOL DUE TO PREGNANCY>  
4:3-42

20. <ENTER SUBJECT'S ANSWER AS TO WHY SHE IS NOT IN SCHOOL>  
5:1-40

22. Now, I'd like to find out a little bit about how you support yourself. Are YOU working at a job right now?  
5:42  
(CHECK ONLY ONE ANSWER)  
|__|  1. 1. Yes, full time  
|__|  2. 2. Yes, part time  
|__|  3. 3. No  (GO TO QUESTION 25)  
|__|  4. 4. DON'T KNOW  (GO TO QUESTION 25)  
|__|  5. 5. REFUSED  (GO TO QUESTION 25)  

23. Where do you work?  
5:43-72

24. What do you do at your job?  
6:1-40

25. Do you receive any welfare benefits?  
6:41  
(CHECK ONLY ONE ANSWER)  
|__|  1. 1. No  
|__|  2. 2. Food stamps only  
|__|  3. 3. Medical card only
26. What do you see as your main means of financial support right now?

6:42

(CHECK ONLY ONE ANSWER)

<table>
<thead>
<tr>
<th></th>
<th>1. Parents/guardians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Other relative(s)</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------</td>
</tr>
<tr>
<td></td>
<td>3. Boyfriend/husband</td>
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<td>------------------------------</td>
</tr>
<tr>
<td></td>
<td>4. Child's father (not boyfriend/husband)</td>
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<td></td>
<td>5. Job (myself)</td>
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<tr>
<td></td>
<td>6. My job and my partner's job</td>
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</tr>
<tr>
<td></td>
<td>7. Welfare</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>8. Other &lt;SPECIFY&gt; (GO TO QUESTION 27)</td>
</tr>
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<td>------------------------------</td>
</tr>
<tr>
<td></td>
<td>9. REFUSED SKIP TO QUESTION 28</td>
</tr>
</tbody>
</table>

====================================

27. <ENTER SUBJECT'S ANSWER FOR WHAT IS HER MAIN MEANS OF FINANCIAL SUPPORT.>

6:43-72

=================================================================

28. How would you describe the place where you live?

<READ LIST>

6:73

(CHECK ONLY ONE ANSWER)

<table>
<thead>
<tr>
<th></th>
<th>1. Public housing</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2. Subsidized housing</td>
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<tr>
<td>---</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>3. Rented apartment or house</td>
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<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>4. Own apartment or house</td>
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</tr>
<tr>
<td></td>
<td>5. Shelter</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>6. Other &lt;SPECIFY&gt; (GO TO QUESTION 29)</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>7. DON'T KNOW</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td>8. REFUSED SKIP TO QUESTION 30</td>
</tr>
</tbody>
</table>

=================================================================

29. <ENTER SUBJECT'S ANSWER FOR THE KIND OF PLACE WHERE SHE LIVES.>

7:1-20

=================================================================

51. What is your marital or relationship status?

9:22-23

(CHECK ONLY ONE ANSWER)

|   | 1. Never married / no current partner |
2. 2. Never married / has a current partner
3. 3. Married, live with husband / child's bio father
4. 4. Married, live with husband / not child's bio father
5. 5. Married, separated from husband / no current partner
6. 6. Married, separated from husband / has partner who is not husband
7. 7. Divorced / no current partner
8. 8. Divorced / has current partner
9. 9. Widowed / no current partner
10. 10. Widowed / has current partner
11. 11. DON'T KNOW
12. 12. REFUSED

52. Do you maintain any type of contact with your child's father?
   (CHECK ONLY ONE ANSWER)
1. 1. Yes
2. 2. No (GO TO QUESTION 56)
3. 3. DON'T KNOW
4. 4. REFUSED

53. In general, how satisfied are you with your relationship with your child's father?
   <SHOW "SATISFACTION" CARD>
   (CHECK ONLY ONE ANSWER)
1. 1. Very satisfied
2. 2. Somewhat satisfied
3. 3. Somewhat dissatisfied
4. 4. Very dissatisfied
5. 5. REFUSED

54. How often do you see him?
   (CHECK ONLY ONE ANSWER)
1. 1. Once or twice a year
2. 2. Less than once a month
3. 3. Once a month or more
4. 4. Once a week
5. 5. Several times a week
6. 6. Daily
7. 7. Live with him
8. 8. Has contact only through mail, email, or phone
9. 9. REFUSED

55. How often does the father of your child provide financial support for his/her care?
   <SHOW "FREQUENCY" CARD>
   (CHECK ONLY ONE ANSWER)
1. 1. Never
2. 2. Sometimes
3. 3. Most of the time
4. 4. Always
56. What is the ethnicity of the father of your child?

(CHECK ONLY ONE ANSWER)

|   | 1. Hispanic / Latino
|   | 2. European American
|   | 3. African American
|   | 4. Native American
|   | 5. Asian American
|   | 6. Other <SPECIFY> (GO TO QUESTION 57)
|   | 7. DON'T KNOW
|   | 8. REFUSED SKIP TO QUESTION 58

57. <ENTER ETHNICITY OF CHILD'S FATHER>

58. Where was the father of your child born?

(CHECK ONLY ONE ANSWER)

|   | 1. Mainland USA
|   | 2. Puerto Rico
|   | 3. Dominican Republic
|   | 4. Mexico
|   | 5. Other <SPECIFY> (GO TO QUESTION 59)
|   | 6. DON'T KNOW
|   | 7. REFUSED SKIP TO QUESTION 60

59. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY>

60. How old is your child's father?

<ENTER AMOUNT IN YEARS WITH DECIMAL POINT>

|   | 1. No (GO TO QUESTION 66)
|   | 2. Boyfriend/partner
|   | 3. Husband
|   | 4. DON'T KNOW
|   | 5. REFUSED SKIP TO QUESTION 76
66. Do you currently have a boyfriend/partner/husband?
10:24
(CHECK ONLY ONE ANSWER)
|__|  1. 1. No   (GO TO QUESTION 98)
|__|  2. 2. Boyfriend/partner
|__|  3. 3. Husband
|__|  4. 4. DON'T KNOW
|__|  5. 5. REFUSED

67. How far has your current boyfriend/husband gotten in school?
10:25-26
(CHECK ONLY ONE ANSWER)
|__|  1. 1. Less than seventh grade
|__|  2. 2. Seventh grade
|__|  3. 3. Eighth grade
|__|  4. 4. Ninth grade
|__|  5. 5. Tenth grade
|__|  6. 6. Eleventh grade
|__|  7. 7. Twelfth grade
|__|  8. 8. High school diploma/GED
|__|  9. 9. Partial college
|__| 10. 10. College graduate
|__| 11. 11. Other <SPECIFY>  (GO TO QUESTION 68)
|__| 12. 12. DON'T KNOW
|__| 13. 13. REFUSED SKIP TO QUESTION 69

68. <ENTER THE SUBJECT'S ANSWER FOR PARTNER EDUCATION>
10:27-46

69. Is your current boyfriend/husband in school now?
10:47
(CHECK ONLY ONE ANSWER)
|__|  1. 1. No
|__|  2. 2. Yes, part time/night school
|__|  3. 3. Yes, full time
|__|  4. 4. DON'T KNOW
|__|  5. 5. REFUSED

70. Is your current boyfriend/husband working at a job right now?
10:48
(CHECK ONLY ONE ANSWER)
|__|  1. 1. No
|__|  2. 2. Yes, part time
|__|  3. 3. Yes, full time
|__|  4. 4. DON'T KNOW
|__|  5. 5. REFUSED
71. What is the ethnicity of your current boyfriend/husband?
10:49
(CHECK ONLY ONE ANSWER)
|__|  1. 1. Hispanic / Latino
|__|  2. 2. European American
|__|  3. 3. African American
|__|  4. 4. Native American
|__|  5. 5. Asian American
|__|  6. 6. Other <SPECIFY> (GO TO QUESTION 72)
|__|  7. 7. DON'T KNOW
|__|  8. 8. REFUSED SKIP TO QUESTION 73

72. <ENTER ETHNICITY OF CURRENT BOYFRIEND/HUSBAND>
10:50-69

73. Where was your current boyfriend/husband born?
10:70
(CHECK ONLY ONE ANSWER)
|__|  1. 1. Mainland USA
|__|  2. 2. Puerto Rico
|__|  3. 3. Dominican Republic
|__|  4. 4. Mexico
|__|  5. 5. Other <SPECIFY> (GO TO QUESTION 74)
|__|  6. 6. DON'T KNOW
|__|  7. 7. REFUSED SKIP TO QUESTION 75

74. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>
11:1-20

75. How old is your partner?
<ENTER AMOUNT IN YEARS WITH DECIMAL POINT>
11:21-23
|__|__|__|__|

76. How long have you been together with your current boyfriend/husband? <NOTE THAT THIS COULD BE THE CHILD'S FATHER WHO IS ALSO CURRENT PARTNER OR CURRENT PARTNER WHO IS NOT THE BIOLOGICAL FATHER OF THE CHILD>
11:24
(CHECK ONLY ONE ANSWER)
|__|  1. 1. 1 month or less
|__|  2. 2. 1 to 6 months
|__|  3. 3. 6 months to 1 year
|__|  4. 4. 1 year to 2 years
|__|  5. 5. 2 years to 3 years
86. How often does your current boyfriend/husband help with the care of your child? <NOTE: IF SHE DOES NOT HAVE A CURRENT BOYFRIEND/PARTNER, JUST MARK (13) NOT APPLICABLE>

11:34-35
(CHECK ONLY ONE ANSWER)

|   | 1. 1. Never (GO TO QUESTION 98)
|   | 2. 2. Once or twice a year (GO TO QUESTION 98)
|   | 3. 3. Less than once a month (GO TO QUESTION 98)
|   | 4. 4. Once a month or more
|   | 5. 5. Once a week
|   | 6. 6. Several times a week
|   | 7. 7. Once a day
|   | 8. 8. 2 to 3 times a day
|   | 9. 9. 4 to 5 times a day
|   | 10. 6 or more times a day
|   | 11. 11. DON'T KNOW
|   | 12. 12. REFUSED
|   | 13. 13. NOT APPLICABLE (no current partner) (GO TO QUESTION 98)

87. Now I am going to ask you a few questions about the activities your current boyfriend/husband has done with your child during the past month. How often did he.....

   sing songs to your child.

11:36
(CHECK ONLY ONE ANSWER)

|   | 1. 1. Never
|   | 2. 2. Less than once a week
|   | 3. 3. Once a week
|   | 4. 4. Several times a week
|   | 5. 5. Daily
|   | 6. 6. Several times a day
|   | 7. 7. Don't know
|   | 8. 8. Refused

88. tell or read stories to your child?

11:37
(CHECK ONLY ONE ANSWER)

|   | 1. 1. Never
|   | 2. 2. Less than once a week
|   | 3. 3. Once a week
|   | 4. 4. Several times a week
|   | 5. 5. Daily
|   | 6. 6. Several times a day
|   | 7. 7. Don't know
|   | 8. 8. Refused
89. play with your child with toys?

11:38

(CHECK ONLY ONE ANSWER)

[ ] 1. 1. Never
[ ] 2. 2. Less than once a week
[ ] 3. 3. Once a week
[ ] 4. 4. Several times a week
[ ] 5. 5. Daily
[ ] 6. 6. Several times a day
[ ] 7. 7. Don't know
[ ] 8. 8. Refused

90. try to tease your child to get him/her to laugh?

11:39

(CHECK ONLY ONE ANSWER)

[ ] 1. 1. Never
[ ] 2. 2. Less than once a week
[ ] 3. 3. Once a week
[ ] 4. 4. Several times a week
[ ] 5. 5. Daily
[ ] 6. 6. Several times a day
[ ] 7. 7. Don't know
[ ] 8. 8. Refused

91. play physical games such as chasing, taking your child for a ride on his shoulders or turning your child upside down or tossing him/her in the air?

11:40

(CHECK ONLY ONE ANSWER)

[ ] 1. 1. Never
[ ] 2. 2. Less than once a week
[ ] 3. 3. Once a week
[ ] 4. 4. Several times a week
[ ] 5. 5. Daily
[ ] 6. 6. Several times a day
[ ] 7. 7. Don't know
[ ] 8. 8. Refused

92. held or caressed your child?

11:41

(CHECK ONLY ONE ANSWER)

[ ] 1. 1. Never
[ ] 2. 2. Less than once a week
[ ] 3. 3. Once a week
[ ] 4. 4. Several times a week
[ ] 5. 5. Daily
[ ] 6. 6. Several times a day
[ ] 7. 7. Don't know
[ ] 8. 8. Refused

93. Put your child to bed?

11:42

(CHECK ONLY ONE ANSWER)

[ ] 1. 1. Never
94. Wash, give your child a bath, or help get your child dressed?
11:43

(CHECK ONLY ONE ANSWER)
  1. 1. Never
  2. 2. Less than once a week
  3. 3. Once a week
  4. 4. Several times a week
  5. 5. Daily
  6. 6. Several times a day
  7. 7. Don't know
  8. 8. Refused

95. Change your child's diaper or help the child with the toilet?
11:44

(CHECK ONLY ONE ANSWER)
  1. 1. Never
  2. 2. Less than once a week
  3. 3. Once a week
  4. 4. Several times a week
  5. 5. Daily
  6. 6. Several times a day
  7. 7. Don't know
  8. 8. Refused

96. Prepare meals or bottles for your child?
11:45

(CHECK ONLY ONE ANSWER)
  1. 1. Never
  2. 2. Less than once a week
  3. 3. Once a week
  4. 4. Several times a week
  5. 5. Daily
  6. 6. Several times a day
  7. 7. Don't know
  8. 8. Refused

97. Help your child with eating or give your child a bottle?
11:46

(CHECK ONLY ONE ANSWER)
  1. 1. Never
  2. 2. Less than once a week
  3. 3. Once a week
  4. 4. Several times a week
  5. 5. Daily
  6. 6. Several times a day
  7. 7. Don't know
151. Next, I'm going to read to you a list of things that sometimes happen to people. FOR EACH OF THE EVENTS ON THIS LIST THAT HAPPENED TO YOU IN THE LAST YEAR, give the response that best describes how it affected you...

- Got married.
  <USE "IMPACT" CARD>
  13:6
  (CHECK ONLY ONE ANSWER)
  ___  1. 1. Extremely bad
  ___  2. 2. Somewhat bad
  ___  3. 3. Neutral
  ___  4. 4. Somewhat good
  ___  5. 5. Extremely good
  ___  6. 6. Did not happen in the last year
  ___  7. 7. REFUSED

152. Began a relationship.
   <REMIND SUBJECT TO ONLY CONSIDER EVENTS WHICH OCCURRED IN THE PAST YEAR.> <USE "IMPACT" CARD>
   13:7
   (CHECK ONLY ONE ANSWER)
   ___  1. 1. Extremely bad
   ___  2. 2. Somewhat bad
   ___  3. 3. Neutral
   ___  4. 4. Somewhat good
   ___  5. 5. Extremely good
   ___  6. 6. Did not happen in the last year
   ___  7. 7. REFUSED

153. Broke-up with someone.
   <USE "IMPACT" CARD>
   13:8
   (CHECK ONLY ONE ANSWER)
   ___  1. 1. Extremely bad
   ___  2. 2. Somewhat bad
   ___  3. 3. Neutral
   ___  4. 4. Somewhat good
   ___  5. 5. Extremely good
   ___  6. 6. Did not happen in the last year
   ___  7. 7. REFUSED

154. Separated from husband.
   <USE "IMPACT" CARD>
   13:9
   (CHECK ONLY ONE ANSWER)
   ___  1. 1. Extremely bad
   ___  2. 2. Somewhat bad
   ___  3. 3. Neutral
   ___  4. 4. Somewhat good
   ___  5. 5. Extremely good
   ___  6. 6. Did not happen in the last year
155. Got divorced.
<USE "IMPACT" CARD>

13:10

(CHECK ONLY ONE ANSWER)
[ ] 1. Extremely bad
[ ] 2. Somewhat bad
[ ] 3. Neutral
[ ] 4. Somewhat good
[ ] 5. Extremely good
[ ] 6. Did not happen in the last year
[ ] 7. REFUSED

156. Close friend or family member moved away.
<USE "IMPACT" CARD>

13:11

(CHECK ONLY ONE ANSWER)
[ ] 1. Extremely bad
[ ] 2. Somewhat bad
[ ] 3. Neutral
[ ] 4. Somewhat good
[ ] 5. Extremely good
[ ] 6. Did not happen in the last year
[ ] 7. REFUSED

157. Someone else moved in or out of household.
<REMIND SUBJECT TO ONLY CONSIDER EVENTS WHICH OCCURRED IN THE PAST YEAR.> <USE "IMPACT" CARD>

13:12

(CHECK ONLY ONE ANSWER)
[ ] 1. Extremely bad
[ ] 2. Somewhat bad
[ ] 3. Neutral
[ ] 4. Somewhat good
[ ] 5. Extremely good
[ ] 6. Did not happen in the last year
[ ] 7. REFUSED

158. YOU moved in or out of household.
<USE "IMPACT" CARD>

13:13

(CHECK ONLY ONE ANSWER)
[ ] 1. Extremely bad
[ ] 2. Somewhat bad
[ ] 3. Neutral
[ ] 4. Somewhat good
[ ] 5. Extremely good
[ ] 6. Did not happen in the last year
[ ] 7. REFUSED

159. Robbery or attempted robbery of home.
<USE "IMPACT" CARD>

13:14

(CHECK ONLY ONE ANSWER)
160. Pregnancy.

(CHECK ONLY ONE ANSWER)

1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

161. Birth of a child.

(REMIND SUBJECT TO ONLY CONSIDER EVENTS WHICH OCCURRED IN THE PAST YEAR.)

(CHECK ONLY ONE ANSWER)

1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

162. Miscarriage.

(CHECK ONLY ONE ANSWER)

1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

163. Abortion.

(CHECK ONLY ONE ANSWER)

1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED
164. YOU experienced a serious illness, injury, or hospitalization? <USE CARD "IMPACT">
13:19

(CHECK ONLY ONE ANSWER)
|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

165. Your HUSBAND/PARTNER experienced a serious illness, injury, or hospitalization? <USE CARD "IMPACT">
13:20

(CHECK ONLY ONE ANSWER)
|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

166. One or both of your PARENTS experienced a serious illness, injury, or hospitalization? <USE CARD "IMPACT">
13:21

(CHECK ONLY ONE ANSWER)
|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

167. Your CHILD experienced a serious illness, injury, or hospitalization in the past year? <USE CARD "IMPACT">
13:22

(CHECK ONLY ONE ANSWER)
|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

168. Some other CLOSE RELATIVE experienced a serious illness, injury, or hospitalization in the past year? <USE CARD "IMPACT">
13:23

(CHECK ONLY ONE ANSWER)
|   | 1. Extremely bad
|   | 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

169. Death of a: Husband or partner.  
<REMIND SUBJECT TO ONLY CONSIDER EVENTS WHICH OCCURRED IN THE PAST YEAR.>  <USE CARD "IMPACT">
13:24

(CHECK ONLY ONE ANSWER)
1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

170. Death of a: Parent.  <USE CARD "IMPACT">
13:25

(CHECK ONLY ONE ANSWER)
1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

171. Death of a: Child.  <USE CARD "IMPACT">
13:26

(CHECK ONLY ONE ANSWER)
1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

172. Death of a: Close relative/friend.  <USE CARD "IMPACT">
13:27

(CHECK ONLY ONE ANSWER)
1. 1. Extremely bad
2. 2. Somewhat bad
3. 3. Neutral
4. 4. Somewhat good
5. 5. Extremely good
6. 6. Did not happen in the last year
7. 7. REFUSED

173. Started work.  <USE CARD "IMPACT">
13:28

(CHECK ONLY ONE ANSWER)
174. Quit or was laid off from work. <USE CARD "IMPACT">
13:29

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad |
|   | 2. Somewhat bad   |
|   | 3. Neutral        |
|   | 4. Somewhat good  |
|   | 5. Extremely good |
|   | 6. Did not happen in the last year |
|   | 7. REFUSED        |

175. Change at work (demoted, promoted, etc.). <USE CARD "IMPACT">
13:30

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad |
|   | 2. Somewhat bad  |
|   | 3. Neutral       |
|   | 4. Somewhat good |
|   | 5. Extremely good|
|   | 6. Did not happen in the last year |
|   | 7. REFUSED       |

176. Change of schools.  
<REMIND SUBJECT TO ONLY CONSIDER EVENTS WHICH OCCURRED IN THE PAST YEAR.>  <USE CARD "IMPACT">
13:31

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad |
|   | 2. Somewhat bad  |
|   | 3. Neutral       |
|   | 4. Somewhat good |
|   | 5. Extremely good|
|   | 6. Did not happen in the last year |
|   | 7. REFUSED       |

177. Started school/vocational training. <USE CARD "IMPACT">
13:32

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad |
|   | 2. Somewhat bad  |
|   | 3. Neutral       |
|   | 4. Somewhat good |
|   | 5. Extremely good|
|   | 6. Did not happen in the last year |
|   | 7. REFUSED       |
178. Graduated from school/vocational training.

<USE CARD "IMPACT">
13:33

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

179. Dropped out of school/vocational training.

<USE CARD "IMPACT">
13:34

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

180. Had major problems in school/vocational training.

<USE CARD "IMPACT">
13:35

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

181. Detention in jail or youth facility. <USE CARD "IMPACT">
13:36

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad
|   | 2. Somewhat bad
|   | 3. Neutral
|   | 4. Somewhat good
|   | 5. Extremely good
|   | 6. Did not happen in the last year
|   | 7. REFUSED

182. Other problems with the law.
<REMIND SUBJECT TO ONLY CONSIDER EVENTS WHICH OCCURRED IN THE PAST YEAR.>

<USE CARD "IMPACT">
13:37

(CHECK ONLY ONE ANSWER)

|   | 1. Extremely bad
|   | 2. Somewhat bad
183. YOU were mugged or robbed. <USE CARD "IMPACT">

13:38

(CHECK ONLY ONE ANSWER)

|__|  1. 1. Extremely bad
|__|  2. 2. Somewhat bad
|__|  3. 3. Neutral
|__|  4. 4. Somewhat good
|__|  5. 5. Extremely good
|__|  6. 6. Did not happen in the last year
|__|  7. 7. REFUSED

184. Have you experienced any other significant events in the past year?

13:39

(CHECK ONLY ONE ANSWER)

|__|  1. 1. No
|__|  2. 2. Yes (GO TO QUESTION 185)
|__|  3. 3. REFUSED

SKIP TO QUESTION 187

185. Which was the MOST significant of these other events?

14:1-40

186. Which of the following responses best describes how #185 affected you? <USE CARD "IMPACT">

14:41

(CHECK ONLY ONE ANSWER)

|__|  1. 1. Extremely negative
|__|  2. 2. Somewhat negative
|__|  3. 3. Neutral
|__|  4. 4. Slightly positive
|__|  5. 5. Extremely positive
|__|  6. 6. REFUSED

8. Now I am going to ask you a few questions about your ethnic background. What is the ethnicity of your child?

1:60

(CHECK ONLY ONE ANSWER)

|__|  1. 1. Hispanic / Latino
|__|  2. 2. Mixed ethnicity - Latino & African American
|__|  3. 3. Mixed ethnicity - Latino & European American
|__|  4. 4. Mixed ethnicity - Latino & other
|__|  5. 5. REFUSED
9. In what country was each of the following persons born?
In what country was your child born?
1:61

(CHECK ONLY ONE ANSWER)
___  1. Mainland USA
___  2. Puerto Rico
___  3. Dominican Republic
___  4. Mexico
___  5. Other <SPECIFY>  (GO TO QUESTION 10)
___  6. DON'T KNOW
___  7. REFUSED
SKIP TO QUESTION 11

==========================================================================
10. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>
2:1-20

==========================================================================

11. In what country was YOUR MOTHER born?
2:21

(CHECK ONLY ONE ANSWER)
___  1. Mainland USA
___  2. Puerto Rico
___  3. Dominican Republic
___  4. Mexico
___  5. Other <SPECIFY>  (GO TO QUESTION 12)
___  6. DON'T KNOW
___  7. REFUSED
SKIP TO QUESTION 13

==========================================================================
12. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>
2:22-41

==========================================================================

13. In what country was the MOTHER OF YOUR MOTHER born?
2:42

(CHECK ONLY ONE ANSWER)
___  1. Mainland USA
___  2. Puerto Rico
___  3. Dominican Republic
___  4. Mexico
___  5. Other <SPECIFY>  (GO TO QUESTION 14)
___  6. DON'T KNOW
___  7. REFUSED
SKIP TO QUESTION 15

==========================================================================
14. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>
2:43-62

15. In what country was the FATHER OF YOUR MOTHER born?
2:63

(CHECK ONLY ONE ANSWER)

<table>
<thead>
<tr>
<th></th>
<th>1. Mainland USA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Puerto Rico</td>
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<tr>
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<tr>
<td></td>
<td>3. Dominican Republic</td>
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<td></td>
<td>4. Mexico</td>
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<td>5. Other &lt;SPECIFY&gt; (GO TO QUESTION 16)</td>
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<td>6. DON'T KNOW</td>
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<tr>
<td></td>
<td>7. REFUSED</td>
</tr>
</tbody>
</table>

SKIP TO QUESTION 17

16. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>
3:1-20

17. In what country was your FATHER born?
3:21

(CHECK ONLY ONE ANSWER)

<table>
<thead>
<tr>
<th></th>
<th>1. Mainland USA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Puerto Rico</td>
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<td></td>
<td>3. Dominican Republic</td>
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<td>4. Mexico</td>
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<td>5. Other &lt;SPECIFY&gt; (GO TO QUESTION 18)</td>
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<tr>
<td></td>
<td>6. DON'T KNOW</td>
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<tr>
<td></td>
<td>7. REFUSED</td>
</tr>
</tbody>
</table>

SKIP TO QUESTION 19

18. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>
3:22-41

19. In what country was the MOTHER OF YOUR FATHER born?
3:42

(CHECK ONLY ONE ANSWER)

<table>
<thead>
<tr>
<th></th>
<th>1. Mainland USA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Puerto Rico</td>
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<tr>
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<td>-----------------</td>
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<td></td>
<td>3. Dominican Republic</td>
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<td></td>
<td>4. Mexico</td>
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<td>5. Other &lt;SPECIFY&gt; (GO TO QUESTION 20)</td>
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</tr>
<tr>
<td></td>
<td>6. DON'T KNOW</td>
</tr>
</tbody>
</table>
20. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>  
3:43-62

21. In what country was the FATHER OF YOUR FATHER born?  
3:63

(CHECK ONLY ONE ANSWER)

1. 1. Mainland USA
2. 2. Puerto Rico
3. 3. Dominican Republic
4. 4. Mexico
5. 5. Other <SPECIFY>  (GO TO QUESTION 22)
6. 6. DON'T KNOW
7. 7. REFUSED

22. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>  
4:1-20

23. In what country were YOU born?  
4:21

(CHECK ONLY ONE ANSWER)

1. 1. Mainland USA
2. 2. Puerto Rico
3. 3. Dominican Republic
4. 4. Mexico
5. 5. Other <SPECIFY>  (GO TO QUESTION 24)
6. 6. DON'T KNOW
7. 7. REFUSED

24. <ENTER PARTICIPANT'S ANSWER FOR COUNTRY.>  
4:22-41

79. Now, I am going to read you a list of problems and complaints that people sometimes have. Please let me know how much discomfort each of these problems has caused you during the last TWO WEEKS.
82. (In the past TWO WEEKS how much were you distressed by...)  
Loss of sexual interest or pleasure? <SHOW "AMOUNT" CARD>  
5:30

(CHECK ONLY ONE ANSWER)
___  1. 1. Not at all
___  2. 2. A little
___  3. 3. Some
___  4. 4. A lot (very)
___  5. 5. A huge amount (extremely)
___  6. 6. REFUSED

85. (In the past TWO WEEKS how much were you distressed by...)  
Feeling low in energy or slowed down? <SHOW "AMOUNT" CARD>  
5:33

(CHECK ONLY ONE ANSWER)
___  1. 1. Not at all
___  2. 2. A little
___  3. 3. Some
___  4. 4. A lot (very)
___  5. 5. A huge amount (extremely)
___  6. 6. REFUSED

86. (In the past TWO WEEKS how much were you distressed by...)  
Thoughts of ending your life? <SHOW "AMOUNT" CARD>  
5:34

(CHECK ONLY ONE ANSWER)
___  1. 1. Not at all
___  2. 2. A little
___  3. 3. Some
___  4. 4. A lot (very)
___  5. 5. A huge amount (extremely)
___  6. 6. REFUSED

88. (In the past TWO WEEKS how much were you distressed by...)  
Crying easily <SHOW "AMOUNT" CARD>  
5:36

(CHECK ONLY ONE ANSWER)
___  1. 1. Not at all
___  2. 2. A little
___  3. 3. Some
___  4. 4. A lot (very)
___  5. 5. A huge amount (extremely)
___  6. 6. REFUSED

89. (In the past TWO WEEKS how much were you distressed by...)  
Feelings of being trapped or caught? <SHOW "AMOUNT" CARD>  
5:37

(CHECK ONLY ONE ANSWER)
___  1. 1. Not at all
___  2. 2. A little
___  3. 3. Some
___  4. 4. A lot (very)
___  5. 5. A huge amount (extremely)
92. (In the past TWO WEEKS how much were you distressed by...) Blaming yourself for things?  
5:40

(CHECK ONLY ONE ANSWER)
|   | 1. 1. Not at all
|   | 2. 2. A little
|   | 3. 3. Some
|   | 4. 4. A lot (very)
|   | 5. 5. A huge amount (extremely)
|   | 6. 6. REFUSED

94. (In the past TWO WEEKS how much were you distressed by...) Feeling lonely?  
5:42

(CHECK ONLY ONE ANSWER)
|   | 1. 1. Not at all
|   | 2. 2. A little
|   | 3. 3. Some
|   | 4. 4. A lot (very)
|   | 5. 5. A huge amount (extremely)
|   | 6. 6. REFUSED

95. (In the past TWO WEEKS how much were you distressed by...) Feeling blue?  
5:43

(CHECK ONLY ONE ANSWER)
|   | 1. 1. Not at all
|   | 2. 2. A little
|   | 3. 3. Some
|   | 4. 4. A lot (very)
|   | 5. 5. A huge amount (extremely)
|   | 6. 6. REFUSED

96. (In the past TWO WEEKS how much were you distressed by...) Worrying too much about things?  
5:44

(CHECK ONLY ONE ANSWER)
|   | 1. 1. Not at all
|   | 2. 2. A little
|   | 3. 3. Some
|   | 4. 4. A lot (very)
|   | 5. 5. A huge amount (extremely)
|   | 6. 6. REFUSED

97. (In the past TWO WEEKS how much were you distressed by...) Feeling no interest in things?  
5:45

(CHECK ONLY ONE ANSWER)
|   | 1. 1. Not at all
|   | 2. 2. A little
|   | 3. 3. Some
|   | 4. 4. A lot (very)
|   | 5. 5. A huge amount (extremely)
106. (In the past TWO WEEKS how much were you distressed by...)
Feeling hopeless about the future? <SHOW "AMOUNT" CARD>
5:54

(CHECK ONLY ONE ANSWER)
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

112. (In the past TWO WEEKS how much were you distressed by...)
Feeling everything is an effort? <SHOW "AMOUNT" CARD>
5:60

(CHECK ONLY ONE ANSWER)
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

116. (In the past TWO WEEKS how much were you distressed by...)
Feelings of worthlessness? <SHOW "AMOUNT" CARD>
5:64

(CHECK ONLY ONE ANSWER)
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED
The Social Support Network Questionnaire (SSNQ)

The Social Support Network Questionnaire (SSNQ) is a structured face-to-face interview that has been designed to assess social support and social strain in adolescent mothers' relationships. The SSNQ is a modification and extension of the Arizona Social Support Interview Schedule (Barrera, 1981) and it is administered with the aid of a laptop computer. The following document lists instructions to interviewers and questions asked of participants. If you would like a copy of the program files and variable dictionaries, please contact Jean Rhodes (jean.rhodes@umb.edu) or Christina Gee (cgee@gwu.edu).

INTRODUCTION

NOTES:

Instructions to the interviewer are in bold type and enclosed within brackets; interviewer dialogue is italicized.

[READ TO THE PARTICIPANT]

I would like to spend the next 25 to 30 minutes talking with you about the people who are important to you in a number of different ways. To begin with, I am going to ask about the people you turn to for different kinds of help and support. You can give me just their first names or their initials if you wish. These people might be friends, family members, ministers, teachers, doctors, or anyone else you know. If you're not sure you understand the question, please tell me and I will try to make it clearer.

SECTION ONE: SOCIAL SUPPORT

QUESTION # 1a [EMOTIONAL SUPPORT] If you wanted to talk to someone about something personal or private, who would you talk to--for instance, if you had something on your mind that was worrying you or making you feel down? [PROBE] Is there anyone else who you can think of?

[NOTE: Participants can nominate up to 40 people on their network list]

QUESTION # 1b During the past month, how often did you actually talk to each of these people about something personal or private?

[GET RATING FOR EACH PERSON NOMINATED IN QUESTION 1a]

1=Less than once per week
2=Once or several times per week
3=Daily

**QUESTION # 1c** How did you feel about the way things went the times you talked about personal concerns this past month?

[GET RATING FOR EACH PERSON NOMINATED IN 1a]

1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

**QUESTION # 1d** During the past month, would you have liked more opportunities to talk to people about your personal feelings and concerns, less opportunities, or was it about right?

[RECORD AMOUNT FOR EACH PERSON NOMINATED IN 1a]

1=About Right
2=Less
3=More

**QUESTION # 2a [TANGIBLE ASSISTANCE]** Who of the people you know would lend or give you something you needed or pitch in to help you with something you needed to do? These would be people who would run an errand for you, lend you money, food, clothing, or drive you somewhere you needed to go.

[PROBE] Anyone else?

[Note that participants can add individuals to their network list at any time.]

**QUESTION # 2b** During the past month, how often did each of these people actually loan you something you needed or helped you out with things like providing transportation, running errands, or helping you do a chore you needed to get done?

[GET RATING FOR EACH PERSON NOMINATED IN 2a]
0=Never
1=Once of twice this month
2=About once a week
3=More than once a week

**QUESTION # 2c** Overall, during this past month, how good was the practical help you got from the people you listed-- how well did it meet your needs?

[GET RATING FOR EACH PERSON NOMINATED IN 2a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very good

**QUESTION # 2d** During the past month, would you have liked people to have given you more practical help such as lending you things, providing you with transportation, running errands, or helping you with other things you needed to get done? Less practical help? Or was it about right?

[GET RATING FOR EACH PERSON NOMINATED IN 2a]
1=About Right
2=Less
3=More

**QUESTION # 3a** [COGNITIVE GUIDANCE] Who would you go to if you needed advice or information-- for example, if you didn't know where to get something or how to do something you needed to do? Remember, you can name the same people that you mentioned before, or you can name new people.

[PROBE] Is there anyone else you might go to for advice or information?

**QUESTION # 3b** During the past month, how often did each of these people actually give you information or advice?
QUESTION # 3c  This past month, how did you feel about the advice and information you did get?

[GET RATING FOR EACH PERSON NOMINATED IN 3a]

0=Never
1=Once or twice this month
2=About once a week
3=more than once a week

QUESTION # 3d  During the past month, would you have liked more advice, less advice, or was it about right?

[GET RATING FOR EACH PERSON NOMINATED IN 3a]

1=About Right
2=Less
3=More

QUESTION # 4a  [POSITIVE FEEDBACK/SOCIAL REINFORCEMENT]  What are the people that you can expect to let you know that they like your ideas or the things that you do?  Remember, you might have listed these people before or they can be new people.

[PROBE]  Is there anyone else?

QUESTION # 4b  During the past month, how often did each of these people actually let you know that they liked something you did or said?

[GET RATING FOR EACH PERSON NOMINATED IN 4a]
0=Never
1=Once or twice this month
2=About once a week
3=More than once a week

QUESTION # 4c During the past month, how did you feel about the way things went the times the people you mentioned told you that they liked your ideas or something that you did?

[GET RATING FOR EACH PERSON NOMINATED IN 4a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

QUESTION # 4d During the past month, would you have liked people to tell you that they liked your ideas or things that you did more often, less often, or was it about right?

[GET RATING FOR EACH PERSON NOMINATED IN 4a]
1=About Right
2=Less
3=More

QUESTION # 5a [SOCIAL PARTICIPATION] Who are the people you get together with to have fun and relax? These could be new names or the ones you listed before.

[PROBE] Anyone else?

QUESTION # 5b During the past month, how often did you actually get together with each of these people?

[GET RATING FOR EACH PERSON NOMINATED IN 5a]
0=Never
1=Once or twice this month
2=About once a week
3=More than once a week

**QUESTION # 5c** During the past month, how good did you feel about your experiences the times that you got together with people to have fun and relax?

[GET RATING FOR EACH PERSON NOMINATED IN 5a]

1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

**QUESTION # 5d** During the past month, would you have liked more opportunities to get together with people to have fun and relax, less opportunities, or was it about right?

[GET RATING FOR EACH PERSON NOMINATED IN 5a]

1. About Right
2. Less
3. More

[IF PARTICIPANT IS PREGNANT, ASK 6a-6d; OTHERWISE SKIP TO 7]

**QUESTION # 6a** [PREGNANCY RELATED ASSISTANCE] If you wanted to talk to someone about being pregnant or get some other type of help related to your pregnancy-- a ride to the doctor, clothes for the baby-- who would you go to? These could be people you’ve already mentioned or new people.

[PROBE] Anyone else?
QUESTION # 6b During the past month, how often did each of these people actually talk with you about being pregnant or help you with your pregnancy in some other way?

[GET RATING FOR EACH PERSON NOMINATED IN 6a]

0=Never
1=Once or twice this month
2=About once a week
3=More than once a week

QUESTION # 6c How did you feel about the help with your pregnancy you received from the people mentioned during this past month?

[GET RATING FOR EACH PERSON NOMINATED IN 6a]

1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

QUESTION # 6d During the past month, would you have liked more help and support with your pregnancy, less help and support, or was it about right?

[GET RATING FOR EACH PERSON NOMINATED IN 6a]

1=About right
2=Less
3=More

[IF PARTICIPANT HAS ONE OR MORE CHILDREN ASK 7a-7d; OTHERWISE SKIP TO QUESTION 8]

QUESTION # 7a [CHILD CARE ASSISTANCE] Who could you go to for help in taking care of your child/children? For instance, who could you rely on to watch your child/children in an emergency or if you just needed a break?
[PROBE]  Anyone else?

**QUESTION # 7b** During the past month, how often did each of these people actually help you with your child/children?

[GET RATING FOR EACH PERSON NOMINATED IN 7a]

0=Never

1=Once or twice this month

2= About once a week

3=More than once a week

**QUESTION # 7c** During this past month, how did you feel about the help with child care you did receive?

[GET RATING FOR EACH PERSON NOMINATED IN 7a]

1=Bad

2=Not too good

3=OK

4=Good

5=Very Good

**QUESTION # 7d** During this past month would you have liked more help taking care of your child / children, less help, or was it about right?

[GET RATING FOR EACH PERSON NOMINATED IN 7a]

1=About Right

2=Less

3=More

**QUESTION # 8** [OVERALL SATISFACTION] How good did you feel about the way things went the times this person tried to help or support you during the past month?

[GET RATING FOR EACH PERSON NOMINATED IN 7a]
1=Not too good  
2=OK  
3=Very Good  

**QUESTION # 9  [OVERALL NEED]** *During the past month could you have used more help and support from ______? Less help and support? Or was it about right?*  

[GET RATING FOR EACH PERSON NOMINATED IN 7a]  
1. About Right  
2. Less  
3. More  

**QUESTION # 10  [IMPORTANCE]** *How important to you is the help and support you get from this person?*  

[GET RATING FOR EACH PERSON NOMINATED IN 7a]  
1=Not too important  
2=Somewhat important  
3=Very important  

**QUESTION # 11a  [NEGATIVE INTERACTIONS]** *Who are the people you can expect to make you angry or hurt your feelings? These would be people you argue with or upset you in some other way. These could be new names or names you listed before.*  

[PROBE] *Anyone else?*  

**QUESTION # 11b During the past month, which of these people actually made you angry or hurt your feelings?**  

[GET RATING FOR EACH PERSON LISTED IN 11a]  
Angry or hurt feelings?  
1=Yes  
2=No
**Child Behavior Checklist for Ages 1½-5**

Boy Girl

**Today's Date**
Mo. _____ Day _____ Year ______ Mo. _____ Day _____ Year ______

**Child's Birthdate**

Please fill out this form to reflect your view of the child’s behavior even if other people might not agree. Feel free to write additional comments beside each item and in the space provided on page 2. Be sure to answer all items.

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ASEBA, University of Vermont, 1 South Prospect St., Burlington, VT 05401-3456

www.ASEBA.org 7-28-00 Edition

_Be sure you answered all items. Then see other side._

Please print. Be sure to answer all items.

Below is a list of items that describe children. For each item that describes the child _now or within the past 2 months_, please circle the **2** if the item is _very true or often true_ of the child. Circle the **1** if the item is _somewhat or sometimes true_ of the child. If the item is _not true_ of the child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = _Not True (as far as you know)_ 1 = _Somewhat or Sometimes True_ 2 = _Very True or Often True_

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Aches or pains (without medical cause; do not include stomach or headaches)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Acts too young for age</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Afraid to try new things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Avoids looking others in the eye</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>Can’t concentrate, can’t pay attention for long</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>Can’t sit still, restless, or hyperactive</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Can’t stand having things out of place</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>Can’t stand waiting; wants everything now</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>Chews on things that aren’t edible</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Clings to adults or too dependent</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Constantly seeks help</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>Constipated, doesn’t move bowels (when not sick)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Cries a lot</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>Cruel to animals</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15.</td>
<td>Defiant</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16.</td>
<td>Demands must be met immediately</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>Destroys his/her own things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Destroys things belonging to his/her family or other children</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19.</td>
<td>Diarrhea or loose bowels (when not sick)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20.</td>
<td>Disobedient</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>21.</td>
<td>Disturbed by any change in routine</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>22.</td>
<td>Doesn’t want to sleep alone</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>23.</td>
<td>Doesn’t answer when people talk to him/her</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>24.</td>
<td>Doesn’t eat well (describe):</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>25.</td>
<td>Doesn’t get along with other children</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26.</td>
<td>Doesn’t know how to have fun; acts like a little adult</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>27.</td>
<td>Doesn’t seem to feel guilty after misbehaving</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28.</td>
<td>Doesn’t want to go out of home</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>29.</td>
<td>Easily frustrated</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
0 1 2 30. Easily jealous
0 1 2 31. Eats or drinks things that are not food—don’t include sweets (describe): _____________
0 1 2 32. Feels certain animals, situations, or places (describe): ___________________________
0 1 2 33. Feelings are easily hurt
0 1 2 34. Gets hurt a lot, accident-prone
0 1 2 35. Gets in many fights
0 1 2 36. Gets into everything
0 1 2 37. Gets too upset when separated from parents
0 1 2 38. Has trouble getting to sleep
0 1 2 39. Headaches (without medical cause)
0 1 2 40. Hits others
0 1 2 41. Holds his/her breath
0 1 2 42. Hurts animals or people without meaning to
0 1 2 43. Looks unhappy without good reason
0 1 2 44. Angry moods
0 1 2 45. Nausea, feels sick (without medical cause)
0 1 2 46. Nervous movements or twitching (describe): ___________________________
0 1 2 47. Nervous, highstrung, or tense
0 1 2 48. Nightmares
0 1 2 49. Overeating
0 1 2 50. Overtired
0 1 2 51. Shows panic for no good reason
0 1 2 52. Painful bowel movements (without medical cause)
0 1 2 53. Physically attacks people
0 1 2 54. Picks nose, skin, or other parts of body (describe): _______________________
0 1 2 55. Plays with own sex parts too much
0 1 2 56. Poorly coordinated or clumsy
0 1 2 57. Problems with eyes (without medical cause) (describe): ___________________
0 1 2 58. Punishment doesn’t change his/her behavior
0 1 2 59. Quickly shifts from one activity to another
0 1 2 60. Rashes or other skin problems (without medical cause)
0 1 2 61. Refuses to eat
0 1 2 62. Refuses to play active games
0 1 2 63. Repeatedly rocks head or body
0 1 2 64. Resists going to bed at night
0 1 2 65. Resists toilet training (describe): _________________________________________
0 1 2 66. Screams a lot
0 1 2 67. Seems unresponsive to affection
0 1 2 68. Self-conscious or easily embarrassed
0 1 2 69. Selfish or won’t share
0 1 2 70. Shows little affection toward people
0 1 2 71. Shows little interest in things around him/her
0 1 2 72. Shows too little fear of getting hurt
0 1 2 73. Too shy or timid
0 1 2 74. Sleeps less than most kids during day and/or night (describe): ______________
0 1 2 75. Smears or plays with bowel movements
0 1 2 76. Speech problem (describe): ______________________________________________
0 1 2 77. Stares into space or seems preoccupied
0 1 2 78. Stomachaches or cramps (without medical cause)
0 1 2 79. Rapid shifts between sadness and excitement
0 1 2 80. Strange behavior (describe): ______________________________________________
0 1 2 81. Stubborn, sullen, or irritable
0 1 2 82. Sudden changes in mood or feelings
0 1 2 83. Sulks a lot
0 1 2 84. Talks or cries out in sleep
85. Temper tantrums or hot temper
86. Too concerned with neatness or cleanliness
87. Too fearful or anxious
88. Uncooperative
89. Underactive, slow moving, or lacks energy
90. Unhappy, sad, or depressed
91. Unusually loud
92. Upset by new people or situations (describe): ________________________________
93. Vomiting, throwing up (without medical cause)
94. Wakes up often at night
95. Wanders away
96. Wants a lot of attention
97. Whining
98. Withdrawn, doesn’t get involved with others
99. Worries
100. Please write in any problems the child has that were not listed above.

Please be sure you have answered all items.
Underline any you are concerned about.