THE ROMANTIC RELATIONSHIPS OF
LATINA ADOLESCENT MOTHERS: LONGITUDINAL EFFECTS
OF RELATIONSHIP SATISFACTION, SOCIAL SUPPORT,
AND RELATIONSHIP STRAIN

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CHAPTER 1

INTRODUCTION

Introduction

Adolescent mothers are at high risk for developing adjustment difficulties that can lead to detrimental outcomes for them and their children (Wiemann, Berenson, Wagner, & Landwehr, 1996). Consequently, there is a need to examine resources that can help with these difficulties. Romantic relationships are important to examine because characteristics of these relationships (e.g. relationship continuity, relationship satisfaction, partner support, and relationship strain) can impact an individual’s health and psychological functioning (Cunningham & Barbee, 2000; House, Umberson, & Landis, 1988; Rook, 1990; Sheng, 2010; Thompson, Flood, & Goodvin, 2006). For instance, lack of relationship continuity and partner involvement impact the psychological adjustment of mothers, with low levels of relationship satisfaction and low social support relating to higher depressive symptoms and decreased psychological functioning (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993; Sheng, 2010). Examining the psychological adjustment of young mothers is imperative because lower levels of adjustment are related to fast consecutive pregnancy (Gillmore, Lewis, Lohr, Spencer, & White, 1997), lower educational attainment and success at work (Danziger, Corcoran, Danziger, Heflin, Kalil, Levine, et al., 2000), diminished parenting skills, and
hinder child outcomes (Cutrona, Hessling, Bacon, & Russell, 1998; Holden, Willis, & Foltz, 1989). Given that a significant percentage of Latina adolescent mothers are involved in romantic relationships during the postpartum years (Contreras, 2004; Eshbaugh, 2006), research on the nature of these relationships and how they influence psychological adjustment over time is warranted.

Although a few studies have examined romantic relationships of European American (EA) and African-American (AA) young mothers (Gee & Rhodes, 2007; Thompson & Pebbles-Wilkins, 1992), research on the romantic relationships of young Latina mothers is scarce. Not surprisingly, there is also a lack of research examining the role of important aspects of romantic relationships, and no study has taken into account acculturation and enculturation levels of the young mothers. In addition, researchers have yet to investigate relationship satisfaction as it relates to relationship continuity and psychological adjustment for Latina adolescent mothers. Finally, there is a need for research examining the long-term effects of positive aspects of relationships (i.e. satisfaction, support) on the psychological adjustment of young Latina mothers.

The current paper examined the romantic relationships of Latina adolescent mothers. Specifically, using a longitudinal design, this paper examined aspects of romantic relationships (e.g. relationship continuity, relationship satisfaction, partner support, and relationship strain) that can impact the psychological adjustment of these young mothers. Given that American and Latino traditions and cultural values affect gender role expectations within relationships, this paper investigated differences in aspects of romantic relationships based on the young mother’s endorsement of both
American and Latino traditions and cultural values. The focus of this study is during the second year postpartum. Children of adolescent mothers begin to experience problems at an early age; therefore, it is imperative to uncover protective factors that operate early in development.

**Adolescent Mothers**

Adolescent mothers are at increased risk for psychopathology due to the challenges and stressful nature of early parenthood and low socioeconomic status (SES) (see Wakschlag & Hans, 2000 for a review). As a result of early pregnancy, adolescents are faced with unique and divergent developmental tasks (adolescent: development of identity and romantic relationships; adult: development of parenting skills), that requires them to accommodate their priorities, responsibilities, and behaviors as a parent with the challenges of being adolescents (Contreras, Narang, Ikhlas, & Teichman, 2002; Mercer, 2004). Adolescent mothers are also faced with stressors related to low SES. Compared to adolescents who are not mothers, adolescent mothers are overrepresented in low SES, are more likely to live in poverty and suffer from inadequate health care and housing, and are at a higher risk for dropping out of school (Klepinger, Lundberg, & Plotnick, 1995; Klerman, 1993). They are also likely to experience stressful life events and strained family relationships (Moore & Brooks-Gunn 2000; Wakschlag & Hans 2000). For instance, young mothers often find themselves negotiating the independent responsibilities of motherhood and the increased dependence on others’ assistance (Grotevant, 1998; Wakschlag, & Hans, 2005). These psychosocial risk factors have been implicated in the development of depressive symptoms in adolescent mothers (Birkeland,
Thompson, & Phares, 2005; Colleta, 1983; Zuckerman, Amaro, & Beardslee, 1987). In fact, studies of young mothers of different ethnic groups, including Latinas, indicate that they commonly experience elevated levels of depression ranging from 28% to 67% (Birkeland et al., 2005; Deal & Holt, 1998; Eshbaugh, 2006; Hudson, Elek, & Campbell-Grossman, 2000; Leadbeater & Linares, 1992; Nadeem, Whaley & Anthony, 2006).

Both early parenthood and maternal depression have consistently been related to negative outcomes in children (Brooks-Gunn & Furstenberg, 1986; Cornish, McMahon, Ungerer, et al., 2005; Zahn-Waxler, Duggal, & Gruber, 2002), and developmental deficits and behavioral problems are common in children of adolescent mothers starting in the second year postpartum (Brooks-Gunn & Furstenberg, 1986; Field, Widmayer, Adler, & de Cubas, 1990; Hann, Osofsky, & Culp, 1996). Consequently, it is important to examine factors that might protect young mothers from the negative effects of stress and/or promote their psychological adjustment. Moreover, it is especially important to study these factors in Latina adolescents since they have the highest birth rate compared to any other ethnic group in the US (83 per 1,000 births; 15-19 year olds, versus 64 per 1,000 births for Black teens; and 27 per 1,000 births for White teens; Martin, Hamilton, Sutton, et al., 2010), and they are severely understudied in the literature (Contreras et al., 2002).

**Importance of Romantic Relationships**

Since most adolescent mothers come from impoverished families, early childbearing increases the continuation of their economic disadvantage (Garcia-Coll & Vazquez Garcia, 1995; Vega, 1995), and the likelihood that they will rely on individuals
that are close to them for support (Cauce & Domenech-Rodriguez, 2002; Cochran & Niego, 2002). Relationships that have been shown to be particularly important for adolescent mothers include relationships with grandmothers and with romantic partners (Contreras, 2004). However this study will focus on romantic partners. Partners have been identified as one of the most common sources of support for adolescent mothers (Colleta, 1981; Contreras, 2004; Gee & Rhodes, 1999; 2003; Roye & Balk, 1996; Thompson & Pebbles-Wilkins, 1992). Despite this, partners of adolescent mothers have received little research attention in part because romantic relationships of adolescent parents have been characterized as transient (Elster & Lamb, 1986; Gee & Rhodes, 1999), unstable, and conflictual (Colleta & Gregg, 1983; Nitz, Ketterlinus, & Brandt, 1995; Rhodes, Ebert, & Meyers, 1994; Rhodes & Woods, 1995), and therefore as failing to provide consistent or reliable support to the young mothers (Chen, Telleen, & Chen, 1995; Gee & Rhodes, 1999).

However, research on non-pregnant or non-parenting adolescents suggests that romantic relationships are predominant, important, and influential to adolescent’s development, health, and psychological adjustment (Collins, 2003; Furman & Shaffer, 2003; Joyner & Udry, 2000; Williams, Connolly, & Segal, 2001). Extensive research also shows that women’s self-esteem and well-being are heavily dependent on their relationships with others (Sarason & Sarason, 2006; Sarason, Sarason, Brock, & Pierce, 1996), and that young mothers follow normative developmental processes (Gee & Rhodes, 1999), by gaining independence from their caregivers, and placing more importance on romantic relationships (Cauce, Mason, Gonzales, Hiraga, & Liu, 1996).
Furthermore, the small amount of literature on Latina adolescent mothers suggests that a significant percentage of these mothers are involved in romantic relationships during the postpartum years. For example, 32% of Latina adolescent mothers participating in the National Early Head Start Research and Evaluation Project who provided demographic information at enrollment in the study, and completed a depression measure when their children were 14 months old were married or cohabitating with their partners (Eshbaugh, 2006). In addition, 54% of Puerto Rican adolescent mothers of infants and toddlers residing in a large Midwestern city reported having a partner; and an additional 23% were married (Contreras, 2004). These results are consistent with Latino cultural values and traditions that emphasize the importance of women having a partner and the importance of men assuming parental responsibility by maintaining romantic relationships after an unintended pregnancy (Garcia-Coll & Vazquez Garcia, 1996).

Given the prevalence of these relationships among Latina adolescent mothers, it makes sense to study if and how partners contribute to their psychological well-being.

Although little is known about the romantic relationships of Latina adolescent mothers, the limited research indicates that these relationships may have a different impact on the young mothers’ psychological adjustment compared to other ethnic groups. For instance, although having a partner was associated with more depressive symptoms among AA adolescent mothers, Latina mothers who had partners reported lower levels of distress (Eshbaugh, 2006). At the same time however, Puerto Rican and Dominican young mothers report less child care and emotional support from partners than do their AA (Brunelli, Wasserman, Rauh, Alvarado, & Carabello, 1995; Wasserman, Brunelli,
Rauh, & Alvarado, 1994) and EA peers (de Anda & Becerra, 1984). Researchers speculate that these findings are indicative of cultural differences regarding values, traditions, and gender role expectations.

The Latino culture is traditionally described as collectivistic (Cauce & Domenech-Rodriguez, 2002), placing a high value on interdependence and solidarity, familism (a belief system that places importance on family loyalty and solidarity, family obligation, reciprocity, and parental authority), and respeto (“proper demeanor” and respect for authority, and involves knowing proper courtesy and decorum in relation to other individuals based on their age, sex, and social status; Harwood, Leyendecker, Carlson, Asencio, & Miller, 2000; Vega, 1995). It is important to examine the cultural orientation of Latinos residing in the US because they endorse and adapt to mainstream American (i.e., acculturation) and traditional Latino (i.e., enculturation) values, beliefs, and practices (Berry, 1980; Gonzales, Fabrett, & Knight, 2009). Until recently, acculturation was described as a unidimensional construct where individuals adopted the cultural values, attitudes, and practices of the host culture while simultaneously losing the characteristics of the original culture. However, acculturation is now described as a bidimensional construct by which individuals independently achieve different levels of adaptation to both mainstream and ethnic cultures (Berry, 2005; Gonzales et al., 2009). As such, the cultural adaptation literature suggests that increased endorsement of acculturation can co-occur with different levels of endorsement of enculturation (Benet-Martinez, Leu, Lee, & Morris, 2002), and both processes can have independent effects on behavior (Gonzales et al., 2009). Acculturation and enculturation levels are also likely to
influence family structure, family relations, and the formation of social and romantic relationships (Garcia-Coll & Vazquez Garcia, 1996; Vega, 1995). Due to the lack of research on Latina adolescent mothers, the role of culture and its impact on the nature of romantic relationships remains unclear.

**Relationship Continuity**

The next step after examining what the romantic relationships of Latina adolescent mothers are like is to understand these relationships in terms of both their continuity and their impact on psychological adjustment. Research conducted mainly with EA and AA adolescent mothers suggests that these romantic relationships weaken (Cutrona et al., 1998; Gee & Rhodes, 1999; 2003; Kalil, Ziol-Guest, & Coley, 2005; Leadbeater & Way, 2001; Wasserman, Brunelli, & Rauh, 1990) and sometimes become less supportive and more problematic over time (Gee & Rhodes, 2003). For instance, Unger & Wandersman (1988) reported that by 8 months postpartum, approximately 50% of AA adolescent mothers in their study were no longer involved with their partner and 40% had a new partner. Similarly, Cutrona and colleagues (1998) found that the percentage of EA young mothers who remained involved with their partners decreased to 51% by 18 months postpartum. The New York Study focused on AA and Latina adolescent mothers and reported that 26% of mothers had a close (defined as frequent and emotional positive contact) relationship with their partner 3 years after birth; this number declined to 12% by the 6-year point (Leadbeater & Way, 2001).

Research focusing primarily on Latina adolescent mothers is scarce; nonetheless, three recent studies suggest that young Latina mothers are more likely to remain with
their partners than their AA counterparts at 2 to 3 years postpartum (Eshbaugh, 2008; Florsheim, Sumida, McCann, Winstanley, Fukui, Seefeldt, et al., 2003; Moore, Florsheim, & Butner, 2007). What’s more, a recent study found that despite a rapid decline in the quality of the romantic relationship (e.g. experiencing high levels of initial satisfaction and high levels of disappointment later on), young parenting Latino couples were more likely to remain romantically involved over time than their AA counterparts (Florsheim et al., 2003). Authors attributed their results to Latino couples’ endorsement of more traditional cultural values regarding marriage and childbirth, and an emphasis on family harmony.

Decreased relationship continuity (e.g. change or breakup with partner) often leads to decreased partner involvement and can be concerning, given that partner involvement can significantly influence the child’s well-being (Cutrona et al., 1998). For instance, continuous partner involvement is related to better parenting (Kalil et al., 2005) and child rearing environments, lower physician reports of child injuries, abuse, and neglect (Cutrona et al., 1998), and lower risk for developing behavioral and emotional problems (Lindahl, Clements, & Markman, 1997). Partner involvement is further important because it can impact the psychological adjustment of an adolescent mother. For example, Kalil et al. (2005) investigated partner involvement patterns as predictors and links to the psychological adjustment of AA and EA young mothers and reported that decreased partner involvement was related to increased maternal parenting stress over time.
Given the importance of relationship continuity for the adjustment of both young mother and child, researchers have examined predictors of relationship continuity. Research suggests that the quality (i.e. often interchangeably defined in terms of intimacy, support, satisfaction, or strain) of the relationship between the young mother and her partner is a strong and consistent predictor of relationship continuity (e.g. whether they are romantically involved, married, cohabitating) and partner involvement (Cutrona et al., 1998; Gee, Mc Nerney, Reiter, & Leaman, 2007; Kalil et al., 2005). Cutrona and colleagues (1998) examined predictors and correlates of continuing partner involvement among AA adolescent mothers and found that the quality of the relationship (assessed as degree of intimacy and social support) at 6 weeks postpartum predicted continued involvement at 18 months postpartum. The more intimate and supportive the relationship was, the more likely the partner remained involved. On the other hand, partners are likely to be uninvolved if a romantic relationship is unstable or hostile (Coley & Chase-Lansdale, 1999).

Further examination of predictors of relationship continuity reveals relationship satisfaction as the strongest predictor. Researchers who claim that satisfaction is a strong predictor of relationship continuity argue that relationship satisfaction is an important aspect of relationship success and stability because the construct allows researchers to examine “how an individual feels about their relationship at a specific moment in time” (Hendrick, Dicke, & Hendrick, 1998, p. 137; Meeks, Hendrick, & Hendrick, 1998). For example, EA adolescent couples (81.9%) who reported higher levels of relationship satisfaction prior to childbirth were more likely to remain together either as romantic
partners or co-parents 2 years after the birth of the child (Florsheim & Smith, 2005). Thus, descriptive research regarding differences in the nature and evolution of these romantic relationships (e.g. marital and residential status, length of relationship, relationship continuity, relationship satisfaction, partner support, relationship strain), as well as research examining romantic relationship factors that contribute to relationship continuity and the psychological adjustment of young Latina mothers is clearly needed.

**Romantic Relationship Aspects Likely to Influence the Psychological Adjustment of Latina Adolescent Mothers**

**Relationship satisfaction.** In order to get a good perspective on romantic relationships, it is important to not only focus on one aspect of these relationships, but to examine aspects that are anticipated to change as relationships evolve and continue impacting the well-being of those individuals involved (Erbert & Duck, 1997; Eshbaugh, 2008; Roye & Balk, 1996). Romantic relationship aspects that are likely to influence the psychological adjustment of Latina adolescent mothers are relationship satisfaction, social support (e.g. positive aspects), and relationship strain (e.g. negative aspects). Relationship satisfaction refers to an individual’s subjective value of the meaning they attach to their relationship (Hendrick et al., 1998; Meeks et al., 1998; Vaughn & Matyastik Baier, 1999) and originates from social exchange and equity theories (Lenthall, 1977; Thibaut & Kelley, 1959). These theories suggest that an individual is satisfied with their relationship if the relationship meets or exceeds their original expectations, if the relationship seems fair, if the individual does not see better alternatives, and if the overall benefits of the relationship outweigh the costs (Vaughn & Matyastik Baier, 1999, p. 138).
Importantly, social support and relationship strain are constructs that are often related to relationship satisfaction among adult couples (Canary, Cupach, & Messman, 1995; Karney & Bradbury, 1995). For instance, increases in relationship satisfaction are often associated with increases in support and decreases in strain, while decreases in relationship satisfaction are associated with decreases in support and increases in relationship strain (Cramer, 2003). However, inter-Relations among the 3 constructs (satisfaction, support, and strain) remain unclear given that some studies find that relationship satisfaction is consistently related to support but not to strain (Cramer, 2004a; 2004b).

As stated above, relationship satisfaction is a consistent predictor of relationship continuity. However, relationship satisfaction is also related to psychological adjustment. It is well established that relationship satisfaction tends to decline after the birth of a child among adult couples (Schulz, Cowan, & Cowan, 2006; Simpson & Rhodes, 2002), but there is little research among adolescent parents (Moore et al., 2007). It is essential to examine if relationship satisfaction declines in adolescents during their transition to parenthood given that satisfaction has been related to depressive symptoms in adult samples (Beach & O’Leary, 1993; Cramer, 2004b; Fincham, Beach, Harold, & Osborne, 1997; Fincham & Bradbury, 1993; Sheng, 2010; Weissman, 1987; Whisman, 1999; 2001). Using data from the National Comorbidity Survey, Whisman (1999) examined the association between marital dissatisfaction and major depression and found that satisfaction was significantly associated with major depression for women in the sample. Further, a recent meta-analyses conducted by Whisman (2001) showed that marital
dissatisfaction accounted for 18% of the variance in women’s depressive symptoms, that
the association between dissatisfaction and depressive symptoms was significantly
different from 0, and that the magnitude of these associations was in the medium-to-large
effect size range. However, even though there are several studies relating satisfaction to
depression, causality between relationship satisfaction and depression is unclear.

Intervention studies with adult couples show that increases in relationship
satisfaction lead to lower depression scores. On the other hand, reducing depression does
not increase relationship satisfaction, suggesting that satisfaction influences depression
but that depression does not have an effect on satisfaction (Emmanuels-Zuurveen &
associations between relationship satisfaction and depressive symptoms among
newlywed couples and reported that satisfaction predicted depressive symptoms 18
months later. Another longitudinal study conducted by Fincham and colleagues (1997)
found that depressive symptoms predicted relationship dissatisfaction for men, while
relationship dissatisfaction predicted depression for women. Mixed and inconclusive
findings regarding the association between relationship satisfaction and adjustment for
adults warrant further study.

Research examining relations between relationship satisfaction and psychological
adjustment of adolescent mothers is lacking. To the author’s knowledge, Fagan & Lee
(2010) are the only researchers who have investigated relations between relationship
satisfaction and depressive symptoms of AA (41%) and Latina (41%) adolescent
mothers. They found that young mother’s satisfaction with partner involvement (rather
than perception of amount of child care provided) was related to lower depressive symptoms. However, this study utilized an inadequate satisfaction measure that assessed satisfaction through 2 items. Additionally, this study did not separate analyses by ethnic group, potentially confounding findings. As such, further research investigating the associations between relationship satisfaction and psychological adjustment is needed.

**Partner Social Support.** Social support is another key aspect to study given that it is an important positive characteristic of relationships that promotes healthy psychological functioning (Cohen & Wills, 1985; Thompson et al., 2006), especially among those dealing with high levels of stress or social risk (Wilcox, 1981), such as Latina adolescent mothers. Social support promotes healthy psychological well-being because it is both stress preventative and stress buffering. Social support is stress preventative because it prevents stress from occurring by providing the resources needed during stressful times, and stress buffering because it diminishes the effects of stressful events by enhancing coping skills (Thompson et al., 2006). Social support is a multifaceted construct with 6 identified functions: emotional, cognitive, tangible, socializing, positive feedback, and child care support (Cauce et al., 1996; Cohen & Willis, 1985; Colleta & Lee, 1983; Thompson et al., 2006; Wan, Jaccard, & Ramey, 1996), which are often further categorized into instrumental (tangible, child care) and non-tangible (emotional, cognitive guidance, positive feedback, socializing) supports.

Social support also evolves throughout life (Newcomb, 1990), and adolescent mothers who are faced with “dual” developmental roles are likely to necessitate different and specific types of support (Contreras et al., 2002; Gee & Rhodes, 2003; Thompson &
Pebbles-Wilkins, 1992). Furthermore, it is established that the importance of social support received will depend on what is valued and needed at a particular time (Cohen & McKay, 1984; Cutrona & Russell, 1990; Thompson et al., 2006). This “matching hypothesis” states that support will act as a “buffer” and reduce stress when the needs of an individual “match” the types of support that are available to them (Cauce et al., 1996; Cohen, 1992; Cohen & McKay, 1984; Colleta & Lee, 1983; Cutrona & Russell, 1990; Sarason, Sarason, & Pierce, 1990; Unger & Wandersman, 1985).

The limited literature on partner support (primarily consisting of cross-sectional studies) reveals that support is related to lower depressive symptoms (Leadbeater & Linares, 1992), higher relationship satisfaction (Fagan & Lee, 2010), and higher psychological functioning (Roye & Balk, 1996; Unger & Wandersman, 1988) among primarily EA and AA young mothers. For instance, in a sample of AA adolescent mothers, frequency of partner instrumental and emotional support was related to lower psychological distress and depressive symptoms, and higher self-esteem (Thompson & Pebbles-Wilkins, 1992). Similarly, in a sample of AA (53%) and English speaking Puerto Rican (43%) adolescent mothers, partner financial support was related to fewer depressive symptoms (Leadbeater & Linares, 1992). Among Puerto Rican adolescent mothers, those who perceived greater partner support (assessed as the composite of emotional support, cognitive guidance, instrumental assistance, positive feedback, and social participation) reported less psychological symptoms (Contreras, Lopez, Rivera-Mosquera, Raymond-Smith, & Rothstein, 1999).
Only a handful of longitudinal studies have examined the strength of the associations between partner support and psychological adjustment and have found inconsistent findings (Gee & Rhodes, 1999, 2003; Leadbeater & Linares, 1992; Voight, Hans, & Bernstein, 1996). For example, in a sample of AA young mothers, Voight and colleagues (1996) found that even though partners provided many types of support (advice, material aid, intimate interactions, positive feedback, child care assistance, social participation, and help with household tasks), the number of different types of support the partners provided one year postpartum was unrelated to the mothers’ psychological adjustment 6 months later. On the other hand, Gee and Rhodes (1999) found a significant negative association between partner support (assessed as the composite of emotional, tangible assistance, cognitive guidance, positive feedback, social participation, pregnancy-related assistance, and child care support) during the perinatal period and AA mothers’ depressive symptoms one year postpartum only when relationships were continuous across the first year. Given the inconsistency of findings regarding the long-term effects of partner support on psychological adjustment, and the fact that social support is a personal resource that evolves throughout life (Newcomb, 1990), longitudinal investigations examining how partner support changes and affects adjustment over time are necessary.

Relationship strain. Inconsistencies in the literature relating social support to psychological adjustment may be due to studies not generally taking into consideration the probable strain that is embedded in romantic relationships. Therefore, relationship strain is an important aspect to examine given its likely occurrence in close relationships,
especially in those relationships that are going through a stressful time, such as those of adolescent mothers during the transition to parenting (Christensen & Walczynski, 1997; Fung, Yeung, Li, & Lang, 2009; Hocker & Wilmot, 1991). Rook (1990) identifies social strain as problematic social exchanges that can negatively impact an individual’s psychological adjustment. Social strain encompasses a wide range of negative interactions such as criticism, tension, disappointment, unpleasantness, conflict, unwelcomed advice, aversion, anger, and annoyance (Antonucci et al., 1998; Ingersoll-Dayton, Morgan, & Antonucci, 1997; Rook, 1984; 1990). Among adolescent mothers, a review of the literature reveals that strain is common in their romantic relationships. In fact, young AA mothers consistently report difficulties in their relationships with their partners (Gee & Rhodes, 1999; Rhodes et al., 1994; Panzarine, Slater, & Sharps, 1995), and often describe their partners as the most consistent source of conflict (Nitz et al., 1995) and disappointment (Rhodes & Woods, 1995).

In addition, research with young Latina (Castellanos, Grau, Weller, & Duran, 2011) and AA (Rhodes et al., 1994; Rhodes and Woods 1995) mothers suggests that having a strained relationship with a partner is related to more psychological distress. However, with the exception of Rhodes and colleagues’ longitudinal study of primarily African-American young mothers (Gee & Rhodes, 1999; 2003; 2007; Rhodes et al., 1994; Rhodes & Woods, 1995) research on the long-term effects of romantic relationships of adolescent mothers has not included the strain present in the relationships, and little is known regarding the long-term effects of both support and strain on the psychological adjustment of these mothers.
Given the stressful nature of social strain and its likely negative influence on psychological adjustment, positive aspects of romantic relationships may buffer against this stress, and protect the young mothers’ psychological well-being. This buffering effect (of support) has inconsistently been found in adult couples (Lepore, 1992; Okun & Keith, 1998; Schuster, Kessler, & Aseltine, 1990). For instance, Schuster and colleagues (1990) found that negative interactions were buffered by supportive interactions when examining psychological functioning of EA adults. On the other hand, Rook (1984) examined the effects of social relations on the psychological well-being of older EA women and did not find a significant interaction between problematic ties and social support. In the adolescent parenting population, Rhodes & Woods (1995) examined overall network support and found that one of four types of support (i.e. cognitive guidance) interacted with overall network strain, buffering the effects of strain on psychological well-being. On the other hand, Castellanos and colleague’s (2011) examination of the interplay between partner support and relationship strain suggested that they do not interact to predict psychological functioning of Latina adolescent mothers. Thus, the limited and inconsistent findings regarding the buffering effects of partner support (and the lack of research examining the potential buffering effect of relationship satisfaction) in predicting psychological adjustment suggest a need for further investigation. Examining the long-term effects of relationship satisfaction, partner support, and strain is important because it can assist in determining the extent to which, and in what contexts partner relationships can have a positive influence on the adjustment of Latina adolescent mothers.
Limitations of Current Literature

Until now, research on the nature of romantic relationships of adolescent mothers has focused on EA and AA mothers, paying less attention to how the relationships of young Latina mothers change over time (Contreras, 2004; Eshbaugh, 2008; Florsheim et al., 2003; Gee & Rhodes, 2003; Grau, Wilson, Weller, Castellanos, & Duran, 2011). Similarly, research on relationship satisfaction and relationship continuity has tended to focus on EA and AA adult populations (Fincham et al., 1997; Vaughn & Matyastik Baier, 1999), and until recently on non-parenting adolescents (Levesque, 1993; Vujeva & Furman, 2011). Research on the inter-relations between relationship satisfaction, support, and strain is unclear, and has focused on adult couples. Furthermore, available research on relationship satisfaction has traditionally examined predictors of this construct, focusing less on its role as a predictor of psychological adjustment, therefore warranting further study (Cramer, 2003; 2004a; 2004b; Meeks et al., 1998; Van Doorn, Branje, Hox, & Meeus, 2009). Current research linking positive aspects of romantic relationships (satisfaction and partner social support) and psychological adjustment of adolescent mothers is limited (Vujeva & Furman, 2011) and tends to disregard the inevitable strain present in these relationships (Contreras et al., 1999; Fagan & Lee, 2010; Leadbeater & Linares, 1992; Roye & Balk, 1996; Thompson & Pebbles-Wilkins, 1992; Unger & Wandersman, 1988). Therefore, little is known regarding whether positive aspects of romantic relationships buffer against the negative effects of relationship strain. Lastly, there are few longitudinal studies examining the associations between relationship
satisfaction, partner support, relationship strain, and psychological adjustment of adolescent mothers (Gee & Rhodes, 2007).

**Goals of Study**

The current paper examined the romantic relationships of Latina adolescent mothers in terms of both continuity and their associations with the adolescents’ psychological adjustment. This study has three goals. First, provide descriptive information regarding partner demographics and important aspects of these relationships, including relationship continuity, relationship satisfaction, support, and strain, taking mothers’ enculturation and acculturation into account. Second, be the first to investigate satisfaction as it relates to relationship continuity in a sample of young Latina mothers. It was hypothesized that relationship satisfaction at Time 1 (T1) would predict relationship continuity at Time 2 (T2), such that highly satisfied mothers at T1 would be more likely to have the same partner at T2 than less satisfied mothers. Third, examine prospective effects of relationship satisfaction and partner support on the psychological adjustment of young Latina mothers, taking into consideration strain present in the relationships. It was hypothesized that satisfaction and partner support (non-tangible and instrumental) at T1 would be negatively related to distress at T2, such that higher satisfaction and support would be related to less distress. It was also hypothesized that relationship strain at T1 would be positively related to distress at T2, such that more strain would be related to more distress. This study also examined if positive aspects of relationships (satisfaction and support) buffered against relationship strain in predicting psychological distress.
In summary, the specific aims of the proposed study are to examine 1) the types of relationships that Latina adolescent mothers have with their partners, 2) the relation between relationship satisfaction and relationship continuity, and 3) how satisfaction, partner support, and relationship strain relate to and interact to predict psychological distress.

Perceived relationship satisfaction, or the subjective global evaluation of a romantic relationship was assessed by measuring how satisfied one is with the relationship, how well the relationship compares to others, regrets about the relationship, how well one’s expectations have been met, and love for partner (Graham, Diebels, & Barnow, 2011; Hendrick et al., 1998). Perceived rather than received partner support was used to assess social support given that research suggests it is a better predictor of psychological adjustment (Cauce et al., 1996; Kessler, 1992). To assess the different facets of support that may be important for young mothers, six support functions categorized as instrumental (tangible support and child care) and non-tangible (emotional support, cognitive guidance, socializing support, and positive feedback) were included (Thompson et al., 2006). Following Rook’s (1990) conceptualization of relationship strain and Rhodes and collaborators (1994, 1995) work with AA adolescent mothers, this construct was assessed by examining perceived conflict, criticism, disappointment, and intrusiveness. Enculturation and acculturation were measured using the Acculturation Rating Scale for Mexican Americans-II (Cuéllar, Arnold, & Maldonado, 1995). Psychological distress was assessed by measuring depression and anxiety symptoms. Maternal characteristics, romantic relationships characteristics, and contextual stress
variables were included as controls for both univariate and multivariate analyses given that they can impact the psychological adjustment level of adolescent mothers (Gee & Rhodes, 2003; Unger & Wandersman, 1988).
CHAPTER 2

METHOD

Participants

This study used data from a 6-month longitudinal study assessing risk and protective factors for the adjustment of Latina adolescent mothers and their 18-month old children. Participants (N= 125) were selected from a larger sample (N= 170) and consisted of mothers who reported having a partner at T1 (73.5%). Chi-square and t-test analyses indicated that mothers with partners did not vary significantly from those without a partner on key demographic variables and psychological distress. One hundred and forty-nine families out of the 170 original families participated in T2 (87.6%) when their children were 24-months old. The rate of attrition for the 6-month follow-up was 12.4%. Attrition was mainly due to the increased difficulty in locating this high-risk sample longitudinally (e.g. disconnected phones, out of state/country moves). Analyses were conducted to examine possible attrition biases. T-tests and chi-squares were conducted to examine potential differences at T1 between the follow-up and the attrition participants on basic demographic and main study variables. T-tests and chi-squares indicated that participants who returned for T2 did not differ significantly from those that did not on any of the demographic indicators.
The mean age of the 125 mothers in the current study was 19.49 years ($SD = 1.34$; range: 15.76 – 21.55) at the T1 home visit. Target children’s (45.9% female) mean age was 18.22 months ($SD = .95$). Mothers resided in low-income neighborhoods of a Midwestern city, and they were predominantly of Puerto Rican heritage (82.4%). Approximately 45% were born outside of the mainland US. The majority reported living with their partner, either alone with him (48.8%) or with her own (10.4%) or his parents (13.6%); 20% lived with at least one of her parents (without partner); and 7.2% had other arrangements. Ninety-five participants (76%) reported that their partners were their child’s biological father. Regarding educational attainment, 15.2% had earned some post-high school education; 15.2% had a high school diploma; 58.4% had completed 9th through 11th grade; and 11.2% had completed 8th grade or lower. At time of interview, 26.4% of the mothers were attending school, 43.2% were employed, and 88.8% received some form of government assistance.

Of the 149 T2 participants, 108 had a partner at T1 (72.5%) providing prospective data on their romantic relationships. These 108 T2 participants were similar to the 125 T1 participants in the following characteristics: gender of child; mainly Puerto Rican heritage; majority of partners were child’s biological father; participant’s educational attainment; school status; employment status; and recipient of government assistance. The 108 T2 participants were different to the 125 T1 participants in the following characteristics: percentage born outside of the mainland US and living arrangements. At T2, 50.9% of participants were born outside of the mainland US. The majority of participants reported living with their partner, either alone with him (51.9%) or with her
own (5.6%) or his parents (6.5%); 18.6% lived with at least one of her parents (without partner); and 17.7% had other arrangements.

Of the 108 participants who reported a partner at T1, 9 had missing data that was not at random (partners were not nominated in the social support/strain measure), therefore, 99 participants had complete data and were used for goal 2 analyses. Seventy-nine participants kept the same partner across time and had completed data for goal 3 analyses.

**Procedure**

University Institutional Review Board approval was received for the study. Most participants (78.2%) were recruited in waiting rooms of pediatric clinics; others were referred by friends/relatives or self (15.3%), or by service providers (6.5%). Mothers were approached regardless of child’s age. At this time, we established eligibility (i.e. Latina <19 at child’s birth; child under 20 months) and obtained contact information from mothers who agreed to be re-contacted to participate when their children reached eligible age (18 months ± 2 months). In all, 253 mothers were approached; 12 of these did not provide contact information (4.7%). The remaining 241 eligible mothers were followed until the child met age criteria. Of these, 170 participated (70.5%). Individuals were lost because they moved away (18.5%), could not be located (28%), refused to participate (8.5%), or had scheduling problems preventing participation while children met criteria (45%). Age of mother and child, ethnicity of mother and child, gender of child, and language preference were the only information obtained at initial contact. T-tests were conducted to see if participants and non-participants differed
significantly on these variables. Results indicated that participants and non-participants did not differ significantly on any of these variables.

Two female researchers (at least one of whom was bilingual) conducted home visits that lasted approximately 3 hours long. Participant’s informed consent (and parent/guardian if a minor) was obtained prior to data collection. Interviews were conducted in the mother’s preferred language (T1: 70.6% English, 29.4% Spanish) using a computer-assisted procedure in which questions were presented on the screen and read aloud by the researcher to control for reading level. Measures that lacked a Spanish translation prior to the start of the study were translated and back translated following procedures recommended by Brislin (1970). Both English and Spanish versions of the measures were evaluated as a group and adjusted as needed. To further examine the equivalence of the two language versions, the internal consistency of the scales were tested separately for English and Spanish respondents. Mothers were also videotaped interacting with their children. As compensation, participants received $70, a small book/puzzle, and a copy of the videotaped mother-child interaction. A second home visit was conducted approximately 6 months later. Assessments and compensation were the same during the second home visit. Only questionnaire data was used for this study.

**Measures**

All predictor variables were assessed at T1; psychological distress was obtained at T2 (T2: 70.5% English, 29.5% Spanish). Table 1 displays descriptive information for these variables.
Table 1. Means and Standard Deviations of Measures of Relationship Satisfaction, Perceived Partner Social Support, Relationship Strain, Depression, Stressors, and Cultural Variables

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean (SD)</th>
<th>Observed Range</th>
<th>Potential Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Satisfaction</td>
<td>4.17 (1.02)</td>
<td>1.00-5.00</td>
<td>1.00-5.00</td>
</tr>
<tr>
<td>Perceived Partner Social Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumental</td>
<td>1.39 (0.81)</td>
<td>.00-2.00</td>
<td>.00-2.00</td>
</tr>
<tr>
<td>Non-tangible</td>
<td>2.68 (1.47)</td>
<td>.00-4.00</td>
<td>.00-4.00</td>
</tr>
<tr>
<td>Relationship Strain</td>
<td>2.23 (1.22)</td>
<td>.00-5.00</td>
<td>.00-5.00</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>1.07 (0.59)</td>
<td>.00-3.08</td>
<td>.00-4.00</td>
</tr>
<tr>
<td>Negative Life Events</td>
<td>3.77 (3.29)</td>
<td>.00-14.00</td>
<td>.00-14.00</td>
</tr>
<tr>
<td>Enculturation</td>
<td>3.90 (0.61)</td>
<td>2.47-5.00</td>
<td>1.00-5.00</td>
</tr>
<tr>
<td>Acculturation</td>
<td>3.40 (1.01)</td>
<td>1.08-4.92</td>
<td>1.00-5.00</td>
</tr>
</tbody>
</table>

Note: N for support and strain variables is 114 because of 11 participants that did not nominate their partner in the social support/strain measure. N for all other variables is 125.

Relationship Satisfaction

The Relationship Assessment Scale (RAS; Hendrick, 1988) was used to assess adolescent-partner relationship satisfaction. The RAS is a 7-item global measure of satisfaction for both dating and marital relationships. It assesses general satisfaction, how well the relationship compares to others, regrets about the relationship, how well one’s expectations have been met, love for partner, problems in the relationship, and how well the partner meets one’s needs. Items are rated on a 5-point scale ranging from (1) to (5); higher scores indicating greater relationship satisfaction. Two items were removed (problems in the relationship and how well the partner meets one’s needs) before creating a composite score in order to prevent overlap in measuring relationship strain and partner support constructs. The overall score was computed using the sum of the remaining 5
items; scores ranged from 5 (low satisfaction) to 30 (high satisfaction). The RAS
discriminates between adult, non-Latino couples who stay together and those who break
up (Vaughn & Matyaski Baier, 1999). Good reliability and validity are reported for this
measure ($\alpha = .86$; test-retest = .85; Graham et al., 2011; Hendrick, 1988; Hendrick et al.,
1998). Adequate reliability was found in the current sample ($\alpha = .74$ whole sample; $\alpha =$
.67 English; $\alpha = .83$ Spanish). Previous studies using this measure in samples of Mexican
Americans (Barnett, Campo, Campo, & Steiner, 2003) or mixed samples (including
Latinos among other groups; Hendrick et al., 1998) found similar reliabilities and
adequate validity.

Social Support

Perceived partner social support was measured using the Social Support Network
Questionnaire (SSNQ; Gee & Rhodes, 2007). Six types of social support were assessed:
emotional support (talk about something personal or private), tangible assistance (pitch
in, lend or give you something you needed), cognitive guidance (advice or information),
positive feedback (tell you they like the ideas or things you do) social participation (get
together to have fun and relax), and child care support (help with care of target child).
Participants nominated persons they perceived as available to provide each of these types
of support, and partners were either nominated (1) or not nominated (0). To create
indices of partner support, following the social support literature the six types were
grouped into two categories, i.e., non-tangible and instrumental support. The non-tangible
support index was created using the sum of emotional, cognitive, socializing, and positive
feedback. Scores on this index ranged from 0 – ‘partner perceived as unavailable to
provide any type of support’ to 4 – ‘partner perceived as available to provide every type of support’. The instrumental support index was created using the sum of tangible and child care support. Scores on this index ranged from 0 – ‘partner perceived as unavailable to provide any type of support’ to 2 – ‘partner perceived as available to provide every type of support’. Both partner support scales showed adequate internal consistency (non-tangible: $\alpha = .82$ whole sample; $\alpha = .84$ English, $\alpha = .76$ Spanish; instrumental: $\alpha = .71$ whole sample; $\alpha = .72$ English, $\alpha = .61$ Spanish). Previous studies of Latina adolescent mothers found similar reliabilities and adequate validity for this measure (Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999; Contreras, López, et al., 1999).

**Relationship Strain**

The SSNQ was also used to assess types of relationship strain. Participants were asked to nominate individuals expected to be a source of strain and then rated if, and how often, each of the individuals that had been nominated could be expected to be a source of criticism (putting you down), conflict (strong fights or disagreements), intrusiveness (butt into your business, boss you around), and disappointment (break promises they make). Thus, nominated individuals could be sources of only support, or only strain, or both support and strain. Responses were recorded on a 5-point scale, ranging from 1 (never) to 5 (always). A composite of partner relationship strain was created by standardizing and averaging the criticism, conflict, intrusiveness, and disappointment scales; this composite showed adequate internal consistency ($\alpha = .84$ entire sample, $\alpha = .82$ English, $\alpha = .88$ Spanish). Previous studies using this measure in samples of primarily AA and Puerto Rican adolescent mothers found similar reliabilities and significant
associations with maternal characteristics such as psychological distress (Castellanos, Grau, Weller & Quattlebaum, 2008; Gee & Rhodes, 2003; Rhodes et al., 1999).

**Negative Life Events**

Life stress at T2 was measured using a modified version of the Life Events Survey (Sarason, Johnson, & Siegel, 1978) adapted for young minority mothers (Rhodes, Ebert, & Fisher, 1992). Mothers responded to 34 questions regarding stressful events in the last year (e.g., broke-up with someone, serious illness, death of a parent). Responses ranged from 1 – ‘extremely negative’ to 5 – ‘extremely positive’ or 6 – ‘did not occur in the past year’. Negative event ratings were added together and weighted such that events perceived as extremely negative carried more weight than those perceived as merely negative. Sarason et al. (1978) found adequate test-retest reliability. It has also shown relations to psychological adjustment among Latina adolescent mothers (Contreras, Lopez et al., 1999).

**Enculturation and Acculturation**

The Latino (LOS; 17 items) and Anglo (AOS; 13 items) orientation subscales of the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuéllar, Arnold, & Maldonado, 1995) were used to assess enculturation and acculturation, respectively. Mothers responded to questions regarding language use (e.g. I speak English), cultural activities (e.g. my family cooks Latino food), ethnic identity (e.g. I like to identify myself as an Anglo American), and social interaction (e.g. my friends now are of Latino origin). Responses ranged from 1 – ‘Not at all’ to 5 – ‘Extremely Often or Almost Always,’ with
a midpoint of 3 – ‘Moderately.’ Cuellar et al. (1995) found adequate internal reliabilities for both subscales ($\alpha = .88$ LOS; $\alpha = .86$ AOS). Although developed primarily for persons of Mexican ancestry, ARSMA-II has been used with Latinos of different countries of origin (Arredondo, Elder, Ayala, Campbell & Baquero, 2005; Garcia, Hurwitz, & Kraus, 2005). Adequate reliability was found in the current sample for both scales (LOS: $\alpha = .84$ whole sample; $\alpha = .82$ English; $\alpha = .78$ Spanish; AOS: $\alpha = .93$ whole sample; $\alpha = .76$ English; $\alpha = .90$ Spanish).

**Demographic Variables**

A set of fixed-format questions was used to gather the following demographic information: child age and gender; mothers’ age, school status, work status, educational level, receipt of government assistance, generation in the US, partner/marital status, length of romantic relationship, and work status; partners’ age, generation in the US, ethnicity, educational level, work/school status, paternity of child, and financial support of child.

**Psychological Distress**

The 13-item depression subscale and the 10-item anxiety subscale of the Symptom Checklist-90-R self-report inventory (SCL-90-R; Derogatis, 1994) were used to assess psychological distress at T2. Participants were asked how much were they distressed by depression (feeling low in energy, crying easily, feeling blue) and anxiety (nervousness, faintness, pains in heart or chest) symptoms in the last two weeks. Responses range from 0 – ‘not at all’ to 4 – ‘extremely’. A composite of psychological
distress was created by standardizing and averaging the mean of the depression (α = .89 entire sample, α = .86 English, α = .91 Spanish) and anxiety subscales (α = .86 entire sample, α = .83 English, α = .89 Spanish). Adequate reliability (α = .90) for this scale was found in the normative sample (Derogatis, 1994) and in studies with young Latina mothers (López & Contreras, 2005).
CHAPTER 3

RESULTS

Overview of Analyses

To address goal 1 and investigate the types of romantic relationships that Latina adolescent mothers have with their partners, descriptive information on partners and romantic relationships for the 125 participants who reported a partner at T1 (Table 2) is first presented. Analyses investigating relations among maternal cultural variables, relationship continuity, and partner and relationship characteristics are also presented (Table 3). To address goal 2 and examine relationship satisfaction as it relates to relationship continuity, chi-square analyses are presented for the 99 participants who reported a partner at T1, returned at T2, and had complete data. A one-way MANOVA was conducted to examine if main study variables related to relationship continuity. A sequential logistic regression was then conducted to investigate the relative contribution of main study variables to predicting relationship continuity, as well as their unique effects above the effects of other relationship variables (Table 4). Finally, goal 3 is addressed and the prospective effects of relationship satisfaction, partner support, and relationship strain on the psychological adjustment of young Latina mothers are investigated. First, preliminary analyses for goal 3 are presented for the 79 participants who kept the same partner across time and had complete data. These analyses include
bivariate associations between partner support, relationship satisfaction, relationship strain, and psychological distress (main study variables), followed by analyses to determine the need to use control variables in the main analyses (Table 5). Hierarchical regressions used to test the effects of relationship satisfaction, partner support, and relationship strain on distress are then presented (Table 6). Prior to running analyses, all variables were standardized. All regressions were computed by entering the control variables in the first step. To examine the moderating role of relationship strain, the interaction term was entered in the last step. Examination of the tolerance and variance inflation factors indicated that multicollinearity was not a problem in any of the regressions despite the high correlation of relationship satisfaction with relationship strain (Neter, Wasserman, & Kutner, 1985). To interpret a significant interaction, the predicted values of psychological distress were plotted, based on low, medium, and high values of the support and strain variables, and tests of simple slopes were conducted.

**Goal 1: Descriptive Information on Partners, Relationship Characteristics, and Main Study Variables (Satisfaction, Support, Strain)**

Descriptive information on characteristics of romantic relationships, provided by mothers who had a partner at T1 (N=125), appears in Table 2. At T1, partners mean age was 22.5 years (SD= 4.3; range 17-47). Partners were predominantly Latino (70.4%; 6.4% EA; 18.4% AA; 4.8% other); and 54.4% were born in the mainland US (32.8% Puerto Rico; 12.8% other). The partners’ average educational level was 11th grade (range: <7th grade – partial college). Eighty-nine percent were not in school; and 53.6% had full-time employment (16.8% part-time).
Table 2. *Descriptive Characteristics of Romantic Relationships T1 (N= 125)*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>19.2</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>80.8</td>
</tr>
<tr>
<td>Residing with Participant</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>70.4</td>
</tr>
<tr>
<td>No</td>
<td>29.6</td>
</tr>
<tr>
<td>Length of Romantic Relationship</td>
<td></td>
</tr>
<tr>
<td>&lt;1 yr.</td>
<td>15.2</td>
</tr>
<tr>
<td>1-3 yrs.</td>
<td>43.2</td>
</tr>
<tr>
<td>3&lt; yrs.</td>
<td>41.6</td>
</tr>
<tr>
<td>Biological Father of Child</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>76.0</td>
</tr>
<tr>
<td>No</td>
<td>24.0</td>
</tr>
<tr>
<td>Partner Social Support</td>
<td></td>
</tr>
<tr>
<td>Non-tangible</td>
<td></td>
</tr>
<tr>
<td>At least 1 type</td>
<td>84.0</td>
</tr>
<tr>
<td>All 4 types</td>
<td>41.6</td>
</tr>
<tr>
<td>Instrumental</td>
<td></td>
</tr>
<tr>
<td>At least 1 type</td>
<td>79.2</td>
</tr>
<tr>
<td>Both types</td>
<td>60.0</td>
</tr>
<tr>
<td>Relationship Strain</td>
<td></td>
</tr>
<tr>
<td>None/Rare</td>
<td>49.6</td>
</tr>
<tr>
<td>Sometimes</td>
<td>32.8</td>
</tr>
<tr>
<td>Often/Always</td>
<td>17.6</td>
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</tbody>
</table>
Associations among Maternal Cultural Variables, Partner, and Relationship Characteristics

Maternal cultural variables showed few associations with partner characteristics (Table 3). No differences in acculturation and enculturation were found between participants who had a partner at T1 and those who did not have a partner at T1. However, more highly acculturated mothers had younger partners than their counterparts. Interestingly, more highly acculturated mothers and those who were less enculturated had more educated partners. Maternal cultural variables were, however, related to several relationship characteristics. Less acculturated mothers and mothers who were highly enculturated were more likely to be married and living with partners. The partners of more enculturated mothers were also more likely to be the child’s biological father. There was also concordance between maternal and partner cultural variables, in that maternal acculturation and enculturation were significantly related to partner ethnicity. Both less acculturated mothers, as well as more highly enculturated mothers were more likely to have Latino partners.

Relations of Maternal Cultural Variables, Partner, and Relationship Characteristics to Main Study Variables

Bivariate correlations and independent samples t-tests investigated how maternal, partner, and relationship variables related to main study variables. Few significant associations emerged. Mothers with more highly educated partners reported lower relationship strain ($r = -.21, p = .03$) and lower instrumental support ($r = -.18, p = .05$). Marital status and co-residence with partner were associated with instrumental support, with married ($M = 1.71, SD = .62$) and co-residing ($M = 1.55, SD = .76$) participants
Table 3. *Pearson and Point Biserial Correlations among Maternal Cultural Variables, Partner, and Relationship Characteristics (N= 125)*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>8</th>
<th>9</th>
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<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal Cultural Variables</strong></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. Enculturation</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Acculturation</td>
<td>-</td>
<td></td>
<td>-.42***</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Partner Characteristics</strong></td>
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<td>.02</td>
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<td>-.14</td>
<td>.14</td>
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<td>.37***</td>
<td>-.18*</td>
<td>.28**</td>
<td>-.09</td>
<td>.05</td>
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<td><strong>Relationship Characteristics</strong></td>
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<td>8. Boyfriend vs. Husband</td>
<td>.24**</td>
<td>-.21*</td>
<td>-.04</td>
<td>-.01</td>
<td>.13</td>
<td>-.11</td>
<td>-.23*</td>
<td>-</td>
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<tr>
<td>9. Lives with Partner (no vs. yes)</td>
<td>.31**</td>
<td>-.23**</td>
<td>-.06</td>
<td>-.25**</td>
<td>.10</td>
<td>-.05</td>
<td>-.16†</td>
<td>.27**</td>
<td>-</td>
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<td></td>
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<tr>
<td>10. Partner is CF (no vs. yes)</td>
<td>.23**</td>
<td>-.14</td>
<td>-.05</td>
<td>-.18*</td>
<td>-.14</td>
<td>-.10</td>
<td>-.17†</td>
<td>.27**</td>
<td>.33***</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>11. Length of Relationship</td>
<td>.14</td>
<td>-.11</td>
<td>-.11</td>
<td>-.14</td>
<td>-.15†</td>
<td>-.11</td>
<td>-.08</td>
<td>.20*</td>
<td>.31***</td>
<td>.80***</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note.* CF: child’s father. †p <.10; *p <.05; **p < .01; ***p < .001
reporting higher instrumental support than non-married ($M= 1.32, SD = .84$); $t (44.91) = -2.57, p = .013$ and non-co-residing mothers ($M= 1.02, SD = .83$); $t (123) = -3.39, p = .001$; practical significance was medium and large respectively ($d = .53; d = .67$). Finally, length of relationship was significantly associated with relationship satisfaction ($r = .18, p = .04$) such that participants with longer relationships reported higher satisfaction. Maternal and partner nativity and ethnicity; maternal cultural orientation; marital status; mother and partner age, level of education, school and employment status; receipt of government assistance; and paternity of the child were not related to main study variables.

To summarize, mothers with more highly educated partners reported lower strain and lower instrumental support. Married mothers, as well as those co-residing with partners reported higher instrumental support than non-married and non-co-residing mothers, respectively. Participants with longer relationships reported higher satisfaction.

**Goal 2: Factors Related to Relationship Continuity**

Out of the 108 participants who had a partner at T1 and returned for T2, 84 (77.8%) reported the same partner at T2, 16.7% lost a partner, and 5.6% reported a different partner at T2. The 2 non-continuing groups (those who lost a partner and those who reported a different partner) were collapsed into 1 group. Of these 108 participants, 9 had missing data (5 from the continuity group; 4 from the non-continuity group) that was not at random (see above in participants section), therefore, analyses below were conducted on the 99 participants who had complete data. A series of chi-square tests were performed to examine the relation between romantic relationship characteristics at T1 and continuity. A few significant relations emerged. Participants who kept the same
partner across time were more likely to be in a romantic relationship with their child’s father $X^2(1, N= 99)= 2.88, p=.08$, and more likely to reside with their child’s father $X^2(1, N= 99)= 3.33, p=.07$, than those who lost/changed partner at T2. Participants who kept the same partner across time were also more likely to reside with their partners $X^2(1, N= 99)= 2.89, p=.09$, than those who lost/changed partner at T2. In regard to cultural factors, participants who kept the same partner were more likely to have Latino partners $X^2(1, N= 99)= 11.41, p=.001$ than those participants who lost/changed partners at T2.

A one-way MANOVA was conducted to examine if main study variables related to relationship continuity. Results revealed a significant multivariate main effect for continuity, Wilks’ $\lambda = .44, F(5,93) = 23.51, p < .001$, partial $\eta^2 = .56$. Power to detect the effect was 1.0. Thus, continuity had a significant impact on the set of dependent variables (satisfaction, length of romantic relationship, non-tangible support, instrumental support, and strain). Given the significance of the overall test, the univariate main effects were examined using a Bonferroni correction. As predicted, a significant univariate main effect for continuity was obtained for satisfaction, $F(1,97) = 88.46, p < .001$, partial $\eta^2 = .48$, power = 1.0. Mothers who kept the same partner from T1 to T2 reported higher levels of satisfaction than those who lost/changed partners at T2; practical significance was large ($d = 2.00$). A near significant univariate main effect for continuity was obtained for length of romantic relationship, $F(1,97) = 7.06 p = .01$, partial $\eta^2 = .07$, power = .75. Mothers who kept the same partner from T1 to T2 reported longer relationships than those who changed/lost partners at T2; practical significance was medium ($d = .63$).
A sequential logistic regression analysis was performed to assess relationship continuity first on the basis of romantic relationship characteristics described above (whether partner is child’s father, residence with child’s father, residence with partner, partner ethnicity, and length of relationship), and then after the addition of main study variables (satisfaction, non-tangible support, instrumental support, and strain). There was a good model fit (discrimination among groups) on the basis of the romantic relationship characteristics alone, $X^2 (5, N=99) = 17.37, p=.004$. Results suggested that the romantic characteristics in the logistic model together accounted for 16.1% of the explanation of what predicts relationship continuity. After the addition of the main study variables, $X^2 (9, N=99) = 57.34, p<.001$, results suggested that the main study variables (relationship satisfaction, non-tangible support, instrumental support, and relationship strain) together accounted for 44% of the explanation of what predicts relationship continuity. Classification was impressive, with 97.5% of participants who kept the same partner and 75% of those who lost/changed partners correctly predicted, for an overall success rate of 92.9%. Table 4 shows regression coefficients, Wald statistics, odd ratios, and 95% confidence intervals for odds ratios for each of the predictors. According to the Wald criterion, only satisfaction predicted relationship continuity. However, the odds ratio of .07 shows little change in the likelihood of relationship continuity on the basis of a one-unit change in relationship satisfaction.

To summarize, univariate analyses indicated that a few relationship and partner characteristics related to continuity. Participants who kept the same partner across time were more likely to reside with their partners and child’s father, and were more likely to
Table 4. *Logistic Regression Analysis of Relationship Continuity as a Function of Romantic Relationship Characteristics and Main Study Variables at T1 (N=99)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Wald Chi-Square</th>
<th>Odds-Ratio</th>
<th>95% CI for Odds-Ratio</th>
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<td><strong>Romantic Relationship Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Live with partner</td>
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<td>.79</td>
<td>3.28</td>
<td>.238</td>
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<tr>
<td>Live with CF</td>
<td>-.39</td>
<td>.04</td>
<td>.68</td>
<td>.01</td>
</tr>
<tr>
<td>Partner ethnicity</td>
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<td>.91</td>
<td>2.43</td>
<td>.39</td>
</tr>
<tr>
<td>Whether partner is CF</td>
<td>-.80</td>
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<td>Length of relationship</td>
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<td>.06</td>
<td>.87</td>
<td>.26</td>
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<td><strong>Main Study Variables</strong></td>
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</tr>
<tr>
<td>Non-tangible Support</td>
<td>.57</td>
<td>.58</td>
<td>1.76</td>
<td>.41</td>
</tr>
<tr>
<td>Instrumental Support</td>
<td>-.84</td>
<td>1.71</td>
<td>.43</td>
<td>.12</td>
</tr>
<tr>
<td>Relationship Satisfaction</td>
<td>-2.65</td>
<td>17.92</td>
<td>.07</td>
<td>.02</td>
</tr>
<tr>
<td>Relationship Strain</td>
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<tr>
<td>(Constant)</td>
<td>-.59</td>
<td>.051</td>
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</tbody>
</table>

*Note.* CF: child’s father; †p < .10; *p < .05; **p < .01; ***p < .001
have romantic relationships with their child’s father than those who lost/changed partners at T2. Participants with continuous relationships were also more likely to have Latino partners than those who lost/changed partners at T2. Additionally, participants who kept the same partner across time reported longer relationships and higher satisfaction with the relationship, than those who lost/changed partners at T2. However, multivariate analyses suggested that relationship satisfaction was the only variable that uniquely distinguished between participants who remained with their partner and those who lost/changed partners, but the distinction was not a very strong one.

**Goal 3: Prospective Relations of Partner Support, Relationship Satisfaction, and Relationship Strain on Psychological Adjustment**

This study first investigated how partner support (non-tangible and instrumental), relationship satisfaction, and relationship strain predict distress. It then examined whether a) support and strain and b) satisfaction and strain interact to predict psychological distress.

**Preliminary Analyses for Goal 3.**

**Associations between partner support, relationship satisfaction, relationship strain, and psychological distress.** Bivariate correlations of partner support, relationship satisfaction, relationship strain, and psychological distress appear in Table 5. As expected, the 3 positive aspects of relationships (i.e., non-tangible support, instrumental support, relationship satisfaction) were significantly inter-correlated and each was negatively correlated with strain.
Table 5. Correlations among Cultural Orientation Variables, Main Study Variables (Partner Support, Relationship Satisfaction, Relationship Strain), and Psychological Distress (N= 79)

<table>
<thead>
<tr>
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<th>1</th>
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<th>4</th>
<th>5</th>
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<td>1. Enculturation</td>
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<td>2. Acculturation</td>
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<td>3. Partner Non-tangible Social Support</td>
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<td>.08</td>
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<tr>
<td>4. Partner Instrumental Social Support</td>
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<td>-.08</td>
<td>.56***</td>
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<tr>
<td>5. Relationship Satisfaction</td>
<td>.28*</td>
<td>-.06</td>
<td>.48***</td>
<td>.37**</td>
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<tr>
<td>6. Relationship Strain</td>
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<td>-.53***</td>
<td>-.42***</td>
<td>-.71**</td>
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<tr>
<td>7. Psychological Distress</td>
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<td>-.23*</td>
<td>-.12</td>
<td>-.48***</td>
<td>.52***</td>
<td>-</td>
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</table>

Note. †p<.10; *p <.05; **p < .01; ***p < .001
As predicted, non-tangible partner support and relationship satisfaction were significantly related to lower distress; and relationship strain was significantly related to higher psychological distress. Contrary to predictions, instrumental partner support was unrelated to psychological distress.

**Associations between Control Variables and Psychological Distress.**

To select control variables for regression analyses, bivariate correlations and *t* tests assessed relations of demographic variables at T1 (child age and gender, parity; mother age, education, school and work status, receipt of public assistance, marital status), cultural variables at T1 (acculturation, enculturation, and nativity), and contextual stress variables at T2 (economic strain, negative life events) to psychological distress at T2. Negative life events at T2 (*r* = .33, *p* = .001) was the only variable related to distress at T2, with mothers who experienced more negative life events displaying greater psychological distress. As such, it was included as a control variable in subsequent regression analyses to control for the intervening stressful events that occurred in between visits.

**Relative Contribution of Partner Support, Relationship Satisfaction, and Relationship Strain to Mother’s Distress**

A hierarchal regression was conducted to examine whether partner support, relationship satisfaction, and relationship strain at T1 were unique predictors of psychological distress at T2. The control variable was entered in the first step. Non-tangible partner support, tangible partner support, relationship satisfaction, and relationship conflict were entered in the second step. As seen in Table 5, the control
variable accounted for 13% of the variance in psychological distress; non-tangible partner support, tangible partner support, relationship satisfaction, and relationship strain together explained 27% of additional variance. In the final model, negative life events and relationship strain were the only significant predictors, and relationship satisfaction had a marginal effect; together they accounted for 40% of the total variance on distress at T2.

**Interaction of Partner Support, Relationship Satisfaction, and Relationship Strain**

The interaction terms were separately entered in the third step of the regression above to examine whether partner support (both non-tangible and instrumental) moderates the relation between relationship strain and distress; and whether relationship satisfaction moderates the relation between strain and distress. Following Cohen and Cohen’s (1983) proposed methodology for defining interactions between sets of variables, the product of partner support (non-tangible and instrumental) and strain, as well as the product of satisfaction and strain were computed.

As seen in Table 6, the interaction term for relationship satisfaction and relationship strain was statistically significant ($t = -2.4, p = .02$), indicating moderation. The addition of the interaction term accounted for an additional 5% of the variance in the model. Results also suggested that neither non-tangible partner support ($t = -.35, p = .73$) nor instrumental partner support ($t = -.53, p = .60$) moderated the relation between strain and distress. To interpret the significant interaction, procedures by Jaccard and Turrisi (2003) were followed and the predicted values of psychological distress, based on all
<table>
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<th>Variable</th>
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<th>Model 2</th>
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<td>SEB</td>
<td>β</td>
<td>B</td>
<td>SEB</td>
<td>β</td>
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<td>SEB</td>
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<td>-.23†</td>
<td>-.27</td>
<td>.24</td>
<td>-.15**</td>
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<tr>
<td>Relationship Strain</td>
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<td>.38**</td>
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<td>.39</td>
<td>.16</td>
<td>-.25*</td>
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<tr>
<td>$R^2$ Δ</td>
<td></td>
<td>.13**</td>
<td></td>
<td>.27***</td>
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<td>.05*</td>
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<tr>
<td>Adjusted $R^2$</td>
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<td>.12**</td>
<td></td>
<td>.36***</td>
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<td>.40*</td>
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*Note. †p<.10; *p <.05; **p < .01; ***p < .001*
variables in the regression, separately for low (-1SD), medium (0), and high (+1 SD) levels of relationship satisfaction were plotted (Figure 1).

Figure 1 depicts how relationship satisfaction significantly moderates the relationship strain to psychological distress relation. Test of simple slopes indicated that the slope between relationship strain and psychological distress was significant for both low ($t = 3.26, p = .001$) and medium ($t = 4.14, p < .001$) levels of satisfaction, but not at high levels ($t = -.84, p = .40$). Higher levels of strain related to higher distress at low and medium levels of relationship satisfaction, whereas at high levels of satisfaction, strain was not related to distress. Thus, high levels of satisfaction at T1 buffer the negative effects of strain at T1 to distress at T2.

Figure 1. Relationship Satisfaction Moderates the Relation between Relationship Strain at T1 and Psychological Distress at T2
CHAPTER 4

DISCUSSION

The current study focused on a vulnerable and underrepresented population and examined romantic relationships as a potential resource for young Latina mothers during this stressful developmental time. This study provided much needed descriptive information on the romantic relationships of Latina adolescent mothers based on the mother’s cultural orientation. It also expanded the literature by being among the first to investigate predictors of relationship continuity in this understudied population. To this author’s knowledge, it is the first study to use a longitudinal design and examine the unique and interactive effects of positive (e.g., partner support, relationship satisfaction) and negative aspects of relationships (e.g., relationship strain) on the psychological adjustment of young Latina mothers. Findings highlight the importance of considering the relationship context when examining the protective role of the support present in these romantic relationships.

Descriptive Information on Romantic Relationships of Latina Adolescent Mothers

Consistent with research showing that partner relationships are common among Latina adolescent mothers at least during the first few years postpartum, (Contreras, 2004; de Anda & Becerra, 1984; Eshbaugh, 2006; Wasserman et al., 1994), this study found that the majority of participants (73.5%) had a romantic partner at T1. Of the
mothers that had a partner, 19.2% were married, 51.2% reported living with their partner, and 76% reported that their partner was the father of their child, indicating that the majority of the young mothers were in committed relationships. These results are consistent with Latino cultural values and traditions where men assume responsibility by maintaining the romantic relationships after birth (Garcia-Coll & Vazquez Garcia, 1996). Furthermore, contrary to the transient (Elster & Lamb, 1986; Gee & Rhodes, 1999) and unstable (Colleta & Gregg, 1983; Nitz et al., 1995), romantic relationships that have been found in non-Latina samples, this study reports that only 15.2% of the participants reported being with their romantic partners for less than a year, and approximately 42% have been involved for three or more years. Thus, while most researchers have suggested that romantic relationships of young mothers are short-lived, findings suggest that Latina adolescents are likely to have a partner and to have longer, more stable relationships than previously suggested. Given the prevalence of partners, results highlight the need to examine their impact on the adjustment of young Latina mothers.

**Maternal Cultural Orientation and Relationship Characteristics**

This study investigated differences in partner, demographic, and relationship characteristics to try to understand the complex relationships of these young Latina mothers. Importantly, maternal cultural variables were also examined since levels of acculturation and enculturation are likely to impact family structure, family dynamics, and the formation of social and romantic relationships (Garcia-Coll & Vazquez Garcia, 1996; Vega, 1995). This study found that some romantic relationships were more committed and/or established than others, and that these young mothers may be more
interested in a family role. Young mothers in these committed relationships were more likely to be married, co-residing with their partners, and perceived higher instrumental support than non-married and non-co-residing mothers, respectively. These mothers were also more likely to have Latino partners and were more likely to be in a romantic relationship with their child’s father than their counterparts. Interestingly, less acculturated mothers, as well as more highly enculturated mothers were more likely to be in these committed relationships. Findings are consistent with prior research suggesting that married and co-residing mothers rely more heavily on partners for support and assistance in the care of their newborn child (de Anda & Becerra, 1984; Wakschlag, & Hans, 2005). Findings are also consistent with research suggesting that those Latinos who are more strongly oriented toward the Latino culture, as well as those who adopt few characteristics of the mainstream culture tend to endorse the core value of familism and maintain a strong family orientation (Hardwood et al., 2000). Results are also in line with Latino cultural values that emphasize the importance of men assuming parental responsibility and maintaining the romantic relationships after birth (Garcia-Coll & Vazquez Garcia, 1996).

The study also found that some romantic relationships are less committed and/or established. Young mothers in these less established relationships had younger, more highly educated partners, and perceived lower instrumental support and lower strain than their counterparts. Highly acculturated mothers, as well as less enculturated mothers were more likely to be in these less established relationships. It may be that their adolescent role is more salient for these mothers. If partners are occupied with school
and its socializing aspects, then they are less available to provide instrumental support to the young mother. Less partner availability can thus reduce opportunities for negative social exchanges. Furthermore, it is possible that these young mothers are also interested in maintaining/developing their adolescent role, which might explain why they reported low levels of strain despite low levels of tangible support. Alternatively, it is possible that these young Latina mothers prefer educated partners as a potential means to improved economic situations. Higher education is also likely to increase problem-solving techniques and thus reduce strain. Taken together, findings are consistent with research illustrating different demographic profiles based on acculturation level among Latina adolescent mothers of primarily Mexican heritage (Reynoso et al., 1993). Results also highlight the importance of examining cultural orientation (both of the young mothers and their partners) when trying to understand the contexts in which these romantic relationships take place.

**Relationship Continuity**

In trying to understand the complex romantic relationships of Latina adolescent mothers, this study investigated what happened to these relationships over time. It was found that 77.8% of participants who had a partner at T1 and returned for T2 kept the same partner at T2. Results are contrary to prior research with AA (Unger & Wandersman, 1988) and EA (Cutrona et al., 1998) young mothers where approximately 50% of adolescent mothers were no longer involved with their partners 8 to 18 months postpartum, and 40% of AA mothers had a new partner 8 months postpartum (Unger & Wandersman, 1988). However, results are consistent with prior research suggesting that
young Latina mothers are likely to remain with their partners up to 2 to 3 years postpartum (Eshbaugh, 2008; Florsheim et al., 2003; Moore et al., 2007).

Relationship continuity can impact the psychological adjustment of young mothers (Kalil et al., 2005). As such, the study examined factors that can help predict the likelihood of the relationship continuing across time. Demographic variables were examined first. Participants who kept the same partner across time were more likely to be in committed/established relationships. They were more likely to reside with their partners (often their child’s father), were more likely to have romantic relationships with their child’s father, and were more likely to have Latino partners than those who lost/changed partners at T2. Findings are significant since this is the first study (to the author’s knowledge) to report demographic variables predicting continuity in both adult and adolescent Latino samples. Results are also in line with the Latino collectivistic culture that places an emphasis on family, family obligation, and on the importance of having a partner (Cauce & Domenech-Rodriguez, 2002), and suggest that these young mothers share ethnic backgrounds with their partners (Elo et al., 1999).

In further examining relationship continuity, this study examined relationship characteristic variables that are strongly and consistently associated with continuity (e.g., support, satisfaction, strain; Cramer, 2004). Relationship satisfaction was expected to be the strongest predictor of continuity. Importantly, the support and strain items were excluded from the satisfaction measure to prevent conceptual overlap with the study’s support and strain measures. Length of romantic relationship and relationship satisfaction were predictors of continuity, with longer relationships and higher
instrumental support predicting continuity. However, consistent with hypothesis, satisfaction was the strongest predictor of continuity. Findings are consistent with prior adult literature, suggesting that satisfaction is the strongest predictor of continuity (Gee et al., 2007; Kalil et al., 2005; Meeks et al., 1998). Results are also consistent with the couple of studies available on EA and AA adolescent mothers indicating that higher levels of relationship satisfaction predict continuity 18-24 months after birth (Cutrona et al, 1998; Florsheim & Smith, 2005). As this is the first study to investigate predictors of continuity for young Latina mothers, future research replicating findings, as well as research extending findings to examine factors that relate to relationship satisfaction (thus impacting continuity and the psychological adjustment of young mothers) is clearly needed.

**Associations of Relationship Characteristics and Psychological Adjustment**

Positive and negative romantic relationship aspects impact the psychological adjustment of young mothers (Rhodes & Woods, 1995). In general, partners were perceived as being quite supportive, with only 16% of the mothers reporting no support from their partners. The majority of mothers were extremely satisfied with their romantic relationship (62%), and only 18% of mothers reported frequent strain in their relationships. As expected, mothers who reported more non-tangible support, and mothers who were more satisfied with their relationships reported less psychological distress, where as mothers who reported more strain reported more distress. Findings are in line with previous research suggesting that young Latina mothers who had more support reported less psychological distress and higher psychological functioning.
(Contreras et al., 1999). Results were also consistent with findings by Fagan & Lee (2010) suggesting that young AA and Latina adolescent mothers who were satisfied with their relationship reported lower depressive symptoms, and with findings suggesting that having a strained relationship with a partner is related to more psychological distress (Contreras et al., 1999; Rhodes et al., 1994; Gee & Rhodes, 2007).

Contrary to expectations, instrumental support at T1 was not significantly related to distress at T2. However, since instrumental support is likely to be needed, it may be that the young mothers received instrumental support from other family members (Sarason et al., 1990). For example, in cases of less established, non-coresiding relationships, or relationships where the partner is not the father of the child, the mothers may have a lower expectation of support from their partner and may rely on their family. Therefore, less instrumental support in this context may not necessarily increase distress. It may also be that instrumental support from partners is instead related to other aspects of the adolescent’s adaptation, such as life satisfaction, parenting, or their family context (Mollborn & Lovegrove, 2011). In fact, previous studies suggest that instrumental support (e.g. financial and child care support) relates to economic security for mother and child (which in turn can increase relationship satisfaction; see Nelson, 2004 for a review), as well as positive child outcomes (e.g., increased academic performance and communication skills, and decreased behavioral problems; Fagan & Iglesias, 2000). Further research examining the relative importance of different types of support is clearly needed, especially as this study’s measure of instrumental support had a more restricted
range than non-tangible support. Additionally, it is critical to understand the implications of positive and negative relationship factors for the young mothers’ adjustment.

**Relative Contribution of Main Study Variables to Psychological Adjustment**

The limited research on the romantic relationships of adolescent mothers has not incorporated both positive (especially relationship satisfaction) and negative aspects of relationships, or used longitudinal designs (Gee & Rhodes, 2003; Voight et. al., 1996), and thus has yielded inconsistent findings. The current study examined the relative and unique prospective effects of support, satisfaction, and strain on the psychological adjustment of young Latina mothers. No specific hypotheses regarding which of these variables would have unique effects on the psychological adjustment of these mothers at T2 were made. Results revealed that relationship strain was the only significant unique predictor of distress; satisfaction had a marginally significant unique effect. Results are consistent with findings among AA young mothers where strain has been found to be a more consistent predictor of psychological well-being (Gee & Rhodes, 2007). Strain is likely to be present in any committed romantic relationship. However, it is interesting that strain had such a strong effect on predicting distress despite the relatively low levels of stress reported by the young mothers. It may be that since the relationships of adolescent mothers are already taking place in a stressful context (e.g. poverty, parenting at an early age, etc.), low amounts of strain are enough to have a detrimental effect on the young mother’s adjustment.

Relationship satisfaction had a marginally unique effect in predicting psychological adjustment. Findings are consistent with a few studies with adult samples
suggesting that satisfaction predicts depression 18 months after marriage (Beach & O’Leary, 1993; Finchman, Beach, Harold, & Osborne, 1997). Results are further consistent with a study on AA and Latina adolescent mothers that controlled for relationship strain and examined the associations between mother’s depressive symptoms, child care support, and satisfaction, and found satisfaction to be a better predictor of depressive symptoms than child care support (Fagan & Lee, 2010). It is important to note that the specific outcome variable may influence the relative weight that strain and satisfaction have in predicting well-being. For example, it could be that support and satisfaction are more strongly related to positive aspects of adaptation such as educational attainment (if partners help with child care or provide tangible assistance) than it is to distress. Support and satisfaction could also be more strongly related to the young mother’s parenting behaviors (e.g., more confidence in their ability to parent), thus reducing parenting stress and increasing psychological adjustment. Further investigations focusing on clarifying the relative contribution of support, satisfaction, and strain on the psychological distress of these young mothers are needed in order to determine the most helpful contexts for the adjustment of the young mothers and their children, and thus inform the development of effective interventions.

**Interactive Effects of Main Study Variables and Psychological Adjustment**

In order to gain a comprehensive understanding of romantic relationships, it is vital to examine how positive and negative aspects of these relationships interact to predict psychological adjustment. Due to the likelihood of strain being present in romantic relationships, its stressful nature, and its negative influence on adjustment, this
study explored whether support and/or satisfaction buffered against strain to protect the young mother’s psychological well-being. Contrary to a few findings with older populations (Lepore, 1992; Okun & Keith, 1998; Schuster et al., 1990) and with a study with AA young mothers (Rhodes & Woods, 1995), partner support did not buffer against relationship strain to protect the young mother’s psychological well-being. It may be that these young mothers are more focused on either their adolescent or parenting role, and partners may be providing the types of support that are not needed at that particular time. Thus, support may not buffer against the strain that is likely to be present in the relationship, given that the couple is trying to cope with stressful situations such as having a baby at an early age, living in relative poverty, etc.

On the other hand, it was found that the relation between strain and psychological distress depends on the level of satisfaction. Findings indicated that the relation between strain and distress was stronger at low and medium levels of satisfaction but not at higher levels of satisfaction. That is, the association between high strain and psychological distress diminishes under conditions of high satisfaction, thus indicating that satisfaction acts as a buffer against the negative effects of relationship strain. This study expands the literature in many ways, as it is the first (to the author’s knowledge) to examine the buffering effect of relationship satisfaction, to include prospective data, to focus on Latina adolescent mothers, and to examine differences in relationships based on the young mother’s cultural orientation. Cultural orientation affected the types of relationships that young Latina mothers have with their partners. As such, future studies could continue to examine how the relations between support, satisfaction, and strain
domains of romantic relationships are impacted by cultural orientation. Examining these differences may help clarify the extent to which and in what contexts partner relationships have a positive influence on the adjustment of young Latina mothers.

**Limitations and Future Directions**

Limitations to the present study include possible biases from reliance on self-report measures. However, evidence suggests that self-perceptions of social support are best at predicting psychological adjustment and emotional well-being (Cauce et al., 1996). In addition, a significant moderation effect was found, suggesting that it is unlikely that results were simply the product of reporting biases. Nonetheless, future studies could be strengthened by including measures of relationship factors from other reporters (e.g., partners’ report of support, satisfaction, strain). An individual’s cultural orientation impacts the formation, structure, and dynamics of social and romantic relationships (Garcia-Coll & Vazquez Garcia, 1996). This study examined how the young mother’s cultural orientation impacted the types and quality of relationships they had with their partners. However, the study was limited in only being able to obtain the young mother’s reports of their cultural orientation. Obtaining partners’ reports of their cultural orientation would thus increase our understanding of culture’s influence on the nature of these romantic relationships.

Although this was one of the first studies to examine the prospective effects of relationship factors (both positive and negative) on the psychological adjustment of young Latina mothers, only 2 data points were available, thus limiting inferences made regarding directionality of the effects. Future studies should use longitudinal research
with at least 3 data points in order to determine how the romantic relationships of adolescent mothers (partner support, relationship satisfaction, and relationship strain) might change over time to meet their evolving needs. Although examination of the tolerance and variance inflation factors indicated that multicollinearity was not a problem in regression analyses, relationship satisfaction was highly correlated to relationship strain, possibly affecting results. As such, replication is needed in order to clarify and expand this study’s findings. Since the current sample included primarily Puerto Rican mothers, future studies should examine whether the same findings emerge for parenting adolescents of differing SES and cultural backgrounds.

**Implications**

Regarding implications for intervention, understanding the complex nature of romantic relationships can suggest new interventions to improve the quality of life and promote better outcomes for teenage mothers and their families. Better outcomes for teenage mothers are important since healthy maternal adjustment can have profound effects on children’s development and well-being (Zahn-Waxler et al., 2002). As indicated in this study, young Latina mothers are likely to have a romantic partner, have relationships that differ on levels of commitment, remain in continuous relationships with their partners, and to perceive them as providing both support and strain. Therefore, this study’s findings suggest the need to involve partners in intervention efforts.

Interventions may include education on relationship aspects that affect relationship continuity. This study found that relationship satisfaction was the strongest predictor of relationship continuity. Therefore, work with partners could focus on
enhancing their relationships and increasing relationship satisfaction, so that partners remain involved and support the adolescents on their parenting efforts. Interventions may also include education regarding both positive and negative aspects of relationships, and how they each relate to psychological distress. As suggested in this study, relationship strain at T1 was the strongest predictor of psychological adjustment at T2. However, this study found that young Latina mothers reported low levels of strain and psychological distress despite stressful circumstances. As such, interventions could be directed to enhancing strategies that reduce interpersonal strain such as problem solving, effective communication, and strain resolution.

The study also found that relationship satisfaction serves an important role in buffering the harmful effects of relationship strain. Interventions aimed at increasing satisfaction are key and may focus on including partners in helping adolescent mothers cope with the demands imposed by the divergent developmental tasks they encounter. For example, interventions could focus on helping partners adapt to the divergent developmental needs of these young mothers, which could then encourage partners to provide the types of support that young mothers need most. Given the stressful nature of the context in which the couples are embedded, efforts could also include helping the couple to work together to cope with the demands they encounter. In doing so, it is important to be sensitive to the cultural variations among Latina participants, as these variations have clear implications for the nature of the romantic relationships.

In sum, this study examined the romantic relationships of Latina adolescent mothers using a longitudinal design. It was found that most participants were involved in
a romantic relationship; that characteristics of these relationships were related to the adolescents’ cultural orientation; that a majority of participants remained with their partners over time; and that overall, mothers perceived their partners as quite supportive, reported low levels of strain, and were highly satisfied with their relationships. Relationship satisfaction was the strongest predictor of relationship continuity. Importantly, satisfaction and strain both predicted psychological adjustment, and satisfaction buffered the negative effects of relationship strain. Given that difficulties and challenges are likely to be present in these romantic relationships, it is important to help couples communicate, problem solve, increase satisfaction, and resolve strain, and also help to increase support within these relationships. Finally, findings highlight the importance of considering the role of partners for the psychological well-being of Latina adolescent mothers, and of considering both positive and negative aspects of romantic relationships when examining psychological distress in this population.
APPENDIX A

CONSENT FORMS
APPENDIX A

CONSENT FORMS

METROHEALTH MEDICAL CENTER

Human Investigation Consent Form

KENT STATE UNIVERSITY

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)
HUMAN INVESTIGATION CONSENT FORM

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

ATTACHMENT A

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.

____________________________________________________________________________________
Signature of Participant Date/Time

____________________________________________________________________________________
Signature of parent/guardian Date/Time

____________________________________________________________________________________
Name of Photographer Date/Time Witness

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 juegas 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 leí 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)
Latina Adolescent Parenting Project  IRB #: 06-00047
Consent Form
Page 71 of 2  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

ATTACHMENT A
Patient Addressograph Label

CONSENTIMIENTO DE FILMACION

Tipo: ☐ Fotografía ☐ Grabación de voz/sonido ☐ Video tape ☐ Otro: ____________

Las fotografías de las participantes se tomaran: ☐ 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

MHS FORM 0310479
APPENDIX B

MATERNAL QUESTIONNAIRE DEMOGRAPHIC QUESTIONS
APPENDIX B

MATERNAL QUESTIONNAIRE DEMOGRAPHIC QUESTIONS

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

2. How far have you gotten in school?
   □ 1. Less than seventh grade
   □ 2. Seventh grade
   □ 3. Eighth grade
   □ 4. Ninth grade
   □ 5. Tenth grade
   □ 6. Eleventh grade
   □ 7. Twelfth grade
   □ 8. High school diploma/GED
   □ 9. Partial college
   □ 10. College graduate
   □ 11. DON'T KNOW
   □ 12. REFUSED
3. Are you in school now?

☐ 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

4. Now, I'd like to find out a little bit about how you support yourself. Are YOU working at a job right now?

☐ 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)

5. In what country were YOU born?

☐ 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

6. Do you receive any welfare benefits?

☐ 1. 1. No
☐ 2. 2. Food stamps only
☐ 3. 3. Medical card only
☐ 4. 4. Monthly check
☐ 5. 5. Money for day care
☐ 6. 6. Two or more of the above
☐ 7. 7. DON’T KNOW
☐ 8. 8. REFUSED

7. What is your marital or relationship status?

☐ 1. 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

8. What is the ethnicity of the father of your child?

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 57)
7. 7. DON'T KNOW
8. 8. REFUSED

9. Where was the father of your child born?

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

10. How old is your child's father?

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

11. How far has the father of your child gotten in school?
<table>
<thead>
<tr>
<th></th>
<th>7. Twelfth grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8. High school diploma/GED</td>
</tr>
<tr>
<td></td>
<td>9. Partial college</td>
</tr>
<tr>
<td></td>
<td>10. College graduate</td>
</tr>
<tr>
<td></td>
<td>11. Other &lt;SPECIFY&gt; (GO TO QUESTION 62)</td>
</tr>
<tr>
<td></td>
<td>12. DON'T KNOW</td>
</tr>
<tr>
<td></td>
<td>13. REFUSED</td>
</tr>
</tbody>
</table>

12. Is the father of your child in school now?

|   | 1. No |
|   | 2. Yes, part time/night school |
|   | 3. Yes, full time |
|   | 4. DON'T KNOW |
|   | 5. REFUSED |

13. Is the father of your child working at a job right now?

|   | 1. No |
|   | 2. Yes, part time |
|   | 3. Yes, full time |
|   | 4. DON'T KNOW |
|   | 5. REFUSED |

14. Is the father of your child also your current partner/boyfriend/husband?

|   | 1. No (GO TO QUESTION 66) |
|   | 2. Boyfriend/partner |
|   | 3. Husband |
|   | 4. DON'T KNOW |
|   | 5. REFUSED |

15. Do you currently have a boyfriend/partner/husband?

|   | 1. No (GO TO QUESTION 98) |
|   | 2. Boyfriend/partner |
|   | 3. Husband |
|   | 4. DON'T KNOW |
|   | 5. REFUSED |
16. How far has your current boyfriend/husband gotten in school?

- 1. Less than seventh grade
- 2. Seventh grade
- 3. Eighth grade
- 4. Ninth grade
- 5. Tenth grade
- 6. Eleventh grade
- 7. Twelfth grade
- 8. High school diploma/GED
- 9. Partial college
- 10. College graduate
- 11. Other <SPECIFY> (GO TO QUESTION 68)
- 12. DON'T KNOW
- 13. REFUSED

17. Is your current boyfriend/husband in school now?

- 1. No
- 2. Yes, part time/night school
- 3. Yes, full time
- 4. DON'T KNOW
- 5. REFUSED

18. Is your current boyfriend/husband working at a job right now?

- 1. No
- 2. Yes, part time
- 3. Yes, full time
- 4. DON'T KNOW
- 5. REFUSED

19. What is the ethnicity of your current boyfriend/husband?

- 1. Hispanic / Latino
- 2. European American
- 3. African American
- 4. Native American
- 5. Asian American
- 6. Other <SPECIFY> (GO TO QUESTION 72)
- 7. DON'T KNOW
- 8. REFUSED
20. Where was your current boyfriend/husband born?

___ 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

21. How old is your partner?

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

22. How long have you been together with your current boyfriend/husband?

___ 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
___ 6. 6. 3 years to 5 years
___ 7. 7. 5 or more years
___ 8. 8. DON’T KNOW
APPENDIX C

MATERNAL QUESTIONNAIRE MEASURES
APPENDIX C

MATERNAL QUESTIONNAIRE MEASURES

Life Events Survey

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...(responses stay the same for each question).

1. Got married.
   ⠗ 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

2. Began a relationship.
3. Broke-up with someone.
4. Separated from husband.
5. Got divorced.
6. Close friend or family member moved away.
7. Someone else moved in or out of household.
8. YOU moved in or out of household.
9. Robbery or attempted robbery of home
12. Miscarriage
14. YOU experienced a serious illness, injury, or hospitalization?
15. Your HUSBAND/PARTNER experienced a serious illness, injury, or hospitalization?
16. One or both of your PARENTS experienced a serious illness, injury, or hospitalization?
17. Your CHILD experienced a serious illness, injury, or hospitalization in the past year?
18. Some other CLOSE RELATIVE experienced a serious illness, injury, or hospitalization in the past year?
19. Death of a: Husband or partner.
22. Death of a: Close relative/friend.
23. Started work.
24. Quit or was laid off from work.
25. Change at work (demoted, promoted, etc.).
26. Change of schools
27. Started school/vocational training.
28. Graduated from school/vocational training.
29. Dropped out of school/vocational training
30. Had major problems in school/vocational training.
31. Detention in jail or youth facility
32. Other problems with the law.
33. YOU were mugged or robbed.
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.

How much were you distressed by...

1. Headaches?
   - 1. Not at all
   - 2. A little
   - 3. Some
   - 4. A lot (very)
   - 5. A huge amount (extremely)
   - 6. REFUSED

2. Nervousness or shakiness inside?
3. Faintness or dizziness?
4. Loss of sexual interest or pleasure?
5. Feeling easily annoyed or irritated?
6. Pains in heart or chest?
7. Feeling low in energy or slowed down?
8. Thoughts of ending your life?
9. Trembling?
10. Crying easily?
11. Feelings of being trapped or caught?
12. Suddenly scared for no reason?
13. Temper outbursts that you could not control?
14. Blaming yourself for things?
15. Pains in lower back?
16. Feeling lonely?
17. Feeling blue?
18. Worrying too much about things?
19. Feeling no interest in things?
20. Feeling fearful?
21. Heart pounding or racing?
22. Nausea or upset stomach?
23. Soreness of your muscles?
24. Trouble getting your breath?
25. Hot or cold spells?
26. Numbness or tingling in parts of your body?
27. A lump in your throat?
28. Feeling hopeless about the future?
29. Feeling weak in parts of your body?
30. Feeling tense or keyed up?
31. Heavy feelings in your arms or legs?
32. Having urges to beat, injure, or harm someone?
33. Having urges to break or smash things?
34. Feeling everything is an effort?
35. Spells of terror or panic?
36. Getting into frequent arguments?
37. Feeling so restless you couldn't sit still?
38. Feelings of worthlessness?
39. The feeling that something bad is going to happen to you?
40. Shouting or throwing things?
41. Thoughts and images of a frightening nature?
Relationship Assessment Scale (RAS)

1. In general, how satisfied are you with your relationship?
   - 1. A. Unsatisfied
   - 2. B.
   - 3. C. Average
   - 4. D.
   - 5. E. Extremely satisfied
   - 6. 6. REFUSED

2. How good is your relationship compared to most?
   - 1. A. Poor
   - 2. B.
   - 3. C. Average
   - 4. D.
   - 5. E. Excellent
   - 6. 6. REFUSED

3. How often do you wish you hadn’t gotten in this relationship?
   - 1. A. Never
   - 2. B.
   - 3. C. Average
   - 4. D.
   - 5. E. Very often
   - 6. 6. REFUSED

4. To what extent has your relationship met your original expectations?
   - 1. A. Hardly at all
   - 2. B.
   - 3. C. Average
   - 4. D.
   - 5. E. Completely
   - 6. 6. REFUSED

5. How much do you love your partner?
   - 1. A. Not much
   - 2. B.
   - 3. C. Average
   - 4. D.
   - 5. E. Very much
   - 6. 6. REFUSED
Acculturation Rating Scale for Mexican Americans-II (ARSMA-II)

*Latino Orientation Subscale (LOS).*

1. I speak Spanish
   a. Not at all
   b. Very little or not very often
   c. Moderately
   d. Much or very often
   e. Extremely often or almost always

2. I enjoy speaking Spanish
3. I associated with Latinos or Latino Americans
4. I enjoy listening to Spanish language music
5. I enjoy Spanish language TV
6. I enjoy Spanish language movies
7. I enjoy reading (e.g., books in Spanish)
8. I write (e.g., letters in Spanish)
9. My thinking is done in the Spanish language
10. My contact with my country of origin has been
11. My father identifies or identified himself as Latino
12. My mother identifies or identified herself as Latina
13. My friends, while I was growing up were of Latino origin
14. My family cooks Latino food
15. My friends now are of Latino origin
16. I like to identify myself as a Latina American
17. I like to identify myself as a Latina
American orientation subscale (AOS).

1. I speak English
   a. Not at all
   b. Very little or not very often
   c. Moderately
   d. Much or very often
   e. Extremely often or almost always

2. I associate with Anglos
3. I enjoy listening to English language music
4. I enjoy English language TV
5. I enjoy English language movies
6. I enjoy reading (e.g., books in English)
7. I write (e.g., letters in English)
8. My thinking is done in the English language
9. My contact with the USA has been
10. My friends, while I was growing up, were of Anglo origin
11. My friends now are of Anglo origin
12. I like to identify myself as an Anglo American
13. I like to identify myself as an American

Social support network questionnaire (SSNQ)

INTRODUCTION
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 or 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?
[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 # 3c
This past month, how did you feel about the advice and information you did get?
[GET RATING FOR EACH PERSON NOMINATED IN 3a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

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]
Who 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
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

SECTION THREE: PROBLEMATIC SOCIAL TIES
[READ TO PARTICIPANT]
We've been talking about the ways you help your friends, family, and other people you know and the ways they help you. Although they may not mean to, the people that are the most help to us, sometimes do things that are hurtful. I am now going to ask a few questions about the ways the people in your life cause problems for you.
QUESTION # 14  [DISAPPOINTMENT]
First, for each of the people you've named, I'd like you to tell me how often you can expect that person to disappoint you—break promises they've made, not come through for you when you most need them, or disappoint you in some other way?
[GET RATING FOR EACH PERSON NOMINATED]
1=Never
2=Rarely
3=Sometimes
4=Often
5=Always

QUESTION # 15  [INTRUSIVENESS]
How often does _______ butt into your business—watch over the things you do, boss you around, or act like they know what's best for you?
[GET RATING FOR EACH PERSON NOMINATED]
1=Never
2=Rarely
3=Sometimes
4=Often
5=Always

QUESTION # 16  [CRITICISM]
How much does ________ criticize you—put you down, make you feel stupid?
[GET RATING FOR EACH PERSON NOMINATED]
1=Never
2=Rarely
3=Sometimes
4=Often
5=Always

QUESTION # 17  [CONFLICT]
How often do you have fights or strong disagreements with this person?
[GET RATING FOR EACH PERSON NOMINATED]
1=Never
2=Rarely
3=Sometimes
4=Often
5=Always
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