THE EFFECTS OF PARTNER SUPPORT ON MATERNAL CONTROL BEHAVIORS OF LATINA ADOLESCENT MOTHERS

A thesis submitted to the Kent State University Honors College in Partial fulfillment of the requirements for University Honors

by

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May, 2014
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I would like to thank all those who have aided in the creation of this project. I am very thankful to my advisor, Dr. Josefina Grau for her continuous help and encouragement. I also am extremely appreciative of Lauren Wood, for her constant dedication and support throughout this entire process. Also, I would like to thank my thesis committee, Dr. Rhonda Richardson, Dr. Manfred van Dulmen, and Dr. Angela Neal-Barnett for their flexibility and uplifting feedback. Lastly, I extend a great deal of gratitude to the endless love and reassurance I received from my amazing parents, Sue and Bill McKinney, siblings, Matt and Meg McKinney, as well as Dan Burbules, and many other friends as I embarked on this journey of completing an honors thesis.
INTRODUCTION

Adolescent mothers experience more parenting difficulties than older mothers. Many of these teens live in poverty and parent their children without suitable resources (Maynard, 1997). These young mothers also report higher levels of parenting stress than adult mothers (Holdsworth, 1999; Kelly, 1997; Nitz, Ketterlinus, & Brandt, 1995; Passino et al., 1993; Sommer, Whitman, Borkowski, Schellenbach, Maxwell, & Keogh, 1993). This is problematic, because these teens are at a high risk for poor long-term outcomes such as low educational achievement, psychological distress, and welfare dependency; children of adolescent mothers are also at risk for cognitive developmental delays and emergence of behavioral problems (Coley & Chase-Lansdale, 1998; Furstenberg, Brooks-Gunn, & Morgan, 1987; Maynard, 1997). Research attempting to tackle this problem has found social support to play a positive role in adolescent mothers’ lives (Furstenburg & Crawford, 1978; Barth et al., 1983). While partner support has been found to have positive effects on adolescent mothers’ psychological adjustment and self-esteem, the extent to which partner support benefits the quality of adolescent parenting has yet to be investigated as thoroughly (Royle & Balk, 1996; Turner, Grindstaff, & Phillips, 1990; Thompson, Peebles-Wilkins, 1992; Unger & Wandersman, 1988). Being that Latina adolescent mothers have the second highest birthrate in the country yet are studied the most infrequently, researching the effects of partner supports on maternal behaviors within this population is particularly important (Hamilton, Hoyert, Martin,
Therefore, this study examines whether partner support is associated with parenting techniques in the severely understudied population of Latina adolescent mothers.

Adolescent Parenting Stress

Parenting at a young age creates multiple stressors that place adolescent mothers at high risk for improper parenting practices. Economic disparity and lack of social support are two common stressors experienced by these young mothers (Grau, Wilson, Weller, Castellanos, & Duran, 2012; Gee & Rhodes, 2003). Balancing tasks of caring for one’s infant and meeting adolescent social expectancies may also increase the turmoil experienced by the mother (Secco & Moffatt, 2003). Together, these stressors create an overwhelmingly negative atmosphere for teen moms to discover and practice beneficial parenting techniques. When parenting, younger mothers also have unrealistic expectations of their children (Moore & Brooks-Gunn, 2002). This is problematic since accurate understanding of child development has been associated with higher rated parenting skills and more positive parent-child interactions (Chamberlin, Szumowski, & Zastowny, 1979; Grusec & Goodnow, 1994; Booth, Mitchell, Barnard, & Spieker, 1989; Conrad, Gross, Fogg, & Ruchala, 1992; Reis, Barbera-Stein, & Bennett, 1986; Stevens, 1984). Research suggests that adolescent mother and infant interactions tend to be more intrusive, less sensitive to children’s needs, and less verbally stimulating than adult mother interactions (Brandt, Nitz, & Ketterlinus, 1995; Berlin, Brady-Smith, & Brooks-Gunn, 2002; Culp, Culp, Osofsky, 1991; Field, Widmayer, Stringer, & Ignatoff, 1980; Osofsky, Hann, & Peebles, 1993; Sommer et al., 1993). Adolescent mothers in
comparison to adult mothers also have higher rates of child abuse (Haskett, Johnson, & Miller, 1994). Overall, multiple stressors experienced when childrearing at a younger age seems to negatively impact an adolescent’s ability to parent in ways that are beneficial for healthy child development (Secco & Moffatt, 2003).

Adolescent parenting stress has been related to less effective parenting practices, and negative parenting can lead to long-term negative developmental and behavioral consequences for the child, such as struggles with social relationships, school issues and psychological diagnoses (Adamakos et al., 1986; Passino et al., 1993; Erickson, Egeland, & Pianta, 1989; Kolko, 1996; Widom, 1999). Stressed parents are less likely to properly stimulate their children and are more likely to have insecurely attached children (Adamakos et al., 1986; Jarvis & Creasey, 1991; Teti, Nakagawa, Das, & Wirth, 1991). Studies have also found higher rates of maladjusted children are associated with higher amounts of negative, harsh and inconsistent parenting (Maccoby & Martin, 1983; Patterson, Reid, & Dishion, 1992; Rothbaum & Weisz, 1994).

Social Support

Since negative adolescent parenting can lead to issues for developing children, it is necessary to investigate factors that decrease these negative parenting techniques of adolescent mothers. One way this may be approached is through the protective factor of social support (Dubow & Luster, 1990). Research on this population has commonly found that high levels of social support decrease the negative effects stress has on adolescent mothers’ parenting (Cohen & Wills, 1985; Lin, Dean, Ensel, 1986; Turner,
Grindstaff, & Phillips, 1990). Due to the potential benefits social support may have on parenting stress, the need to further study its influence on negative parenting arises.

Adolescents rely on parents, grandparents, partners, children’s fathers, and friends as sources of social support. Social support includes the interactions that individuals have with friends, family members, peers, and health professionals that communicate information, esteem, aid, and understanding (Stewart, 1993). Social support research has neglected many support figures and has focused primarily on the impact that mothers of adolescents have on both teen and child psychological development (Bunting & McAuley, 2004). Unlike the role of the child’s grandmother, research on adolescents’ partners has yet to be studied as thoroughly.

Partner Support

Partners give support to mothers in a variety of manners. Support may include helping with child care, providing social engagement, positively encouraging the mother, and assisting with financial needs. Partner support has typically been studied as a sum of these varying types of assistance. In general, research on adolescent mothers has found that higher levels of these various forms of partner support benefit adolescent mothers’ mental health, parenting stress levels, and parenting tactics (Roye & Balk, 1996; Brunelli, Wasserman, Rauh, Alvarado, & Caraballo, 1995). These studies typically do not involve observational data collection nor do they assess the Latina adolescent mother population. In terms of studies that have assessed the well-being of European American and Canadian young women, findings suggest that partner support is associated with higher self-esteem when the teen mother feels her needs are being met (Roye & Balk, 1996).
Also, when African American adolescent co-parenting relationships are healthy, they can positively affect the lives of children and well-being of adolescent mothers (Gavin et al, 2002; Johnson, 2001).

Observational research on EA adolescents has found that the level of partner support received by an adolescent mother has been positively associated with her sense of parenting competence (Shapiro & Mangelsdorf, 1994). For example, in self-report studies on EA and AA adolescents, when male partner support allows the adolescent mother to feel better about herself and her parenting, she is better able to provide a child-focused environment, and is more likely to retain custody of her children (Cervera, 1991; Thompson & Peebles-Wilkins, 1992; Cutrona, Hessling, Bacon, & Russell, 1998).

Partner support also has been found to be negatively associated with forceful parenting styles. When multiple forms of support have been individually assessed in self-reports of AA and Latina populations, emotional support (emotional support involves talking and listening about one’s personal issues and struggles) seems to have the highest correlation with less self-reported power-assertive parenting techniques. The same study also found higher levels of self-reported overall support when fathers resided with the adolescent mothers (Brunelli et al., 1995). Another study showed a relation between high levels of emotional support and less frequent use of aggression or threatening actions by adolescent mothers (Colletta, 1981). Investigating the potential for partners as protective factors is realistic due to current partner support findings suggesting a positive impact in the overall lives of adolescent mothers.
Significance of Research with Latina Adolescent Mothers

Understanding the importance of the effect of partner support on negative parenting is particularly meaningful for the under-studied Latina adolescent mother population. In regards to partner support, the literature suggests that a large percentage of Latina adolescent mothers are in romantic relationships (Contreras, Lopez, Rivera-Mosquera, Raymond-Smith, & Rothstein, 1999; Eshbaugh, 2006). Latino cultural traditions have been characterized by familismo, meaning that the well-being and values of the family are more important than an individual’s desires and goals (Guilamo-Ramos, Dittus, Jaccard, Johansson, Bouris, & Acosta, 2007). Further, Latino culture emphasizes the importance of family formation and expects men to become parentally responsible by remaining in a relationship with the mother of their child (Coll, Crnic, Lamberty, Wasik, Jenkins, Garcia, & McAdoo, 1996). Therefore, it is noteworthy to study the impact partners have on Latina adolescent mothers parenting.

Focusing this research on direct and controlling parenting in Latino culture is especially important due to findings that Latino parents score significantly higher in use of physical control than European American parents (Cardona, Nicholson, & Fox, 2000; Johnson et al., 1983; Laosa, 1980). This is also seen on combined measures of verbal and physical control (MacPhee, Fritz, & Miller-Heyl, 1996). Research has also found that European American children who experience these verbal and physical control techniques have the highest rates of adjustment problems (Vissing, Straus, Gelles, & Harrop, 1991). Consequently, because high levels of maternal control and hostility have been associated with internalizing and externalizing problems in children, it is necessary
to assess potential protective factors for this negative form of parenting (Morrie et al., 2002).

An appropriate way to measure a parent’s use of negative and controlling parenting tactics is through behavioral observations in the context of a child compliance task. This study used a compliance task, which involves parents asking their children to clean up their toys. Maternal behaviors observed during the task have typically been characterized as guiding, controlling, or forceful when directing their child’s behavior. The connections between parenting control techniques and child compliance behavior in this task have been previously analyzed. For instance, when mothers used more controlling and high forceful control, children were more likely to be passively noncompliant, defiant, and less committed with complying (Braungart-Rieker, Garwood, & Stifter, 1997; Crockenberg & Litman, 1990; Rothbaum & Crockenberg, 1995).

Identifying effects of protective factors earlier in a child’s life is especially beneficial to both child and adolescent mother’s development. Intervening when the child is at a younger and impressionable age can prevent the occurrence of behavioral problems as well as provide proper early parenting practices for the adolescent mother (Osofsky & Thompson, 2000). Therefore, this study chose to assess partner support and its relation to maternal forceful and controlling techniques during the second postpartum year.

Overall, adolescent mothers deal with much stress in their parenting roles (Brandt, Nitz, & Ketterlinus, 1995). This can lead to them using more negative and forceful parenting with their young children (Black et al., 2010). In turn, this forceful parenting
has the potential to inhibit the healthy development of the child. Since research has found that social support can have a positive effect on adolescent mothers, it is important to assess if partner support, which is infrequently studied, can protect against the use of negative maternal teen parenting (Bunting & McAuley, 2004). It is particularly necessary to examine the effects of partner support on negative parenting in the understudied Latino adolescent mother population.

Goals of the Current Study

This study proposes that partner support will relate to less negative and controlling parenting. Partner support is assessed in three different ways: levels of emotional support Latina adolescent mothers perceive to be available from their partners, level of the partners’ engagement in the parenting of the child, and whether the mother resides with her partner. Mothers who reside with their partners, those that perceive their partners as available to provide more support and those that report higher partner engagement in the parenting of the child are predicted to show less use of forceful and controlling parenting techniques when instructing their children to clean up toys.
METHODS

Participants

The participants in this study (N=106) were pulled from a larger National Institute of Child Health and Human Development funded study (N=170) focusing on Latina Adolescent mothers and their children. The study involved two home visits separated by six months. In the current study, the young mothers were selected if they reported having a partner during the first wave of data collection, when the children were 18 months old, and also having completed the second wave when their children were 24 months old (N=106). Descriptive information regarding the sample and partner support was taken from wave 1, whereas demographic and observational data used in the analyses were gathered at wave 2.

The mean age of the mothers in this study was 18.02 years (SD=1.24; range: 14.5 – 19.9) at the time of the child’s birth. At wave 1, their mean age was 19.6 years (SD=1.2; range 16 – 21.5). The majority of the mothers were of Puerto Rican heritage (82.1%) and 50.9% were born outside of the mainland US. These mothers all lived in low-income Latino neighborhoods in a Midwestern city of the United State. 59% of mothers lived with their partner, 11% lived with her parents and partner, 17% lived with at least one parent (without partner), and 12% lived in a different environment. In regards to educational levels, 14.2% had received some post-high school education, 16% had completed high school, 49.1% had completed grade 9th through 11th, and 9.4% had
finished 8\textsuperscript{th} grade or lower. 45.3\% of mothers were working, 28.3\% were attending school, and 89.6\% received some type of government assistance.

At wave 1 the mean age of mother’s partners was 22.2 years ($SD=4.0$; range: 17-47). Partners were predominately Latino (70.8\%) and mostly born in the mainland US (54.7\%; 41.5\% other). Of the partners, Seventy five percent were the biological father of the child. Majority of partners’ had full time jobs (73.3\%). The partners’ average completion of high school was 11\textsuperscript{th} grade (range: <7\textsuperscript{th} grade – partial college). Most partners were not currently attending school (89.6\%). Most of the mother’s relationships were long-term (78.3\%), some lasting at least 2 years (71.7\%); 17\% were married.

Procedure

Participants were recruited mainly from pediatric clinics (81.1\%). Participants were also informed of the study through friends and relatives (5.7\%) and some heard about the study through professionals and other community members (3.8\%). Mothers were eligible to participate if they were, upon the birth of their child, 19 years old or younger and if their child was younger than 20 months old. The child also had to be born full-term and have no major medical or physical issues.

Overall, 253 mothers were invited to participate, but 12 of them did not provide contact information. The rest of the mothers (241) were contacted again when their child reached the target age (18 ± 2 months). Many individuals were lost due to relocation (18.5\%), scheduling issues (45\%), and refusal to participate (8.5\%). In sum, 170 mothers participated (70.5\%) in the initial wave of data collection. Of these 170, 149 returned for Wave 2.
Two home visits were conducted, when the child was 18 and 24 months old. The visits lasted approximately 3 hours each and were run by two female experimenters, one of whom was bilingual. The participants were able to choose which language they would like to communicate in at each visit. 66% of the visits were conducted in English and 34% were in Spanish. The experimenters first obtained informed consent from the participant (and a parent or guardian if she was under 18 years of age). Then they videotaped the mothers interacting with their child during various tasks and conducted several interviews with the mother. To control for reading level, mothers were able to read the questions on a computer screen as well as have them read aloud by the experimenter. For involvement in the study, the participants were given $70, a copy of the videotaped interactions, and a gift for their child.

Measures

Demographics

Participants self-reported demographic information. Information regarding the mother’s living arrangements, mother’s age, mother’s education, mother’s employment status, partner’s age, partner’s employment status, child’s age, and child’s gender was collected in these self-reports during each of the home visits (Refer to Appendix B).

Social Support. To assess for partner support, the study utilized the Social Support Network Questionnaire (SSNQ), which is a modified version of the Arizona Social Support Interview Schedule (ASSIS) (Barrera, 1981; Gee & Rhodes, 2007) (Refer to Appendix C). Participants nominated persons they perceived as available to provide six
types of support: Emotional (talk about something personal or private), 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), Instrumental Assistance (pitch in, lend or give you something you needed), and Child Care support (help with care of target child). For the purpose of this study, responses for emotional support, cognitive guidance, positive feedback, and social participation were used to form an overall emotional partner support composite. This index ranged from 0 – ‘partner perceived as unavailable to provide any type of support’ to 4 – ‘partner perceived as available to provide all four types of support. If the partner was chosen they received a score of 1 for that type of support, and if the partner was not chosen they received a score of 0. A combined support score between 1 and 4 was given to these partners based off the sum of their scores for each type of support. This combined score was created as an index for mother report of overall emotional partner support. The composite showed adequate internal consistency (α=.82 whole sample; α=.84 English, α=.76 Spanish.

Partner Engagement

Mothers were asked to report on the frequency with which their partner engaged with their child (Refer to Appendix D). A 10-point scale was first used to rate the overall frequency of child care help they received from their partner. The scale ranged from 1 – “Never” to 10 – ‘6 or more times a day.” They then completed 11 items from a measure of partner engagement in parenting used in the ECLS-B study which included frequency of didactic child care (e.g., singing songs, reading stories); physical play (e.g., playing with toys, teasing child to get him/her to laugh); and care giving (e.g., help with bathing,
feeding) during the past month (Cabrera et al., 2006). The scale for this ranged from ‘0’-never to ‘6’-several times a day. These scores were averaged across items. The measure had adequate internal consistency in the current sample (Partner: $\alpha = .87$, whole sample; $\alpha = .88$, English and $\alpha = .84$, Spanish). Overall frequency of child care help and parenting engagement were highly inter-correlated ($r = .88$, $p < .001$) and were standardized and averaged to create an index of mother-reported parenting engagement by partners.

**Negative Life Events.** Negative life events were measured using a modified version of the Life Events Survey (Sarason, Johnson, & Siegel, 1978) adapted for young minority mothers (Rhodes, Ebert, & Fisher, 1992) (Refer to Appendix E). Mothers responded to questions regarding stressful events during the six months between waves of data collection. Responses ranged from 1 – ‘extremely negative’ to 5 – ‘extremely positive’ or 6 – ‘did not occur in the past year’. Negative event ratings were totaled and weighted such that events perceived as extremely negative carried more weight than those that were perceived as merely negative.

**Maternal Control Coding Scale**

Videos of the mothers interacting with their child in wave 2 during a five minute clean-up task were coded for maternal control techniques. A code was recorded for the mother’s overall behavior at the end of every 30 second segment. Maternal control was observationally coded using rating scales developed by Kochanska and Aksan (1995) (Refer to Appendix F). These scales have been previously used to code for child compliance, maternal global behaviors, and physical interventions. The mother’s behavior was coded categorically, 0-‘No Interaction,’ 1-‘Social Exchange, no cleanup-
related control, 2-'Gentle Guidance,' 3- 'Control,' 4-'Forceful, Negative, High Power Control.' This study utilized the Forceful, Negative, High Power Control maternal behavior variable. This code was given when the mother used combative, assertive, and threatening forms of control, such as snatching a toy away or withdrawing a privilege from the child for not listening. Coding for this study was completed by three researchers who were trained to reliably code for maternal control, child compliance, and physical intervention in each 30 second segment. The researchers were trained using five minute mother and child interactions from another study before they began coding for the present study. Each week the coders met to discuss their scores for the overlapping cases. When different scores arose, the researchers would deliberate and decide on a final agreed code. Overall, 146 cases were coded, with 25% of the cases being coded twice to check for reliability. Final weighted Kappa was .74 for maternal control.
RESULTS

Overview of Analysis

To begin the analyses I first assessed associations between the study’s main variables and potential control variables. These control variables were chosen from the literature based on observed relations to forceful and controlling parenting. Significant correlations will be added to the full linear regression model to test the main hypothesis. By including these controls, other potential factors affecting maternal behavior will be accounted for when assessing the strength of the relation between partner support and negative maternal behavior. Lastly, the linear regression analysis used to test the hypothesis that higher levels of partner support will be associated with less use of negative and controlling maternal parenting will be described.

Descriptive Information

Table 1 includes correlations between all the main study variables and potential control variables. Two significant correlations were reflected in the hypothesized relation of partner support and negative maternal parenting. Partner engagement and mothers living with their partners both showed a significant negative relation with maternal use of higher levels of controlling and forceful parenting ($r = -.38, p < .01$; $r = -.32, p < .01$). The relationship between partner emotional support and negative parenting was not statistically significant ($r = -.05, ns$).
Table 1. Correlations among Main and Control Variables

<table>
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<tr>
<th>Variables</th>
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<td>1. Forceful, Negative Control</td>
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<td>2. Emotional Partner Support</td>
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<td>3. Partner Engagement</td>
<td>-.38**</td>
<td>.39**</td>
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<td>4. Co-residence with Partner</td>
<td>-.32**</td>
<td>.17**</td>
<td>.57**</td>
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<td>5. Mother age</td>
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<td>-.05</td>
<td>.15</td>
<td>.28**</td>
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<td>6. Mother attending school</td>
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<td>-.06</td>
<td>.12</td>
<td>-.25*</td>
<td>-.21*</td>
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<td>7. Mother’s level of education</td>
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<td>.08</td>
<td>-.04</td>
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<td>.20*</td>
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<td>8. Mother’s employment status</td>
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<td>.16</td>
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<td>9. Child age</td>
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<td>-.01</td>
<td>.03</td>
<td>.20*</td>
<td>-.05</td>
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<td>10. Child gender</td>
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<td>-.03</td>
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<td>11. Negative life events</td>
<td>.21*</td>
<td>.04</td>
<td>-.03</td>
<td>-.14</td>
<td>.00</td>
<td>.03</td>
<td>.09</td>
<td>.07</td>
<td>.21*</td>
<td>-.06</td>
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*p < .05; **p < .01; ***p < .001
Selection of Control Variables

Potential control variables were chosen due to their expected relations with maternal use of negative and controlling parenting. Seven variables from wave 2 were examined: maternal age, maternal level of education, maternal school status, maternal employment status, child age, child gender, and negative life events. One significant association was found in these correlations. Mothers who reported more life stress showed higher amounts of negative and controlling parenting techniques ($r = .21, p < .05$). Due to this significance, the negative life events variable was included as a control in the linear regression model predicting negative maternal parenting from partner support.

Partner Support and Maternal Behavior

A hierarchical linear regression analysis tested the predicted relation of partner support and maternal negative parenting. Step 1 involved adding the control variable of negative life events into the model. In step 2, the main study variables of partner engagement, partner emotional support, and mother living with partner were added.

At step 1, the negative life events control variable was significant ($\beta = .21, p < .05$). This variable accounted for 4% of the variance in negative parenting techniques. In step 2, partner engagement was significantly related to less use of negative maternal parenting ($\beta = -.35, p < .01$). Mothers who reported higher levels of partner engagement at wave 1 showed less use of forceful and controlling parenting tactics at wave 2. Neither residence with partner nor emotional support were significant predictors. Together the three partner variables accounted for an additional 16% of the variance in maternal negative control. Negative life events remained significantly related to negative parenting.
Overall, the model accounted for 17% of the variance in negative maternal parenting. The bivariate significant association of residence with the partner with the use of negative parenting was no longer significant in the multivariate analysis.

Table 2. *Hierarchical Regression Predicting Maternal Negative Parenting from Partner Support*

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
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<td>B</td>
<td>SEB</td>
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<tr>
<td>Negative Life Events</td>
<td>.19</td>
<td>.09</td>
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<tr>
<td>Emotional Partner Support</td>
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<td>.10</td>
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<tr>
<td>Partner Engagement</td>
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<td>.11</td>
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<tr>
<td>Co-Residence with Partner</td>
<td>-.23</td>
<td>.24</td>
</tr>
</tbody>
</table>

R\textsuperscript{2} \Delta \quad .04* \quad .16***

Adjusted R\textsuperscript{2} \quad .04* \quad .17***

*< .05. **< .01. ***< .001.
DISCUSSION

The current study assessed the relation between partner support and negative maternal parenting in Latina adolescent mothers. This investigation added to the current body of research on minority adolescent mothers by highlighting the effects of partner support on negative maternal parenting techniques, as well as assessing this association with observational methods and a longitudinal design in a sample of Latina adolescent mothers.

The aim of this study was to understand the relationship between partner support and negative maternal parenting techniques. Partner support was studied in regards to the emotional support mothers’ perceived from their partners, the partners’ level of parenting engagement with the child, and mother’s co-residence with her partner. Partner emotional support encompassed non-tangible aspects of support, including emotional support, cognitive guidance, positive feedback, and social participation. The results revealed that more partner emotional support did not predict less use of negative parenting by mothers. Our results were inconsistent with past research findings suggesting an association between emotional partner support and less maternal forceful parenting (Brunelli et al., 2004). The lack of a relationship in our study may be due to cultural differences in terms of gender roles as well as parenting beliefs. For instance, Latina gender roles suggest an importance of women taking responsibility for raising their children (Epstein, Dusenbury,).
Botvin, & Diaz, 1994). This may also be due to the fact that emotional partner support is too broad to be linked directly with negative parenting techniques.

The second partner support measure investigated the role of partner support in child care. The findings did suggest a predictive role of partner engagement to lower amounts of negative maternal parenting tactics. One reason for the association of this child centered form of support over other types of support may have been due to these partners defying common gender roles, which suggest mothers spend more time with their children than fathers do (Belsky, Gilstrap, & Rovine, 1984; Lamb, 1981; Yogman, 1982; Lamb & Elster, 1985). The partners in my study negate these gender roles by putting forth the effort to care, play with, and entertain their children. Therefore, the child engaged behavior of these partners may indicate their heightened desire of overall family involvement. This amplified involvement with the family may be creating a less stressful environment for these mothers which could contribute to her use of less negative parenting tactics. Also, research has found a relationship between, paternal involvement with child care, child self-regulation techniques, and less aggressive behavior (Vogel, Bradley, Raikes, Boller, & Shears, 2006). These positive child behaviors could contribute to the mother having to use less forceful techniques when asking her child to clean up their toys. Therefore, though the partner involvement with the child may not directly affect maternal parenting practices, some relationship likely exists that is encouraging or allowing the adolescent mother to use less negative parenting behaviors when partner engagement is high.
The last variable that was used to further understand partner support was the mother’s co-residence with partner. Adolescent mothers who resided with their partner were initially found to use less forceful parenting when asking their child to clean up their toys. After further investigation though, this relationship was not as meaningful as partner involvement. Prior research has been inconclusive on the topic of adolescent and partner co-residence. For instance, research suggests the benefits of a child receiving positive male interactions are not dependent of parents living together (Black, Papas, Hussey, Dubowitz, Kotch, & Starr, 2002).

In sum, my study suggests further assessing partner support in terms of involvement with child care when predicting for maternal use of power-assertive parenting practices. This focus of partner support in the form of child care and interaction has received little attention thus far in research. Research that has looked at maternal and paternal parenting satisfaction, found that higher satisfaction levels were related to less child behavioral problems in high risk families in comparison to parents who reported being less satisfied with parenting (Black et al., 1999). Being that many partners become uninvolved with their child due to lack of child care knowledge (Rhein et al., 1997), it is possible that partners, in my study, who were more engaged with the child felt more comfortable in their parenting abilities.

Limitations and Future Directions

Further research on more direct partner effects could help to increase the understanding of the relationship of partner support on adolescent parenting practices. Use of maternal self-report of partner support has the potential to bias measurement of
partner support. Since research suggests mother’s satisfaction with partner support may influence mother’s perceptions or reports of support (Fagan & Lee, 2010), it would be logical to add a measure of maternal satisfaction with partner support in later studies to control for its effects. Mother ratings of partner engagement may have been related to overall positive regard for the partner relationship, but since partner engagement had a unique effect in comparison to other forms of support there does seem to be a specific relation between parenting engagement and lower levels of negative maternal behavior. However, involving the partners in interviews, self-reports, and partner-child interactions would lead to a greater understanding of partner effects on adolescent maternal behavior.

The study’s use of video-taped observations with researchers present also could have created an observer effect and hindered the natural behaviors of the mother when disciplining and instructing her child. Mothers may have been less likely to show forceful and punishing behaviors in the presence of a video camera and two strangers. Future research could attempt to tackle this issue by leaving the mother and children alone for a longer period of time without any experimenters present.

While the coding scale used to measure the levels of maternal control has received much scientific support, the categorical manner of its variables may decrease observed variability in parenting tactics. For example, a mother’s affect or slight hint of force was usually not strong enough to be considered the Forceful, Negative, High Power Control code. Future research on negative parenting behaviors could benefit by using a more continuous coding scale, or one that was able to account for greater variations in maternal control behaviors.
Implications

The findings of this study suggest a potentially beneficial effect of partner support on adolescent mothers’ use of less negative parenting. Unfortunately, intervention programs currently do not focus on engaging partners in these supportive roles (Letourneau et al., 2004). Adolescent mothers could profit from understanding how much partners can improve some of their parenting struggles. For example, mothers could prosper from learning potential benefits of partners helping with tasks like child care. Adolescent mothers would then be inclined to seek out beneficial types of support from their partners. Perhaps having a specific partner supportive plan and tasks would lead to the most success for both parties.

Future programs could also attempt to provide direct education to partners on the effect support can have on maternal parenting. By inviting partners to possibly have their own support group or other intervention program partners may feel more involved and responsible for helping support the adolescent mothers in any way possible. Since Latino culture emphasizes family involvement, Latino partners may be more willing and committed to helping (Sommers, Fagan, & Baskin, 1993). Therefore, focusing on the cultural values of this group could be meaningful in reaching higher levels of partner support. Finally, the finding that mothers use less negative parenting when co-residing with partners suggests that for this population, intervention programs may benefit with helping teens find affordable housing. The poverty and low socio economic status adolescent parents experience can make living together a challenge. Assisting adolescent
mothers in finding opportunities to make co-residing with their partners possible may have benefits for their parenting.

Overall, understanding the power of the effect of partner support on Latina adolescent mothers’ parenting techniques has the potential to directly benefit both mother and child. Based off of this study’s findings, it is necessary to educate adolescent parents about positive impacts of a partner’s role in helping with child care and physically playing with the child. Also, teaching families about benefits associated with adolescent parents co-residing would be helpful for smoother housing transitions for the adolescent mother and her partner. This study leaves room for further investigation of the impact of partner support on other parenting techniques. Therefore, continued research is necessary to assess the worth of partners as a protective factor in the stressful and overwhelming lives of both Latina adolescent mother and child.
APPENDIX A.

CONSENT FORMS

METROHEALTHMEDICAL CENTER

Human Investigation Consent Form

Project Title: Latina Adolescent Parenting Project

Investigator: Dr. Josefina Grau, Kent State University

Dear Participants and Parents:

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

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

Personnel at MetroHealth Medical Center will not have access to the information you provide us. Similarly, Dr. Grau and her research team will not have access to medical or any other information that MetroHealth Medical Center may have about you. You may experience some discomfort when asked to answer personal questions, but our experience is that this discomfort is, at most, slight and short lived. If you experience more than mild discomfort, we encourage you to contact the Center for Behavioral Health, Child and Adolescent Services at MetroHealth Medical Center (216-778-3745). Alternatively, if you prefer, the interviewer can assist you with the referral.

You are under no obligation to complete this study even if you sign this consent form. You may skip questions or discontinue your participation at any time. You will be presented with another consent form for the second home visit. Participation is completely voluntary and refusing to participate will not affect in any way the services you receive at MetroHealth Medical Center.

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

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

________________________________________________
Participant's signature Date

Parent/Guardian Consent: I give my daughter permission to participate in this study.

________________________________________________
Parent or Guardian's Signature Date

________________________________________________
Researcher Signature Date

(Person obtaining consent)
Latina Adolescent Parenting Project – Consent Form

IRB #: IRB06-00047/CR00002903
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: ________________________________

☐ Inclusion in Research Paper(s): Latina Adolescent Parenting Project

☐ 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 juegos con tu hijo/a. Finalmente, te entrevistaremos individualmente acerca de tu propio bienestar (por ejemplo, tu adaptación social y personal, tus relaciones con tu familia y amigos) y acerca del comportamiento de tu hijo/hija. La visita tomará aproximadamente 2 horas y 1/2. Al terminar cada visita, recibirás $70.00, una copia del video, y un juguete pequeño para tu hijo/a.

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

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

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

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

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

Mi firma indica que yo 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

HUMAN INVESTIGATION CONSENT FORM
The MetroHealth System  ATTACHMENT A
2500 MetroHealth Drive, Cleveland, Ohio 44109-1998  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/diagnosticos: __________________________
☐ Educación: Explique: ________________________________________________________________

☐ Publicación en revistas profesionales: ________________________________________________

☐ Para reportes de investigación: *Latina Adolescent Parenting Project* ______

☐ 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.
<table>
<thead>
<tr>
<th>Firma de la participante</th>
<th>Fecha</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Firma del Padre/Madre de la participante</td>
<td>Fecha</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Nombre de la persona tomando el video</td>
<td>Fecha</td>
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MHS FORM 031047901

4/05
APPENDIX B

MATERNAL QUESTIONNAIRE DEMOGRAPHIC QUESTIONS.

Language
(CHECK ONLY ONE ANSWER)
  □  1. 1. English
  □  2. 2. Spanish

With whom do you currently live?
(Check ALL THAT APPLY by moving the highlight bar to an answer and then PRESS THE SPACE BAR to toggle a check mark on and off)
  □  1.  1. Live with child
  □  2.  2. Live with child's father
  □  3.  3. Live with boyfriend/husband (not the child's father)
  □  4.  4. Live with mother
  □  5.  5. Live with father
  □  6.  6. Live with siblings
  □  7.  7. Live with paternal grandparents
  □  8.  8. Live with maternal grandparents
  □  9.  9. Live with boyfriend/husband's parents
  □ 10. 10. Live with members of the boyfriend/husbands' family
  □ 11. 11. Live with friends
  □ 12. 12. Other <SPECIFY> (GO TO QUESTION 9)
  □ 13. 13. DON'T KNOW
  □ 14. 14. REFUSED

How far have you gotten in school?
(Read List. CHECK ONLY ONE ANSWER)
  □  1.  1. Less than seventh grade
  □  2.  2. Seventh grade
  □  3.  3. Eighth grade
  □  4.  4. Ninth grade
  □  5.  5. Tenth grade
  □  6.  6. Eleventh grade
  □  7.  7. Twelfth grade
  □  8.  8. High school diploma/GED
  □  9.  9. Partial college
Are you in school now?
(CHECK ONLY ONE ANSWER)
1. No (GO TO QUESTION 18)
2. Yes, part time
3. Yes, full time
4. DON'T KNOW
5. REFUSED

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

Do you receive any welfare benefits?
1. No
2. Food stamps only
3. Medical card only
4. Monthly check
5. Money for day care
6. Two or more of the above
7. DON'T KNOW
8. REFUSED

What is your marital or relationship status?
1. Never married / no current partner
2. Never married / has a current partner
3. Married, live with husband / child's bio father
4. Married, live with husband / not child's bio father
5. Married, separated from husband / no current partner
6. Married, separated from husband / has partner who is not husband
7. Divorced / no current partner
8. Divorced / has current partner
9. Widowed / no current partner
10. Widowed / has current partner
11. DON'T KNOW
12. REFUSED
Now I am going to ask you a few questions about your ethnic background.

What is the ethnicity of your child?

[ ] 1. Hispanic / Latino
[ ] 2. Mixed ethnicity - Latino & African American
[ ] 3. Mixed ethnicity - Latino & European American
[ ] 4. Mixed ethnicity - Latino & Other
[ ] 5. Refused

In what country was your child born?

[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
[ ] 5. Other <SPECIFY>
[ ] 6. DON’T KNOW
[ ] 7. REFUSED

In what country was YOUR MOTHER born?

[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
[ ] 5. Other <SPECIFY>
[ ] 6. DON’T KNOW
[ ] 7. REFUSED

In what country was the MOTHER OF YOUR MOTHER born?

[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]

[ ] 1. Mainland USA
[ ] 2. Puerto Rico
[ ] 3. Dominican Republic
[ ] 4. Mexico
[ ] 5. Other <SPECIFY>
[ ] 6. DON’T KNOW
[ ] 7. REFUSED
In what country was the FATHER OF YOUR MOTHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]
1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED

In what country was your FATHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]
1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED

In what country was the MOTHER OF YOUR FATHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]
1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED

In what country was the FATHER OF YOUR FATHER born?
[ENTER PARTICIPANT'S ANSWER FOR COUNTRY.]
1. Mainland USA
2. Puerto Rico
3. Dominican Republic
4. Mexico
5. Other <SPECIFY>
6. DON'T KNOW
7. REFUSED
In what country were YOU born?
[ENTER PARTICIPANT’S ANSWER FOR COUNTRY.]

☐ 1. Mainland USA
☐ 2. Puerto Rico
☐ 3. Dominican Republic
☐ 4. Mexico
☐ 5. Other <SPECIFY>
☐ 6. DON’T KNOW
☐ 7. REFUSED
APPENDIX C

SOCIAL SUPPORT NETWORK QUESTIONNAIRE.

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 clear.

SECTION ONE: SOCIAL SUPPORT

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?

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

[PROBE]: Is there anyone else who you can think of?

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 1a]

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

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]

[SHOW SATISFACTION CARD]

1. Bad
2. Not too good
3. Ok
4. Good
5. Very good
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?

[SHOW AMOUNT CARD]

[RECORD AMOUNT FOR EACH PERSON NOMINATED IN 1a]

1. About right
2. Less
3. More

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?

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

[SHOW UTILIZED CARD; ASK ABOUT EVERYONE LISTED IN 5a]

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

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?

[SHOW SATISFACTION CARD; ASK ABOUT EVERYONE LISTED IN 5a]

1. Bad
2. Not too good
3. Ok
4. Good
5. Very good

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?

[SHOW AMOUNT CARD]

1. About right
2. Less
3. More

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?

7b) During the past month, how often did each of these people actually help you with your child/children?
[SHOW UTILIZED CARD; ASK ABOUT EVERYONE LISTED IN 7a]
0. Never
1. Once or twice this month
2. About once a week
3. More than once a week

7c) During this past month, how did you feel about the help with child care you did receive?
[SHOW SATISFACTION CARD; ASK ABOUT EVERYONE LISTED IN 7a]
1. Bad
2. Not too good
3. Ok
4. Good
5. Very good

7d) During this past month would you have liked more help taking care of your child/children, less help, or was it about right?
[SHOW AMOUNT CARD]
1. About right
2. Less
3. More

8) [OVERALL SATISFACTION] How good did you feel about the way things went the times this person tried to help or support you during the past month?
[SHOW SUPPORTER SATISFACTION CARD; ASK ABOUT EVERYONE LISTED]
1. Not too good
2. Ok
3. Very good

9) [OVERALL NEED] During the past month could you have used more help and support from ______? Less help and support? Or was it about right?
[SHOW AMOUNT CARD; ASK ABOUT EVERYONE LISTED]
1. About right
2. Less
3. More

10) [IMPORTANCE] How important to you is the help and support you get from this person?
[SHOW IMPORTANCE CARD; ASK ABOUT EVERYONE LISTED]
1. Not too important
2. Somewhat important
3. Very important
Next, I would like to get some information about the people you've listed so we can have a better sense of how you know them. Once again, I'm going to ask you questions that I'd like you to answer about each person on your list one-by-one.

18a) [RELATION TO SUBJECT, PART A] What is _________’s relationship to you?

[IF SUBJECT DOESN'T UNDERSTAND QUESTION PROMPT WITH]: Is he/she your mother/father, sister, brother, friend...etc.?

[RECORD SUBJECT’S ACTUAL RESPONSE]

18b) [RELATION TO SUBJECT, PART B] Does one of these words describe _________’s relationship to you? [READ LIST]: Mother, father, natural mentor, assigned mentor, partner/husband, baby's father <not your boyfriend>, maternal grandmother, paternal grandmother, boyfriend's mother, best friend.

[NOTE: SUBJECT MAY ONLY NOMINATE ONE PERSON FOR EACH OF THESE CATEGORIES]

[IF NONE OF THE RESPONSES ARE CHOSEN, SELECT "K, NOT ON THIS LIST"]

A. Mother
B. Father
C. Natural Mentor
D. Assigned Mentor
E. Partner/Husband
F. Baby's father, not partner
G. Maternal grandmother
H. Paternal grandmother
I. Boyfriend's mother
J. Best friend
K. Not on this list

18c) [RELATION TO SUBJECT, PART C] Does one of these words describe _________’s relationship to you?

[READ LIST]: Aunt, Teacher, Neighbor, Minister, Counselor, Doctor or Health care provider, Sister or brother, Child, Boyfriend's relative, Friend

[NOTE: SUBJECT MAY NOMINATE SEVERAL PEOPLE FOR EACH CATEGORY]

[IF NONE OF THE RESPONSES ARE CHOSEN, SELECT "K, NOT ON THIS LIST"]

A. Aunt
B. Teachers
C. Neighbors
Now I would like to find out whether the people on your list are in your family. If the person is a relative, this means that he or she is your KIN. All family members including stepmothers and stepfathers and in-laws count as KIN. Everyone else, such as teachers, neighbors, friends, and doctors count as NONKIN since they are not part of your family.

18d) [RELATION TO SUBJECT, PART D] Which phrase on this list best describes __________'s relation to you?

[READ LIST]: Kin peer, Nonkin peer, Kin adult, Nonkin adult, Younger kin, Younger nonkin

A. Kin peer
B. Nonkin peer
C. Kin adult
D. Nonkin adult
E. Younger kin
F. Younger nonkin
APPENDIX D.

PARTNER ENGAGEMENT.

1. How often does your current boyfriend/husband help with childcare?
   a. Never
   b. Once or twice a year
   c. Less than once a month
   d. Once a month or more
   e. Once a week
   f. Several times a week
   g. Once a day
   h. 2 to 3 times a day
   i. 4 to 5 times a day
   j. 6 or more times a day
   k. DON’T KNOW
   l. REFUSED
   m. NOT APPLICABLE (no current partner)

Didactic Partner Child Care

2. How often in the last month did he sing songs to your child?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

3. Tell or read stories to your child?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
Partner Physical Play Child Care

4. Play with your child with toys?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

5. Try to tease child to get him/her to laugh?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

6. Play physical games such as chasing, taking your child for a ride on shoulders, or turning your child upside-down or tossing him/her in the air?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused
7. Held or caressed your child?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

Partner Caregiving Child Care

8. Put your child to bed?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

9. Wash, give your child a bath, or help get your child dressed?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

10. Change your child's diaper or help child with toilet?
    a. Never
    b. Less than once a week
    c. Once a week
    d. Several times a week
    e. Daily
    f. Several times a day
    g. Don’t Know
    h. Refused
11. Prepare meals or bottles for your child?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused

12. Help your child with eating or give your child a bottle?
   a. Never
   b. Less than once a week
   c. Once a week
   d. Several times a week
   e. Daily
   f. Several times a day
   g. Don’t Know
   h. Refused
APPENDIX E

NEGATIVE LIFE EVENTS

1. In last year, did you get married? Impact?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

2. Began a relationship in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

3. Broke up with someone in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

4. Separated from husband in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
5. Got divorced in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

6. Close friend or family member moved away in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

7. Someone else moved in or out of household in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

8. YOU moved in or out of household in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

9. Robbery or attempted robbery of home in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
10. Pregnancy in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

11. Birth of a child in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

12. Miscarriage in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

13. Abortion in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

14. YOU experienced a serious illness/injury/hospitalization in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
15. HUSBAND/PARTNER experienced serious illness/ injury/hospitalization in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

16. One or both of your PARENTS experienced serious illness/injury/hospitalization in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

17. Your CHILD experienced serious illness/injury/ hospitalization in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

18. Another CLOSE RELATIVE experienced serious illness/injury/hospitalization in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
19. Death of a: Husband or partner.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

22. Death of a: Close relative/friend.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

23. Started work.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
24. Quit or was laid off from work.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

25. Change at work (demoted, promoted, etc) in last year?
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

27. Started school/vocational training.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

28. Graduated from school/vocational training.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
29. Dropped out of school/vocational training.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

30. Had major problems in school/vocational training.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

31. Detention in jail or youth facility.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

32. Other problems with the law.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED

33. YOU were mugged or robbed.
   a. Extremely bad
   b. Somewhat bad
   c. Neutral
   d. Somewhat good
   e. Extremely good
   f. Did not happen in the last year
   g. REFUSED
34. Have you experienced any other significant events in the last year?
   a. No
   b. Yes
   c. REFUSED

35. Which was MOST significant of these events?

36. How did it affect you?
   a. Extremely Negative
   b. Somewhat Negative
   c. Neutral
APPENDIX F

MATERNAL CONTROL CODING SCALE.

Latina Mothers Project: Clean-Up Task Scales

Adapted from Kochanska & Askan, 1995

The coding is done using a straightforward time interval approach (30-sec segments).

Coding starts when experimenter places plastic box on the ground in front of mother and child (typically, experimenter also explains the task). The official start time for each segment will be prerecorded by an independent coder. The cleanup task lasts 5 minutes. Occasionally, the cleanup will be completed earlier, if the mother pronounces it finished.

If the task ends before the five minutes are up:

(a) If the child has completed the task and the mother provides an obvious signal to the child that the task is finished (could be verbally, or by making an effort to move the basket of toys away from the child), the task will be considered over and the final segment is coded based on the following criteria.

(b) If the final segment lasts 15 seconds or less, the predominant code will not be retained, and the segment will be marked END

(c) If the segment lasts 16-30 seconds, the appropriate predominant code should be given.

Global Codes

Use the predominant code that best describes maternal style of influence for each 30-second segment.

While using Codes 2-4, decide on the overall tone of the maternal influence, using both verbal and nonverbal cues. For example, the use of physical interventions suggests Code 3 or 4, even without negative affect; negative, angry, impatient affect always suggests Code 4, even without a physical intervention. Relaxed, affectively positive attitude, exclusively verbal and "nice" intervention suggests Code 2.

Forceful, Negative, High Power Control (Code 4)
Mother directs child behavior regarding the cleanup in a somewhat forceful/power-assertive manner. She raises her voice, uses assertive, decisive tone, may use threats or negatives. Any form of control that is delivered in an impatient, forceful, threatening, angry, or affectively negative tone is coded as forceful. Any control that clearly confronts the child in a "combative" manner and involves a clash of will is coded as forceful. Mother may use physical interventions that are delivered with the intention to reorient the child to the agenda (a tap on the shoulder is too weak to assign Code 4, but picking up the child and moving to a different spot is). Mother restricts child movement by pulling his whole body into the task area, snatches toys away from the child. Verbal commands may contain a threat of a withdrawal of a privilege (e.g., "you won't go swimming unless .."), a negative (e.g., "this is not the way we clean", "what did I tell you, get over here"). If mother issues a time-out or begins to count, implying punishment if a certain number is reached, code this as forceful, negative control if anger is present. Otherwise, if there is no anger, code the mother's behavior as control.

As with child defiance, segments with predominantly forceful control are very rare. Therefore, Code 4 should be used whenever there is a well-defined, clearly articulated show of force, anger, or threat on the part of the mother, even if it is brief. If it is a low-level expression, consider the overall tone of discipline in the segment.
REFERENCES


