SOCIAL SUPPORT FROM FATHERS, BUT NOT MOTHERS, IS RELATED TO THE
PSYCHOLOGICAL DISTRESS OF ADOLESCENT LATINA MOTHERS

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Introduction

Research indicates that Latino youth are at greater risk for psychological distress than other youth because they face poverty (at rates as high as nine times the rates of youth in other ethnic groups; Loukas & Prelow, 2004) and acculturative stressors associated with immigration (Grac, Wilson, Smith, Castellanos, & Duran, 2012; Germán, Gonzales, & Dmka, 2009; Kuperminc, Wilkins, Poche & Alverez-Jimez, 2009; Umaña-Taylor, Updegraff, & Gonzalez-Backen, 2011; Cauce, Felnr, & Primavera, 1982). Latino youth are also more likely than ethnic majority youth to underachieve or to attain less education (Kuperminc, et al., 2009). Effects of compounded stressors, such as poverty and low education, often lead to more symptoms of depression and anxiety in Latino adolescents than other ethnic groups (Ornelas & Perreira, 2011; Santiago & Wadsworth, 2011; Umaña-Taylor, et al., 2011; Umaña-Taylor & Updegraff, 2006; Loukas & Prelow, 2004; Joiner, Perez, Dineen Wagner, Berenson & Marquina, 2001).

Poverty, psychological distress, and low educational achievement are also risk factors for adolescent pregnancy (U.S. Department of Health & Human Services [HHS], 2016; Mollborn & Morningstar, 2009). Despite a general decrease in adolescent birthrates over the last decade, ethnic minority adolescents still have alarmingly high birthrates when compared to their White counterparts (Center for Disease Control and Prevention [CDC], 2017; Grau, et al., 2012; Coley & Chase-Lansdale, 1998). Latina adolescents account for 38 of every 1,000 births, which is the highest number of any minority adolescent group in the United States (HHS, 2016; CDC, 2017; Hess, Papas, & Black, 2002; Coley & Chase-Lansdale, 1998). These adolescent mothers are at increased
risk for economic hardship and more psychological distress (e.g. higher depression and anxiety, increased overall stress; Grau et al., 2012; Kuperminc et al., 2009; Umaña-Taylor et al., 2011; Coley & Chase-Lansdale, 1998) than their same age counterparts without children (Huang, Costeines, Kaufman, & Ayala, 2014).

**Psychological Distress**

One of the largest stressors for ethnic minority mothers is simply being a parent. Parenthood increases risk for psychological distress in most mothers; as many as 15% of mothers experience some degree of depression after giving birth (O’Hara & McCabe, 2013; Cutrona, 1984). However, adolescent mothers are at high risk for distress when they become parents (Huang et al., 2014; Ornelas, Perreira, Beeber, & Maxwell, 2009; Gee & Rhodes, 1999; Coley & Chase-Lansdale, 1998). Adolescent mothers report higher levels of distress than both adolescent non-mothers and adult mothers (although parenthood was not the sole cause of increased distress; Mollborn & Morningstar, 2009), and around 50% report at least moderate levels of depression post-partum (Gee & Rhodes, 1999). Additionally, adolescents encounter their own developmental tasks, many of which involve identity creation and increasing distance from family members (Coley & Chase-Lansdale, 1998). When further stressors such as financial difficulty, educational requirements, and employment come into play, adolescent Latina mothers experience high rates of psychological distress (Grau et al., 2012; Joiner et al., 2001; Cauce et al., 1982).

Psychological distress in adolescent mothers can lead to poor parenting practices, further financial stress, high parenting stress, and lower education (Huang et al., 2014;
Adolescent mothers experiencing symptoms of depression often have children with developmental and behavioral difficulties and are typically less responsive and nurturing toward their children than adolescent mothers who are not experiencing such symptoms (Huang, et al., 2014; Smith, Grau, Duran, & Castellanos, 2013; Hess, et al., 2002; Culp, Culp, Osofsky, & Osofsky, 1991). For example, Huang and colleagues (2014) found that adolescent mothers experiencing high rates of depression often lacked social support and had higher parenting stress. In addition, adolescent mothers who experienced more psychological distress often had infants with developmental delays up to one year post-partum. For these reasons, it is important to examine these relationships in minority adolescent mothers, as poor psychological adjustment affects not only the adolescent mothers themselves, but their children as well.

**Social Support**

According to Kim, Sherman, and Taylor (2008), seeking social support is one of the best coping strategies an individual can use to combat stressors. Social support has been shown to protect against economic difficulties and promote better mental health in adolescent and adult mothers, as well as improving adjustment post-partum (Campos, Ullman, Aguilera, & Dunkel Schetter, 2014; Huang, et al., 2014; Grau, et al., 2012; Ornelas & Perreira, 2011; Contreras, López, Rivera-Mosquera, Raymond-Smith, & Rothstein, 1999; Nath, Borkowski, Whitman, & Schellenbach, 1991; Under & Wandersman, 1988; Gee & Rhodes, 2007; Cutrona, 1984). For parents in high stress conditions, such as adolescent parents and those who are immigrants, social support has been shown to improve psychological adjustment (Ornelas & Perreira, 2011; Contreras,
et al., 1999). Adolescent mothers experience stressors resulting from finances, parenting, education, and a host of other day-to-day problems, but when social support is present, adolescents do not suffer as much stress, or the stress is not as impactful on their overall psychological adjustment (Santiago & Wadsworth, 2011; Under & Wandersman, 1988).

Support from parents has been associated with adolescents’ lower distress and higher life satisfaction (Nath, et al., 1991; Cauce, et al., 1982). Research suggests that for adolescent mothers, family support is more important than support from a partner (Nath, et al., 1991). For some adolescents, social support from the adolescent’s mother is the most important (Gee & Rhodes, 1999), though the body of literature suggests that this may not always be the case. For both African American adolescents (Hess, et al., 2002) and Latina adolescents (Contreras et al., 1999), support from a maternal figure improves the adolescent’s warmth toward her child and lowers risk of child neglect or maltreatment. The presence of the adolescent’s mother is also associated with higher academic achievement and less financial stress (Gee & Rhodes, 1999). Increased reliance on mothers as providers of support tends to increase relationship difficulties, such as intrusiveness of the mother, and decrease the adolescent’s quality of parenting (Gee & Rhodes, 1999).

There is less research exploring social support from adolescents’ fathers; thus one goal of the present research is to provide further insight into the literature surrounding the effects of mother support and to further explore the effects of father support. Overall, fathers are perceived as available to provide fewer support types than mothers (Davis, Rhodes, & Hamilton-Leaks, 1997). In the current literature, father support is often
discussed in light of the father’s nonresidence with the adolescent (Stewart, 2003; Amato & Gilbreth, 1999; Simons, Whitbeck, Beaman, & Conger, 1994). Despite nonresidence, fathers who are involved in their adolescents’ lives are more likely to be accepting and warm toward their adolescent, but involvement is also likely to lead to conflict within the relationship (Almeida & Galambos, 1991; Simons, et al., 1994). Adolescents who have frequent contact with their fathers show fewer internalizing problems and higher academic success than adolescents with infrequent contact (Simons, et al., 1994). Adolescents who spent quality time with their fathers also reported less emotional distress (Stewart, 2003). Similar to findings regarding mother support, Simons and colleagues (1994) found that father support had little effect on the adolescent’s overall adjustment, but was associated with fewer externalizing and internalizing problems. Finally, in several studies, financial support from fathers was positively associated with the well-being of the adolescent (Stewart, 2003; Amato & Gilbreth, 1999).

**Familism**

An important factor that may influence the relation between social support and distress for Latina adolescent mothers is familism. Often defined as a strong connection and attachment to one’s family, familism is a central aspect of Latino culture (Campos, et al., 2014; Ornelas & Perreira, 2011; Germán, et al., 2009; Kuperminc, et al., 2009; Lugo Steidel & Contreras, 2003; Sabogal, Marín & Otero-Sabogal, 1987). Familism is comprised of several key components: family support, honor, interconnectedness between family members, and placing family needs above the needs of the individual (Campos, et al., 2014; Lugo Steidel & Contreras, 2003). Familism and similar constructs
(such as filial piety in Asian cultures and communalism in African cultures) have been associated with higher well-being and healthier pregnancies (Campos, Rojas Perez & Guardino, 2016; Grau et al., 2012). As a result of these values, social support is often expected in cultures that often report high levels of familism and Latinos are more likely to provide support to family members (Grau, Castellanos, Smith, Duran, Silberman, & Wood, 2017; Campos, Dunkel Schetter, & Abdou, 2008). In an environment in which support is expected, particularly from family members, adolescents may be better able to take advantage of perceived support from their mothers and fathers. In this way, familism serves as a buffer to stressors such as financial difficulty and low education that have been shown to have negative effects on the psychological functioning of Latina mothers (Campos, et al., 2008). In addition, familism is associated with higher levels of perceived support and closeness between family members (Campos, et al., 2016; Campos, et al., 2014).

Several studies have indicated that familism serves as a moderating protective factor for many adolescents facing stressors (Grau, et al., 2017; Campos, et al., 2014; Grau, et al., 2012). Campos and colleagues (2014) examined the influence of familistic values on psychological adjustment found that when college students in the United States of Latino, European, or Asian heritage reported high levels of familism and social support, psychological adjustment was better than those who reported low levels of familism. Campos and colleagues (2014) suggested that familism provides more opportunities for individuals to receive social support and facilitates closeness between the individual and their social network, indicating that increased opportunity for social
support provided by familistic environments has a positive effect on the adjustment of adolescent mothers. Similarly, in Grau and colleagues’ (2017) examination of the moderating effect of Latino cultural orientation (a construct related to familism) in the relation between perceived support and parenting stress found that perceived partner support was related to less parenting stress when the adolescent endorsed a strong Latino cultural orientation. For adolescents with a low Latino cultural orientation, perceived partner support was not related to parenting stress.

The Present Study

The present study examines the relation between the social support adolescents perceive from family members and psychological distress, and how familism moderates that relation. Social support from family members may help alleviate stressors for these adolescents, as family members are able to provide extra childcare, financial resources, and guidance that mothers may not have access to on their own (Grau, et al., 2012, Kuperminc, et al., 2009). I predicted that familial support (from adolescents’ mothers or fathers, specifically) would be related to psychological distress of the adolescent mothers. Because current research is mixed in terms of mother support, I did not make a prediction regarding the direction of the relation. In some samples, mothers’ support was beneficial for adolescents (Contreras, et al., 1999; Gee & Rhodes, 1999; Almedia & Galambos, 1991), but in others, social support was detrimental to the adjustment of the adolescents (Contreras, et al., 1999; Gee & Rhodes, 1999; Davis, et al., 1997; Cutrona, 1984). Similarly, the lack of research regarding father support did not lend itself to a directional prediction of the relation between support and distress. However, I expected that for
adolescents who endorse more familistic values, support from mothers and fathers may be related to less psychological distress. Adolescents who endorse more familistic values may be able to take advantage of support provided by mothers and fathers better than adolescents who endorse fewer values; thus, the relation between family support and distress was expected to be weaker when mothers endorsed fewer familistic values (Grau, et al., 2017; Campos, et al., 2014).

Given that not all young adolescents have contact with their mothers and/or fathers, these associations were examined within three subsamples of participants: adolescents who reported contact with their mothers, adolescents who reported contact with their fathers, and finally, adolescents who reported contact with both their mothers and their fathers. The role of support from each parent was assessed individually within the same subsample of adolescents who reported contact with the corresponding parent, and simultaneously with the support from the other parent within the subsample that had contact with both. I examined associations after controlling for demographic and contextual variables that have known associations with adolescent distress.
Methods

Participants

Participants in the present study were drawn from a larger study (N=170), funded by the National Institute of Child Health and Human Development, that focused on Latina adolescent mothers and their 18-month-old toddlers (participation rate = 70%). Given the current study’s focus on support from mothers and fathers, participants were selected from the larger study if they indicated that they had contact with their mother or their father. Most adolescents had contact with their mothers (N = 160), 135 had contact with their fathers, and 129 had contact with both parents.

For the subsample of adolescents who reported having contact with their mothers (N = 160), mean age at the time of the study was 19.50 (SD = 1.37, range = 15.76 – 21.55). Twenty percent of adolescents in this sample earned a high school diploma, 40.6% were employed either part-time or full-time, and 88.1% received at least one type of welfare. Eighty-three percent of adolescents had never been married and 80.6% of the mothers who reported contact with mothers also reported having contact with their fathers. Twenty-six percent reported living with their mother, 4.4% reported living with their father, 28.1% reported living with their child’s father, and 6.3% reported living with a partner who was not their child’s father. Adolescents were primarily Puerto Rican (82.5%). An additional 7% of the adolescents were of Mexican-origin and approximately 3% were of Central or South American origin. At the time of the study, the mean age of the children was 18.24 months (SD = .96, range = 16.08 – 20.76). Fifty-four percent of children were male.
For the subsample of adolescents who reported having contact with their fathers (N = 135), mean age at the time of the study was 19.45 (SD = 1.39, range = 15.76 – 21.55). Twenty-one percent earned a high school diploma, 40% were employed either part-time or full time, and 88.1% received at least one type of welfare. Eighty-two percent of the adolescents had never married and 95.6% of adolescents who reported contact with fathers also reported having contact with their mothers. Twenty-seven percent reported living with their mother, 5.2% reported living with their father, 26.7% reported living with their child’s father, and 5.2% reported living with a partner who was not their child’s father. Adolescents were primarily of Puerto Rican (82.8%). An additional 7% of the adolescents were of Mexican-origin and approximately 3% were of Central or South American origin. At the time of the study, the mean age of the child was 18.24 months (SD = .96, range = 16.20 – 20.76). Just under 60% of children were male.

For the final subsample of adolescents who reported having contact with both their mother and their father (N = 129), mean age at the time of the study was 19.45 (SD = 1.42, range = 15.76 – 21.55). Twenty-two percent earned a high school diploma, 39.5% were employed either part- or full-time, and 70% received at least one type of welfare. Eighty-one percent of the adolescents had never married. Twenty-eight percent reported living with their mother, 5.4% reported living with their father, 25.6% reported living with their child’s father, and 5.4% reported living with a partner who was not their child’s father. Adolescents in this sample were also primarily Puerto Rican (82.9%). An additional 6% were of Mexican-origin, and approximately 3% were of Central or South American origin. At the time of the study, the mean age of the child was 18.24 months.
($SD = .96$, range $= 1.34 – 1.73$). Fifty-four percent of the children were male. Overall, the demographic characteristics of the three subsamples used in the current study are similar.

**Procedure**

Institutional Review Board approval was obtained for the study. Adolescents were recruited primarily from pediatric clinics (78.8%). Others were recruited by word of mouth from friends and relatives (5.3%) and by community members and professionals (7.6%). All adolescents in the present study resided in low-income neighborhoods in a Midwestern city in the United States. Only adolescents who were 19 years old or younger at the time of the child’s birth were eligible to participate. Their child had to be younger than 20 months old and born full-term with no major medical or physical issues.

Data collection involved home visits that lasted approximately three hours each. Home visits were conducted by two female researchers, at least one of whom was bilingual. Adolescents chose the language (English or Spanish) they would like to communicate in at the beginning of the visit. Seventy-one percent of the visits were conducted in English and 30.1% were conducted in Spanish for adolescents who reported contact with mothers. Seventy-five percent of the adolescents participated in English and 25% participated in Spanish for adolescents who reported contact with fathers. Seventy-four percent of the adolescents who reported contact with both their mother and their father participated in English, and 26% participated in Spanish. The researchers obtained informed consent from the participant or from a parent or guardian if she was under 18 years of age. They then videotaped the adolescents and their children interacting during several tasks and held interviews with the adolescents. Adolescents were able to read
interview questions on a computer screen or have them read aloud by the researcher. For participation, adolescents were given $70, a copy of the videotaped interactions, and a gift for their child.

**Measures**

**Demographics.** Demographic information was obtained by adolescent self-report. Information about the adolescent’s living arrangements, education, employment status, economic status, and age, as well as child’s age and gender, was collected during each home visit. There was good reliability between English and Spanish versions of each questionnaire. See Table 1 for means and standard deviations.

**Social support.** The Social Support Network Questionnaire (SSNQ; a modified version of the Arizona Social Support Interview Schedule [ASSIS]; Rhodes; Meyers, Davis, Ebert, & Gee, 1999; Barrera, 1981) was used to assess social support. The scale has shown adequate internal consistency and reliability in samples of African American and Latina adolescent mothers (Grau, et al., 2017; Gee & Rhodes, 1999). Adolescents nominated individuals they perceived as available to provide six types of support: emotional support, cognitive guidance, positive feedback, socialization, tangible assistance, and childcare support. If a parent was nominated, they received a score of 1 for that type of support; however if they were not selected, they received a score of 0. For this study, a composite of all six types of perceived social support was created reflecting the number of types of support the adolescents perceived from their mothers and from their fathers separately. The composite was created by totaling the types of support each parent was nominated for. Composite scores ranged from 0 (parent perceived as unable to
provide any type of support) to 6 (parent perceived as available to provide all six types of support) based on the number of support nominations the parent received.

**Familism.** Adolescents completed a self-report measure of familism encompassing four key components: the belief that family comes before the individual, familial interconnectedness, the belief in familial reciprocity, and familial honor (Lugo Steidel & Contreras, 2003). The 20-item scale included statements such as “The family should control the behavior of the children under the age of 18” and “A person should live near his or her parents and spend time with them on a regular basis.” Participants rated each statement on a scale of 1 (strongly disagree) to 10 (strongly agree). Individual items were first standardized, and then a mean score of all items was used as the composite. The scale showed adequate internal consistency ($\alpha = .76$, whole sample).

**Psychological distress.** Adolescent symptomatology was measured using the Depression, Anxiety, Hostility, and Somatization scales of the Symptom Checklist-90-R (SCL-90-R; Derogatis, 1994). The 41-item checklist assessed symptoms adolescents experienced over the two weeks prior to the home visit. Responses ranged from 0 (not at all) to 4 (a huge amount). Internal consistency scores for each subscale are as follows: Depression ($\alpha = .89$, whole sample), Anxiety ($\alpha = .86$, whole sample), Hostility ($\alpha = .81$, whole sample), and Somatization ($\alpha = .76$, whole sample). Higher scores on each subscale were associated with more symptoms, and thus higher distress. The Anxiety and Hostility scales were not normally distributed and each scale was transformed by taking the square-root before the composite score was calculated. The four subscales were significantly correlated with each other: Depression and Anxiety ($r = .81$, $p < .001$);
Depression and Hostility ($r = .76, p < .001$); Depression and Somatization ($r = .56, p < .001$); Anxiety and Hostility ($r = .69, p < .001$); Anxiety and Somatization ($r = .58, p < .001$); Hostility and Somatization ($r = .52, p < .001$). Each subscale was then standardized and a mean score of all four subscales was used to represent psychological distress.

**Financial stress.** The self-report Economic Strain Questionnaire included nine items related to financial difficulties (ESQ; Pearlin, Menaghan, Lieberman, & Mullan, 1981). Participants rated the typical financial situation of their household on a scale of 1 (never) to 5 (always) for items such as “Is the household able to afford decent housing?” and “How much money is left at the end of the month?” All items were recoded so that higher scores suggested more strain. Scores for all seven items were averaged to create a mean for each participant. Composite scores showed adequate internal consistency ($\alpha = .82$, whole sample).

**Negative life events.** Adolescents self-reported experiencing stressful events in the last year using a modified version of the Life Events Survey (LES; Sarason, Johnson, & Siegel, 1978) adapted for minority adolescent mothers (Rhodes, Ebert, & Fisher, 1992). Responses ranged from 0 (extremely negative) to 5 (extremely positive) or 6 (did not occur in the past year). Possible events included getting married in the past year as well as experiencing a serious illness or injury. Negative event ratings were totaled and weighted so that extremely negative events carried more weight than those rated less negatively.
Results

Overview of Analyses

Descriptive information is provided first. Associations between potential control variables and main study variables were tested using Pearson correlations and were selected to eliminate influence outside the relation between social support, familism, and psychological distress. In order to test whether social support is related to psychological distress, I used parallel hierarchical regression analyses that examined relations between mother support and father support and adolescents’ distress. First, I tested the effects of mother and father support separately in two subsamples of adolescents who reported contact with their mothers or their fathers. Then, I tested a third subsample of adolescents who reported contact with both their mothers and their fathers. We also tested the interaction between support and familism predicting psychological distress in each of these regressions.

Descriptive Information

Descriptive information for the main study variables and potential control variables are provided in Tables 2, 3 and 4. For the subsample who reported contact with their mothers, adolescents reported mild economic strain ($M = 1.90, SD = .55$), and had a mean negative life events score of $4.03 (SD = 3.55)$. These adolescents perceived their mothers as able to provide $4.00$ types of support ($SD = 1.93$). In addition, these adolescents had a familism score of $.02 (SD = .04)$ and experienced moderate psychological distress symptoms ($M = 2.16, SD = 1.90$).
For the subsample who reported contact with their fathers, adolescents also reported mild economic strain (M = 1.93, SD = .60) and had a mean negative life events score of 4.21 (SD = 3.65). Fathers were perceived to be able to provide 1.25 types of support (SD = 1.73). These adolescents had an average familism score of -.02 (SD = .05) and experienced moderate psychological distress (M = 2.21, SD = 1.98).

Finally, for the subsample who reported contact with mothers and fathers, adolescents reported similar levels of economic strain (M = 1.96, SD = .91) and negative life events (M = 4.19, SD = 3.60) as the first two subsamples. Both mothers (M = 3.21, SD = 1.66) and fathers (M = 1.05, SD = 1.50) were perceived to provide fewer types of support than in the other subsamples. Familism scores (M = -.02, SD = .47) and psychological distress symptomatology (M = 2.13, SD = 1.84) were also similar to the first two subsamples.

**Selection of Control Variables**

Control variables were selected based on the current body of literature and expected associations with the psychological distress variable. Four variables were examined: adolescent age, adolescent’s child age, economic strain, and negative life events. For the subsample of adolescents who reported contact with their mothers, only negative life events was significantly associated with distress (r = .42, p < .001); adolescents who reported experiencing more negative events also reported more symptoms of distress. For adolescents perceiving support from fathers, age (r = -.19, p < .001) and negative life events (r = .42, p < .001) were significantly associated with distress. Finally, for adolescents who had contact with both mothers and fathers,
adolescent age \( (r = -.21, p = .02) \) and negative life events \( (r = .39, p < .001) \) were significantly associated with distress. Younger adolescents and adolescents who reported more negative events reported more symptoms of distress. In all three samples, distress was negatively associated with perceived support (mother only: \( r = -.18, p = .03 \); fathers only: \( r = -.19, p = .02 \); mothers and fathers: \( r_{\text{mothers}} = -.19, p = .03 \) and \( r_{\text{fathers}} = -.18, p = .04 \)). To maintain consistency with the literature on psychological distress, I included adolescent age, economic strain, and negative life events as control variables for all analyses.

**Main Analyses**

Parallel hierarchical linear regression analyses tested the predicted relations of mother and father support and adolescent’s distress (see Tables 5 and 6). The final regression includes both mother and father support (see Table 7). After controlling for adolescent age, economic strain, and negative life events in Steps 1 and 2 respectively, we examined the relation between social support and distress in Step 3. Finally, we examined the interaction between social support and familism in Step 4. Negative life events and economic strain were entered separately from adolescent age because these are situational experiences of the adolescent. Age, however, is a specific characteristic of the participants, and was entered in a separate step from the other control variables. Values reported here correspond to the step in which the variable was entered. The interactions in all three regressions were not significant, and subsequently, this step was excluded from the tables.
Mother support. At Step 1, the adolescent age control variable was marginally significant, such that younger adolescents reported more distress symptoms ($\beta = -.15, p = .05$). This variable accounted for 2% of the variance in distress. In Step 2, economic strain was significantly related to more distress ($\beta = .16, p = .02$). Negative life events was also significantly related to higher distress ($\beta = .41, p < .001$). Economic strain and negative life events accounted for an additional 19% of the variance in distress. In Step 3, mother support was not significantly associated with distress ($\beta = -.07, p = .38$). Familism was also not significantly related to distress ($\beta = -.09, p = .21$). The interaction term in Step 4 was also non-significant ($\beta = .08, p = .30$).

Father support. Adolescent age was significantly associated with distress; younger adolescents reported more symptoms of distress than older adolescents ($\beta = -.21, p = .02$). This control variable accounted for 4% of the variance in the dependent variable in Step 1. In Step 2, economic strain was significantly associated with distress ($\beta = .19, p = .02$). Negative life events was also significantly associated ($\beta = .40, p < .001$), such that adolescents reporting high more economic strain and negative events also reported more distress. These control variables accounted for an additional 20% of the variance in distress. In Step 3, support from fathers in was significantly associated with lower distress ($\beta = -.21, p = .01$), but familism was not ($\beta = -.04, p = .58$). Adolescents who perceived more support from fathers reported fewer distress symptoms. An additional 4% of the variance in distress was accounted for by these variables. The interaction term in Step 4 was not significant ($\beta = -.005, p = .95$).
**Mother and father support.** Adolescent age was significantly associated with distress, such that younger adolescents reported more distress than older adolescents ($\beta = -.21, p = .01$). This control variable accounted for 4% of the variance in the dependent variable in Step 1. In Step 2, economic strain was not associated with distress ($\beta = .14, p = .09$). Negative life events, however, was significantly associated ($\beta = .38, p < .001$). Adolescents who reported more negative life events also reported more distress. These control variables accounted for an additional 16% of the variance in distress. In Step 3, support from fathers was again significantly associated with distress ($\beta = -.20, p = .02$), but mother support was not ($\beta = -.06, p = .45$). Familism was not associated with distress ($\beta = -.06, p = .74$). These variables accounted for an additional 5% of the variance in distress. The interaction terms in Step 4 were also not significant ($\beta = -.01, p = .96$ for mothers; $\beta = .02, p = .77$ for fathers).
Discussion

The present study examined the relation between mother and father support on psychological distress symptoms of Latina adolescent mothers. While much research has been done examining the relation between support from the adolescent’s mother and distress, far less exists examining support from the adolescent’s father, especially in minority samples. Thus, this investigation added to the current body of literature on minority adolescent mothers. The aim of this study was to explore whether or not social support from mothers and fathers was related to symptoms of distress and to test if familism increases the positive effects of perceived social support from adolescents’ parents. The results of this study suggest that the social support Latina adolescent mothers perceived from their fathers, but not their mothers, is associated with fewer symptoms of distress after controlling for several key predictors of distress.

In order to confirm these results, I examined the relation in a sample of adolescents who reported contact with both their mothers and their fathers. These analyses helped to ensure that the significant relation in the father support sample was not due to the absence of mother support, as well as the reverse in the mother support sample. In the examination of mother and father support together, father support still predicted lower psychological distress, even when support from mothers was accounted for. The lack of a significant direct association for mother support is somewhat consistent with past findings that have shown mother support is not always related to less psychological distress.
Father support was significantly related to lower psychological distress. A potential reason for this may be that father support is more important to adolescents. Cauce and Domenench-Rodríguez (2002) suggest a rapidly shifting trend toward single-female headed households, the simple presence of an adolescent’s father in their life may be the root of the effects of father support on psychological distress. Perceived father support may also be filling the gaps that exist in perceived mother support, thus providing adolescents with additional support they were not perceiving from mothers. If it is true that mothers and fathers are providing different types of support, perhaps the one type of support that fathers are providing in these subsamples is more beneficial in reducing adolescent distress than the other types provided by mothers.

Familism did not moderate the relation between social support and distress in any of the three samples. However, research has shown conflicting results regarding the impact of familism (Campos, et al., 2014). Familism was not related to social support in our preliminary correlations, so it may also be the case that, in our sample, familism did not foster increased closeness between the adolescent and her parent(s), thus facilitating more social support as it did in Campos and colleagues’ (2014) examination. Additionally, the moderating effects of familism may be absent due to facets of the adolescent-parent relationship that were not examined in our analyses. Satisfaction with support, the importance of the provider, and conflict within the relationship may all influence whether or not social support buffers psychological distress of an adolescent mother, thus hiding the role of familism in reducing distress. For example, at high levels
of satisfaction, perceived support might be related to distress and at low levels of satisfaction, perceived support may be unrelated to distress.

**Limitations and Future Directions**

Further research on aspects of the adolescent-mother and adolescent-father relationships not explored in the present study (such as the quality of relationship and conflict in the relationship) would contribute to the understanding of my findings. I did not exclude adolescents who did not nominate their mother or father as a source of support on the SSNQ (Rhodes, et al., 1999), and thus, some adolescents who reported contact did not perceive support from their parents. Amount of contact with mother or father was also not explored, which introduces some doubt as to how much contact adolescents had with parents when they reported having contact. In future studies, selecting participants based on whether or not they live with their mother or father may help reduce issues of contact and nomination on the SSNQ (Rhodes, et al., 1999).

According to Davis and colleagues (1997), adolescents report less support from fathers than from mothers, but it may be the case that fathers are providing different types of social support than from mothers are. The current literature indicates that mothers often provide childcare and emotional support to parenting adolescents (Almeida & Galambos, 1991), while fathers may provide more tangible and financial assistance to adolescents if they are perceived as available providers. Additional research examining differences between each type of support measured by the SSNQ (Rhodes, et al., 1999) and the effects on psychological distress. Examining individual differences in types of support may provide a clearer picture of how social support impacts psychological
distress, beyond a general composite of social support. In addition, the current literature examines father support when they are nonresidential (Stewart, 2003; Simons, et al., 1991). Selecting samples with residential fathers may also advance the literature.

Adolescent self-report was used in all measures, which has the potential to bias our measurement of social support, familism, and distress as well. While participants had the opportunity to respond to questionnaires however they saw fit, adolescents may have felt the need to over- or under-report on the questionnaires. In future studies, researchers should allow time for adolescents to fill out questionnaires in private to reduce the effects of social desirability.

Finally, familism was not found to moderate the effects of social support, despite research suggesting that familism facilitates social support and closeness from family members (Campos, et al., 2014). This body of literature is mixed, and perhaps the mothers included in the sample demonstrate a lower range of endorsed familism values than other samples. Because research suggests that newly immigrated Latina mothers have higher familism than U.S.-born Latina mothers (Cuéllar, Arnold, & González, 1995; Sabogal, et al., 1987), future studies may want to examine social support and distress in those populations separately instead of combining them into one sample.

Despite decreasing birth rates for adolescents in the past decades (Grau, et al., 2012), there is still a need to examine parenting in adolescent samples. Adolescent mothers experience many similar stressors to adult mothers, as well as additional stressors that adult mothers do not. Adult mothers may also require less social support than adolescent mothers, which may help explain why adolescents experience higher
distress as parents. Additionally, the types and providers of social support required by adolescents also differs from that of adult mothers (Nath, et al., 1991).

**Implications**

The findings of the present study suggest that there are potential benefits of father support on symptoms of adolescent mothers’ psychological distress. However, while many of the adolescents in the sample (135 out of 170) reported contact, only 60 of the 135 adolescents actually nominated their fathers as being available to provide any type of social support. Social support interventions focus on teaching adolescent mothers parenting and life skills and providing information on child development, and there are virtually no interventions that aim to keep fathers involved in the lives of their adolescents (Letourneau, Stewart, & Barnfather, 2004). The existing interventions focus on the prevention of repeat pregnancy, increasing parenting adequacy and adolescent-infant relationships, and often do not involve the adolescents’ family members.

One potential intervention is through education of parents about the negative effects of parenting on an adolescents’ psychological health when the adolescent becomes pregnant. This could be provided by professionals in hospitals and pediatric clinics before or shortly after the birth of the child. Allowing adolescents to parent on their own without support from parents has been shown to be detrimental to psychological health and as our results suggest, having even one type of support from a parent can significantly reduce distress (Huang, et al., 2014). If an adolescent mother attends a parenting skills intervention, parents should have an option to attend a “grandparenting skills” intervention simultaneously, though the tasks and role
requirements of a parent of an adult mother and of a parent of an adolescent mother may differ greatly in terms of what the adolescent mother needs from her own parents.

Understanding the effects of parent support on the psychological distress of Latina adolescent mothers is key to improving the day-to-day lives of both the adolescents and their children. Our findings suggest that the presence of one parent (especially fathers) who is perceived as available to provide social support is associated with fewer distress symptoms reported by adolescent mothers. Parents of adolescent mothers should be shown how important their support is to the psychological health of their adolescents, and by extension, the healthy development of the adolescents’ children.

**Conclusion**

The present research suggests that further examination of the impact of both mother and father support on adolescents’ psychological distress is needed, particularly with regard to the individual types of social support that are most commonly perceived to be provided by each parent. Research has shown conflicting results for mother support: in some cases, adolescents report lower distress and in others, they do not. There is very little research in the area of father support for these types of samples and thus it is important to continue to contribute to this body of literature.
APPENDIX A.

CONSENT FORMS

METROHEALTH MEDICAL CENTER

Human Investigation Consent Form

Project Title: Latina Adolescent Parenting Project

Investigator: Dr. Josefina Grau, Kent State University

Dear Participants and Parents:

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

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

Personnel at MetroHealth Medical Center will not have access to the information you provide us. Similarly, Dr. Grau and her research team will not have access to medical or any other information 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 9216-778-3745). 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.

________________________________________________
Participant’s signature          Date

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

_______________________________________________
Parent or Guardian’s signature       Date

_______________________________________________
Researcher’s signature          Date
(person obtaining consent)
HUMAN INVESTIGATION CONSENT FORM

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

ATTACHMENT A

Patient Addressograph Label

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
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)
HUMAN INVESTIGATION CONSENT FORM

CONSENTIMIENTO DE FILMACION

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

Las fotografías de las participantes se tomarán: [ ] Vestida [ ] Parcialmente Vestida [ ] Desnuda

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

[ ] Necesidad médica/diagnostico: _________________________________

[ ] Educación: Explique: _________________________________

[ ] Publicación en revistas profesionales: _________________________________

[ ] 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 ____________

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 031047901
4/05
APPENDIX B.

MATERNAL DEMOGRAPHIC QUESTIONS

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

2) 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. 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/husbands' family
   11. Live with friends
   12. Other <SPECIFY> (GO TO QUESTION 9)
   13. DON'T KNOW
   14. REFUSED

3) How far have you gotten in school? (Read List. CHECK ONLY ONE ANSWER)
   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 15)
   12. DON'T KNOW
   13. REFUSED

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

6) 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

7) 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

8) 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

9) 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

10) 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

11) 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

12) 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

13) 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

14) 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

15) 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

16) 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]

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never</td>
</tr>
<tr>
<td>1</td>
<td>Once or twice this month</td>
</tr>
<tr>
<td>2</td>
<td>About once a week</td>
</tr>
<tr>
<td>3</td>
<td>More than once a week</td>
</tr>
</tbody>
</table>

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.]

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bad</td>
</tr>
<tr>
<td>2</td>
<td>Not too good</td>
</tr>
<tr>
<td>3</td>
<td>OK</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
</tr>
<tr>
<td>5</td>
<td>Very Good</td>
</tr>
</tbody>
</table>

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.]

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>About right</td>
</tr>
<tr>
<td>2</td>
<td>Less</td>
</tr>
<tr>
<td>3</td>
<td>More</td>
</tr>
</tbody>
</table>

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 run an errand for you, lend you money, food, clothing, or drive you somewhere you needed to go? [NOTE: PARTICIPANTS CAN ADD INDIVIDUALS TO THEIR NETWORK LIST AT ANY TIME.] [PROBE] Anyone else?
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 transportation, running errands, or helping you do a chore you needed to get done? [GET A 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

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

2d) During the past month, would you have liked more 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

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 you mentioned before, or you can name new people. [PROBE] Is there anyone else you might go to for advice or information?

3b) During the past month, how often did each of these people actually give you information or advice?
   0. Never
   1. Once or twice this month
   2. About once a week
   3. More than once a week

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

4a) [POSITIVE FEEDBACK] Who are the people you can expect to let you know that they like your ideas or the things that you do? Remember, you might have listed people before or they can be new people. [PROBE] Is there anyone else?]
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

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

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

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? [GET A 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

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

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
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? [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

7c) During the 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

7d) During the 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

[READ TO SUBJECT] 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.]
APPENDIX D.
REVISED SYMPTOM CHECKLIST.

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?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

2. Nervousness or shakiness inside?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

3. Faintness or dizziness?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

4. Loss of sexual interest or pleasure?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

5. Feeling easily annoyed or irritated?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED
6. Pains in heart or chest?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

7. Feeling low in energy or slowed down?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

8. Thoughts of ending your life?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

9. Trembling?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

10. Crying easily?
    a. 1. Not at all
    b. 2. A little
    c. 3. Some
    d. 4. A lot (very)
    e. 5. A huge amount (extremely)
    f. 6. REFUSED

11. Feelings of being trapped or caught?
    a. 1. Not at all
    b. 2. A little
    c. 3. Some
    d. 4. A lot (very)
    e. 5. A huge amount (extremely)
    f. 6. REFUSED

12. Suddenly scared for no reason?
    a. 1. Not at all
b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

13. Temper outbursts that you could not control?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

14. Blaming yourself for things?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

15. Pains in lower back?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

16. Feeling lonely?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

17. Feeling blue?
   a. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

18. Worrying too much about things?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
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d. 4. A lot (very)
e. 5. A huge amount (extremely)
f. 6. REFUSED

19. Feeling no interest in things?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

20. Feeling fearful?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

21. Heart pounding or racing?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

22. Nausea or upset stomach?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

23. Soreness of your muscles?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

24. Trouble getting your breath?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
25. Hot or cold spells?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

26. Numbness or tingling in parts of your body?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

27. A lump in your throat?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

28. Feeling hopeless about the future?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

29. Feeling weak in parts of your body?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

30. Feeling tense or keyed up?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

31. Heavy feelings in your arms or legs?
32. Having urges to beat, injure, or harm someone?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

33. Having urges to break or smash things?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

34. Feeling everything is an effort?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

35. Spells of terror or panic?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

36. Getting into frequent arguments?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

37. Feeling so restless you couldn't sit still?
   a. 1. Not at all
   b. 2. A little
c. 3. Some
d. 4. A lot (very)
e. 5. A huge amount (extremely)
f. 6. REFUSED

38. Feelings of worthlessness?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

39. The feeling that something bad is going to happen to you?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

40. Shouting or throwing things?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED

41. Thoughts and images of a frightening nature?
   a. 1. Not at all
   b. 2. A little
   c. 3. Some
   d. 4. A lot (very)
   e. 5. A huge amount (extremely)
   f. 6. REFUSED
APPENDIX E.

ATTITUINAL FAMILISM SCALE

1. Children should always help their parents with the support of younger brothers and sisters, for example, help them with homework, help the parents take care of the children etc.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

2. The family should control the behavior of the children under age 13.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

3. A person should cherish the time that they spend with his or her relatives.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

4. A person should live near his or her parents and spend time with them on a regular basis.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

5. A person should always support members of the extended family, for example, aunts, uncles, and in-laws, if they are in need even if it is a big sacrifice.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
d. 4. Somewhat agree
e. 5. Agree
f. 6. Strongly agree
g. REFUSED

6. A person should rely on his or her family if the need arises.
a. 1. Strongly disagree
b. 2. Disagree
c. 3. Somewhat disagree
d. 4. Somewhat agree
e. 5. Agree
f. 6. Strongly agree
g. REFUSED

7. A person should feel ashamed if something he or she does dishonors the family name.
a. 1. Strongly disagree
b. 2. Disagree
c. 3. Somewhat disagree
d. 4. Somewhat agree
e. 5. Agree
f. 6. Strongly agree
g. REFUSED

8. Children should help out around the house without expecting an allowance.
a. 1. Strongly disagree
b. 2. Disagree
c. 3. Somewhat disagree
d. 4. Somewhat agree
e. 5. Agree
f. 6. Strongly agree
g. REFUSED

9. Parents and grandparents should be treated with great respect regardless of their differences in views.
a. 1. Strongly disagree
b. 2. Disagree
c. 3. Somewhat disagree
d. 4. Somewhat agree
e. 5. Agree
f. 6. Strongly agree
g. REFUSED

10. A person should often do activities with his or her immediate and extended families, for example, eat meals, play games or go somewhere together.
a. 1. Strongly disagree
b. 2. Disagree
c. 3. Somewhat disagree
d. 4. Somewhat agree
e. 5. Agree
11. Aging parents should live with their relatives.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

12. A person should always expect to defend his/her family’s honor no matter what the cost.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

13. Children below 18 should give almost all their earnings to their parents.
    a. 1. Strongly disagree
    b. 2. Disagree
    c. 3. Somewhat disagree
    d. 4. Somewhat agree
    e. 5. Agree
    f. 6. Strongly agree
    g. REFUSED

14. Children should live with their parents until they get married.
    a. 1. Strongly disagree
    b. 2. Disagree
    c. 3. Somewhat disagree
    d. 4. Somewhat agree
    e. 5. Agree
    f. 6. Strongly agree
    g. REFUSED

15. Children should obey their parents without question even if they believe that they are wrong.
    a. 1. Strongly disagree
    b. 2. Disagree
    c. 3. Somewhat disagree
    d. 4. Somewhat agree
    e. 5. Agree
    f. 6. Strongly agree
    g. REFUSED
16. A person should help his or her elderly parents in times of need, for example, help financially or share a house.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

17. A person should be a good person for the sake of his/her family.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

18. A person should respect his or her older brothers and sisters regardless of their differences in views.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

19. A person should consult close relatives concerning personal problems and important decisions such as marriage, employment, and place of residence.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED

20. A person should marry someone that the family approves of.
   a. 1. Strongly disagree
   b. 2. Disagree
   c. 3. Somewhat disagree
   d. 4. Somewhat agree
   e. 5. Agree
   f. 6. Strongly agree
   g. REFUSED
APPENDIX F.

ECONOMIC STRAIN QUESTIONNAIRE

For the next few questions, I'd like you to tell me which of these responses comes closest to describing the usual situation of you and the people you live with - your household. If you live alone, you should just answer these questions about yourself.

1. Do you feel your household is able to afford decent housing?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

2. Is your household able to afford furniture or household items that need to be replaced?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

3. Can your household afford the kind of transportation it needs?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

4. Do you think your household has enough money for the kind of food you and your household should have?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

5. Does your household have enough money for the kind of medical care you and your household should have?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

6. Does your household have enough money to buy decent clothing?
   1. Never
   2. Sometimes
   3. Most of the time
4. Always
5. Refused

7. Do you feel your household has enough money for the kind of recreation you and your household want?
   1. Never
   2. Sometimes
   3. Most of the time
   4. Always
   5. Refused

8. How much difficulty does your household have paying bills?
   1. Not at all
   2. A little
   3. Some
   4. A lot (Very)
   5. A huge amount (Extremely)
   6. 7. Refused

9. At the end of the month, do you have...?
   1. Not enough money
   2. Just enough money to make ends meet
   3. Some money left over
   4. Refused
APPENDIX G.

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.
<table>
<thead>
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<th>Options</th>
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<tbody>
<tr>
<td>a. Extremely bad</td>
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<tr>
<td>b. Somewhat bad</td>
<td></td>
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<tr>
<td>c. Neutral</td>
<td></td>
</tr>
<tr>
<td>d. Somewhat good</td>
<td></td>
</tr>
<tr>
<td>e. Extremely good</td>
<td></td>
</tr>
<tr>
<td>f. Did not happen in the last year</td>
<td></td>
</tr>
<tr>
<td>g. REFUSED</td>
<td></td>
</tr>
<tr>
<td>23. Started work.</td>
<td></td>
</tr>
<tr>
<td>a. Extremely bad</td>
<td></td>
</tr>
<tr>
<td>b. Somewhat bad</td>
<td></td>
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<tr>
<td>c. Neutral</td>
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</tr>
<tr>
<td>d. Somewhat good</td>
<td></td>
</tr>
<tr>
<td>e. Extremely good</td>
<td></td>
</tr>
<tr>
<td>f. Did not happen in the last year</td>
<td></td>
</tr>
<tr>
<td>g. REFUSED</td>
<td></td>
</tr>
<tr>
<td>24. Quit or was laid off from work.</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>b. Somewhat bad</td>
<td></td>
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<tr>
<td>c. Neutral</td>
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<tr>
<td>d. Somewhat good</td>
<td></td>
</tr>
<tr>
<td>e. Extremely good</td>
<td></td>
</tr>
<tr>
<td>f. Did not happen in the last year</td>
<td></td>
</tr>
<tr>
<td>g. REFUSED</td>
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<td>25. Change at work (demoted, promoted, etc) in last year?</td>
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<tr>
<td>a. Extremely bad</td>
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</tr>
<tr>
<td>b. Somewhat bad</td>
<td></td>
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<td>c. Neutral</td>
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<td>d. Somewhat good</td>
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<tr>
<td>e. Extremely good</td>
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<tr>
<td>f. Did not happen in the last year</td>
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<tr>
<td>g. REFUSED</td>
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<tr>
<td>a. Extremely bad</td>
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<td>b. Somewhat bad</td>
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<td>c. Neutral</td>
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<td>d. Somewhat good</td>
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<tr>
<td>e. Extremely good</td>
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</tr>
<tr>
<td>f. Did not happen in the last year</td>
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<tr>
<td>g. REFUSED</td>
<td></td>
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<tr>
<td>27. Started school/vocational training.</td>
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</tr>
<tr>
<td>a. Extremely bad</td>
<td></td>
</tr>
<tr>
<td>b. Somewhat bad</td>
<td></td>
</tr>
<tr>
<td>c. Neutral</td>
<td></td>
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</tbody>
</table>
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
   d. Somewhat positive
   e. Extremely positive

37. Which was MOST significant of these events?
38. How did it affect you?
   a. Extremely Negative
   b. Somewhat Negative
   c. Neutral
   d. Somewhat Positive
   e. Extremely Positive

39. Which was MOST significant of these events?
40. How did it affect you?
   a. Extremely Negative
   b. Somewhat Negative
   c. Neutral
   d. Somewhat Positive
   e. Extremely Positive
References


Questionnaire: A computer administered method for assessing social support and social strain.


Table 1. *Means and standard deviations for subsamples of adolescents who perceived support from mothers (N = 160), fathers (N = 135), and mothers and fathers (N = 129)*

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<td>Fathers</td>
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Note: All values are unstandardized and not normed, except familism which is standardized. *Child age reported in months. **Psychological distress is also a sum. For analyses, the four subscales used were first standardized and then averaged together.
Table 2. Correlations for variables in subsample of adolescents who reported contact with mothers ($N = 160$).

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<td>-</td>
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Note: *$p < .05$; **$p < .01$
Table 3. *Correlations for variables in subsample of adolescents who reported contact with fathers* (*N* = 135).

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<td>-</td>
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<td>.13</td>
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Note: *p < .05, **p < .01.
Table 4. Correlations for variables in subsample of adolescents who reported contact with mothers and fathers (N = 129).

<table>
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<td>-</td>
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Note: *p < .05, **p < .01.
Table 5. *Hierarchical regression predicting psychological distress from mother support and familism (N = 160).*

<table>
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<tr>
<th>Step</th>
<th>$R^2$</th>
<th>$\Delta$</th>
<th>$B$</th>
<th>$SE$</th>
<th>Entry $\beta$</th>
<th>Final $\beta$</th>
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<td>.06</td>
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<td>.41***</td>
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Note: *$p \leq .05$, **$p < .01$, ***$p < .001$. Values reported here correspond to the final step of the regression.*
Table 6. Hierarchical regression predicting psychological distress from father support and familism (N = 135).

<table>
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<th>$SE$</th>
<th>Entry $\beta$</th>
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Note: *$p < .05$, **$p < .01$, ***$p < .001$. Values reported here correspond to the final step of the regression.
Table 7. Hierarchical regression predicting psychological distress from mother and father support and familism (N = 129)

<table>
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Note: *p < .05, **p < .01, ***p < .001. Values reported here correspond to the final step of the regression.