THE IMPACT OF PARTNER SOCIAL SUPPORT AND RELATIONSHIP STRAIN ON THE PSYCHOLOGICAL WELL-BEING OF LATINA ADOLESCENT MOTHERS

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CHAPTER I

INTRODUCTION

Latina adolescents have the highest birth rate compared to any other ethnic group in the US (83 per 1,000 births; 15-19 year olds, versus 64 per 1,000 births for Black teens; and 27 per 1,000 births for White teens; National Vital Statistics Report, 2007). Moreover, the Latino population is growing at a very fast rate and is projected to account for 30% of the total US population by the year 2050 (Census Bureau, 2008). Nonetheless, psychological research focusing on Latina adolescent mothers has been scarce (Contreras, 2004).

It has been proposed that both adolescence and parenthood are stressful times for young women. Additionally, pressure from being an adolescent mother of lower socio-economic status significantly affects the psychological well-being of these mothers (Leadbeater & Linares, 1992). Given that Latinos are overrepresented among the poor, it is not surprising to learn that Latina adolescent mothers experience high rates of depression (Nadeem, Whaley, & Anthony, 2006). These high depression rates suggest a need to examine factors that might protect Latina adolescent mothers from the negative effects of stress and promote their psychological adjustment.

For adolescent mothers, the social support literature has primarily examined the role that grandmothers play in reducing the psychological distress of these mothers

(Contreras, 2004; Gee & Rhodes, 1999), and has shown less interest in examining the role of romantic partners. Examining partner social support is imperative because during adolescence young individuals gain independence from their caregivers and place more importance on romantic relationships (Cauce, Mason, Gonzales, Hiraga, & Liu, 1996).

In addition to the relative lack of studies of Latina adolescent mothers, the literature is also limited by the use of social support measures that assess support globally, as opposed to differentiating between specific types of support. Also, researchers have focused more on the positive effects of social support while disregarding its problematic aspects, such as relationship strain and negative social exchanges. In order to obtain a more accurate and complete understanding of partner support and how it enhances or diminishes the psychological adjustment and well-being of young Latina mothers, this study examined both its positive and negative aspects.

Conceptualizing Social Support for Adolescent Mothers

The concept of social support has received significant attention during the last few decades. Undoubtedly, the popularity of social support stems from its positive effects on well-being (Cohen & Wills, 1985). Specifically, social support is widely acknowledged as an important characteristic of relationships because it promotes healthy psychological functioning. An important aspect of social support is that it is both *stress preventative* and *stress buffering*. Social support is *stress preventative* because it prevents stress from occurring by providing the resources needed during stressful times, and *stress buffering* because it diminishes the effects of stressful events by enhancing coping skills (Thompson, Flood, & Goodvin, 2006). Furthermore, research suggests that the

importance of social support received will depend on what is valued and needed at a particular time (Thompson et al., 2006). This "matching hypothesis" states that support will act as a "buffer" and reduce stress when the needs of an individual "match" the types of support that are available to them (Cauce et al., 1996; Cohen, 1992; Colleta & Lee, 1983; Sarason, Sarason, & Pierce, 1990; Unger & Wandersman, 1985).

When examining social support, there are several issues to consider. First, in order to gain a better understanding of social support, researchers have tried to uncover the best ways to assess the construct (Cauce et al., 1996; Gee & Rhodes, 2007; Sarason et al., 1990; Thoits, 1992; Thompson et al., 2006; Vaux & Harrison, 1985; Veil & Baumann, 1992). Social support can be assessed by examining the number of support providers, satisfaction with support, received support, or perceived support. Among these, there is strong evidence suggesting that perceived support is best at predicting psychological adjustment and emotional well-being (Cauce et al., 1996; Kessler, 1992; Turner, Grindstaff, & Phillips, 1990), perhaps due to the fact that it is influenced by personality characteristics that are stable over time (Heller & Swindle, 1983). Simply perceiving someone available for support during a stressful situation is thought to be enough to cope with the situation and reduce stress (Kessler, 1992). Thus, perception of support can provide a psychological safety net that promotes better coping efforts and leads an individual to evaluate a stressful situation as less threatening (Kessler, 1992).

Another issue to consider is that social support it is a multifaceted construct (Thompson et al., 2006), and can therefore include any combination of the following types of assistance: emotional, cognitive, tangible, socializing, positive feedback, and

child care (Cauce et al., 1996; Cohen & Willis, 1985; Colleta & Lee, 1983). Despite this, previous research has tended to use inadequate social support measures that assess support through a small number of general questions (Rook, 1990; 1998), as opposed to using measures that assess and differentiate between specific types of support that might be important for young adolescent mothers. Examining the different types of social support becomes especially important when studying adolescent mothers because of divergent tasks they are presented with and how different supports may be needed for different tasks.

As a result of early pregnancy, adolescents are faced with unique and divergent developmental tasks (adolescent: development of identity and romantic relationships; adult: development of parenting skills) and therefore different types of support might be important for them (Contreras, Narang, Ikhlas, & Teichman, 2002; Gee & Rhodes, 2003; Thompson & Pebbles-Wilkins, 1992). Motherhood is a major developmental milestone that can be extremely stressful, particularly for adolescents who have been shown to be at increased risk for psychopathology due to the stressful nature of early parenthood (Wiemann, Berenson, Wagner, & Landwehr, 1996). In addition, it has been suggested that parenting adolescents are required to accommodate their priorities, responsibilities, and behaviors as a parent with being adolescents (Mercer, 2004). Consequently, in managing their "dual" roles of adolescence and parenting, adolescents are likely to need social support. While certain types of supports might be more helpful for their adolescence role, others might be more helpful for their parenting role. Nevertheless,

studies have not examined the varying types of support that might be helpful to adolescent mothers.

Importance of Support Providers and Specific Types of Support

When examining social support, it is also important to differentiate between support providers, since research shows that both source of social support (Contreras, Lopez, Rivera-Mosquera, Raymond-Smith, & Rothstein, 1999; Gee & Rhodes, 1999) and availability of different types of support (Cohen & Willis, 1985; Gee & Rhodes, 1999; Henly, 1997; Voight, Hans, & Bernstein, 1996) have different effects on the young mothers' psychological adjustment. Some research suggests that the same type of support offered by different providers can have different effects. For instance, grandmother child care support has been related to parenting difficulties (Wise & Grossman, 1980). On the other hand, partner child care support has been related to positive parenting among mothers that do not reside with their partners (Contreras, 2004). These findings suggests a need for a detailed evaluation of support which will provide a better understanding of the providers and types of support that are important to the adjustment of adolescent mothers.

In general, research on social support in adolescent mothers has focused on the support provided by the adolescent's mother, and has focused less on the support provided by their partners (Contreras, 2004). However, since partners have been identified as one of the most important sources of support for adolescent mothers (Colleta, 1981; Gee & Rhodes, 2003; Roye & Balk, 1996; Thompson & Pebbles-Wilkins, 1992), there has been an increase in research investigating the association between

partner support and the psychological adjustment of adolescent mothers. This increase in research on partner support makes sense given findings that suggest that adolescent mothers follow normative developmental processes (Gee & Rhodes, 1999), by gaining independence from their caregivers, and placing more importance on romantic relationships (Cauce et al., 1996).

Due to the importance of romantic partners in the lives of young mothers, it is important to gain a better understanding of the types of relationships that these young mothers have with their partners. Currently, there is a lack of information in this area. Little is known regarding the length and relationship status (marital status, biological fathers vs. partners, etc.) of these relationships. In addition, little is known regarding the types of support that partners provide to young mothers and which types are important for their psychological adjustment. The lack of attention to the role of romantic partners in adolescent mothers' lives could be due to the assumption that romantic relationships in adolescence are often transient (Elster & Lamb, 1986), less stable and therefore less influential (Gee & Rhodes, 1999). Nevertheless, this lack of information hinders our ability to identify factors that could be beneficial to the psychological adjustment of these young mothers.

To summarize, social support is important for healthy psychological functioning. Additionally, social support is a multi-faceted construct that can be measured in a variety of ways. Adolescent mothers are faced with dual developmental tasks, having to manage both their adolescent and parenting roles. Currently, the types of social support that are most helpful to adolescent mothers have not been investigated. Perceived support seems

to better predict psychological adjustment and emotional well-being. When examining social support, it is important to differentiate between support providers and availability of different types of support. Partners are often important providers of social support. Learning about the types of relationships that young mothers have with their partners can aid researchers in identifying important factors associated with the psychological well-being of young mothers.

Therefore, in order to obtain a better measure of the social support construct, the present study will use perceived availability of support to examine multiple aspects of social support, particularly the types of support that are associated with positive outcomes for adolescent mothers. This study will also provide descriptive information regarding the romantic relationships of young adolescent mothers.

Partner Social Support

Lack of Research in the Latino Population

Even though social support variables have been found to be key factors for the psychological adjustment of adolescent mothers (Cutrona, 1984; Hudson, 2000), these variables have rarely been studied in the Latino population (Brunelli, Wasserman, Rauh, Alvarado, & Carabello, 1995; Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999; Contreras, 2004; de Anda & Becerra, 1984; Wasserman, Brunelli, Rauh, & Alvarado, 1994). Similarly, despite increasing research on partner social support, most of the research has focused on White and African American adolescent mothers, and has

focused less on Latina mothers (Contreras et al., 2002), therefore warranting further exploration.

Examining partner support might be especially relevant for Latinas since cultural values and traditions emphasize the importance of women having a partner (Shorris, 1992). Moreover, early marriages have been historically common in Latino countries, and in situations with unintended pregnancies it is customary for the men to marry the women and thus assume parental responsibility (Garcia-Coll & Vazquez Garcia, 1996). Additionally, research in fact suggests that compared to other groups, Latinas are more likely to have a partner and be involved in romantic relationships. Specifically, young Latina mothers of Puerto Rican, Dominican, and Cuban descent are more likely to reside with and have long term relationships with partners than are African-American (Wasserman et al, 1994), and European-American adolescent mothers (de Anda & Becerra, 1984). Furthermore, a study by de Anda & Becerra (1984) suggested that Spanish speaking Mexican-American adolescent mothers identify their partners as being their main source of social support, while European-American adolescent mothers identify their mothers as being their main source of support and their partners as being the second most important source of support.

Partner Social Support and Psychological Adjustment

The existing limited research on this topic has mainly used cross-sectional study designs and has yielded mixed results as to the strength and direction of the associations between partner support and psychological adjustment. Some studies have found partner support to be related to lower depressive symptoms and higher psychological functioning

(Roye & Balk, 1996; Unger & Wandersman, 1988). For example, a study by Thompson & Pebbles-Wilkins (1992) asked African-American adolescent mothers to identify individuals who would be available to provide them with social support. In this study, social support was assessed by asking participants a general question regarding individuals who are available to provide support (i.e. loan you money or a car, baby-sit or watch your house, etc). Afterwards, frequency of informal supports (instrumental and emotional) and formal supports (church attendance and membership in social group) were explored. Results showed that partner instrumental and emotional support was related to lower psychological distress and depressive symptoms, and higher self-esteem.

Similarly, a study by Leadbeater & Linares (1992) examined the relation between partner involvement and psychological well-being of African-Americans and English speaking Puerto Rican mothers. In this study, partner support was assessed by whether or not they visited or contributed financially to the babies' care. Given that the romantic relationships between the adolescent mother and their babies' fathers were unstable, the authors believed that financial support was the most positive reflection of support from the fathers. Results suggested that partner financial support was related to fewer depressive symptoms (Leadbeater & Linares, 1992). Among Puerto Rican adolescent mothers, mothers who perceived greater partner support (assessed as the composite of emotional support, cognitive guidance, tangible assistance, positive feedback, and social participation) reported less psychological symptoms (Contreras et al., 1999).

Other studies have found partner support to be correlated with negative outcomes for adolescent mothers. A study by Shapiro & Mangelsdorf (1994) examined the

determinants of parenting competence in adolescent mothers and found that perceived frequency of partner child care and financial support was correlated with poor parenting skills. Furthermore, Unger & Cooley (1992) studied low-income White and African-American adolescent mothers and found that White or Black teenage mothers who resided with their partners were more likely to have dropped out of school before the 10th grade than those not living with a partner. In addition, this study found that early marriages for White teen mothers were significantly associated with lower educational attainment. Importantly, an association between marriage and educational attainment was not found for African-American mothers, presumably because of the low numbers of marriages among Black teens.

The finding above is significant because it suggests important ethnic differences regarding partner status and its effects on the lives of young mothers. For instance, a study investigating ethnic group differences between White, African-American, and Latina adolescent mothers found that the effect of partner status on depression depended on the young mother's ethnicity (Eshbaugh, 2006). Results indicated that having a partner was related to greater depressive symptoms for African-American mothers, while Latinas with partners reported less distress. Researchers speculate that these findings are indicative of cultural differences regarding marriage and partnership. Latino gender roles emphasize the importance of women having a partner (Shorris, 1992), and deviating from these cultural norms may cause conflict and stress for young mothers. It is unclear however, if this truly accounts for this positive effect of having a partner for Latina mothers.

Only a handful of longitudinal studies have examined the strength and direction of the associations between partner support and psychological adjustment (Gee & Rhodes, 1999, 2003; Leadbeater & Linares, 1992; Voight et al., 1996). Similar to cross-sectional studies, results from longitudinal studies have been mixed, with some showing partner support to have no association to depressive symptoms and psychological functioning and other showing partner support to be related to lower depressive symptoms. For example, in a study conducted by Gee & Rhodes (2003), African-American (95%) and Latina (5%) adolescent mothers were interviewed during the perinatal period and 3 years later about their social networks and relationships with their children's fathers. Seven types of received social support (emotional, tangible assistance, cognitive guidance, positive feedback, socializing, pregnancy-related assistance, and child care) were assessed and a composite of overall partner support was derived. Results indicated that relationships with fathers were in general less supportive and problematic over time. To the researcher's surprise, overall father support was not associated with the adolescent mother's psychological adjustment. On the other hand, father absence and father strain had negative associations with psychological adjustment.

Similarly, in a study conducted by Voight et al. (1996), African-American adolescent mothers were interviewed about their recent life experiences at 6 weeks, 6 months, 12 months, and 18 months after birth. At 12 months, mothers were interviewed regarding their social networks, parenting experiences, and psychological symptoms. Seven types of received support (advice, material aid, intimate interactions, positive feedback, child care assistance, social participation, and help with household tasks) were

examined. Longitudinal findings showed that even though partners provided many types of support (especially material assistance and social participation), the number of types of support they provided was unrelated to the mother's outcomes or behaviors as parents.

On the other hand, a couple of longitudinal studies have found partner support to be related to lower depressive symptoms. A study by Leadbeater & Linares (1992), examined depressive symptoms in African-American (53.5%) and Puerto Rican (42.5%) adolescent mothers at 2 -4 weeks, 6-7 months, 12-13 months, and 28-36 months postpartum. Support from the babies' fathers was indicated by whether or not they contributed financially to the babies' care. Since romantic relationships between the adolescent mothers and their children's fathers were unstable, researchers decided that the father's financial support was the most positive reflection of their support. Results indicated that financial support from the babies' fathers was associated with fewer depressive symptoms but only at 12 months postpartum.

Similarly, a study by Gee & Rhodes (1999), examined postpartum transitions in a sample of African-American (92.6%) and Latina (6.1%) adolescent mothers' romantic and maternal relationships during the prepartum period and approximately 1 year later. Seven types of perceived social support were assessed (emotional, tangible assistance, cognitive guidance, positive feedback, social participation, pregnancy-related assistance, and child care) and a total perceived support score was derived. Results suggested that partners were perceived as providing significantly more socializing and positive feedback, and marginally more emotional support at Time 2. Further analyses suggested that the positive effects of romantic relationships were apparent only when relationships

were continuous over the first year postpartum. For example, whereas a strong negative relation between partner support and depressive symptoms was observed for adolescents who maintained the same partner over time, no such association was found for those adolescents who had different postpartum partners. Thus, the inconsistency of findings regarding whether partner support is beneficial or detrimental to the psychological adjustment of adolescent mothers suggests a need for further investigation.

To summarize, available research has yielded mixed results regarding the strength and direction of the associations between partner support and psychological adjustment, warranting further study. Furthermore, there is a lack of research examining the social support that partners provide to adolescent mothers, especially those of Latino origin. Examining partner support might be especially relevant for Latinas since cultural values and traditions encourage them to have a partner.

Relationship Strain

Inconsistencies in the literature relating social support to psychological adjustment may also be due to the fact that studies have not generally taken into consideration the probable strain that is embedded in romantic relationships. Rook (1990) defines social strain as negative social exchanges (e.g. disappointment, criticism) in one's social relationships that cause a person to experience psychological distress. Relationships do not exist in a vacuum, and while they can be enjoyable, supportive, and trouble-free, they can also be troublesome, conflicting, and problematic (Rook, 1984; 1990). Most research has focused on the positive aspects of social support, paying less attention to the negative aspects of social relationships (Rook, 1992). Nevertheless, in

the last couple of decades an increasing number of researchers (Gee & Rhodes, 2007; Rhodes & Woods, 1995; Rook, 1992) have argued a need for a more "balanced" perspective of social relationships. Although there has been an increase of research on this topic, research in the adolescent parenting population in particular has been scarce, and little is known about how partner strain affects the psychological adjustment of adolescent mothers. In order to examine the full impact of partner relationships, one must study both their positive (support) and negative (strain) aspects.

Research indicates that young women consistently report difficulties in their relationships with their partners (Rhodes, Ebert, & Meyers, 1994; Panzarine, 1995). Studies examining adolescent mothers' parenting and sources of stress and support found that African-American adolescent mothers reported their partners as the most consistent source of conflict (Nitz, Ketterlinus, & Brandt, 1995) and disappointment (Rhodes & Woods, 1995). In addition, research suggests that having a strained relationship with a partner is related to more psychological distress (Contreras et al., 1999; Rhodes et al., 1994). In a study examining social support, relationship problems, and the psychological functioning of young African-American mothers, Rhodes et al. (1994) found that under conditions of economic strain, conflict with partners was related to higher levels of psychological distress.

Despite a current interest in partner relationship strain, few studies have simultaneously examined social support and strain while examining the psychological well-being of adolescent mothers (Gee & Rhodes, 2007). Available research on partner support tends to focus on social support or strain, but few have included both. A study by

Gee & Rhodes (2007) is one of the few studies that has simultaneously examined the role of social support and strain on the psychological well-being of minority adolescent mothers. Results from a sample of young African-American (92.6%) and Latina (6.4%) mothers indicated that for partners, support was significantly negatively correlated with strain. The authors examined the influence of support and strain on a subsample of adolescent mothers who nominated both partners and mothers in their social networks. Separate regressions examining the associations between partner support, strain, and psychological functioning (anxiety and depression) indicated that strain was the only variable significantly associated with anxiety or depression. Thus, results from this study indicated that compared to partner social support, partner social strain is a more consistent predictor of psychological well-being. This "negativity effect," where the detrimental effects of negative exchanges outweigh the beneficial effect of positive exchanges, has been well documented in adult populations (Rook, 1998). Furthermore, in a study examining father support, strain and relationship continuity, Gee & Rhodes (2003) found that among African-American (95%) and Latina (5%) young mothers, father support was not associated with depression or anxiety symptoms. On the other hand, father strain had negative effects on psychological adjustment. Thus, even though it appears that in the presence of strain, social support might not act as a "buffer," it is unclear what accounts for these results.

Rhodes et al. (1994) investigated the social support, relationship problems, and psychological functioning of young African-American mothers. Researchers examined support and strain provided by different individuals in the young mother's social

networks. Results indicated that support was not related to distress in any of the analyses. Furthermore, relationship problems with non-kin adults and non-kin peers (a group composed mainly of romantic partners) accounted for significant variance in psychological distress. Results highlight the need to further explore the relationship among support, strain, and psychological adjustment.

Although a handful of studies reviewed above have examined the interplay between partner support and strain among young African American mothers and have found strain to be a more consistent predictor of psychological well-being (Gee & Rhodes, 1999; 2007), there is a need to further explore this interplay with the Latino population. Again, even though some studies have included young Latina mothers in their samples, they have done so in very small numbers. Examining the interplay between support and strain is especially relevant among Latinas, since there is some indication that associations may be different among Latinas than African-Americans given the finding that African-Americans with partners reported more distress while Latinas with partners reported less distress (Eshbaugh, 2006). The present study will contribute to the literature by replicating and expanding this research with larger populations of Latina adolescent mothers.

To summarize, most research has focused on the positive effects of romantic relationships while ignoring the negative effects. In the last few years some researchers have focused on strain factors that might increase psychological distress for adolescent mothers and have suggested that social strain might be a better predictor of psychological distress than support. However, these studies have been conducted primarily with

African-American samples and warrant replication with Latino samples. In order to obtain a more accurate and complete understanding of romantic relationships, researchers need to examine the relative contribution and additive effects of both support and strain.

Goals of Study

Research indicates that adolescent mothers are at increased risk for psychopathology due to the stressful nature of early parenthood (Wiemann et al., 1996). Given that Latina adolescents in the U.S. have the highest birth rates (National Vital Statistics Report, 2007), and are understudied as a group, it is important to examine factors related to psychological adjustment in this population. Social support has been found to be a key factor for adolescent mothers' psychological adjustment, but has only recently been studied in the Latino population (Contreras, 2004). Most research on this area has focused on support provided by grandmothers, and has tended to neglect the support provided by partners (Contreras et al., 2002). Consequently, little is known regarding the types of romantic relationships that young mothers have with their partners.

The partner support literature has generally yielded mixed results as to the strength and direction of the associations between support and adjustment, with some studies reporting a positive association (Unger & Wandersman, 1988), others a negative one (Unger & Cooley, 1992), and still others finding no association (Gee & Rhodes, 2003). Studying partner support in the Latino population is especially relevant, given findings that suggest that Latinas with partners report less psychological distress when compared to Whites and African-American counterparts (Eshbaugh, 2006).

Inconsistencies in the literature relating social support to psychological adjustment may be due to the fact that studies have not generally taken into consideration the probable strain that is embedded in romantic relationships. Studies have typically examined support or strain separately. Additionally, research indicates that young women consistently report difficulties in their relationships with their partners (Rhodes et al., 1994; Panzarine, 1995), and although partners may act as protective factors against psychological distress, partners are also likely to be an important source of interpersonal strain (Rhodes et al., 1994). Furthermore, some research has shown that in the presence of strain, positive exchanges make little or no contribution to overall emotional and psychological health (Gee & Rhodes, 2003). Based on these findings, one could infer that strain in a relationship might diminish the buffering effects of support, thus allowing for more psychological distress. Therefore, it would be reasonable to assume that partner strain would have a greater impact under conditions of low social support than high social support.

Yet because social support has been conceptualized and examined in a variety of different ways, it can be difficult to find consistency across findings (Barrera, 1986; Vaux & Harrison, 1985). Mixed results are due in part to the lack of attention to ethnic group differences and use of inadequate measurements (measurement problems). Inconsistent findings are also due to the use of global measures of support that do not acknowledge that support is a multifaceted construct and therefore do not differentiate types of supports. Finally, inconsistent findings are due to the lack of attention to the relationship

context in which the support is embedded (e.g., relationship strain); studies focus on support or strain, but few have included both.

To obtain more accurate information regarding the romantic relationships of adolescent mothers, this study examined the roles of both partner social support and relationship strain on the psychological adjustment of young Latina mothers. Perceived partner support was used to assess social support since research has consistently shown that perceived support is better at predicting psychological adjustment and emotional well-being than received support (Cauce et al., 1996; Kessler, 1992; Turner et al., 1990). Social support was assessed by examining emotional, cognitive, tangible, socializing, positive feedback, and child care types of support in order to have a more accurate assessment of this multifaceted construct (Thompson et al., 2006). Relationship strain was assessed by examining perceived conflict, criticism, disappointment, and intrusiveness. Psychological distress was assessed by measuring depression and anxiety.

The goals of this study are threefold. First, this study sought to expand the current literature by providing descriptive information regarding important aspects of the romantic relationships that young Latina mothers have with their partners, including marital status, length of relationship, types of support provided, and place of residence. It was also hypothesized that Latina adolescent mothers with partners will have less psychological distress compared to mothers without partners. Second, the study explored relations between strain and distress, as well as examined the relative contribution of support and strain for the adolescents' adjustment. Additive effects were expected; specifically it was anticipated that both support and strain would independently predict

distress. Third, the study explored the interactive effects of strain and support in predicting psychological distress. It was hypothesized that the relation between support and distress would be stronger at lower levels of strain than at high levels of strain. Similarly, it was expected that the relation between strain and distress would be stronger at low levels of support than at high levels of support.

In summary, the specific aims of the proposed study were to examine a) the types of relationships that Latina adolescent mothers have with their partners, b) the relative contribution of support and strain for the adolescent's adjustment, and c) whether support and strain interact in predicting psychological distress.

CHAPTER II

METHOD

Participants

Participants were 135 Latino adolescent mothers and their 18 month-old children residing in a low-income Latino neighborhood in a large, Midwestern city. Mothers were predominantly of Puerto Rican heritage (81.5%) but participants were also of Mexican (8.9%), Peruvian (3%), Dominican (3%), and Other (Colombian, Cuban, Guatemalan, Salvadorian) (3.6%) origin.

Forty-six percent were born outside of the mainland US. Most participants were either first- (45.9%) or second-generation (40.7%) immigrants. Mother's ethnicity and country of origin were obtained through self-report. At the time of the interview, the mothers' mean age was 19.5 (*SD* = 1.4), and the children's (41.5% female) mean age was 18.3 months (*SD* = .86). Of the mothers, 100 had a partner; of these, 24% were married, and 74.1% reported currently having a boyfriend/partner. Seventy six (56.3%) of the participants reported living with a partner and 41.5% had other living arrangements (i.e., alone, with one or both parents, with other family members).

In terms of educational attainment, the majority of participants did not complete high school (70.4%), 18.5% had a high school diploma, 9.6% have attended some years

of college or professional training, and 1.5% graduated college. Of the participants, 8.9% are currently attending school full time, 12.6% part-time, and 78.5% are not currently attending school. Most participants (87.4%) reported receiving some form of public aid (i.e. food stamps, TANF) and 40% were employed (27.4% full time and 12.6% part-time).

Procedure

Participants were recruited at two health centers and other agencies that serve the Latino community in a large Midwestern city. Most participants (80%) were recruited through face-to-face contact in waiting rooms of pediatric clinics (15.6% referred by friends/relatives or self; 4.4% by professionals or others in the community). Recruitment took place over a 3 year period. Contact was made with 229 mothers who fit the criteria for enrollment into the study (Latina under 20 years at the time of birth, child under 20 months with no physical disabilities). Of these 229 eligible mothers, 10 did not agree to be enrolled in the study on first contact (4.4%). Out of 219 remaining participants, 135 have already participated in the study and 29 are enrolled but their children do not yet meet the age criteria and will be scheduled in the future. Fifty-five individuals who were enrolled in the study were lost because they moved away (21.8%), could not be located after first contact (11.9%), refused to participate when contacted (9.9%), or had scheduling problems that prevented them from participating while their children met the age criteria (40%).

Participants were visited in their home by two female experimenters, at least one which was bilingual. During the home visit, a developmental test (i.e. Bayley) as well as

5 mother-child interaction tasks were administered to the child and videotaped. Afterwards, questionnaires were administered in interview format in the participant's language of choice (67.4% English, 32.6% Spanish) in order to control for reading skills. At the end of the visit, participants were provided a list of community resources available to them. The entire home visit lasted approximately 2.5-4 hours (depending on breaks and interruptions). For their participation, participants received $70 and a small gift for the child. The mothers also received a copy of the videotape within a few weeks after the visit.

Measures

All measures were available in English and Spanish and participants were asked to choose the language in which they preferred to be interviewed. Measures that were unavailable in Spanish were first translated by a bilingual member of the research team and then back translated and modified by a group of bilingual individuals.

Social Support. The Social Support Network Questionnaire (SSNQ), a modified version of the Arizona Social Support Interview Schedule (ASSIS) (Barrera, 1981; Rhodes, Meyers, Davis, Ebert, & Gee, 2004; Gee & Rhodes, 2007) was used to assess social support from partners. Participants were asked to nominate persons whom they perceive as available to provide each of the 6 types of support: emotional support (talk about something personal or private), tangible assistance (pitch in, lend or give you something you needed), cognitive guidance (advice or information), positive feedback (tell you they like the ideas or things you do) social participation (get together to have fun

and relax), and child care support (help with care of target child). Perceived availability of each of the 6 types of support from partners was recorded. Scales ranged from 0 (no support) to 1 (support). A composite of overall partner support was created using the sum of emotional, cognitive, tangible, socializing, positive feedback, and child care support (α=.87 for participants with a partner, α=.90 for English respondents, α=.80 for Spanish respondents). In the current sample, the mean score of perceived available types of support was 4.1 (*SD*=2.1).

Adequate reliability and validity have been demonstrated for this instrument (Rhodes, et al., 2004), with alphas ranging from α=.86-.89 for partner support (Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999; Rhodes, Contreras, & Mangelsdorf, 1994).

Relationship Strain. The SSNQ was also used to asses types of relationship strain. Participants were asked if, and how often, each nominated member can be expected to be a source of criticism (putting you down), conflict (strong fights or disagreements), intrusiveness (butt into your business, boss you around), and disappointment (break promises they make). Responses are coded on a 5-point scale, ranging from 1 (never), 2 (rarely), 3 (sometimes), 4 (often), to 5 (always). A composite of overall relationship strain was created by computing the mean of criticism, conflict, intrusiveness, and disappointment (α=.90 for participants with a partner, α=.90 for English respondents, α=.89 for Spanish respondents). In the current sample, the mean score of perceived available types of strain was 8.8 (*SD*=3.9).

The relationship strain scales of the SSNQ have shown adequate internal consistency among Puerto Rican adolescent mothers (α =.71 for partner relationships; Castellanos, Grau, Weller & Quattlebaum, 2008). They have also shown significant relations with maternal characteristics such as psychological distress (Castellanos et al., 2008).

Psychological Distress. The 13-item Depression subscale and the 10-item Anxiety subscale of the Symptom Checklist-90-R self-report inventory (SCL-90-R; Derogatis, 1994) were used to assess psychological distress. Participants were asked how much were they distressed by depression (feeling low in energy, crying easily, feeling blue) and anxiety (nervousness, faintness, pains in heart or chest) symptoms in the last 2 weeks. Response scales range from 0 (not at all), 1 (a little), 2(some), 3 (a lot), to 4 (extremely). Good reliability levels have been reported for these scales (α=.90; Derogatis, 1994). In previous work by Contreras et al., 1999 these scales of the SCL-90-R have shown adequate internal consistencies of .82 (entire sample); .73 (English respondents); .85 (Spanish respondents). In the current sample, a composite of psychological distress was created by standardizing and averaging the mean of the Depression (α=.90 for entire sample, α=.89 for English respondents, α=.93 for Spanish respondents) and Anxiety (α=.88 for entire sample, α=.86 for English respondents, α=.89 for Spanish respondents) subscales.

According to age norms of the SCL-90-R, the sample was split into adolescents (less than 19 years of age; 34.8% of the sample) and adults (19 years and above; 65.2% of the sample). For the depression subscale, the mean adolescent score was .73 (*SD*=.68)

and 6.3% of the adolescents fell in the clinically significant range. The mean adult score was .69 (*SD*=.68) and 13.6% scored in the clinically significant range. Compared to the test norms, the adolescent scores in the current sample were slightly lower (norm *M* (*SD*) =.95 (.72)) and the adult scores were slightly higher (norm *M* (*SD*) =.46 (.52)). For the anxiety subscale, the mean adolescent score was .34 (*SD*=.41) and 14.8% of the adolescents fell in the clinically significant range. The mean adult score was .40 (*SD*=.61) and 5.7% scored in the clinically significant range. Compared to the test norms, the adolescent scores in the current sample were considerably lower (norm *M* (*SD*) =.74 (.64)) and the adult scores were slightly higher (norm *M* (*SD*) =.37 (.43)).

Life Stress. A modified version of the Life Events Survey (Sarason, Johnson, & Siegel, 1978) was used to obtain an estimate of stressors encountered by the adolescent and her family. This 34-item self-report questionnaire measure was adapted to the lives of young minority mothers through a focus group (Rhodes, Ebert, & Fisher, 1992). It assesses the occurrence and valence of major life stressors in the last year (e.g., broke-up with someone, serious illness, death of a parent). Events were rated on a 5-point scale ranging from 1(extremely bad), 2 (somewhat bad), 3 (neutral), 4 (somewhat good), to 5(extremely good). If the event did not occur, mothers could give the response of 6 (did not occur in the past year). Life stress consisted of the weighted number of all negatively rated life events. The life stress score was computed by totaling the weighted scores for the events experienced as negative (1= somewhat bad; 2= extremely bad), with higher scores reflecting greater stress. Adequate test-retest reliability (*r*=.63 and .64) has been

reported for this survey (Sarason et al., 1978). In this study, participants experienced an average of 4.03 negative life events (*SD*=3.6).

Demographic Variables. A set of fixed-format questions was used to gather the following demographic information: child age, gender, and parity (only child vs. first, second, or third child); mothers' age, school status, work status, educational level, receipt of TANF, generation in the US, partner/martial status, work status, and number of children in her residence; partners' age, generation in the US, ethnicity, educational level, work/school status, age, paternity of child, and financial support of child.

CHAPTER III

RESULTS

Overview of Analyses

Descriptive information about partner relationships is presented first. Preliminary analyses are then presented. These analyses include bivariate associations between the distress and support variables, between the distress and strain variables, and analyses to determine the need to include control variables in subsequent multivariate analyses. Two hierarchal regressions used to test the relative contribution of partner support and relationship strain are then described. A third hierarchal regression examining moderated associations between support and strain is also described. All regressions were computed by entering the control variables in the first step. To examine the moderating role of relationship strain, the interaction term for relationship strain and social support was entered in the last step. Examination of the variance inflation factors indicated that multicollinearity was not a problem in any of the regressions (Neter, Wasserman, & Kutner, 1985). To interpret a significant interaction, the predicted values of psychological distress were plotted, based on low, medium, and high values of the support and strain variables.

Descriptive Information on Partner Relationships

One hundred participants reported having a romantic partner at the time of the study. Of these, 24% were currently married to their partners, and 76% reported currently having a boyfriend/partner. Partner's mean age was 22.6 (*SD*= 4.2). Seventy partners (70%) were of Latino origin, 8% of European American origin, 18% of African American origin, and 4% were of other backgrounds. Forty-three partners (43%) were born outside of the mainland US. In terms of educational attainment, the majority of partners did not complete high school (61%), 27% had a high school diploma, and 11% have attended some years of college or professional training. Of the partners, 2% are currently attending school full time, 8% part-time, and 90% are not currently attending school. Fifty-six (56%) of partners were working full time, 13% part-time, and 30% were unemployed.

Of the 100 participants that had a partner, 56.3% reported living with a partner and 43.7% had other living arrangements (i.e., alone, with one or both parents, with other family members). Seventy-seven (77%) of them reported that their partner is the father of the child participating in the study, and 23% reported that their partner is not their child's father. In terms of length of romantic relationships, 14% of the participants reported being with their romantic partners for less than a year, 44% from one-to-three years, and 42% for more than 3 years. Examination of the types of social support that partners provide to these young mothers revealed that socializing (79%) and positive feedback (76%) were the most frequent types of support provided, while cognitive (49%) and emotional support (32%) were the least frequent types provided. Examination of the

frequency of types of strain present in the romantic relationships of these young mothers revealed that conflict had the highest frequency ratings (75.5%), while criticism (36.7%) had the lowest frequency ratings.

To further examine the romantic relationships of these young mothers, a chi-square test was used to assess relations between generational status and partner status. Results indicated that there is a statistically significant relationship between generational status and partner status, χ^2 (1, *N*=135) =4.00, *p*=.05), with first generation, immigrant women being more likely to have a partner than second generation and beyond, non-immigrant women. An independent samples *t* test was used to assess relations between generational status and partner support. Results indicated that there is a statistically significant relationship between generational status and partner support, with first generation, immigrant women reporting more partner support (*M*= 3.1, *SD*=3.5) as compared to second generation and beyond, non-immigrant women, (*M*=1.2, *SD*=4.8), t (87.84) =2.17, *p*=.03. In order to investigate practical significance, Cohen's *d* (1988) was calculated. The resulting ES=.44 suggested that practical significance was medium. A final independent samples *t* test was used to assess relations between generational status and partner strain. Results indicated that there was not a statistically significant relationship between variables, t (86.33) = -.23, *p*=.82).

Preliminary Analyses

Partner Social Support and Relationship Strain

Of 100 participants who reported having a partner, 84 perceived their partner as available to provide some type of support and responded to relationship strain questions. In addition, 6 partners were nominated as providing some type of strain and no support. Finally, 10 participants did not nominate their partner in the SSNQ; they were assigned zeros for the support variables, and were not considered in the strain analyses. Results for support are reported first for the entire sample followed by those for the 100 participants that reported having a partner. Results for strain are reported for those participants who nominated their partners as sources of support and/or strain (see Table 1).

Consistent with expectations, for the entire sample, a global composite of support was marginally negatively associated with distress (r=-.14, p=.12). Among the 100 mothers who had a partner, this correlation was stronger and significant (r=-.24, p=.02). Young mothers who perceived greater partner support reported less psychological distress. As seen in Table 1, results for the relations between specific types of support and distress indicated that emotional support, socializing, and positive feedback were the only types of support that were significantly correlated to psychological distress. Significance tests based on Fisher's r to Z transformations (Hays, 1981) indicated that none of the correlations between types of support and distress were significantly different from each other. Therefore, overall support was used in subsequent analyses.

Table 1. *Bivariate Correlations Between Partner Social Support and Relationship Strain Variables, and Adolescent Mother Psychological Distress.*

	Psychological Distress	
	N= 135	N= 100
Social Support		
Overall Support	-.14 †	-.24*
Emotional	-.19*	-.28**
Tangible	-.06	-.10
Cognitive	-.14 †	-.20†
Socializing	-.13	-.22*
Positive Feedback	-.12	-.20*
Child Care	-.06	-.11
Relationship Strain		**N=90**
Overall Strain	-	.59***
Conflict	-	.40***
Intrusiveness	-	.36***
Criticism	-	.63***
Disappointment	-	.59***

Note. †p <.10; *p <.05; **p <.01; ***p<.001.

When examining a global index of partner strain, a significant correlation between strain and distress was found (r=.59, p=.000). As seen in Table 1, results for the relations between specific types of relationship strain and distress indicated that all types were significantly correlated with distress. Criticism was the highest correlate (r=.63, p=.000), with mothers reporting greater criticism displaying greater psychological distress. Significance tests based on Fisher's r to Z transformations (Hays, 1981) were conducted to examine the differences among correlations. Three of the six comparisons were significant (criticism with intrusiveness; criticism with conflict; and intrusiveness with disappointment). Given that all types were significantly correlated with distress, overall strain was used in subsequent analyses.

For those participants who reported having a partner, correlations were used to assess relations between overall support and overall strain. Results indicated a statistically significant association between support and strain (r= -.45, p=.000), such that more partner support was associated with less relationship strain.

Associations Between Control Variables and Psychological Distress

Correlations and t tests were used to assess relations between control variables and psychological distress. Control variables included: mother's age, number and gender of children, length of romantic relationship with current partner, marital status, residence with partner, life stress, and economic strain. Life stress was the only variable that was significantly related to distress (r=.39, p=.000), with mothers who experienced more negative life events displaying greater psychological distress. Thus, life stress was included in all subsequent regression analyses.

Partner Status and Psychological Distress

Contrary to the first study hypothesis, an independent samples *t*-test indicated that participants who reported having a partner did not report less distress than those without partners, t (59.2) = -.15, *p*=.88.

Relative Contribution of Partner Support and Relationship Strain

To examine the relative contribution of partner support and relationship strain to psychological distress, two hierarchal regressions were conducted, alternating the order of entry of the support and strain variables. In the first regression partner support was entered first followed by relationship strain. As seen in Table 2, the association between support and distress was reduced from significant to marginal when controlling for strain. Thus, the positive effects of support were reduced when strain was present in the relationship. Relationship strain explained 14% of additional variance when entered after support. In the second regression relationship strain was entered first followed by support. As seen in Table 2, strain remained highly and significantly associated with distress when controlling for overall support. Thus, mothers who reported more strain had higher levels of psychological distress even though support was also present in the relationship. Partner support did not significantly add to the prediction of psychological distress when entered after strain was already in the model.

To further investigate whether relationship strain accounts for the association between support and psychological distress, a mediational model was tested. Examination of the variables of interest indicated that they met the requirements for

Table 2. *Regressions Predicting Psychological Distress from Partner Support and Relationship Strain (N=90)*

Variable	*B*	*SE B*	β
Regression 1			
Step 1: Control variable			
Life Stress	.37	.09	.38***
Step 2: Partner Support	-.41	.11	-.34***
Step 3: Relationship Strain	.43	.10	.45***
R^2		.40***	
F		20.41***	
Regression 2			
Step 1: Control variable			
Life Stress	.37	.09	.38***
Step 2: Relationship Strain	.15	.03	.52***
Step 3: Partner Support	-.20	.11	-.16 †
R^2		.40 †	
F		3.06	

Note. †*p* <.10; *p<.05; **p<.01; ***p<.001.

mediation (Baron & Kenny, 1986). Results of the regression analyses indicated that relationship strain significantly related to more psychological distress (β= .45, *p*=.000) and less social support (β=-.41, *p*=.000). Results also indicated that higher levels of support were significantly related to lower levels of distress (β= -.34, *p*=.000). When including both social support and relationship strain in the model, the β dropped from -.34 to -.16. To assess whether this was a significant change, the Sobel Test was conducted. The Sobel Test produced a z-score of -2.99 which is greater than the critical value of -1.96 (*p*<.05), indicating a significant mediation effect. Thus, relationship strain partially explains the relation between partner support and psychological distress. The results of the mediational model suggested that including strain reduces the strength of the association between support and distress at a level larger than simply due to chance. Contrary to predictions, regression analyses testing the relative contribution of support and strain variables indicated that relationship strain was a stronger predictor of distress than support and support did not have an independent effect on distress.

Interaction of Partner Support and Relationship Strain

A linear regression model investigating whether relationship strain moderates the relation between partner support and psychological distress was analyzed. Following Cohen and Cohen's (1983) proposed methodology for defining interactions between sets of variables, the product of support and strain was computed. To reduce the potential for multicollinearity, variables were standardized before computing the product. In this analysis life stress was entered as a control variable in the first step. Strain and support were entered in Step 2 and the interaction term was entered in Step 3. As seen in Table 3,

Table 3. *Linear Regression Investigating Whether Relationship Strain Moderates Partner Support and Psychological Distress (N=90)*

Variable	*B*	*SE B*	β
Step 1: Control variable			
Life Stress	.37	.09	.38***
R^2		.15***	
F		15.16***	
Step 2:			
Life Stress	.19	.09	.20*
Relationship Strain (RS)	.43	.10	.45***
Partner Support (PS)	-.20	.11	-.16†
R^2		.40***	
F		19.37***	
Step 3:			
Life Stress	.18	.08	.19*
Relationship Strain	.37	.09	.39***
Partner Support	-.08	.12	-.07
RS*PS	-.23	.08	-.26**
R^2		.45**	
F		17.58***	

Note. †p <.10; *p<.05; **p<.01; ***p<.001.

the interaction term between strain and support was statistically significant (t =-2.8, p=.007), indicating moderation. The addition of the interaction term accounted for an additional 5% of the variance in the model. Thus, results indicated that support and strain interacted to predict distress. To interpret the interaction, the predicted values of psychological distress were plotted, based on the mean, one standard deviation below the mean, and one standard deviation above the mean for support and strain. Figure 1, depicts strain as moderator of the relation between support and distress. Contrary to predictions, the slope of the regression of support on distress was larger for mothers with high strain than it was for mothers with low levels of strain. In addition, the direction of the slopes differed for low and high strain: Whereas greater support was related to less distress when levels of strain were high, greater support was related to higher distress at low levels of strain.

Figure 2, illustrates support as moderator of the relation between strain and distress. As expected, the relation between strain and distress was stronger at lower levels of support than at higher levels of support, suggesting that support buffers the negative effects of strain.

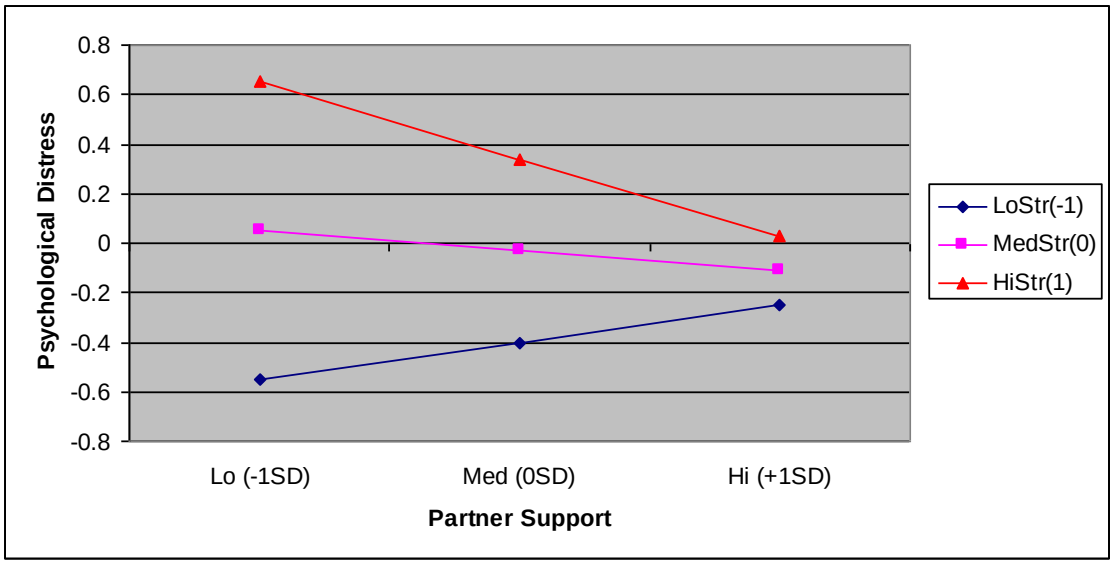

Figure 1. Relationship strain as a moderator of partner support and psychological distress.

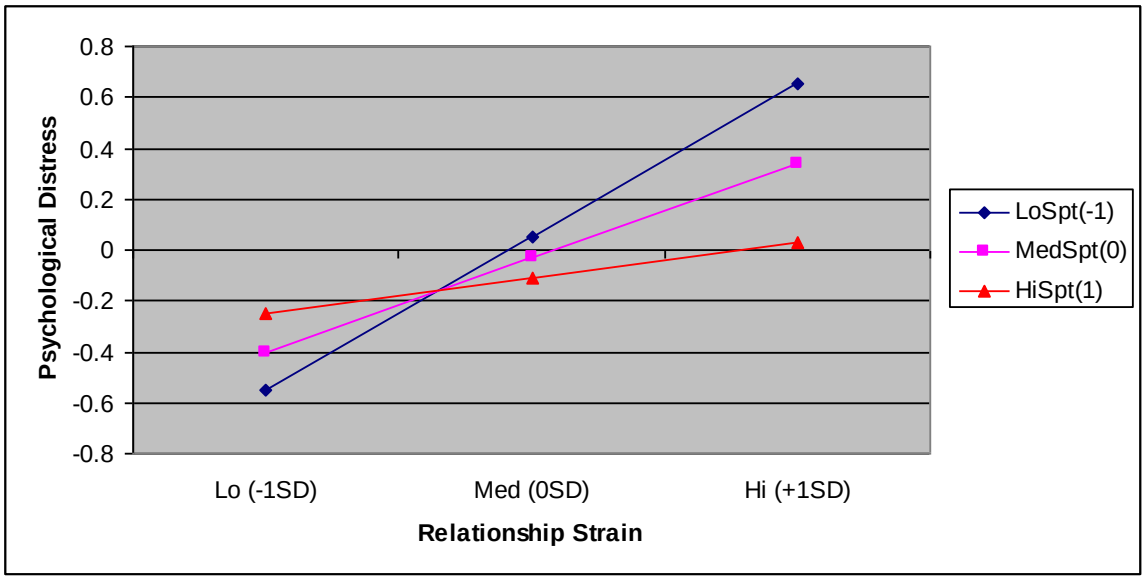

Figure 2. Partner support as a moderator of relationship strain and psychological distress.

CHAPTER IV

DISCUSSION

This study investigated the impact of both partner social support and relationship strain on the psychological well-being of Latina adolescent mothers. Most available research on social support and relationship strain has focused on White and African-American adolescent mothers and less on Latina mothers. In addition, research has suggested that White (de Anda & Becerra, 1984) and African-American adolescent mothers (Wasserman et al, 1994) are less likely to have a partner than Latina adolescent mothers. The study is unique in that it focused on an overlooked population and examined the romantic relationships that young Latina mothers have with their partners. Some of the findings are consistent with existing literature that proposes that adolescents follow normative developmental processes (Gee & Rhodes, 1999), in which they gain independence from their caregivers, and place increasing value on romantic relationships (Cauce et al., 1996). For example, this study reports that the majority of participants (74.1%) had a romantic partner at the time of the study. Findings are also consistent with previous research that suggests that partners are common and important for Latina adolescent mothers (de Anda & Becerra, 1984; Wasserman et al, 1994).

Of the mothers that had a partner, 24% were married, 56% reported living with a partner (of these 46.7% lived with the child's biological father, and 9.6% lived with a

boyfriend or husband), and 77% reported that their partner is the father of their child. These results are also consistent with Latino cultural values and traditions where early marriages have been historically common (Garcia-Coll & Vazquez Garcia, 1996). Contrary to assumptions that romantic relationships in adolescence are often transient (Elster & Lamb, 1986), less stable and therefore less influential (Gee & Rhodes, 1999), this study reports that only 14% of the participants reported being with their romantic partners for less than a year, while 42% reported being with their partners for more than 3 years. Thus, while most researchers have suggested that romantic relationships of young non-Latina mothers are short-lived and partners are not influential, these findings suggest that Latina adolescents are likely to have a partner and to have longer, more stable relationships than previously suggested.

Furthermore, this study found that first generation, immigrant women were more likely to have a partner and reported more supportive relationships when compared to second generation and beyond, non-immigrant women. It may be that immigrant women are more likely to endorse traditional cultural norms that emphasize the importance of women having a partner (Shorris, 1992), and are therefore more likely to have a partner and report supportive relationships than non-immigrant women. These findings are consistent with prior research by de Anda & Becerra (1984), which suggested that less acculturated Latina adolescent mothers (who were more likely to be married than their more acculturated Latina counterparts) relied more heavily on partner support.

This study hypothesized that young Latina mothers with partners would report less distress than those without partners. Contrary to hypothesis, a *t*-test analysis

indicated that participants who reported having a partner did not report less distress than those without partners. These findings are inconsistent with existing literature findings (Eshbaugh, 2006). Differences may be explained due to unequal sample sizes in this study's partner versus no partner group. In addition, the large sample sizes in Eshbaugh's study (2006) might have permitted her more statistical power to find significant differences among groups. Differences may also be explained due to variation in the way that distress was operationalized. Specifically, Eshbaugh (2006) used the Center for Epidemiological Studies Depression Scale (CES-D) to assess depressive symptoms in the adolescent mothers, whereas this study used the SCL-90 to assess both depressive and anxiety symptoms. Finally, differences may be due to with-in group ethnic variation since the ethnic composition of Eshbaugh's Latina sample is unknown and the present's study sample was mainly composed of Puerto Rican mothers. However, since this is only the first study (to the author's knowledge) that has tried to replicate Eshbaugh's findings, further analyses are recommended.

In further examining the romantic relationships of young Latina mothers with their partners, this study found that among mothers who had a partner, social support was significantly and negatively related with distress. This finding is consistent with previous research that has suggested that young Latina mothers who had more support reported less psychological distress and higher psychological functioning (Contreras et al., 1999). Results also suggested that socializing and positive feedback were the most frequent types of support provided, although emotional support, socializing, and positive feedback were the only types of support that were significantly correlated to psychological distress.

Significance tests based on Fisher's *r* to *Z* transformations (Hays, 1981) indicated that the correlations between types of support and distress were not significantly different from each other. It may be that range restriction of social support responses limits being able to identify significant differences between types of support. For example, researchers have suggested that when the response ranges for a variable are reduced (Gall, Borg, & Gall, 1996), then the resulting Pearson correlation may be smaller, larger, or equal to the Pearson correlation of the complete data set. What's more, variables that are homogeneous can cause underestimation of the degree of relationship between variables (Walsh, 1996). Therefore, further research examining the relative importance of different types of support is needed.

In further examining the romantic relationships of young Latina mothers with their partners, this study found that among mothers who had a partner, relationship strain was significantly and positively related with distress. This finding is consistent with previous research that has suggested that having a strained relationship with a partner is related to more psychological distress (Contreras et al., 1999; Rhodes et al., 1994). Examination of the types of strain present in the romantic relationships of these young mothers revealed that conflict was the most frequent strain reported, while criticism was the least frequent type reported. Results also indicated that criticism was the highest correlate of distress, with mothers reporting greater criticism displaying greater psychological distress. Significance tests based on Fisher's *r* to *Z* transformations (Hays, 1981) indicated that three of the six comparisons were significant (criticism higher than intrusiveness; criticism higher than conflict; and intrusiveness lower than

disappointment), suggesting that these types of relationship strain are significantly different from one another, with criticism having a relatively stronger effect on distress.

This study is also unique in that it simultaneously examined the relative contribution of support and strain in regression analyses. It was expected that both support and strain would independently predict distress. Contrary to predictions, results revealed that relationship strain was a stronger predictor of psychological distress, above and beyond the effect of social support. These findings are consistent with prior findings among African American young mothers where strain has been found to be a more consistent predictor of psychological well-being (Gee & Rhodes, 1999; 2007). Findings are also consistent with Rook's (1998) "negativity effect," where negative social exchanges exhibit stronger or more reliable associations with well-being than do positive social exchanges (p. 371). It is important to note that the choice of outcome variable may be related to why strain was found to be a stronger predictor of distress. For example, it could be that support is more strongly related to positive aspects of adaptation such as life satisfaction and educational attainment (if partners help with child care or provide tangible assistance) than it is to distress.

In addition, the interactive effects of support and strain in predicting psychological distress were explored in regression analyses. It was hypothesized that the relation between support and distress would be stronger at lower levels of strain than at high levels of strain. Contrary to predictions, results suggested that greater support was related to less distress when levels of strain were high, and that greater support was related to higher distress at low levels of strain. Low support is associated with high

distress under conditions of high strain, suggesting that strain moderates the relationship between support and distress. However, it is unclear why under conditions of low strain more support is associated with more distress. It may be that relationships with low strain may be different than those with moderate or high levels of strain in the types of support that are provided. For example, the types of support that are provided may have detrimental effects to these young mothers who may be more focused on either their adolescent or parenting role, and partners may be providing the types of support that are not needed at that particular time. Thus, even though strain may be low in the relationship, higher levels of social support can have detrimental consequences that may lead to more psychological distress, given that the couple is trying to cope with stressful situations such as having a baby at an early age, living in relative poverty, etc. Nonetheless, future studies could continue to examine potential differences between relationships that vary along the strain and support dimensions, as these differences may help explain why greater support may be related to more distress under conditions of low strain.

In continuing to explore the interactive effects of support and strain in predicting psychological distress, this study also expected that the relation between strain and distress would be stronger at low levels of support than at high levels of support. Consistent with predictions, it was found that the relationship between strain and psychological distress depends on the level of support. Results indicated that the relation between strain and distress was stronger at lower levels of support than at higher levels of support. That is, the association between high strain and psychological distress

diminishes under conditions of high support, thus indicating that support acts as a buffer against the negative effects of relationship strain.

Strengths

One strength of the current study is that it addresses a gap in the field of social support by specifically defining and testing the components of social support. Expanding the study of social support beyond narrow conceptualizations and global measures is important because it can aid researchers in understanding the romantic relationships of adolescent mothers (Gee & Rhodes, 2003), by providing information regarding specific types of support that might be important for young adolescent mothers. Knowing what aspects of social support are important for young mothers is helpful because it allows researchers to guide intervention efforts targeting these relationships. Furthermore, social support was examined in a sample of low-income, Latina young mothers. Studying this population is crucial since Latina adolescents have higher pregnancy rates (National Vital Statistics Report, 2007). In addition, research in this population is critical to understanding ways in which support processes differ for adolescent mothers undergoing such major life transitions. Finally, this study simultaneously examined strain, an important aspect of romantic relationships that is not typically studied with social support but that is important to the study of romantic relationships.

Limitations and Future Directions

Limitations to the present study include possible biases from reliance on self-report measures since participants can over or under report their responses. However,

there is strong evidence suggesting that self-perceptions of social support are best at predicting psychological adjustment and emotional well-being (Cauce et al., 1996; Kessler, 1992; Turner, Grindstaff, & Phillips, 1990). In addition, the fact that a significant moderation effect was found suggests that it is unlikely that the results found in this study were simply the product of reporting biases. Nonetheless, future studies could be strengthened by including measures of support (e.g., behavioral observations of the adolescent's social interactions, partners' report of involvement) that do not rely solely on the young mothers' report.

Other limitations include that the results are cross-sectional and not longitudinal and therefore it is not clear the extent to which levels of distress affect perceptions of support or whether support affects distress. It could also be argued for instance, that relationship strain was the result rather than the cause of psychological distress (Rook, 1984). Other interpretations of the relation between support and strain could also be made. For example, it could be argued that that the same factors that led to low levels of support also led to high levels of strain, since the two were inversely and significantly related. Future studies should use longitudinal research in order to determine how the romantic relationship of adolescent mothers (partner support and relationship strain) might change to meet their evolving needs. Also, replication is needed in order to clarify and expand this study's findings. Studies should examine the cultural contexts that may affect the influence and meaning of partner support across diverse populations. Determining whether the same pattern of findings emerge with pregnant and parenting adolescents of differing SES and cultural backgrounds is also suggested. Finally, results

can not be generalized to non-Puerto Rican Latinas or to other samples of parenting adolescents.

Despite these limitations, this study presents a more balanced perspective of the romantic relationships of Latina adolescent mothers than has been provided in previous research. In doing so, it underscores the importance of including indices of problematic interactions when investigating the psychological adjustment of teenage mothers.

Implications

In terms of implications for interventions, understanding the complex nature of social support can suggest new interventions to improve the quality of life and promote better outcomes for teenage mothers and their families. Better outcomes for teenage mothers are important since it has been suggested that healthy maternal adjustment can have profound effects on children's development and well-being (Nath, Borkowski, Whitman, & Schellenbach, 1991). Furthermore, research shows that children of depressed and anxious parents have a significantly increased risk of developing psychological disorders later on and are less likely to form secure attachments to their parents (Hall, 1996). As indicated in this study, young Latina mothers are likely to have a romantic partner, and to perceive them as providing a great deal of relationship strain. Therefore, this study's findings suggest that programs for young mothers be tailored to the needs of Latina mothers by involving partners in their intervention efforts.

As suggested in this study, partner social support serves an important role in buffering the harmful effects of social strain. Since partners are important sources of stress, interventions could be directed on developing strategies that minimize the

escalation of relationship problems in order to reduce interpersonal strain. Work with partners could also focus on enhancing their relationships, so that partners remain involved and support the adolescents on their parenting efforts. Other implications include having interventions that include partners in helping adolescent mothers cope with the demands imposed by the divergent developmental tasks they encounter. For example, interventions could focus on helping partners adapt to the divergent developmental needs of these young mothers, which could then encourage partners to provide the types of support that young mothers need most.

The presented findings also have public policy implications, especially in light of recent efforts at welfare reform. For example, Sansone (1998) found that social support contributed significantly to reduce welfare dependence for long-term welfare recipients. These findings suggest that policies that focus on gaining partner support for teenage mothers could aid in discontinuing welfare dependency. However, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 mandates certain living arrangements as a precondition for welfare receipt, without guaranteeing support services, while at the same time possibly reducing the amount of support services (e.g. partner support) available (National Association of Social Workers, 1996). Thus, even though partner support has been shown to reduce welfare dependency, public policy has yet to realize the implication that encouraging living arrangements where mothers can not reside with their partners might hinder the occurrence of partner support.

In sum, both partner support and relationship strain showed some relations with psychological distress, with strain being a stronger predictor of distress. Although the

direct effect of support on distress was not strong, support was found to buffer the negative effects of relationship strain. Given that difficulties and challenges are likely to be present in these romantic relationships, it is important to help couples communicate, problem solve, and resolve conflict, and also help to increase support within these relationships. Finally, the findings highlight the importance of considering the role of partners for the psychological well-being of Latina adolescent mothers, and of considering both positive and negative aspects of romantic relationships when examining psychological distress in this population.

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APPENDICES

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

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

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

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

_____

Participant's signature Date

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

_____

Parent or Guardian's Signature Date

_____

Researcher Signature Date
(Person obtaining consent)

THIS SIDE — IRB OFFICE USE ONLY

IRB #: IRB06-00047/CR00002903

Protocol Approval Date: 4/5/2006
Protocol Expiration Date: 2/19/2010

HUMAN INVESTIGATION CONSENT FORM

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

ATTACHMENT A
Patient Addressograph Label

CONSENT FOR PHOTOGRAPHY, AUDIO OR VIDEOTAPING (medical)

Request Type: ☐ Photography ☐ Audiotape ■ Videotape ☐ Other: _____

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

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

☐ Medical Necessity/Diagnostic Purposes: Explain:_____
_____

☐ Education: Explain intended purpose:_____
_____

☐ Publication in medical and/or scientific journals: _____
Journal Name

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

☐ Other:_____
Please Specify

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

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

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

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

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

_____	_____
Signature of Participant	**Date/Time**
_____	_____
Signature of parent/guardian	**Date/Time**
_____	_____ _____
Name of Photographer	**Date/Time** **Witness**

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

MHS FORM 031047901
4/05

METROHEALTHMEDICAL CENTER

Human Investigation Consent Form

CONSENTIMIENTO

Título del Proyecto: Latina Adolescent Parenting Project

Investigadora: Dra. Josefina Grau, Kent State University

Estimadas Participantes y Padres:

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

Toda la información que obtengamos a través de este estudio se mantendrá confidencial dentro de los límites de la ley. Esto significa que no podremos mantener confidencialidad y tendremos que reportar a las autoridades si encontramos evidencia de abuso de menores (incluyendo a ti, si es que eres menor de 18 años) o de ancianos, o si notamos que tienes deseos de cometer suicidio u homicidio. Para mantener la confidencialidad, la información que nos des será identificada solamente mediante un número (no tu nombre) y será examinada solo por la Dra. Grau y miembros calificados de su grupo de investigación en Kent State University. Para que seas filmada y entrevistada

privadamente, las visitas serán fijadas para el día y la hora que sean convenientes para ti. También tendrás la opción de responder a las preguntas de la entrevista en voz alta o señalando las respuestas que estarán escritas en tarjetas al frente de ti. De todos modos, si cuando estás siendo filmada o entrevistada, hay alguien en tu casa que prefieres que no te escuche o vea, podemos interrumpir la filmación o entrevista por un rato, o hacer una cita para continuar la visita en otro momento.

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

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

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

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

Mi firma indica que yo leí y entiendo este formulario, que mis preguntas acerca del estudio han sido contestadas satisfactoriamente, y he decidido participar voluntariamente en este estudio.

_____

Firma de la Participante Fecha

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

_____

Firma del Padre/Madre Fecha

_____

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

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Latina Adolescent Parenting Project
Consent Form
Page 71 of 2

IRB #: 06-00047

Protocol Approval Date: 4/5/2006
Protocol Expiration Date: 2/19/2010

HUMAN INVESTIGATION CONSENT FORM

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

ATTACHMENT A
Patient Addressograph Label

CONSENTIMIENTO DE FILMACION

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

Las fotografías de las participantes se tomaran: ■ Vestida ☐ Parcialmente Vestida ☐ Desnuda

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

☐ Necesidad médica/diagnostico: _____
_____

☐ Educación: Explique: _____
_____

☐ Publicación en revistas profesionales: _____
Nombre de la Revista

■ Para reportes de investigación: *Latina Adolescent Parenting Project* _____
Nombre del Estudio

☐ Otro: _____
Especifique

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

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

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

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

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

_____	_____
Firma de la participante	**Fecha**
_____	_____
Firma del Padre/Madre de la participante	**Fecha**

_____	_____	_____
Nombre de la persona tomando el video	**Fecha**	**Testigo**

MHS FORM 031047901
4/05

APPENDIX B

MATERNAL QUESTIONNAIRE DEMOGRAPHIC QUESTIONS

MATERNAL QUESTIONNAIRE DEMOGRAPHIC QUESTIONS

8. With whom do you currently live?

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

14. How far have you gotten in school?

|__| 1. 1. Less than seventh grade
|__| 2. 2. Seventh grade
|__| 3. 3. Eighth grade
|__| 4. 4. Ninth grade
|__| 5. 5. Tenth grade
|__| 6. 6. Eleventh grade
|__| 7. 7. Twelfth grade
|__| 8. 8. High school diploma/GED
|__| 9. 9. Partial college
|__| 10. 10. College graduate
|__| 11. 11. Other <SPECIFY> (GO TO QUESTION 15)
|__| 12. 12. DON'T KNOW
|__| 13. 13. REFUSED

17. Are you in school now?

|__| 1. 1. No (GO TO QUESTION 18)
|__| 2. 2. Yes, part time/night school
|__| 3. 3. Yes, full time
|__| 4. 4. DON'T KNOW
|__| 5. 5. REFUSED

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

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

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

56. What is the ethnicity of the father of your child?
    - |__| 1. 1. Hispanic / Latino
    - |__| 2. 2. European American
    - |__| 3. 3. African American
    - |__| 4. 4. Native American
    - |__| 5. 5. Asian American
    - |__| 6. 6. Other <SPECIFY> (GO TO QUESTION 57)
    - |__| 7. 7. DON'T KNOKW
    - |__| 8. 8. REFUSED

58. Where was the father of your child born?

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

60. How old is your child's father?

|__|__|.|__|

61. How far has the father of your child gotten in school?

|__| 1. 1. Less than seventh grade
|__| 2. 2. Seventh grade
|__| 3. 3. Eighth grade
|__| 4. 4. Ninth grade
|__| 5. 5. Tenth grade
|__| 6. 6. Eleventh grade
|__| 7. 7. Twelfth grade
|__| 8. 8. High school diploma/GED
|__| 9. 9. Partial college
|__| 10. 10. College graduate
|__| 11. 11. Other <SPECIFY> (GO TO QUESTION 62)
|__| 12. 12. DON'T KNOW
|__| 13. 13. REFUSED

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

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

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

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

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

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

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

|__| 1. 1. No (GO TO QUESTION 98)
|__| 2. 2. Boyfriend/partner
|__| 3. 3. Husband
|__| 4. 4. DON'T KNOW
|__| 5. 5. REFUSED

67. How far has your current boyfriend/husband gotten in school?

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

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

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

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

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

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

|__| 1. 1. Hispanic / Latino
|__| 2. 2. European American
|__| 3. 3. African American
|__| 4. 4. Native American
|__| 5. 5. Asian American
|__| 6. 6. Other <SPECIFY> (GO TO QUESTION 72)
|__| 7. 7. DON'T KNOW
|__| 8. 8. REFUSED

73. Where was your current boyfriend/husband born?

|__| 1. 1. Mainland USA
|__| 2. 2. Puerto Rico
|__| 3. 3. Dominican Republic
|__| 4. 4. Mexico
|__| 5. 5. Other <SPECIFY> (GO TO QUESTION 74)
|__| 6. 6. DON'T KNOW
|__| 7. 7. REFUSED

75. How old is your partner?

|__|__|.|__|

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

|__| 1. 1. 1 month or less
|__| 2. 2. 1 to 6 months
|__| 3. 3. 6 months to 1 year
|__| 4. 4. 1 year to 2 years
|__| 5. 5. 2 years to 3 years
|__| 6. 6. 3 years to 5 years
|__| 7. 7. 5 or more years
|__| 8. 8. DON'T KNOW
|__| 9. 9. REFUSED

151. Next, I'm going to read to you a list of things that sometimes happen to people. FOR EACH OF THE EVENTS ON THIS LIST THAT HAPPENED TO YOU IN THE LAST YEAR, give the response that best describes how it affected you...

- Got married.

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

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

153. Broke-up with someone.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

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

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

156. Close friend or family member moved away.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

157. Someone else moved in or out of household.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

158. YOU moved in or out of household.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

159. Robbery or attempted robbery of home
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

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

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

162. Miscarriage

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

163. Abortion.

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

164. YOU experienced a serious illness, injury, or hospitalization?

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

165. Your HUSBAND/PARTNER experienced a serious illness, injury, or hospitalization?

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

166. One or both of your PARENTS experienced a serious illness, injury, or hospitalization?
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

167. Your CHILD experienced a serious illness, injury, or hospitalization in the past year?
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

168. Some other CLOSE RELATIVE experienced a serious illness, injury, or hospitalization in the past year?
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

169. Death of a: Husband or partner.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

170. Death of a: Parent.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

171. Death of a: Child.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

172. Death of a: Close relative/friend.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

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

174. Quit or was laid off from work.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

175. Change at work (demoted, promoted, etc.).
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

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

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

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

179. Dropped out of school/vocational training
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

180. Had major problems in school/vocational training.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

181. Detention in jail or youth facility
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

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

183. YOU were mugged or robbed.
|__| 1. 1. Extremely bad
|__| 2. 2. Somewhat bad
|__| 3. 3. Neutral
|__| 4. 4. Somewhat good
|__| 5. 5. Extremely good
|__| 6. 6. Did not happen in the last year
|__| 7. 7. REFUSED

23. In what country were YOU born?

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

79. Now, I am going to read you a list of problems and complaints that people sometimes have. Please let me know how much discomfort each of these problems has caused you during the last TWO WEEKS.
How much were you distressed by...
Headaches?

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

80.Nervousness or shakiness inside?

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

81.Faintness or dizziness?

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

82. Loss of sexual interest or pleasure?

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

83.Feeling easily annoyed or irritated?

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

84. Pains in heart or chest?

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

85. Feeling low in energy or slowed down?

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

86.Thoughts of ending your life?

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

87. Trembling?

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

88. Crying easily?

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

89. Feelings of being trapped or caught?

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

90. Suddenly scared for no reason?

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

91.Temper outbursts that you could not control?

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

92. Blaming yourself for things?

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

93. Pains in lower back?

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

94. Feeling lonely?

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

95. Feeling blue?

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

6. Worrying too much about things?

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

97. Feeling no interest in things?

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

98. Feeling fearful?

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

99. Heart pounding or racing?

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

100. Nausea or upset stomach?

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

101. Soreness of your muscles?

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

102. Trouble getting your breath?

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

103. Hot or cold spells?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

104. Numbness or tingling in parts of your body?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

105. A lump in your throat?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

106. Feeling hopeless about the future?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

107. Feeling weak in parts of your body?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

108. Feeling tense or keyed up?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

109. Heavy feelings in your arms or legs?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

110. Having urges to beat, injure, or harm someone?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

111. Having urges to break or smash things?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

112. Feeling everything is an effort?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

113. Spells of terror or panic?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

114. Getting into frequent arguments?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

115. Feeling so restless you couldn't sit still?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

116. Feelings of worthlessness?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

117.The feeling that something bad is going to happen to you?
|__| 1. 1. Not at all
|__| 2. 2. A little
|__| 3. 3. Some
|__| 4. 4. A lot (very)
|__| 5. 5. A huge amount (extremely)
|__| 6. 6. REFUSED

118. Shouting or throwing things?

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

119. Thoughts and images of a frightening nature?

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

APPENDIX C

SOCIAL SUPPORT NETWORK QUESTIONNAIRE

SOCIAL SUPPORT NETWORK QUESTIONNAIRE (SSNQ)

The Social Support Network Questionnaire

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

INTRODUCTION
NOTES:
Instructions to the interviewer are in bold type and enclosed within brackets; interviewer dialogue is italicized.
[READ TO THE PARTICIPANT]
I would like to spend the next 25 to 30 minutes talking with you about the people who are important to you in a number of different ways. To begin with, I am going to ask about the people you turn to for different kinds of help and support. You can give me just their first names or their initials if you wish. These people might be friends, family members, ministers, teachers, doctors, or anyone else you know.
If you're not sure you understand the question, please tell me and I will try to make it clearer.

SECTION ONE: SOCIAL SUPPORT

QUESTION # 1a [EMOTIONAL SUPPORT]

If you wanted to talk to someone about something personal or private, who would you talk to for instance, if you had something on your mind that was worrying you or making you feel down?
[PROBE] Is there anyone else who you can think of?
[NOTE: Participants can nominate up to 40 people on their network list]

QUESTION # 1b

During the past month, how often did you actually talk to each of these people about something personal or private?
[GET RATING FOR EACH PERSON NOMINATED IN QUESTION 1a]
1=Less than once per week
2=Once or several times per week
3=Daily

QUESTION # 1c

How did you feel about the way things went the times you talked about personal concerns this past month?
[GET RATING FOR EACH PERSON NOMINATED IN 1a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

QUESTION # 1d

During the past month, would you have liked more opportunities to talk to people about your personal feelings and concerns, less opportunities, or was it about right?
[RECORD AMOUNT FOR EACH PERSON NOMINATED IN 1a]
1=About Right
2=Less
3=More

QUESTION # 2a [TANGIBLE ASSISTANCE]

Who of the people you know would lend or give you something you needed or pitch in to help you with something you needed to do? These would be people who would run an errand for you, lend you money, food, clothing, or drive you somewhere you needed to go.
[PROBE] Anyone else?
[Note that participants can add individuals to their network list at any time.]

QUESTION # 2b

During the past month, how often did each of these people actually loan you something you needed or helped you out with things like providing transportation, running errands, or helping you do a chore you needed to get done?
[GET RATING FOR EACH PERSON NOMINATED IN 2a]
0=Never
1=Once of twice this month
2=About once a week
3=More than once a week

QUESTION # 2c

Overall, during this past month, how good was the practical help you got from the people you listed how well did it meet your needs?
[GET RATING FOR EACH PERSON NOMINATED IN 2a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very good

QUESTION # 2d

During the past month, would you have liked people to have given you more practical help such as lending you things, providing you with transportation, running errands, or helping you with other things you needed to get done? Less practical help? Or was it about right?
[GET RATING FOR EACH PERSON NOMINATED IN 2a]
1=About Right
2=Less
3=More

QUESTION # 3a [COGNITIVE GUIDANCE]

Who would you go to if you needed advice or information for example, if you didn't know where to get something or how to do something you needed to do? Remember, you can name the same people that you mentioned before, or you can name new people.
[PROBE] Is there anyone else you might go to for advice or information?

QUESTION # 3b

During the past month, how often did each of these people actually give you information or advice?
[GET RATING FOR EACH PERSON NOMINATED IN 3a]
0=Never
1=Once or twice this month
2=About once a week
3=more than once a week

QUESTION # 3c

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

QUESTION # 3d

During the past month, would you have liked more advice, less advice, or was it about right?
[GET RATING FOR EACH PERSON NOMINATED IN 3a]
1=About Right
2=Less
3=More

QUESTION # 4a [POSITIVE FEEDBACK/SOCIAL REINFORCEMENT]

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

QUESTION # 4b

During the past month, how often did each of these people actually let you know that they liked something you did or said?
[GET RATING FOR EACH PERSON NOMINATED IN 4a]
0=Never
1=Once or twice this month
2=About once a week
3=More than once a week

QUESTION # 4c

During the past month, how did you feel about the way things went the times the people you mentioned told you that they liked your ideas or something that you did?
[GET RATING FOR EACH PERSON NOMINATED IN 4a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

QUESTION # rd

During the past month, would you have liked people to tell you that they liked your ideas or things that you did more often, less often, or was it about right?
[GET RATING FOR EACH PERSON NOMINATED IN 4a]
1=About Right
2=Less
3=More

QUESTION # 5a [SOCIAL PARTICIPATION]

Who are the people you get together with to have fun and relax? These could be new names or the ones you listed before.
[PROBE] Anyone else?

QUESTION # 5b

During the past month, how often did you actually get together with each of these people?
[GET RATING FOR EACH PERSON NOMINATED IN 5a]
0=Never
1=Once or twice this month
2=About once a week
3=More than once a week

QUESTION # 5c

During the past month, how good did you feel about your experiences the times that you got together with people to have fun and relax?
[GET RATING FOR EACH PERSON NOMINATED IN 5a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

QUESTION # 5d

During the past month, would you have liked more opportunities to get together with people to have fun and relax, less opportunities, or was it about right?
[GET RATING FOR EACH PERSON NOMINATED IN 5a]
1. About Right
2. Less
3. More

QUESTION # 7a [CHILD CARE ASSISTANCE]

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

QUESTION # 7b

During the past month, how often did each of these people actually help you with your child/children?
[GET RATING FOR EACH PERSON NOMINATED IN 7a]
0=Never
1=Once or twice this month
2= About once a week
3=More than once a week

QUESTION # 7c

During this past month, how did you feel about the help with child care you did receive?
[GET RATING FOR EACH PERSON NOMINATED IN 7a]
1=Bad
2=Not too good
3=OK
4=Good
5=Very Good

QUESTION # 7d

During this past month would you have liked more help taking care of your child / children, less help, or was it about right?
[GET RATING FOR EACH PERSON NOMINATED IN 7a]
1=About Right
2=Less
3=More

SECTION THREE: PROBLEMATIC SOCIAL TIES

[READ TO PARTICIPANT]
We've been talking about the ways you help your friends, family, and other people you know and the ways they help you. Although they may not mean to, the people that are the most help to us, sometimes do things that are hurtful. I am now going to ask a few questions about the ways the people in your life cause problems for you.

QUESTION # 14 [DISAPPOINTMENT]

First, for each of the people you've named, I'd like you to tell me how often you can expect that person to disappoint you break promises they've made, not come through for you when you most need them, or disappoint you in some other way?
[GET RATING FOR EACH PERSON NOMINATED]
1=Never
2=Rarely
3=Sometimes
4=Often
5=Always

QUESTION # 15 [INTRUSIVENESS]

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

QUESTION # 16 [CRITICISM]

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

QUESTION # 17 [CONFLICT]

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