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Social Support and Psychosocial Well-Being among Low-Income, Adolescent, African American, First-Time Mothers

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Abstract

Aims—Aims of this study were to describe for single, low-income, adolescent, African American new mothers how (1) primary sources of social support changed over time; (2) the level of social support (emotional, informational, tangible, and problematic) from these primary sources changed over time; and (3) social support from the primary supporter was associated with mothers' psychosocial well-being (self-esteem and loneliness) over time.

Design—A secondary analysis was conducted of data from a previous social support intervention study.

Sample—The sample consisted of 35 single, low-income, adolescent (M age = 18.3 years; SD = 1.7), African American new mothers.

Methods—Mothers completed social support, self-esteem, and loneliness instruments at 1 and 6 weeks and 3 and 6 months postpartum.

Results—Most mothers (64.7%) had changes in their primary social support provider during the first 6 months postpartum. The combination of the adolescent's mother and boyfriend provided the highest level of support, no matter the type, relative to any other source of support. At every time point, positive correlations were found between emotional support and self-esteem and between problematic support and loneliness.

Conclusion—Single, low-income, African American, adolescent new mothers are at risk for not having a consistent source of support which may lead to lower self-esteem and greater loneliness.

Implications—Clinical nurse specialists could facilitate care guidelines for these new mothers to identify their sources of support at each home visit and advocate for the adolescent's mother and boyfriend to work together to provide support. Bolstering the mothers' natural sources of support can potentially improve self-esteem and reduce loneliness. Improvement in these sources of support could prevent a decline in the mothers' psychosocial well-being. Development and testing support interventions are advocated; findings could guide clinical nurse specialists in addressing these new mothers' needs.

Keywords

Adolescent; African American; Mothers; Social Support; Loneliness; Self-Esteem

Becoming a mother is a critical transition for African American adolescent mothers.^{1,2} This challenging transition has been documented to impact these new mothers' well-being, in particular, their self-esteem and feelings of loneliness.^{3,4} This high-risk population is challenged by low-income status with 1.2 million living below the poverty line and about half the population of African American mothers being single parents.⁵ Subsequently, they have fewer resources to deal with multifaceted challenges inherent in adjustment to this life change.^{6,7} Indeed, social support has been documented to be important to African American low-income adolescent mothers.^{8,9} Provision of social support is a positive strategy that may affect new mothers struggling with these numerous challenges, especially during the critical first 6 months postpartum. However, social support may change during this time. It is well known that interactions with parents decrease while relationships with friends and romantic partners become more important during adolescence.¹⁰ Further, because of the pregnancy and parenthood, relationships with significant others may change; for example, the infant's father may or may not be involved, and parents of adolescent mothers may or may not be involved or supportive. Thus, aims of this study were to describe for single, low-income, adolescent African American new mothers how (1) primary sources of social support changed over time; (2) the level of social support (emotional, informational, tangible, and problematic) from these primary sources changed over time; and (3) social support from the primary supporter was associated with mothers' psychosocial well-being (self-esteem and loneliness) over time. Findings from this study will provide knowledge to guide clinical

nurse specialists in support-based strategies for these new mothers as part of discharge planning from the hospital or as part of home visitation during the postpartum period.

Theoretical and Empirical Literature

This study is guided by theoretical writings on social support.^{11,12} Social support has long been recognized as critical to a person's well-being,^{3,4} which in this study is indicated by self-esteem and loneliness. Beyond perceptions of feeling supported, perceptions of actual social support received from primary sources are assumed to be important. Social support, defined as the resources provided by another person,¹³ is commonly viewed in terms of social function.¹³ Functional components of perceived social support are emotional, informational, tangible, and problematic support.^{11,12} Emotional support is the provision of affection, affirmation, or empathy.¹¹ Informational support is the provision of content the person can use to cope with personal and environmental problems and includes advice, suggestions, and directives.¹¹ Tangible support is the provision of actual assets or aids to participants such as money, food, and transportation.¹¹ Problematic support is the provision of non-supportive actions, even though the provider's actions may be well intended.¹² Because sources of support may change during this transition,¹⁴ and various sources of support may be associated with different functions of support,¹⁵ both sources and functions of support are important in this population.

Social Support

Although social support is an important factor for adolescents in their transition to motherhood,¹⁶⁻¹⁸ little is known about single, African American adolescent new mothers' experiences with types of support (emotional, informational, tangible, and problematic) and primary sources of social support such as family members and other individuals.

Among various studies of new mothers, there is evidence suggesting that emotional support has an important function and that several sources provided such support. The importance of emotional support for African American mothers was noted in a study where African American nurse-midwives reflected back on their own personal experiences of pregnancy and described experiences of African American women for whom they provided prenatal care.¹⁷ They reported emotional support from significant females (adolescent's mother, sister, and friend) was important, and new mothers reported they appreciated sharing their thoughts and concerns with a trustworthy person. Emotional support from several sources was also noted as important for improving mothers' well-being in a study of homeless adolescent, ethnically diverse mothers; these new mothers reported they received emotional support from family members such as parents followed by grandmothers and aunts as well as their boyfriends.¹⁹ Finally, we found 9 adolescent mothers (7 = Caucasian, 1 = Hispanic, 1 = African American) described receiving emotional support from significant others in their lives such as boyfriends, family, and friends.²⁰ These descriptions were in e-mail messages sent by these mothers to other mothers participating in the study and to the advanced practice registered nurse (APRN) while participating in a computer network intervention, the Young Parents Project.²⁰

The importance of informational support is demonstrated in several of our studies. In the same study noted above,²⁰ adolescent mothers requested information regarding infant's sleep schedule, growth and development, and temperament as well as physical changes and emotions during postpartum related to themselves as new mothers. In a later study involving the New Mothers Network intervention, our team found adolescent mothers received informational support through e-mail message communication with the APRN about caring for themselves and their infants.⁶

Low-income adolescent mothers have reported their needs and requests for tangible support in several studies.^{2,17,19} They have also identified the individuals who provided them the social support in these studies. The need for tangible support is noted in the frequently cited concerns among these adolescents around the lack of material resources such as food, clothing, housing, transportation, and money.^{2,17,19} Adolescents' mothers generally provided tangible support to adolescents such as the provision of a safe place to live and food and care of their newborns.^{2,17,19} Some homeless adolescent mothers reported they received money from their boyfriends.¹⁹

Mothers reported receiving problematic support from individuals in their lives. They occasionally perceived problematic support from their boyfriend and family members.² In a study of social support of single, young (age range = 18 – 21 years), African American mothers, participants reported their boyfriends were frequently absent from the home and offered minimal support.²¹ Although this finding is not a measure of problematic support, it is a likely situation where problematic support would occur. Another indication of the potential for problematic support was the reported difficult relationships between adolescent and her mother.²¹ Our team reported similar findings for single, low-income, African American mothers participating in the New Mothers Network.^{6,22} Mothers frequently described situations where their boyfriend was absent or unwilling to commit to a relationship; again a situation conducive for problematic support. In this study, some adolescents reported problematic support such as receiving critical advice from family members about caring for their infant.

Researchers describing changes in primary sources and changes in levels of social support for adolescents reported conflicting results.^{14,23} Perceptions of social support (measured as emotional, informational, and tangible) from the adolescent's parent and her boyfriend steadily declined at data collection points during the third trimester of pregnancy and at 4, 12, and 24 months postpartum.¹⁴ Participants reported they received more support from their parents than her boyfriend at all data collection periods. These adolescents were asked about the relationship status with her boyfriend; the percentage of adolescents reporting 'no relationship with her boyfriend' steadily increased during the course of the study. In another study, postpartum transitions of predominantly African American adolescent mothers (92.6%) were studied in relation to their romantic and maternal relationships at two-time points: early postpartum and 1 year postpartum.²³ In contrast to the above study, adolescents reported their boyfriends provided more support than did their mothers, and the boyfriend's support was equally as important as the mother's support in the early postpartum and 1 year postpartum time periods. Support from the adolescent's mother decreased over time but did not change in regard to the boyfriend.

Relationship of Social Support and Psychosocial Well-Being

Although some investigators have examined depression as an indication to psychosocial well-being, the emphasis in this report is on the variables, self-esteem and loneliness. The rationale was that these variables could be targeted in prevention strategies rather than targeting depression after it has occurred. Self-esteem is defined as the degree to which one holds attitudes of acceptance or rejection toward the self.²⁴ The provision of social support in terms of conveying goodwill and providing nurturance is conducive to promoting high self-esteem among adolescents.²⁵ Consistent with this literature, single, low-income, African American adolescents' successful transition to motherhood as reflected in their self-esteem is associated with social support.⁴ Most prior researchers have not studied maternal self-esteem in relation to specific sources of support.^{4,26,27} In a study of social support networks and psychological well-being, self-esteem scores of adolescent, African American mothers who received support from their boyfriend were higher than those of young mothers who did not receive this support.²⁸ The types of support provided by individuals in the mothers' lives were not addressed in this study. More specific information regarding the association of social support with self-esteem for these mothers during the transition to parenthood is needed.

Loneliness, an exceedingly unpleasant and distressing experience resulting from perceived deficiencies in a person's relationships,²⁹ is an important aspect of well-being for adolescents in general. Chow, Ruhl, and Burhmester³⁰ found loneliness was inversely related to romantic involvement in their study of 12th-grade participants. Adolescents, especially low-income mothers, often experience social isolation which may be a situation conducive for loneliness.^{4,8,31} For example, new mothers have many demands placed upon them leaving little time or energy for other relationships and thus feel isolated from the infant's father, their family members, or their friends.³² Not feeling alone was rated highly important by adolescent mothers receiving social support.⁸ There is evidence for the negative relationship between social support and feelings of loneliness among adolescent mothers. In a study of single, low-income, adolescent mothers participating in a parenting program, mothers who had higher loneliness scores had lower levels of social support at 3 months following the infant's birth ($r = -.50, p < .05$).⁴ Another indication of the importance of social support and feelings of loneliness can be seen by looking at marital status; married mothers reporting greater social support, in comparison to single, low-income, adolescent mothers who are more socially isolated, receive less emotional support from parents, and have more unstable social networks.⁴ No studies were found regarding single, low-income, African American mothers' perceptions of loneliness and the primary social support providers for these young mothers.

Methods

This report is a secondary analysis of a previous study of an Internet-based social support intervention, the New Mothers Network, for single, low-income, adolescent, African American mothers conducted between 2005 and 2008.⁷ The New Mothers Network was comprised of (1) an electronic library where mothers could read about caring for themselves and their infants, (2) a discussion forum where mothers could communicate asynchronously

with other participants and an APRN, and (3) e-mail messages regarding questions and concerns that could be sent by mothers to the APRN any time during the first 6 months following the infant's birth. In this study, there were no differences between the intervention and control groups in types of social support provided by their primary support sources. Further, we did not target the intervention on the sources of support. Therefore, to better understand changes in primary sources of social support, changes in the level of support from primary sources of support over time and the association of such support with mothers' well-being, a secondary analysis was conducted without regard to assignment to intervention or control groups.

Sampling Procedures

The parent study was conducted after receiving Institutional Review Board approval. After referral by health care providers from four prenatal clinics in a Midwestern city in the United States, a convenience sample of 42 African American primiparous mothers was recruited. These participants were screened for eligibility criteria. Inclusion criteria at the time of enrollment were: (1) being between the ages of 16 and 21 years; (2) being 1 week postpartum; (3) living with the infant; (4) not living with the father of the baby; (5) the ability to speak, read, and write English; (6) having completed the eighth grade; (7) being Medicaid eligible; and (8) having experienced an uncomplicated delivery. Exclusion criteria were: (1) significant complex maternal or infant complications at or after delivery and (2) an infant born at less than 36 weeks gestation. After the birth of the baby, signed consent forms and assent forms were obtained from each mother, or from a mother's guardian if the participants were 18 years old or younger. In the state where the study was conducted, the age of majority is 19 years of age, including single, adolescent mothers.

Measures

Data collection ensued at 1 week, 6 weeks, 3 months, and 6 months following the infant's birth in the mother's home, making up the four time points in this study. Participants received a \$20 gift certificate to a local department store at each data collection time point.

Social Support Function and Sources of Support were measured with Revenson's and Schiaffino's³³ Social Support Measure which assesses emotional, informational, tangible, and problematic support as well as sources of support. Items are measured on a frequency ranging from 1 (never) to 5 (always). In the current study, participants completed the social support measure at each time point rating (1) their primary source of social support and (2) their social support persons as a whole (including the New Mothers Network). The primary support person including the name of the individual and the relationships (i.e. mothers, friend, and boyfriend) were recorded at the time of data collection. Although participants also listed and rated one or more other persons in their social support network, we focused on only the primary sources of social support for this analysis. The scale has been documented to have adequate reliability with internal consistency. Cronbach alphas ranged from .66 to .83 and validity with a factor analysis of four factors: emotional, informational, tangible, and problematic support.³³ Reliability estimates across all time points for the emotional, informational, tangible, and problematic subscales ranged from .71 to .92 for ratings of the primary source of support and .70 to .92 for overall support in this study.

Self-Esteem was measured with the Rosenberg Self-Esteem (RSE) Scale, which is comprised of 10 first-person cognitive/perceptual statements of self-satisfaction, self-worth, self-respect, and personal pride. Mothers responded on a 4-point Likert scale (strongly agree to strongly disagree), and responses were summed with high scores indicating greater self-esteem. Validity in an adolescent or young adult population has been supported by significant correlations between RSE and ideal self ($r = .67$) and self-image ($r = .83$)³⁴ and with depression ($r = -.65$) and loneliness ($r = -.40$) with adolescent subjects.³⁵ Two-week test-retest reliability of .85³⁴ and internal consistency of .86⁴ have been reported in adolescents. Alpha values across the time points of the current study ranged from .80 to .84.

Loneliness was measured with the Revised UCLA Loneliness Scale (RULS). It is a 20-item Likert-type scale measuring one's subjective feelings of loneliness and feelings of social isolation.³⁶ Scores range from 20 to 80; higher scores indicate greater loneliness. Discriminant validity of the RULS was supported in a study of 237 college students,³⁷ in which the loneliness scale was distinct from related constructs such as mood and personality factors (depression, anxiety, self-esteem, sensitivity to rejection, social desirability, introversion-extroversion, and assertiveness). Validity in an adolescent or young adult population has been supported by significant correlations between RSE and ideal self ($r = .67$) and self-image ($r = .83$)³⁴ and with depression ($r = -.65$) and loneliness ($r = -.40$) with adolescent subjects.³⁵ Alpha values over time in the current study ranged from .76 to .83.

Data Analysis

Participants were asked to report who their primary support persons at each time point. To examine who the primary sources of support were and how they changed over time (aim 1), we categorized the primary source of support into adolescent's mother, boyfriend, both adolescent's mother and boyfriend, or other. Descriptive statistics were then calculated on social support variables by the source of support and charted to examine trends (aim 2). For aim 3, in order to assess relationships between social support from the primary supporter and adolescent mothers' well-being (self-esteem and loneliness) over time, correlations between these variables were calculated for each time point. Spearman correlations are reported due to slight non-normality of some of the outcome variables.

Results

Sample Characteristics

The sample was comprised of 35 mothers with an average age of 18.3 years ($SD = 1.7$) at baseline. Of the 35 mothers, 32 remained in the study at 6 months postpartum. Approximately 63% of mothers in the sample had completed high school, and 34% were employed full or part time. Several mothers had not completed high school; however, they were younger than 18 and were attending school. Only two mothers older than 18 reported not having a high school diploma.

Changes in Primary Sources of Social Support over Time

Of the 35 participants in the study, 22 (64.7%) changed the individual they considered their primary source of support during the duration of the study. As shown in Table 1, the

adolescent's mother was reported most frequently as the primary source at each time point. Boyfriends were either primary or primary with the participant's mother for approximately one-third of the participants at each data point. No significant differences were found in baseline age, educational level, employment status, self-esteem, or loneliness at any time point based on whether or not the primary support person changed.

Level of Social Support from Primary Sources over Time

Descriptive statistics on each type of social support (emotional, informational, tangible, and problematic) by who the primary source of support was at each time point are presented in Table 2. Because the primary supporter changed for the majority of the mothers, participants were grouped at each time point based on the individual they reported was their primary source of social support.

None of the types of support for the various primary sources of support groups were significantly different across the various time points. However, sample sizes in each group were small, limiting power to identify significant results. Thus, we examined means visually over time to describe trends and patterns in the level of support for each type (emotional, informational, tangible, and problematic).

As can be seen in Figures 1-4, no matter what type of support was examined, the highest mean support reported for the majority of the time was when the primary source was from a combination of the adolescent's mother and boyfriend. The highest means for emotional and tangible support were from the adolescent's mother/boyfriend combination at each time point. The highest means for informational and problematic support were also from the adolescent mother/boyfriend combination, but these findings were only at time 2 and 4.

When examining adolescents' mothers or boyfriends as separate sources of support, these primary sources appear to start at time one with similar means or levels of emotional, tangible, and problematic support while informational support from adolescents' mothers began at a slightly higher level of informational support, relative to boyfriends' level, at this point in time. However, the pattern differs for the type of support from these two primary sources of support over time. The adolescent's mother alone had the next highest means in providing informational support and tangible support over time. In contrast, the boyfriend had the lowest means or level of informational and tangible support over time. The adolescent's mother alone and the boyfriend alone had lower means for emotional support at time 2 and 3; however, at time 4 the boyfriend increased in emotional support while the adolescent's mother alone decreased in emotional support. Problematic support appears to fluctuate from the adolescent's mother alone as well as from the boyfriend alone. Interestingly at time 3, problematic support from the boyfriend increased and for the adolescent's mother alone, it decreased.

In terms of support from others, such as grandmothers, aunts, and friends, this source provided the least emotional and tangible support while it had, along with the boyfriend, the lowest level of informational support at time 1. Of all the sources of support, support from others was fairly consistent with emotional, informational and tangible support gradually increasing over time.

Association of Social Support from the Primary Supporter with Mothers' Psychosocial Well-being (Self-esteem and Loneliness) over Time

As can be seen in Table 3, emotional support is positively and significantly correlated with the adolescent's self-esteem at every time point, with Spearman correlations ranging from .35 to .64. Problematic social support is also positively and significantly correlated with loneliness at each time point, with correlations ranging from .35 to .56. One relationship that is not significant at each time point, but is consistently high and nearly significant is the correlation between emotional support and loneliness. These two variables are negatively correlated, with correlations ranging from -.29 to -.43. At 6 weeks, 3 months, and 6 months, self-esteem was found to be strongly correlated with informational support, with correlations ranging from .25 to .59, and loneliness was found to be negatively related to tangible support, with correlations ranging from -.31 to -.42.

Discussion

For approximately two-thirds of the mothers in this study, there was a change in the primary support provider during the first 6 months postpartum. This finding suggests single, low-income, African American mothers are at risk for not having a consistent support system that may lead to greater susceptibility for poor health outcomes. For this sample, the adolescent's mother most often was the primary provider of social support followed by her boyfriend. This finding is in agreement with those of DeVito³⁸ and Negron et al.² who reported similar results in their studies of single, low-income mothers.

Over time, new mothers in this sample reported they received the most support when the primary support people were a combination of the adolescent's mother and boyfriend. Emotional and tangible support were relatively consistent and increased over time. Informational and problematic support from both the adolescent's mother and boyfriend were inconsistent at most time points during the course of this study. The changing source of informational support may have implications for these new mothers. They may receive conflicting information about caring for their infants and dealing with other aspects of their lives. The high level of problematic support from adolescents' mothers and boyfriends could be associated with frank, difficult conversations with the individuals with whom they are receiving the most interaction. In contrast, persons such as friends, aunt, or teacher (others) were perceived by participants to provide the least problematic support, and they had lower levels of interaction in terms of others types of support. In addition, these new mothers may not have difficult conversations with individuals they know less well.

In this study, there was a relationship between social support from the primary source of support, no matter who he or she was, and the mother's psychosocial well-being (self-esteem and loneliness). Emotional support from the primary source of social support was significantly correlated with self-esteem at the four time points in this study. Investigators have reported significant positive relationships between social support and self-esteem with young, low-income mothers.^{3,4}

Participants' perceived problematic support from the primary source of social support was significantly and negatively related to loneliness at every time point. This finding is

congruent with our previous work where young mothers participating in a parenting program had higher loneliness scores and lower social support scores at 3 months following the infant's birth.⁴ The relationship between social support and loneliness was not studied at additional time points in this prior study. Difficult and challenging conversations between young mothers and the primary source of social support might result in feelings of loneliness for these new mothers.

At 6 weeks and 3 months following the infant's birth, informational support from the primary supporter was significantly and positively related to self-esteem. The receipt of information from the primary source of social support may have been interpreted that these young mothers as being valued, resulting in feelings of positive self-worth during the transition to parenthood. However, informational support was not associated with self-esteem at week 1 and the 6th month. We speculate informational support on caring for the infant and oneself was more of a necessity at these time points. In addition, informational support was significantly and negatively related to loneliness at 6 weeks following the infant's birth; again this may be a key time point for informational support because of many changes occurring with the infant. Tangible support from the primary source of social support was positively related to self-esteem at 6 weeks following the infant's birth. Young mothers may have feelings of positive self-worth if they have money and resources to provide for themselves and their infants. At 6 weeks and 3 months following the infant's birth, tangible support from the primary source of social support was negatively related to loneliness. Mothers might lack resources such as transportation during the transition to parenthood resulting in being isolated and feeling lonely.

In this study, we found the results support the theory of social support among single, low-income, adolescent, African American mothers in their transition to parenthood. Primary sources of social support changed over time for many single, low-income, adolescent, African American new mothers. Social support was also related to mothers' psychosocial well-being. Investigators of prior studies have focused primarily on participants' social networks and not on the dynamic nature of social support for these high-risk mothers during the transition to motherhood.²¹

Implications for Clinical Nurse Specialists' Practice and Future Research

Clinical nurse specialists, who have the knowledge and skills to address the complexities of single, low-income, African American mothers' lives, can facilitate policies for formally addressing social support. In discharge planning policies, assessment of sources of support and planning for engagement of support sources needs to be addressed. When facilitating social support groups, assessment of sources of support for these single, low-income, African American adolescent mothers needs to occur throughout this transition because sources of support change during this first 6-month postpartum period. Assessment of areas of conflicts and disagreements between a new mother and primary source of social support also needs to be ongoing. Bolstering the mothers' natural sources of support can potentially improve self-esteem and reduce loneliness. Improvement in these sources of support could prevent a decline in the mothers' psychosocial well-being, an important maternal outcome.

Clinical nurse specialists can be integral members of interdisciplinary research teams in developing and testing clinical nurse specialist lead interventions addressing needs and concerns of single, low-income, African American mothers during the transition to parenthood. Such interventions could be tailored based upon sources of support as well as the type of support needed (emotional, informational, tangible, and problematic). In addition, clinical nurse specialists could test and once there is evidence lead interventions to facilitate the conflict-free provision of support given that problematic support was an issue.

Limitations

The primary limitation of this study was the small number of participants. Restraint should be used in generalizing results of this study to the population at large. Although the sample size was small, visual examination of means over time may still be indicative of important differences that are worthy of future research. In this study with a limited number of participants, young mothers did not identify their fathers or other males (uncles or brothers) as sources of social support. With today's fluid and changing relationships, there may be young mothers who receive primary support from males in their lives. An additional limitation was the criterion, mother not living with the father of the baby. Although all participants were not living with the baby's father at the time of enrollment and the first data collection time, these young mothers shared with study staff that fathers occasionally moved into mothers' homes, and some fathers later moved out of their homes during the course of the study. This lack of consistency in living arrangements most likely affected the mothers' perceptions of primary sources over time and the level and sources of support over time. The fathers' living arrangements in relation to living with the mothers should be deliberately collected in future studies. We also did not clarify whether the identified "boyfriend" as a provider of social support was the father of the baby. Because of the fluctuating nature of adolescents' relationships, adolescent mothers might have several boyfriends during the transition to motherhood. The specific nature of mothers' relationships with boyfriends and the father of the baby should be collected in future studies. An additional limitation is a pregnancy by rape or a family member was not an exclusion criterion in this study. This situation might affect researchers' assumptions about the social support received from people in their environment.

Conclusion

Single, low-income, African American, adolescent new mothers are at risk for not having a consistent source of support which may lead to lower self-esteem and greater loneliness. In this study, most mothers had changes in their primary social support provider during the first 6 months postpartum. At every data collection time point (1 and 6 weeks and 3 and 6 months postpartum), positive correlations were found between emotional support and self-esteem and between problematic support and loneliness.

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Figure 1. Emotional support over time based on primary support person

Figure 2. Informational support over time based on primary support person

Figure 3. Tangible support over time based on primary support person

Figure 4. Problematic support over time based on primary support person

Table 1
Primary social support person at each time point

	Time 1	Time 2	Time 3	Time 4
Source of Support	# (%)	# (%)	# (%)	# (%)
Mother	16 (45.7%)	13 (38.2%)	16 (47.1%)	11 (34.4%)
Boyfriend	8 (22.9%)	10 (29.4%)	9 (26.5%)	10 (31.3%)
Mother and Boyfriend	5 (14.3%)	3 (8.8%)	1 (2.9%)	1 (3.1%)
Other	6(17.1%)	8 (23.5%)	8 (23.5%)	10 (31.3%)

Table 2
Means (SD) for types of social support from primary sources over time

Type of Support	Primary Source of Support	Time 1	Time 2	Time 3	Time 4
Emotional Support	Mother	22.2 (2.1)	22.3 (3.2)	21.6 (3.4)	21.5 (3)
	Boyfriend	22.4 (1.7)	20.8 (3.6)	20.9 (7.2)	23.1 (2.4)
	Mother and Boyfriend	22.8 (0.8)	23 (2.6)	24(0)	25(0)
	Other	21 (4.7)	22 (4.2)	23(2.2)	22.6 (2.5)
Informational Support	Mother	21.9(3.2)	21.5 (3.7)	20.8 (3.6)	22 (3.9)
	Boyfriend	20.3 (3.2)	17.4 (5.4)	20.1 (7.4)	21.7 (2.6)
	Mother and Boyfriend	21.2 (3.7)	23.3 (1.5)	20(0)	25(0)
	Other	20.2 (5.2)	20.3 (4.7)	21(3.8)	22.3 (3.5)
Tangible Support	Mother	13.5 (2.1)	13.8 (2)	13.4 (1.9)	14.1 (1.9)
	Boyfriend	13.4(1.6)	11.4 (2.8)	12.7 (4.4)	14.3 (1.6)
	Mother and Boyfriend	13.8 (1.1)	14.7 (0.6)	15(0)	15(0)
	Other	12.3(3.1)	13.3 (2.5)	12.8 (2.4)	13.9 (1.7)
Problematic Support	Mother	10.6 (3.3)	11.3 (4.4)	8.8 (4.1)	11.3 (6.1)
	Boyfriend	10.6 (5)	11(4)	12.4 (4.7)	10.2 (6.1)
	Mother and Boyfriend	10.8 (2.6)	15.3 (4.5)	10(0)	20(0)
	Other	11.2 (7)	6.5 (2.6)	10.8 (6.6)	7.5(4)

Table 3
Spearman correlations (p-values) between types of social support from primary sound mothers, well-being

Types of Support	Well-being	1 Week	6 Weeks	3 Months	6 Months
Emotional Support	Self-Esteem	.419* (0.012)	.358* (0.044)	.639** (<.001)	.352* (0.048)
	Loneliness	-.0291 (0.09)	-.425* (0.017)	-.331 (0.064)	-.339 (0.057)
Informational Support	Self-Esteem	0.062 (0.724)	.411* (0.02)	.592** (<.001)	0.248 (0.171)
	Loneliness	-.0206 (0.234)	-.433* (0.015)	-.331 (0.064)	-.235 (0.195)
Tangible Support	Self-Esteem	0.169(0.332)	0.269(0.137)	.486** (0.005)	0.284(0.115)
	Loneliness	-.009 (0.957)	-.423* (0.018)	-.409* (0.02)	-.305 (0.09)
Problematic Support	Self-Esteem	-.0247 (0.153)	-.0277(0.125)	-0.029 (0.877)	-.414* (0.018)
	Loneliness	.345* (0.043)	.531** (0.002)	.427* (0.015)	.556** (0.001)