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Social Support, Parenting Competence and Parenting Satisfaction among Adolescent, African American, Mothers

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Abstract

This secondary analysis explored how social support changed during the first six months postpartum and examined the relationships among social support, parenting competence and parenting role satisfaction. Single, low income, adolescent, new mothers (N = 34) completed measures of perceived parenting competence, parenting role satisfaction and 4 types of received social support (emotional, informational, tangible, problematic) from the entire social network at 1 week, 6 weeks, 3 months and 6 months postpartum. Results indicated that social support did not change over time. Emotional, informational and tangible social support were significantly correlated, concurrently and predictively, with perceived competence and satisfaction at most data collection points. Future social support intervention studies using social support as a modifiable variable with this high-risk group of African American adolescent new mothers are advocated. Healthcare professionals are encouraged to examine existing social support within these mothers' identified family units.

Keywords

Community < Location of care; Statistical analysis < Methods; Nurses < Nurses as subjects; Nursing education < Nurses as subjects; Nursing practice < Nurses as subjects; Adolescence < Population focus; Black < Population focus; Parenting/families < Population focus

The transition to parenthood is a challenging family developmental process that begins before birth in preparation for the infant and intensifies after birth (Altmaier & Maloney, 2007; McDaniel, Coyne, & Holmes, 2011). This transition is particularly challenging for adolescent mothers, who are faced with both progressing through adolescence and adapting to motherhood (Anglely, Divney, Magriples, & Kershaw, 2015). Adolescent, new mothers who are African American are a particularly high risk group because they report more financial and emotional stressors compounded by inadequate social support from their partners and the greater community (McLanahan, Haskins, Paxson, & Sawhill, 2010; Whitson, Martinez, Ayala, & Kaufman, 2011; Wright, King, & Rosenberg, 2014). Social support is an important element for an adolescent becoming a new mother, especially adapting to the parenting role (DeVito, 2010). It is associated with better parenting outcomes (Meadows, Brown, & Elder, 2006; Salmela-Aro, Nurmi, Saisto, & Halmesmaki, 2010) and specifically, greater parenting competence and parenting satisfaction (Anglely et al., 2015). Although many researchers have identified the first 6 weeks or the first year as critical (Clemmens, 2003; Devereux, Weigel, Ballard-Reisch, Leigh, & Cahoon, 2009), little is known about changes in social support during the first six months postpartum. Thus, the purposes of this study were to (a) describe how levels of received support (emotional, informational, tangible and problematic) from the entire social network changed during the first six months postpartum; and (b) examine the concurrent and predictive relationships between social support and parenting competence as well as parenting satisfaction at specific time intervals during the first 6 months postpartum among adolescent, African American, new mothers.

Theoretical Framework

This study was guided by the transition to maternal role framework (Suplee et al., 2014), augmented by social support theory (House, 1981; Revenson & Majerovitz, 1991). The postpartum period is a critical time of adaptation to the maternal role (Suplee et al., 2014), specified as parenting competence and satisfaction in this study. Mothers' parenting competence, defined as the belief in one's parenting abilities (Montigny & Lacharite, 2005; Ohan, Leung, & Johnston, 2000), is critical and has been associated with positive outcomes related to children's development and later academic success (Devereux et al., 2009; Jones & Prinz, 2005; Ngai, Wai-Chi, & Ip, 2010). Another indicator of role attainment integral with parenting competence is satisfaction with parenting. Parenting satisfaction is defined as a sense of pleasure and fulfillment in relation to the parenting role (Salonen et al., 2011). Mothers who have lower levels of perceived parental satisfaction and competence may experience frustration and struggle with parenting, leading to a poor perception of and limited fulfillment with parenting (DeVito, 2010; Hudson, Elek, & Fleck, 2001).

Suplee and colleagues' (2014) framework highlights the importance of social support to this transition to motherhood, which is specifically important for adolescents' adaptation to the parenting role (Devereux et al., 2009; DeVito, 2010). Social support was defined as the actual receipt of resources and assistance from members of a larger social network (House, 1981). The specific types of social support that were examined in this study were emotional, informational, and tangible aid (House, 1981). Emotional support was defined as the provision of assistance focused on caring, concern, esteem, trust and listening. Informational

support was defined as the provision of content the person can use to cope with personal and environmental problems and includes advice, suggestions, directives and content. Tangible support was defined as the provision of assistance aid such as labor, money or time. In addition, problematic support was measured as it has been found to be related to greater psychosocial distress during the transition to motherhood (Logsdon, Birkimer, & Usui, 2000). Problematic support was defined as unhelpful behaviors, conflict and/or withdrawal of support, even when this was not the intent by the provider (Hudson et al., 2009; Revenson & Majerovitz, 1991; Revenson, Schiaffino, Majerovitz, & Gibofsky, 1991).

African American adolescent mothers have long been known to differ in parenting styles (Apfel & Seitz, 1991; Smith Battle, 1995). That is, some mothers of African American adolescent mothers assume full responsibility for infant care; some adolescent mothers and their mothers share care; some adolescent mothers are primarily responsible for infant care; or some adolescent mothers are mentored, to learn infant care, by their mothers (Apfel & Seitz, 1991). It is likely that received social support would also vary for these different parenting styles. For example, in the parenting model where the infant's grandmother assumes primary responsibility, it is likely that tangible aid would be great. Problematic support could also be at high levels, especially when grandmother assumes infant care because she perceives the daughter as having deficits in parenting which is sometimes the case (Apfel & Seitz, 1991). Such problematic support would most likely be associated with lower levels of parenting competence and satisfaction.

The Transition: Social Support, Parenting Competence and Parenting Satisfaction

Social support has been found to be inadequate in African American adolescent mothers and further, to not consistently be available when needed during the first 6 months postpartum (McLanahan et al., 2010; Whitson et al., 2011; Wright et al., 2014). Social support is a necessity of adolescent mothers and has the potential to change during the postpartum transitional period. During the transition to the maternal parenting role, adolescents of all races and ethnicities were likely be single and to have limited social support (Anglely et al., 2015; Devereux et al., 2009). Negron, Martin, Almog, Balbierz, and Howell (2013) reported that instrumental (i.e. tangible) and emotional support were critical to a new mother's success in the postpartum period, but these support types may be limited or absent for African American women. Compared to their non-pregnant counterparts, adolescent mothers of all races and ethnicities tend to receive less support from their peers and family members during the postpartum period (Cruse, Hockday, & McCarville, 2007; Devereaux et al., 2009; Whitson et al., 2011). Although developmental theory would suggest social support changes for most adolescents as they become more independent of their parents and rely more on supportive relationships with peers (Steinberg, 2001), this may not be the case for some African American adolescent mothers. Some of these mothers have described less involvement with peers as these new mothers assumed parental responsibility (Smith Battle, 1995). Further, with the pregnancy, social support received may change over this time frame as the adolescents' parents may disapprove of their daughter's pregnancy and birth, adolescents may be moving out of parental homes, and/or the baby's father may or may not

be involved in parenthood. All of these may lead to changes in social support. In several studies, overall support was reported to be consistent from pregnancy to postpartum (Cruse et al., 2007; Devereaux et al., 2009; Whitson et al., 2011). However, more evidence is needed on how social support changes during the postpartum period.

Much of our existing knowledge about attaining maternal role competence and satisfaction is based on middle class, Caucasian mothers rather than disadvantaged adolescent African American mothers (Mercer, 1986; Pridham & Chang, 1991). Although parenting competence and satisfaction may differ for African American adolescents respective to Caucasian adolescents, it is important in terms of becoming a mother. If the adolescent is a first time mother and new to the parenting role and responsibilities, she may have low parenting competence and satisfaction initially and, over time, learn through experience, increasing parenting competence and satisfaction. Alternatively, she may also perceive herself as having higher parenting competency and satisfaction even as a first time mother. African American adolescent mothers have described prior experience in infant care through caring for siblings and relatives (Smith Battle, 1995). African American women may also perceive parenting as an accepted way or valued option to achieve adult status when other options seem minimal (Burton, 1990; Hogan & Kitagawa, 1985; Mollborn, 2009; Smith Battle, 1995, 2000). Whether an adolescent begins the transition to motherhood with lower or higher parenting competence and satisfaction than Caucasian women, these variables are important.

Social support is thought to be a critical need of adolescent mothers because it is associated with better outcomes, especially parenting competence and satisfaction. It has been speculated that adolescent mothers may be at particular risk for low levels of parenting competence due to overall lower levels of social support (Anglely et al., 2015). Indeed, researchers have demonstrated an association between low social support and low parenting competence (Clemmens, 2003; Logsdon & Davis, 2003). In several studies with adolescents of varied ethnicities, a positive perception of parenting was influenced by consistent social support, leading to increased feelings of competence as a new mother (Clemmens, 2003; Kretchmar & Jacobvitz, 2002; Secco, Aleah, Woodgate, & Moffatt, 2002). In a study with a sample of inner-city mothers who were emerging adults (Mean age = 26 years), low levels of perceived support were significantly associated with a poor sense of parenting competence (Silver, Heneghan, Bauman, & Stein, 2006). Although this sample had mixed Ethnicities, one-third were African American. Social support, particularly emotional support and tangible support, have also been found to promote maternal well-being and enhance the mother-child relationship, leading to greater maternal competence among all mothers (Leahy-Warren, McCarthy, & Corcoran, 2012; Whitson et al., 2011). African American adolescent mothers reported greater parenting competence at six months post-partum if they were providing direct infant care within a supportive relationship (Oberlander, Black, & Starr, 2007). However, more studies examining these relationships in African American adolescent mothers are needed.

Social support seems to be associated with parenting satisfaction. DeVito (2007) found a moderately strong significant relationship between emotional support from the adolescent's mother and the adolescent's parenting satisfaction ($r = .54$, $p = .01$); and a significant

relationship between all types of support from the boyfriend of the adolescent and the adolescent's satisfaction (emotional support [$r = .41$, $p = .01$], tangible support [$r = .27$, $p = .01$] and total support [$r = .40$, $p = .01$]); total support in this tool encompasses affect, affirmation and aid. This sample consisted of 126 first-time mothers, 25% who were African American and 97% who were single. There are still existing gaps in the literature in identifying changes that occur in social support, parenting competence and parenting satisfaction in the early postpartum period and in examining the relationships that exist between the three variables; identifying these will contribute to the literature.

To address these gaps in the literature, the current study (a) described how levels of received support (emotional, informational, tangible and problematic), changed during the first six months postpartum; and (b) examined the concurrent and predictive relationships between social support and parenting competence and parenting satisfaction among adolescent, African American, new mothers. Understanding the changes in social support, are important to identifying critical times for interventions. If there is a significant relationship between social support and parenting competence and/or satisfaction, the findings identified a modifiable variable, social support, to target in development of new interventions to facilitate parenting competence and satisfaction among a high risk group of African American adolescent new mothers.

Methods

A secondary analysis was completed from data collected from a social support intervention study (Hudson, Campbell-Grossman, & Hertzog, 2012). This social support intervention, entitled the New Mothers Network, was designed for single, low-income, adolescent, African American mothers and was delivered through an Internet platform (Hudson et al., 2012). Although the original study was an intervention, we found that there were no significant differences between the control and intervention groups in changes over time in social support (no group X time interaction effects). Thus, the groups (intervention and control) were combined for this secondary analysis. Also, because the original study did not examine how such support was related to satisfaction and competence, this analysis of the total sample was conducted to better understand changes in support that occurred and how the support may impact parenting competence and satisfaction with this new role.

Sampling

The original study was a convenience sample of 34 new mothers from prenatal clinics in two Midwestern cities in the United States. The participants were referred by their health care provider and screened for eligibility. Participants were included if they (a) were first-time mothers, (b) were unmarried, (c) were African American, (d) had an uncomplicated delivery, (e) were eligible for Medicaid services, (f) were between the ages of 16 and 21, (g) had the ability to speak, read and write English and (h) had completed the eighth grade. Participants were excluded if they had maternal or infant complications during or after delivery (e.g., neurological, hematological, cardiac, respiratory, or maternal psychiatric complications) or if they delivered an infant less than 36 weeks gestation conducted. This secondary analysis was

considered a pilot study with results used to guide further research. The final sample size for this study was determined by logistical and budgetary constraints.

Procedures

The data collection was completed at 1 week, 6 weeks, 3 months and 6 months postpartum. Data were collected in the participant's home at each time point, using standardized instruments. Each participant received a \$20 gift card at each data collection time point as compensation for her time. The study was approved by the Institutional Review Board at the University and at the clinical sites where the study was conducted.

Measures

The tools used, measured perceived parenting competence, parenting satisfaction with parenting role and social support.

Perceived Parenting Competence was measured with the How I Deal with Problems Regarding Care of My Baby (PPS) scale (Pridham & Chang, 1991). The instrument measures perceived competence with general problem solving for infant care problems, including knowing what your baby needs/wants and how to adjust for his/her needs, skills in problem solving, making decisions and accuracy with these decisions. This self-report instrument had 11 items with a 9-point Likert response scale with potential responses of (1) "not well at all" to (9) "very well", indicating a potential range of total scores from 11–99. Higher scores indicated more self-perceived parenting competence. Convergent validity was supported by a high correlation of the PPS with Parenting Evaluation ($r = .69, p < .001$), another maternal self-appraisal measure (Pridham et al., 1994). This study showed internal consistency of .91 to .96 (Hudson et al, 2012), similar to other reports of reliability of .90 in new mothers (Pridham, Chang, & Chui, 1994). The construct validity of the competence scale in this African American sample was examined by comparing it to a single item: "On the whole, how troublesome have the problems in caring for your baby been for you?" yielding moderately strong validity correlations ranging from $\rho = -.28$ to $-.61$.

Parenting Satisfaction with Parenting Role was measured with the What Being the Parent of a Baby is Like-Revised (WPBL-R) scale (Pridham & Chang, 1989). The instrument examined mothers' perceptions of themselves as parents, specifically with the satisfaction of their parenting experience with young infants. This self-report instrument consisted of 11 items with a 9-point Likert response scale with potential responses of (1) "not at all satisfying" to (9) "completely satisfying", indicating a potential range of total scores from 11–99. Higher scores indicated greater satisfaction with the parenting role (Pridham & Chang, 1989). Values for alpha coefficients for mothers who completed the questionnaire in this study ranged from .82 to .92 (Hudson et al., 2012), similar to Hudson, Elek, and Fleck (2001) who found coefficients of .91 to .92 for mothers who completed the questionnaire at 1, 3 and 4 months following the infant's birth. The construct validity of the satisfaction scale in this African American sample was examined by comparing it to a single item: "How much do you feel that having a baby affects what you do and when?" with higher scores denoting a great deal. These correlations were $\rho = -.21$ at 6 weeks, .34 at 3 months, and .57 at 6 months.

Social Support was measured using Revenson and Schiaffino's (1990) Social Support Measure. This tool measured four dimensions of social support, including emotional, informational, tangible and problematic support. This measure assessed the actual receipt of support rather than perceived availability of support. Mothers were asked to rate the frequency of social support received, in general, from all members of the social network. The emotional support scale contained 5 items, scored on a Likert scale of 1 (never) to 5 (always), with overall scores ranging from 5–25. The informational support scale also contained 5 items, scored on a Likert scale of 1 (never) to 5 (always), with overall scores ranging from 5–25. The tangible support scale contained 3 items, scored on a Likert scale of 1 (never) to 5 (always), with potential overall scores ranging from 3–15. The problematic support scale contained 4 items, scored on a Likert scale of 1 (never) to 5 (always), with potential overall scores ranging from 4–20. In all of these scales, a higher score was indicative of greater receipt of positive or problematic support, respectively (Revenson et al., 1991). Reliability with internal consistency has been shown to be adequate with subscales ranging from .66 to .83, including emotional, informational, tangible and problematic factors (Revenson & Schiaffino, 1990). Revenson and Majerovitz (1991) previously found reliability and validity to be acceptable for assessment of overall social support when studying caregivers of arthritic patients. Baseline reliability for each subscale ranged from .79 (tangible support) to .87 (problematic support) in this study. To examine construct validity of these subscales in an African American population, we compared these social support scales with the Revised UCLA Loneliness scale (Russell, 1996) and found moderately strong validity correlations at 6 weeks, 3 and 6 months between loneliness and emotional support ($\rho = -.284$ to $-.537$, $p=.002$), informational support ($\rho = -.243$ to $-.369$, $p=.037$), tangible support ($\rho = -.265$ to $-.475$, $p=.007$), and problematic support ($\rho = .334$ to $.557$, $p=.001$).

Data Analysis

Descriptive statistics were examined for all outcome variables of interest. Changes in social support, parenting competence and satisfaction with parenting role were examined via repeated measures analysis of variance models. Huynh-Feldt corrected degrees of freedom and statistical tests are reported to account for any deviation from the assumption of sphericity. Spearman's rho correlations (used due to slight non-normality in social support variables) were calculated to examine relationships between social support, perceived competence, and parenting satisfaction. Time-specific correlations were assessed as well as adjacent time correlations. Correlations between social support and parenting satisfaction and competence at the next time point may indicate how earlier levels of various types of social support can possibly predict or influence parenting satisfaction at later time points.

Results

The sample was inclusive of 34 African American single mothers whose average age was 18.3 years (range of 16–21 years) at enrollment in the study. About half of the participants had completed high school, and three reported some college credit. Twenty-three of the twenty-seven participants (85%) who reported an annual income, had an income less than \$10,000. Only 3 of the 34 mothers worked full-time.

Table 1 describes the means, standard deviations and ranges of scores on the variables of interest at each time point. The mean scores for the various types of social support were relatively high in comparison to the midpoint of the emotional (15), informational (15), and tangible (9) support subscales at each time point. In contrast, problematic support subscale mean was slightly lower than the midpoint of the scale (12), indicating moderate levels of this support at each time point. Changes in social support (emotional, informational, tangible and problematic) over this time period were not significant and remained relatively stable. In addition, both the parenting competence and parenting satisfaction mean scores were higher than the respective measurement scale midpoint (55 and 55) at every time point. These findings indicate relatively high levels of both parenting satisfaction and competence.

Tables 2 and 3 provide results of the relationships of social support with parenting competence and satisfaction. Three of the types of social support measured (i.e., emotional, informational and tangible support) were significantly associated with parenting competence concurrently and for the next time period (with two exceptions; tangible support at 1 week with competence level at 6 weeks and emotional support at 6 months with competence level at 6 months) with Spearman rho (ρ) values ranging from .29 to .66. Emotional, informational and tangible support were, for the most part, significantly associated with parenting satisfaction concurrently and for the next time period with Spearman ρ values ranging from .29 to .65. In contrast, problematic support was not significantly associated with concurrent or the next time period for parenting competence and satisfaction.

Discussion

The findings of this study add to the knowledge base related to family developmental transition, specifically changes in social support, as well as the relationship among social support with parenting competence and satisfaction. In relation to the first purpose of this study, results indicated the levels of social support (emotional, informational, tangible and problematic) measured across the entire social network, did not change over time which is in contrast to prior studies. Consistent with previous literature, emotional, informational and tangible support were associated with better parenting competence and satisfaction throughout the first 6 months postpartum (DeVito, 2007; Leahy-Warren et al., 2012; Whitson et al., 2011).

The overall social support measure of emotional, informational, tangible, and problematic supports showed that positive support levels were relatively high in these adolescent mothers and they did not change over the first six months postpartum. These young women perceived that they received a high level of support, which is counter to the literature that notes the great need for support (Anglely et al., 2015; Devereux et al., 2009; Schrag & Schmidt-Tiezen, 2014). Although the levels of support were fairly high, this still may not be the specific type of support needed or may not be from the right person (i.e., father of the baby), for this high-risk, vulnerable population of young, low-income, single mothers. For example, DeVito (2007) found emotional support from the mother's mother was important and increased the new mother's satisfaction with parenting, but tangible support was more meaningful when received from the father of the baby. In addition, the stability in support scores over time was interesting and was similar to some reported studies (Cruse et al., 2007;

Devereaux et al., 2009; Whitson et al., 2011). More studies are needed that measure the specific type of support and that identify who the key providers of support are, during the first six months postpartum.

Strong results were found for the second purpose of the study which was to examine the concurrent and predictive relationships between social support and perceived competence and parenting satisfaction among adolescent African American new mothers. Both concurrent and predictive relationships were seen between the majority of emotional, tangible and informational social support measures with perceived competence and satisfaction at most data collection points. These results were supported by other studies that found strong positive relationships between types of social support and perceived competence and parental satisfaction (DeVito, 2007; Leahy-Warren et al., 2012; Whitson et al., 2011). Compared to findings from earlier studies, the contribution of this study is that we examined adolescent mothers on multiple occasions over a longer time frame and found that social support continued to be an important factor in parental competence and satisfaction at each time point.

In contrast, problematic support was not significantly correlated with perceived competence and parental satisfaction at any of the data collection time points. Despite reporting moderate levels of problematic support, it was not associated with the mothers' perceptions of their parental competence or satisfaction. Greater problematic support was associated with greater depression (Campbell-Grossman et al., 2016) in adolescent African American mothers. Similarly, more problematic support from the primary support person was significantly correlated with more loneliness (Brage-Hudson, Campbell-Grossman, & Hertzog, 2016). It may be that problematic support from primary support providers, such as lack of support from the baby's father or conflict with the mother's mother, is associated with the poor outcomes in this population. Future research needs to examine the role of problematic support from primary sources of support in its association with perceived parenting competence and parenting satisfaction.

Generalization of these results to the greater population is limited due to the small sample size with the original study. Additionally, generalizability to the entire population is limited by the characteristics of the population studied, including single, low-income, African American adolescents. This population was also restricted to first-time mothers in a Midwestern area who did not have any extreme health complications related to the pregnancy and delivery, impacting generalizability to all adolescent new mothers. Because much of our understanding about attaining maternal role competence and satisfaction was developed in research on middle-class Caucasian mothers, the concepts and measures used in this study may not adequately reflect the experiences of new African American adolescent mothers. The study is also limited in that it focused upon the perspectives of only one member of the family, the new mother, and not all members of the identified family whether that is the new mother's mother and father or the baby's father. Finally, in the initial study, the intervention had its most significant effects on infant health care utilization. Because social support did not change over time in either group, it is not known how the intervention functioned to improve parenting outcomes. It may be that the intervention was working through other non-measured variables, yet to be determined by future research.

In this study, emotional, informational, and tangible social support were associated with increases in perceived parenting competence and satisfaction with the new parenting role. Other than problematic, all types of support enhanced both perceived parenting competence and parenting satisfaction. These mothers felt supported and their social support was stable for the time periods measured, from the entire network. There is a need to examine future social support intervention studies using social support as a modifiable variable with this high-risk group of African American adolescent new mothers. Healthcare professionals should be diligent in examining existing social support within their identified family units. With these valued assessments, health care professionals will be able to address ways to deliver additional support when necessary.

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References

- Altmaier E, Maloney R. An initial evaluation of a mindful parenting program. *Journal of Clinical Psychology*. 2007; 63(12):1231–1238. DOI: 10.1002/jclp.20395 [PubMed: 17972292]
- Angley M, Divney A, Magriples U, Kershaw T. Social support, family functioning and parenting competence in adolescent parents. *Maternal Child Health Journal*. 2015; 19(1):67–73. DOI: 10.1007/s10995-014-1496x [PubMed: 24833286]
- Apfel NH, Seitz V. Four models of adolescent mother-grandmother relationships in Black inner-city families. *Family Relations*. 1991; 40(4):421–429. DOI: 10.2307/584899
- Brage Hudson D, Campbell-Grossman C, Hertzog M. Effects of an internet intervention on mothers' psychological, parenting, and health care utilization outcomes. *Issues in Comprehensive Pediatric Nursing*. 2012; 35(3–4):176–193. DOI: 10.3109/01460862.2012.734211 [PubMed: 23140413]
- Burton L. Teenage childbearing as an alternative life-course strategy in multigeneration black families. *Human Nature*. 1990; 1(2):123–143. DOI: 10.1007/BF02692149 [PubMed: 24222049]
- Campbell-Grossman C, Hudson DB, Kupzyk KA, Brown SE, Hanna KM, Yates B. Low-income, African American, adolescent mothers' depressive symptoms, perceived stress, and social support. *Journal of Child and Family Studies*. 2016; 25(7):2306–2314. DOI: 10.1007/s10826-016-0386-9 [PubMed: 28413312]
- Clemmens D. Adolescent motherhood: A meta-analysis of qualitative studies. *The MCN American Journal of Maternal Child Nursing*. 2003; 28(2):93–99. [PubMed: 12629314]
- Crane S, Hockday C, McCarville C. Brief report: Perceptions of positive and negative support: Do they differ for pregnant/parenting adolescents and nonpregnant, nonparenting adolescents? *Journal of Adolescence*. 2007; 30(3):505–512. DOI: 10.1016/j.adolescence.2006.11.007 [PubMed: 17337046]
- Devereux J, Weigel D, Ballard-Reisch D, Leigh G, Cahoon K. Immediate and longer-term connections between support and stress in pregnant/parenting and non-pregnant/non-parenting adolescents. *Child and Adolescent Social Work Journal*. 2009; 26:431–446.
- DeVito J. How adolescent mothers feel about becoming a parent. *The Journal of Perinatal Education*. 2010; 19(2):25–34. DOI: 10.1624/105812410x495523 [PubMed: 21358832]
- DeVito J. Self-perceptions of parenting among adolescent mothers. *The Journal of Perinatal Education*. 2007; 16(1):16–23. DOI: 10.1624/105812407x170680
- Hogan D, Kitagawa E. The impact of social status, family structure, and neighborhood on the fertility of Black adolescents. *American Journal of Sociology*. 1985; 90(4):825–855. DOI: 10.1086/228146
- House, J. Work, stress, and social support. Menlo Park, CA: Addison-Wesley; 1981.
- Hudson DB, Campbell-Grossman C, Hertzog M. Effects of an internet intervention on mothers' psychological, parenting, and health care utilization outcomes. *Issues in Comprehensive Pediatric Nursing*. 2012; 35(3–4):1–18. DOI: 10.3110/01460862.2012.734211 [PubMed: 22250963]

- Hudson DB, Campbell-Grossman C, Keating-Lefler R, Carraher S, Gehle J, Heusinkvelt S. Online support for single, low-income, African American mothers. *MCN. The American Journal of Maternal Child Nursing*. 2009; 34(6):350–355. DOI: 10.1097/01.NMC.0000363683.35562.56 [PubMed: 19901696]
- Hudson DB, Elek S, Fleck M. First time mothers' and fathers' transition to parenthood: Infant care self-efficacy, parenting satisfaction, and infant sex. *Issues in Comprehensive Pediatric Nursing*. 2001; 24:31–43. DOI: 10.1080/014608601300035580 [PubMed: 11881635]
- Jones T, Prinz R. Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review*. 2005; 25(3):341–363. DOI: 10.1016/j.cpr.2004.12.004 [PubMed: 15792853]
- Kretchmar M, Jacobvitz D. Observing mother-child relationships across generations: Boundary patterns, attachments, and the transmission of caregiving. *Family Process*. 2002; 41(3):351–374. [PubMed: 12395564]
- Leahy-Warren P, McCarthy G, Corcoran P. First-time mothers: Social support, maternal parental self-efficacy and postnatal depression. *Journal of Clinical Nursing*. 2012; 21(3–4):388–397. DOI: 10.1111/j.1365-2702.2011.03701.x [PubMed: 21435059]
- Logsdon MC, Birkimer JC, Usui WM. The link of social support and postpartum depressive symptoms in African American women with low incomes. *MCM: American Journal of Maternal Child Nursing*. 2000; 25:262–266.
- Logsdon MC, Davis D. Social and professional support for pregnant and parenting women. *MCN: The American Journal of Maternal Child Nursing*. 2003; 28:371–376. [PubMed: 14597827]
- Meadows S, Brown J, Elder G. Depressive symptoms, stress and support: Gendered trajectories from adolescence to your adulthood. *Journal of Youth and Adolescence*. 2006; 35:93–103. DOI: 10.1007/s10964-005-9021-6
- Mercer RT. Predictors of maternal role attainment at one year postbirth. *Western Journal of Nursing Research*. 1986; 8:9–32. [PubMed: 3635327]
- McLanahan S, Haskins R, Paxson C, Sawhill I. The future of children: Fragile Families. 2010; 20(2) Retrieved from http://www.futureofchildren.org/futureofchildren/publications/docs/20_02_FullJournal.pdf.
- McDaniel B, Coyne S, Holmes E. New mothers and media use: Associations between blogging, social networking, and maternal well-being. *Maternal and Child Health Journal*. 2012; 16(7):1509–1517. DOI: 10.1007/s10995-011-0918-2 [PubMed: 22094592]
- Mollborn S. Norms about nonmarital pregnancy and willingness to provide resources to unwed parents. *Journal of Marriage and Family*. 2009; 71(1):122–134. DOI: 10.1111/j.1741-3737.2008.00584x [PubMed: 21691443]
- Montigny F, Lacharite C. Perceived parental efficacy: Concept analysis. *Journal of Advanced Nursing*. 2005; 49(4):387–396. DOI: 10.1111/j.1365-2648.2004.03302.x [PubMed: 15701153]
- Negron R, Martin A, Almog M, Balbierz A, Howell E. Social support during the postpartum period Mothers' view on needs, expectations and mobilization of support. *Maternal and Child Health Journal*. 2013; 17(4):616–623. DOI: 10.1007/s10995-012-1037-4 [PubMed: 22581378]
- Ngai F, Wai-Chi C, Ip W. Predictors and correlates of maternal role competence and satisfaction. *Nursing Research*. 2010; 59(3):185–193. DOI: 10.1097/NNR.0b013e3181dbb9ee [PubMed: 20404775]
- Oberlander SE, Black MM, Starr R. African American adolescent mothers and grandmothers: A multigenerational approach to parenting. *American Journal of Community Psychology*. 2007; 39(1):37–46. DOI: 10.1007/s10464-007-9087-2 [PubMed: 17437188]
- Ohan J, Leung D, Johnston C. The parenting sense of competence scale: Evidence of a stable factor structure and validity. *Canadian Journal of Behavioural Science*. 2000; 32(4):251–261. DOI: 10.1037/h0087122
- Pridham K, Chang A. What being the parent of a baby is like: Revision of an instrument. *Research in Nursing and Health*. 1989; 12:323–329. [PubMed: 2798953]
- Pridham K, Chang A. Mothers perceptions of problem-solving competence for infant care. *Western Journal of Nursing Research*. 1991; 13:164–180. [PubMed: 2048310]

- Pridham K, Chang A, Chiu Y. Mothers' parenting self-appraisals: The contribution of perceived infant temperament. *Research in Nursing and Health*. 1994; 17:381–392. [PubMed: 8090949]
- Revenson T, Majerovitz S. The effects of chronic illness on the spouse: Social resources as stress buffers. *Arthritis Care and Research*. 1991; 4(2):63–72. [PubMed: 11188591]
- Revenson, T., Schiaffino, K. Development of a contextual social support measure for use with arthritis populations. *Proceedings of the Arthritis Health Professionals Association*; 1990.
- Revenson T, Schiaffino K, Majerovitz D, Gibofsky A. Social support as a double edged sword: The relation of positive and problematic support to depression among rheumatoid arthritis patients. *Social Science and Medicine*. 1991; 33(7):807–813. DOI: 10.1016/0277-9536(91)90385-P [PubMed: 1948172]
- Russell D. UCLA loneliness scale (version 3): Reliability, validity and factor structure. *Journal of Personality Assessment*. 1996; 66(1):20–40. DOI: 10.1207/s15327752jpa6601_2 [PubMed: 8576833]
- Salmela-Aro K, Nurmi J, Saisto T, Halmesmaki E. Spousal support for personal goals and relationship satisfaction among women during the transition to parenthood. *International Journal of Behavioral Development*. 2010; 34(3):229–237. DOI: 10.1177/0165025409350956
- Salonen A, Kaunonen M, Astedt-Kurki P, Jarvenpaa A, Isoaho H, Tarkka M. Effectiveness of an internet-based intervention enhancing Finnish parents' parenting satisfaction and parenting self-efficacy during the postpartum period. *Midwifery*. 2011; 27(6):832–841. DOI: 10.1016/j.midw.2010.08.010 [PubMed: 20932612]
- Schrag A, Schmidt-Tiezen A. Social support networks of single young mothers. *Child and Adolescent Social Work Journal*. 2014; 31(4):315–327. DOI: 10.1007/s10560-013-0324-2
- Secco M, Aleah C, Woodgate R, Moffatt M. Perceived and performed infant care competence of younger and older adolescent mothers. *Issues in Comprehensive Pediatric Nursing*. 2002; 25:97–112. DOI: 10.1080/01460860290042521 [PubMed: 12060517]
- Silver EJ, Heneghan AM, Bauman LJ, Stein R. The relationship of depressive symptoms to parenting competence and social support in Inner-City mothers of young children. *Maternal and Child Health Journal*. 2006; 10(1):105–112. [PubMed: 16382333]
- Smith Battle L. Teenage mother's narratives of self: An examination of risking the future. *Advances in Nursing Science*. 1995; 17(4):22–36. [PubMed: 7625779]
- Smith Battle L. The vulnerabilities of teenage mothers: Challenging prevailing assumptions. *Advances in Nursing Science*. 2000; 23(1):29–40. [PubMed: 10970037]
- Steinberg L. We know some things: Parent-adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*. 2001; 11(1):1–19. DOI: 10.1111/1532-7795.00001
- Suplee P, Bloch J, McKeever A, Borucki L, Dawley K, Kaufman M. Focusing on maternal health beyond breastfeeding and depression during the first year postpartum. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 2014; 43(6):782–791. DOI: 10.1111/1552-6909.12513
- Whitson M, Martinez A, Ayala C, Kaufman J. Predictors of parenting and infant outcomes for impoverished adolescent parents. *Journal of Family Social Work*. 2011; 14(4):284–297. DOI: 10.1080/10522158.2011.597173 [PubMed: 25378892]
- Wright K, King S, Rosenberg J. Functions of social support and self verification in association with loneliness, depression, and stress. *Journal of Health Communication*. 2014; 19(1):82–99. DOI: 10.1080/10810730.2013.798385 [PubMed: 24094248]

Table 1

Results of the Outcome Variables Over Time

Outcome Variables	Baseline		3 Weeks		3 Months		6 Months	
	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range
Emotional Support	21.5 (3.6)	11–125	21.9 (3.3)	13–25	21.7 (3.1)	16–25	21.7 (3.4)	15–25
Informational Support	21 (4.1)	12–25	21.5 (3.3)	15–25	21.2 (4.3)	7–25	21.7 (3.6)	15–25
Tangible Support	12.8 (2.5)	7–15	13.2 (2.5)	5–15	12.6 (2.9)	6–15	13.5 (2.1)	7–15
Problematic Support	10.7 (5)	4–20	10.8 (4.3)	4–20	9.3 (5)	4–20	9.5 (5.3)	4–20
Perceived Competence	85.4 (10.9)	53–99	88 (10.2)	64–99	90.6 (7.8)	74–99	90.2 (8.3)	76–99
Parenting Satisfaction	87.7 (8.7)	68–99	89.9 (8.4)	70–99	90.7 (6.9)	75–99	92.2 (6.3)	82–99

Table 2Spearman Rho (ρ) Correlations between Social Support and Perceived Competence over Time

Social Support	Competence 1 Week ρ (p-value)	Competence 6 Weeks ρ (p-value)	Competence 3 Months ρ (p-value)	Competence 6 Months ρ (p-value)
Emotional Support - 1 Week	.457 * (.006)	.505 * (.003)	.600 * (<.001)	.518 * (.002)
Informational Support - 1 Week	.393 * (.019)	.388 * (.028)	.443 * (.013)	.448 * (.010)
Tangible Support - 1 Week	.430 * (.011)	.292 (.111)	.398 * (.029)	.355 * (.050)
Problematic Support - 1 Week	-.188 (.279)	.160 (.380)	.035 (.853)	.027 (.883)
Emotional Support - 6 Weeks		.487 * (.005)	.510 * (.005)	.638 * (<.001)
Informational Support - 6 Weeks	--	.603 * (<.001)	.666 * (<.001)	.651 * (<.001)
Tangible Support - 6 Weeks		.470 * (.007)	.580 * (.001)	.541 * (.002)
Problematic Support - 6 Weeks		-.018 (.920)	-.020 (.919)	-.054 (.776)
Emotional Support - 3 Months			.537 * (.002)	.463 * (.010)
Informational Support - 3 Months	--	--	.442 * (.013)	.442 * (.014)
Tangible Support - 3 Months			.510 * (.004)	.467 * (.011)
Problematic Support - 3 Months			.015 (.934)	-.131 (.490)
Emotional Support - 6 Months				.297 (.105)
Informational Support - 6 Months	--	--	--	.384 * (.033)
Tangible Support - 6 Months				.368 * (.042)
Problematic Support - 6 Months				-.131 (.481)

Note.

*
sig. p values < .05

Table 3Spearman Rho (ρ) Correlations between Social Support and Parenting Satisfaction over Time

Social Support	Satisfaction 1 Week ρ (p-value)	Satisfaction 6 Weeks ρ (p-value)	Satisfaction 3 Months ρ (p-value)	Satisfaction 6 Months ρ (p-value)
Emotional Support - 1 Week	.417* (.013)	.570* (.001)	.531* (.002)	.480* (.005)
Informational Support - 1 Week	.498* (.002)	.379* (.032)	.344 (.054)	.489* (.004)
Tangible Support - 1 Week	.337 (.051)	.376* (.037)	.438* (.014)	.375* (.038)
Problematic Support - 1 Week	.020 (.907)	.017 (.927)	-.071 (.701)	-.098 (.595)
Emotional Support - 6 Weeks		.512* (.003)	.591* (.001)	.589* (.001)
Informational Support - 6 Weeks	--	.645* (<.001)	.639* (<.001)	.689* (<.001)
Tangible Support - 6 Weeks		.542* (.001)	.536* (.002)	.601* (<.001)
Problematic Support - 6 Weeks		.122 (.506)	-.039 (.838)	-.091 (.632)
Emotional Support - 3 Months			.466* (.007)	.307 (.099)
Informational Support - 3 Months	--	--	.346 (.053)	.357 (.052)
Tangible Support - 3 Months			.452* (.011)	.286 (.132)
Problematic Support - 3 Months			-.139 (.449)	-.258 (.169)
Emotional Support - 6 Months				.300 (.101)
Informational Support - 6 Months	--	--	--	.412* (.021)
Tangible Support - 6 Months				.452* (.011)
Problematic Support - 6 Months				-.225 (.223)

Note.

*
sig. p values < .05