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Abstract

This study examines the characteristics, functions and correlates of maternal social support networks among a community sample (N=83) of Mexican American families with toddlers. Incorporating support network members residing within and beyond the same households as mothers and young children is particularly relevant to child development in Mexican American families given cultural norms and common practices endorsing the involvement of multiple family members in childrearing (e.g., Roosa et al., 2002; Sariskian et al., 2007). The present findings suggest that there is considerable variation in the extent to which mothers rely on others for financial, emotional, and parenting support and the links between those forms of support and maternal parenting stress and depressive symptoms. Moreover, these findings suggest that the associations between parenting support, that is support related to child care tasks, is differentially associated to well-being among American and Mexican born mothers.

Extended Family Support Networks of Mexican American Mothers of Toddlers

Approximately 29.2 million Mexican Americans reside in the United States, representing 64% of the Latino/Hispanic population. Moreover, this fast growing population group includes nearly 17% of all American children under age 5 (Pew Hispanic Center, 2009). These demographic trends underscore the need to develop culturally and developmentally appropriate policies and programs to support Mexican American families with young children. However, prior to the development of specific programs and policies, we need basic research to understand the contexts in which young children develop. The family, especially the mother-child relationship, is a key developmental context for young children. Mexican American mothers and children may be embedded in complex social support networks that extend from within the same households to across international borders.

The present study utilizes multiple caregiver and multiple household approaches to describe young children's family contexts. Identifying when and how the involvement of non-maternal adults confers, exacerbates, and attenuates risk is critical to the development of effective family interventions and policies. Developing ecologically valid multidimensional assessment of extended family support networks and examining the implications of those networks for maternal well-being has the potential to highlight processes shaping family functioning because information regarding merely the size of extended family support networks tells us little about specific functions or the quality of support (Antonucci, Akiyama & Lansford, 1998; Harknett & Knab, 2008; Sarkisian et al, 2007). Therefore, the primary goal of the present study is to assess composition, size, and specific functions that characterize extended family support networks of Mexican descent mothers with toddlers. The second goal

of the study is to examine the extent to which those support network characteristics are linked to maternal well-being, as indexed by self-reported parenting stress and depressive symptoms.

Understanding maternal well-being requires accounting for the influence of family relationships as shaped by sociocultural contexts. Ecodevelopmental theoretical perspectives embed individuals within families, which in turn are embedded within specific cultural contexts (e.g., Szapocznik & Kurtines, 1993). This perspective is an extension of ecological systems approaches to understanding human development (e.g., Bronfenbrenner & Morris, 2006) that explicitly considers interactions between characteristics of the individual and the family within culturally shaped milieus. Specifically, family interaction patterns, such as support from extended family members, that stem from sociocultural and contextual patterns shape maternal functioning and children's development. The development of effective policies and interventions to promote positive developmental outcomes for children requires identifying and enhancing culturally-specific family assets (Garcia Coll et al., 2000) across multiple levels of influence. Social support may be just such an adaptive family asset among Mexican American families. Consequently, designing effective programs and policies for Mexican American families, especially those with very young children, requires novel approaches to family structure and support network measurement.

Toddlers and Extended Family Support Networks

Studying family structures that extend beyond households and incorporate multiple non-parental adults is especially important during toddlerhood for several reasons. First, the patterns of family involvement and structure that are established early in a child's life may resonate across development. Second, parents of very young children may be particularly likely

to rely on help from extended family members as they adjust to the demands of parenting a rapidly changing and developing child (e.g., Shaw & Bell, 1993). Third, toddlers are too young to qualify for many preschool programs, thus mothers may rely extensively on family members for childcare and support. This reliance on informal care may be particularly prevalent among Mexican American families, as Latinos in general prefer informal of formal family-based child care over center-based care (e.g., Uttal, 1999). Fourth, these children are the least likely to be serviced and identified by public educational and health agencies. Therefore, families may be the most vulnerable and/or the most likely to receive support from extended family during this developmental period.

Mexican American Support Networks

Extended family support networks are a particularly key target for investigation and possible incorporation into family and parenting interventions for Mexican American families. Extensive involvement of extended family members in raising children reflects cultural preferences and patterns, such as familism, as well as practical needs related to immigration and socioeconomic disadvantage (e.g., Baca Zinn & Pok, 2002; Behnke at al., 2008; Sariskian et al., 2007). Familism (*familismo*) is a multidimensional and complex set of beliefs and behaviors that emphasize the centrality of family ties to an individual's identity and conduct (e.g., Baca Zinn & Pok, 2002; Knight et al., 2009; Lugo Steidel & Contreras, 2003). Research on Latino adults in general consistently suggests widespread reliance on extensive family support networks (e.g., Behnke at al., 2008; Marshall et al., 2001). Mexican American and other Latino parents in particular are likely to report extensive social support from family (Kim & McKenry, 1998; Niska, 1999). Niska's (1999) qualitative interviews with Mexican American parents of

young children, for example, revealed that extended family members were key sources for social support, material help, and information about parenting. The support provided by family members often includes direct care for children. For example, Leyendecker and colleagues (1995) compared Central American Immigrant and European American parents with infants. They reported that the Latino immigrant children spent more time interacting with a broader array of adults and social partners, especially non-parental family members, than the European American infants who spent much of their time in dyadic parent-child interactions. Therefore, studying family processes among families of Mexican descent requires complex models that move beyond mother-father paradigms (Garcia Coll & Magnuson, 2000). At the same time, within Mexican American families, there is likely considerable variation in the nature of extended family support networks and the implications of these networks for maternal well-being.

Mothers' social support networks may be linked to household structures. Forming complex, multifamily or multigenerational households that include reliance on extended family networks for financial and child care support may be an adaptive response for many ethnic minority families given needs stemming from economic hardship (e.g., Barnett, 2008; Kocchar & Cohen, 2012; McLoyd, Aikens & Burton, 2006) and/or immigration, and cultural norms and preferences (e.g., Baca Zinn & Pok, 2002; Behnke at al., 2008). In a rare study to include multiple adult residents other than parents or grandparents in the analytical descriptions of children's households, Mollborn, Fomby & Dennis (2011) reported that residence in vertically (i.e., multigenerational) or laterally (i.e., within generation) extended households was linked to better toddler cognitive development among Latino families. However, the processes by which

those larger households conferred advantages for Latino children were unclear. Perhaps the support provided to mothers by those adult residents contributes indirectly to children's development by bolstering maternal well-being. The present study considers the function of adult residents other than parents in the households of Mexican American mothers and children by relating mothers' reports of residential financial and child care assistance to their own well-being. At the same time, mothers are also likely to draw support from individuals outside the home. Research linking social support to maternal well-being rarely jointly considers the contributions of residential (other than marital) and broader network support to maternal well-being.

Maternal Parenting Stress and Depressive Symptoms

The present study examines the extent to which mothers' reports of specific forms of support are linked to two indicators of maternal well-being, parenting stress and depressive symptoms. Parenting stress refers to parents' perceptions of frustration, inadequacy, irritation and distress in response to the daily demands of caring for their child (Ventura, 1987). During early childhood, this stress stems from the daily tasks of caregiving itself (e.g., feeding, bathing) as well as the emotional aspects inherent to the parent-child relationship (Berry & Jones, 1995). Elevated maternal depressive symptoms and parenting stress both influence the use of negative parenting practices, thus indirectly negatively impact young children. For example, maternal depressive symptoms are consistently linked to less responsive and engaged parenting and more intrusive and harsh parenting (e.g., Goodman & Gottlib, 1999; Riley et al., 2008). Similarly, when parents report experiencing high levels of stress related to the parenting role, they are also likely to engage in fewer positive and greater negative parenting behaviors

(e.g., Chang et al., 2004; Qi & Kaiser, 2003). Therefore, identifying sources of risk and protection for these two aspects of maternal well-being has the potential to inform the development of effective interventions and programs to bolster maternal and child well-being.

The Buffering Role of Social Support

Social support is a complex and multidimensional concept. The transactional nature of social support suggests that characteristics of the stressor, the individual, the environment, and the types of social support available shape the processes through which social support is related to individual well-being (e.g., Antonucci & Jackson, 1990). Although the source of support (e.g., formal versus informal) has been the subject of extensive research, the function of support has received less attention, especially among Latino populations. The development of new family support programs and the identification of eligible families for existing programs require precise, culturally valid and sensitive measures of family risks and strengths. One important step in this direction is the differentiation of types of perceived social support and the implications of these forms of support for the well-being of Mexican American mothers with young children. Social support may take many forms, including emotional and instrumental support. In the present study, we consider mothers' perceptions of the availability of two distinct forms of instrumental support. Mothers report on the financial support received from adult non-paternal household residents. In addition, although not considered a component of traditional conceptualizations of social support, the present study specifically examines maternal perceptions of parenting support that involve engaging in tasks related to child care. Mothers report on the amount of child care help they receive from non-paternal adult household residents. They also report on the amount of assistance they receive

with specific childrearing tasks such as comforting, teaching, and keeping children safe. In addition, the present study taps mothers' perceptions of the availability of emotional support.

Research has consistently demonstrated that perceived availability of social support protects mothers' well-being in the presence of multiple sources of stress. Higher perceived levels of social support are negatively associated with parenting stress (e.g., Berry & Jones, 1995; Cardoso, Padilla & Sampson, 2010; Ceballo & McLoyd, 2002) and depression (e.g., Orthner, Jones-Sanpei & Williamson, 2004). For example, Bost and colleagues (2002) found that among European American parents, greater social support from the prenatal period through 24-months was associated with lower levels of depressive symptoms. Similarly, Ceballo & McLoyd (2002) reported that perceptions of more informal support among African American mothers were linked to lower parenting stress. In fact, family support has been linked to better self-rated mental health among Latino adults (Aranda, Castaneda, Lee & Sobel, 2001; Mulvaney-Day, Alegria & Sribney, 2007; Rodriguez et al., 2007). More specifically, Cardoso, Padilla, & Sampson (2010) reported that social support from people other than spouses or partners predicted lower levels of parenting stress among low-income Mexican American mothers of young children.

Economic disadvantage is positively associated with maternal psychological distress, including parenting stress (e.g., Chang et al., 2004; Qi & Kaiser, 2003) and depressive symptoms (e.g., Conger & Donnellan, 2007). At the same time, social support may be a particularly valuable resource for socioeconomically disadvantaged mothers because they may lack financial resources to purchase support (e.g., child care), and they are exposed to greater levels of stressors stemming from economic disadvantage (Haxton & Harknett, 2009; Hashima &

Amato, 1994). However, risk and protective factors, including the impact of family support, may vary between Mexican immigrant and Mexican American families (e.g., Baca Zinn & Pok, 2002; McNeill et al., 2001). For example, in comparison to native-born women, health outcomes ranging from infant mortality and birthweight to rates of adult mortality and morbidity for Latino, especially Mexican, immigrants are generally better, regardless of socioeconomic disadvantage (e.g., Alegria et al., 2008; Padilla, Hummer & Hamilton, 2008). Moreover, independent of generational status, Mexican American women are likely to report lower levels of depressive symptoms (e.g., Alegria et al 2008) and parenting stress (Cardoso et al., 2010) than women of other ethnicities. Different levels of familial and social support may contribute to these divergent patterns (Guinn, Vincent, & Dugas, 2009; Mulvaney-Day et al., 2007; Rodriguez et al., 2007). Further, financial, emotional and parenting support may be most beneficial for immigrant mothers due to the other stressors they face related to immigration and acculturation and potential barriers to access formal support resources due to language and/or legal eligibility (Yoshikawa, 2011).

The present study

The present study draws data from a community sample of 83 self-identified Mexican and Mexican American mothers with two year-old children. We apply an ecodevelopmental family support model to examine mothers' perceptions regarding residential and non-residential support. This study has three primary goals. The first goal is descriptive in that we investigated who comprises the social support networks of Mexican origin toddlers and their caregivers, where these individuals live, and what kind of support (i.e., parenting, emotional, or financial) these individuals perform. Second, the extent to which variations in mothers'

perceptions of specific forms of support are related to maternal parenting stress and depressive symptoms are modeled. Third, variations in those associations by socioeconomic risk and maternal country of birth are considered. We hypothesized that each form of support would be inversely related to parenting stress and depressive symptoms, such that more perceived support would be linked to lower perceived parenting stress and fewer depressive symptoms. Further, we expected that these associations would be strongest for those mothers experiencing high levels of socioeconomic disadvantage given greater needs and fewer resources to purchase or access formal support and those mothers who were born in Mexico given potential barriers to access support and cultural preferences for support network involvement.

Method

Participants

The present sample includes 83 self-identified Mexican or Mexican American mothers raising typically developing toddlers in a medium sized southwestern city. English and Spanish speakers were eligible, and 53 mothers (64%) chose to be interviewed in English. Approximately 57% of the mothers reported that they were born in Mexico, and all but one of the children was born in the United States. Child age ranged from 20 to 35 months for a mean age of 27.17 months (SD = 3.96). Mothers were on average 30.80 years (SD = 7.31). The sample includes variability in economic disadvantage. Annual household per capita income ranged from $400 to $30,000, with a mean of $6357.73 (SD = 5606.89). At the time of the interview, more than half (56%) of the mothers were not employed outside the home, 27% were working fulltime, and 17% were working part-time or on temporary/contractual jobs. Nearly 72% of the

mothers reported earning at least a high school diploma or equivalent. Approximately 71% of the mothers were married or living with a romantic partner, and on average, mothers had two biological children (*M* = 2.41, *SD* = 1.01).

Procedures

Mothers were recruited primarily through distribution of flyers and brief announcements at multiple community locations, including libraries, child care centers, community centers, WIC offices, and health clinics. Eligibility criteria included self-identification by the mothers as Mexican or Mexican American, a typically developing child, and intentions to stay in the area for the next 12 months. All questionnaires were translated into Mexican Spanish unless a Spanish version previously validated with Mexican Americans was available. The translator has many years of experience translating research documents between English and Spanish in the United States and Mexico. Two native Spanish speakers who are bilingual reviewed the English and Spanish versions and resolved any inconsistencies. Mothers were given the option of responding in Spanish or English. Mothers were compensated for their participation in a 60-90 minute in-person interview that included a questionnaire and a semi-structured audio-taped interview. All interviews were conducted by trained, female interviewers who read the questionnaire to each mother to account for varying levels of literacy. The present analyses consider only data from select measures.

Measures

Demographics. Mothers reported on several mother, child, and family demographic characteristics. The present analyses include mothers' reports of mother and child age, country

of birth, educational attainment, annual household income, and current marital/romantic partner status.

Extended Family Social Support. This study used a novel measure of social support networks, the Social Support for Parents Scales (SSPS; Barnett, 2010). The SSPS includes specific items that reflect social support pertaining to: instrumental tasks (e.g., financial support), emotional support, and parenting tasks. Mothers were asked to list all adults who help them care for the child. They are then asked to choose the two people who provide the most help in raising their children to rate on a 4-point scale ranging from *never* (1) to *all the time* (4) how often those individuals provide specific forms of support. Two subscales, emotional support and parenting support, are used in the present analysis. The *Emotional Support* subscale (α = .72) consists of six items such as "cheer you up when you feel sad" and "listen when you have a problem." The *Parenting Support* subscale (α = .74) consists of nine items, including "teach your child something, "show your child love and affection (e.g., hugs, praises)," and "discipline your child." Responses were averaged across the two individuals (α = .76) so that higher scores reflect higher levels of perceived parenting social support.

Household Residents. Mothers reported on the total number of people currently living in the household, their relationship to the mother and the child, and their approximate ages. They also indicated on a 3-point scale ranging from *no* (1), to *yes, a lot* (3) whether each adult household member a) provided money to help support the household (*Residential Financial Support*), and b) helped take care of the child (*Residential Child Care Support*).

Socioeconomic Risk. A cumulative risk index was computed using mother reports on three different indicators: educational attainment, marital/partner status, and age of

parenthood. Mothers reported the highest level of education they had received to date and whether they were married or cohabiting with partners. Maternal age when the target child was born was calculated by subtracting the child's current age from the mother's current age. A cumulative risk index was created. Mothers reporting educational attainment less than high school or equivalent, single/non-cohabiting status, and teenage birth (age 19 or below) received a score of 1; all other responses received a score of 0. The three risk indicators were summed to create an overall index of risk ranging from 0 to 3. The average risk score was .72 (*SD* = .86), indicating that most mothers reported less than one risk factor.

Familism Beliefs. Mothers responded to 14 items comprising three subscales (familism support, familism obligation, and familism referent) of the Mexican American Cultural Values Scale (Knight et al., 2009), which has been validated in Mexican American adults residing in southwestern locations similar to the setting for the present study. Mothers rated their agreement on a 5-point scale ranging from *not at all* (0) to *completely* (5). Sample items included: "Parents should be willing to make great sacrifices to make sure their children have a better life" and "It is important to have close relationships with aunts/uncles, grandparents, and cousins." Items were highly related within (α = .71, .68, .74) and across (r = .68, .66, .67) the three subscales, therefore, the 14 items were averaged (α = .86), with higher scores indicating greater endorsement of familism beliefs.

Parenting Stress. Mothers indicated their level of agreement on a 6-point Likert scale to 18-items (α = .79) composing the Parental Stress Scale (Berry & Jones, 1995). Higher scores indicate higher levels of perceived parenting stress. A sample item includes, "Caring for my

child sometimes takes more time and energy than I have to give." This measure has been validated for use with Mexican origin parents.

Depressive Symptoms. Mothers completed the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). Participants rated how frequently they experienced 20 depressive symptoms during the last week on a 4-point scale ranging from *none of the time* (1) to *most of the time* (4). Items were averaged to create a measure of total depressive symptoms ($\alpha = .84$), with higher scores reflecting more depressive symptoms.

Planned Analysis Strategy

In order to meet the descriptive goals of the study, means, frequencies, one-way ANOVAs, and bi-variate correlations among measures of support and maternal and family characteristics were calculated. Next, in order to test hypotheses regarding associations between characteristics of support networks and maternal well-being, and possible moderation of these associations by socioeconomic risk and maternal nativity, a series of hierarchical regression analyses was computed. Specifically, two sets of identical models were computed. The dependent variable for one model was parenting stress, and the dependent variable for the other model was depressive symptoms. First, the main effects of maternal nativity and socioeconomic risk on each outcome were assessed. Second, residential financial and child care support variables were added to the models. Third, perceived emotional support (ES) and parenting support (PS) were added to the models. Finally, interaction terms were included in the models to test the extent to which socioeconomic risk and maternal nativity serve as moderators in the relation between each of the types of support and maternal self-reported parenting stress and depressive symptoms. Given limited statistical power, we were unable to

compute a single model that included interactions between both of the hypothesized moderators and each of the four types of support. Therefore, as the fourth step in one set of models, we included interactions between socioeconomic risk and the four types of support in the prediction of parenting stress and depressive symptoms. As the fourth step in a different set of models, we tested interactions between maternal nativity and the four types of support in order to predict parenting stress and depressive symptoms.

Results

Given the novelty of this approach to measuring extended family structures, basic descriptive patterns and bivariate correlations among family and maternal characteristics are described (see Table 1). Next, hierarchical ordinary least squares (OLS) regression models, as described above, were computed.

Descriptions of Support Networks

We took two approaches to address the research question regarding who is involved in the lives of mothers and toddlers. Turning first to household residence, perhaps the most traditional measure of extended family presence, mothers reported average household sizes of 4.49 (SD = 1.20), however, there was considerable variability within the sample, as household sizes range from 2 to 8 total people, including 1 to 4 adults. Household members included other biological children (the most common household members), fathers, mothers' romantic partners, grandparents, aunts, cousins, and others. Next to biological fathers, mothers were most likely to indicate that the child's grandparent lived with them, as 18 mothers reported that they lived with at least one grandparent. Mothers' reports on the frequency of financial and childcare help they received from adult residents other than biological fathers indicated

that on average they received close to no financial support (mean = 1.32, SD = .44) and "some" child care support (mean = 2.06, SD = 0.54).

The second approach to understanding extended family involvement included the testing of the novel measure of extended family support (SPSS). First, mothers reported that on average they had almost three (mean =2.69; SD = 1.64) important people in their life, other than the child's father, who helped them raise their children, with reports ranging from 1 to 8 people. Of all of the individuals mothers listed in their support networks, the most common relationships to the mother were mother (29.43%), father (16.90%), sister (15.32%), unrelated adult female (12.42%), and brother (7.01%). From that list of total people in mothers' social support networks, only 12.61% lived with the mothers, 30.82% lived in or near the same city, and 20.56% lived outside the United States. Nearly 80% of the mothers reported that their own mothers were among the two people upon whom they depend most to help them care for their children. The next most frequent nomination was biological fathers, as 42% of mothers listed their own fathers. Approximately 31% of mothers reported that 1 of the 2 people who are most central to helping them raise their children lives with them, while nearly as many (30%) mothers reported that at least one of those top two support figures lived outside of the United States. Although it is important to keep in mind that spouses were excluded for this report, these findings highlight the utility of extending measurement of young children's family structures across households, and in some cases across national borders.

Correlational Analyses

As shown in Table 1, the extent to which patterns of extended family involvement may vary according to family and mother characteristics was examined by calculating bivariate

correlations. First, we examined associations among the various measures of extended family support. Looking first at household-based support networks, when mothers reported higher levels of financial help, they also reported higher levels of child care help from adult residents other than biological fathers. Similarly, mothers' reports of network-based parenting and emotional support were modestly positively correlated. However, there was no evidence of statistically significant bivariate correlations between the two forms of household-based support and the two forms of broader network-based support. Interestingly, the total number of support network members was unrelated to the other measures of social support and to the indices of maternal well-being. Therefore, this variable was not included in the regression models described below.

Turning next to links between sociocultural characteristics and family social support networks, mothers who reported stronger familism beliefs also reported receiving greater emotional support. Mothers with lower socioeconomic risk reported higher levels of emotional support, residential financial support, and residential childcare support. Finally, the associations between social support and the two focal maternal risk factors provide limited evidence for bivariate associations, as only higher levels of perceived emotional support were linked to lower levels of parenting stress and depressive symptoms.

The next step to describe how mothers' social support varies by maternal characteristics was to conduct a series of one-way ANOVA analyses. Specifically, we examined the extent to which residential financial help, residential child care, emotional support, parenting support and parenting stress and depressive symptoms varied by nativity (born in the United States or in Mexico), and language of interview (Spanish or English). Results reveal an inconsistent

pattern, as mothers who were interviewed in Spanish reported higher average residential child care help and levels of social emotional support. On the other hand, foreign born mothers on average reported more financial help from adult residents, greater emotional support, and fewer depressive symptoms.

Hierarchical Multiple Regression Models Predicting Parenting Stress

Next, hierarchical multiple regression equations were computed first to evaluate the hypotheses regarding main effects of residential financial support, residential child care support, and network-based emotional and parenting support on parenting stress, and then to evaluate the hypothesized moderating roles of maternal socioeconomic risk and nativity in these associations. As shown in Table 2, including maternal nativity and socioeconomic risk in the first step of the model and residential financial and child care support in the second step of the model failed to account for a statistically significant amount of observed variance in parenting stress. Emotional support and parenting support were added in the next step, resulting in a statistically significant increase in the amount of parenting stress explained. Emotional support was negatively associated with parenting stress such that mothers reporting more emotional support perceived less parenting stress. Next, the addition of the interaction terms representing the products of the standardized values of each of the four forms of support and socioeconomic risk failed to explain additional variance in parenting stress, or to reveal new statistically significant predictors. Emotional support continued to be linked to parenting stress. Finally, in Model 5, those four interaction terms were replaced with variables representing the interactions between maternal nativity and the four types of support. The addition of this block of variables resulted in a statistically significant increase in the portion of

variance in parenting stress explained. Further, in addition to the continuing negative association between emotional support and parenting stress, a statistically significant interaction between parenting support and maternal nativity emerged. The nature of the interaction was evaluated by plotting the simple slopes of the lines defining the relationship between parenting support for U.S. born and Mexican born mothers (Preacher & Hayes, 2004). As depicted in Figure 1, for U.S. born mothers only, higher levels of parenting support were associated with higher levels of depressive symptoms (b = .23, $p < .05$). There was no association between parenting support and parenting stress for Mexican born mothers.

Hierarchical Multiple Regression Models Predicting Depressive Symptoms

Table 3 presents the results of the hierarchical regression models computed to predict self-reported depressive symptoms. Model 1, which consisted of socioeconomic risk and maternal nativity as independent variables, failed to account for a significant portion of the observed variance in depressive symptoms. However, the addition of residential financial and child care support in Model 2 explained a statistically significant portion of the variance in depressive symptoms. Mothers' reports of financial support from residential adults other than fathers were inversely related to depressive symptoms. Next, the addition of network-based emotional and parenting support explained additional observed variance in depression. In addition to the negative association between residential financial support and depressive symptoms, emotional support was also inversely associated with depressive symptoms such that mothers reporting more residential financial support also reported fewer depressive symptoms. Model 4, which included the interactions between socioeconomic risk and the four forms of support, resulted in a statistically significant increase in the amount of variance

explained. Residential financial support was no longer associated with depressive symptoms. However, a statistically significant interaction between emotional support and socioeconomic risk emerged. The nature of the interaction was evaluated by plotting the simple slopes of the lines defining the relationship between emotional support and depressive symptoms at +1 SD, mean, and -1 SD values of socioeconomic risk. As shown in Figure 2, when mothers' socioeconomic risk scores were mean (b = -2.85, $p < .05$) or higher (b = -4.98, $p < .01$), then higher levels of emotional support were associated with fewer depressive symptoms.

Finally, the interactions with socioeconomic risk were replaced with interaction terms representing the associations between maternal nativity and the four forms of social support, once again resulting in a statistically significant increase in explained variance. The interaction between parenting support and maternal nativity emerged as a statistically significant predictor of depressive symptoms. The interaction was probed by following similar procedures to those outlined above for the parenting stress models. As shown in Figure 3, for U.S. born mothers, there was a positive association between parenting support and depressive symptoms (b = .29, $p < .05$). However, for Mexican born mothers, there was a negative association (b = -.21, $p < .05$), such that mothers reporting greater perceived parenting support also reported lower levels of depressive symptoms.

Discussion

This study examined the characteristics of maternal social support networks, including the composition, structure, and functions (financial, emotional, and parent support) among a community sample of Mexican descent mothers with toddlers. The findings underscore the potential value of implementing multidimensional assessments of social support, especially

indicators of parenting support, to measure the diverse social support networks of mothers of young Mexican American children that often extend across households, and in some cases, across national borders. Moreover, mothers' perceptions of emotional support and parenting support are differentially linked to parenting stress and depressive symptoms depending on socioeconomic risk and maternal nativity.

Characteristics of Support Networks

Although there was considerable variability in the composition and quality of perceived support, consistent with previous research on Mexican American families, mothers very frequently listed family members, especially grandparents, as key providers of social support, regardless of whether they lived in the same house or country. In fact, one striking finding is that nearly 30% of the individuals mothers listed as key sources of support lived in Mexico. The implications of relying on support from people living in a different country is worthy of further investigation. Although someone living at a distance could provide emotional support via the phone or other modes of communication, living at a distance presents challenges to engaging in regular parenting support, including tasks that involve direct care for the child. Further, the truly multidimensional and complex nature of support networks was illustrated by the lack of statistically significant correlations between household based social support (i.e., residential financial and child care support) and broader network-based emotional and parenting support. In addition, mothers' reports of the number of people in their support networks was unrelated to any of the other variables of interest, providing further support that the quality, and in this case the specific function, of social support is more closely related to maternal functioning than the quantity of available support (Antonucci et al., 1998).

Associations between Social Support and Maternal Well-Being

Mixed evidence emerged regarding the direct links between the four forms of social support and the two indices of maternal well-being. First, in line with previous findings (e.g., Cardoso et al., 2010), higher levels of perceived emotional support were consistently linked to lower levels of parenting stress. Second, when mothers reported more financial support from adult household residents, they also reported fewer depressive symptoms, although this association did not continue to be statistically significant in the more complex models that involved interactions between maternal characteristics and the four forms of support.

Mixed support was found for the hypothesis predicting that social support would be particularly beneficial in terms of parenting stress and depressive symptoms for mothers experiencing high levels of socioeconomic risk. Specifically, socioeconomic risks moderated the association between emotional support and depressive symptoms such that emotional support was only linked to lower levels of depressive symptoms among those mothers experiencing mean or higher socioeconomic risk. Moreover, the pattern of correlations indicated that mothers reporting greater socioeconomic risk also reported higher levels of residential financial and child care support and emotional support, thus highlighting the relevance of informal support networks for economically disadvantaged families.

Variations in Links between Parenting Support and Well-Being by Maternal Nativity

Findings from the present study reveal patterns regarding the potential for differences in immigration history to shape the form, function, and implications of maternal extended family support networks. Consistent with existing research, U.S. and Mexican born mothers may experience different risk and protective factors. Even more intriguing, the same factor

(i.e., parenting support) may carry different implications for immigrant and native born mothers. Specifically, as predicted, parenting support was inversely related to depressive symptoms for Mexican born mothers. However, the unexpected differences in the patterns of results for mothers who were born in the U.S. call attention to the need for closer examination of the role of cultural processes in shaping maternal well-being.

Prior to interpreting the meaning of the results linking parenting support to depressive symptoms and well-being, it is important to acknowledge that the cross-sectional nature of the data may in part account for the direction of results, at least among the U.S. born mothers. If beliefs endorsing family involvement in raising children are less prevalent among the U.S. born mothers in comparison to the Mexican born mothers, then perhaps greater parenting support is a result of specific needs displayed by mothers and/or children. For example, mothers who are struggling with depressive symptoms and/or feel high levels of parenting stress may solicit help from network members with raising their children, or these support figures may step in to help because they perceive that the mother is struggling. In other words, among the American born mothers, high levels of parenting support may be indicative of crisis management or maternal dysfunction, whereas among the Mexican born sample, parenting support may be expected under normative conditions, thus is a marker for and/or contributor to maternal well-being.

Alternatively, the results may suggest that there are negative implications of social support, especially support related specifically to parenting, for U.S. born mothers. First, assistance with childrearing tasks may be interpreted as interference or meddling that undermines mothers' sense of autonomy, perhaps especially by mothers who are already

feeling stressed by the parent role or depressed and by those whose primary support figures are their own parents (Antonucci, Akiyama, & Lansford, 1998). This intergenerational conflict may be more acute among non-immigrant mothers if they are first generation American (approximately 60% of the current sample), as mothers and grandparents may have different expectations regarding family involvement in raising children that are influenced by differences in acculturation (e.g., Mulvaney-Day, Alegria, & Sribney, 2007). In fact, ecodevelopmental models suggest that intergenerational conflict connected to differing generational and acculturation statuses poses a significant risk for the quality of parent-child relationships and child health and well-being among children and adolescents (Szapocznik & Kurtines, 1993). Limited work has explored these associations among adult children and parents. Second, more generally, one potential cost of participation in tight social support networks is the expectation of reciprocity such that those mothers who are receiving the most support, especially in the time intensive tasks related to parenting, may also feel pressure to provide high levels of support to family members. This pressure may be perceived more by non-immigrant or more acculturated mothers because they may resent or feel particularly burdened by this interdependence, whereas immigrant mothers may both expect and be more accepting of interdependent networks.

Intergenerational Characteristics of Support Networks

Taken together, the findings indicate that parenting support, a very specific form of social support that is often overlooked in standard approaches to the measurement of social support, is related to maternal well-being, although these associations vary by maternal nativity. Parenting support may be particularly relevant to Mexican American families with

young children given reliance on informal sources of child care. For example, in the present sample 70% of mothers reported that someone cares for their toddler on a regular basis, but only 7% of that 70% report regular formal care by nonrelatives.

Intergenerational Approaches to Mexican American Social Support Networks

The present findings also highlight the value of adopting an intergenerational approach to studying Mexican American families due to consistent maternal reports of grandparent involvement, as reflected by the frequent nomination of maternal grandmothers and grandfathers as focal support network members. Grandparents are generally overlooked in research and programs considering parenting and child development (e.g., Barnett et al., 2010), and their omission may be particularly significant among Mexican American families. Although mothers may identify their own parents as being highly involved in helping them raise their children, much of this support may in fact be at a distance if their parents do not live in the United States. This pattern highlights a critical area for future investigation in order to understand the implications for maternal and child well-being when mothers rely on cross-border social support networks.

Strengths and Limitations

This study has several strengths, including an ethnically homogeneous (i.e., Mexican descent) Latino sample that includes considerable diversity in language use, education, income, and family composition. In addition, the study includes measurement of multiple dimensions of extended family social support networks that account for specific functions and sources of support. However, the study is not without limitations. First, the generalizability of the findings is limited. The data were collected from a community sample in a metropolitan area within two

hours of the Mexican border. Second, emerging research (e.g., Yoshikawa, 2010) highlights the need to consider parental legal immigration status (i.e., documented versus undocumented) in order to identify particular family risks. However, we were unable to ask mothers about legal immigration status, and we suspect that those families with undocumented parents or other household members may have been the least likely to agree to participate in the research study for fear of legal repercussions. Second, the present study considers only mother reports. Considering the perspective of other family members, including fathers in this largely partnered/married sample, and others involved in extended family structures and households is vital for understanding family functioning. Third, the present report focuses on links between social support and maternal well-being, but the extent to which variations in support are directly and indirectly (via maternal functioning) linked to child development is an important area to explore in future research. Finally, the present report considers nativity as a very crude proxy for acculturation and the Mexican immigrant experience. However, acculturation is truly a process rather than a static characteristic (e.g., Schwartz, Unger, Zamboanga, & Szapocznik, 2010), thus future work will need to take a more holistic and multidimensional approach to understanding the ways in which variations in acculturation may be linked to maternal support network characteristics and maternal well-being.

Conclusion

This project begins to address important gaps in knowledge regarding the presence and function of multiple sources and forms of support in the lives of Mexican descent mothers of young children. This initial report underscores the need for more complex future research that directly incorporates fathers and other non-maternal caregivers, includes observations of family

interaction patterns, and explores the implications of variations in social support for the well-being of all family members. Ultimately, this line of work aims to promote positive family functioning and early childhood development among the fastest growing ethnic group in the United States.

References

Alegria, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., & Meng, X.-L. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *American Journal of Psychiatry, 165,* 359–369. doi:10.1176/appi.ajp.2007.07040704

Antonucci, T. C., Akiyama, H., & Lansford, J. E. (1998). Negative Effects of Close Social Relations. *Family Relations*, *47*, 379-384.

Antonucci, T. C., & Jackson, J. S. (1990). The role of reciprocity in social support. In I. G. Sarason, B. R. Sarason, & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 111– 128). New York: Wiley.

Aranda, M. P., Castaneda, I., Lee, P., & Sobel, E. (2001). Stress, social support, and coping as predictors of depressive symptoms: Gender differences among Mexican Americans. *Social Work Research, 25*, 37-48.

Baca Zinn, M. & Pok, A.Y.H. (2002). Tradition and transition in Mexican-origin families. In R. L. Taylor (Ed). *Minority Families in the United States*, (3rd Ed, pp. 79 – 100). Uppersaddle River, NJ: Prentice Hall.

Barnett, M. A. (2008). Economic disadvantage in complex family systems: Expansion of family stress models. *Clinical Child and Family Psychology Review, 11*, 145-161.

Barnett, M.A. (2010). *The Social Support for Parents Scales.* Unpublished manuscript. University of Arizona.

Barnett, M. A., Scaramella, L. V., Neppl, T. K., Ontai, L. & Conger, R. D. (2010). Grandmother involvement as a protective factor for early childhood social adjustment. *Journal of Family Psychology, 24,* 635-645.

Behnke, A. O., MacDermid, S. M., Coltrane, S. L., Parke, R. D., Duffy, S., & Widaman, K. F. (2008). Family cohesion in the lives of Mexican American and European American Parents. *Journal of Marriage and Family, 70*, 1045-1059.

Berry, J. & Jones W. (1995). Parental Stress Scale: Initial Psychometric Evidence. *Journal of Social and Personal Relationships*, 12, 463-472.

Bost, K. K., Cox, M. J., Burchinal, M. & Payne, C. (2002). Structural and supportive changes in couples' family and friendship networks across the transition to parenthood. *Journal of Marriage and the Family*, 64, 517-31.

Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Ed.) *Handbook of Child Development: Vol. 1. Theoretical models of human development* (6th ed., pp. 793 – 828). Hoboken, NJ: Wiley.

Cardoso, J. B., Padilla, Y., & Sampson, M. (2010). Racial and ethnic variation in the predictors of maternal parenting stress. *Journal of Social Service Research*, 36, 429-444.

Ceballo, R. & McLoyd, V. C. (2002), Social support and parenting in poor, dangerous neighborhoods. *Child Development*, *73,* 1310–1321.

Chang, Y., Fine, M. A., Ispa, J., Thornburg, K. R., Sharp, E., & Wolfenstein, M. (2004). Understanding parenting stress among young, low-income, African-American, first-time mothers. *Early Education and Development*, *15,* 265–282.

Conger, R. D. & Donnellan, B. M. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58, 175-–199.

Garcia Coll, C., Akerman, A., & Cicchetti, D. (2000). Cultural influences on developmental

processes and outcomes: Implications for the study of development and psychopathology. *Development and Psychopathology, 12,* 333–356.

Goodman, S. H., & Gottlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. *Psychological Review*, *106*(3), 458–490.

Guinn, B., Vincent, V., & Dugas, D. (2009). Stress resilience among border Mexican American women. *Hispanic Journal of Behavioral Sciences, 31*, 228–243. doi: 10.1177/0739986309332003

Harknett, K. & Knab, J. (2007). More kin and less support: Multipartnered fertility and perceived support among mothers. *Journal of Marriage and Family, 69*, 237-253.

Hashima, P. Y. & Amato, P. R. (1994). Poverty, social support and parental behavior. *Child Development*, *65*, 394-403.

Haxton, C. L. & Harknett, K. (2009). Racial and gender differences in kin support: A mixed-methods study of African American and Hispanic couples. *Journal of Family Issues*, *30*(8), 1019-1040.

Kim, H. K. & McKenry, P. C. (1998). Social Networks and Support: A Comparison of African Americans, Asian Americans, Caucasians, and Hispanics, *Journal of Comparative Family Studies*, 29, 313-34.

Knight, G. P., Gonzales, N. A., Saenz, D. S., Bonds, D. D., German, M., Deardorff, J., Roosa, M. W., & Updegraff, K. A. (2009). The Mexican American cultural values scale for adolescents and adults. *Journal of Early Adolescence,*

Kochhar, R. & Cohen, D. (2011). *Fighting Poverty in a Tough Economy, Americans Move in with Their Relatives*. Pew Research Center. Retrieved on February 21, 2012 from http://www.pewsocialtrends.org/files/2011/10/Multigenerational-Households-Final1.pdf

Leyendecker, B., Lamb, M., Schölmerich, A., & Fracasso, M. (1995). The social worlds of 8 and 12-month-old infants: Early experiences in two subcultural contexts. *Social Development*, 4, 194-208.

Lugo Steidel, A. G. & Contreras, J. M. (2003). A New familism scale for use with Latino populations. *Hispanic Journal of Behavioral Sciences,* 25, 312-330.

Marshall, N. L., Noonan, A. E., McCartney, K., Marx, F., & Keefe, N. (2001). It takes an urban village: Parenting networks of urban families. *Journal of Family Issues, 22,* 163-182.

McLoyd, V. C., Aikens, N. L. & Burton, L. M. (2006). Child poverty, policy and practice. In *Handbook of Child Psychology.* In W. Damon, R. M. Lerner, K. A. Renninger, & I. E. Sigel (Eds.). *Handbook of Child Psychology: Vol 4 Child psychology in practice* (6th ed, pp. 700-775). New York: Wiley.

McLoyd, V. C., Cauce, A. M., Takeuchi, D. & Wilson, L. (2000). Marital processes and parental socialization in families of color: A decade review of research. *Journal of* Marriage and the Family, 62, 1070-1093.

McNeill, B. W., Prieto, L. R., Niemann, Y. F., Pizarro, M., Vera, E. M., & Gómez, S. P. (2001). Current Directions in Chicana/o Psychology. *The Counseling Psychologist,* 29, 5-17.

Mollborn, S., Fomby, P., & Dennis, J. A. (2011). Who matters for children's early development?

Race/ethnicity and extended household structures in the United States. *Child Indicators Research, 4*, 389-411.

Mulvaney-Day, N. E., Alegr´ıa, M., & Sribney, W. (2007). Social cohesion, social support, and health among Latinos in the United States. *Social Science & Medicine, 64*, 477–495. doi:10.1016/j.socscimed.2006.08.030

Niska, K. J. (1999). Mexican American Family Processes: Nurturing, Support, and Socialization, *Nursing Science Quarterly, 12,* 138-142.

Orthner, D. K., Jones-Sanpei, H., & Williamson, S. (2004). The resilience and strengths of low-income families. *Family Relations*, 53, 159-167.

Padilla, Y. C., Hamilton, E. R., & Hummer, R. A. (2009). Beyond the epidemiological paradox: The health of Mexican-American children at age five. *Social Science Quarterly, 90*(5), 1072-1088.

Pew Hispanic Center (2009). Fact sheet: Hispanics of Mexican origin in the United States, 2007. Retrieved February 15, 2010 from http://pewhispanic.org/files/factsheets/49.pdf

Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers*, *36*, 717-731.

Qi, C. & Kaiser, A. (2003). Behavior problems of preschool children from low-income families: Review of the literature. *Topics in Early Childhood Special Education, 23,* 188-216.

Radloff, L. S. (1977) The CES-D: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1,* 385-401.

Riley, A. W., Valdez, S. B., Mills, C., Beardslee, W., Sandler, I. & Rawal, P. (2008). Development

of a family-based program to reduce risk and promote resilience among families affected by maternal depression: Theoretical basis and program description. *Clinical Child and Family Psychology Review, 11*, 12-29.

Rodriguez, N., Mira, C. B., Paez, N. D., & Myers, H. F. (2007). Exploring the complexities of familism and acculturation: Central constructs for people of Mexican origin. *American Journal of Community Psychology*, *39*, 61–77. DOI 10.1007/s10464-007-9090-7

Roosa, M. W., Morgan-Lopez, A. A., Cree, W. K., & Specter, M. M. (2002). Ethnic culture, poverty, and context: Sources of influence on Latino families and children. In J. M. Contreras, K. A. Kerns, and A. M. Neal-Barnett (Eds.). *Latino Children and Families in the United States* (pp. 28-44). Westport, CT: Praeger.

Sarkisian, N., Gerena, M., & Gerstel, N. (2006). Extended Family Ties Among Mexicans, Puerto Ricans, and Whites: Superintegration or Disintegration? *Family Relations, 55,* 331-344.

Shaw, D. S., & Bell, R. Q. (1993). Developmental theories of parental contributors to antisocial behavior. *Journal of Abnormal Child Psychology, 21*, 493-518.

Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65,* 237–251. doi:10.1037/a0019330

Szapocznik, J. & Kurtines, W. M. (1993). Family psychology and cultural diversity. *American Psychologist,* 48, 400-407.

Ventura, J. (1987). The stresses of parenthood reexamined. *Family Relations, 36,* 26-29.

Yoshikawa, H. (2011). Immigrants Raising Citizens. New York: Russel Sage.

Table 1. Bivariate Correlations and Descriptives of Select Variables (N = 83).

	1	2	3	4	5	6	7	8	9
1. Parenting Stress	__								
2. Depressive Symptoms	.45***	__							
3. Familism Beliefs	-.08	.03	__						
4 Support Network Size	.07	.04	-.04	__					
5. Socioeconomic Risk	-.06	-.14	.05	-.16	__				
6. Residential Financial Help	.02	-.07	-.07	.05	.47***	__			
7. Residential Child Care Help	.04	.04	.04	.02	.39**	.54***	__		
8. Emotional Support	-.25*	-.37**	.41**	-.04	.24*	.09	-.13	__	
9. Parenting Support	-.01	-.11	.14	.05	.06	.08	.09	.44***	__
Mean	1.14	10.72	2.91	2.59	0.71	1.32	2.06	3.29	3.30
SD	0.45	7.89	0.57	1.64	0.86	0.43	0.54	0.47	0.46

Note: * $p < .05$; ** $p < .01$, *** $p < .001$.

Table 2. Hierarchical Regression Analyses Predicting Parenting Stress.

	Model 1			*Model 2*			*Model 3*			*Model 4*			*Model 5*		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Socioeconomic Risk	-.03	.06	-.06	-.03	.06	-.06	-.02	.06	-.04	-.05	.25	-.09	-.03	.06	-.05
Maternal Nativity	.00	.11	.01	.00	.11	.01	.11	.11	.13	.10	.11	.11	-.02	.43	-.02
Resident Financial Support (RFS)				-.05	.12	-.06	-.04	.11	-.04	-.04	.15	-.05	.00	.15	.00
Resident Child Care (RCC)				-.04	.17	-.05	-.08	.11	-.10	-.09	.15	-.11	-.12	.17	-.15
Emotional Support (ES)							-.22	.06	-.49*	-.28	.07	-.49**	-.31	.10	-.38**
Parenting Support (PS)							.09	.05	.20	.10	.07	.24	.23	.09	.31*
RFS X Socio Risk										.01	.15	.05	—	—	—
RCC X Socio Risk										-.01	.14	-.00	—	—	—
ES X Socio Risk										.12	.08	.23	—	—	—
PS X Socio Risk										-.04	.07	-.10	—	—	—
RFS X Nativity										—	—	—	.03	.22	.06
RCC X Nativity										—	—	—	.05	.22	.12
ES X Nativity										—	—	—	.11	.12	.18
PS X Nativity										—	—	—	-.24	.12	-.41*
Adjusted R^2	.00			.01			.12			.10			.22		
F for change in R^2	.14			.33			7.31**			1.16*			3.2*		

Table 3. Hierarchical Regression Analyses Predicting Depressive Symptoms.

	Model 1			*Model 2*			*Model 3*			*Model 4*			*Model 5*		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Socioeconomic Risk	1.29	1.09	.15	1.16	1.05	.13	1.42	.97	.16	7.45	4.03	.84	1.31	.937	.15
Maternal Nativity	-2.10	1.96	-.13	-2.17	1.88	-.14	-.51	1.78	-.03	-.19	1.75	-.01	-1.12	6.81	-.11
Resident Financial Support (RFS)				-4.39	1.95	-.31*	-4.24	1.79	-.30*	-2.53	2.41	-.18	-3.33	2.46	-.23
Resident Child Care (RCC)				-.51	1.95	-.04	-.95	1.80	-.07	-.446	2.39	-.03	-3.47	2.68	-.24
Emotional Support (ES)							-3.37	.96	-.42**	-4.61	1.10	.58**	-4.40	1.58	-.54**
Parenting Support (PS)							.16	.90	.02	-.761	1.13	-.10	2.94	1.43	.38*
RFS X Socio Risk										-1.90	2.41	-.03	__	__	__
RCC X Socio Risk										-1.22	2.26	-.15	__	__	__
ES X Socio Risk										2.48	1.29	.26*	__	__	__
PS X Socio Risk										.99	1.14	.14	__	__	__
RFS X Nativity										__	__	__	.54	3.53	.07
RCC X Nativity										__	__	__	4.74	3.56	.08
PS X Nativity										__	__	__	-4.99	1.83	-.49**
ES X Nativity										__	__	__	.84	1.97	.08
Adjusted R^2		.02			.10			.25			.29			.32	
F for change in R^2		1.67			4.00*			7.17**			3.98*			4.20*	

Figure 1. Emotional Support is Associated with Parenting Stress for U.S. Born Mothers Only.

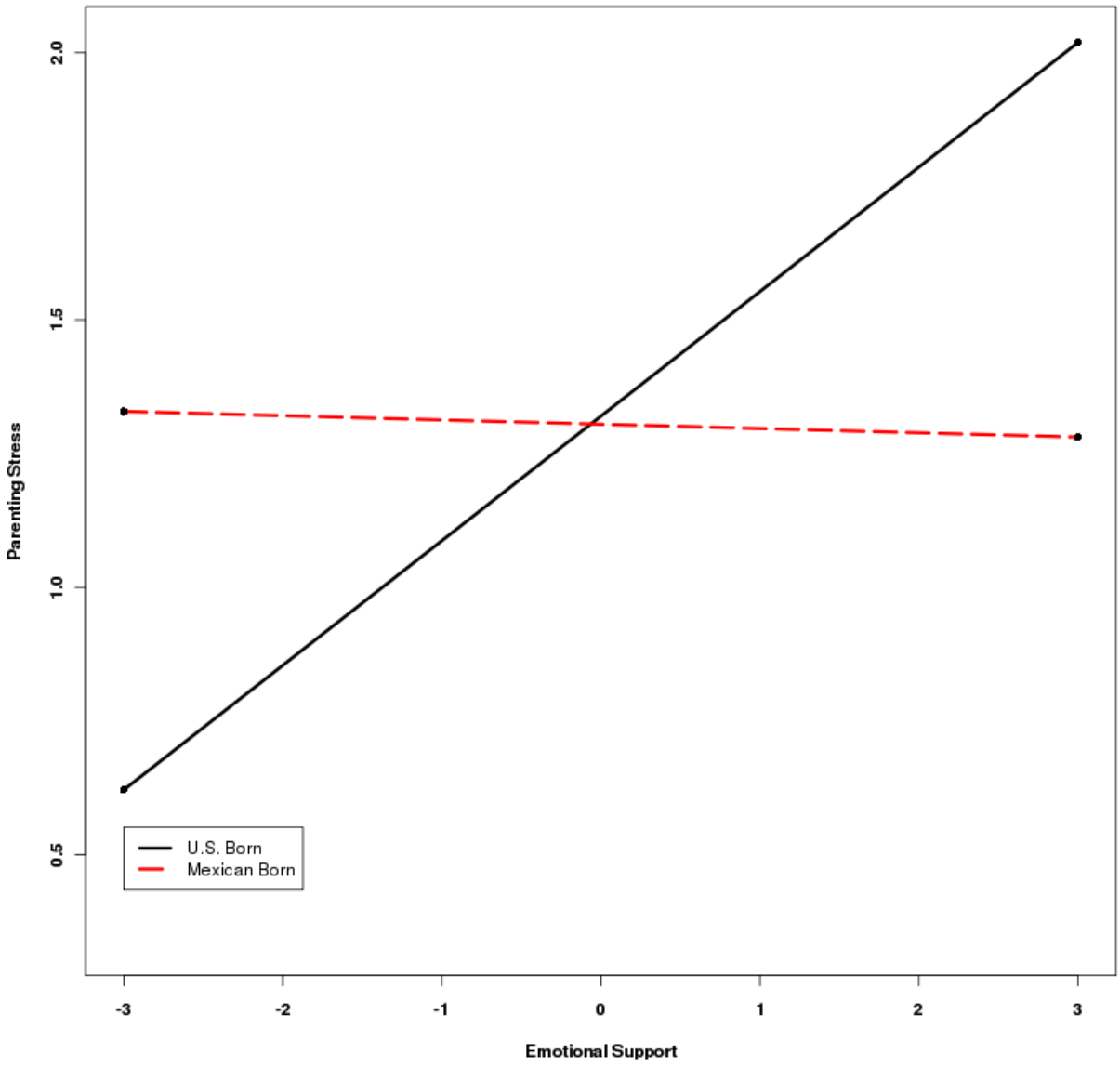

Figure 2. Socioeconomic Risk Moderates the Association between Emotional Support and Depressive Symptoms.

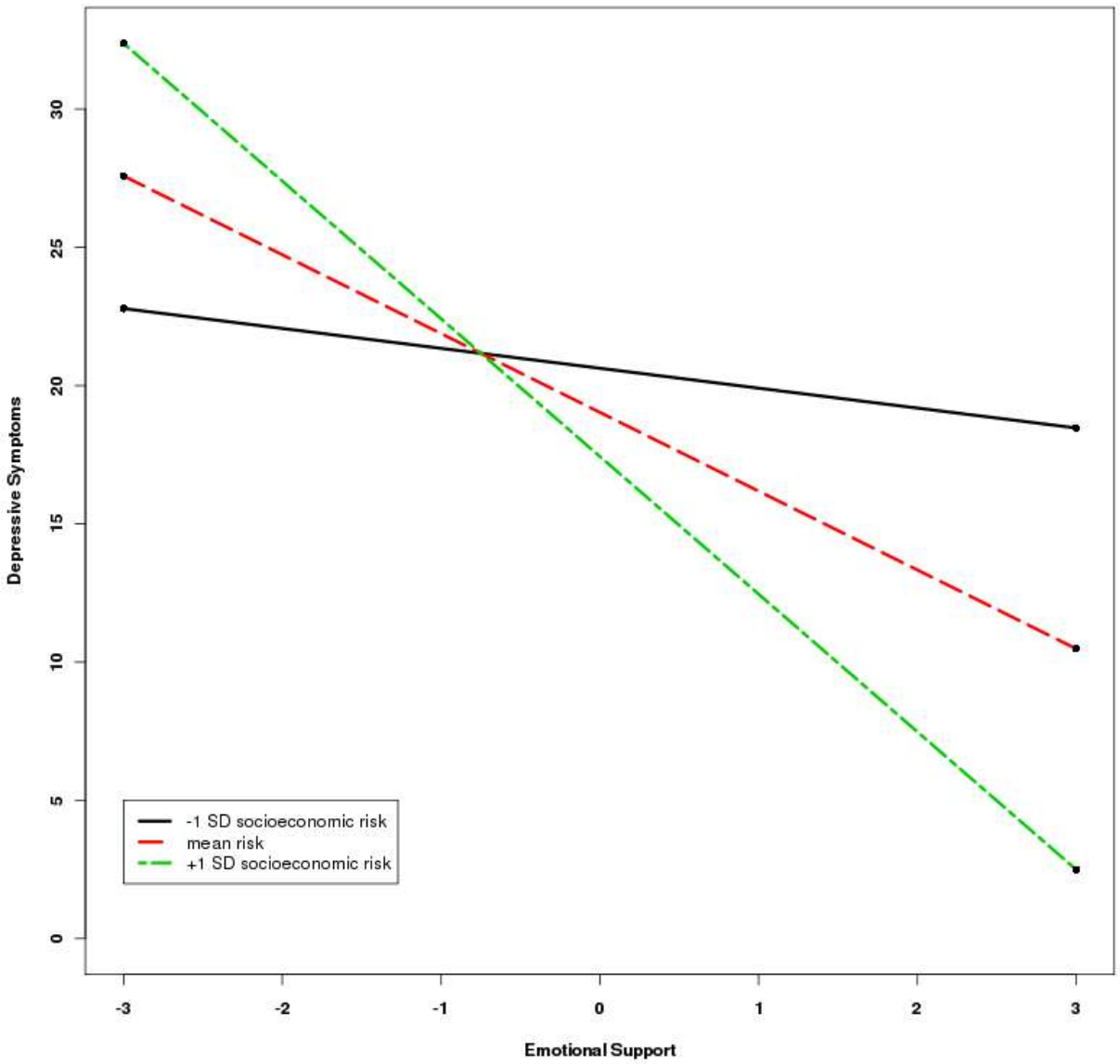

Figure 3. Maternal Nativity Moderates the Association between Parent Support and Depressive Symptoms.