

When Both Parents May Be a Source of Support and Problems: An Analysis of Pregnant and Parenting Female African American Adolescents' Relationships With Their Mothers and Fathers

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The purpose of this study was to determine the relative influence of maternal versus paternal support in the lives of pregnant and parenting African American adolescents who reported either supportive or problematic interactions, or both, with both of their parents. A total of 204 participants were interviewed; 53 indicated that both of their parents were a source of support or problems, or both, and were, therefore, the focus of this study. This subset of adolescents received significantly more support from their mothers than from their fathers while experiencing equal levels of relationship problems with both parents. Moreover, the support of both mothers and fathers was associated with lower levels of depression. Additionally, paternal support and paternal problems interacted in their association with depression, sug-

gesting that, under conditions of high paternal support, the negative effects of paternal problems are attenuated. Finally, although approximately 60% of this subsample of adolescents did not reside with their fathers, this pattern of results held even after taking father's residential status into consideration. Limitations of using this approach to investigate maternal and paternal relationships among pregnant and parenting adolescents are discussed, as well as implications for future research on parental support.

Pregnant and parenting adolescents rely heavily on their social networks for needed support and assistance. Because most pregnant adolescents remain single and continue to live at home after giving birth, their parents are often their most important sources of support (Burton, 1990; Furstenberg, Brooks-Gunn, & Morgan, 1987; Hill, 1990; Lamb, 1988; Wilson, 1986).

The protective influence of parental support on adolescent mothers and their infants has been well established in the literature (Cochran & Brassard, 1979; Garbarino, 1982; Tinsley & Parke, 1984). Several methods exist in the literature for examining maternal and paternal influences in the lives of pregnant and parenting adolescents.

Many studies include overall indices of parental (or even family) support, or combine separate measures of father and mother support into a single parental variable (e.g., Colletta, Hadler, & Gregg, 1981; Cooley & Unger, 1991; Richardson, Barbour, & Bubenzer, 1991; Turner, Grindstaff, & Phillips, 1990; Unger & Wandersman, 1985). These approaches appear to be based on the assumption that, when questioned about their parents or families, adolescents will provide unified assessments, or that when separate support scores are combined they will result in additive, rather than neutralizing, effects. The rationale for these approaches is supported by literature that underscores the interwoven nature of maternal and paternal influences on adolescent outcomes.

Other studies have focused exclusively on the role of maternal support in promoting the adjustment of adolescent mothers and their infants (e.g., Chase-Lansdale, Brooks-Gunn, & Zamsky, 1994; Colletta & Lee, 1983; Crockenberg, 1987; Davis & Rhodes, 1994; Hogan, Hao, & Parish, 1990; Speiker & Bensley, 1994; Stevens, 1984; Werner, 1991). This approach is supported by theories of adolescent development, which have suggested that adolescents' relationships with their mothers are generally closer than their relationships with their fathers (Youniss & Smollar, 1985). High rates of mother-only families among the families of adolescent mothers may also contribute to this focus on the role of maternal support for adolescent mothers, as research suggests that as few as 25% of adolescent mothers live in two-parent households (McLanahan & Booth, 1989; Oyserman, Radin, & Benn, 1993). This tendency to focus solely on the mother seems to be

especially prevalent for African American adolescent mothers (e.g., Chase-Lansdale et al., 1994; Colletta & Lee, 1983; Davis & Rhodes, 1994; Werner, 1991), which may be due to the fact that African American families have the highest rate of mother-only households in the United States.

A major shortcoming of the approaches just described is that they do not afford the opportunity to investigate the relative influences of the relationships that pregnant and parenting adolescents share with both of their parents. Indeed, very few studies have provided separate estimates of maternal and paternal influence, and those that have are primarily concerned with the adjustment of the adolescents' infants (e.g., Oyserman et al., 1993; Parke & Tinsley, 1987). Several studies among nonpregnant and nonparenting adolescent populations, however, have suggested that maternal and paternal influences show distinct relations to indicators of child and adolescent adjustment and should be separately analyzed (Allen, Hauser, Bell, & O'Connor, 1994; Barrera & Garrison-Jones, 1992; Puig-Antich et al., 1985a, 1985b). Further, the exclusive focus on the mother may also reinforce stereotypes regarding the absence of African American men in the lives of their children (McAdoo, 1988; Mirande, 1991). On the contrary, research suggests that a large proportion of African American men value sharing in the childrearing process (e.g., Cazenave, 1983). Additionally, simply because adolescents do not reside with their fathers does not mean that fathers cannot be involved in the lives of their children. Findings from several studies indicate that nonresident African American fathers are identified as important support figures by a large percentage of their children and adolescents (e.g., Salem, Zimmerman, & Notaro, 1996; Slaughter & Dilworth-Anderson, 1988; Wilson, Tolson, Hinton, & Kiernan, 1990).

Clearly, more research is needed that begins to examine the potentially different relationships that pregnant and parenting adolescents may share with both of their parents and the influence of these relationships on the adolescents' functioning. One strategy for investigating these issues may be to identify and examine a subset of pregnant and parenting adolescents who report either supportive or problematic interactions, or both, with both parents. It is acknowledged, however, that such an approach would likely result in a substantial reduction of the sample size, given the large number of pregnant and parenting adolescents who may not indicate that both parents are in their social networks. Despite this likely reduction in sample size, this approach may provide an opportunity to conduct a comparative analysis of the relationships that some pregnant and parenting adolescents share with both of their parents and to explore how these individual relationships may influence the adolescents' psychological well-being. Further, this approach might enable researchers to begin identifying a distinct

subgroup of pregnant and parenting adolescents whose circumstances may have been previously neglected.

Given the existing shortcomings in the literature, the goals of this study were to (a) identify a subsample of pregnant and parenting adolescents who indicated that their parents were a source of support and problems, (b) compare the amount of various types of support and problems that this subsample of adolescents received from their mothers and fathers, and (c) examine the influence of maternal and paternal support and problems on the psychological well-being (i.e., levels of depressive symptomatology) of this subsample of pregnant and parenting African American adolescents. Within this context, we examined possible mediator and moderator effects of parental support on depression. It is possible, for example, that social support from one parent may mediate the effects of support from the other parent. Indeed, several researchers have argued that fathers' familial involvement may be more indirect than direct, with paternal support enhancing the positive influence of maternal support (Slaughter & Dilworth-Anderson, 1988; Wilson, 1989).

METHOD

Participants

A total of 204 pregnant and parenting adolescents were interviewed. Participants were recruited from an alternative school for pregnant students, located in a large midwestern city. An attempt was made to interview every student who was enrolled in the school during the 1992–1993 academic year. Most (94%) of the students who were enrolled in the school agreed to participate in the study. Participants received \$10 for their involvement.

Only 53 (26%) of the adolescents indicated that both of their parents were a source of either support or problems, or both, whereas 122 (60%) nominated their mothers or mother figures (hereafter referred to as mother) only and 5 (2%) nominated their fathers or father figures (hereafter referred to as father) only. The remaining 24 participants did not nominate either parent. The subset of participants ($n = 53$) who nominated both of their parents as sources of either support or problems, or both, were the focus of this study. *T* tests and chi-square analyses comparing the subset of participants who nominated both parents with those excluded from the study revealed no group differences on any of the background or outcome variables including the participants' age, living arrangements, number of children, welfare status, educational attainment, marital status, or level of depression.

Measures

Symptom Checklist-90-R. The 13-item depression subscale of the Symptom Checklist-90-R (SCL-90-R; Derogatis, 1983) was used to measure psychosocial functioning. Participants were asked to rate, on a 5-point scale ranging from 1 (*not at all*) to 5 (*extremely*), the frequency with which they experienced a range of depressive symptoms (Derogatis, 1983). The internal consistency of the subscale in our sample was adequate ($\alpha = .85$).

The Social Support Network Questionnaire. The Social Support Network Questionnaire (SSNQ; Rhodes, Meyers, Davis, & Ebert, 1997) is a modification and extension of the Arizona Social Support Interview Schedule (ASSIS; Barrera, 1981). In particular, the SSNQ is designed to obtain more detailed information about network members, their geographical proximity to the participant, and their frequency of contact. The SSNQ also differs from the ASSIS in its computer-administered format. Finally, the SSNQ contains an expanded assessment of the sources, types, and intensity of negative social interactions.

The SSNQ was used to examine five support functions—emotional support, tangible assistance, cognitive guidance, positive feedback, and social participation. This basic typology corresponds with the ASSIS and many other social support instruments (Cobb, 1976; Hirsch, 1979; Tolsdorf, 1976; Wills, 1985). Participants were asked to nominate individuals from whom each type of support was perceived to be available and was elicited in the past month. Each type of support was measured through a single item. Participants indicated, on a 4-point scale from 0 (*never*) to 3 (*more than once a week*), the amount of each type of support that was elicited in the past month from each individual nominated.

The measure was also used to assess the problematic aspects of the relationships. Specifically, from the list of members who were nominated as providing any of the five types of support, participants were asked how often each provider could be expected to be a source of criticism (e.g., putting them down), intrusiveness (e.g., intruding into their private matters, bossing them around), conflict (e.g., having strong disagreements), and disappointment (e.g., breaking promises, not coming through). The typology was drawn from a conceptual analysis of the literature and essentially corresponds to previously proposed categories of negative social interactions (Rook & Pietromonaco, 1987; Ruehlman & Karoly, 1991). Each type of problem was measured through a single item. Participants indicated, on a 5-point scale from 1 (*never*) to 5 (*always*), the extent to which each person nominated was the source of each of the four types of problems. This study

focused only on those adolescents who indicated that both of their parents were a source of at least one type of support or problem.

Six summary variables were created for this study: (a) maternal support, which reflects the amount of maternal support adolescents reported receiving from their mothers; (b) paternal support, which reflects the amount of paternal support adolescents reported receiving from their fathers; (c) maternal problems, which reflects the adolescents' reports of problematic exchanges with mothers; (d) paternal problems, which reflects the adolescents' reports of problematic exchanges with fathers; (e) parental support, which reflects the amount of support adolescents report receiving from both parents; and (f) parental problems, which reflects the adolescents' reports of problematic exchanges with both parents.

The maternal and paternal support scores were computed by summing over the scores for the five types of support separately for mothers and fathers. Values ranged from 0 to 15 for mothers and fathers. The internal consistencies, as computed by Cronbach's alpha, for the maternal support and paternal support variables were $\alpha = .77$ and $.80$, respectively. The maternal and paternal problem scores were computed by summing over the scores for the four types of problems separately for mothers and fathers. Values ranged from 4 to 20 for mothers and fathers. The internal consistencies for the maternal problems and paternal problems variables were $\alpha = .77$ and $.69$, respectively.

The parental support variable was computed by summing the amount of maternal and paternal support. Values ranged from 0 to 30. The internal consistency for the parental support variable was $\alpha = .75$. The parental problems variable was computed by summing the maternal and paternal problem scores. Values ranged from 8 to 40. The internal consistency for the parental problems variable was $\alpha = .77$.

Background information. A set of fixed-format questions was used to obtain information on participants' age, marital status, number of children, and living arrangements.

Procedures

A female, African American research associate was trained, and pilot interviews were conducted in which the research associate was observed. When the procedure was reliable (as evidenced by consistent timing and when the research associate had no questions about the procedure), the pilot phase was completed. The research associate met with the students and

their parent(s) during an intake interview and explained the procedures of the study. The students and their parent(s) were told that participation was voluntary and that information was confidential. Informed consent of the students and their parents was obtained. The interviews, which were conducted by the trained research associate at the school, lasted approximately 2 hr.¹

RESULTS

Characteristics of the Sample

The background characteristics of the pregnant and parenting groups are presented in Table 1.² Fifty-eight percent of the participants were pregnant with their first child, 2% were pregnant with their second child, and 40% had only one child. All of the pregnant participants intended to carry their pregnancies to term. Participants who were pregnant were more likely to have no children and participants who were not pregnant were more likely to have one child, $\chi^2(2, N = 53) = 49.92, p < .001$. Additionally, participants who were pregnant reported significantly higher levels of depression than parenting participants, $t(51) = -2.08, p < .05$. No other differences were found between the pregnant and parenting participants on any of the background or predictor variables including age, living arrangements, welfare status, educational attainment, or marital status. Both pregnant and parenting adolescents were combined for the remaining analyses.

Differences in Parental Support and Problems

Mean levels of support adolescents received from their mothers and fathers are presented in Figure 1. *T* tests revealed that adolescents derived significantly more emotional support, $t(52) = 6.66, p < .05$, tangible assistance, $t(52) = 4.90, p < .05$, cognitive guidance, $t(52) = 6.38, p < .05$, positive feedback,

¹The results reported here are part of a larger study, involving additional instruments and data collection beyond these initial interviews, including questions regarding use of health care services, employment expectations, educational expectations, and the role of nonparenting adult role models in the adolescents' lives. The measures included in this study were administered during the latter half of the interview. Thus, we cannot rule out the possibility that fatigue may have influenced our results.

²For the sake of consistency, we refer to these two groups of adolescents as pregnant versus parenting throughout the article unless otherwise indicated. We acknowledge, however, that a small minority ($n = 2$) of the adolescents are both pregnant and parenting.

TABLE 1
Subsample Characteristics

Variable	Pregnant ^a	Parenting ^b	Overall ^c	
			No.	%
Age				
13	1	1	2	3.77
14	4	3	7	13.21
15	8	3	11	20.75
16	7	8	15	28.30
17	11	5	16	30.19
18	1	0	1	1.89
19	1	0	1	1.89
Number of children				
0	31	0	31	58.49
1	1	20	21	39.62
2	1	0	1	1.89
Receiving welfare benefits				
Yes	22	12	34	64.15
No	11	8	19	33.85
Maternal figure				
Biological mother	30	19	49	92.45
Stepmother		1	2	3.77
Grandmother	2	0	2	3.77
Paternal figure				
Biological father	26	15	41	77.36
Stepfather	6	5	11	20.75
Godfather	1	0	1	1.89
Living arrangements				
Mother only	14	10	24	45.28
Father only	1	1	2	3.77
Both parents	13	6	19	35.85
Neither parent	5	3	8	15.09

^a*n* = 33. ^b*n* = 20. ^c*n* = 53.

$t(52) = 3.17, p < .05$, and socializing support, $t(52) = 5.46, p < .05$, from their mothers than from their fathers.³ Mean levels of problems experienced with mothers and fathers are presented in Figure 2. Adolescents experienced equal levels of problems with their fathers and their mothers. All significance levels reported for *t* tests utilized Bonferroni adjustments to control for the experimentwise error rate.

³This pattern of findings remained in the subsample of adolescents who were living with both parents (*n* = 19), suggesting that it is not simply a matter of inadequate access to fathers.

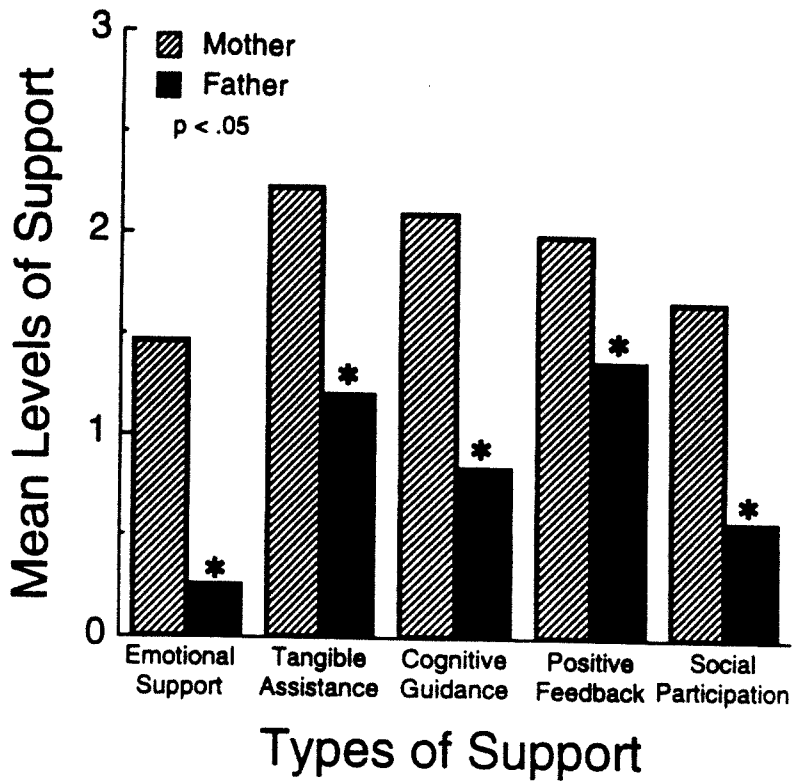


FIGURE 1 Means level of maternal and paternal support.

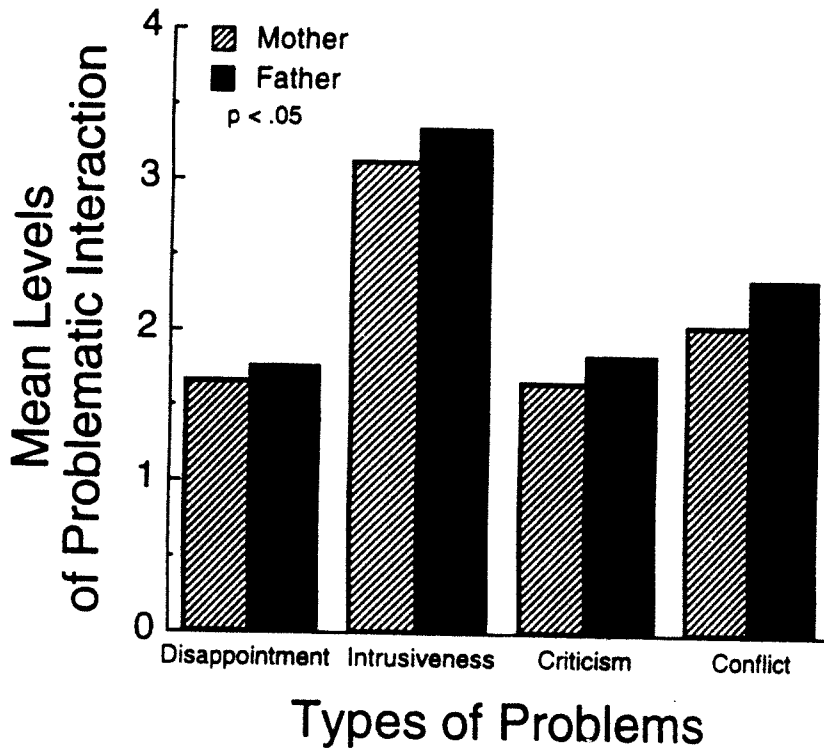


FIGURE 2 Means level of maternal and paternal problems.

Predictors of Depression

Two hierarchical multiple regression analyses were performed to determine the associations among the predictor variables (parental support and problem variables) and the criterion variable (depression). The first regression analysis included the summed parental support and parental problem variables in the analysis. The second regression analysis included the separate maternal and paternal support and problem variables in the analysis. When interaction effects were tested, all variables were centered (i.e., put in mean-deviation form) before computing products to reduce the potential for multicollinearity. Additionally, regression coefficients are reported for the step in which the predictor variables were entered into the model. Age and pregnancy status (parenting = 0, pregnant = 1), were entered as control variables.⁴ Means and standard deviations of the variables are presented in Table 2, and intercorrelations among the variables are presented in Table 3.

The results of the first regression analysis are presented in Table 4. The total model accounted for 34% of the variance in depression. Although age and parental problems were not significantly related to depression, parental support emerged as a significant predictor of depression. Participants who received less parental support reported higher levels of depression. The Parental Support \times Parental Problems interaction was not significant.

In the second regression analysis, the following predictor variables were entered: age, pregnancy status, paternal support, maternal support, paternal problems, and maternal problems. Interactions among the relationship

TABLE 2
Means and Standard Deviations for the Uncentered Variables

<i>Variable</i>	<i>M</i>	<i>SD</i>
Depression	25.32	9.06
Age	15.81	1.27
Pregnancy status	.62	.49
Parental support	13.58	6.24
Parental problems	17.66	6.11
Maternal support	9.40	4.22
Maternal problems	8.43	3.84
Paternal support	4.19	4.00
Paternal problems	9.23	3.34

⁴Adolescents who were both pregnant and parenting were included in the pregnant group and the results reported are for these analyses. The analyses were repeated, however, with these adolescents in the parenting group and the results were unchanged.

TABLE 3
Intercorrelations of Variables

Variable	1	2	3	4	5	6	7	8	9
1. Depression	1.00								
2. Age	.19	1.00							
3. Pregnancy status	.28*	.10	1.00						
4. Parental support	-.47***	.07	-.18	1.00					
5. Parental problems	.41**	.09	.10	-.39**	1.00				
6. Maternal support	-.40**	-.02	-.18	.77***	-.30*	1.00			
7. Maternal problems	.36**	.16	.03	-.31*	.87***	-.34*	1.00		
8. Paternal support	-.30*	.12	-.09	.74***	-.29*	.15	-.12	1.00	
9. Paternal problems	.32*	-.01	.16	-.36**	.83***	-.16	.45**	-.40**	1.00

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 4
Hierarchical Multiple Regression Analysis With Combined Parental Support
and Problem Variables

Predictor Variable	B	SE B	β	R^2 change
Step 1: Age	1.36	.98	.19	.04
Step 2: Pregnancy status	4.87	2.49	.26	.07
Step 3: Parental support	-.65	.18	-.45*	.19
Step 4: Parental problems	.34	.19	.23	.04

Note. Overall $R^2 = .34$; adjusted $R^2 = .29$.

* $p .01$.

variables were also examined (see Table 5). The total model accounted for 40% of the variance in adolescents' depression. In addition to the trend for pregnancy status, maternal and paternal support emerged as significant predictors of depression, and the Paternal Support \times Paternal Problems interaction term was significant.

Maternal support was negatively associated with depression. Participants who received less maternal support reported higher levels of depression. Because the effect of paternal support is contained in the interaction term, we concentrate on interpreting the maternal support and paternal support by paternal problems effects only. To interpret the Paternal Support \times Paternal Problems interaction effect, we treated paternal support as the moderator. We conducted a median split of the paternal support variable and assigned cases at or below the median to the "low support" group and cases above the median to the "high support" group. We then regressed depression on paternal problems and obtained regression-line slope and intercept values for the two groups. The resulting two regression

lines are graphed in Figure 3. The slope of the regression of depression on paternal problems was higher for adolescents with low paternal support than it was for adolescents with higher levels of paternal support.

Given the high percentage of adolescents who nominated nonresident fathers as sources of either support or problems, or both (approximately 60%), we also conducted further analyses to investigate potential differences that may have been associated with the residential status of the adolescents' fathers. We repeated the second regression analysis previously described and included both father's residential status (0 = nonresident, 1 = resident), as well as interactions for (a) father support by father's residential status and (b) father problems by father's residential status as predictor variables in the equation. None of these variables emerged as significant predictors, and the pattern of results obtained in the initial regression analysis was unchanged.

Finally, we followed the procedures suggested by Baron and Kenny (1986) to test for mediation effects. Specifically, given past research suggesting that paternal support may mediate the effects of maternal support, we initially tested this hypothesis, and no mediator effects were detected. Similarly, the possibility that maternal support might mediate the effects of paternal support was also tested, and no mediator effects were detected.

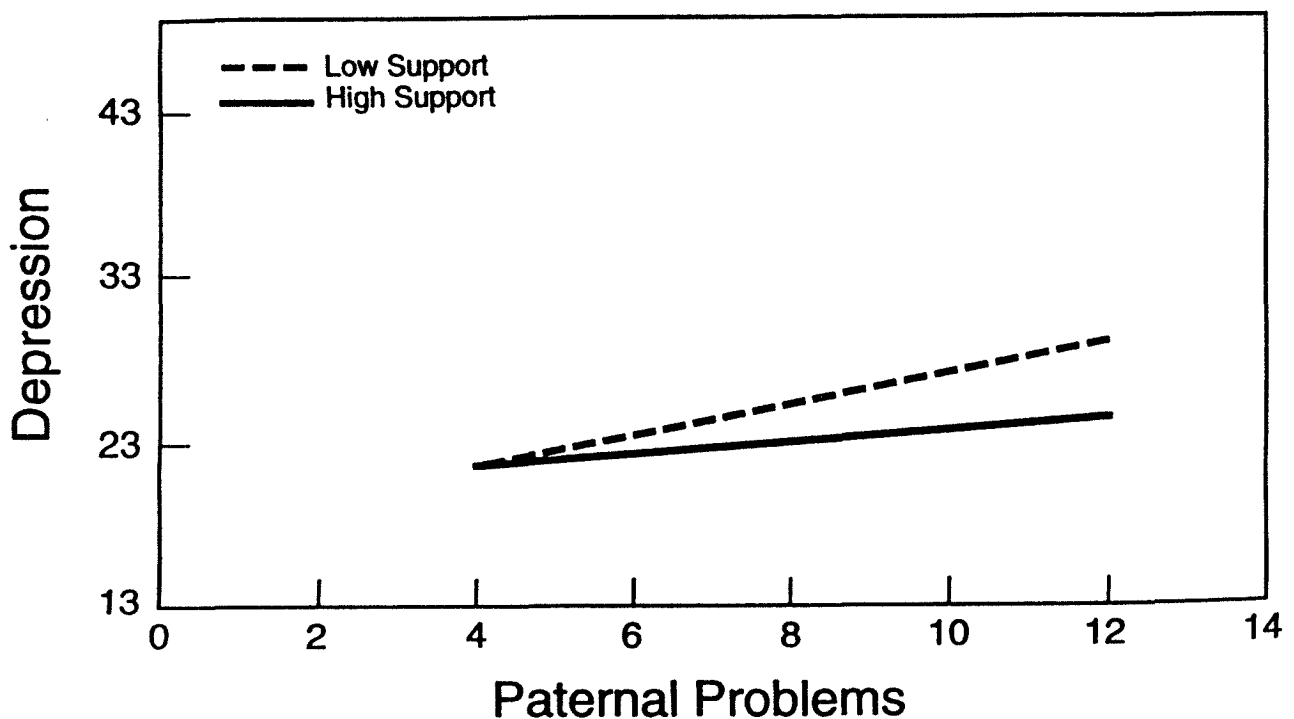


FIGURE 3 Paternal support by paternal problems interaction.

TABLE 5
 Hierarchical Multiple Regression Analysis With Separate Maternal
 and Paternal Support and Problem Variables

<i>Predictor Variable</i>	<i>B</i>	<i>SE B</i>	β	<i>R² change</i>
Step 1: Age	1.36	.98	.19	.04
Step 2: Pregnancy status	4.87	2.49	.26	.07
Step 3: Paternal support	-.69	.29	-.30*	.09
Step 4: Maternal support	-.71	.27	-.33**	.10
Step 5: Paternal problems	.47	.36	.17	.02
Step 6: Maternal problems	.42	.34	.18	.02
Step 7: Paternal Support × Paternal Problems	-.20	.10	-.28*	.06

Note. Overall $R^2 = .40$; adjusted $R^2 = .31$.

* $p < .05$. ** $p < .01$.

DISCUSSION

This study explored a subsample of pregnant and parenting African American adolescents' relationships with their mothers and fathers, concentrating on adolescents who nominated both their mothers and fathers as sources of either support or problems, or both. Young women received significantly more support from their mothers than from their fathers while experiencing equal levels of relationship problems with their mothers and fathers. Additionally, higher levels of parental support (i.e., both maternal and paternal support combined) were associated with lower levels of depression. When considered separately, support from mothers and fathers was also associated with lower levels of depression. It was only when maternal and paternal relationship problems were considered separately, however, that an interaction effect was detected. Specifically, paternal support and paternal problems interacted with one another in their association with depression. This pattern of findings suggests that under conditions of high paternal support, the negative effects associated with paternal problems may be attenuated. No mediator effects were detected.

The results are consistent with previous research concerning the contribution of parents' support to the psychological functioning of their adolescent daughters, particularly during the transition to early parenthood (Crockenberg, 1987). Given the close connection between the psychological well-being of young mothers and the emotional well-being of their children, parental support appears to be a particularly important resource. Our data suggest, however, that among the pregnant and parenting adolescents who nominated both parents, mothers provided significantly more support than fathers. Consistent with previous research and theory, these results under-

score the relatively prominent role of mothers in the lives of their adolescent daughters (Youniss & Smollar, 1985). These results are also similar to previous findings that suggest that African American mothers are the primary caregivers of children (e.g., Slaughter & Dilworth-Anderson, 1988; Wilson et al., 1990).

Our findings do not support, however, the common portrayal of the mother–daughter relationship between adolescents and their mothers as more tumultuous than father–daughter relationships (Ruebush, 1994). Although fathers were reported as providing less support than mothers, relationships with fathers were reported as equally problematic as relationships with mothers. This raises the possibility that existing findings on the relationships that female adolescents share with their parents may not be completely applicable to pregnant and parenting adolescents. In the absence of a nonpregnant and nonparenting comparison sample, however, such possibilities could not be examined. Further research is warranted that explores parent–adolescent relationships within this population.

These findings are also inconsistent with previous research that suggests that African American mothers and fathers share childcare responsibilities (e.g., Cazenave, 1983). It is possible that the different pattern of findings exhibited in our study may be partly attributable to social class differences. For example, Cazenave (1983) included middle-class African American fathers in her analyses. Many of the adolescents in this study, however, were likely from lower income families as evidenced by the high number of adolescents receiving welfare benefits. It is also possible that these differences may be partly due to the pregnant and parenting status of the adolescents in our study. For example, the fathers of pregnant and parenting adolescents may feel less able to provide support to their daughters than the fathers of nonpregnant and nonparenting female adolescents. Or, pregnant and parenting adolescents may feel less comfortable turning to their fathers for support than nonpregnant and nonparenting adolescents. Future research is needed that explores these alternative hypotheses among pregnant and parenting adolescents and their nonpregnant and nonparenting counterparts.

Our findings also suggest that paternal relationship variables may have different associations with adolescent mental health outcomes than maternal relationship variables. Specifically, our findings suggest that when pregnant and parenting adolescents do receive higher amounts of support from their fathers, this lessens the negative effects of paternal problems on psychological functioning. Additionally, it is important to note that, although many of the adolescents in our subsample did not reside with their fathers ($n = 32$, approximately 60%), they, nonetheless, included their fathers on their social networks. This is consistent with previous findings

in which African American fathers are viewed as important support figures by their children despite limited contact with their children (Slaughter & Dilworth-Anderson, 1988; Wilson et al., 1990). Slaughter and Dilworth-Anderson and Wilson et al. found this among children in their samples who had mean ages of 8.4 years and 9.5 years, respectively. Additionally, Salem et al. (1996) found that one third of the male and female adolescents (mean age of 14.6 years) in their study identified nonresident fathers as their male role model or as one of the two most important people raising them. Thus, future research on African American pregnant and parenting adolescents should strongly consider including measures of paternal support in their assessments of adolescents' social support networks, regardless of their current living arrangements.

Given the small sample size and the limits placed on our sample to include only adolescents who nominated both their mothers and fathers as sources of either support or problems, or both, caution should be taken in interpreting and generalizing these findings. Indeed, studies that have included more participants or have focused on different populations and outcome variables have detected different associations among parental influences and adolescent outcomes (e.g., Allen et al., 1994; Barrera & Garrison-Jones, 1992; Davis & Rhodes, 1994; Oyserman et al., 1993; Wilson, 1989). Future research should continue to explore different approaches to examining the relative influences of maternal and paternal relationships in the lives of African American pregnant and parenting adolescents.

Similarly, in the absence of longitudinal data, it is impossible to be entirely certain of the direction of the associations detected in this study. Specifically, although support may predict depression, it is also plausible that preexisting depression could lead to fewer available supports and more contentious social relationships (Rook, 1984).

Additionally, given that pregnant adolescents reported higher levels of depression than the parenting adolescents, it is possible that combining the adolescents may have negated other important associations among the predictor and outcome variables. As the small sample size precluded conducting separate analyses for the two groups, we attempted to control for the influence of pregnancy status on depression in the regression analyses. It is possible, however, that had the sample size permitted such analyses, examining the two groups separately may have yielded different results.

Finally, although our focus was on parental support, it is important to point out that many of the young women in our study were embedded in extensive networks of kin and nonkin support. Such networks have long been considered a source of strength in the African American community (Wilson, 1986) and may account for the lack of differences between those with and without support from both parents.

Despite these limitations, the findings provide an alternative perspective on the relative roles of mothers and fathers in the lives of some pregnant and parenting African American adolescents. Additionally, the importance of deriving separate indices of maternal and paternal support and problems is underscored. It was only by conducting a regression with separate parental support and problem variables that we were able to detect the Paternal Support \times Paternal Problems interaction effect. The results of this study also suggest that researchers studying the influence of social support on the mental health outcomes of pregnant and parenting adolescents may be obtaining a limited perspective if they fail to examine the father–daughter relationship. Further, our findings suggest that the adolescent’s relationship with her father warrants examination regardless of the father’s residential status.

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