Social support, relationship quality, and well-being among pregnant adolescents

WENDY STEVENSON, KENNETH I. MATON AND DOUGLAS M. TETI

This study examined the role of social support and relationship quality on the well-being of pregnant adolescents. Sixty-seven Black and 43 White single pregnant teens participated in the study. The reciprocal exchange of support between parents and teens was correlated with increased mastery and life satisfaction and decreased depression and anxiety. However, the reciprocal exchange of support with friends did not correlate with well-being. A high quality relationship with a significant other was associated with increased self-esteem among pregnant teens dating the father of their child. This study extends the adolescent pregnancy literature by considering the reciprocal exchange of support and relationship quality with the partner.

Introduction

Pregnant adolescents are faced with the difficult task of continuing their physical, emotional, and identity development while preparing for their role as parents. Young women often turn to informal support networks for help in coping with the challenges of adolescent pregnancy and parenthood (Young et al., 1975; Furstenberg and Crawford, 1978; Chen et al., 1995; Nitz et al., 1995; Davis et al., 1997). Pregnant and parenting teens most frequently cite their mothers, boyfriends, and peers as major sources of support (Young et al., 1975; Chen et al., 1995; Nitz et al., 1995; Davis et al., 1997). Less frequently mentioned sources of support, albeit important ones, include the adolescent’s father, siblings, grandmother, and boyfriend’s family (Chen et al., 1995; Nitz et al., 1995).

Support networks vary depending upon the characteristics of the pregnant/parenting teen. Primiparous teens report receiving support from a greater number of individuals than multiparous teens (Chen et al., 1995). Among primiparous adolescents, mothers provide more support in areas related to tangible aid such as financial support and advice about pregnancy than their boyfriends (Chen et al., 1995). In contrast, multiparous teens are just as likely to rely on their boyfriends for tangible aid as they are on their mothers (Chen et al., 1995). Multiple births often precipitate the teen leaving the parental household, resulting in fewer opportunities for parents to provide aid (Furstenberg and Crawford, 1978). This may result in an increase in the importance of the significant other in the teen’s life. The marital status of pregnant/parenting teens also plays a role in their support network. Specifically, married adolescents are less likely to turn to their parents for support and more likely to turn to their partner, friends, or other relatives than single adolescents (Furstenberg and Crawford, 1978). Contrary to popular belief, African-American and Caucasian pregnant teens do not differ in the amount of support received from parents, friends, or partner (Maton et al., 1996).
A plethora of studies have explored the relationship between social support and psychological well-being among pregnant and parenting teens. The majority of these studies have focused on the postnatal period (Thompson, 1986; Colletta, 1987; Kisman and Shapiro, 1990; Thompson and Peebles-Wilkens, 1992; Davis and Rhodes, 1994; Rhodes et al., 1994; Panarine et al., 1995; Richardson et al., 1995), with only a few studies sampling pregnant teens (Barrera, 1981; McGowan and Kohn, 1990; Sacco and Macleod, 1990). Several longitudinal studies have followed teens from pregnancy to parenthood (Unger and Wandersman, 1988; Cutrona, 1989; Turner et al., 1990; Samuels et al., 1994). The role of social support in psychological well-being not only has implications for the teen's mental health but also for the healthy development of her infant (Nath et al., 1991).

Among adolescents, social support assessed during pregnancy is negatively correlated with depression and positively correlated with self-esteem and life satisfaction during the weeks and months following child birth (Unger and Wandersman, 1988; Cutrona, 1989; Turner et al., 1990; Samuels et al., 1994; Davis et al., 1997). These studies show that tangible and emotional support from various sources including parents, peers, and boyfriends are longitudinally associated with increased well-being among pregnant/parenting teens (Unger and Wandersman, 1988; Cutrona, 1989; Turner et al., 1990; Samuels et al., 1994; Davis et al., 1997).

Studies examining concurrent relationships between social support and well-being among pregnant/parenting adolescents have been inconsistent. For pregnant teens, number of support persons and satisfaction with support were negatively correlated with depression and anxiety (Barrera, 1981; McGowan and Kohn, 1990). Support received from care-givers did not correlate with depression among pregnant teens (Sacco and Macleod, 1990). Similarly, findings for adolescent mothers reveal that support from their mothers is not associated with depression, self-esteem, psychological distress, or psychosocial adjustment (Thompson and Peebles-Wilkens, 1992; Davis and Rhodes, 1994).

Research on family and peer support reveal contradictory relationships to well-being among adolescent mothers. Family support showed a positive relationship with both life satisfaction and psychological distress (Thompson, 1986; Kisman and Shapiro, 1990). Peer support is associated with increased psychological distress but is not correlated with the self-esteem or depression levels of adolescent mothers (Thompson, 1986; Thompson and Peebles-Wilkens, 1992). In contrast, other studies found peer support to be significantly associated with reduced depression and social isolation and increased life satisfaction (Kisman and Shapiro, 1990; Richardson et al., 1995). Despite the inconsistent findings for family and peer support, boyfriend support is consistently correlated with positive psychological well-being. Adolescent mothers with partner support showed decreased psychological distress and depression and increased life satisfaction and self-esteem (Thompson, 1986; Kisman and Shapiro, 1990; Thompson and Peebles-Wilkens, 1992).

The literature examining the relationship between social support and psychological well-being among pregnant/parenting teens is complex and inconsistent. Differences in methodologies and the measurement of social support and well-being could partially explain these inconsistencies. The findings from these studies emphasize the importance of considering each source of support separately (i.e., parents, peers, boyfriend etc.) in its relationship to well-being. Different sources of support are related to well-being in different ways. It also highlights the need to consider numerous types of psychological well-being.
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(i.e. depression, self-esteem, life satisfaction etc.) rather than only one. Support may be correlated with some types of well-being while being unrelated to others. For the most part, longitudinal and cross-sectional studies with pregnant/parenting teens provide evidence that social support and psychological well-being are correlated, though the direction of this correlation is inconsistent for family and peer support.

Previous studies on pregnant/parenting teens have focused solely on the relationship between support received and well-being. The research has ignored the potential of these adolescents as support providers. Only two studies have acknowledged the role of pregnant/parenting teens as support providers (Furstenberg, 1980; McGowan and Kohn, 1990). In a limited exploratory study, qualitative data revealed a reciprocal exchange of support between adolescent mothers and their parents, siblings, and other family members (Furstenberg, 1980). Pregnant teens also showed reciprocal support with their mothers, siblings, friends, and boyfriends (McGowan and Kohn, 1990). These two studies note the importance of pregnant and parenting adolescents as active support providers rather than merely passive recipients of support.

For the most part, the reciprocal nature of social support has been overlooked by researchers. However, Maton (1987) considered both the providing and receiving dimensions of support when formulating several support categories for grouping individuals. These categories include bidirectional supporters, who report high levels of both providing and receiving support. Non-supporters report low levels of providing and receiving support. The final categories consist of two types of unidimensional supporters. Providers are high on providing but low on receiving support. Conversely, receivers are low on providing but high on receiving support.

A few studies (Maton, 1987, 1988; Rook, 1987; Primomo et al., 1990) have related the above support categories to psychological well-being. It has been found consistently that bidirectional supporters report greater well-being than providers, receivers, and non-supporters (Maton, 1987, 1988; Rook, 1987; Primomo et al., 1990). This has been found among a wide array of populations including self-help group members (Maton, 1988), church attenders (Maton, 1987), the elderly (Rook, 1987), and chronically ill women (Primomo et al., 1990). It has also been found that providers and receivers report greater well-being than non-supporters (Maton, 1988). No differences in well-being have been found between providers and receivers (Maton, 1987; Rook, 1987). Overall, these studies emphasize the importance of the reciprocal exchange of social support.

The present study explores the relationship between social support, relationship quality, and psychological well-being among pregnant adolescents. The current study differs from previous research in several ways. First, the majority of previous studies sampled adolescent mothers while the current study sampled pregnant teens. The research on the relationship between social support and well-being among parenting teens may or may not generalize to pregnant teens. Previous studies of pregnant and parenting adolescents have only related support received to well-being. This research extends the literature by examining the bidirectional exchange of support between pregnant adolescents and their parents and peers. Furthermore, the current study takes a different perspective than previous research by examining the association between the quality of the significant other relationship and psychological well-being. Unfortunately, no measure of bidirectional support with the partner could be found so this was not examined. Finally, most previous studies have related support to only one measure of well-being, with a few studies including two
measures of well-being. This paper relates social support and relationship quality to five measures of psychological well-being including depression, anxiety, self-esteem, mastery, and life satisfaction. These measures reflect psychiatric symptomatology (i.e. depression and anxiety) as well as “softer” measures of the positive aspects of well-being (i.e. self-esteem, mastery, and life satisfaction). The use of multiple measures of well-being helps determine if bidirectional support and relationship quality relates to certain types of well-being but not others.

In this study, the following hypotheses were evaluated: (a) bidirectional supporters will report greater well-being than providers, receivers, and low supporters; (b) providers and receivers will report greater well-being than low supporters; (c) providers and receivers are not expected to differ on well-being; and (d) a high quality significant other relationship is expected to correlate with increased well-being. The first three hypotheses are generally supported by previous research on bidirectional support and well-being (Maton, 1987, 1988; Rook, 1987; Primomo et al., 1990). Since partner support has been consistently correlated with increased well-being among adolescent mothers (Thompson, 1986; Kisman and Shapiro, 1990; Thompson and Peebles-Wilkens, 1992). It is conjectured that relationship quality will also correlate with increased well-being among pregnant teens.

Family systems theory also fits with these hypotheses. Interpersonal relationships that are balanced (i.e. bidirectional) reflect interdependence and are healthy, therefore correlating with increased psychological well-being. Furstenberg (1980) noted that the reciprocal exchange of support between adolescent mothers and their parents was associated with close family bonds. Though Furstenberg’s (1980) study was exploratory, it fits with this perspective. It could also be argued that relationships of high quality or those high on at least some dimension of support (i.e. high providing or receiving) would correlate with higher levels of well-being than low quality relationships or those with low levels of both providing and receiving support.

Method

Research participants
Sixty-seven African-American and 43 Caucasian single pregnant adolescents volunteered to participate in the study. The teens ranged in age from 13 to 18 years (M age = 16.7 years) and were between 12 and 40 weeks pregnant (M = 23.2). Eight married pregnant teens were also included in this sample but are excluded from the present analyses. The eight married pregnant teens were viewed as a highly select subsample that could differ from the single teens.

Among the single teens, 81 described their relationship with their child’s father as “dating each other”, 16 said they were “just friends”, and 12 reported “no contact” with the father of their child. Nine of the adolescents had a partner who was not the father of their child while 16 had no significant other. Partner status was unknown for four of the teens. Ninety-eight of the adolescents lived with one or both of their parents while 21 did not live with either parent. The adolescents had completed an average of 9.9 years of school.

The participants were recruited from two Baltimore area prenatal teen clinics. These were the Western Center for Maternal and Infant Care and the St. Agnes Hospital Teen
Clinic. There were 59 participants from St. Agnes (41 White and 18 Black) and 51 from the Western Center (2 Caucasian and 49 African-American). The sample recruited from the sites reflect the ethnic composition of the populations served at each clinic. As reported in a previous paper (Stevenson et al., 1998), there were few ethnic or site differences in the participant’s demographic characteristics.

A dolescents were recruited for the study if they were 18 years of age or younger, primiparous, at least 12 weeks pregnant, and planning on keeping their infants. At both sites, about 85% of those who were approached agreed to participate. The teens were paid $10.00 for participating.

Procedure
A team of Caucasian female undergraduate and graduate students from the University of Maryland Baltimore County conducted interviews with the research participants. The students were trained in the principles of interviewing techniques and conducted pilot interviews to determine their suitability for this role. Interviewers were supervised by two faculty members and a graduate student. All interviewers were blind to the purposes of the present study. The interviewers received advanced academic credit for their participation in the research project.

Clinic staff identified adolescents who met selection criteria. The interviewers then asked potential teens if they wished to participate in a study on the stresses of pregnancy and parenthood. The adolescents were assured of confidentiality and informed that they had the right to terminate the interview at any time or refuse to answer a specific question. Additionally, adolescents were told that the health care they received from the clinic they attended would not be affected if they declined to participate.

A dolescents were interviewed when they were in their second or third trimester of pregnancy. The interviews took place in a private area of the clinic. A dolescents were administered a questionnaire battery followed by a 45-min interview that inquired in specific ways about their experiences with pregnancy and impending parenthood. Interviewers read and explained questionnaire material if participants had difficulty understanding the meaning of the items. The questionnaire battery and interview typically required 1.5 to 2 h to complete.

The present study focused only on the questionnaire data. Selected questionnaire data assessed social support with parents and peers, relationship quality with significant other, psychological well-being, and demographic information.

Measures
Social support from parents and friends was measured using shortened forms of Procidano and Heller’s (1983) parents and friends scales. The shortened forms were derived by principle components analysis (Maton et al., 1987), resulting in separate subscales for providing and receiving support for both parental and peer support. The receiving support subscales included responses to questions measuring the receiving dimension of support. There were eight items measuring support received from parents and six items measuring support received from friends. Examples of items include, “I rely on my parents for emotional support” and “My friends are good at helping me solve problems.” The providing scales included responses to the questions measuring support provided. There were four items measuring support provided to parents and four items measuring support provided to friends. These included items such as “My parents come to me when
they have problems or need advice.” The standardized alphas were 0.84 for the parents providing scale and 0.89 for the parents receiving scale. For the friends scale, the standardized alphas were 0.86 for the providing dimension and 0.85 for the receiving dimension.

Adolescents were classified into one of the four following bidirectional support groups for parents and friends separately, based on the criteria indicated: (a) bidirectional (scores for the providing and receiving dimensions were greater than the mean scores); (b) providers (providing scores were greater than the mean score but receiving scores were less than the mean); (c) receivers (providing scores were less than the mean but receiving scores were greater than the mean); and (d) low supporters (providing and receiving scores were less than the mean scores).

Significant other relationship. Only adolescents who reported having a current boyfriend completed the adapted Locke and Wallace (1959) Marital Adjustment Scale (MAS). The MAS was used to measure the quality of the significant other relationship. The details of this adapted questionnaire can be found in Locke and Wallace’s (1959) paper. The scale includes eight items. One is a 7-point item measuring the degree of happiness experienced by the adolescent in her relationship with her significant other. Scale points ranged from −3 (“very unhappy”) to +3 (“perfect”). Additional items included the following: “Do you confide in your husband/boyfriend?” (a 4-point response scale ranging from 1=“almost never” to 4=“in everything”) and “Do you ever wish you had not married or become involved with your husband/boyfriend?” (a 4-point response scale ranging from 1=“frequently” to 4=“never”). A total score was created by adding together all of the items, using z-scores, with higher scores indicating greater relationship quality. Then, the total scores for teens dating their child’s father were categorized into “low”, “moderate”, and “high” relationship quality using split points to create three approximately equal groups. In the present study, the standardized alpha was 0.79 for this scale.

Depression and anxiety. The depression and anxiety subscales of the Brief Symptom Inventory (BSI; Derogatis and Spencer, 1983) were used to assess the adolescents’ psychiatric symptomatology. Each item was answered on a 5-point scale (1=“not at all” to 5=“extremely”). Examples of items assessing depression include, “Feeling lonely” and “Feeling blue”. Examples of items assessing anxiety include, “Nervousness or shakiness inside” and “Feeling tense or keyed up”. In the present study, standardized alphas were 0.80 for the depression subscale and 0.81 for the anxiety subscale.

Self-esteem. Self-esteem was assessed using Rosenberg’s Self-esteem scale, derived for use with adolescents (Rosenberg, 1979). It is composed of 10 items, each answered on a 5-point scale (1=“not at all accurate”. 5=“completely accurate”). Examples of items include, “I feel that I am a person of worth, at least on an equal with others”, and “I feel that I have a number of good qualities.” For the current sample, the standardized alpha was 0.68.

Mastery. Mastery was assessed by a scale developed by Pearlin and Schooler (1978). It has seven items answered on a 5-point scale (1=“not at all accurate”, 5=“completely accurate”). Items include, “I can do just about anything I set my mind to do”, and “What
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happens in the future mostly depends on me.” The standardized alpha for this scale was 0.64.

Life satisfaction. Life satisfaction was assessed with a 5-item scale developed by Diener et al. (1984). It was answered on a 5-point scale (1 = “not at all accurate”; 5 = “completely accurate”). Examples of items are “In most ways, my life is close to my ideal”, and “The conditions of my life are excellent.” The standardized alpha was 0.84.

All of the measures of well-being were scored by summing the individual items, resulting in a total score for each questionnaire.

Demographic information. Adolescents’ age, ethnicity, weeks pregnant, level of education completed, and information about a current boyfriend were documented through the teen’s self-reports. The educational and occupational status of the teen’s parents were also based on the participant’s self-reports. Socio-economic status (SES) was calculated using Hollingshead’s (1975) four-factor index, based on each parent’s job status and educational attainment. In cases where one or more of the indicators were absent, the value of the most comparable indicator available from the individual was substituted.

Results

The bidirectional exchange of support and well-being

Parents support. With respect to the bidirectional exchange of support with parents, there were 44 bidirectional, 19 providers, 13 receivers, and 33 low supporters. Multivariate analyses of covariances (MANCOVAs) with special contrasts were performed to analyse three planned comparisons. The covariates were adolescent’s age, ethnicity, SES, current school grade, and weeks pregnant. The planned comparisons were: (a) bidirectional to providers, receivers, and low supporters; (b) providers and receivers to low supporters; and (c) providers to receivers. The contrasts revealed the following results: (a) bidirectional were less depressed, $F(1,93)=6.63$, $p<0.01$ and less anxious, $F(1,93)=4.19$, $p<0.05$ than providers, receivers, and low supporters. Bidirectional also had greater mastery, $F(1,93)=22.03$, $p<0.0001$ and a trend toward higher life satisfaction, $F(1,93)=3.67$, $p<0.06$ than providers, receivers, and low supporters; (b) there was a trend for providers and receivers to have greater life satisfaction than low supporters, $F(1,93)=3.02$, $p<0.09$; and (c) as expected, providers and receivers did not differ on any measure of well-being. Table 1 illustrates the means and standard deviations for each measure of psychological well-being among the four bidirectional support groups with parents.

Friends support. There were 45 bidirectional, 12 providers, 13 receivers, and 39 low supporters with friends. The same MANCOVAs with contrasts were performed for friends’ support as were performed for parent support. All contrasts were non-significant. However, there was a trend for providers to report higher anxiety than receivers, $F(1,93)=3.03$, $p<0.09$. Table 2 illustrates the means and standard deviations for each well-being measure among the four bidirectional support groups with friends.

Relationship quality and well-being

MANCOVAs were used to compare the well-being of teens dating their child’s father ($n=72$; excludes those with missing well-being data), dating someone other than the child’s father
Table 1  Bidirectional support status with parents and well-being: contrasts

<table>
<thead>
<tr>
<th></th>
<th>Bidirectional</th>
<th>Providers</th>
<th>Receivers</th>
<th>Low supporters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>(M) 12.5*</td>
<td>14.7</td>
<td>15.8</td>
<td>16.6</td>
</tr>
<tr>
<td></td>
<td>(s.d.) 5.3</td>
<td>4.9</td>
<td>6.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>(M) 10.9*</td>
<td>14.1</td>
<td>14.2</td>
<td>12.4</td>
</tr>
<tr>
<td></td>
<td>(s.d.) 4.3</td>
<td>4.6</td>
<td>7.7</td>
<td>5.8</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>(M) 44.4</td>
<td>42.7</td>
<td>42.5</td>
<td>41.0</td>
</tr>
<tr>
<td></td>
<td>(s.d.) 5.5</td>
<td>5.9</td>
<td>8.3</td>
<td>7.0</td>
</tr>
<tr>
<td>Mastery</td>
<td>(M) 30.6*</td>
<td>26.6</td>
<td>26.2</td>
<td>26.0</td>
</tr>
<tr>
<td></td>
<td>(s.d.) 3.6</td>
<td>5.4</td>
<td>4.1</td>
<td>4.7</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>(M) 18.6*</td>
<td>17.1</td>
<td>17.0</td>
<td>14.7**</td>
</tr>
<tr>
<td></td>
<td>(s.d.) 5.0</td>
<td>4.7</td>
<td>5.5</td>
<td>5.5</td>
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</tbody>
</table>

*The three contrasts were: (a) bidirectional to providers, receivers, and low supporters; (b) providers and receivers to low supporters; and (c) providers to receivers. The higher the scores, the higher the depression, anxiety, self-esteem, mastery, and life satisfaction.

**Providers showed a trend toward higher anxiety than receivers (p < 0.09).

Among teens dating their child's father, the scores on the MAS ranged from 6 to 23 (M = 17.0), with the lowest possible score being 4 and the highest 25. There were 29 low quality relationships, 27 of moderate quality, and 22 high quality relationships.

Table 2  Bidirectional support status with friends and well-being: contrasts

<table>
<thead>
<tr>
<th></th>
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<th>Providers</th>
<th>Receivers</th>
<th>Low supporters</th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
<td>(M) 13.9</td>
<td>17.2</td>
<td>15.4</td>
<td>14.0</td>
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<tr>
<td></td>
<td>(s.d.) 5.7</td>
<td>4.9</td>
<td>7.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Anxiety</td>
<td>(M) 11.6</td>
<td>15.8*</td>
<td>11.6</td>
<td>12.2</td>
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<td>10.0</td>
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<tr>
<td>Mastery</td>
<td>(M) 28.6</td>
<td>28.6</td>
<td>27.8</td>
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<td>Life satisfaction</td>
<td>(M) 18.2</td>
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<td>6.4</td>
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</tbody>
</table>

*The three contrasts were: (a) bidirectional to providers, receivers, and low supporters; (b) providers and receivers to low supporters; and (c) providers to receivers. The higher the scores, the higher the depression, anxiety, self-esteem, mastery, and life satisfaction.

**There was a trend for providers and receivers to report greater life satisfaction than low supporters (p < 0.09).
Table 3  Relationship quality and well-being

<table>
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<th>Moderate quality</th>
<th>High quality</th>
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<tbody>
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<td>14.4</td>
<td>12.9</td>
</tr>
<tr>
<td></td>
<td>7.0</td>
<td>5.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13.8</td>
<td>12.0</td>
<td>11.4</td>
</tr>
<tr>
<td></td>
<td>5.7</td>
<td>4.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>40.3**</td>
<td>42.7</td>
<td>46.1</td>
</tr>
<tr>
<td></td>
<td>8.3</td>
<td>6.0</td>
<td>3.6</td>
</tr>
<tr>
<td>Mastery</td>
<td>27.3</td>
<td>26.5</td>
<td>29.7</td>
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<tr>
<td></td>
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<td>4.3</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>15.6</td>
<td>18.0</td>
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<tr>
<td></td>
<td>5.9</td>
<td>4.6</td>
<td>5.2</td>
</tr>
</tbody>
</table>

*The higher the score, the higher the depression, anxiety, self-esteem, mastery, and life satisfaction.

*There was a trend for teens with a low quality significant other relationship to have higher depression (p < 0.09) and lower mastery (p < 0.08) than those with moderate and high quality significant other relationships.

**Adolescents with a low quality significant other relationship reported lower self-esteem than those with a moderate or high quality significant other relationship (p < 0.01).

compared these three groups on well-being. Similar to the previous analyses, covariates were adolescent's age, ethnicity, SES, current school grade, and weeks pregnant. Adolescents with a high quality relationship reported higher self-esteem than those with low or moderate quality relationships, F(2,62) = 4.97, p < 0.01. There was a trend for adolescents with high quality relationships to have lower depression, F(2,62) = 2.53, p < 0.09 and higher mastery, F(2,62) = 2.77, p < 0.08 than teens in low or moderate quality relationships. The means and standard deviations for the well-being measures among the three relationship quality groups are presented in Table 3.

Discussion

The current study appears to be the first published report to document the relationship between bidirectional support and well-being among pregnant teens. The findings emphasize the importance of the bidirectional exchange of support with parents in the well-being of pregnant adolescents. The results for bidirectional support with parents revealed that: (a) bidirectional supporters reported higher levels of mastery and life satisfaction and lower levels of depression and anxiety than providers, receivers, and low supporters. The reciprocal exchange of support with parents is significantly associated with a range of well-being measures, providing strong support for this hypothesis; (b) providers and receivers showed a trend toward higher life satisfaction than low supporters. Only limited support is available for the notion that providers and receivers report greater well-being than low supporters; and (c) as suggested in the hypotheses, providers and receivers did not differ from each other on well-being. These findings fit with previous research on bidirectional support and well-being using different populations (Maton, 1987, 1988; Rook, 1987; Primomo et al., 1990).
The results for bidirectional support with parents fit with a family systems perspective. It is possible that interdependent, balanced family relationships are associated with increased well-being while unequal ones are associated with decreased well-being among pregnant adolescents. The reciprocal exchange of support between parents and adolescent mothers has been associated with close family relationships (Furstenberg, 1980). Though Furstenberg's (1980) study was limited by its exploratory nature and use of indirect measures, it provides support for this notion. Future studies should explore the relationship between familial bidirectional support and family climate. Additional research should examine the role of bidirectional support in the well-being of the parents of pregnant teens.

Bidirectional supporters with friends were not higher on any measure of well-being than providers, receivers, and low supporters. Likewise, providers and receivers did not differ from low supporters on any measure of well-being. Providers showed a trend toward higher anxiety than receivers. These findings contrast with the results for bidirectional support with parents and those of previous studies (Maton, 1987, 1988; Rook, 1987; Primomo et al., 1990). Despite the emphasis on peers during adolescence, bidirectional support with parents is more important in the well-being of pregnant adolescents than friends support. These findings suggest that the importance of bidirectional support in well-being varies as a function of the source of support.

Most adolescents were either bidirectional or low supporters with their parents and friends. Forty per cent of teens were bidirectional and 30% were low supporters with parents. Similarly, 40% were bidirectional and 36% were low supporters with their friends. More adolescents were bidirectional than were low supporters. Previous studies also note that most pregnant and parenting adolescents engaged in reciprocal support with parents (Furstenberg, 1980; McGowan and Kohn, 1990). Pregnant teens are active participants in their support networks as both providers and receivers. Only addressing support received ignores the potential of the pregnant teen as a provider of support. The reciprocal exchange of support should not be ignored by researchers. Balanced support (high or low on both dimensions) is more common than unbalanced support (high on only one dimension).

These results suggest that interventions with pregnant teens should encourage the bidirectional exchange of support with parents. A special focus should be on teens who are providers, receivers, and low supporters. Family therapy, role-playing, and other activities could be used to increase both dimensions of support.

The current findings for bidirectional support with parents are similar to those of some studies (Barrera, 1981; McGowan and Kohn, 1990), but contrast with those of another study (Sacco and Maclen, 1990) examining support received and well-being among pregnant teens. No previous study could be found that examined friends support and well-being among pregnant teens. However, studies of adolescent mothers have found positive, negative, and non-significant associations between support received from friends and well-being (Thompson, 1986; Kissman and Shapiro, 1990; Thompson and Peebles-Wilkins, 1992; Richardson et al., 1995). Future studies are needed to clarify the relationship between support received and well-being among pregnant and parenting adolescents. The literature could be improved by the use of reliable and valid measures of social support and well-being. Additional qualitative studies should be done to complement the quantitative literature.

The well-being of pregnant adolescents did not differ among teens dating the father of
their child, dating someone other than the father, or those without a significant other. However, adolescents dating their child's father who reported a high quality relationship with him had higher self-esteem and a trend toward higher mastery and lower depression than teens who had a low or moderate quality relationship with their partner. These results suggest that the relationship between well-being and the significant other relationship is not as simple as the presence or absence of a partner, whether the child's father or not. The quality of this relationship must be considered in relation to well-being. This appears to be the first study to examine the association between the quality of the significant other relationship and well-being among pregnant adolescents. Previous studies of adolescent mothers revealed similar results for partner support and well-being (Thompson, 1986; Kisman and Shapiro, 1990; Thompson and Peebles-Wilkens, 1992). The importance of a pregnant/parenting teen's partner should not be discounted. It is noteworthy that the majority (76.4%) of pregnant teens have a romantic relationship with their child's father. Significant others appear to be an important part of the pregnant/parenting teen's social network and should be utilized as such. Future studies should explore the exchange of bidirectional support between pregnant teens and their partners. The findings for partner support among adolescent mothers may or may not generalize to pregnant teens. Additionally, studies should explore the association between relationship quality and support. It is conjectured that these two variables will be correlated.

Limitations of the present study should be noted. The generalizability of the current findings are limited to single Caucasian and African American pregnant teens seeking prenatal care. The correlation between social support and well-being may differ for married teens, other ethnic groups, and adolescent mothers. Additionally, results should not be generalized beyond emotional support. Future studies should explore the relationship between well-being and the bidirectional exchange of tangible, informational, and other types of support.

Since self-report measures were used, it is possible that the correlation between social support and well-being reflect response bias and reverse causality cannot be ruled out. However, pregnant teens' ratings of support received were highly correlated with comparable ratings made by members of her support network (Cutrona, 1989). Both types of ratings correlated with depression among pregnant adolescents (Cutrona, 1989). These findings partially discredit the possibility of self-report bias (Cutrona, 1989). Longitudinal research is also important in examining the question of directionality with respect to the relationship between social support and well-being.

The findings of the present study reveal that parents and boyfriends are important in the psychological well-being of pregnant adolescents. Particularly noteworthy is the finding that the bidirectional exchange of support between parents and adolescents is associated with increased well-being. This appears to be the first study to document the importance of both providing and receiving support in the well-being of pregnant teens. By examining bidirectional support, this study adds a new dimension to the adolescent pregnancy support literature.

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