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THE CORRELATION BETWEEN SOCIAL SUPPORT, SOCIOECONOMIC
STATUS AND PSYCHOLOGICAL WELL-BEING AMONG HISPANIC
ADOLESCENT FEMALES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Xochitl Margarita Alvarez
Marcela Mercado

June 2006

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ABSTRACT

This study tested the correlation between social support, socioeconomic status and psychological well-being among Hispanic adolescent females. Psychological well-being was operationalized into three indicators; depression, self-esteem and anxiety. The sample consisted of 95 Hispanic females currently attending middle school in Pasadena, California. Respondents completed a questionnaire composed of various psychometric scales that assessed for depression, self-esteem, anxiety, social support from friends and family, and socioeconomic status. The results of the study indicated that there is a significant positive correlation between social support from family and self-esteem among the participants. Further, the study found a significant inverse correlation between social support from family and anxiety and depression. Results suggest that the time and support shown to Hispanic adolescent females on behalf of their family is crucial during this stage of their development.

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DEDICATION

To our parents, Basilio & Margarita Alvarez and Marcelo & Felicitas Mercado, who emigrated from Mexico to the United States to give us a better life. This would not have been possible without your constant support.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Adolescents undergo various changes during their teenage years. The period of adolescence entails many psychological, emotional and physical changes in youth that may be overwhelming. Several alterations in morals and values take place during an individual's adolescent stage of development. Adolescents typically form their identities during this period of development. That is, they establish who they really are. Adolescence is a developmental stage in which youth find themselves the most vulnerable to problem or risky behaviors (Frauenglass, Routh, Pantin, & Mason, 1997). Thus, it is imperative that adolescents maintain an adequate support system during this time in their lives.

Recent studies have found that at least one in five children and adolescents have a mental health disorder. This same study also determined that mental health disorders are more prevalent in adolescents than in adults (U.S. Department of Health and Human Services, 1999). According to Brook et al., 1995 (as cited in

Frauenglass et al., 1997) the period of adolescence is a time when many of the values and behaviors that are associated with drug use, aggression, and delinquency are attained. It is evident that cultural and gender differences exist within adolescent development. Evidence shows that females experience a more difficult time in trying to cope with the changes brought about by adolescence than males do (Zastrow & Kirst-Ashman, 2001). Many Hispanic adolescent females engage in promiscuous sexual behaviors as well as a variety of substance abusing behaviors. Hispanic adolescent females have the highest teenage pregnancy rate in the United States (Zastrow & Kirst-Ashman, 2001). It is of extreme importance to study the dynamics behind Hispanic adolescent female's psychological well-being and what factors make an impact on their mental health so that social work practice can take the appropriate measures to help this population thrive in society.

Policy Context

Currently, the policies which have the greatest impact on the Hispanic adolescent female population are immigration laws that have been enacted throughout the years. Immigration is far from being a novel phenomenon

in the United States. In being part of immigrant families, Hispanic adolescent females are more likely to encounter hindrances in their search for social and educational opportunities in America. During their adolescent development, Hispanic females may be affected by a variety of factors, such as frequent moves, poverty, educational interruptions, and language barriers (Green, 2003).

Green (2003) asserts that frequent moves make it difficult for Hispanic youth to achieve academic success and acquire social networks that are crucial in their social development. Constant relocations also pose challenges for Hispanic families in that Hispanic teens lack the parental support necessary to flourish academically, socially, psychologically, and emotionally (Green, 2003). Green (2003) affirms that alongside educational, language and cultural barriers lay societal and institutional barriers. Hispanic adolescents are often fearful of anti-immigrant sentiments on behalf of Americans who blame increasing costs of social and educational services solely on Latino immigrants (Green, 2003).

Practice Context

It is probable that social workers, from a broad spectrum of practice settings, will be exposed to the Hispanic adolescent female population. This is especially true for those social workers who practice in U.S. states that are heavily populated by Latino immigrant families (i.e., California, Texas, etc.). Historically, social workers have not been provided with insightful literature or effective training on cultural sensitivity and competence. As a result, several children and families that were not part of the ethnic majority were provided with ineffective services because of social workers' inability to understand and relate to the issues experienced by ethnic minority populations in America. Although there have been some improvements in the cultural sensitivity education and training received by contemporary social workers, several domains of the Hispanic population have yet to be explored. Specifically, there is a lack of research and literature that focuses solely on the Hispanic adolescent female population. Social Work education and training should equip social work practitioners to be conscious of developmental milestones and typical behaviors of

Hispanic female adolescents as they differ from those of the dominant culture so that they obtain the capacity to be effective when working with this population.

It is vital to assess the needs of Hispanic adolescent females in order to better understand and empower this population by developing programs and services that meet their needs. Social service agencies can assist the Latino adolescent female population by creating preventative outreach programs that target some of the issues that negatively impact this population. For example, The Boys and Girls Club of America kicked off a Latino Outreach program in January, 2004 that aims to provide various services to disadvantaged Latino youth (Personal communication, M. Valenzuela, October 4, 2005). The Boys and Girls Club of America created soccer and Latin dance programs for Hispanic youth as well as English as a second language class for the parents of these youth. This particular outreach program has proven to be successful among the thousands of families that it serves. Unfortunately this program falls short of specifically serving Hispanic females that are in their teen years and helping them deal with the issues that they are faced with during this era.

Typically programs and services have been developed and implemented to alleviate problems that have already severely affected Hispanic adolescent females. However, if effective preventative programs were developed that were geared specifically toward this population early on, many of the problem behaviors (i.e., substance abuse, depression, etc.) that this population is susceptible to later on in life will hopefully be averted. Overall, on both micro and macro practice levels, social workers have the ability of making significant differences in the lives of Hispanic adolescent females.

Purpose of the Study

The purpose of this study was to examine the effect that social support and socioeconomic status have on psychological well-being among Hispanic adolescent females. When the researchers refer to psychological well-being they mean to include three specific areas that are most likely to affect adolescents' psychological well-being: anxiety, self-esteem, and depression. Researching this type of correlation may lead us to improve the techniques used to treat Hispanic adolescent females who are experiencing problems with depression,

low self-esteem, or anxiety. For example, if the research indicates that higher levels of social support improve psychological well-being then the researchers would have a proposed method for improving the psychological well-being among this population. In addition, the results of this study are crucial to this particular group because of the statistics indicating that they are experiencing proportionately more anxiety-related and delinquency problem behaviors, depression, and drug use than are non-Hispanic white youth (U.S. Department of Health and Human Services, 1999).

It has also become increasingly important to study the predictors of psychological well-being among minority populations because minorities are disproportionately poorer than the Caucasian population. This points us to another client problem and possible predictor of psychological well-being; economic status. It is important to research this because the findings may imply that those with a lower socioeconomic position are more vulnerable to having poor psychological well-being. In addition, this particular population may have more difficulty in transitioning through adolescence because of acculturation issues, difficult immigration

experiences (Szapocznik et al. as cited in Frauenglass et al., 1997), racism and discrimination, access to health care, gender roles, and religion. Acknowledging the predictors of psychological well-being (such as social support and socioeconomic position) may help in creating more support for a population that is already deprived and overwhelmed.

Considering the statistics illustrating the struggles that minority populations are currently having, it would seem likely that others would take interest in researching the predictors of psychological disorders (such as social support and socioeconomic position) among Hispanic adolescents. It is surprising, however, that there is very little research done in this area. The little research that has been done is geared toward studying Hispanic males, and does not include Hispanic females as part of the sample. This is of interest because depression is one of the largest indicators of psychological well-being and Hispanic women tend to suffer from depression more often than Hispanic men (U.S. Department of Health and Human Services, 1999). This illustrates a growing client problem and need for research in this area that has not been previously

explored. This statistic also reveals a possible problem in social work practice by implicitly demonstrating that there are currently very few proven interventions that are likely to raise psychological well-being among Hispanic adolescent females.

For this study the researchers studied Hispanic adolescent females currently attending Middle School in Pasadena, California. The research design of the proposed study was a quantitative, cross-sectional survey design because it best incorporated the existing ways of measuring social support, psychological well-being, and socioeconomic position. It was felt that a questionnaire was most appropriate because it is less intrusive than a formal interview and may make the sample feel safer, in terms of confidentiality. The survey was administered to a group of Hispanic adolescent females for the purpose of saving time and collecting as much data as possible.

Significance of the Project for Social Work Practice

The 2000 U.S. Census reported that 35.3 million individuals of Latin origin currently lived in the United States (Antshel, 2002). Latinos are projected to become the largest minority group in America by the year 2010.

Hispanic youth are the fastest growing segment of the population in the United States. Currently, approximately 11 million of the Latinos residing in the United States are under the age of 18 (Contreras, Mangelsdorf, Rhodes, Diener, & Brunson, 1999). In being such a representative part of our national population, Hispanic adolescent females makes up a group that is significantly overlooked in social work practice policy and research. The social work profession has the potential of playing a key role in the lives of Hispanic female youth. It is essential that social workers have knowledge of the problems and needs of Hispanic adolescent females.

Hispanic adolescent females, in particular, already being part of a vulnerable, oppressed minority population, require immense social support during this stage in their development in order for them to maintain an optimal level of psychological well-being. Hispanic adolescent females who are already dealing with the stresses of being minority women, must also cope with the stresses that come from a lack of social support in their lives. Social support is said to constitute a source of resilience that provides a buffer for adolescents against

the negative consequences of stressful events (van Beest & Baerveldt, 1999).

It is expected that this study will enhance social worker's understanding of the Hispanic adolescent female population. It is anticipated that this study will aid in the design of outreach and support programs that are geared specifically to this population. This study could potentially contribute to social work practice, policy and research once the researchers determine what, if any, relationships exist among the variables being researched amid Hispanic adolescent females. This study should provide a more detailed understanding of the dynamics of this population in relation to their social support and psychological well-being. In having a better understanding of this population, social work practitioners and policymakers can better serve Hispanic adolescent females so that they can lead healthy, successful lives.

All levels of the generalist intervention model will be informed by this study due to the fact that little research has been conducted on this specific population. This study is designed to assess the correlation between social support, socioeconomic position and psychological

well-being among Hispanic adolescent females. This study will significantly contribute to child welfare practice in that it will provide innovative information regarding a population that is vastly overrepresented in social service agencies nationwide.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter two examines and discusses literature related to this study. First, a discussion and overview of current literature regarding social support is reviewed. Secondly, socioeconomic status is studied and discussed. A section on psychological well-being follows including a discussion of research aimed at improving psychological well-being. Lastly, a section including theories guiding conceptualization of this study is included.

Social Support among Adolescents

Various studies have been conducted that investigate the importance of social support in the lives of adolescents. Research shows that a lack of social support experienced by adolescents early on in life creates the foundation for future problem behaviors such as substance abuse and conduct disorder (Frauenglass et al., 1997). Past studies have shown that teenagers who report greater satisfaction with parental and peer support showed less stress, had fewer psychomatic complaints, and

demonstrated less negative moods (Beest & Baerveldt, 1999).

Similarly, Frauenglass et al. (1997) carried out a study which attempted to investigate the interaction between family support and peer modeling on adolescent substance abuse and gang involvement within an ecosystem model. The findings yielded in this study indicated that family social support reduced the influence of deviant peers on some of the problem behaviors reported by the adolescents, particularly tobacco and marijuana use. In addition, deviant peer modeling was related to the levels of adolescent problem behaviors including substance abuse and gang involvement.

Frauenglass et al. (1997) sampled 236 eighth-grade students that attended a public middle-school in a predominantly Hispanic and impoverished Miami neighborhood. The sample was comprised of 139 girls and 97 boys that were approximately 14 years of age. Participants were recruited through a consent poll in their homeroom classes. This study employed a survey design to acquire data from the sample. The students were given questionnaires which included the University of Southern California Health Behavior (USC-HBS) and the

Social Support Appraisals Scale (SSAS). An obvious limitation of this study is that it relied solely on self-reported data, particularly when referring to the participants' substance abusing and gang affiliated behaviors.

A study conducted by van Beest and Baerveldt (1999) assessed the relationship between adolescents' social support from parents and from peers. The research team tested a total of three hypotheses. The first hypothesis was that adolescents who experience little support from their parents will compensate for this with support from peers. The second hypothesis tested was that lack of parental support would not be compensated by peer support because it is impossible for parental support to be replaced by any another form of support. The third and final hypothesis was that adolescents who have little social support lack the opportunity or ability to gain social support from anyone, including peers. The findings of van Beest and Baerveldt's (1999) research supported the second hypothesis which affirms that it is impossible for parental support to be compensated by peer support.

The sample utilized in this study included 1,528 urban Dutch secondary school students between the ages of

14 to 16 who were in their third year of high school. Approximately 51% of the sample was female and 49% was male. The authors of this study employed a survey design to obtain their findings. They administered a self-constructed measure which consisted of a questionnaire which inquired about the participants' perceived social support from family and peers. A notable limitation in this study is the fact that the measure applied had not been tested for validity or reliability.

Winefield, Winefield, and Tiggeman (1992) carried out a study which attempted to investigate the correlation between social support and psychological well-being among adults. Results showed that participants' psychological well-being was, in fact, related to their level of life stress. The social support measure that had the strongest association with well-being was the frequency of supportive behaviors toward the respondent by close family and friends. Social support was an accurate predictor of subjects' self-esteem, depression, and psychological disturbances.

Winefield, Winefield, and Tiggemann's (1992) study utilized a sample of 483 young adults. The participants responded to a variety of questions from the

Multi-Dimensional Support Scale. The questions consisted of the frequency and adequacy of emotional, practical, and informational support during the past month from three sources: confidants, peers, and supervisors. One of the primary limitations of this study is the potential for biases that result from using self-reported social support measures. Also, the relationship between social support and psychological well-being needs to be further explored in order to investigate the precise dynamics behind this causal relationship (Winefield, Winefield, & Tiggemann, 1992).

Socioeconomic Status

Adolescents at an economic disadvantage to others are at risk of developing lower psychological well-being due to the environment in which they are raised (Conger, Rueter, & Conger as cited in Shek, 2005). The quality of parenting that these adolescents receive also suffers as a result of the economic hardships that parents are experiencing, in addition, the psychological well-being of the parents is compromised (Wadsworth & Compas, 2002). It has also been found that economic strain within the family is associated with adjustment problems in

adolescents (McLoyd, Jayaratne, Ceballo, & Borquez, 1994). Further problems that poor adolescents face have to do with the condition of the neighborhood in which they are raised and the stress that goes with living in these conditions.

Phillips and Pittman (2003) reviewed literature supporting their argument that economic disadvantage hinders an adolescent's ability to form their identity. As part of Erikson's eight-stage psychosocial model of human development, identity formation is the task assigned in adolescence (Erikson as cited in Phillips & Pittman, 2003). Phillips and Pittman found that chronic stress due to economic hardships lower poor adolescent's personal motivation which limits their identity exploration. He also states that it is likely that these adolescents will develop negative identities due to stigma from society. This occurs when poor adolescents develop destructive views of themselves because of messages conveyed to them by society.

A study by Wadsworth and Compas (2002) examined the coping mechanisms of poor and working-class adolescents. A guiding theory for this study was stress and coping theory which looks at childhood adjustment following

stressful situations (Conger & Elder as cited in Wadsworth & Compas, 2002). Wadsworth and Compas (2002) explored two types of coping mechanisms; primary and secondary control coping and disengagement coping. In this study, primary control coping refers to coping used right after the stressful event to try and alter or solve the problem, secondary control coping is when one tries to adapt to the stressful situation, and disengagement coping is when one attempts to avoid the problem altogether.

Wadsworth and Compas (2002) looked at 364 adolescents, 12 to 18 years of age. The authors used a questionnaire to examine the sample. Stress, economic strain, and emotional and behavior problems were tested and analyzed. The authors found that those students who reported economic strain also reported more family conflict. The study also found that the poorer students reported more difficulties with aggressive behavior and anxiety and depression. The data showed that those with less anxious/depressive and aggressive behaviors used primary and secondary coping strategies, whereas those with more problems in these areas tended to use disengagement coping.

A study by Shek (2005) examined the psychological well-being and socioeconomic status of Chinese adolescents. The study's sample consisted of 3,017 Chinese adolescents who were put either in an economic-disadvantage or advantage category based on whether or not their family was receiving welfare. The sample was then tested on several levels of psychological well-being including hopelessness, life satisfaction, and self-esteem.

The results of the study showed that those students with economic disadvantage were more hopeless, less satisfied with their lives, and had lower self-esteem than the economically advantaged group. Shek argues that this may be because those experiencing poverty have a predisposition to poor mental health. However, Kane (1987) argues that extended periods of poverty may create depression or a lack of motivation in economically disadvantaged people.

There is a stigma associated with the impoverished population that is carried out even by professionals. McLoyd (1998) found that teachers perceive low-income students with lower expectations and less positively than wealthier students. Brantlinger (1991) found that lower

income students are punished more severely and more often in school than are their wealthier counterparts for similar violations. It is apparent through this data that even the school experiences of the poor are more negative than those of the wealthy because of stigmas held by others.

Another study done by Skafte (2001) examined the perception of adolescents regarding impoverished adolescents. Skafte's sample consisted of 638 adolescents between 11 and 16 years old. Each subject was shown a picture of a person (stranger) of their same age described as wealthy, poor, or neither. Following this description each subject had to rate the stranger on twenty different attributes. The results indicated that those strangers who were perceived as poor were judged as thieves, less self-confident, and less social or friendly than were the wealthy strangers. The strangers that were described as wealthy were judged to be more intelligent, and to be healthier and happier than those described as poor or neither. In addition, this study found that girls who were perceived as being poor received the lowest ratings on the attributes scale. Boys perceived as being

poor were still generally described as "trying their hardest" (Skafte, 2001).

This study illustrates many of the same plights that impoverished adolescent females go through. In addition to being judged by others, these same girls have to cope with additional stressors caused by an unstable living situation.

Psychological Well-being

Hispanic adolescent girls, like other adolescent girls, are faced with problems on a day-to-day basis. It may be surprising, however, to discover that 21% of the adolescent Latina population attempts suicide (Center for Disease Control and Prevention, 1996). To some, this may still not seem like a high percentage, but when compared to African-American and non-Hispanic's percentage of suicide rate (11%) one cannot ignore the fact that there is something gravely different happening to the psychological well-being of the Hispanic female population that is not happening to other ethnic populations. In fact, suicide attempts by adolescent Latinas are so high that a typical suicide attempter is now considered to be an acculturated daughter of

Hispanic, immigrant parents who are not as accustomed to this country as she is (Ng, 1996).

A study done by Turner, Kaplan, Zayas, and Ross (2002) studied the possible causes of attempted suicide among adolescent Latinas. Their sample included 31 Hispanic adolescent females who were being given mental health services. The researchers hypothesized that mutuality between girls and their mothers would have a positive correlation with their psychological well-being. Mutuality, in this study, was defined as an open and inviting relationship in which empathy, empowerment and diversity are displayed (Genero, Miller, Surrey, & Baldwin as cited in Turner et al., 2002). Psychological well-being was tested through levels of depression, self-esteem, acculturation, and coping skills. A limitation of this study is that their whole sample was obtained through mental health clinics which means that most of the girls examined were already receiving services for a mental health problem. In the future, it may be beneficial for researchers to obtain a wider sample of Latinas to determine if they also experience lower depression and high self-esteem due to higher mutuality between themselves and their mothers.

The researchers found that girls who had never attempted suicide had higher mutuality with their mothers. In addition, the authors also found that as mutuality increased between mothers and daughter so did self-esteem. Similarly, depression decreased as mutuality increased. The authors found that girls who had attempted suicide were twice as likely to use negative coping strategies as those who had not attempted suicide. These findings sustained the author's hypothesis that girls who have mothers involved in their lives are less likely to attempt suicide. In addition, the study found that girls who have involved mothers are less likely to become depressed and more likely to hold high self-esteem.

A study conducted by Verduzco Alvarez-Icaza, Lara-Cantu, Lancelotta, and Rubio (1989) found that females reported having higher self-esteem than males in third through fifth grade. In the sixth grade, however, self-esteem drops lower than that of males. This is interesting to note because it indicates that something biological may be setting females apart.

A similar study conducted by Benjet and Hernandez-Guzman (2001) examined the relationship between psychological well-being and the onset of menses in

adolescent Mexican girls. Their sample was 1,102 Mexican youths age 9 to 14 of which 576 were female. The study examined pubertal status (had or had not begun menses), depression, body image, self-esteem, social-emotional adjustment, relationship with parents, attitude toward menarche and menstruation, and demographics. Benjet and Hernandez-Guzman found that females' depressive symptoms increased as they went through menstruation, while male levels of depression did not increase as they experienced puberty (voice change). The authors also found that females had a more negative body image than males after puberty, whereas there was no difference before puberty. This literature suggests that there should be more services available for adolescent girls because they have a more difficult time coping with changes in life, such as menstruation.

Theories Guiding Conceptualization: Ecodevelopmental Theory

Some of the theoretical frameworks that have been used to guide previous studies on Hispanic youth are Erikson's Psychosocial Development Theory (Phillips & Pittman, 2003), Bronfenbrenner's Social Ecology Theory (Frauenglass et al., 1997) and stress and coping theories

(Wadsworth & Compas, 2002). This study has opted to utilize a different theory to guide its conceptualization. Szapocznik and Coatsworth's (1999) Ecodevelopmental Theory appears to be the most appropriate theory to guide this study. Ecodevelopmental theory is the most fitting theory for studies that are researching cultural differences because this theory captures various aspects of acculturation and socialization. The ecodevelopmental theoretical framework seems to encompass features of each of the variables that will be investigated in this study—social support, psychological well-being, and socioeconomic status.

Ecodevelopmental theory is strongly influenced by Bronfenbrenner's work on social ecology of human development. Ecodevelopmental theory (in comparison to Social Ecology Theory) greatly emphasizes the primary role that families play in the socialization of children, the multiple social contexts beyond family that influence development, and the interrelations among contexts (Coatsworth, Pantin, McBride, Briones, Kurtines, & Szapocznik, 2000). Ecodevelopmental theory holds that as social contexts and family relations change in nature over time, the more heightened or decreased the risk is

for the development of psychopathology (Coatsworth et al., 2000). By investigating Hispanic adolescent girl's social context and family relations (socioeconomic position and social support) this study will also be assessing the risk of this population developing psychopathological symptoms (psychological well-being) contingent upon these factors.

The macrosystem refers to social and philosophical ideals that define a particular culture or society. For example, American culture places great emphasis on individualism, self-sufficiency, and independence. Individuals coming from different cultural contexts are likely to experience difficulties adjusting to the American social environment and may become marginalized from it (Pantin, Schwartz, Sullivan, Coatsworth, & Szapocznik, 2003).

The exosystem refers to conditions and settings in parents' lives that influence the children indirectly through their direct influence on parents (i.e., parents' workplace or parents' social support network). The effects of these exosystemic contexts may enhance or hinder the parents' ability to effectively communicate

with, encourage, and discipline their adolescent (Pantin et al., 2003).

Mesosystems refer to relationships between adolescents' worlds (i.e., parental involvement in school activities and supervision of the adolescent's peers). Active parental involvement in adolescents' schooling and peer groups protects adolescents against risks for drug abuse and other problem behaviors that they may be exposed to (Pantin et al., 2003).

Microsystems refer to the social contexts in which the adolescent participates directly (i.e., family, school, and peers). Within each unit, adolescents maintain relationships with a network of people (i.e., parents, friends, teachers). Through these sets of relationships, each microsystem shapes adolescent development toward either health or dysfunction (Pantin et al., 2003).

According to Ecodevelopmental theorists, the family has the greatest degree of influence over adolescents out of all microsystem entities (Pantin et al., 2003). Factors such as family cohesion, conflict, and communication are some of the most powerful predictors of both positive and negative development in adolescence. A

cohesive, harmonious, and well-communicating family is likely to produce high achieving and agreeable adolescents, whereas distant, conflicted, and poorly communicating families are likely to produce drug abusing and problem adolescents (Pantin et al., 2003).

Furthermore, the way an adolescent functions within the peer and school worlds is largely determined by the nature of her or his interactions within the family unit (Pantin et al., 2003).

In conclusion, the principles of the Ecodevelopmental Theory stress the need for social support in the lives of our developing youth. Ecodevelopmental theorists affirm that adolescents need to maintain healthy social relationships with their families in order to preserve an optimal level of psychological well-being, particularly when considering other social contexts that may be affecting them such as their cultural identities.

Summary

In summary, poor adolescent females are targeted and judged by others for being poor and have difficult upbringings due to parental financial stress. Increased

parental social support for this population results in more positive characteristics which cannot be replaced by peer social support. In addition, Hispanic adolescent females commit suicide at higher rates than other populations, which suggest a problem in their coping and problem-solving techniques. Previous literature has failed to examine social support and socioeconomic status as possible predictors to psychological well-being among this population. However, judging from past research, it is likely that increased social support and higher socioeconomic status will increase Hispanic adolescent females' psychological well-being.

CHAPTER THREE

METHODS

Introduction

In this section, an overview of the research methods that were applied in this study is presented. In particular, the study's design; the sampling methods; the data collection process, including specific instruments that were used; the procedures; efforts to protect human subjects; and an analysis of the data will be discussed in specific detail.

Study Design

The specific purpose of this study was to explore the correlation between social support, socioeconomic status and psychological well-being among Hispanic adolescent females. In examining these specific variables, the researchers obtained a clearer picture as to the predictors that influence Hispanic adolescent female's psychological well-being. This study employed a quantitative, cross-sectional, survey design using self-administered questionnaires to evaluate each of the variables' (social support and socioeconomic status) effect on psychological well-being among the

participants. A quantitative, cross-sectional, survey design was the most appropriate research design for this study because it was the most feasible way to assess several variables amongst a given population at a particular point in time. A survey design was utilized in this study because it was less intrusive and personal than conducting formal interviews with each participant. It was also less costly and time-consuming than carrying out interviews with the entire sample.

One of the limitations of this study includes the utilization of self-administered questionnaires. This is a limitation because of the heavy reliance on self-reported data to make inferences about the research question. Some respondents may have found it difficult to answer or to be truthful when it comes to certain personal questions or family background questions such as ethnicity and family income. Also, respondents may have found it challenging to be honest when answering questions regarding their behaviors, mood, etc. Due to the content of the questionnaire, participants may have felt the need to select socially desirable answers instead of choosing truthful answers, which is something that would definitely impact the results. Dishonest

answers and unanswered questions will undoubtedly skew the findings. Thus, the researchers must keep the possibility for bias in mind when making generalizations about the results of the study.

Another limitation of the study is the application of a survey design. Surveys truly limit researchers' ability to obtain a more insightful understanding of participant's answers and opinions. Surveys inhibit the possibility of having a more profound understanding of respondents' views regarding complex themes. Using a survey design obstructs any opportunity to probe for more information or evaluate the non-verbal behavior of the respondents.

Sampling

The sample consisted of Hispanic adolescent females currently attending Middle School in Pasadena, California. The middle school sampled gave their consent for the study to take place. Specifically, the sampling criterion was to include middle school-aged girls (approximately aged 11-15), that were of Hispanic origin (Mexican, Central American, Latin American, Spanish,

Cuban, or Puerto Rican), and who were able to obtain parental consent.

The researchers expected at least 100 students to participate in this study. The researchers used systematic sampling to choose the sample. The determination to obtain the sample from a middle school was made because this would be the most effective way of recruiting adolescent girls in large numbers. The sample was chosen because Hispanic adolescent females are the most knowledgeable in the predictors of their psychological well-being.

Data Collection and Instruments

The data for this study was collected by way of self-administered questionnaires (Appendix A). The questionnaire was made up of several standardized scales as well as a demographic information section that specifically pertains to the study's research question. The specific data that was gathered through the questionnaires included information regarding each participant's social support network, psychological well-being (depression, anxiety and self-esteem) and demographic information (age, ethnicity, socioeconomic

status). The independent variables in the study are social support and socioeconomic status and the dependent variable is psychological well-being. The dependent variable, psychological well-being, was operationalized to include dimensions of depression, anxiety and self-esteem. Social support was measured using a nominal level of measurement and will include social support from friends and family. Psychological well-being, which is comprised of depression, anxiety and self-esteem, was measured using an ordinal level of measurement. Socioeconomic status, which was included in the demographic information section, was also measured using an ordinal level of measurement. Other items incorporated in the demographic information section, such as age, ethnicity, grade level, etc. were measured using a nominal level of measurement.

This study utilized the Perceived Social Support-Friend Scale (PSS-Fr) (Appendix A) and the Perceived Social Support-Family Scale (PSS-Fa) (Appendix A) to collect data regarding social support among the participants (Procidano & Heller, 1983). The PSS-Fr and the PSS-Fa are two 20-item instruments designed to measure fulfillment of social support from friends and

family. The Perceived Social Support Scale, on the whole, has excellent internal consistency (Chronbach's Alpha = .90). The Perceived Social Support Scale also has overall good concurrent validity (Fischer & Corcoran, 2000).

The current study used the Center for Epidemiological Studies Depression Scale for Children (CES-DC) (Appendix A). The CES-DC is a 20-item, self-report depression inventory with possible scores ranging from 0 to 60 (Radloff, 1977). Higher CES-DC scores indicate increasing levels of depression. Historically, the cutoff score of 15 has been suggestive of depressive symptoms in children and adolescents (Weissman, Orvaschel, & Padian, 1980). The CES-DC has exhibited good psychometric properties for its use with adolescents in regards to the scale's validity and reliability (Faulstich, Carey, Ruggiero, Enyart, & Gresham, 1986).

The study in question assessed participant's self-esteem by utilizing the Rosenberg Self-Esteem Scale (RSE) (Rosenburg, 1979) (Appendix A). The Rosenberg Self-Esteem Scale was originally designed to measure self-esteem among high school students. It is a 10-item

Guttman scale that has been widely used. The RSE has good internal consistency (Guttman scale coefficient of reproducibility = .92). Overtime, the RSE has demonstrated good concurrent, predictive and construct validity (Fischer & Corcoran, 2000).

The current study used Beck's Anxiety Inventory (BAI) (Beck, Epstein, Brown, & Steer, 1988) to measure anxiety among its participants (Appendix A). Research shows that Beck's Anxiety Inventory has excellent reliability (Chronbach's Alpha = .82) (Contreras, Fernandez, Malcarne, Ingram, & Vaccarino, 2004). Past research determined that the BAI has good validity as well. The correlations of the BAI with a set of self-report and clinician-rated scales were all significant (Fischer & Corcoran, 2000).

In regards to socioeconomic status, this study included a demographic section in the questionnaire (Appendix A) that incorporated a question referring to the participants' estimated annual family income. Other questions in the demographic section of the questionnaire inquire about the respondents' age, gender, current grade, ethnicity, birthplace and family structure.

Research shows that the measures (PSS-Fr, PSS-Fa, CES-DC, RSE, and BAI) that were utilized in the questionnaire compiled for the purposes of this study have all been widely used throughout the years for clinical and research purposes. Furthermore, past research has determined that these standardized measures have excellent reliability and validity. In addition, previous research studies have utilized the measures in question with individuals of various ethnic backgrounds, proving that the content of each scale is culturally sensitive to various ethnic groups, including Hispanics/Latinos (Contreras, Fernandez, Malcarne, Ingram, & Vaccarino, 2004).

Procedures

Participation for this study was solicited by providing information about the study to the participants as well as an incentive. This incentive was a healthy snack, a souvenir pencil, and credit for participating in physical education for two days. The researchers obtained a list of students fitting the criteria from the middle school and asked every other person on the list to participate in the study. The researchers then explained

the study to the potential participants and sent an English (Appendix B) or Spanish parental consent form (Appendix C) home with them on February 8, 2006. If the participant was interested, they were asked to return the parental consent form on February 9, 2006 to the researchers if they wished to participate in the study.

The data collection procedures included obtaining consent and administering a questionnaire to each participant. This took place in an assigned classroom provided by the middle school on February 9, 2006. The researchers administered the questionnaire and debriefing statements on the same date. When participants completed and handed in their consent forms they were informed, once again, of the purpose of the study and that participation was completely voluntary. They were also told that they may choose to stop their participation at any time after they have begun the questionnaire. A brief overview of the questionnaire was given as well as assurance that their answers were to remain confidential. Subjects were then given a subject consent form (Appendix D) which, if checked, acknowledged that they were willing to participate in this study. Subjects were also given a questionnaire at this time (Appendix A). When subjects

were finished with the questionnaire, which took approximately 35-40 minutes, they were given a debriefing statement (Appendix E).

Protection of Human Subjects

Due to the vulnerable position of the subjects involved in this study, preventative measures were taken to safeguard the confidentiality of the subjects. First, the researchers identified each participant's consent and questionnaire forms by ID numbers only. Personal information, such as names and addresses were not asked. For the purposes of eliminating any identifying information, participants obtained parental consent by having their parents check a box on the consent form instead of providing a signature. This was also the case when they were asked to give their own consent.

Before they began to answer the questionnaire, subjects were informed as to the severity of the questionnaire and possible distress that they may suffer as a result of their participation. Participants were informed that their answers would remain confidential and that their participation was completely voluntary. They were also told that they may choose to withdraw their

participation at any time after they have begun the questionnaire. When participants were finished they were given a debriefing statement specifically outlining the purpose of the study. A list of adolescent mental health providers was also included in the debriefing statement for those who felt affected by the study.


Finally, the data was kept confidential throughout the course of this study. The only individuals who had access to the data were the researchers, Xochitl Alvarez and Marcela Mercado, and their research advisor. Once the data was entered into the computer, the questionnaires were destroyed.

Data Analysis

The data was analyzed by utilizing a quantitative data analysis method. Descriptive statistics, specifically measures of central tendency and variability, were used to describe demographic variables. Data analysis employed inferential statistics in order to make an assessment as to the relationship between socioeconomic status (independent variable), social support (independent variable) and psychological

well-being (dependant variable) among Hispanic adolescent females.

The inferential statistics that were used included an Analysis of Variance (ANOVA) to examine whether or not the variables were related. Pearson's product moment correlation coefficient (r) was also utilized to assess the strength and direction of the relationship between psychological well-being and social support, and psychological well-being and socioeconomic status.



Summary

The primary purpose of this study was to explore the correlation between social support, socioeconomic status and psychological well-being among Hispanic adolescent females. Overall, the findings of this study will provide a better understanding of this underserved population. Also, the results of this study will offer useful information for the development of culturally sensitive services for this disadvantaged population.

CHAPTER FOUR

RESULTS

Introduction

Chapter four includes a presentation of this study's findings. This section also depicts how the data was analyzed and presents the results of the analysis. Further, this study's research question will be addressed utilizing a series of quantitative procedures including Pearson's r correlation and a one-way ANOVA.

Presentation of the Findings

Table 1 shows the demographic characteristics of the respondents. There were a total of 94 Hispanic adolescent female respondents in the study sample. The age range of the sample was 11 to 15 years, with the majority (52.1%) of the participants being 13 years old. Approximately 22% of the respondents were 12 years old, 14.9% were 14 years old, 8.5% were 11 years old, and 2.1% were 15 years old.

Although the entire sample was composed of females who identified themselves as Hispanic, 73.7% specifically identified themselves as Mexican/Mexican-American/Chicana. In addition, 15.8% identified themselves as

Table 1. Demographic Characteristics of the Respondents

Variable	Frequency (n)	Percentage (%)
Age (N = 94)		
11	8	8.5%
12	21	22.3%
13	49	52.1%
14	14	14.9%
15	2	2.1%
Ethnicity (N = 95)		
Mexican/Mexican-American/Chicana	70	73.7%
Central American	15	15.8%
Latin American	2	2.1%
Puerto Rican	1	1.1%
Spanish	3	3.2%
Mixed	4	4.2%
Grade Level (N = 95)		
6th Grade	13	13.8%
7th Grade	36	38.3%
8th Grade	45	47.9%
Family Structure (N = 95)		
Two-Parent Family	71	74.7%
Single-Parent Family	18	18.9%
Step-Parent Family	4	4.2%
Extended Family	2	2.1%
Country of Origin (N = 95)		
United States	76	80.9%
Other	18	19.1%

Central American, 4.2% identified with more than one Hispanic ethnicity, 3.2% identified themselves as Spanish, 2.1% identified themselves as Latin American and 1.1% identified themselves as Puerto Rican.

All females sampled were currently attending middle school, with the majority (47.9%) attending 8th grade; 38.3% were in 7th grade and 13.8% were in 6th grade. Further, approximately 80% of the sample identified their country of origin as the United States, while 19.1% reported that they were born out of the country.

In regards to family structure, nearly three-fourths (74.4%) of the sample came from two-parent households. Additionally, 18.9% came from single-parent households, 4.2% came from step-parent families and 2.1% reported living with extended family.

Table 2 summarizes the socioeconomic status of the respondents. The majority (45.3%) of the sample reporting a high annual household income (\$60,000 and higher); 41.1% reported a low annual household income (less than \$30,000) and 13.7% reported a middle annual household income (between \$30,000 and \$60,000).

Table 2. Socioeconomic Status of Respondents

Annual Household Income	Frequency (n)	Percentage (%)
Less than \$30,000 (Low)	39	41.1%
Between \$30,000 and \$60,000 (Middle)	13	13.7%
\$60,000 and Higher (High)	43	45.3%

Table 3 summarizes the mean scores of perceived social support from friends among the respondents. The scores were calculated on a scale from 0 to 1, with responses of 0 indicating "No" and "Don't know" and a response of 1 meaning "Yes." A lower score indicates less perceived social support from friends while a higher score indicates high levels of perceived social support from friends. Items 2, 6, 7, 15, 18, 20 were all reversed in order to score these items accordingly.

The highest mean score of perceived social support from friends (.73) resulted from item 7 which assessed whether or not the respondents had a friend that could provide them with emotional support. The second highest mean score of perceived social support from friends (.71) came from item 11 which asked participants about their

Table 3. Mean Scores of Perceived Social Support from Friends among the Respondents

Variable	Mean
1. My friends give me the moral support I need.	.65
2. Most other people are closer to their friends than I am.	.51
3. My friends enjoy hearing about what I think.	.57
4. I rely on my friends for emotional support.	.58
5. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.	.53
6. I feel that I'm on the fringe in my circle of friends.	.38
7. There is a friend I could go to if I were just feeling down, without feeling funny about it later.	.73
8. My friends and I are very open about what we think about things.	.65
9. My friends are sensitive to my personal needs.	.35
10. My friends come to me for emotional support.	.64
11. My friends are good at helping me solve problems.	.71
12. I have a deep sharing relationship with a number of friends.	.53
13. My friends get good ideas about how to do things or make things from me.	.54
14. When I confide in friends, it makes me feel comfortable.	.55
15. My friends seek me out for companionship.	.32
16. I think that my friends feel that I'm good at helping them solve problems.	.55
17. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.	.42
18. I've recently gotten a good idea about how to do something from a friend.	.48
19. I wish my friends were much different.	.63

friends' efficiency in helping them resolve problems. The next highest mean score (.65) resulted from items 1 and 8. Item 1 asked whether or not respondents felt as if they received moral support from their peers. Item 8 assessed the participants' ability to be open about their views and opinions around their friends.

The lowest mean score (.32) came from item 15 and asked about the companionship between the respondent and their friends. The second lowest mean score (.35) came from item 9, which asked about friends' sensitivity to respondent's personal needs.

Table 4 illustrates the mean scores of perceived social support from family. In accordance with the scoring instructions, items 3, 4, 16, 19, and 20 were reversed so that a higher score would reflect higher perceived social support. Therefore, mean scores are now analyzed on a scale of 0 to 1, where 0 indicates low perceived social support and 1 indicates high-perceived social support.

The highest mean scores during this analysis came from items 2 (.77), 1 (.75), 13 (.72) and 9 (.70). Item 2 addressed the respondent's feelings about getting "good ideas" from their family, while item 1 asked whether

Table 4. Mean Scores of Perceived Social Support from Family among Respondents

Variable	Mean
1. My family gives me the moral support I need	.75
2. I get good ideas about how to do things or make things from my family	.77
3. Most other people are closer to their family than I am	.58
4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable	.44
5. My family enjoys hearing about what I think	.57
6. Members of my family share many of my interests	.61
7. Certain members of my family come to me when they have problems or need advice	.42
8. I rely on my family for emotional support	.63
9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later	.70
10. My family and I are very open about what we think about things	.51
11. My family is sensitive to my personal needs	.45
12. Members of my family come to me for emotional support	.43
13. Members of my family are good at helping me solve problems	.72
14. I have a deep sharing relationship with a number of members of my family	.56
15. Members of my family get good ideas about how to do things or make things from me	.58
16. When I confide in members of my family, it makes me uncomfortable	.46
17. Members of my family seek me out for companionship	.35
18. I think that my family feels that I'm no good at helping them solve problems	.28
19. I don't have a relationship with a member of my family that is as close as other people's relationships with family members	.43
20. I wish my family were much different	.68

respondents felt that their family gave them the moral and emotional help that they needed. Further, Item 13 assessed whether the respondent's family was good at helping them solve problems. Finally, item 9 asked if the respondent had a family member they could "go to if they were feeling down."

The lowest mean scores during this analysis came from items 18 (.28), 17 (.35) and 7 (.42). Item 18 addressed the respondent's perception of their helpfulness to their family. Item 17 asked about members of the family seeking the respondent out for companionship. Finally, item 7 asked about the respondent's feelings of resourcefulness in terms of giving advice.

Table 5 presents the mean scores of depression among respondents. The scoring of the positive items were reversed (items 4, 8, 12, and 16) to correspond with that question's phrasing. The scores were calculated on a scale from 0 to 3, with responses including "Not At All," "A Little," "Some," and "A Lot." With 0 indicating the least presence of depressive symptomatology and 3 indicating the highest presence of depressive symptomatology.

The range of the mean scores is from .54 to 1.6. The highest mean score of 1.6 came from items 4 and 8. Item 4 asked about the respondent feeling "just as good" as their peers, while item 8 asked about feeling as if "something good was going to happen." The second highest mean score (1.4) came from item 7, which assessed the respondent's level of motivation. Lastly, the next highest mean score (1.2) came from items 5 and 9. Item 5 asked about the respondent's ability to pay attention to what they were doing, while item 9 asked about things "working out" for the respondent in the past.

The lowest mean score of .54 came from item 3, which asked about not feeling happy even after family and friends tried to make them feel better. The second lowest mean score (.60) came from item 10, which asked about "feeling scared." Lastly, the third lowest mean score (.68) came from item 15, which asked about the respondent's perceptions of friendliness and level of acceptance from other peers.

Table 5. Mean Scores of Depression among Respondents

Variable	Mean
1. I was bothered by things that usually don't bother me.	.87
2. I did not feel like eating, I wasn't very hungry.	1.1
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	.54
4. I felt I was just as good as other kids.	1.6
5. I felt like I couldn't pay attention to what I was doing.	1.2
6. I felt down and unhappy.	.79
7. I felt like I was too tired to do things.	1.4
8. I felt like something good was going to happen.	1.6
9. I felt like things I did before didn't work out right.	1.2
10. I felt scared.	.60
11. I didn't sleep as well as I usually sleep.	.93
12. I was happy.	.97
13. I was more quiet than usual.	1.0
14. I felt lonely, like I didn't have any friends.	.90
15. I felt like kids I know were not friendly or that they didn't want to be with me.	.68
16. I had a good time.	1.0
17. I felt like crying.	.86
18. I felt sad.	.98
19. I felt people didn't like me.	.89
20. It was hard to get started doing things.	1.0

Table 6 illustrates the mean scores of self-esteem among the respondents. Originally, scores ranging from 1 to 2 for items 1, 3, 4, 7, and 10 and scores ranging from

3 to 4 on items 2, 5, 6, 8, and 9 indicated low self-esteem. However, in accordance with the scoring instructions, scoring for items 2, 5, 6, 8, and 9 were reversed. Therefore, mean scores are now analyzed on a scale of 1 to 4, with responses including "Strongly disagree," "Disagree," "Agree," and "Strongly agree." On this scale, 1 indicates "Strongly disagree" and 4 indicates "Strongly agree." A higher mean score indicates higher self-esteem.

On this portion of the study, the highest mean scores came from items 4 and 10 (3.0). Item 4 addressed whether respondents thought they were "able to do things as well as most other people," while item 10 assessed whether respondents "take a positive attitude toward themselves." The second highest mean scores (2.9) came from items 3 and 9. Item 3 determined whether respondents felt that they had a "number of good qualities," while item 9 assessed whether respondents thought of themselves as failures.

The lowest mean score (2.1) came from item 8, which asked about the level of respect the respondent had for herself. The second lowest mean score (2.5) came from item 2, which asked about feeling "no good at all."

Table 6. Mean Scores of Self-esteem among Respondents

Variable	Mean
1. On the whole, I am satisfied with myself.	2.8
2. At times I think I am no good at all.	2.5
3. I feel that I have a number of good qualities.	2.9
4. I am able to do things as well as most other people.	3.0
5. I feel I do not have much to be proud of.	2.8
6. I certainly feel useless at times.	2.7
7. I feel that I'm a person of worth.	2.8
8. I wish I could have more respect for myself.	2.1
9. All in all, I am inclined to think that I am a failure.	2.9
10. I take a positive attitude toward myself.	3.0

Table 7 displays the mean scores of anxiety among the participants. The scores were calculated on a scale from 0 to 3, with a response of 0 meaning "Not At All," 1 meaning "Mildly but it didn't bother me much," 2 meaning "Moderately-it wasn't pleasant at times," and a score of 3 meaning "Severely-it bothered me a lot." Here, a mean score of 0 indicated that the common symptoms of anxiety did not affect the respondents at all during the past month and 3 meaning that the common symptoms of anxiety listed severely bothered the respondents during the past month.

The highest mean score (1.13) resulted from item 10 which assessed the level of nervousness among the respondents. The second highest mean score (1.1) came from item 2 which assessed the participants' body temperature. The next highest mean score (1.01) came from item 6 which asked about feeling dizzy or lightheaded. Finally, the third highest mean resulted from item 4 which assessed each participant's ability to relax.

The lowest mean score (.26) came from item 11, which asked about feelings of "choking." The second lowest mean score (.32) came from item 18, which asked about experiencing indigestion. The third lowest mean score (.34) came from item 8 and asked about feeling "unsteady."

Table 7. Mean Scores of Anxiety among Respondents.

Variable	Mean
1. Numbness or tingling	.40
2. Feeling hot	1.1
3. Wobbliness in legs	.57
4. Unable to relax	1.0
5. Fear of worst happening	.98
6. Dizzy or lightheaded	1.01
7. Heart pounding/racing	.74
8. Unsteady	.34
9. Terrified or afraid	.70
10. Nervous	1.13
11. Feeling of choking	.26
12. Hands trembling	.52
13. Shaky/unsteady	.53
14. Fear of losing control	.44
15. Difficulty in breathing	.46
16. Fear of dying	.78
17. Scared	.85
18. Indigestion	.32
19. Faint/lightheaded	.44
20. Face flushed	.45
21. Hot/cold sweat	.67

A one-way Analysis of Variance (ANOVA) was conducted between the independent variable, socioeconomic status and the dependent variable, psychological well-being (depression, self-esteem and anxiety). A series of ANOVA

tests failed to reveal a significant relationship between socioeconomic status and psychological well-being.

Table 8 presents the correlation between psychological well-being and social support. One of the research hypotheses that were posed for the study stated that higher social support would indicate higher psychological well-being in Hispanic adolescent females. To test this hypothesis, a series of Pearson's r correlation tests were conducted to include all three factors of psychological well-being (depression, self-esteem and anxiety), and perceived social support from friends and family.

The results indicated that the correlation between familial social support and depression was significant, ($r = -2.17$, $p = .037$), as there was a moderate negative relationship between social support and depression. However, the correlation between depression and social support from friends was not significant. Another significant finding was the correlation between self-esteem and familial social support, ($r = .275$, $p = .008$), as there was a moderate positive relationship between self-esteem and familial social support. Similarly, levels of anxiety were found to be

significantly correlated with familial social support as well, ($r = -.234$, $p = .038$), indicating that there was a moderate negative relationship between levels of anxiety and familial social support. Neither self-esteem nor anxiety was found to be significantly correlated with social support from friends.

Table 8. Correlation between Psychological Well-being and Social Support

Variable	Social Support Family	Social Support Friends
Depression		
Pearson Correlation	-2.17	-.017
Significance (2-tailed)	.037	.873
N	93	95
Self-Esteem		
Pearson Correlation	.275	.130
Significance (2-tailed)	.008	.215
N	91	93
Anxiety		
Pearson Correlation	-.234	.054
Significance (2-tailed)	.038	.631
N	79	81

Multiple regression analysis was conducted to assess the predictors of self-esteem among the population

sampled. The independent variables included living arrangements, family income, social support from family and grade level. These variables explained 30% of the variance in self-esteem for Hispanic adolescent females ($R = .59$, $R \text{ square} = .35$, $p = .000$). A summary of the regression coefficients is presented in table 9. The variables significantly predicting self-esteem for the Hispanic females included living arrangements and social support from family. Specifically, Hispanic females who lived in a two-parent household were more likely to have higher levels of self-esteem. Similarly, Hispanic females who received social support from family reported higher self-esteem as well.

Table 9. Results of Multiple Regression Analysis of Self-esteem with Four Independent Variables for Hispanic Adolescent Females

Independent Variable	B	SE	β	t	p
Living Arrangements	-4.1	1.2	-3.9	3.3	.002
Family Income	-.02	.29	-.01	-.08	.936
Social Support (Family)	.42	.13	.37	3.2	.002
Grade	.60	.70	.10	.87	.39

(n = 59)

Summary

This chapter depicted a thorough presentation of this study's findings. This section also discussed how the data was analyzed as well as the results of the analysis. In addition, this study's research question was addressed using various quantitative procedures including a one-way ANOVA and Pearson's r correlation.

CHAPTER FIVE

DISCUSSION

Introduction

This study assessed the correlation between social support, socio-economic status and psychological well-being among Hispanic adolescent females. In this final section, a discussion about the study's key findings will be presented. Also, the limitations of the study will be addressed. Lastly, recommendations for social work practice, policy and research will be provided.

Discussion

A majority of the respondents sampled were of Mexican-American descent in the study. Such an overrepresentation of Mexican-American respondents may be attributed to the fact that the middle school utilized in this study was located in Los Angeles County, where the majority of Hispanics are Mexican-American (U.S. Census Bureau, 2000). The average age of the respondents was 13-years-old. The average grade level was 7th grade, which is the appropriate grade-level for 13-year-olds.

The majority of the respondents (74.7%) came from two-parent households, which is consistent with statistics indicating that the majority of households are "Married-couple families" (U.S. Census Bureau, 2000). Although the majority of the respondents indicated that their family's income was \$60,000 or higher, statistics indicate that the median income for families living in that zip code (91103) is \$42,160 (U.S. Census Bureau, 2000). Statistics were not available to indicate the specific median income for Hispanic families living in the 91103 zip code.

In regards to social support from friends, findings suggest that the respondents' overall levels of perceived social support from friends are average. On a scale of 0 to 1, where 0 indicates low perceived social support from friends and 1 indicates the highest level of perceived social support from friends, the respondents' average score of perceived social support from family was 0.54.

The highest individual mean score of perceived social support from friends implies that the participants in this study felt that they could confide in a friend without any reservations. In addition, results indicate that the majority of the participants sampled in the

current study reported that they have at least one friend in their lives which they consider trustworthy enough to disclose feelings of depression and who they count on to make them feel at ease.

The lowest individual score on the scale for perceived social support from friends indicates that the respondents in this study felt that none of their peers longed to spend time with them. It is possible that they felt that they were insignificant in the lives of their peers. It is likely that although the respondents felt that they relied on their peers for social support, their peers may not reciprocate this need for social support from the participants sampled in the current study.

Similarly, in regards to perceived social support from family, findings suggest that the respondents' overall levels of perceived social support from family are average. On a scale of 0 to 1, where 0 indicates low perceived social support from family and 1 indicates the highest level of perceived social support from family, the respondents' average score of perceived social support from family was 0.55.

The highest individual mean score of perceived social support from family reported from the participants

in the current study indicates that the respondents in this study felt that they have learned something from their family. In further analyzing this item, it can also potentially imply that the participants in this study felt that their family supported them enough to take the time to teach the adolescent girls how to do things.

Low individual mean scores of perceived social support from family among the participants in the current study imply that the respondents in the present study do not feel useless when it comes to being of assistance to their families. It is possible that the participants in this study feel that they view themselves as being significant to their family structure.

In regards to depression, findings suggest that the respondents' overall levels of depression are low. On a scale of 0 to 60, where 0 indicates no depression and 60 indicates the highest level of depression, the respondents' average depression score was 20.1. This low level of depressive symptomatology is consistent with statistics that indicate that only 2% of pre-teen school-aged adolescents suffer from clinical depression (Sarafolean, 2000). However, research also suggests that

these levels of depression will increase as the youth age (Center for Disease Control, 2002).

The highest individual mean scores resulted from items that assessed respondent's feelings of self-worth and views about the future. Higher scores on such items imply that the respondents' possibly experienced feelings of inferiority and worthlessness when comparing themselves to their peers. Further, a high mean score resulted from an item that assessed pessimistic sentiments on behalf of the respondents. A high score on this item indicates that the participants experienced feelings of inferiority and a pessimistic outlook on the future.

The lowest mean scores resulted from an item that assessed the participants' ability to feel happy. Results suggest that the respondents were able to feel content when outside support systems aided them in doing so. This is consistent with research that indicates that adolescents who maintain positive relationships with their support systems tend to have lower symptoms of depression (Turner, et al., 2002). The participants also scored low on the item which assessed their feelings of

fear; this may imply that adolescents at this age are confident and fearless.

Results show that, overall, the participants in this study had an average self-esteem score of 27.5 out of a possible 40 (0 representing low self-esteem and 40 representing high self-esteem). An average score of 27.5 indicates that the participants in this study reportedly had an above average level of self-esteem. This finding is inconsistent with literature suggesting that 21% of Hispanic adolescent girls attempts suicide due to a depreciated self-image (Center for Disease Control and Prevention, 1996). It is possible that existing literature on self-esteem among adolescent girls sampled an older group of adolescents than the present study sampled. The current sample consists mostly of pre-teen adolescents and this could cause for various discrepancies between the currently study and existing literature.

The highest mean score on the measure for self-esteem resulted from an item that evaluated how competent the participants perceive themselves as being in comparison to other individuals. The respondents in this study, for the most part, felt that they were just

as competent as other individuals around them. A high mean score resulted from a question that assessed the respondents' personal feelings about themselves. The participants in this study reported having an optimistic view of themselves. The lowest mean score on the measure for self-esteem resulted indicated that pre-teen adolescents are satisfied with the level of respect that they have for themselves.

The data indicates that the overall levels of anxiety among the participants were low. On a scale of 0 to 63, the participant's average overall anxiety score was 13.69. According to Beck's Anxiety Inventory (BAI), a score between 0 and 21 indicates very low anxiety, a score between 22 and 35 indicates moderate anxiety, and a score exceeding 36 is a potential cause for concern. This low level of anxiety is fairly inconsistent with statistics that state that as many as one in ten young people have an anxiety disorder (National Mental Health Association, 2006). However, the current data reflecting low levels of anxiety may be due to the very young age of the participants sampled. These results may also be attributed to lower rates of anxiety among middle-school aged females when compared to older teenaged females.

The highest individual mean score for anxiety indicated that the participant's felt nervous more than any other factor of anxiety. However, this score is still not a high score and simply indicates that the participants experienced nervousness without it bothering them much. The second highest individual mean score indicated that the participant's experienced feelings of heat more often than other factors of anxiety. Although this was the second highest score, it still does not imply that the participants experienced feelings of heat at a concerning rate.

Socioeconomic status was not found to be associated with the three indicators of psychological well-being considered in this study (depression, self-esteem and anxiety). Results showed that 45.3% of the sample in the current study reported their annual household income of being \$60,000 or higher. When considering the statistics from the United States Census Bureau (2000), the reported annual household income of the respondents in this study exceeds the median annual household income of the entire city of Pasadena by nearly \$18,000.

This discrepancy in the socioeconomic status of the respondents of this study may question the accuracy of

the information. It is likely that many of the answers reported by the participants in the current study were falsified. It is possible that the adolescent girls sampled in this study felt compelled to report a higher household income.

There are several reasons that could explain this need felt by the participants to report false information regarding this specific question. The girls may have not been clear on the definition of an anonymous, confidential study and may have felt that their information might somehow be viewed by other individuals and tracked back to them. Another possible reason that could be considered to explain the inaccurate information reported in the respondents' questionnaires is that they may not have been comfortable in the environment in which the questionnaire was administered and may have feared that their peers would look at their answers. The girls might have felt the social pressure to report that they came from a well to do family rather than reporting their actual household income and risk being ridiculed by peers.

This ambiguous information regarding the participants' reported socioeconomic status can also be

do to the simple fact that the girls did not know what their annual household income consisted of. The respondents might have been too young to have knowledge of this specific information. After all, it is not a subject that is likely to come up during conversations at the dinner table.

A series of Pearson's r correlation tests were conducted to assess the correlation between the three factors of psychological well-being (depression, self-esteem and anxiety) and the two types of social support (from family and from friends).

The test results indicated that none of the factors of psychological well-being were significantly correlated with social support from friends. This is surprising because previous data had suggested that adolescents were increasingly influenced by their peers (Frauenglass et al., 1997). However, similar research has also found that adolescents rely more on familial social support rather than social support from friends (van Beest & Baerveldt, 1999).

There are several reasons why this study may have failed to find a significant relationship between psychological well-being and social support from friends.

First, although it is likely that acceptance by peers is important to adolescents, social support from these same peers may not seem as critical to the adolescents themselves. It is also probable that the relationships that adolescents develop during the pre-teen ages are not as critical in their psychological well-being as relationships developed at a later age.

This study suggests that peer social support is not as critical in the psychological well-being of Hispanic female adolescents as was once thought. It also implies that adolescent peer relationships may be shallower than adolescents view them to be. Further, the data suggests that psychological well-being in adolescents is not affected when they fail to form peer relationships that supply them with social support.

The second series of Pearson's r correlation tests that were conducted evaluated the correlation between familial social support and psychological well-being. The test results indicated that familial social support was significantly correlated with all three factors of psychological well-being. In addition, anxiety and depression were found to have a negative relationship

with familial social support, while self-esteem was found to have a positive relationship.

These findings indicate that as familial social support increases so does self-esteem, while depression and anxiety decrease. These results suggest that Hispanic female adolescents greatly rely on their family for social support. In addition, the social support provided by the participant's family strongly influences their psychological well-being. These findings replicate those of previous studies, which indicate that familial social support is instrumental in the psychological well-being of adolescents (van Beest & Baerveldt, 1999; Frauenglass, et. al., 1997; Turner, et. al., 2002).

Based on this data, it appears that Hispanic adolescent females rely on their family for social support much more than they do their friends. This may be because they perceive the bond between themselves and their family to be stronger or more important than the bond that they share with their friends. This data further stresses the importance of familial social support among Hispanic adolescent females. The lack of this social support can result in higher levels of depression and anxiety, and a lowered self-esteem.

Limitations

A limitation of the current study includes the sample size utilized. An increased sample size could have potentially yielded more significant results as well as more valid, generalizable findings. In addition, the present study solely gathered its sample from one middle school. Ninety-five adolescent girls cannot possibly be representative of the entire Latino female adolescent population. Also, in sampling only one middle school in southern California, the study fails to address the other half of the Latino adolescent female population at the high school level. By definition, high school students are still considered to be part of the adolescent population and having sampled Latina adolescents in high school could have significantly contributed to the findings of the current study. Further, the inaccuracy of information regarding the socioeconomic status variable that was, in part, the focus of the study, limits the validity of the present study's findings.

Recommendations for Social Work Practice, Policy, and Research

It is expected that this study will aid those working with Hispanic adolescent females by stressing the

importance of social support from family members. It would also benefit parents and guardians to know that they play a critical role in the life of their child, more so than their child's friends do. Many family members, especially parents, often fail to bond with their children because they find it difficult to do so at this awkward age in their child's life. However, these findings suggest that persistence, on the part of the family members, may aid the child in developing a healthy outlook on life.

It is also important that social work practitioners understand that socio-economic status may not impact the psychological well-being of a child as much as was once thought. This is a positive finding considering it would help practitioners give children encouragement to succeed and prosper even if they are not wealthy.

These findings impact social work policy in that they encourage social work practitioners to work at rebuilding the connection between Hispanic parents and their children. Hispanic children of non-English speaking parents often view their parents as out-of-touch and incompetent because of the language barrier. This results in conflict and a lack of respect to develop between the

two parties. Social workers working with these families can intervene as neutral parties and help increase the communication and support between Hispanic parents and their children.

As was previously mentioned, there were limitations in the way that the participant's socio-economic status was tested. In the future, researchers would benefit from accessing records with accurate income levels. If this were not possible, it may help to involve parents in the sampling process and question them regarding their socio-economic status. This may yield more accurate findings. It would greatly benefit social workers working with this population to be well-informed about the correlation between socio-economic status and psychological well-being among Hispanic adolescent females. These suggestions may help in testing this question.

Conclusions

Overall, the results of this study suggest that familial social support is critical in maintaining psychological well-being among Hispanic adolescent females. Most previous research in this area had been

conducted with a mixed group of races or with primarily Caucasian participants, however, many of the previous research agrees with what was found in this study.

Finally, the results of this study should help practitioners and parents understand the importance of social support in a familial setting.

APPENDIX A
QUESTIONNAIRE

Survey Questionnaire

The Correlation Between Social Support, Socioeconomic Status and Psychological Well-Being Among Hispanic Adolescent Females

Instructions: I would like to ask a few questions about how you feel about yourself. We ask that you be completely honest, as there are no right or wrong answers. Your answers to these questions will be kept confidential.

Part I: Psychological Well-Being: Below is a list of the ways you might have felt or acted. Please check how much you have felt this way during the *past week*.

DURING THE PAST WEEK **Not at all** **A Little** **Some** **A Lot**

D1. I was bothered by things that usually don't bother me. _____

D2. I did not feel like eating, I wasn't very hungry. _____

D3. I wasn't able to feel happy, even when my family or friends tried to help me feel better. _____

D4. I felt I was just as good as other kids. _____

D5. I felt like I couldn't pay attention to what I was doing. _____

DURING THE PAST WEEK **Not at all** **A Little** **Some** **A Lot**

D6. I felt down and unhappy. _____

D7. I felt like I was too tired to do things. _____

D8. I felt like something good was going to happen. _____

D9. I felt like things I did before didn't work out right. _____

D10. I felt scared. _____

DURING THE PAST WEEK **Not at all** **A Little** **Some** **A Lot**

D11. I didn't sleep as well as I usually sleep. _____

D12. I was happy. _____

D13. I was more quiet than usual. _____

D14. I felt lonely, like I didn't have any friends. _____

D15. I felt like kids I know were not friendly or that they didn't want to be with me. _____

DURING THE PAST WEEK **Not at all** **A Little** **Some** **A Lot**

D16. I had a good time. _____

- D17. I felt like crying. _____
- D18. I felt sad. _____
- D19. I felt people didn't like me. _____
- D20. It was hard to get started doing things. _____

Part I: Psychological Well-Being (continued). Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

- 1 = Strongly agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly disagree

- ___ SE1. On the whole, I am satisfied with myself.
- ___ SE2. At times I think I am no good at all.
- ___ SE3. I feel that I have a number of good qualities.
- ___ SE4. I am able to do things as well as most other people.
- ___ SE5. I feel I do not have much to be proud of.
- ___ SE6. I certainly feel useless at times.
- ___ SE7. I feel that I'm a person of worth.
- ___ SE8. I wish I could have more respect for myself.
- ___ SE9. All in all, I am inclined to think that I am a failure.
- ___ SE10. I take a positive attitude toward myself.

Part I: Psychological Well-Being (continued). Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
A1. Numbness or tingling	0	1	2	3
A2. Feeling hot	0	1	2	3
A3. Wobbliness in legs	0	1	2	3
A4. Unable to relax	0	1	2	3
A5. Fear of worst happening	0	1	2	3
A6. Dizzy or lightheaded	0	1	2	3
A7. Heart pounding/racing	0	1	2	3
A8. Unsteady	0	1	2	3
A9. Terrified or afraid	0	1	2	3
A10. Nervous	0	1	2	3
A11. Feeling of choking	0	1	2	3
A12. Hands trembling	0	1	2	3
A13. Shaky / unsteady	0	1	2	3
A14. Fear of losing control	0	1	2	3
A15. Difficulty in breathing	0	1	2	3
A16. Fear of dying	0	1	2	3
A17. Scared	0	1	2	3
A18. Indigestion	0	1	2	3
A19. Faint / lightheaded	0	1	2	3
A20. Face flushed	0	1	2	3
A21. Hot/cold sweats	0	1	2	3

Part II: Social Support. The statements with follow refer to feelings and experiences which occur to most people at one time or another in their relationships with *friends*. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

- Yes No Don't know Sfr1. My friends give me the moral support I need.
- Yes No Don't know Sfr2. Most other people are closer to their friends than I am.
- Yes No Don't know Sfr3. My friends enjoy hearing about what I think.
- Yes No Don't know Sfr4. I rely on my friends for emotional support.
- Yes No Don't know Sfr5. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.
- Yes No Don't know Sfr8. I feel that I'm on the fringe in my circle of friends.
- Yes No Don't know Sfr9. There is a friend I could go to if I were just feeling down, without feeling funny about it later.

- Yes No Don't know Sfr10. My friends and I are very open about what we think about things.
- Yes No Don't know Sfr11. My friends are sensitive to my personal needs.
- Yes No Don't know Sfr12. My friends come to me for emotional support.
- Yes No Don't know Sfr13. My friends are good at helping me solve problems.
- Yes No Don't know Sfr14. I have a deep sharing relationship with a number of friends.
- Yes No Don't know Sfr15. My friends get good ideas about how to do things or make things from me.
- Yes No Don't know Sfr16. When I confide in friends, it makes me feel uncomfortable.
- Yes No Don't know Sfr17. My friends seek me out for companionship.
- Yes No Don't know Sfr18. I think that my friends feel that I'm good at helping them solve problems.
- Yes No Don't know Sfr19. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.
- Yes No Don't know Sfr19. I've recently gotten a good idea about how to do something from a friend.
- Yes No Don't know Sfr20. I wish my friends were much different.

Part II: Social Support (continued). The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with their *families*. For each statement there are three possible answers: Yes, No, Don't know. Please circle the answer you choose for each item.

- Yes No Don't know Sfa1. My family gives me the moral support I need.
- Yes No Don't know Sfa2. I get good ideas about how to do things or make things from my family.
- Yes No Don't know Sfa3. Most other people are closer to their family than I am.
- Yes No Don't know Sfa4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.
- Yes No Don't know Sfa5. My family enjoys hearing about what I think.
- Yes No Don't know Sfa6. Members of my family share many of my interests.
- Yes No Don't know Sfa7. Certain members of my family come to me when they have problems or need advice.
- Yes No Don't know Sfa8. I rely on my family for emotional support.
- Yes No Don't know Sfa9. There is a member of my family I could go to if I were just feeling down, without feeling funny about it later.

- | | | | |
|-----|----|------------|---|
| Yes | No | Don't know | Sfa10. My family and I are very open about what we think about things. |
| Yes | No | Don't know | Sfa11. My family is sensitive to my personal needs. |
| Yes | No | Don't know | Sfa12. Members of my family come to me for emotional support. |
| Yes | No | Don't know | Sfa13. Members of my family are good at helping me solve problems. |
| Yes | No | Don't know | Sfa14. I have a deep sharing relationship with a number of members of my family. |
| Yes | No | Don't know | Sfa15. Members of my family get good ideas about how to do things or make things from me. |
| Yes | No | Don't know | Sfa16. When I confide in members of my family, it makes me uncomfortable. |
| Yes | No | Don't know | Sfa17. Members of my family seek me out for companionship. |
| Yes | No | Don't know | Sfa18. I think that my family feels that I'm no good at helping them solve problems. |
| Yes | No | Don't know | Sfa19. I don't have a relationship with a member of my family that is as close as other people's relationships with family members. |
| Yes | No | Don't know | Sfa20. I wish my family were much different. |

Part III: Background. In this section, I would like to ask you a few questions about yourself. Please write or circle your answer.

B1. How old are you? _____ years old.

B2. What is your gender?

- () 1. Male
- () 2. Female

B3. Do you identify yourself as a Hispanic/Latina?

- 1. No
- 2. Yes
 - a) If yes, what ethnicity?
 - 1a. Mexican/Mexican-American/Chicana
 - 2a. Central American (i.e. Guatemalan, El Salvadorean, etc.)
 - 3a. Latin American (i.e. Brazilian, Argentinean, Peruvian, etc.)
 - 4a. Puerto Rican
 - 5a. Cuban
 - 6a. Spanish (of European decent)

B4. What grade are you in?

- 1. 9th grade
- 2. 10th grade
- 3. 11th grade
- 4. 12th grade

B5. Which of the following best describes where you live?

1. Two-parent family
2. Single-parent family
3. Relative/Guardian
4. Step-parent family
5. Other (Please specify) _____

B6. Can you please estimate your family's total annual income:

1. Under \$15,000
2. \$15,000-30,000
3. \$30,000-\$45,000
4. \$45,000-\$60,000
5. \$60,000-\$75,000
6. \$75,000-\$100,000
7. Over \$100,000

B7. Where were you born?

1. USA
2. Other country (Please specify) _____

B8. If you are born in another country, at what age did you come to the USA? _____

APPENDIX B
PARENT CONSENT

PARENT CONSENT

The study in which your child is being asked to participate in is designed to investigate the correlation between social support, socioeconomic status and mental health among Hispanic adolescent females. This study is being conducted by Xochitl Alvarez and Marcela Mercado under the supervision of Dr. Janet Chang, Professor of Social Work. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

In this study your child will be asked to respond to several questions regarding her mental health, social support, and demographic information. The questionnaire should take about 25 to 30 minutes to complete. All of your child's responses will be kept confidential and anonymous by the researchers. You and your child may receive the group results of this study upon completion on September 15, 2006 at the Pfau Library located on the California State University, San Bernardino campus.

Your child's participation in this study is completely voluntary. Your child is free to decline to answer any questions and withdraw from the study at any time. When they have completed the questionnaire, they will receive a debriefing statement describing the study in more detail. A possible risk that your child is taking in completing this questionnaire is that they may feel uncomfortable by the content of the questions being asked, such as those regarding ethnicity and family income. There are no direct benefits that the participants would receive. However, the long term benefits include helping researchers, teachers, counselors, mental health professionals and several other concerned individuals better understand the Hispanic adolescent female population in regards to their social support system, socioeconomic status and mental health. Your child will be included in the study (and given a questionnaire to complete) only after this consent form is read, a check is marked and it is returned to the researchers. You may review the questionnaire that your child is being asked to complete at the administrative office at Washington Middle School.

If you have any questions or concerns about this study, please feel free to contact Dr. Janet Chang at (909) 537-5184 or (909) 537-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand that, the nature and purpose of this study, and I freely consent to my child's participation. I also acknowledge that I am at least 18 years of age.

Place a check mark here

Today's date: _____

APPENDIX C
PARENT CONSENT (SPANISH VERSION)

CONSENTIMIENTO INFORMADO

El estudio en cual se le ha pedido la participación de su hija es diseñado para investigar la relación entre apoyo social, la posición socioeconómica y salud mental entre niñas adolescentes Hispánas. Este estudio se esta realizando por parte de Xochitl Alvarez y Marcela Mercado (estudiantes de postgrado de Trabajo Social de la Universidad del estado de California, San Bernardino) bajo la supervisión de la Dra. Janet Chang, Profesora de Trabajo Social. Este estudio ha sido aprobado por la Tabla Institucional de Revisión Universitaria.

En este estudio, se le pedirá a su hija que responda a varias preguntas escritas en un cuestionario con respecto a su salud mental, apoyo social, e información demográfica. El cuestionario debe tomar aproximadamente 25 a 30 minutos para completar. Todas las respuestas de su hija se mantendrán confidenciales anónimas por las investigadoras. Usted y su hija pueden recibir los resultados de este estudio después de su finalización el 15 de septiembre del 2006 en la Biblioteca de Pfau localizada en la Universidad del estado de California, San Bernardino.

La participación de su hija en este estudio es completamente voluntaria. Su hija tiene el derecho a cualquier tiempo de dejar de responder a cualquier pregunta en el cuestionario o terminar su participación en el estudio. Cuándo se complete el cuestionario, su hija recibirá un resumen del contenido de este estudio. Uno de los riesgos que se podría presentar a su hija durante la completación del cuestionario es que su hija puede ser incomodada por algunas de las preguntas incluidas en el cuestionario, tal como preguntas sobre cuestiones monetarias de la familia. Su hija será incluida en el estudio (y dado un cuestionario para completar) sólo después de que esta forma de consentimiento se ha leído, tachado y devuelta a las investigadoras. Para su conveniencia, el cuestionario que su hijo/a completara estará disponible en las oficinas administrativas de Washington Middle School.

Si usted tiene cualquiera pregunta o preocupación acerca de este estudio, por favor siéntase libre comunicarse con la Dra. Janet Chang marcando al (909) 537-5184 o (909) 537-5501.

Al tachar la cajita abajo, yo reconozco que he sido informado/a de, y que entiendo, el propósito de este estudio, y consiento libremente a la participación de mi hija. Reconozco también que tengo por lo menos 18 años de la edad.

Favor de tachar aquí:

Fecha: _____

APPENDIX D
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate in is designed to investigate the correlation between social support, socioeconomic status and mental health among Hispanic adolescent females. This study is being conducted by Xochitl Alvarez and Marcela Mercado under the supervision of Dr. Janet Chang, Professor of Social Work. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

In this study you will be asked to respond to several questions regarding your mental health, social support, and demographic information. The questionnaire should take about 25 to 30 minutes to complete. All of your responses will be kept confidential and anonymous by the researchers. You may receive the group results of this study upon completion on September 15, 2006 at the Pfau Library located on the California State University, San Bernardino campus.

Your participation in this study is completely voluntary. You are free to decline to answer any questions and withdraw from the study at any time. When you have completed the questionnaire, you will receive a debriefing statement describing the study in more detail. A possible risk that you are taking in completing this questionnaire is that you may feel uncomfortable by the content of the questions being asked, such as those regarding ethnicity and family income. There are no direct benefits that you would receive. However, the long term benefits include helping researchers, teachers, counselors, mental health professionals and several other concerned individuals better understand the Hispanic adolescent female population in regards to their social support system, socioeconomic status and mental health.

You will be included in the study (and given a questionnaire to complete) only after this consent form is read, a check is marked and it is returned to the researchers.

If you have any questions or concerns about this study, please feel free to contact Dr. Janet Chang at (909) 537-5184 or (909) 537-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study and I freely agree to participate.

Place a check mark here

Today's date: _____

APPENDIX E
DEBRIEFING STATEMENT

**Correlation Between Social Support, Socioeconomic Status and Psychological Well-being Among Hispanic Adolescent Females
Debriefing Statement**

The study you have just completed was designed to investigate the correlation between social support, socioeconomic status and psychological well-being among Hispanic adolescent females. In this study social support and socioeconomic status were assessed to see how it affects depression, anxiety, and self-esteem. Higher rates of perceived social support often positively influence an individual's psychological well-being, as does socioeconomic status. We are particularly interested in the relationship between these three variables among Hispanic adolescent females.

Thank you for your participation and for not discussing the contents of the questionnaire with other students. If you have any questions about the study, please feel free to contact Xochitl Alvarez, Marcela Mercado or Professor Janet Chang at (909) 537-5184 or (909) 537-5501. If you would like to obtain a copy of the group results of this study, please contact Professor Chang at (909) 537-5184 or (909) 537-5501 at the beginning of Fall quarter 2006.

If you, in any way, feel mentally affected by the study that you have just completed, we recommend that you seek assistance at one of the agencies listed below:

24-HOUR SUICIDE CRISIS HOTLINE: 1-800-464-1123

GIRLS & BOYS TOWN NATIONAL HOTLINE: 1-800-448-3000

CA YOUTH CRISIS LINE: 1-800-843-5200

RIVERSIDE CO. CRISIS OUTPATIENT SERVICES: (951) 358-4705

LA CO. CRISIS MANAGEMENT CENTER: (626) 821-5858 or (800) 854-7771

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Xochitl Alvarez & Marcela Mercado

2. Data Entry and Analysis:

Team Effort: Xochitl Alvarez & Marcela Mercado

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Xochitl Alvarez & Marcela Mercado

b. Methods

Team Effort: Xochitl Alvarez & Marcela Mercado

c. Results

Team Effort: Xochitl Alvarez & Marcela Mercado

d. Discussion

Team Effort: Xochitl Alvarez & Marcela Mercado