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Sources of Social Support and Gender in Perceived Stress and Individual Adjustment Among Latina/o College-Attending Emerging Adults

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Objectives: We explored the role of particular sources of social support (friends, romantic partners, family) as moderators and mediators in the associations between perceived stress and individual well-being (loneliness, depressive symptoms, and self-rated physical health). We also tested the possible moderating effect of gender to ascertain whether women and men are differentially impacted by social support's diverse sources. **Method:** Participants were 163 Latina/o emerging adults attending college (85% women; $M_{\text{age}} = 20.2$ years, range: 18–25). **Results:** Holding perceived stress constant, friend support was negatively associated with loneliness, romantic partner support was negatively related to depressive symptoms, and family support was positively associated with self-rated physical health. Friend or romantic partner support moderated the relationships between perceived stress and loneliness, and self-rated physical health, but not depressive symptoms. Perceived stress and loneliness were indirectly and positively associated through lower friends and romantic partner supports, perceived stress and depressive symptoms were indirectly and positively related through lower romantic partner support, and perceived stress and self-rated physical health were related indirectly and negatively through lower family support. Gender moderated the relationships between family and friend support and self-rated physical health, and between friend support and depressive symptoms. Particular sources of support mediated the associations of perceived stress with well-being. **Conclusions:** Results highlight how social support helps Latina/o youth cope with stress and mitigate challenges associated with their college transition. Social support implications for physical and psychological health differ for male and female Latina/o college-attending emerging adults.

Keywords: emerging adulthood, gender, Latina/os, sources of social support, stress

Research demonstrates that social support is associated with individual well-being. Those with better social support, both in quantity and quality, are at lower risk for a variety of health concerns, including depression, loneliness, and physical health issues (Hefner & Eisenberg, 2009; Needham, 2008; Nicpon et al., 2006–2007; Pettit, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011; Thoits, 2011). Stress is another factor associated with well-being; higher levels of stress—operationalized in this study as the frequency with which symptoms of negative stress were experienced within the past month—are associated with an increased risk for physical and mental health challenges (Chou, 2012; Dalgard et

al., 2006; Denton, Prus, & Walters, 2004; Galaif, Sussman, Chou, & Wills, 2003; Mahon, Yarcheski, Yarcheski, Cannella, & Hanks, 2006; Matud, Bethencourt, & Ibáñez, 2015; Meadows, Brown, & Elder, 2006; Roxburgh, 2004; Thorsteinsson & Brown, 2009). The present study focuses on perceived stress rather than acculturation stress. It builds on the cognitive-transactional model of stress (Lazarus & Launier, 1978), which postulates that individuals perceive they are under stress when the environmental demands exceed their adaptive capacities, particularly after their subjective evaluations of available coping resources (Cohen, Kessler, & Underwood-Gordon, 1995; Orücü & Demir, 2009; Probst, 2011).

Three primary theoretical approaches have been proposed to explain associations among stress, social support, and individual well-being, defined broadly and in a multifaceted manner (Cohen & Wills, 1985; Ensel & Lin, 1991). First, the independent model asserts that social support benefits individual well-being, irrespective of stress. Second, the stress-buffering (moderation) model posits that social support decreases the negative impacts of stress on individual well-being. Finally, the deterioration deterrence (mediation) model suggests that stress predicts adverse well-being indirectly through diminished social support. Strong empirical evidence supports each of these propositions (e.g., Bouteyre, Maurer, & Bernaud, 2007, testing the independent model; Lepore,

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Evans, & Schneider, 1991, testing both the buffering/moderation and the mediation models; Raffaelli et al., 2013, testing the buffering or moderation model).

The volume of research exploring the impact of social support on well-being has increased rapidly in recent years, especially when examining how these variables impact student retention at colleges and universities (Storlie, Moreno, & Portman, 2014). Yet this literature remains dominated by white, middle-class samples. Far less is known about associations among stress, social support, and health in populations representing a broader array of diversity. This is problematic for many reasons, especially for those working with emerging adults in higher education settings, as retention rates for ethnic minority students are lower than those for their white counterparts. Latina/o students in particular are at risk for discontinuous college careers that do not culminate in a degree (Sullivan, 2007). Because mental and physical health concerns are commonly cited as a reason for dropping out of college (Crockett et al., 2007; Freudenberg & Rugelis, 2007), it is important to better understand Latina/o college-attending emerging adults' experiences with social support and stress as they relate to well-being.

Ethnicity, Culture, and Social Support

Ethnicity and culture have been especially understudied factors within social support research. Research focusing on Latina/o college youth is especially needed, given their increasing rates of college attendance yet severe disparity in graduation rates (12% compared with 63% in non-Latina/o white counterparts; McFarland et al., 2017). The graduation rate disparity may be attributable in part to a variety of challenges or barriers that arise as a result of education-, finance-, relationship-, health-, and/or culture-related stressors that many Latina/o college youth experience on a daily basis (Boden, 2011). For example, Latina/os are a fast growing ethnic minority group with high rates of depression and suicide (Centers for Disease Control and Prevention, 2007). Hawkey et al.'s (2008) study found that people experiencing higher levels of stress are disproportionately represented among lonely individuals. Recent research on Latina/o college students found that loneliness accounted for a significant incremental variance in suicide risk above and beyond ethnic identity (Chang et al., 2017). Latina/o emerging adults are also at increased risk for a variety of physical health ailments that can be associated with stress, including substance abuse, overweight, and obesity (Centers for Disease Control and Prevention, 2015).

Global Versus Relationship-Specific Sources of Support

Most of the literature has investigated social support as a global construct without focusing on relationship-specific sources of support, such as support from family, friends, and romantic partners (Cavanaugh & Buehler, 2016). Mixed results have been reported as to whether individuals perceive distinct sources of support differently (Moilanen & Raffaelli, 2010; Rodriguez, Mira, Myers, Morris, & Cardoza, 2003). However, research on sources of support is essential (Raffaelli et al., 2013; Uchino, 2009), because various sources may exert their influences on individuals in different ways under different circumstances, and/or with different effects depending on the particular aspect of well-being being

examined (Segrin, 2003; Sheets & Mohr, 2009). For example, Pettit et al. (2011) suggest that different effects of diverse sources of support (e.g., family vs. friends) on depressive symptoms may result from differences in the nature of the relationship and the extent of closeness between support providers and recipients.

Different sources of social support also may serve distinct functions during different life stages (Sheets & Mohr, 2009). For instance, Segrin (2003) has found that social support from family members is less effective than support from friends at reducing psychosocial distress for emerging adults than for adolescents. Nevertheless, although research has suggested that peer and/or intimate partner support may become more common and important and begin to usurp the function of family support as individuals move into emerging adulthood (Arnett, 2015a; Qualter et al., 2015), substantial evidence has indicated that support from parents or family remains influential in promoting emerging adults' adjustment and well-being (Lee, Dik, & Barbara, 2016; Mounts, Valentiner, Anderson, & Boswell, 2006; Weinstein, Mermelstein, Hedeker, Hankin, & Flay, 2006). This may be particularly true in populations that place a high value on the family, such as the Latina/os characterized by their culture's core value of familism (Raffaelli et al., 2013; Rivera, 2007; Rodriguez et al., 2003).

Notably, little work has focused on the Latina/o population in general (Rivera, 2007), let alone research that has examined whether the effect of social support on well-being may vary by its source. Thus, it is currently unclear whether the relatively close familial relationships of Latina/o college-attending emerging adults help to mitigate some of the impact of stress. On the one hand, Latina/o youth are more likely than their white counterparts to be first-generation college students (Gramlich, 2017), a status which may confound the helpfulness of family for students trying to navigate the stressful transition to a college environment (Auerbach, 2007; Ceballos, 2004). On the other hand, close family relationships have been shown to help Latina/o youth navigate other forms of stressors such as ethnic and racial discrimination (Stein, Gonzalez, Cupito, Kiang, & Supple, 2015). Furthermore, it may be that support coming from other close relationships, such as friendships and romantic partnerships, takes on increased salience for Latina/o college-attending youth, as these individuals are likely experiencing many of the same contemporaneous challenges (Rodriguez et al., 2003). However, the dearth of research focusing on Latina/o emerging adults attending college in general extends to the question of whether the specific role of support coming from various relationships mitigates the impact of stress on well-being. The current study aims to address this gap in the literature. Building on the complex relationship between stress and well-being and the role of general social support in their link, the current study aims to examine, in a sample of Latina/o college-attending emerging adults, ways in which sources of social support (i.e., from family, friends, and romantic partners) may influence the relationship differently. Because well-being is multifaceted (Barr, Culatta, & Simons, 2013; Lucas, Diener, & Suh, 1996), we also examine its social, psychological, and physical health dimensions in this study, with a particular focus on loneliness, depressive symptoms, and self-rated physical health. Finally, we aim to test the possible moderating effect of gender to ascertain whether women and men are differentially impacted by social support in their various relationships.

Social Support, Stress, and Well-Being Using Latina/o Samples

The pervasive tendency for research on social support and well-being to treat support as a global construct without considering its sources has generally been the case in research using Latina/o samples as well (e.g., Finch & Vega, 2003). However, some research using Latina/o samples has examined how the source of social support may vary in their direct impacts on individual well-being (i.e., their relative contribution to well-being) and in their intervening role of the relationship between stress and well-being (e.g., moderator and/or mediator). For example, in their effort to examine the differential contributions of family and friend support to psychological well-being, Rodriguez et al. (2003) found that for Latina/o college students, friend support contributed slightly more to positive psychological adjustment, as compared with family support. These authors also found that friend support, but not family support, protected against psychological distress, and that neither family nor friend support moderated the effects of stress on psychological adjustment. Another study tested the stress-buffering hypothesis with a sample of Mexican American college students (aged 18–30 years), and found that parental support buffered the effects of stress on both depressive and anxiety symptoms, whereas the buffering effect of peer support was found only for anxiety (Crockett et al., 2007). In a Mexican university sample (aged 16–21 years), Raffaelli et al. (2013) tested whether the moderating role of social support may vary by its sources (i.e., relationship-specific support from family, friends, and romantic partners), and found that only family support buffered the association between stress and depression. Finally, with a sample of Latina/o emerging adults (aged 18–23 years), Rivera (2007) found that family social support mediated, but did not moderate, the relationship between stress and depression. It is worth noting that family social support was the only source of support measured and tested in the study.

In sum, research focusing on Latina/o samples is very limited, but suggests that the direct, independent effect of social support on individual well-being varies by its sources, that social support as a stress buffer differs by its sources, and that the mediating effect of social support, although barely examined to date, also varies by its sources. Still, research has not examined romantic partners as a potential source of support for Latina/o youth, despite the well-established developmental shift in intimacy favoring romantic partners during this time period (Arnett, 2015b; Markiewicz & Doyle, 2011; Qualter et al., 2015). Moreover, most of the available research has focused on acculturation stress rather than perceived stress, which limits the generalizability of the findings. Finally, most of the above noted research studies have focused on depression when measuring individual well-being, which also limits the extent to which the findings may relate to other aspects of physical and mental health.

Gender Differences

Gender may also play an important role in how emerging adults experience stress and social support. However, little is known about whether the associations between sources of support and individual well-being might vary by gender. Research that examines such a potential gender effect is warranted, especially among

Latina/o young adults. Previous research (mostly with non-Latina/o samples) has found gender differences in orientation to relationships during adolescence, such that girls value close friendships and devote more time and energy toward developing friendships, compared with boys (Bowker & Ramsay, 2011; Levesque, 2011; Raffaelli & Duckett, 1989). Research also suggests that women overall perceive higher levels of social support than men during emerging adulthood (Adamczyk, 2016; Weckwerth & Flynn, 2006). Women seem to benefit more than men from support provided by parents and close friends, and also tend to suffer more when such support is absent (Sifers, 2011). Thus, perceiving lower levels of support from family or friends may result in decreased well-being for female college youth more so than for their male counterparts. However, very few studies have empirically examined such gender moderation effects. In one study to do so, Zhang, Gao, Fokkema, Alterman, and Liu (2015), using a sample of adolescents in China ($M_{\text{age}} = 15.9$), found that the negative association between perceived social support (particularly from friends and romantic partners) and loneliness was greater for girls than for boys. Similar results were found in a study by Koenig and Abrams (1999), despite their focus only on friends' support. None of these studies above used Latina/o samples.

It is also important to explore whether gender moderates the mediation effects of various sources of social support on the relationship between stress and well-being. The literature has not been clear whether social support as a mediator differentially impacts the association between stress and well-being for women versus men. To the best of our knowledge, studies by Thorsteinsson and Brown (2009) and Gracia and Herrero (2004) are the only two that have examined whether the association of stress with social support might vary by gender. However, both studies measured general social support (rather than sources of support) and found inconsistent results. Specifically, in Gracia and Herrero's (2004) study using an urban community-based sample of adult participants in Spain, no gender difference was found in the relation between stress and social support. However, gender differences were found in Thorsteinsson and Brown's (2009) study based on a sample of college students in Australia, where stress was negatively associated with social support for women, but not for men. Clearly, research is very much needed that examines the role of gender in the associations among stress, various sources of support, and well-being for Latina/o emerging adults attending college.

The Present Study

Using a sample of Latina/o college-attending emerging adults and testing three theoretical approaches (i.e., the independent model, the stress-buffering model, and the mediation model), the purpose of the present study is to further explain the role of particular sources of support in the associations between stress and individual well-being, particularly loneliness, depressive symptoms, and self-rated physical health. Although not necessarily competing (i.e., each may hold some validity simultaneously), these theoretical models help elucidate the role that relationship-specific sources of support may play in the link between stress and well-being. Also, as noted earlier, the present study focuses on perceived stress, rather than acculturation stress. This focus builds on the cognitive-transactional model of stress (Lazarus & Launier,

1978), which suggests that individuals perceive they are under stress when the environmental demands exceed their adaptive capacities, as noted earlier (Cohen et al., 1995; Orücü & Demir, 2009; Probst, 2011).

Hypotheses

Based on the three theoretical models and previous research results presented above, we test four hypotheses and explore potential moderated mediation effects in the current study. First, we hypothesize that the association of social support with well-being varies by its sources, regardless of the perceived levels of stress (H1). Second, we hypothesize that the buffering role of social support in the relationship between perceived stress and well-being differs across its particular sources (H2). Third, we hypothesize that the mediating role of social support in the relationship between perceived stress and well-being varies by its sources (H3). Fourth, we hypothesize that gender moderates the relationships between particular sources of support and well-being (H4). Fifth, we explored whether sources of social support mediating the relationship between perceived stress and well-being would vary by gender. Given the relatively limited research base to date, yielding mixed results, we refrained from directional hypotheses or specifying relative importance of various sources of social support, and approach the direction of these differences as an open research question.

Method

Participants and Procedure

The sample consisted of 163 Latina/o college students from a midsized public university in the Northeast of the United States. This university has been designated as *Hispanic-Serving Institution*, which means that the student population is at least 25% Hispanic (Hispanic Association of Colleges and Universities List, 2017). Most respondents (84.7%) were women. The average reported age was 20.2 years ($SD = 1.8$; range = 18–25), with 24.5% first-year students, 21.5% sophomores, 36.2% juniors, and 17.8% seniors. The median family income was \$40,000 to \$49,999, ranging from *less than \$10,000* to *\$150,000 or more*, with every \$10,000 as a segment. Participants were recruited in a variety of ways, including e-mail, flyers, word of mouth, in classrooms, at the student center, and at student organization meetings, and were offered a \$5 incentive for completing the survey. All data were collected in person, and all procedures were approved by the university's Institutional Review Board.

Measures

After providing informed consent, participants were administered a survey that included demographic questions and the following measurement instruments:

Perceived stress. Perceived stress was assessed by the 10-item version of the Perceived Stress Scale (PSS-10; Cohen & Williamson, 1988). This self-report scale measures the frequency with which an individual has experienced symptoms of negative stress during the last month. Cohen and Williamson (1988) reported adequate psychometric qualities (e.g., internal reliability

with a coefficient alpha of .78 and concurrent validity via a positive correlation with a life-events scale, and negative correlation with self-reported physical health) for the PSS-10. Other research has corroborated its psychometric support (e.g., Roberti, Harrington, & Storch, 2006). Using a 5-point scale, respondents indicated how often during the last month they felt or thought a certain way, such as “being upset because something that happened unexpectedly,” and “being unable to control the important things in their lives” (0 = *never*, 4 = *very often*). Cronbach's alpha for scores in this study was .81 (.82 for women, .74 for men).

Sources of social support. Sources of social support were measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS consists of 12 items assessing three particular sources of social support (each with four items): Family, Friends, and Romantic Partner. With a college student sample, Zimet et al. (1988) reported coefficient alphas of .87, .85, and .91 and 2- to 3-month test-retest coefficients of .85, .75, and .72 for family, friends, and romantic partner subscales, respectively. Construct validity of scale scores has been established through their negative correlations with depression and anxiety (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). Respondents indicated to what extent they agreed with each statement using a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*), including “I get the emotional help and support I need from my family,” and “I can count on my friends when things go wrong.” Cronbach's α s were .93 (.92 for women, .94 for men), .95 (.95 for women, .91 for men), and .92 (.92 for women, .89 for men) for family, friends, and romantic partner subscales, respectively.

Loneliness. Loneliness was evaluated by the eight-item short-form of the UCLA Loneliness Scale (UCLA-8; Hays & DiMatteo, 1987). Participants rated how often they felt the way described in each of eight statements (1 = *never*, 4 = *often*; e.g., “I feel isolated from others” and “I lack companionship”). Hays and DiMatteo (1987) reported a coefficient alpha of .84 for the scale's scores. Support for construct validity was found via positive correlations with personality characteristics, such as alienation and social anxiety. Cronbach's alpha for this study was .80 (.82 for women, .77 for men).

Depressive symptoms. Depressive symptoms were measured by the 20-item Center for Epidemiologic Studies-Depression (CES-D) Scale (Radloff, 1977). The CES-D scale is widely used, developed to screen for depressive symptomatology in nonclinical populations and found more sensitive than the Beck Depression Inventory to variability in depressive severity among college students (Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995). Participants were indicated how often they might have felt each of the 20 ways listed within the past week, including “I felt sad” and “I had crying spells” (1 = *rarely or none of the time*, 2 = *some or little of the time*, 3 = *occasionally or a moderate amount of time*, 4 = *most or all of the time*). Convergent validity was supported via positive correlations with scores on other depression scales, such as the SCL-90 (Derogatis, Lipman, & Covi, 1973). Cronbach's alpha for scores in the present study was .91 (.91 for women, .89 for men).

Self-rated physical health. Physical health was assessed by asking the participants a single question, “In general, would you say your health is:” (1 = *poor*, 5 = *excellent*). Single item subjective health measures have long been used to assess physical health (Barr et al., 2013). Evidence for validity of its scores has

been established through high correlations with physician ratings of health, immune system functioning, and mortality (Christian et al., 2011; Idler & Benyamini, 1997; Zheng & Thomas, 2013).

Analytic Strategy

Multiple regression by SPSS was used to test the first two hypotheses, H1: direct associations of social support with well-being varied by its sources (i.e., perceived stress as covariate was entered into the model as the first step, and the three sources of support were then entered into the model simultaneously as the second step), and H2: the stress-buffering (moderation) effects of social support on well-being varied by its sources (additive moderation models). PROCESS (Hayes, 2013) was used to test H3: a multiple-mediator model that examined whether perceived stress was directly associated with well-being, and whether the three sources of social support each served to mediate the association. Models with multiple mediators allow all possible mediators to be tested concurrently. Results provide information about the effect of a specific mediator in the presence of other mediators (i.e., its ability to mediate the relationship controlling for all other mediators). Using a regression-based analytic approach, PROCESS is a newly developed computational tool that can be used to test path analysis-based mediation. For continuous outcomes, it uses OLS regression to estimate unstandardized model coefficients, standard errors, *t* and *p* values, and confidence intervals. In mediation models, PROCESS generates path coefficients (e.g., a_k , b_k , where a_k = the effect of the focal predictor on the *k*th mediator; b_k = the effect of the *k*th mediator on the outcome, controlling for the focal predictor), direct effects (*c'*), as well as indirect effects (*ab*) estimated by bootstrapping. In the current study, the indirect effects were tested with 10,000 bootstrap samples and a bias-corrected 95% bootstrap confidence interval (CI). The indirect effects are statistically significant when zero is not located in the CI. We tested the proposed multiple-mediator model on the three well-being outcomes separately. PROCESS (Hayes, 2013) was also used to test H4: gender moderated the relations between particular sources of social support and well-being, with perceived stress held constant. Whenever any moderation effects were identified, simple slopes analyses were conducted to probe and interpret the interactions (Aiken & West, 1991; Hayes, 2013). Finally, moderated mediation effects were explored by testing the multiple mediation models separately by each gender.

Results

H1: Direct Relationships Between Social Support and Well-Being

Table 1 presents the correlation matrix with means and standard deviations for the focal predictor, moderator/mediator variables, and criterion variables in the study. Regarding whether the direct relationship between social support and individual well-being may differ by the sources of support, the results showed that the individual sources of support contributed to well-being differently. Specifically, holding perceived stress constant, only support from friends was associated with loneliness ($b = -.11$, $t = -2.95$, $p = .004$, 95% CI $[-.18, -.04]$, $R^2 = .36$), only support from romantic partners was related to depressive symptoms ($b = -.09$, $t = -2.65$, $p = .009$, 95% CI $[-.15, -.02]$, $R^2 = .53$), and only support from family was associated with self-rated physical health ($b = .19$, $t = 3.23$, $p = .002$, 95% CI $[.07, .31]$, $R^2 = .19$). That is, lower levels of friend support were related to higher levels of loneliness, lower levels of romantic partner support were associated with more depressive symptoms, and higher levels of family support were associated with higher self-rated physical health.

H2: Social Support Buffering (Moderating) the Associations of Stress With Well-Being

Table 2 presents the results of differential moderating effects (i.e., the effects of stress on well-being varied by different sources of social support). The moderation effect was only found in the support from friends. Specifically, only support from friends moderated the relationships between stress and loneliness ($b = -.12$, $t = -2.11$, $p = .037$, 95% CI $[-.23, -.01]$, $R^2 = .38$), and self-rated physical health ($b = .26$, $t = 2.64$, $p = .009$, 95% CI $[.07, .45]$, $R^2 = .25$), but not depressive symptoms. The positive relationship between stress and loneliness was weaker when friend support was higher (see Figure 1). Stress was negatively related to self-rated physical health when friend support was lower, but there was no such relationship when friend support was higher (see Figure 2). Neither support from family, nor from romantic partners, was found to moderate the relationships between stress and any well-being indicators in the study based on the tests of multiple-moderator models. However, given the moderate corre-

Table 1
Means, Standard Deviations (SDs), and Intercorrelations Among Study Variables ($N = 163$)

Variable	1	2	3	4	5	6	7	8
1. Gender	—							
2. Perceived stress	.08	—						
3. Family support	.13	-.28***	—					
4. Friends support	-.00	-.24**	.55***	—				
5. Romantic partner support	.12	-.32***	.58***	.50***	—			
6. Loneliness	.05	.48***	-.37***	-.43***	-.42***	—		
7. Depressive symptoms	-.04	.69***	-.35***	-.34***	-.43***	.58***	—	
8. Self-rated physical health	-.11	-.30***	.35***	.27**	.16*	-.27**	-.21**	—
<i>M</i>	0.85	2.93	5.59	5.58	5.95	1.92	1.84	3.93
<i>SD</i>	0.36	0.64	1.43	1.29	1.30	0.58	0.57	0.90

Note. Gender (0 = male, 1 = female).
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 2

Results of Stress-Buffering Tests of Sources of Social Support on Loneliness, Depressive Symptoms, and Self-Rated Physical Health

Variable	Loneliness ($R^2 = .38$)			Depressive symptoms ($R^2 = .53$)			Self-rated physical health ($R^2 = .25$)		
	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β	<i>B</i>	<i>SE</i>	β
Perceived stress	.53	.33	.58	.69	.28	.76	-1.89	.56	-1.33
Family support (FAS)	-.15	.17	-.37	.05	.14	.13	.39	.28	.62
Friends support (FRS)	.25	.17	.55	-.05	.15	-.11	-.68	.30	-.98
Romantic partner support (RPS)	-.18	.19	-.39	-.06	.16	-.12	-.41	.31	-.59
Stress \times FAS	.05	.06	.40	-.02	.05	-.19	-.07	.09	-.38
Stress \times FRS	-.12	.06	-.98*	.01	.05	.04	.26	.10	1.37**
Stress \times RPS	.03	.06	.29	-.01	.05	-.07	.08	.10	.45

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

lations among the three sources of social support in the study, tests of multiple moderation models performed here likely may have obscured potential unique moderator effects of each source of support on the relationships. Thus, tests of single-moderator models based on each source of support were employed for each well-being indicator. The results in general were similar to those test results of multiple-moderator models above, in that friend support was found to moderate the relationships between stress and loneliness ($b = -.10$, $t = -2.10$, $p = .037$, 95% CI $[-.18, -.01]$, $R^2 = .36$); for higher versus lower friend support: $b = .25$ versus $.49$, $t = 3.00$ versus 5.88 , $p = .003$ versus $<.001$, 95% CI $[.09, .41]$ versus $[.33, .66]$, and between stress and self-rated physical health ($b = .26$, $t = 3.23$, $p = .002$, 95% CI $[.10, .41]$, $R^2 = .19$); for higher versus lower friend support: $b = -.02$ versus $-.68$, $t = -.14$ versus -4.69 , $p = .89$ versus $<.001$, 95% CI $[-.31, .27]$ versus $[-.96, -.39]$, except that support from romantic partners was found to moderate the association of stress with self-rated physical health ($b = .18$, $t = 2.14$, $p = .034$, 95% CI $[.01, .34]$, $R^2 = .12$). The negative association of stress with self-rated physical health was greater when support from romantic partners was lower; for higher versus lower romantic partner support: $b = -.26$ versus $-.67$, $t = -1.97$ versus -3.95 , $p = .05$ versus $<.001$, 95% CI $[-.51, .001]$ versus $[-1.00, -.33]$; Figure not shown).

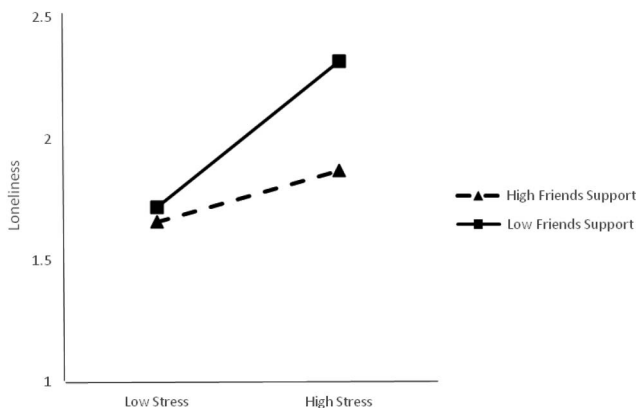


Figure 1. Friends' support moderating perceived stress and loneliness. High = $Mean + 1 SD$; Low = $Mean - 1 SD$.

H3: Social Support Mediating the Associations of Stress With Well-Being

Figure 3 presents the results of the multiple-mediator model, showing that perceived stress was directly associated with all three well-being indicators: loneliness ($c' = .33$, $t = 5.36$, $p < .001$, 95% CI $[.21, .46]$), depressive symptoms ($c' = .54$, $t = 10.16$, $p < .001$, 95% CI $[.43, .64]$), and self-rated physical health ($c' = -.34$, $t = -3.10$, $p = .002$, 95% CI $[-.55, -.12]$). As for the indirect effects, perceived stress and loneliness were indirectly associated through friend support ($ab = .05$, 95% CI $[.01, .12]$) and romantic partner support ($ab = .05$, 95% CI $[.003, .12]$), perceived stress and depression were only indirectly related through romantic partner support ($ab = .05$, 95% CI $[.02, .11]$), and stress and self-rated physical health were related indirectly only through support from family ($ab = -.12$, 95% CI $[-.27, -.04]$). That is, higher perceived stress was related to higher levels of loneliness through lowering support from friends or romantic partners, higher perceived stress was associated with more depressive symptoms through decreased support from romantic partners, and higher perceived stress was related to lower self-ratings of physical health through lower family support. R^2 for the total effects (both direct and indirect effects) on well-being outcomes was .23 for loneliness, .47 for depressive symptoms, and .09 for self-rated physical health.

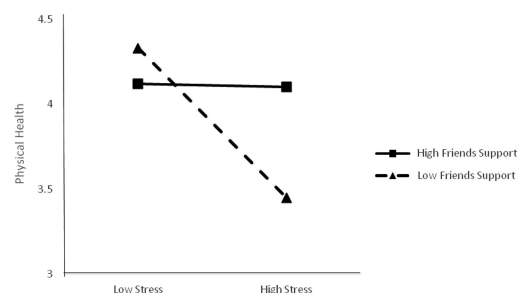


Figure 2. Friends' support moderating perceived stress and self-rated physical health. High = $Mean + 1 SD$; Low = $Mean - 1 SD$.

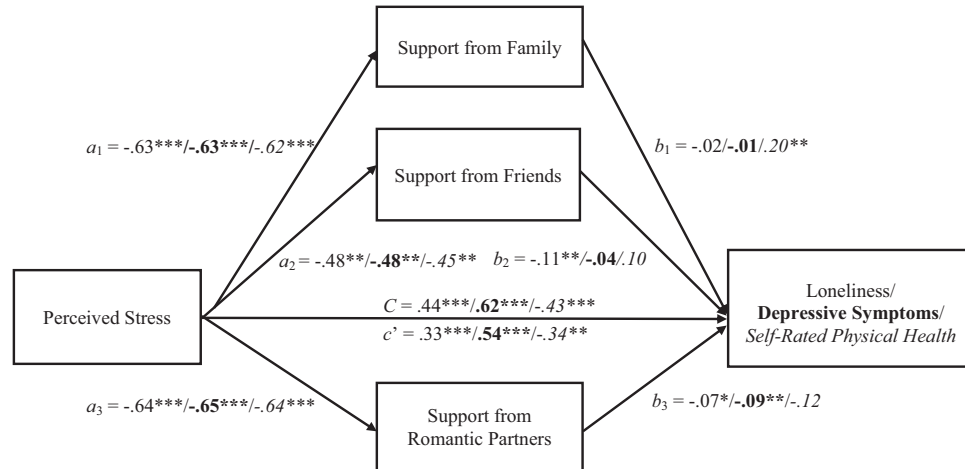


Figure 3. Results for the multiple mediator model among perceived stress, sources of social support, and well-being. Three unstandardized coefficients are listed to show results for three well-being indicators: The first is for loneliness, the second (in bold) is for depressive symptoms, and the third (in italics) is for self-rated physical health. C = total effect of independent variable (IV) on dependent variable (DV); a = IV to mediator; b = direct effect of mediator on DV; c' = direct effect of IV on DV. * $p < .05$. ** $p < .01$. *** $p < .001$.

H4: Gender Moderating the Relations Between Social Support and Well-Being

Results of the gender moderation analyses showed that gender moderated the relationships between family or friend support and self-rated physical health (between family support and self-rated physical health: $b = .24$, $t = 2.15$, $p = .03$, 95% CI [.02, .46], $R^2 = .21$ [for women: $b = .25$, $t = 4.69$, $p < .001$, 95% CI [.14, .35], and for men: $b = .01$, $t = .07$, $p = .94$, 95% CI [-.19, .20]); between friend support and self-rated physical health: $b = .33$, $t = 2.00$, $p = .047$, 95% CI [.004, .66], $R^2 = .17$ [for women: $b = .19$, $t = 3.47$, $p < .001$, 95% CI [.08, .30], and for men: $b = -.14$, $t = -.88$, $p = .38$, 95% CI [-.45, .17]], and between friend support and depressive symptoms: $b = .16$, $t = 1.97$, $p = .05$, 95% CI [-.001, .32], $R^2 = .52$ [for women: $b = -.06$, $t = -2.27$, $p = .02$, 95% CI [-.12, -.01], and for men: $b = -.22$, $t = -2.89$, $p = .004$, 95% CI [-.37, -.07]]. Specifically, the association between supports from family or friends and self-rated health was found to be positive for female college students, but such associations were not found in their male counterparts. Furthermore, whereas a negative association was found for friend support with depressive symptoms for both male and female college students, its magnitude was stronger for males. Gender did not moderate how romantic partner support was related to any of the three well-being indicators.

Gender Moderating the Mediating Effects of Social Support on Stress and Well-Being

Finally, we explored potential moderated mediation, finding that gender moderated the mediating effects of sources of social support on the relationships between stress and well-being. Specifically, whereas no such mediation effects were found in Latino emerging adults, mediation effects were found in Latina counterparts, in which support from friends mediated the association of stress with loneliness ($ab = .06$, 95% CI [.02, .14]), support from

romantic partners mediated stress with depressive symptoms ($ab = .06$, 95% CI [.01, .14]), and support from family mediated stress with self-rated physical health ($ab = -.19$, 95% CI [-.37, -.08]). In other words, for Latina emerging adults, perceiving higher stress was related to lower supports from friends, family, and romantic partners, which were associated with higher loneliness, more depressive symptoms, and lower self-ratings of physical health, respectively. R^2 for the total effects (both direct and indirect effects) on well-being outcomes among Latina emerging adults was .26 for loneliness, .51 for depressive symptoms, and .10 for self-rated physical health.

Discussion

The current study examines associations among stress, social support, and individual well-being in a relatively large sample of Latina/o college-attending emerging adults. Four hypotheses were forwarded based on the independent model, the stress-buffering (moderation) model, and the deterioration deterrence (mediation) model (Bouteyre et al., 2007; Lepore et al., 1991; Raffaelli et al., 2013). First, it was predicted that the association of social support with well-being would vary by the sources of social support, regardless of students' perceptions of stress (H1). The second hypothesis predicted that social support would buffer relations between perceived stress and well-being differently depending on the source of social support (H2). Third, it was predicted that the mediating role of social support in the association between stress and well-being would vary based on the source of the support (H3). Finally, it was hypothesized that gender would moderate relations between particular sources of support and well-being (H4). In addition, gender moderations were further explored, in that the mediating effects of sources of social support on the association of stress with well-being would vary by gender (i.e., moderated mediation).

Associations of Social Support and Well-Being

Results of the study support the first hypothesis and extend the independent model by suggesting that for Latina/o emerging adults attending college, the relationship between social support and individual well-being varies by the source of support, irrespective of stress. Specifically, among the three sources of support, only support from friends was found to benefit students' social relationships by decreasing their feelings of loneliness. In contrast, support from romantic partners benefited students' psychological functioning by decreasing their depressive symptoms. Finally, only family support benefited participants' self-rated physical health. These particular findings are especially interesting when interpreted from a developmental perspective. Our sample, comprising emerging adults who are making the transition from adolescence to adulthood, are in a very dynamic period of social development (Arnett, 2015a; Schwartz, 2016). During emerging adulthood, the family of origin remains a very important source of social support, as evidenced by our current findings relating to physical health and also by research linking familial support to other health-related outcomes (Mounts et al., 2006; Rivera, 2007). Relatedly, familism (an orientation toward family characterized by a commitment to family responsibilities and strong ties) has been shown to be associated with physical health (Corona, Campos, & Chen, 2017) as well as aspects of mental health (Valdivieso-Mora, Peet, Garnier-Villarreal, Salazar-Villanea, & Johnson, 2016) among Latina/o samples. However, friendships and romantic partnerships take on increasing salience during the transition to adulthood, not only in terms of companionship and intimacy, but also (as evidenced by the current findings) in terms of the types of outcomes associated with positive relationships (Howard Sharp et al., 2017; Taylor, Doane, & Eisenberg, 2014). Research has demonstrated that youth feel more comfortable addressing certain social and emotional experiences with their peers (i.e., friends and romantic partners) as opposed to their parents (Buhrmester & Prager, 1995; Villalobos Solís, Smetana, & Comer, 2015). It may be that support with regard to these kinds of issues (e.g., relationship challenges and identity exploration) may be more tied to the outcomes associated with support from friends and romantic partners (loneliness and depressive symptoms, respectively). Additional research is warranted to address these possibilities in more detail. These findings also highlight the importance of measuring multiple well-being indicators to better understand the often complex associations between support within different relationships and the unique costs or benefits associated with varying levels of relationship-specific support.

The Buffering Role of Social Support for Relations Between Stress and Well-Being

The second hypothesis of the study was also supported. The current results indicate that the stress-buffering role of social support varies by the source of support; that is, support from friends or romantic partners buffers the negative impacts of stress on individual well-being, particularly loneliness and self-rated physical health. Family support was not a moderator (i.e., not a stress buffer). When encountering stress, Latina/o college-attending emerging adults may fare better in their social relationships and physical functioning if they perceive higher levels of support from

friends or romantic partners, as such supports would ameliorate some adverse impacts of stress, including loneliness and poor physical health. This finding highlights the particularly important roles of friendships and romantic partnerships in emerging adults' social and emotional experiences in college. As youth transition to building their own network of close relationships outside of the family, especially during college when many are living away from home for the first time, friendships and romantic partnerships take on unique significance for buffering some of the stress inherent in students' daily experiences. It may also be that the particular types of stress that college-attending emerging adults experience, such as learning how to navigate romantic relationships or learning how to balance work, studying, and social networking, in addition to identity-related stressors specific to Latina/o identity development (e.g., Bland, Melton, Welle, & Bigham, 2012; Ojeda, Navarro, Rosales Meza, & Arbona, 2012; Shenoy, Lee, & Trieu, 2016), may be most beneficial when discussed with friends or romantic partners rather than in other relationship contexts. Taken together, it appears that social support as a stress buffer may differ by its source, as well as by the well-being indicators examined. Some of this inconsistency may be due to sample characteristics, including cultural or demographic differences. For example, the current results may be attributable to this particular sample of college-attending emerging adults from the Northeastern United States, and may not replicate in samples from other regions or with other educational backgrounds. Support from peers may have been especially meaningful in this sample for a variety of reasons, including shared personal experiences or frequency of contact. Thus, additional investigations on the impact of social support on the relationship between stress and well-being are warranted, to ascertain the generalizability of the current results, particularly in diverse samples.

Social Support as a Mediator for the Association Between Stress and Well-Being

Results from the current study also support our third hypothesis, extending the deterioration deterrence (mediation) model (Ensel & Lin, 1991; Gjesfjeld, Greeno, Kim, & Anderson, 2010) by suggesting that the mediating role of social support in the relationship between stress and individual well-being varies by the source of support. Specifically, stress was associated with higher loneliness through lower support from friends and romantic partners, with more depressive symptoms only through lower romantic partner support, and with worse self-rated physical health only through lower support from family. We find that among Latina/o college youth, perceiving higher stress may lead to adverse impacts on their well-being not only directly, but also indirectly through perceiving less social support. Such indirect associations vary by relationship-specific sources of support (family, friends, or romantic partners) and by well-being indicators. When Latina/o college-attending emerging adults know that they have a source of support available to confide in and comfort them in times of stress, the effects of stress seem to be mitigated. However, our findings illustrate the contextual specificity of these associations. Perceived support from peers helped to mitigate the impact of stress on social and emotional challenges, whereas the support from family helped to taper the impact of stress on physical health concerns. This pattern of findings is important for university faculty, staff, administration, and other support professionals to consider in work with Latina/o college-attending youth, in terms of recommenda-

tions for targeted intervention efforts aimed at at-risk students who present with high levels of stress.

Gender Moderation for Relations Among Stress, Social Support, and Well-Being

An additional focus of the current study was to examine the role of gender in the associations between social support sources and well-being. Similar to what was found in [Zhang et al. \(2015\)](#), we find that how family or friend support is associated with individual well-being, particularly self-rated physical health, may differ by gender. It appears that among the emerging adults in the current study, the associations are positive only in women, reaffirming the notion that women seem to benefit more than men from support provided by parents and close friends ([Sifers, 2011](#)). This finding may reflect socialization differences between women and men, such that women are encouraged to focus on social relationships from an early age to reflect identity, self-worth and self-esteem, and social status ([Cambron, Acitelli, & Pettit, 2009](#); [Roeder et al., 2014](#)). Our analysis also suggests that the negative association of friends' support with depressive symptoms may be greater in men than in women. Such a finding favoring men, although not often reported in the literature as discussed above, had been reported in prior research (e.g., [Haines, Beggs, & Hurlbert, 2008](#)). In light of these mixed findings, more research is needed to further examine such gender moderation effects before less tentative conclusions can be drawn, especially given the imbalanced number of women and men in the sample. Also, it is worth noting that such gender differences were not found in romantic partner support, nor in any other well-being indicator examined in the study. Although there are some differences between men and women in terms of the implications of social relationship experiences, there are many similarities as well. People benefit from positive, supportive social relationships, regardless of their gender.

Our study also explored whether the mediating effects of various sources of social support on the relationship between stress and well-being might vary by gender (i.e., moderated mediation effects). In the current analyses, the mediation effects emerged for women, but not men. Specifically, for Latina college-attending emerging adults, perceiving higher levels of stress was associated with lower social support of all sources considered in the study, which in turn was related to adverse well-being, particularly higher levels of loneliness, more depressive symptoms, or lower self-ratings of physical health. The finding, on one hand, appears to provide further evidence that women tend to suffer more when social support is absent ([Sifers, 2011](#)), because of higher stress perceived. On the other hand, the result of no mediation effects of any source of support in men can only be tentative, as it may be attributable to its small sample size, providing a low power in detecting such effects. A larger male sample is warranted in any future research aimed to reexamine such moderated mediations by gender. It may also be that another component of social experiences not measured in the current study was particularly relevant for the male participants. Research conducted with adolescent samples shows potentially relevant gender differences with regard to the impacts of friendship behavior and social support. For example, among boys (but not girls), prosocial behavior among friends is linked to peer-group victimization, demonstrating the challenge that boys face when attempting to support their friends

and in their experiences receiving supportive actions ([Closson & Watanabe, 2018](#)). Other research shows that social hierarchy issues may be relevant for boys (but not for girls) in their consideration of the extent to which their friends are supportive, such that more powerful boys are perceived to be more supportive ([De Goede, Branje, & Meeus, 2009](#)). A further issue is that future research may wish to include other aspects of dyadic interactions in gender-balanced measures of social support. As an illustration, recent research has found that humor among male adolescent dyads is particularly important for facilitating closeness in friendships ([Rose, Smith, Glick, & Schwartz-Mette, 2016](#)). In sum, it is important for future research to explore these issues further, using larger samples of male participants, and potentially including additional measurements of other components of relationship support and experiences when examining gender differences in the outcomes associated with social support and stress.

Summary and Limitations

The current study demonstrates that the association between social support and individual well-being varies by the source of support (i.e., support from family, friends, and romantic partners). The data also show that the intervening role of social support as the moderator and mediator of the relationship between stress and individual well-being varies by the relational context of the support. We examined these issues in a sample of Latina/o college-attending emerging adults, providing important information to facilitate understanding these relational processes in a previously understudied population. Our findings are consistent with prior research on stress, well-being, and social support using samples of non-Latina/o adolescents and emerging adults in the United States and Europe ([Cavanaugh & Buehler, 2016](#); [Lepore et al., 1991](#); [Meadows et al., 2006](#); [Segrin, 2003](#); [Zaleski, Levey-Thors, & Schiaffino, 1998](#)), providing initial evidence of the generalizability of earlier research. Gender differences also emerged in our sample, in terms of the associations of particular sources of support with well-being. Findings were mixed, however; compared with men, women's self-rated physical health was more strongly and negatively impacted when they have less social support (from family or friends), but with less support from friends, men showed more depressive symptoms than women. These findings are among the first to demonstrate gender differences in these relational processes among Latina/o college-attending emerging adults, suggesting that in some cases gender-specific emphases may be beneficial for college and university support staff to consider.

Despite these strengths, several limitations should be noted. First, data were all based on participants' self-reports, which likely contributed to greater associations among the variables due to shared method variance. Second, this study was cross-sectional in design. Thus, no causal inferences can be made. Future research should employ a longitudinal design to provide stronger evidence for directionality, especially with mediator models. Third, although the balance of the sample across years in school could be described as a strength, the developmental challenges of first-year students who are transitioning to college likely differ from those experienced by later-year students for whom persistence in college is the more relevant concern; subsequent research should examine the relative importance of social support on the transition to versus persistence in college. Fourth, the study sample consists of only

college-attending emerging adults; the extent to which results generalize to emerging adults who do not attend college is unclear. Although the number of Latina/o youth attending colleges has increased significantly in recent years, there are still many Latina/o youth who do not seek a postsecondary education; such youth are underrepresented in research (Arnett, 2000), which is especially problematic given that college students do differ from nonstudent emerging adults on demographic, socioeconomic, and psychosocial variables (Halperin, 2001). Subsequent research, therefore, should recruit research participants from this understudied population of nonstudents. Future research should also include a measure of acculturation in the information collected from participants. Acculturation may play an important role in terms of how individuals experience stress and social support, in particular with regard to the emphasis placed on individualistic versus collectivist attitudes (e.g., Rudmin, 2003). Finally, females were overrepresented in the current sample (85%). Although this reflects the gender distribution of Latina/o college youth at the institution where the data were collected, future research should strive for more even gender distributions.

Implications

Despite the limitations discussed above, results from the current study are relevant for work facilitating positive outcomes among Latina/o college-attending emerging adults. Because this population of college students is at a disproportionately high risk for academic struggle and discontinuous college careers (Witkow, Huynh, & Fuligni, 2015), even when attending Hispanic-Serving Institutions (Contreras & Contreras, 2015), it is especially important to use empirically supported methods when addressing their social and academic concerns. Although the current study was not an evaluation of an intervention or prevention program, its results highlight the benefits of social support to help Latina/o youth cope with stress and to mitigate some of the challenges associated with their transitions to the college experience. The emerging adult years of approximately 18 to 25 are a period of social and psychological transition, with youth transitioning from relying primarily on their family of origin for support and companionship to instead also focusing on nonfamilial intimate relationships as their most important intimate relationships (Arnett, 2015a; Schwartz, 2016). This developmental context may be especially useful to consider for mental health and academic support professionals working with Latina/o emerging adults attending college. For example, academic advisors and staff working at university counseling centers should have access to continuing education opportunities that focus on the most recent research on development and intersectionality during the emerging adult time period. Further, university-based health centers and drop-in centers should provide their clients with easily accessible information about developmentally appropriate avenues for addressing common stressors for this age group, such as financial planning, building and maintaining social relationships, and autonomy development.

There is also evidence suggesting that conflict between family commitments and school commitments can be a significant stressor for Latina/o college students, and is associated with lower levels of academic achievement (Vasquez-Salgado, Greenfield, & Burgos-Cienfuegos, 2015). Other family commitments, such as language brokering, can also serve as a stressor, even as other

components of the family relationship can serve as supports (Sy, 2006). Thus, establishing programs and opportunities for building positive peer relationships with others going through similar experiences may be particularly beneficial. For example, previous research has demonstrated the positive effects of campus-based peer mentoring programs (Reyes, 2011) and counseling programs (Mack, 1989) for Latina/o college students. Participation in campus-facilitated groups such as special-interest clubs and volunteer experiences has also shown to be beneficial for college adjustment; there is some evidence that benefits may even have positive effects beyond the college years (Abe, Talbot, & Geelhoed, 1998; Bowman, Brandenberger, Lapsley, Hill, & Quaranto, 2010; Bromnick, Horowitz, & Shepherd, 2012). Similarly, social experiences outside of the college campus including community activities and involvement, participation in a religious group or congregations, and part-time paid employment (especially when related to one's major or academic field) have also been shown to have positive implications for college adjustment (Hood, Craig, & Ferguson, 1992; Semplonius, Good, & Willoughby, 2015; Wang, Kong, Shan, & Vong, 2010). These community-building activities are likely to be especially important to the college student who is attending a university that is geographically distant from her/his family and childhood friends. It would be especially useful if these activities could address commonly experienced sources of stress for Latina/o college-attending emerging adults, such as language or cultural barriers (e.g., Rivas-Drake, 2011; Smith-Adcock, Daniels, Lee, Villalba, & Indelicato, 2006; Sy, 2006).

Finally, culturally sensitive, college-based programs to help with stress-management and academic-success strategies are important to make available to students during the transition to college; there is demonstrated efficacy for both in-person and online support (Chiauzzi, Brevard, Thurn, Decembrele, & Lord, 2008; Conley, Travers, & Bryant, 2013). When feasible, these programs should be targeted specifically to meet the unique cultural and practical needs of specific groups of students, in this case Latina/o college youth. As programs and other intervention strategies are established that leverage results such as those found in this study, they will also need to be empirically tested. Doing so will permit an evaluation of their efficacy, identify possible areas for improvement, and continue to build on the growing knowledge base regarding the critical and nuanced role of social support for diverse emerging adults. As noted previously, it will also be important for future research to focus on Latina/o emerging adults who are not attending college, to ascertain ways to support their mental health, social relationships, and occupational achievement. The current study provides suggestions for how to facilitate adjustment and achievement in their college-attending peers, but replication in a noncollege attending sample is important to inform the promotion of positive development in this often overlooked group of emerging adults.

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