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"We Don't Want to be Judged": Perceptions about Professional Help and Attitudes Towards Help-Seeking among Pregnant and Postpartum Mexican-American Adolescents☆

Pamela Recto, MSN, RN *,[1], Jane Dimmitt Champion, DNP, PhD, FNP, FAANP, FAAN [2]

The University of Texas at Austin, School of Nursing, 1710 Red River, Austin, Texas 78701, United States

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ABSTRACT

Purpose: The purpose of this qualitative study is to understand how depression is recognized, as well as perceptions of professional help and attitudes concerning perinatal depression among pregnant and postpartum (perinatal) Mexican-American adolescents.
Design and Methods: This qualitative descriptive study used deductive and inductive content analysis to analyze data. Categories and subcategories describing the mental health literacy of perinatal Mexican-American adolescents concerning perinatal depression are presented. A convenience sample of 20 perinatal Mexican-American adolescents between the ages of 15 and 19 years were interviewed. Participants were recruited from parenting classes across urban high-schools in Southwestern United States.
Results: Adolescents expressed difficulties in recognizing perinatal depression. Depressive symptoms were identified through self-appraisals or the appraisal of others. Establishing rapport with empathetic health care providers facilitated trust among adolescents. Fear of judgement was the most common response and prevented help-seeking. Lack of trust, normalization of depression, and reluctance with disclosing symptoms were also indicated by participants.
Conclusions: Stigma concerning perinatal depression was identified as a barrier for help-seeking among participants who were already experiencing criticism due to their pregnancy status. The quality of interactions with health providers may hinder or facilitate adolescents from professional help-seeking.
Practice Implications: Active engagement and collaboration with Mexican-American adolescents are indicated in identification and treatment of perinatal depression. Integration of mental health services in primary care settings is suggested to facilitate help-seeking for perinatal depression. Mental Health First Aid may be utilized to improve knowledge and decrease stigma concerning perinatal depression among Mexican-American adolescents.
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Perinatal depression affects one in seven childbearing women, making it one of the most common complications during the perinatal period (American College of Obstetricians and Gynecologists, 2015). Researchers estimate that 16% to 44% of adolescents experience perinatal depression (Hodgkinson, Beers, Southammakosane, & Lewin, 2014). Hispanics are currently the largest ethnic minority in the United States (U.S.). However, they face disparities in the recognition and treatment of depression (Lewis-Fernandez, Das, Alfonso, Weissman, & Olfson, 2005; Stewart, Simmons, & Habibpour, 2012). Ertel, Rich-Edwards, and Koenen (2011) found less than half of Hispanic mothers received mental health services for perinatal depression as compared to non-Hispanic Whites. Previous studies identified structural, attitudinal, and provider- related factors for help-seeking among pregnant and postpartum adolescents (Abrams, Dornig, & Curran, 2009; Fonseca, Gorayeb, & Canavarro, 2015).

Background

Limited knowledge about perinatal depression may affect adolescent mothers' ability to recognize depression (Callister, Beckstrand, & Corbett, 2011). As such, perinatal depression often goes undiagnosed because the adolescent mother is unaware of their experience or may confuse symptoms as common ailments during pregnancy or postpartum period

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* Corresponding author.
E-mail addresses: precto@utexas.edu (P. Recto), jdchampion@mail.nur.utexas.edu. (J.D. Champion).

[1] P.R contributed to the data collection, analysis, synthesis, preparation, and review of the manuscript.

[2] J.D.C contributed to the manuscript preparation and review.

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(ACOG, 2015). Structural factors pertain to circumstances beyond the individual's control, thus preventing or limiting positive health behaviors (Levy et al., 2014). These include distance to treatment location, work and school constraints, lack of transportation, and limited access to health care (Flynn, Henshaw, O'Mahen, & Forman, 2010; Fonseca et al., 2015; Hodgkinson et al., 2014).

Attitudinal factors are concerned with personal beliefs and perceptions concerning perinatal depression and are shaped by cultural expectations and messages surrounding motherhood (Henshaw et al., 2011). Within the Hispanic culture, motherhood is a sign of prestige and is a highly respected role (Callister et al., 2011). Additionally, *marianismo* is a cultural value that exerts a strong influence in the socialization of Hispanic females by emphasizing the family's needs above her own (Adames & Chavez-Dueñas, 2016. Because mothers are viewed as pillars of strength that maintain the family unit, adolescent mothers may ignore or hide depressive symptoms, such that her individual needs become secondary to the welfare of her newborn (Gloria & Rodriguez, 2000). Stigma occurs when stereotypes and prejudices are endorsed through discriminatory behavior against individuals with mental health disorders (Corrigan, 2016). Thus, negative perceptions about depression may also discourage adolescents from disclosing their symptoms for fear that they may be excluded by family and peers or seen as incompetent mothers.

Help-seeking behaviors are influenced by the quality of interactions adolescent mothers have with health care providers (Abrams et al., 2009). Health providers may be perceived as distant when they focus only on the health condition and ignore the individual. *Respeto,* or respect is an important core value in the Hispanic culture and implies reverence particularly for individuals who are in positions of authority (Adames & Chavez-Dueñas, 2016). Hispanic adolescent mothers may not readily express their opinions or raise concerns about their health care provider's recommendations, being fearful that doing so might be perceived as *falta de respeto*, or lack of respect (Santiago-Rivera, Arrendondo, & Gallardo-Cooper, 2002). As a result, adolescent mothers may be perceived as non-compliant if they discontinue treatment or health care visits. However, these behaviors are indicative of the adolescent's attempt to avoid conflict with health care providers (Adames & Chavez-Dueñas, 2016). This underscores the importance of understanding cultural beliefs and attitudes concerning professional help and treatment preferences as it pertains to perinatal depression.

Mental Health Literacy Framework and Study Purpose

Disparities in mental health treatment and service utilization among Hispanic mothers indicate the need to examine factors that prevent help-seeking. Mental health literacy is defined as the knowledge, beliefs, and attitudes about mental health disorders that assists in its recognition, management, and prevention (Jorm, 2000). The aim of the current study was to examine components of Jorm's (2000) mental health literacy framework among pregnant and postpartum (perinatal) Mexican-American adolescents. These include recognition of perinatal depression, knowledge and beliefs about professional help, and attitudes that influence help-seeking and recognition. The research questions that will be explored are as follows: 1) How do perinatal adolescents recognize the development of perinatal depression? 2) What are the perceptions of perinatal adolescents concerning treatments and health providers? 3) What are the attitudes of perinatal adolescents that influence recognition and help-seeking for depression?

Methods

Design

Qualitative description was used to examine the perceptions of perinatal Mexican-American adolescents. The goal of qualitative description is to capture the individual's perceptions particularly when a straightforward description of a phenomenon is desired (Sandelowski, 2000). Moreover, qualitative description is suitable to guide the purpose and focus of this study due to the application of a theoretical framework (Sandelowski, 2010).

Participants

The authors obtained approval from the university institutional review board prior to study initiation. A convenience sample of perinatal Mexican-American female adolescents were recruited for this study from parenting classes across urban high schools in Southwestern U.S. Participants who were between the ages of 14 and 19 years, self-identified as Mexican American, and either pregnant or postpartum (< 1 year) were recruited for study participation. School nurses, social workers, and executive directors assisted with the identification of adolescents who met the study criteria. Social workers and school nurses also assisted with assessments regarding parent's awareness of their pregnancy status. Flyers about the study were distributed to potential participants. Adolescents who were interested in the study were approached after their parenting class and informed of study details. A folder containing a letter from the investigator, information about the study, and permission forms were sent home with potential participants. Assent was obtained after receiving parent permission for adolescents under the age of 18 years. Consent was obtained for adolescents 18 years and older. Participants were contacted to verify a date and time for the interview.

Data Collection

After obtaining consent and assent, adolescents were asked to provide sociodemographic information. This questionnaire included items concerning marital status, age, years of education, and health history. Personal health history questions included number of previous pregnancies and number of children. The adolescents were asked questions about personal history and treatment of perinatal depression. Adolescents were asked to respond either “yes” or “no” if they ever felt depressed during the perinatal period.

Acculturation was measured using four measures from the Short Acculturation Scale for Hispanics (SASH) (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). These items measure language use at home, with friends and family, and whether the adolescent “thinks” in Spanish. SASH has been used extensively among individuals of Mexican descent residing in the U.S. and has a reliability of 0.92. Responses include a five-point scale where 1 is “Only Spanish” and 5 is “Only English”, with a midpoint of 3 “Both equally”. A cut point of ≤2.99 was used to differentiate participants who were less acculturated.

Semi-structured questions were used to examine the adolescent's mental health literacy. Each theoretical component of mental health literacy mentioned above served as a guide to facilitate the interview. Adolescents were interviewed in a private conference room with each interview lasting approximately 45 to 60 min. Adolescents were given a $20 gift card for their participation in the study.

Data Analysis

Data analysis and management were conducted using Microsoft Word. Schreier's (2012) techniques for deductive and inductive content analysis were used to analyze the data. Deductive approach is the use of predetermined categories to code data that is theory-based (Schreier, 2012). Predetermined categories were based upon each mental health literacy component from the theoretical framework (Jorm, 2000). A codelist containing definitions and descriptions of each mental health literacy category was developed prior to data collection. The codelist allowed the authors to determine which segments of data, or coding units, can be classified within each category. After reading the transcript in its entirety, the first author re-read and manually coded the data as it

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