



Research report

Acculturative stress negatively impacts maternal depressive symptoms in Mexican-American women during pregnancy



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ABSTRACT

Background: Mexican-American women exhibit high rates of prenatal maternal depressive symptoms relative to the general population. Though pregnant acculturated Mexican-American women experience cultural stressors such as acculturation, acculturative stress and discrimination that may contribute to elevated depressive symptoms, the contribution of these socio-cultural correlates to depressive symptomatology is unknown.

Method: Ninety-eight pregnant women of Mexican descent were recruited from a community hospital clinic during their first trimester. Women completed surveys about acculturation, acculturative stress, perceived discrimination, general perceived stress, and maternal depressive symptoms as well as the potential protective factor of Mexican cultural values.

Results: Women who experienced greater acculturative and perceived stress, but not perceived discrimination or acculturation, reported significantly elevated depressive symptoms during pregnancy. Also, women who experienced greater acculturative stress identified with a mixture of Mexican and American cultural values. However, only the Mexican cultural value of respect was protective against maternal depressive symptoms while adhering to the Anglo value of independence and self-reliance was a risk factor.

Limitations: A limitation in the study is the cross-sectional and descriptive self-report nature of the work, underscoring the need for additional research. Moreover, physiological measures of stress were not analyzed in the current study.

Conclusions: Results point to acculturative stress, above other cultural stressors, as a potential intervention target in culturally competent obstetric care. These findings have implications for maternal mental health treatment during pregnancy, which likely affects maternal–fetal programming and may favorably affect perinatal outcomes in the vulnerable Mexican-American population.

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1. Introduction

Maternal depression during the perinatal period is a debilitating illness which negatively influences maternal health, child development and family functioning (O'Hara and Swain, 1996). It is estimated to affect approximately 10–15% of women in the general population (O'Hara and Swain, 1996); however the rate of maternal depression in Mexican-American mothers is substantially higher, ranging from 17% to 59% (Beck, 2006; Heilemann et al., 2004; Zayas et al., 2002). Mexican-American women not only experience general negative life events (Zayas et al., 2002) that may contribute to depressive symptomatology in the perinatal period, but also experience a variety of cultural specific stressors that may contribute these high rates of maternal

depression. These cultural stressors include acculturation, the multi-dimensional process of cultural and psychological change following contact between cultural groups (Sam and Berry, 2010) acculturative stress, the stressors associated with the acculturative process (Berry, 2006) and perceived discrimination, negative attitudes towards or unjust treatment of individuals of a particular group (Williams et al., 2003). However, the relative contribution of each of these factors to maternal mental health during pregnancy apart from perceived general life stress in Mexican-American women is unclear. This work aims to identify the socio-cultural correlates of maternal depression in vulnerable pregnant Mexican-American women as well as identify potential protective cultural factors. This research will add to an understanding of the risk factors that make women of Mexican descent more susceptible to negative perinatal outcomes and have implications for culturally competent care.

Mexican-American women experience high levels of general life stressors in addition to cultural stressors in the perinatal period (Beck, 2006; Heilemann et al., 2004; Zayas et al., 2002). Mexican-American

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mothers are more likely to be single, less educated, younger and of lower socioeconomic status than their Caucasian counterparts (Bernstein, 2007; Faisal-Cury et al., 2004; Morris-Rush et al., 2003; Rini et al., 1999), all of which are significant risk factors for maternal depression (Beck, 2006; Halbreich, 2005). Depression during pregnancy often goes undiagnosed in the general population and may be more so in the Mexican-American community where barriers to the provision of medical treatment as well as social and/or financial barriers are present (Ojeda and McGuire, 2006). In addition, pregnant Mexican-American women report less resiliency resources (i.e. self-esteem, optimism), which are associated with healthier perinatal outcomes, than Caucasian women (Rini et al., 1999). Thus, Mexican-American women may experience increased general life stressors that put them at risk for depression during pregnancy.

Mexican-Americans also experience varying degrees of cultural stressors which can adversely affect their mental health. Acculturation of Mexican immigrants in the US culture has deleterious health effects, including increased rates of cardiovascular disease, obesity, diabetes (Daviglius et al., 2012; Lara et al., 2005) and mental health disorders (Ortega et al., 2000; Vega et al., 1998). This is especially significant at a time of greater vulnerability such as pregnancy. In the perinatal period, acculturation of women of Mexican descent is associated with low-birth weight (Beck, 2006), declines in breastfeeding (Rassin et al., 1993, 1994) and an increased risk of prenatal anxiety (Campos et al., 2007) and postpartum depression in most (Heilemann et al., 2004; Martinez-Schallmoser et al., 2003), but not all studies (Beck et al., 2005; Campos et al., 2007), highlighting discord in the field. There is a need to analyze acculturation beyond the proxy measures of language and birthplace as acculturation is a multidimensional bidirectional process in which groups may modify their core beliefs as a result of cultural contact (Lara et al., 2005; Sam and Berry, 2010). In addition, given the association between acculturation with adaptation to stress (Caplan, 2007), current research focuses on acculturative stress as a more relevant potential risk factor contributing to mental health outcomes than acculturation. Acculturative stress may play a significant role beyond acculturation in risk for adverse perinatal outcomes in women of Mexican descent.

Acculturative stress refers to the stress associated with acculturative experiences and cultural adaptation (Berry, 2006). Acculturative stress draws on an individual's resources necessary for the adjustment to a new culture (Driscoll and Torres, 2013; Roysircar-Sodowsky and Maestas, 2000). For example, adopting new behaviors and customs while maintaining and/or losing those of the home culture may produce family conflict or group marginalization (Castillo et al., 2008). Previous work suggests acculturative stress is the underlying source of the adverse health consequences on the Mexican population (Crockett et al., 2007; Hovey, 2000). Little work has addressed the role of acculturative stress on maternal mental health. Early studies have found acculturative stress was positively related to depressive symptoms in late pregnancy and postpartum period in adolescent Mexican-American mothers (Zeiders et al., 2014), but not during pregnancy in an older sample (Walker et al., 2012). Thus, more work is needed to understand the direct role of acculturative stress on maternal mental health with implications for promoting healthy perinatal outcomes in the vulnerable Mexican-American population.

Discrimination is another potentially stressful phenomenon associated with adverse health outcomes (Pascoe and Richman, 2009). Recent work in Latinos suggests that depressive symptoms increase following a discriminatory experience (Torres and Ong, 2010). Other cultural stressors may be working with discrimination to exacerbate these outcomes. For example, acculturative stress mediates the relationship between discrimination and psychological stress in a largely Mexican-American sample (Torres et al., 2012). However, in pregnant Mexican-American women greater levels of discrimination along with marginalization from Anglo culture, but not acculturative stress, predicted elevated depressive symptoms in mid pregnancy (Walker et al.,

2012). Further research is needed to identify the contribution of these factors to maternal depression during the first trimester of pregnancy in Mexican-American women. If identification of what in particular is stressful about cultural adaptation is determined, then potential protective factors may be uncovered. Adherence to Mexican native values, rather than the adjustment of values to match American values may serve as a protective factor against health complications for Mexican-American women (Morales et al., 2002). Identification of the roles of acculturation, acculturative stress and perceived discrimination early in pregnancy may lead to culturally competent prenatal care in the fast-growing Mexican-American population.

The purpose of the present study was to investigate the unique influence of acculturation, acculturative stress and perceived discrimination independent from general stress as well as with general perceived stress in the model on maternal mental health in pregnant Mexican-American mothers. It was hypothesized that acculturative stress and perceived discrimination would be associated with increased symptoms of depression, over and above acculturation and general perceived stress. It was also expected that adherence to Mexican cultural values would be protective against maternal depressive symptoms during early pregnancy. Lastly, adherence to Mexican cultural values would moderate the relationship between the effects of acculturative stress and perceived discrimination on symptoms of maternal depression.

2. Methods

2.1. Sample

One hundred and fifteen Mexican and Mexican-American pregnant women (ages 18–45) were recruited from a local community clinic during their first trimester to complete this study. Eligibility criteria to participate in the study included being of Mexican descent, non-smoking and without current illicit drug use. Visits occurred at normally scheduled obstetrics clinic appointments between July 2012 and April 2014. The clinic is a part of a community health clinic network in which 77% of patients are racial/ethnic minorities, and half of patients are uninsured (NCHS, 2013). All participants provided informed consent and all procedures were approved by the California State University San Marcos Institutional Review Board. Four participants withdrew from the study due to a lack of available time, three participants reported miscarriages, three participants switched their care to other clinics, two participants moved away and five participants were not reachable after the initial study visit. A final sample size of 98 mothers was evaluated.

2.2. Procedure

All participants were recruited between 10 and 15 weeks pregnant. At the first study visit (< 15 weeks gestation) participants completed self-administered surveys on all demographic variables and as well culture-related questionnaires. Women returned for an additional visit between 15 and 17 weeks gestation to assess mental health symptoms. All measures were offered both in Spanish and English. Measures previously validated in Spanish were used or when necessary measures were translated and then back translated by native Spanish-speaking staff.

2.3. Maternal acculturation status

Acculturation was assessed by the multidimensional Acculturation Rating Scale for Mexican Americans-Revised (ARMSA-II) (Cuellar et al., 1995). This self-report scale has been used to study birth outcomes in Latinas (Jones and Bond, 1999) and is currently the most relevant measure of acculturation (Beck, 2006). The

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