



Acculturative stress is associated with trajectory of anxiety symptoms during pregnancy in Mexican-American women



Andrea Preciado (B.A.)*, Kimberly D'Anna-Hernandez (Ph.D.)

Department of Psychology, California State University San Marcos, United States

ARTICLE INFO

Article history:

Received 7 July 2016

Received in revised form 5 October 2016

Accepted 5 October 2016

Available online 7 October 2016

Keywords:

Pregnancy
Immigrant
Anxiety
Acculturation

ABSTRACT

Over half of pregnant women report anxiety symptoms and these symptoms may be precipitated by stressful experiences. Anxiety rates may be higher in Mexican-American women who experience socio-cultural stressors, such as acculturation, acculturative stress and discrimination. However, the role of such stressors on the trajectory of anxiety symptoms across pregnancy is not yet known. Mexican-American women ($n = 151$) completed surveys across pregnancy about acculturation, acculturative stress, perceived discrimination, and state anxiety. Multilevel modeling found that acculturation (Anglo orientation, $b = 0.050$, $SE = 0.379$, $t(137.561) = 0.134$, $p = 0.894$; Mexican orientation, $b = 0.775$, $SE = 0.692$, $t(133.424) = 1.121$, $p = 0.264$) and perceived discrimination ($b = -1.259$, $SE = 0.921$, $t(137.489) = -1.367$, $p = 0.174$) were not associated with the trajectory of anxiety symptoms. However, acculturative stress, even while controlling for perceived stress, was associated with high levels of anxiety symptoms that were elevated early in pregnancy ($b = -0.045$, $SE = 0.022$, $t(135.749) = -2$, $p = 0.047$). This work highlights the unique role of acculturative stress in risk for prenatal anxiety in early pregnancy.

© 2016 Published by Elsevier Ltd.

1. Introduction

Investigating the underlying contributors to prenatal anxiety symptoms is important (Meades & Ayers, 2011) as 52% of women report an increase in symptoms of anxiety during pregnancy (Anxiety and Depression Association of America, 2009). Experiencing anxiety during pregnancy is particularly detrimental as it is associated with pregnancy complications (Kurki, Hiilesmaa, Raitasalo, Mattila, & Ylikorkala, 2000), postnatal depression (Coelho, Murray, Royal-Lawson, & Cooper, 2011) and adverse offspring development, including preterm birth, low birth weight (Dayan et al., 2006; Kalantaridou et al., 2010), and impaired fetal head and abdominal growth (Henrichs et al., 2010). Moreover, these problems extend into childhood as exposure to prenatal anxiety is a salient risk factor for emotional and behavioral problems in offspring (Glover, O'Connor, & O'Donnell, 2010). However, the underlying causes of prenatal anxiety are still not clear.

Mexican-American women may experience elevated rates of prenatal anxiety as they are exposed to high levels of psychosocial stressors. These stressors include being single, of low socioeconomic status (Bernstein, 2007; Williams, Mohammed, Leavell, &

Collins, 2010) and having low social support as well as a lack of access to culturally competent prenatal care (Bryant, Worjloh, Caughey, & Washington, 2010). In fact, individuals born in Mexico relative to those born in the United States (U.S.) of Mexican descent, are more likely to suffer from mood, anxiety, and substance disorders consistently more so than Cuban, Puerto Rican and other Latino subgroups (Alegria et al., 2008). The Latino population has significant heterogeneity amongst the subgroups with differences in demographic data which may influence health disparities (Vega, Rodriguez, & Gruskin, 2009). For example, overall Latinos have low levels of health care coverage (Rosenberg, Handler, Rankin, Zimbeck & Adams, 2007), but Mexican-Americans have had consistently low rates over recent years (40–34% insured; Motel & Patten, 2012; Rutledge & McLaughlin, 2008). In addition, Mexican-Americans compared to other Latino subgroups are more likely to be younger, have one of the lowest rates of college completion, below average rates of English proficiency and earn below the median household income (Motel & Patten, 2012). Lastly, Mexican-Americans have historically had the lowest rate of prenatal care amongst the Latino subgroups (Osterman & Martin, 2011). Indeed, these psychosocial challenges have been found to be associated with higher prenatal anxiety symptoms (Leach, Pyser & Fairweather-Schmidt, 2015; Pagel, Smilkstein, Regen, & Montano, 1990) and may place Mexican-Americans at risk for experiencing mental health symptoms during pregnancy.

* Corresponding author.

E-mail address: preci011@cougars.csusm.edu (A. Preciado).

Mexican-American women are also exposed to sociocultural stressors related to adaptation to U.S. mainstream culture (Calzada, Huang, Covas, Ramirez, & Brotman, 2015). These sociocultural stressors include acculturation, the multidimensional process of psychological and cultural changes when interacting between two or more cultures (Sam & Berry, 2010), acculturative stress, the stress associated with the process of acculturation (Berry, 2005, 2006), and perceived discrimination, negative attitudes or unfair treatment towards a particular group (Williams, Neighbors, & Jackson, 2003). However, the role of these processes in perinatal mental health is not clear. Acculturation has been the cultural process most addressed in maternal mental health in Latinas (Beck 2006; Campos, Schetter, Walsh, & Schenker, 2007; Davila, McFall, & Cheng, 2009; Heilemann, Frutos, Lee, & Kury, 2004; Ruiz et al., 2012). The underlying theoretical framework of acculturation suggests those who are acculturating bring cultural and psychological characteristics with them to the new host culture (Berry, 2003). The compatibility and/or incompatibility of customs, values, or beliefs between the native and host culture associated with the process of acculturation can be classified as stressors and thus impact mental health (Berry, 2006). Further, the affective perspective of acculturation involves the emotional aspects of the acculturation process and emphasizes emotional well-being (Acevedo, 2000) and may contribute to psychological symptoms in the perinatal period. Most studies have focused on the role of acculturation in perinatal depression (Davila et al., 2009; Heilemann et al., 2004; Ruiz et al., 2012) with mixed results (Beck, 2006; D'Anna-Hernandez, Aleman, & Flores, 2015). These inconsistencies may be due to the use of proxy measures for acculturation, including variables such as birthplace, years in the host country, or language (Ortega, Rosenheck, Alegria, & Desai, 2000; Ruiz et al., 2012). Even within the same study, there are conflicting results. For example, postpartum depression was augmented in women who spent their childhoods in the U.S. relative to Mexico, however, their place of birth was not related to depression levels (Heilemann et al., 2004). Furthermore, high levels of acculturation, as measured by English proficiency and generation status, has been associated with higher anxiety during pregnancy; however, this relationship was not found when continuous measures of Latino and Anglo acculturation were used (De Mendoza, Harville, Theall, Buekens, & Chasan-Taber, 2016). Previous findings fail to interpret the possible barriers and challenges that Mexican-Americans may or may not face due to language preference or birthplace (Hunt, Schneider, & Comer, 2004; Thomson & Hoffman-Goetz, 2009; Valencia-Garcia, Simoni, Alegria, & Takeuchi, 2012). Thus, there is a need to investigate acculturation beyond the proxy measures as acculturation as an interactive and multidimensional process in which individuals may modify their own beliefs and experiences when interacting between cultures (Abraído-Lanza, Echeverría, & Flórez, 2016; Cabassa, 2003). One study has used a continuous measures of acculturation on the distinct, but related concept of pregnancy-related anxiety and found Mexican orientation to be associated with an increase in symptoms (Campos et al., 2007). While informative, this study focused on pregnancy-specific anxiety, not more general state anxiety symptoms, and was limited to early pregnancy. A more global assessment of maternal anxiety symptoms throughout all of pregnancy is needed to shed light to the possible role of the continuous multidimensional concept of acculturation on maternal mental health.

As acculturation is associated with adaptation to stress (Caplan, 2007), current research has shifted focus to acculturative stress as a risk factor contributing to mental health disorders (Chae, Park, & Kang, 2014; Fortuna et al., 2016; Sirin, Ryce, Gupta, & Rogers-Sirin, 2013). According to the minority stress theory, experiencing stress due to marginalized status is associated with psychological distress (Meyer, 2013). Previous research suggests acculturative stress

directly relates to psychological adjustment and distress (Driscoll & Torres, 2013; Thoman & Surís, 2004) and been suggested to be the underlying source of adverse mental health outcomes in the Mexican-American population (Crockett et al., 2007). As acculturative stress and general life stress have both been associated with increased risk for depressive symptoms in Mexican-American pregnant women (), other psychological problems related to stress, such as symptoms of anxiety, may emerge when experiencing acculturative stress. In non-pregnant Mexican-American samples, high levels of acculturative stress have been linked with symptoms of anxiety (Crockett et al., 2007; Hovey & Magaña, 2000; Revollo, Qureshi, Collazos, Valero, & Casas, 2011). However, the relation of acculturative stress to symptoms of anxiety in pregnant Mexican-American women is unknown.

Perceived discrimination is another sociocultural stressor that may influence mental health in Mexican-American pregnant women. The minority stress theory also supports this notion, as stigmatization and unfair treatment due to minority status is related to psychological stress (Meyer, 2013). Frequent experiences of discrimination are associated with psychological distress (Sellers & Shelton, 2003), which may be a potential risk factor for anxiety (Dyrbye, Thomas, & Shanafelt, 2006). Furthermore, the sociocultural model of anxiety states that awareness of racism may influence the risk of the development of an anxiety disorder (Hunter & Schmidt, 2010), suggesting discrimination may play a role in anxiety in vulnerable populations. As such, perceived discrimination is associated with higher levels of symptoms of anxiety in the African-American population (Broman, Mavaddat, & Hsu, 2000). However, the role of perceived discrimination on prenatal anxiety symptoms in Mexican-Americans is unknown. Experiencing discrimination is followed by depressive symptoms in Mexican-Americans (Finch, Kolody, & Vega, 2000; Torres & Ong, 2010) and associated with depressive symptoms in the first trimester in pregnant Mexican-American women (D'Anna-Hernandez et al., 2015). Yet, the relation of perceived discrimination and anxiety symptoms throughout pregnancy in Mexican-American women is yet known.

The current study aimed to determine the contribution of sociocultural stressors on prenatal anxiety symptoms in the vulnerable Mexican-American pregnant population. As general perceived stress has been associated with negative mental health outcomes among Mexican-American pregnant women (Fleuriet & Sunil, 2014), it is important to determine the distinct contribution of sociocultural stressors on prenatal anxiety apart from general stress. Thus, the current study investigated the potential unique roles of acculturation, acculturative stress, and perceived discrimination, while controlling for general perceived stress, on anxiety symptoms in pregnant Mexican-American women. It was hypothesized that pregnant women who report high levels of acculturation, acculturative stress, and perceived discrimination would report high levels of state anxiety symptoms across pregnancy. Investigating sociocultural stressors in the perinatal period may provide useful information for future obstetric intervention to optimize mother/child perinatal outcomes.

2. Method

2.1. Participants

A sample of 172 Mexican-American pregnant women were recruited at a local community clinic. Twenty one participants were not included in the study (12 withdrew from the study, 4 moved/transferred clinics, 3 miscarried, 1 did not return the clinic and 1 withdrew due to health complications). A final sample of 151 women were included in the analysis. The attrition rate of the current study (14%) is similar that of previous studies that

Download English Version:

<https://daneshyari.com/en/article/5038885>

Download Persian Version:

<https://daneshyari.com/article/5038885>

[Daneshyari.com](https://daneshyari.com)