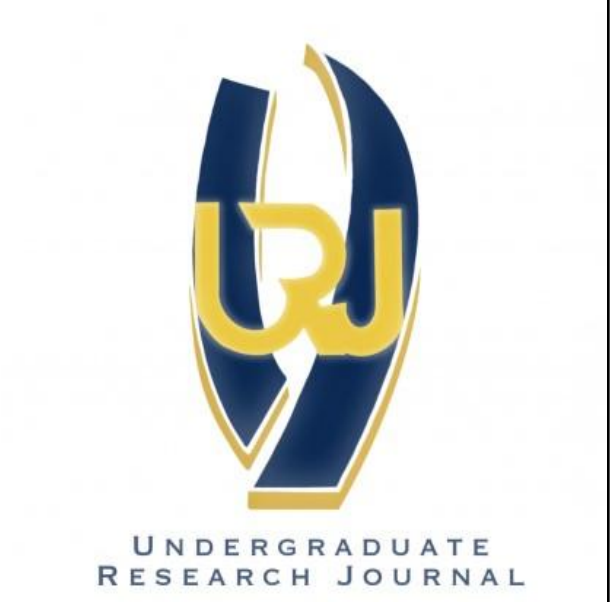

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Latina/Hispanic Women's Perception of Postpartum Depression

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Abstract

This literature review analyzes different studies and articles that focus on Latina/Hispanic women's perception of postpartum depression (PPD). The cultural, social, and healthcare delivery barriers Latina/Hispanic women experience and the effect these barriers have on the use of resources are discussed. The following concerns are addressed in more detail: traditional differences, women's expectations, beliefs about motherhood, the negative stigma around PPD, immigration status, language barriers, and adverse effects of PPD on the infant children of Latina/Hispanic women. Due to cultural factors influencing the underutilization of resources, interventions that target reducing these barriers need to be developed. Further research should be focused on testing the effectiveness of suggested interventions such as implementing universal screening for PPD, having additional support programs available, offering classes about PPD, and involving family members in early informational interventions. The findings of this literature review can be used to help raise awareness about PPD and encourage Latina/Hispanic women struggling with PPD to reach out for help to benefit both themselves and their infants.

Keywords: postpartum depression (PPD), Latina/Hispanic women, marianismo, culture, women's expectations

Latina/Hispanic Women's Perception of Postpartum Depression

The feeling of sadness that some mothers experience after giving birth may not always be a case of the "baby blues". Postpartum depression (PPD) affects an estimated 11% of mothers in the general population (Sampson et al., 2021). However, some populations including Latina/Hispanic women are at greater risk of developing PPD. In the Latina population, PPD ranges from 23% to 53% among women who are either born in the United States or foreign-born (Sampson et al., 2021). The high prevalence of PPD in this population is concerning, especially since Latinas have a higher fertility rate (Edwards et al., 2021) and birth rate than other ethnic groups (Sampson et al., 2018). In addition to this, maternal suicide related to PPD is the number one cause of a mother's death within the first year postpartum in the United States (Maxwell et al., 2019). Despite Latinas being a high-risk population, they are less likely to seek professional help for symptoms of PPD.

Studies have been conducted to analyze the cultural, social, and healthcare delivery barriers related to seeking help for PPD among Hispanic women (Callister et al., 2011). These barriers make it difficult for Hispanic women to reach out for help which can be discouraging. This discouragement results in the underutilization of resources among Hispanic women with PPD. Additionally, screening for PPD is completed during the mother's postpartum appointments; however, many Hispanic women do not attend these appointments (Lucero et al., 2012). Therefore, Hispanic women are more likely to go undiagnosed with PPD.

Rather than seeking professional help for PPD, some Hispanic women use other coping mechanisms such as talking to friends and family, praying, seeking support from their church, self-reflection, dancing, and singing (Sampson et al., 2021). Although these alternative coping mechanisms may provide some relief, not many people understand what PPD is. This can make

it challenging for others to help a struggling mother. Even when provided with professional help, Hispanic mothers may reject receiving treatment (Lucero et al., 2012). Hispanic women are in denial about having depression since being diagnosed with PPD can disrupt their lives by impacting their beliefs about motherhood (Lucero et al., 2012). Often, Hispanic mothers claim their symptoms are caused by other factors including "financial concerns, family relationships, and/or work stressors" (Callister et al., 2011).

Among the barriers that Hispanic women face when seeking help for PPD, cultural barriers have a significant impact. Cultural barriers such as traditions, the expected role of women, beliefs about motherhood, and the stigma around mental illness in the Hispanic community influence a mother's decision to talk about PPD (Callister et al., 2011). Latina mothers with PPD are viewed as incompetent in their families because it goes against their cultural values (Sampson et al., 2021). The beliefs that Hispanic individuals have about PPD create a negative stigma around it (Sampson et al., 2021). Mental health not being openly discussed in the Hispanic community and the fear of not meeting their culture's expectations makes Latina mothers vulnerable to suffering in silence.

Social barriers such as "inadequate social support, immigration status, and limited English proficiency" are difficulties Hispanic women experience when reaching out for help for PPD (Callister et al., 2011). Social support during pregnancy specifically from the woman's partner plays an important role in the development of PPD (Albuja et al., 2016; Lucero et al., 2012). Immigration status and limited English proficiency make it challenging for Latina mothers to interact with healthcare workers (Callister et al., 2011). Due to the impact these cultural barriers have on communication, reaching out for help can be intimidating.

Financial concerns, time availability, lack of child care, transportation, and inadequate screening measures are healthcare delivery barriers Hispanic mothers also experience (Callister et al., 2011; Lucero et al., 2012). Some mothers are hesitant to seek help because they are concerned that they will not be able to afford it (Callister et al., 2011). Finding time during the day to visit a medical professional can be difficult due to the overload of responsibilities that mothers have. Having to find time, someone to provide childcare, and a way of transportation makes reaching out for help seem inconvenient (Callister et al., 2011). In addition to this, the screening method used for PPD is inadequate which contributes to the increasing number of Latinas that go undiagnosed (Lucero et al., 2012).

The purpose of this literature review is to analyze the underutilization of resources among women with PPD in the Hispanic community. Hispanic women's perception of PPD, negative outcomes of PPD, and possible interventions will be discussed. Overall, the goal of this literature review is to raise awareness of the role that culture plays in the mental health of Latina/Hispanic women. By understanding the role of Hispanic culture in the development of PPD, interventions that account for these cultural aspects can be implemented to better target PPD in the Hispanic population.

Discussion

In the Hispanic community, women are expected to embody the female gender role of marianismo. Women are described as passive, family-oriented, self-sacrificing, nurturing, obedient, and pure (Nuñez et al., 2016). However, a study found that a high endorsement of marianismo was associated with negative cognitive emotions such as depression (Nuñez et al., 2016). Nuñez and colleagues (2016) measured marianismo on the subscales of the Family Pillar, Virtuous and Chaste, Subordinate to Others, Silencing Self to Maintain Harmony and Spiritual

Pillar. Compared to other marianismo subscales, Latinas who scored higher in the Family and Spiritual Pillars were more likely to have negative cognitive emotions (Nuñez et al., 2016). This indicates that the pressure women feel to be the source of strength for the family and to take care of the needs of others can be mentally exhausting (Nuñez et al., 2016). As a result, Latinas are at greater risk of being depressed. Although the study conducted by Nuñez et al. does not focus on marianismo and PPD, depression before and during pregnancy has been identified as a risk factor for developing PPD later on (Edwards et al., 2021). Therefore, depression associated with marianismo is likely to continue into a woman's pregnancy and can be strengthened by the new mother role she holds.

In support of the findings of Nuñez et al. (2016), Albuja et al. (2017) also had similar results in their study. However, their study went a step further and also analyzed the effect of social support on PPD. Albuja et al. found that women with a high endorsement of the traditional female role (marianismo) and low levels of social support had the highest risk of developing PPD. Women who endorsed the traditional female role (marianismo) were less likely to seek help from the social support system they had because it contradicted the beliefs of the traditional female role (marianismo) such as being passive, silent, and putting others first (Albuja et al., 2017). They were also more likely to believe they would be judged for reaching out for help (Albuja et al., 2017). The findings of both Nuñez et al. and Albuja et al. bring awareness to the negative effects marianismo can have on the mental health of women. It shows that Latinas need support to help cope with the stress they may experience from trying to fulfill the expectations of marianismo.

Additionally, Piña-Watson et al. (2014) found that Latinos are more likely to believe that women should endorse the marianismo subscales of Silencing Self to Maintain Harmony and

Subordinate to Others. This can negatively affect women since they may feel pressured to conform to men's beliefs to be accepted by them (Piña-Watson et al., 2014). The marianismo subscales of Silencing Self to Maintain Harmony and Subordinate to Others are harmful to women because it teaches them to disregard their own opinions. Focus groups conducted by Sampson et al. (2018) found that Latinas felt they were not able to admit they were struggling with PPD due to the cultural expectations of marianismo. Women described feeling pressured to maintain their responsibilities while dealing with PPD because they did not want their husbands to believe they had a useless wife (Sampson et al., 2018). Struggling with PPD made mothers feel like they were not contributing enough to the family (Sampson et al., 2018). Since they are not able to complete their household chores or daily tasks, Latinas with PPD are labeled as impotent (Sampson et al., 2018). Therefore, marianismo can be detrimental to women because it establishes expectations that may be unrealistic for mothers to meet. Although women may be avoiding potential conflict with others by keeping their thoughts to themselves, staying silent creates conflict within themselves that affects their well-being (Piña-Watson et al., 2014). Overall, marianismo discourages women from seeking help for PPD because it emphasizes putting others first and not talking about their own needs.

Furthermore, the Hispanic community has a collectivistic worldview (Piña-Watson et al., 2014). This means that they believe a group should be prioritized over the individual; therefore, they hold the cultural value of familismo (Piña-Watson et al., 2014). Familismo is an individual's commitment, loyalty, and prioritization to their family (Piña-Watson et al., 2014). Latina mothers have a valued role in their community because they hold the family together by providing support for their basic needs, maintaining the household, and being the main caretaker of the children (Callister et al., 2011). As a mother, marianismo also expects women to make sacrifices

for their families (Piña-Watson et al., 2014). Sampson et al. (2021) found that the majority of their Latina participants believed that suffering and sacrifice are a part of motherhood. They expressed how mothers should make sacrifices for their children to give them the opportunity for a better future (Sampson et al., 2021). Mothers making sacrifices for their children is positively viewed in the Hispanic community because it is done to prevent the children from suffering (Sampson et al., 2021). When a mother does not make sacrifices for her child, she is considered selfish and a bad mother (Sampson et al., 2021). As a result, Latina mothers worry that if they admit they are struggling with PPD it will bring harm to their families (Callister et al., 2011).

Lucero et al. (2012) also noticed that Latina mothers were reluctant about discussing their results of screening positive for symptoms of PPD. They attributed this reluctance to the cultural stigma in the Hispanic community but did not include details about what this cultural stigma is (Lucero et al., 2012). However, Lucero et al. mention that it may result in women being more likely to consider symptoms of depression as normal. Although Lucero et al. lacks information explaining the cultural stigma, focus groups conducted by Sampson et al. (2021) provide details about Latina's experiences with the criticism and stigma around PPD. Sampson et al. found that there is a negative stigma around PPD in the Hispanic community because it threatens their cultural values. Mothers are believed to be "the foundation of family functioning" and that is not possible with the presence of PPD (Sampson et al., 2021). Latinas agreed that women with PPD are referred to as "crazy" in their community and people assume their families must not be supporting them since they are depressed (Sampson et al., 2021). Despite having family support, many Latinas still felt depressed because their concerns were belittled by their family members (Sampson et al., 2021). Instead of being provided with the compassion they needed, Latinas with PPD were told it was normal, it was a part of pregnancy, and that they would get over the feeling

eventually (Sampson et al., 2021). Therefore, Latinas do not seek help for PPD whether it be from family members or medical professionals because they are afraid of the judgment they may receive (Sampson et al, 2021).

Latinas believe PPD is not commonly seen in their native countries because their cultural traditions help prevent depression by providing support in the transition into motherhood (Sampson et al., 2018). For example, La Cuarentena is a tradition that consists of 40 days in which family members and friends help the new mother with household responsibilities like cooking and cleaning (Sampson et al., 2021). During this period, the mother has time to rest, heal, and focus her attention on the baby (Sampson et al., 2021). However, in the United States, these traditions may not be carried out which can result in a lack of support for new mothers (Sampson et al., 2018). These traditions may not be possible due to not having family members nearby and policies in the United States such as the amount of time given off from work (Sampson et al., 2018). In the United States, mothers tend to be more on their own during their recovery which can leave Latinas feeling isolated and without much support.

Lack of social support is concerning for mothers because a systematic review and meta-analysis conducted by Edwards et al. (2021) found that social support is a risk factor for PPD. Latinas often have a smaller support system due to family members being in different locations which are why receiving support from the father/partner is important (Sampson et al, 2018; Edwards et al., 2021). Having little to no social support is associated with PPD because women in these situations feel alone and overwhelmed with the changes that occur during the postpartum period (Sampson et al., 2021). Latinas are accustomed to different cultural traditions in which they are provided with help without having to formally ask (Sampson et al., 2021). As a result, it can be difficult to adjust to another environment where mothers have to speak up for

help. Edwards et al. (2021) describe the potential risk factors of PPD that Latina mothers may be exposed to whereas Sampson et al. (2018) and Sampson et al. (2021) introduce the cultural differences Latinas experience when living in the United States. This information is useful in understanding how culture affects PPD in the Hispanic population.

Continuing with the discussion of PPD in Latina's native countries, the limited amount of information available about PPD is concerning because they are a high-risk population. As a result, Latinas have expressed their view of PPD as an American problem (Sampson et al., 2018). Although some women in their native countries may still experience PPD, it does not have an established name which is why it is not seen as a problem that should be addressed (Sampson et al., 2018). However, in the United States, depressive symptoms after birth are addressed as PPD and there are services offered to help cope with the symptoms (Sampson et al., 2018). Callister et al. (2011) also found that Hispanic women believed they lacked information about PPD. There are prenatal classes that help women prepare for their babies and the hospital assists women with the babies' basic needs such as feeding, but information concerning the mother's mental and emotional health is not provided (Callister et al., 2011). Both Sampson et al. and Callister et al. bring attention to the gap in information about PPD that needs to be filled. Latinas are not provided with the necessary information to help them understand their feelings of sadness after giving birth. If Latinas are unaware that what they are experiencing is a serious problem with an actual name, they are not going to know that they should reach out for help. Therefore, classes about PPD would be beneficial because mothers will be able to identify the symptoms and may be encouraged to ask for help.

Callister et al. (2011) identified immigration status and limited English proficiency as barriers for Hispanic women with PPD. Although Callister et al. does not provide details about

the impact these factors have, Sampson et al. (2018) elaborate on the influence they have on Latina's help-seeking behaviors. Sampson et al. found that Latinas are hesitant to reach out for help because they are worried their immigration status will put them at risk of deportation and discrimination. Even if women are aware of the resources offered, their fear pushes them away from utilizing them (Sampson et al., 2018). Limited English proficiency also makes it challenging for Latina mothers to communicate with healthcare workers (Sampson et al., 2018). As a result, they worry that Spanish-speaking workers will not be available to assist them (Sampson et al., 2018). The findings of Callister et al. and Sampson et al. show the importance of having healthcare workers that can fulfill the needs of a culturally diverse community. Having healthcare workers that are well-informed about the Hispanic culture will help Latinas feel reassured when seeking help. Healthcare workers will be able to understand Latina mothers' beliefs about PPD and provide them with help that is better suited to their cultural needs.

When struggling with PPD, the mother is not the only one that is affected by the symptoms. Gress-Smith et al. (2012) conducted a study among a predominantly Hispanic sample of women who were low-income and found that PPD had negative effects on the infant. Postpartum mothers who had "higher depressive symptoms at 5 months were associated with less infant weight gain from 5 to 9 months, increased infant physical health concerns, and increased infant nighttime awakenings at 9 months" (Gress-Smith et al., 2012). Even though Gress-Smith et al. only focused on the period between 5 to 9 months postpartum, PPD has been associated with long-term effects on infants.

Furthermore, Field (2010) analyzed the effects of PPD on the interactions between the mother and her infant. Field's research found that depression was associated with disturbances in the mother and infant's interactions. Mothers who were depressed were more hostile and

irritable, more likely to use harsh punishment, less likely to interact with their infants, and showed less warmth toward their infants (Field, 2010). Disturbances in the early interactions between the mother and infant have been linked to long-term negative effects including behavior problems, cognitive delays, and physical health problems (Field, 2010). Along with early interactions, PPD also affects the mother's caregiving practices and safety practices such as feeding, sleep routines, well-child visits, using an infant car seat, and "baby proofing" the house (Field, 2010). Mothers with PPD are less likely to continue breastfeeding, more likely to experience sleep problems with their infants, less likely to attend their infant's appointments, and less likely to use the following: a car seat, electric outlet covers, and safety latches on cabinets (Field, 2010). Although it is not the mother's intention, Gress-Smith et al. (2012) and Field demonstrate that mothers put their infant's health at risk by not seeking help for PPD. Since family is greatly valued in the Hispanic community, women who are struggling with PPD may be motivated to receive treatment if they know it will prevent their infant from experiencing these adverse effects.

Conclusion

Latina/Hispanic women with PPD experience cultural, social, and healthcare delivery barriers that prevent them from using the resources they have available (Callister et al., 2011). Since Hispanic women are less likely to reach out for help, Lucero et al. (2012) found that the most common and severe symptom among Hispanic women with depressive symptoms was suicidal thoughts. These results are consistent with another study that also found a high rate of positive screening for suicide in Hispanic women with symptoms of PPD (Lucero et al., 2012). Therefore, research needs to be done to determine if Hispanic women with symptoms of PPD are at a higher risk of attempting suicide. This is a significant issue to look into because suicide is

the number one cause of death for mothers within the first year postpartum in the United States (Maxwell et al., 2019).

Future research should also focus on developing and testing interventions that take into consideration the cultural aspects of the Hispanic community. As a result of the high prevalence of PPD found in their study, Lucero et al. (2012) made various suggestions for interventions that would tend to the needs of Hispanic mothers. The first concern Lucero et al. addressed was the inadequate screening method used for detecting PPD. The recommended method is to screen women for PPD up to 12 weeks postpartum (Lucero et al., 2012). However, Lucero et al. found depressive symptoms develop at different rates, and women past the recommended screening time of 12 weeks were still able to experience symptoms of PPD.

Furthermore, Gress-Smith et al. (2012) found that of the mothers who participated in their study 33% reported having clinically significant levels of depressive symptoms at 5 months postpartum and 38% at 9 months postpartum. The findings of this study clearly show that depressive symptoms can develop well beyond the 12-week mark. Therefore, the recommended screening method has an inadequate cut-off time that leaves women at risk of being undiagnosed (Lucero et al., 2012). As a result, Lucero et al. (2012) recommend the use of universal screening for PPD by healthcare workers for Hispanic women during their pregnancy and up to a year postpartum.

In support of Lucero et al.'s (2012) recommendation, Field (2010) also encouraged the use of universal screening for PPD and guidance toward treatment. Field noted that a previous study found there was an increase in the detection of depression symptoms in mothers when screening for PPD was implemented within the first year postpartum during well-childcare visits.

The success of the previous study provides further support and reasoning for Lucero et al.'s recommendation of universal screening for PPD.

Another concern regarding the development of PPD is the amount of social support women receive. Women who have a social support system have lower rates of PPD compared to women who have little to no social support (Edwards et al., 2021; Lucero et al., 2012). Since many studies have found that social support is a significant influencing factor in developing PPD, Lucero et al. (2012) suggest creating interventions that offer women additional social support. Interventions involving peer support, regular telephone calls, and nurse home visits have been found to have a moderate effect on reducing the incidence of PPD in women who are at high risk (Lucero et al., 2012).

Additionally, offering classes related to PPD to inform Hispanic women about what it is, its symptoms and the use of treatment can provide social support (Lucero et al., 2012). Not only does it provide Hispanic women with a form of education, but it also creates an environment they feel comfortable approaching with questions and concerns. Family members should also be included in these early informational interventions (Lucero et al., 2012). Including family members will help increase the knowledge and awareness of PPD within the family. As a result, women may feel encouraged to ask for help and receive treatment if they know their family is understanding of their struggles. Increasing knowledge and awareness about PPD in the Hispanic community is the first step needed in breaking the negative stigma around PPD.

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