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Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

OVERVIEW

Keywords: Post-partum depression, Hispanic women, Bexar County, Texas

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

Goal Statement: The goal of this prevention program is to prevent post-partum depression (PPD) among Hispanic women in Bexar County, Texas. To aid in achieving this goal, I will offer low-cost psychoeducation counseling groups that run for 16 weeks per session to educate pregnant, low-income mothers about the signs and symptoms of PPD. These groups will also teach coping skills to help combat the symptoms of PPD. I will also offer a free workshop at a local community center that teaches mothers how to recognize the signs of PPD and introduce the group counseling classes. This project will track public health numbers of PPD among Hispanic women to decrease PPD in Bexar County by 5% over the next five years.

Significant Findings: PPD is an underdiagnosed and undertreated mood disorder that affects prenatal and postnatal mothers. Documented risk factors and barriers to treatment include stigma, lack of education and support, and logistical obstacles in obtaining treatment (Grimbergen et al., n.d.). Additionally, Martinez-Schallmoser et al. (2003) state that PPD in Hispanic women is harder to identify because of the complexity of cultural relevance and language barriers, leading to the difficulty of narrowing prevalence rates. However, Davila (2007) and Martinez-Shallmoser et al. (2003) found that 15% to 53% of Hispanic women living in Bexar County, Texas, and surrounding counties suffer from PPD. The recommendations within this project will increase awareness on PPD through education provided within local churches and local community centers.

Objectives/Strategies/Interventions/Next Steps: The high prevalence rates of PPD within Hispanic women (i.e., 15%-53%; Davila, 2007; Shallmoser et al., 2003) highlight the need for the implementation of prevention measures that are specific to this population. Culturally competent mental health and medical providers are needed to assess Hispanic women for signs and symptoms of PPD during the pre and post-natal period. Mental health counselors can implement specific measures to prevent PPD, such as developing workshops that provide education on the signs and symptoms of PPD and how they might differ within a culturally diverse population. Counselors can also offer low-cost group counseling classes to provide pre and post-natal women education and support to prevent PPD.

The Nurse-Family Partnership is a community-based organization that provides home visitations from nurses for first-time mothers, from a lower socioeconomic status (SES), during their pregnancy and child's infancy. The nurses teach positive health-related behaviors, child-care skills, and maternal personal development, including family planning, educational achievement, and economic self-sufficiency. These skills and the education taught can help reduce risk factors associated with PPD (Social Programs That Work, 2018).

INTRODUCTION

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

Mothers are oftentimes the primary family caretakers and the pillars that keep the family intact. PPD is an underdiagnosed and undertreated mood disorder that affects the very mothers needed to help stabilize the family unit. Grimbergen et al. (n.d.) note that many documented barriers prevent PPD treatment, including stigma, lack of education and support, and logistical obstacles. Martinez-Schallmoser et al. (2003) state that PPD in Hispanic women is harder to identify because of the complexity of cultural relevance and language barriers. Bringing

awareness to communities about the rates, risks, and symptoms of PPD will educate mothers and their families and remove the stigma that the PPD is somehow the mother's fault. Education and awareness are the first steps in prevention; having the knowledge and resources to understand and identify PPD is critical in getting the needed help.

PART 1: SCOPE AND CONSEQUENCES

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

The target problem identified for that prevention is PPD within low-income Hispanic Women in Bexar County, Texas. Many Hispanic women in Bexar County fall into other categories that increase their risk for PPD, which the COVID-19 pandemic has drastically impacted. Duran et al. (2021) state that these categories include lower educational levels, lower SES, lack of social support or childcare, younger children, immigrant status, and loss of employment. Duran et al. (2021) continue by explaining that as the pandemic continues to impact post-partum women, the risk for PPD increases, which affects maternal health and neonatal outcomes. A study conducted by Duran et al. (2021) at the University of Texas, Rio Grande Valley, is currently examining the effects of the pandemic on PPD. The Rio Grande Valley is about 200 miles from Bexar County and has a similar ethnic demographic as Bexar county, which is noteworthy when examining local trends of PPD. This study is ongoing, and the results are still pending. However, the literature review concludes that the risk of PPD is higher because of the combination of the pandemic mixed with the sociodemographic factors.

The consequences of PPD are not just specific to Hispanic women in Bexar county; however, because many Hispanic women fall into a lower SES, the consequences can be intensified. Grimbergen et al. (n.d.) state that because Texas has not expanded the Medicaid program, many women fall into an income bracket too high to qualify for Medicaid but too low

to afford private insurance. Within this income bracket, women can only be eligible for the Healthy Texas Women (HTW) program, which limited providers accept and only offer a few services focused on physical wellbeing. Because of the lack of care, PPD can go undiagnosed and untreated, leading to many consequences for the family. These consequences include damage to the mother-child bond, affecting the child's development and attachment to their mother and making it more likely for the child to develop depression themselves (Grimbergen et al., n.d.).

The goal of this prevention program is to prevent PPD among low-income Hispanic women in Bexar County, Texas. To achieve this goal, I will offer low-cost psychoeducation counseling groups that run for 16 week sessions to educate pregnant mothers about the signs and symptoms of PPD for low-income women. These groups will also teach skills to help combat the symptoms of PPD. I will also offer a free workshop at a local community center that teaches mothers how to recognize the signs of PPD and introduce the group counseling classes. This project will track public health numbers of PPD among Hispanic women to decrease PPD in Bexar County by 5% over the next five years.

PART 2: SOCIAL-ECOLOGICAL MODEL

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

Multiple factors influence the probability of developing PPD. The Substance Abuse and Mental Health Services Administration (SAMHSA, n.d.) describe protective factors as traits that reduce the likelihood of a risk factor. Sustainable income, low stress, social support, and partner support are just a few protective factors that help combat the risk of PPD. The Social-Ecological Model is a model of prevention used by the Center for Disease Control and Prevention (CDC, 2021), which presents the multifaceted relationship between the individual, relational,

community, and societal factors. To understand how to prevent PPD, one must identify the risk factors specific to the population being studied.

Individual Risk Factors

Several individual risk factors affect the chance of a Hispanic woman developing PPD. Sampson et al. (2017) note a greater risk of developing PPD within Hispanic women living in the United States than the general population and even a greater risk as a Hispanic immigrant, with an even greater risk associated with recent immigration. An individual risk factor that contributes to PPD is recent immigration. Martinez-Schallmoser, L. D. (1992) note that out of 66 women who recently immigrated to the United States, 53% had PPD. Sampson et al. (2017) describe that 40% of Hispanic-headed families live below the poverty level. Both SES levels and lack of education link to PPD because of the stress that these factors can cause. Coburn et al. (2016) explain that the risk for PPD is more significant in women who experience prenatal stress, which is intensified in low-income and immigrant families.

Relational, Community, and Social Factors

Social support is a critical protective factor that lessens the risk for PPD. Coburn et al. (2016) explain that the Hispanic culture emphasizes the importance of family harmony and family bonds, and prenatal time can be an excellent opportunity to work on strengthening family connections and working together for the sake of the mother and baby. When families are unsupportive of the mother during prenatal and postpartum, other services such as peer support programs should be encouraged. Another protective factor in the Hispanic culture is the confinement practice called *cuarentena*. Bashiri and Spielvogel (1999) describe *cuarentena* as 40 days of respite for the new mother, including help with household chores, eating special food, and resting as much as possible. Kruckman (1992) further explains that the details

of *cuarentena* may vary but typically involves much rest and recovery time for the new mother and help with caring for the house and baby by female relatives. During these 40 days, relatives are only allowed to visit on specific days to protect the new mother and baby's bond and to slowly reintroduce the new mother into society with her new child. *Cuarentena* is a culturally significant practice in Mexico and many South American countries and has shown a reduction in rates of PPD. This practice focuses on the mother and the baby instead of just the baby, which allows the new mother to heal and focus on herself and her new child for the first five to six weeks. Simultaneously, the mother feels supported by having others assist with task completion rather than being responsible for those tasks plus a new baby all at once. Knowledge surrounding the risk factors for PPD on the individual, relational, community, and societal levels and understanding how cultural factors affect these levels can serve as protective factors and help reduce the risk of PPD within Hispanic women.

PART 3: THEORIES OF PREVENTION

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

When contemplating the prevention of PPD within Hispanic women in Bexar County, Texas, one must consider the theories of prevention that would work best to thwart the effects of PPD. The National Cancer Institute (NCI, 2005) describes Social Cognitive Theory (SCT) as a process where personal factors, environmental factors, and human behavior constantly affect each other. SCT holds the position that three main factors contribute to behavioral change: 1) self-efficacy, 2) goals, and 3) outcome expectancies. The cultural expectations of motherhood and family are deep-rooted within the Hispanic heritage. Coburn et al. (2016) note that within the

Hispanic family, there are strong expectations that the family should be the main resource for coping during high times of stress and that high times of stress during pregnancy can lead to PPD. Sometimes family can provide the support needed to cope with prenatal and postnatal stressors. However, there is also the possibility that a family environment is a place that is unsupportive or encourages ways to cope that might not be best for the mother or baby.

Unhealthy coping mechanisms can be created from the strong desire to hold on to the cultural expectation of only relying on family during stressful times.

Using the SCT model, during the prenatal period, the goal should be improving one's self-efficacy that encourages an environment where appropriate support. The NCI (2005) describes self-efficacy as "confidence in one's ability to take action and overcome barriers" (p. 20). One way of improving self-efficacy during the prenatal period is by utilizing local programs that provide education and support for pregnant mothers. According to Social Programs That Work (2018), the Nurse-Family Partnership is a nurse home visitation program for lower SES, first-time mothers during their pregnancy and child's infancy. The Nurse-Family Partnership has three locations in the Bexar County area and provides a nurse visit one to two times per month during pregnancy and the first two years of their children's lives. The nurses teach positive health-related behaviors, child-care skills, and maternal personal development, including family planning, educational achievement, and economic self-sufficiency. Having this type of support for a new mother and using the learned skills in subsequent pregnancies can reduce the stress of the impending birth and having a new baby.

The Nurse-Family Partnership program aids in the process of changing behaviors in small attainable steps that contributes to the new mother's confidence, which is what increases self-efficacy. The NCI (2005) expresses that when individuals' self-efficacy grows, they can change

their behavior amid challenges. As a person implements new behaviors, they cause change within themselves, affecting their environment. As change happens, they can form realistic goals which impact outcome expectancies. Learning new behaviors through appropriate support and setting realistic goals and expectations is an example of an effective prevention method.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

Hispanic Adolescents as a Subgroup

Prevention geared towards Hispanic women in Bexar County is imperative because much of the population is comprised of Hispanic women, and many fall into a lower SES, which is a risk factor for PPD. A particular subgroup of this population with a greater risk of developing PPD is Hispanic adolescent girls. The County Health Rankings & Roadmaps (2022) reported 37 per 1000 Hispanic adolescent pregnancies in 2021. This number has decreased significantly in the last ten years because of effective prevention programs and sex education programs. However, Hispanic teen pregnancies are still considerably higher than White teen pregnancies at 14 per 1000, and Black teen pregnancies at 26 per 1000.

The higher incidence rate of pregnancies in Hispanic adolescents is noteworthy because of the increased risk factor of pregnancy and the increased risk factor of developing PPD. Hymas and Girard (2019) note that pregnant and parenting adolescents are at higher risk of harmful physical and mental health results than adults. In western societies, up to 40% of teenage mothers develop PPD, compared to 13%-19% of adults. Hymas and Girard (2019) also report that adolescent mothers may experience PPD differently than adults. PPD in adolescents increases the risk of depressive symptoms lasting longer after delivery, increases the likelihood

of rapid successive pregnancies, and intensifies the possibility of intimate partner violence than adult mothers.

Mechanisms to Increase Cultural Relevance

Several mechanisms can increase why prevention is needed for this specific population. Hymas and Girard (2019) report that because PPD occurs much more frequently in adolescent mothers, research has examined the mechanisms behind the differences. These mechanisms include unmet unrealistic expectations of motherhood, more negativity towards pregnancy bodily changes, feeling insufficient as a mother, social isolation, and the conflict between desiring autonomy as an adolescent yet needing far more support as a new mother. When designing prevention programs specifically for pregnant Hispanic adolescents, these mechanisms must be contemplated.

Ethical Considerations

When incorporating prevention into counseling programming, one must consider the American Counseling Association (ACA) code of ethics. Informed consent, which is in section A.2. of the ACA code of ethics (2014), notes that counselors must provide the client with the information needed about the counseling process and must communicate this information in a way that is both developmentally and culturally appropriate. When working with clients, the counselor must inform the adolescent clients of the nature of the therapeutic relationship so that the client can understand and have the freedom to choose or not choose the therapeutic relationship. ACA code of ethics (2014) A.7.b. says that counselors must gain consent before helping remove systemic obstacles to advocate for clients to access growth and development. When assisting the client, the counselor must ask for consent to begin and further the therapeutic relationship. ACA A.2.d. (2014) says that when counseling minors, including pregnant

adolescents, the counselor must consider the client and their decision-making abilities and the legal rights of the parent(s) and family. Texas Family Code (1995) states that in the state of Texas, a counselor may not counsel a minor without parental consent unless the counselor believes the client to be emotionally, physically, or sexually abused, suffering from chemical or drug addiction or dependency, or contemplating suicide.

PART 5: ADVOCACY

Post-partum Depression in Low-Income Hispanic Women in Bexar County, Texas

Barriers to Addressing Post-partum Depression in Hispanic Women at the Institutional, Community, and Public Policy Levels

Many barriers prevent addressing PPD among Hispanic women. The Multicultural and Social Justice Counseling Competencies (MSJCC, 2015) explain that privileged and marginalized counselors involve themselves with and advocate for clients at the institutional, community, and public policy levels. Institutional levels include social institutions such as schools, churches, and community organizations. Barriers to addressing PPD in Hispanic women begin as early as school age. For example, the City of San Antonio Office of Equity (2019) reported that 14% of Hispanic students were chronically absent from school, with a graduate rate of 88%. The absenteeism and graduate rates are the lowest among all racial groups in Bexar County. A lack of education leads to lower-paying jobs and less access to healthcare, both associated with poverty, unplanned pregnancy, and stressors during pregnancy, all of which are risk factors for PPD.

Community levels are comprised of what is unspoken, including norms, values, and regulations that are a part of one's society that can either be empowering or oppressive to human

growth and development (MSJCC, 2015). Sampson et al. (2021) explain that a barrier to addressing PPD in Hispanic women on the community level is the lack of identifying PPD symptoms and mistaken beliefs about PPD within a cultural context from their obstetric service providers. Hispanic women, especially immigrants, often present with PPD differently than other cultures because of high rates of trauma history; for example, family separations, wars in their home country, past sexual assault when entering the USA, and an increased experience of discrimination. Another barrier on the community level is the Hispanic cultural beliefs surrounding mental health. One belief is that women should always put their husband and children's well-being first and that depression or anxiety are signs of weakness. Another belief held among Hispanic individuals is that PPD means that the mother is going "crazy," which leads to judgment surrounding the PPD diagnosis. Hispanic women also believe suffering and sacrifice are essential traits of motherhood and that a good attitude should always remain a priority (Sampson et al., 2021).

Public policy levels consist of local, state, and federal laws and policies that control or affect human growth and development. In 2012, each state faced the decision to expand the Medicaid program, with Texas being one of twelve states that opted out. The Kaiser Family Foundation (KFF, 2021) notes that studies show that the expansion of Medicaid considerably improved the access and utilization of health care for pregnant women and mothers. More importantly, by not expanding Medicaid, a lower-income mother loses her pregnancy-related Medicaid coverage after 60 days, giving her less time to receive a PPD diagnosis and care. Choosing not to expand Medicaid significantly impacts many Hispanic women with PPD, as KPP (n.d.) reports that 58% of the uninsured population in Texas are Hispanic.

Advocacy Actions to Address Post-partum Depression in Hispanic Women at the Institutional, Community, and Public Policy Levels

Counselors must address PPD mental health care inequities and advocate to address PPD in Hispanic women at the institutional, community, and public policy levels. An advocacy action at the institutional level can be connecting Hispanic mothers with supportive individuals within the Catholic church. Dardar (2016) explains that the majority of the Hispanic immigrant populations profess to be Catholic. The Catholic church must make a better effort in recognizing and acting upon the needs of impoverished Hispanic communities. Identifying the needs of Hispanic mothers can be implemented at a community level of advocacy, as well. Educating women about the signs and symptoms of PPD within a Hispanic cultural context in the Catholic church can encourage advocacy in others. As education and awareness increase within the Hispanic community about the signs, symptoms, and effects of PPD, more social change will inspire action. An accessible advocacy action at the public policy level is writing and calling state representatives to vote for the expansion of Medicaid. The expansion of Medicaid would significantly improve the well-being of Hispanic mothers in Texas.

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