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Mood state, social support, and maternal attributes among postpartum Latinas



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# MOOD STATE, SOCIAL SUPPORT, AND MATERNAL ATTRIBUTES AMONG POSTPARTUM LATINAS

by

ROSEMARY J. MANN

**DISSERTATION**

**Submitted in partial satisfaction of the requirements for the degree of**

**DOCTOR OF PHILOSOPHY**

**in**

NURSING

**in the**

**GRADUATE DIVISION**

**of the**

**UNIVERSITY OF CALIFORNIA**

**San Francisco**

# DEDICATION

Dedicated to my family, Jean and David, who have been my companions and support through this experience which has changed all of our lives. Jean has provided me with the wisdom and guidance available only from a person who has mastered the experience. David has provided me with constant delight over video games, science projects, new pets, school activities, and vacation plans that only a growing boy can imagine. Together they have been the light at the end of the tunnel.

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## ACKNOWLEDGMENTS

Throughout my sojourn at UCSF I have been supported and encouraged by many friends, family members and faculty. To them I am forever grateful.

I wish to acknowledge some people who have been essential to my completion of this program. First and foremost is my friend and doctoral advisor, Jeanne DeJoseph. When I hesitantly broached the subject of getting a doctorate in nursing, she began an outpouring of strength and encouragement that has supported me through all the rites of passage. She guided my beginning thoughts about research and gently prodded me along the "process" I had to learn. Even in the face of my frustration and doubts, she never let me falter.

Special acknowledgment also goes to the members of my committee, Kathryn Lee, Diana Taylor, and Barbara VanOss Marin, who have provided wisdom and guidance throughout my course of study. A very special acknowledgment goes to my statistical advisor, Newton Suter, whose calm and patient manner sustained me.

Two people were very important in the data collection process, Lorena Acevedo and Nancy Zenteno, research assistants. They were essential in identifying the study participants and in assisting the participants to complete the questionnaire packet. They have my deepest gratitude and support as they complete their own studies in nursing.

Finally I want to acknowledge my family and friends who have been steadfast in love and encouragement and the nursing faculty at San Jose State University for their friendship and collegial support.

Abstract

MOOD STATE, SOCIAL SUPPORT, AND MATERNAL ATTRIBUTES AMONG POSTPARTUM LATINAS

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University of California, San Francisco

This study addressed variables in maternal role function including age, parity, income, perception of health, mood, social support, perceptions of themselves as mothers, and employment status among Latinas at six to eight weeks postpartum. A convenience sample of 70 Latinas was recruited in Santa Clara County, California. Eligible study participants were between 18-45 years of age, Latinas as defined by preferential use of Spanish in daily activities, low-income, and between six to eight weeks postpartum after a delivery of a normal infant. A questionnaire packet of an investigator-generated personal information questionnaire, Profile of Mood State's short form, the Personal Resources Questionnaire, and the Employment Role Attitude Scale was administered to the study participants by bilingual research assistants.

Study participants were young (mean=25 years), parous (mean =2 children), under educated (mean=8 years), and low-income (mean family income=$1000/month). Their average mood state scores showed no elevated levels of anxiety, depression, anger, or confusion. This finding was consistent with the finding on the personal information questionnaire where only 23/70 participants were able to identify problems they had worried about in the past week. The study participants perceived adequate levels of social support and had positive perceptions of themselves as mothers. Those who were employed

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had positive attitudes about employment. There were no significant differences among these study participants in mood, social support, or perceptions of themselves as mothers based on age, parity, income, or employment status.

This study is significant in describing variables in maternal role functioning and in guiding future research investigating cultural aspects proposed to influence maternal role function for Latinas. Low-income, postpartum Latinas do not appear to experience high levels of anxiety or depression and they have positive perceptions of their maternal role and social support. Financial stress, low income, high parity, and employment-related dissatisfaction that are known to cause negative mood state and low self-esteem among women from other cultures, did not appear to have the same effect among this group of Latinas.

Joanne J. Delfino PhD, CNM, FACNM
Chair
Associate Professor

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# MOOD STATE, SOCIAL SUPPORT, AND MATERNAL ATTRIBUTES AMONG POSTPARTUM LATINAS

## CHAPTER I

## INTRODUCTION

The factors that influence the way a woman approaches motherhood and constructs her maternal role are concepts that are essential to understanding the way human society works. Social interactions in contemporary society in the United States are influenced by race and ethnicity and so it is important to understand intrapersonal and interpersonal interactions within the context of cultural diversity. In the Santa Clara County of California, in the next century, the largest group of people of color will speak Spanish and have Latino heritage (Santa Clara County Public Health Department, 1997). Variables in maternal role function within the Latino cultural context among Latinas in Santa Clara County are the topic of this study.

### Statement of the Problem

Models of maternal role functioning available for use by health professionals in the management of childbearing and childrearing families have been based upon study findings derived primarily from white, middle-class study participants (Mercer & Ferketich, 1990; Younger, 1991). The question of whether cultural context influences how Latinas experience the maternal role is unanswered. Four cultural concepts of centrality of the family, the importance of the maternal role, present orientation in time, and external locus of control have been selected to describe a cultural context among Latinos (Giger & Davidhizer, 1995; Lipson, Dibble, & Minarik, 1996; Purnell & Paulanka, 1998; Spector, 1996). The problem of this study was: "Do the variables in maternal role functioning as described by Mercer and Ferketich (1990) and Younger (1991)

among middle-class Caucasian women behave in the same way among postpartum women within the context of the Latino culture?".

## Purpose of the Study

The goal of this study was to explore the experiences of low-income Latinas residing in the Santa Clara Valley of California during their sixth to eighth postpartum week and to describe variables in their maternal role functioning. The primary purposes of this study were (1) to describe personal characteristics, mood state, social support, perceptions of themselves as mothers and attitudes about employment among low-income Latinas at six to eight weeks postpartum; (2) to describe the relationships between personal characteristics, mood state, social support, perceptions of themselves as mothers and attitudes about employment for low-income Latinas at six to eight weeks postpartum; and (3) to determine if differences existed in mood state, social support, and perceptions of themselves as mothers among employed Latinas and Latinas not employed at six to eight weeks postpartum.

The following research questions were addressed.

1. What is their level of tension, fatigue, confusion, depression, anger and vigor and what is their level of total mood disturbance?
2. What is their level of perceived social support?
3. What are their perceptions of themselves as mothers?
4. What are their attitudes about employment as low-income unskilled workers?
5. Are there relationships among mood, social support, perceptions of themselves as mothers, and attitudes about employment?
6. Are there differences between employed and not employed Latinas in mood, social support, or perceptions of themselves as mothers?

7. Are there differences in mood, social support, or perceptions of themselves as mothers between Latinas who perceived their health as good and Latinas who perceive their health as poor?

8. Is there a relationship between age and mood, social support, or perceptions of themselves as mothers among postpartum Latinas?

9. Is there a relationship between income and mood, social support, or perceptions of themselves as mothers among postpartum Latinas?

10. Are there differences in mood, social support, or perceptions of themselves as mothers between primiparous and multiparous Latinas?

## Background and Significance of the Problem

Santa Clara County is growing at a rapid rate of 10% increase in population per decade. While Caucasians are the largest single racial group, Latinos are the largest ethnic minority and it is estimated that, within ten years, 50% of the population will speak Spanish. Santa Clara County is also a county of young people. Of its total population, 42% are of childbearing age (Santa Clara County Public Health Department, 1997). While Latinos make up 22.5% of the total county population, Latino children are 31% of the total number of children under 15 years of age. Latinos are disproportionately represented among younger age groups and groups of childbearing age.

Outcomes indices for pregnancy and childbirth show some interesting inconsistencies for Latinas. In Santa Clara County, the Latino population is characterized by low income, low education, and limited access to health care (Santa Clara County Public Health Department, 1997). Latinas have the highest rate of late or no prenatal care in the county (27.9%) compared to Caucasians (9.6%). Latinas have the highest teen birth rate of 113.7 births per 1000 which is twice the rate of any other group in Santa Clara County. These factors are considered to be high risk indices and, in Caucasian and Black

populations, are associated with poor pregnancy outcome (Lowdermilk, Perry, & Bobak, 1997). Yet the Latino infant mortality rate of 4.8 deaths per 1000 is lower than the Caucasian rate of 5.3 deaths per 1000. The rate of low birth weight infants for Latinas, 5.8%, is comparable to the overall rate for Caucasians of 5.4%. The Cesarean Section rate for Latinas of 15.4% is actually lower than that for Caucasians, 17.2%. These inconsistencies suggest that what is known about the pregnancy, childbirth, and maternal role experience for Caucasian and Black mothers may not apply for Latinas. Are Latinas influenced by psychosocial resources that could be associated with good pregnancy and childbirth outcomes and optimal maternal role functioning despite known high-risk factors? Could these resources have a similar protective influence upon other groups of mothers?

## The Experiences of Low-Income Latinas of Childbearing Age

There are few studies in the literature of low-income Latinas and their experiences of pregnancy and childbirth. Their pregnancy outcome statistics rival the standards set by white, middle-class mothers as discussed above, so that Latinas may be omitted as a distinct ethnic group in pregnancy-related research. The following studies describe experiences of Latinas of childbearing age and are presented to begin to describe what might be influential upon the experiences of postpartum Latinas.

Vega and his associates (1987) conducted a survey of a randomized sample of Mexican-American households in San Diego County to test the efficacy of natural-network and social support interventions in preventing the onset of depressive symptoms. Using a sample of 661 Latinas, the authors found that 9.7% of the variance in depressive symptoms was attributable to demographic variables and subjective variables. The demographic variables of significance were low income and few years of education. Subjective

variables included few friends in the US, perception of great distance from place of origin, difficulty of visiting and feeling closer to friends in Mexico, and perceptions of unfair economic treatment. While 9.7% of the variation in depressive symptoms is a modest portion of variance explained, the findings from this study suggested that low income, low education, few friends and isolation from family had a statistically significant relationship ($p<.001$) to depression experienced by Latinas of childbearing age. Demographic variables are important in the consideration of the life experience of Latinas.

In a secondary analysis of data collected during a cross-sectional survey of a randomized sample of Mexican-American households in 5 southwestern states, Saenz, Goudy and Lorenz (1989) examined the effects of employment and marital relations on the mental health of Mexican-American women. The study sample of 332 who were Latinas living with their husbands at the time of the survey, had a mean age of 36.5 years (range = 18-75) and a mean parity of 2.2 children (range = 0-10). The authors found that employed Latinas tended to be involved with a less traditional division of housework. Those employed Latinas experiencing social support from their spouses had a higher level of marital satisfaction than employed Latinas experiencing less support from their spouses. Employed married Latinas who were satisfied with their spousal support, were less likely to experience depression. In addition, occupational prestige had a significant negative impact on symptoms of depression as determined by a symptom list generated for this research. Women employed in low-prestige jobs experienced a statistically significant ($p<.05$) higher rate of depression. For Latinas of childbearing age, the findings from this study supported the importance of social support in affecting mood state and distress. Further, the findings suggested that low-income Latinas employed in unskilled job categories also experienced alterations in mood state. While this study

identified life-style factors in association with depression, it was limited in the use of investigator-designed indexes with no established reliability and validity for data collection. This is a particular problem in cross-cultural research because the phenomenon of depression and its related symptoms identified and validated in Anglo cultures may not have cultural equivalency in Latino cultures. In addition the study is limited to women living with spouses and does not address the issues of pregnancy and childbirth directly.

Engle, Scrimshaw, Zambrana and Dunkel-Schetter (1990) combined the use of pre- and postnatal interviews to study the relationships between anxiety, acculturation, and psychosocial factors related to anxiety for Latinas giving birth in Los Angeles. A convenience sample of 291 low-risk women having their first baby in one of two Los Angeles hospitals was interviewed during the last six weeks of pregnancy and within the first four postpartum days using a standardized interview protocol and the state anxiety subscale of the Spielberger State-Trait Anxiety Inventory. The authors reported no direct association between pre- or postnatal anxiety and acculturation as measured by language preference. There was a significant association between assertiveness and acculturation ($r=.19$, $p<.01$) and desire for control during labor with acculturation ($r=.17$, $p<.05$) indicating that more acculturated women were more assertive in their demands during labor and delivery. The prenatal state of anxiety was found to be significantly associated with postnatal anxiety ($r=.45$, $p<.01$), along with three other factors: negative attitude toward the baby, labor and delivery complications and less desire for control during labor and delivery. Together these four factors accounted for 29% of the variance in postnatal anxiety. It was interesting to note that, while acculturation was not directly associated with postnatal anxiety, it was directly associated with less desire for control during labor and delivery indicating a possible indirect

association with postnatal anxiety. This study incorporated the experiences of pregnancy and childbirth into a descriptive investigation of the experiences of postpartum Latinas in identifying contributing factors to alterations in postpartal mood state: prenatal anxiety, negative attitudes about their infants, less desire for control in labor and delivery, and, indirectly, acculturation. It was time-limited to the fourth day postpartum at which time study participants were still hospitalized. It did not extend the postpartum findings to experiences at home throughout the postpartum period or to the experiences of multiparas.

Two studies in the literature have considered an association between lack of prenatal care and maternal attitudes about childbearing and parenting for Latinas. Gray and colleagues (1995) identified factors relating to the care of low-income Latina mothers and their newborns in an inner city hospital. They found that low-income Latinas manifested attitudes and behaviors that supported the importance of the maternal role and the well-being of their children and that Latinas recognized the importance of prenatal care to the outcome of pregnancy. The two factors accounting for lack of health care were lack of access to health care services and lack of knowledge about health care services. Zaid, Fullerton, and Moore (1996) conducted a cross- sectional descriptive study of attitudes, beliefs, and behaviors of 118 postpartum Latinas residing close to the Texas/Mexico border. They documented that Latinas recognized the importance of prenatal care for fetal and newborn well-being. They identified that the most common barriers to adequate prenatal care were lack of financial means, lack of information about access, the inadequacy of health care institutions, sadness, and depression. The importance of these two descriptive studies was that the findings showed maternal attitudes and beliefs that valued the maternal role and recognized the importance of health care during pregnancy. For Latinas, it was not culturally derived attitudes and beliefs

that contributed to high rates of little or no prenatal care, but rather deficiencies in the health care delivery system and its ability to reach out to the Latina community.

Meleis, Douglas, Eribes, Shih, and Messias (1996) investigated the daily experiences of 41 low-income employed women in Mexico in regard to their maternal and spousal roles. Satisfying aspects of maternal and spousal roles included giving to and receiving from their children, being valued and supported by their partners and spousal approval of their work. Dissatisfying aspects included lack of resources, being absent from their children, self-doubt about their maternal role function, role overload, and absences by their spouses. The authors concluded that a conceptual framework for understanding the experiences of these women would include centrality of the family, empowerment and value as women, and the cultural component of hembrismo (the female counterpart to machismo). While this study did not include participants who had experienced recent pregnancy and childbirth, its findings were consistent with Gray and colleagues (1995) and Zaid and colleagues (1996) in demonstrating the cultural context of Latinas incorporating the importance of the maternal role.

In summary, studies of Latinas of childbearing age have suggested some associations between distress, as represented by mood states of depression and anxiety, and low income, lack of education, isolation from family and friends, and lack of social support ( Saenz et al., 1989; Vega et al., 1987). Postpartum anxiety experienced by Latinas has been related to less desire for control and labor and delivery, negative attitudes about their infants, and birth-related complications (Engle et al., 1990). Three studies have demonstrated that, within the Latino cultural context, women of childbearing age value the centrality of the maternal role and recognize the importance of actions that

support the well-being of their families and children (Gray et al., 1995; Meleis et al., 1996; Zaid et al., 1996). There is no study that describes the experience of unacculturated Spanish-speaking Latinas at six to eight weeks postpartum and identifies factors associated with maternal role function within this cultural context.

## Economic Status of Latino Families in the United States

Income level has been identified as a factor contributing to distress as reflected in anxiety and depression for Latinas of childbearing age in the United States (Saenz et al., 1989; Vega et al., 1987). The following statistics are presented as a description of the socio-economic status of Latino families in the United States in general (Bureau of the Census, 1994). Table I summarizes the ethnic distribution of median annual income.

Table I

Ethnic Distribution of Median Annual Income in the United States, 1993

| Race/Ethnicity | Median Annual Income | Percent of Overall |
|---|---|---|
| Overall | $30,786 | |
| Black | $18,660 | 60.6% |
| Hispanic | $22,848 | 74.2% |
| White | $32,368 | 105% |

The median annual income of minority families is disproportionately distributed below the median annual income for all families. Twenty percent of Latino families fell below the poverty limit of $10,000 median annual income as established by the Social Security Administration (Bureau of the Census, 1994).

Table 2 shows the median weekly income for employees in the United States in 1993 in households headed by women by ethnicity (Bureau of the Census, 1994).

Table 2

Median Weekly Incomes for Employees in the United States, 1993

| | Median Weekly Income |
|---|---|
| Men | $514 |
| Women | $395 (76.8% of male weekly income) |
| Women Heads of Households | $379 (73.7% of male weekly income) |
| White Women Heads | $415 |
| Black Women Heads | $334 |
| Hispanic Women Heads | $353 |

Women in general and families headed by women, regardless of racial-ethnic group, earned less than the median weekly income for male employees. Of all households headed by females, 28.8% fell below the poverty level and the median annual income of Latino families headed by women was less than 150% of the poverty limit (Bureau of the Census, 1994). The average ethnic minority family headed by a woman lives much closer to the poverty level than the average white family. Of Latino children, 38.8% live below the poverty limit (Bureau of the Census, 1994).

In general, Latino families in the United States have lower income and lower socio-economic status than families in general. This effect is heightened when Latino families are headed by women. For postpartum Latinas, socio-

economic status and low income could affect maternal role functioning through distress and altered mood state.

In my professional experience as a nurse-midwife in Santa Clara County over the past 15 years, I have observed that low-income Latinas must cope with disadvantages of poverty, inadequate housing, poor education, and changing social attitudes about undocumented workers and most Latinas manage to cope sufficiently well to support the survival of their families. I have also observed that Latinas who are employed are generally accepting of their difficult job conditions, low income, and lack of job security as long as the derived income supports the family. However they express sadness and concern over the separation between themselves and their children and the social changes that their children experience in a culturally diverse society. As a segment of our society, these women experience the adverse effects of low income, low education, low employment potential, and absent eligibility for social resources. That their experiences are largely undescribed and have major implications for healthy pregnancies and pregnancy outcomes not only among Latinas, but also for all childbearing women, has led me to this study.

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# CHAPTER II

## CONCEPTUAL FRAMEWORK AND REVIEW OF THE LITERATURE

### Conceptual Framework

For this study of maternal role functioning for Latinas at six to eight weeks postpartum, two conceptual models have been identified: Mercer and Ferketich (1990) and Younger (1991). Mercer and Ferketich (1990) tested a theoretical model to determine the effects of stress on postpartum family functioning. Younger (1991) proposed and tested a causal model of parenting stress in the postpartum period. Variables from these models will be integrated into a design for measurement of psychological resources of Latinas at six to eight weeks postpartum.

Mercer and Ferketich (1990) identified and tested a model of family functioning for low and high risk postpartum women and their families at eight months following birth. Low risk women had no chronic disease or pregnancy problem that did not respond to routine management. High risk women had been hospitalized during their 24th to 34th week of pregnancy for an obstetric problem. Using role and stress theory as their conceptual framework, they measured the effects of stress on family functioning defined as family interactions among and between family members, dyads, and family social units such as work and school as measured by the Feetham Family Functioning instrument.

With a sample of 153 high-risk mothers, they found that depression, perceived support, negative life events after pregnancy, marital status, maternal age and close friends had direct effects on postpartum family functioning. Negative life events during pregnancy had an indirect effect on family

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functioning. These variables explained 58% of variance in family functioning for high risk women in the postpartum period. In other words, more optimal family functioning was associated with high-risk mothers who were younger, married, less depressed, had greater perceived social support, less stress from negative life events, and more close friends. Self-esteem was indirectly associated with family functioning in its negative relationship to maternal depression.

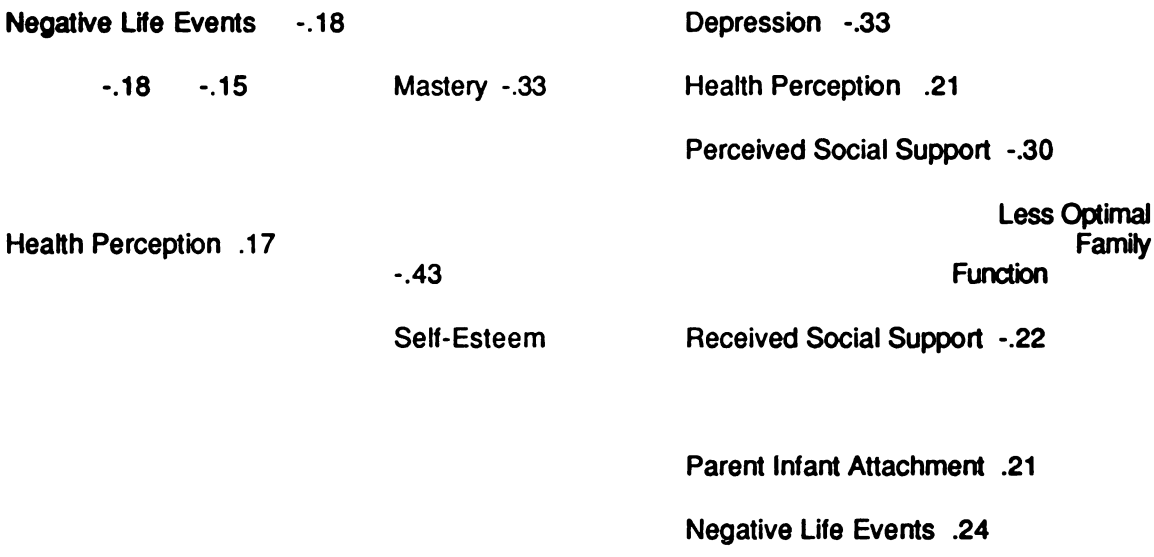
Mercer and Ferketich (1990) also tested their model in low-risk women at eight months following birth. Maternal variables of depression, health perception, perceived and received social support, parental attachment and negative life events during the postpartal period had direct effects on family functioning and explained 38% of the variance for a convenience sample of 218 low-risk mothers. In other words, more optimal family functioning was associated with lower maternal depression, poorer health perception, greater social support, lower mother-infant attachment and less stress. Based on their data with a sample of 10% Latinas, the authors suggested that lower mother-infant attachment was associated with more optimal family functioning because those mothers were able to receive more support from their spouses who were not threatened by the intensity of the mother-infant relationship. They did not suggest an explanation for the association between poorer health perception and more optimal family functioning but it is arguable that similar dynamics were in play. Mothers with poorer health perception were able to solicit more social support and consequently experienced more optimal family functioning. Negative life events during pregnancy had an indirect effect on family functioning by reducing maternal sense of mastery which contributed to depression. See Figure 1.

FIGURE 1

MODEL OF MATERNAL ROLE FUNCTIONING FOR

LOW-RISK POSTPARTUM WOMEN

from Mercer and Ferketich (1990)

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The significance of the Mercer and Ferketich (1990) model is that, for both low and high risk women, the transition to motherhood as an element of optimal family functioning is directly affected by negative life events occurring before and after the birth of the infant. Negative life events occurring during the pregnancy indirectly affect maternal functioning by reducing maternal self-esteem and sense of mastery and by contributing to depression. The only factor which might be considered as a family resource that acts to improve maternal functioning for both groups of women studied was maternal perceptions of social support.

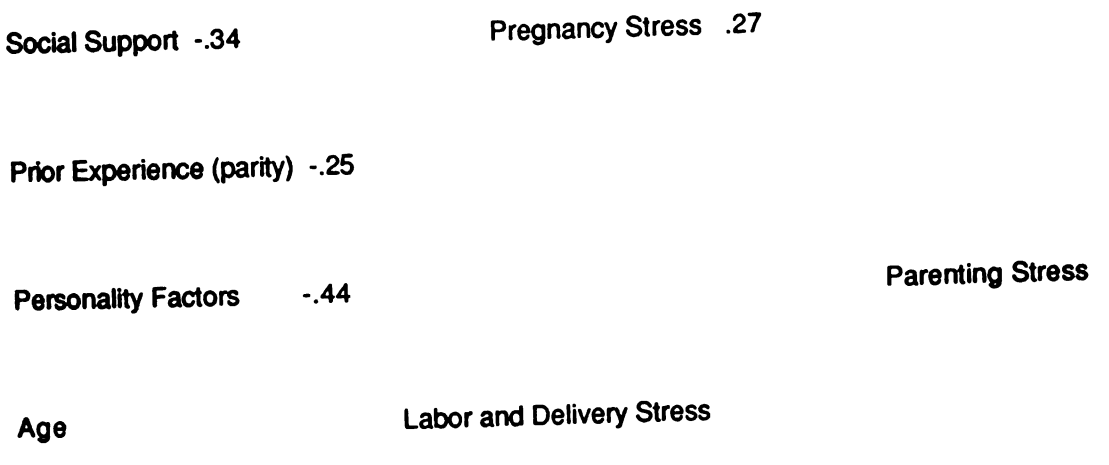
Younger (1991b) proposed and tested a model of parenting stress during the postpartum period. Using a convenience sample of 101 low-risk, predominantly white, middle-class mothers, she examined the influence of personality strength, social support, and prior experiences on the stresses of pregnancy, birth and parenting. Stress was measured using the Parenting Stress Index, a tool designed to identify parent/child systems under stress and at risk for the development of dysfunctional parenting behavior. The data were analyzed using structural equation modeling (LISREL) to test the theoretical model. Parenting stress was negatively affected by personality factors (self-control, sensitivity, responsiveness) and positively affected by pregnancy stress. Social support had no direct effect on parenting stress. However personality factors negatively correlated with parenting stress may have been important components of social support. See Figure 2.

FIGURE 2

MODEL OF PARENTING STRESS FOR

POSTPARTUM WOMEN

Younger (1991)*




*This figure is depicted as printed in Younger (1991). The numbers that appear after the variables are standardized beta weights.

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The significance of the Younger model lies in its identification of pregnancy stress and personality factors as important predictors of parenting stress. The effect of social support on parenting stress may have been influenced by the inclusion of personality factors as variables. Consequently the Younger (1991) model is not inconsistent with the Mercer and Ferketich (1990) model that shows a direct effect of social support upon maternal functioning.

The Mercer and Ferketich model of family functioning and the Younger model of parenting stress together suggest that negative events occurring after childbirth can affect transition to motherhood and maternal functioning. Maternal adaptive resources probably include individual and family personality factors including flexibility and adaptability, feelings of esteem and worth, and responsiveness to others, expressed as available and perceived social support. Perception includes individual and family recognition of motherhood as a normative transition involving change. When maternal distress occurs and maternal adaptive resources are inadequate to meet the perception of distress, perceptions of themselves as mothers and maternal functioning may be affected.

## Review of the Literature

This review of literature is organized into the following parts: culturally relevant concepts for Latinas in the postpartum period; a review of studies about distress and mood disturbance during the postpartum period; a review of studies about social support during the postpartum period; a review of studies about perceptions of self as mother; and a review of studies about the effects of employment during the postpartum period on maternal role function. Each study is described in Appendix A: Table of References.

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## Culturally Relevant Concepts for Postpartum Latinas

Culture, as defined by traditional anthropologists, is the organizing referent to human behavior (Rosaldo, 1989). It consists of the forms and patterns through which people make sense of their lives and encompasses both mundane and esoteric behavior. Culture is often viewed traditionally as a controlling element in human behavior, an element that results in order and rationality to behavior when appropriately understood. In other words, behavior that makes "no sense" may be interpretable when cultural factors are identified and understood. Martin and Belcher (1986) define culture as "an integrated system of learned patterns of behavior, ideas and products characteristic of society. It is a philosophy of life and death. Culture is passed on as beliefs, values and mores by significant others..." (p. 230-231). Culture is inherited in a non-biological sense in that cultural beliefs are a legacy to children or neophytes from persons who take on the role of socializing behavior.

Berry (1969) has described the theoretical component of cross-cultural research as functional equivalence. Functional equivalence is defined as the existence of the research phenomenon in both or all of the cultures under study (Phillips, Luna de Hernandez, & Torres de Ardon, 1994). In other words, the theoretical framework of the study must describe behavior that is a naturally occurring response to a problem shared by the ethnic groups under study (Berry, 1969). Without doubt, the concept of the transition to motherhood is a naturally occurring response to the birth of a child in all cultures of the human species. Within that concept, certain individuals identify themselves as mothers and establish relationships with infants dependent in part on their perceptions of infant behavior. Mothering behavior may vary between cultures with respect to societal responses to individual stimuli such as disciplinary responses to the

misbehaving child, but the existence of the role of mother is universal among humans.

There are four cultural concepts important in the consideration of Latinas at six to eight weeks postpartum. They are discussed using generalizations that may be unfairly applied to individual situations but appear to have application broadly to Latinos as a group. The first of these is centrality of the family or familism (Giger & Davidhizer, 1995; Lipson, Dibble, & Minarik, 1996; Purnell, & Paulanka, 1998; Spector,1996). This concept describes the central element of Latino life as the family which has an organizational influence on the lives of all of its members. Latinos traditionally place the father/husband as the male head of the family and the person who makes decisions concerning money, place of residence, and life style. The family frequently is extended to members of other generations and friends. The mother/wife is the female head of the family and exerts influence primarily over the maintenance of the household and rearing of children.

The role of mother and the fact of pregnancy is extremely important to Latinas (Giger & Davidhizer, 1995; Lipson, Dibble, & Minarik, 1996; Purnell & Paulanka, 1998; Spector,1996) and is the second of the four important cultural concepts. Latinas view pregnancy and childrearing as an essential element of being a woman and the first pregnancy is often viewed as the entry to womanhood. The female head of the family is not viewed as necessarily secondary to the male head but rather co-existent in a different sphere of influence. A strong woman/mother who is attentive to her responsibilities to the home and family is as much a source of pride to the Latina as the strong husband/father who supports and protects his family is to the Latino. Pregnancy and childrearing are broadly viewed as women's issues and Latinas generally enjoy an extensive network of female sources of support.

The third and fourth cultural concepts important in understanding the Latina experience concern the sources of worries and distress. Many Latinos are present-oriented in time (Giger & Davidhizer, 1995; Lipson, Dibble, & Minarik, 1996; Purnell & Paulanka, 1998; Spector, 1996). This orientation means that time is fluid with the most important priorities occuring in the present into which future issues may be incorporated reluctantly. A possible issue in the future remains just a possible issue; it does not generally give cause for concern or distress. The definition of negative life events that might cause distress or have an impact on the subsequent development of a disturbed mood state are those life events with current meaning, not those that could occur later. Many authors characterize Latinos as having an external locus of control (Giger & Davidhizer, 1995; Lipson, Dibble, & Minarik, 1996; Purnell & Paulanka, 1998; Spector, 1996). In relation to events causing distress or concern, Latinos generally believe that the outcome of problems is controlled by external forces out of their realm of control. They often feel that they have little or no effect on the positive or negative resolution of problems and, while this approach may be considered fatalistic, it may also influence the degree of mood disturbance a problem might engender (Giger, & Davidhizer, 1995; Lipson, Dibble, & Minarik, 1996; Purnell & Paulanka, 1998; Spector, 1996).

Meleis, Douglas, Eribes, Shih, and Messias (1996) explored the daily lived experiences of employed low-income Mexican women in Mexico in order to identify their sources of role satisfaction and distress and describe their coping strategies. The sample participants were 41 auxiliary nurses from two large urban hospitals. For these Latinas, sources of satisfaction were: giving to and receiving from their children, and being valued and supported by their spouses. Employed Latinas experienced multiple role stress including lack of resources, separation from their children, doubt about their role as mother, and

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## Postpartum Distress and Mood Disturbance

The research literature about postpartum mood state and mood disturbance has several themes. Much of the literature has focused on the symptomatology, predictors, associated factors, and outcomes of postpartum anxiety and depression that relate to maternal role function. Mediating variables such as marital satisfaction and social support have been investigated. Another theme has been the association of postpartum mood state with infant and child temperament. In this area of the literature the strength and direction of variables have been clarified but the causal sequence remains vague. Most studies have been conducted among white, middle-class married participants with little attention paid to cultural variables and the potential for different experiences among diverse populations. In this section, the themes and the research that supports them have been summarized and critiqued.

Ventura (1982), in a cross-sectional study of parental coping and infant behaviors among 200 middle-class parents of two to three month old infants, found that parents who were depressed, anxious, and had somatic complaints were less focused on providing care that supported the wholeness of the family, saw their infants as less soothable and perceived social support as helpful ($p<.001$). In a subsequent cross-sectional survey Ventura and Stevenson (1986) found that, in a convenience sample of 95 middle-class mothers and fathers at five months postpartum, parents with more symptoms of depression perceived their infants to have a more difficult temperament ($p<.001$). In a longitudinal study of a convenience sample of 60 couples from the third

trimester of pregnancy through five months postpartum, Ventura (1987) stated that employed middle-class mothers appeared to experience an intense sense of obligation, recurrent guilt, anger, and resentment over their traditional roles of mother and wife. This series of studies is significant in demonstrating negative mood state in the postpartum extending at least five months and its association with family function, perceptions of maternal role, and perceptions of infant behavior.

Hall and Farel (1988) found that, among 115 low-income mothers, those indicating a high level of distress were 13 times more likely to rate their children as having behavioral problems than mothers reporting low levels of distress ($p<.01$). In this correlational cross-sectional study, mothers of 5 to 6 year olds were studied to determine the relationships between negative life events, maternal everyday stressors, maternal depressive symptoms and reports of childhood behavior. The researchers found that maternal stress was associated with depression ($r=.46$, $p<.001$), that life events and depressive behavior were associated with maternal negative perceptions of childhood behavior, and that distress was more strongly associated with negative perceptions of behavior than life events ($r=.31$, $p<.01$). The significance of this study, beyond the strength of its findings, is that it is one of the few to look at the association between a distressed mood state and the negative life experiences of low-income, predominantly minority (Black), single mothers. Although it is limited to mothers of school-aged children, the study identified a relationship between stress and depression for low-income women.

In a longitudinal study of postpartum functioning, Mercer and Ferketich (1990) tested the effects of negative life events on dyadic relationships and family relationships at eight months postpartum. Using a convenience sample of 353 predominantly white, middle-class low risk women and men, they

conducted interviews at one week, one, four, and eight months postpartum. Family functioning was evaluated using the Feetham Family Functioning instrument, a 21 item survey questionnaire measuring individual perception of family activities, relationships between the family and its subsystems and relationships between the family and broader social units. Negative life events stress was measured using Norbeck's adaptation of the Sarason, Johnson and Siegal Life Experiences Survey, an 82-item list of weighted life events. Self-esteem was rated using Rosenberg's 10 item scale. Perception of health status was measured by the 22 item General Health Index. Anxiety and depression were measured using the Spielberger State-Trait Anxiety Inventory and the Center for Epidemiological Studies- Depression scale. Social support was measured by the Inventory of Socially Supported Behaviors. They found significantly less than optimal family functioning for low-risk families with maternal distress not resolved eight months after birth ($p<.001$). Maternal perception of stress had a direct negative effect on family functioning for both low and high risk groups of women ($p<.001$). Self-esteem and mastery were found to be strong negative predictors of maternal depression which had a direct effect on maternal perception of stress ($p<.001$). This study tested the conceptual model of postpartum maternal functioning but the findings were limited by the lack of inclusion of minority subjects.

Affonso and Mayberry (1989) conducted a descriptive study of the type and severity of stressors occurring during pregnancy and the early postpartum period. The purposes of the study were to identify stressors common to pregnancy, to quantify their intensity using an interval rating scale, and to further the development of a Stressful Events Related to Pregnancy rating scale. Individual interviews were conducted on a convenience sample of 221 prenatal (73 %) and postpartal (27%) women registered at a local prenatal clinic. The

sample was cross-sectional for stage of pregnancy/postpartum and was predominantly older, white, middle to upper class women. Using a predetermined interview protocol, the interviewer asked women to identify events perceived as stressful and to quantify the degree of stress on a scale of 1=low to 100=high. Stressful events were assessed for frequency and severity at the first trimester of gestation, the third trimester, and at six weeks postpartum.

In this study the unit of analysis was the stressful event. The 221 women studied identified over 1400 events which were listed by intensity and frequency. The most intense stressors during the postpartum period were concerns over the baby's welfare (intensity = 77.86), negative feelings about labor and delivery (intensity = 71.85), fears of the consequences of pregnancy complications (intensity = 67.10), money (intensity = 62.0), and newborn behavior (intensity = 61.56). The most frequent stressors during the postpartum period were fatigue (n=73), concerns about parenting (n=43), concerns about labor and delivery (n=41), weight gain and body changes (n=35), and changes in living patterns (n=29). High levels of distress, concern or worry, and fear were associated with the welfare of the baby and with newborn behavior perceived as negative. Negative newborn behavior was labeled primarily as crying. This study contributed to the growing body of knowledge about the nature, frequency, and intensity of postpartum stressors. It was limited to white middle-class women without considering or controlling for the cultural context of the postpartum experience.

Younger (1991) tested a model of parenting stress in which the empirical model showed a direct negative relationship between coping and ego strength and parenting stress in the postpartum period in an exclusively middle-class, predominantly Caucasian sample. Using a convenience sample of 101 mothers at six to eight weeks postpartum, Younger found that mothers of six

week old infants reported experiencing somewhat more parenting distress than mothers of infants between six weeks and one year of age ($p<.05$). The feelings most strongly associated with distress in the postpartum period were decreased self-control, lowered sensitivity and responsivity to the needs of others, reduced flexibility or adaptiveness in thinking, decreased socialization, and feelings of low self-worth. This study contributed to an understanding of postpartum maternal role functioning but, like Mercer and Ferketich (1990), failed to include the cultural context of the postpartum experience as a variable in maternal role functioning.

Engle, Scrimshaw, Zambrana and Dunkel-Schetter (1990) conducted a study to describe the psychosocial factors associated with prenatal and postnatal anxiety in primiparous Mexican women giving birth in Los Angeles. Over a one year period (1981 to1982) a convenience sample of 291 low-risk Mexican women giving birth to their first infant was selected from the patients registered at two Los Angeles hospitals. Prenatal personal interviews were conducted after the 34th week of pregnancy by a team of Spanish speaking interviewers. Postnatal interviews were conducted in the hospital by the same team of interviewers within 96 hours of delivery. Women were asked to complete the STAI State Anxiety Subscale, an acculturation scale based on language preference, and an interview schedule of items designed to elicit responses about desire for control during labor and delivery, assertiveness, pain expectation, social support, knowledge about childbirth and preferred characteristics in health care providers.

The authors reported that assertiveness ($r=-.21$, $p<.01$), desire for control during labor and delivery ($r= -.32$, $p<.01$), and social support from family and friends ($r=-.32$, $p<.01$) were significantly associated with less prenatal anxiety. Pre- and postnatal anxiety were significantly correlated ($r=.45$, $p<.01$) and

postnatal scores were significantly lower than prenatal scores. Higher postnatal anxiety was significantly associated with less desire for control during labor and delivery ($r=-.24$, $p<.01$), less assertiveness ($r= -.16$, $p<.05$) and less social support from family and friends ($r= -.17$, $p<.05$). Desire for control during labor and delivery and assertiveness were factors that were significantly related to acculturation. The authors hypothesized that higher postnatal anxiety may actually be significantly associated with lower levels of acculturation as reflected by decreased desire for control in labor and delivery and decreased assertiveness.

This study is significantly limited by the collection of postnatal interviews within the first 96 hours after birth. There are many factors during that period which could alter perception of the state of anxiety such as being in the unfamiliar environment of the hospital, being surrounded by people who do not speak the same language, being in pain, being under the influence of analgesics and being separated from the baby. Nonetheless it identified the factors of acculturation and cultural differences as potential variables in the investigation of postpartum mood state and supported the concept that social support has an association with postpartum distress among Latinas.

Noppe, Noppe and Hughes (1991) conducted a naturalistic observational investigation of interactions between 21 mothers and infants at four months postpartum. They found that, for middle-class postpartum mothers, a high level of distressed mood in the postpartum period predicted 11% of the variance for maternal activities not involved with infant care during the observational period (multiple $R= .33$) and 13% of the variance of reciprocal activities between the mother and infant (multiple $R= .36$). Distressed mothers participated in significantly more activities not related to infant care and fewer reciprocal activities in interactions with their infants. The findings of this study

were consistent with the findings of Mercer and Ferketich (1990) that postpartum distress affected optimal family functioning. Despite its small sample size and modest amount of variance explained, it is significant in its method of naturalistic observation rather than reliance upon self-report of maternal activity. In using observation techniques the authors avoided factors influencing response by self-report such as social desirability.

In a longitudinal study of low-income, Black and Caucasian women, Hobfoll, Ritter, Lavin, Hulsizer and Cameron (1995) found significant increases in rates of depression at seven to nine weeks postpartum. A sample of 192 women was assessed during the antepartum and postpartum periods using the Schedule for Affective Disorders and the Beck Depression Inventory. A shortened version of the Beck Depression Inventory which included items from the cognitive-affective and residual clusters but omitted items from the somatic cluster was used because previous studies had shown that the somatic items inflated the Beck score when used in associated with pregnancy. Postpartum depression was found in 30% of the sample, twice the traditionally accepted rate of postpartum depression in the general population. The incidence of depression was associated with lack of partner support ($p<.05$). This study was significant because, even though it was not conducted within a particular cultural context, it documented an incidence of postpartum distress and depression for low-income women that was two times greater than that of the general population. Study findings also provided support for a relationship between mood state and social support for low-income postpartum women.

Midmer, Wilson, and Cummings (1995) conducted a longitudinal study of the effect of a series of prenatal communication classes on postpartum adjustment on a convenience sample of 70 low-risk middle-class pregnant and postpartum couples. Using the Spielberger STAI, the Spanier Dyadic

Adjustment Scale, and O'Harra's Postpartum Adjustment Scale, they found that postpartum anxiety was significantly reduced ($p<.005$) and postpartum adjustment and marital satisfaction were significantly improved ($p<.05$), for couples completing the series of classes. This study demonstrated that a relationship existed between communication and postpartum mood and that anxiety, as a postpartum mood state, could be influenced by factors enhancing communication. The study failed to include cultural context as a sample characteristic or study variable or to consider the ways that communication might be affected by a particular cultural context.

In a study of 738 mothers at four to eight weeks postpartum, Hall, Kotch, Browne, and Rayens (1996) hypothesized that self-esteem may mediate the effects of stressors and social resources on postpartum depression. Using the Everyday Stressors Index, the Life Experiences Survey, the Autonomy Relatedness Inventory, the Beckman Social Network Index, the CES-D, and the Rosenberg Self-Esteem Scale, they found that 42% of the sample had high depressive symptoms and that an inverse relationship existed between depression and education and income ($p<.001$). They found a statistically significant ($p<.05$) mediation effect by perception of self-esteem and quality of primary intimate relationships on the degree of depressive symptoms. Mothers with low self-esteem were more likely to have high depressive symptoms ($p<.05$). In addition, they found that the occurrence of everyday stressors had a direct positive relationship with the level of depressive symptoms($p<.05$). This study, like Hobfoll and colleagues (1995), was significant for demonstrating an inverse relationship between postpartum distress and socio-economic status.

In a series of reports on the effects of postpartum depression, Beck (1995) initially reported on the interactive effect of postpartum depression on maternal-infant interaction. Conducting a meta-analysis of 19 studies Beck

found that postpartum depression had a moderate to large effect (r=.47-.59) on reducing maternal, infant, and dyadic interactive behaviors. In a phenomenological study of 12 postpartum depressed mothers Beck (1996a) found that mothers experienced being overwhelmed by responsibility, guilt, irrational thought, loss and anger. These moods were reported in association with maternal-infant interactions. In an effort to identify predictors of postpartum depression, Beck (1996b) completed a meta-analysis of 44 studies of the incidence of postpartum depression. She found a moderate association between postpartum depression and particular events in the postpartum period such as child care stress (r=.48-.49), life stress (r=.36-.40), social support (r=.37-.39), postpartum blues (r=.35-.37) and marital satisfaction (r=.27-.29). This series of studies significantly added to knowledge about postpartum mood and factors associated with the development of depression. However, the cultural context of the postpartum experience was not a variable in these meta-analyses and the question of the impact of cultural context upon the postpartum experience and maternal role functioning is unanswered.

In an attempt to predict depressive mood state in pregnant adolescents, Barnet, Joffe, Duggan, Wilson, and Repke (1996) followed 104 primarily black pregnant adolescents through 4 months postpartum. Using the CES-D, the Arizona Social Support Interview, and Coddington's Life Events Scale, they found that 36% of the adolescents experienced depression at 2 months postpartum ($p<.01$) and 32% continued to experience depression at 4 months postpartum ($p<.01$). Factors positively associated with depression included self-reports of stress and conflicts with the father of the baby ($p<.05$). By studying postpartum experiences within the cultural context of the Black community, the authors of this study were able to demonstrate that the variables important in the conceptual models of maternal role functioning among

Caucasian mothers, behaved in a similar fashion among Black mothers. This study is significant in contributing to what is known about the impact of cultural context on maternal role functioning despite its lack of generalizability to the Latino community.

In a longitudinal study of 96 mothers and fathers, Areias, Kumar, Barros, and Figueiredo (1996) found that the most powerful predictors of postpartum depression for Portuguese mothers were a past history of depression ($p<.05$), reduced social support ($p<.01$), and the negative impact score of life events ($p<.05$). In other words, negative life events or stressors in the postpartum period were strongly associated with the development of postpartal depression as well as a past history of depression. By focusing on Portuguese mothers, the authors of this study also contributed to what is known about maternal role function within a specific cultural context. Again, the variables identified in the conceptual models of maternal role function for Caucasian women appeared to behave in the same way for Portuguese women. However findings from a study of Portuguese women living within the dominant culture of Portugual are not generalizable to Latinas living as a minority group in the United States.

Nineteen studies have been reviewed with reference to postpartum distress and mood disturbance. Only two studies have been designed to identify postpartum distress and mood disturbance within a particular cultural context and the findings of neither of those studies could be generalized to the Latino community. All of the studies reviewed used nonprobability sampling, probably for cost and accessibility reasons, but nonprobability sampling further limits the generalizability of study findings by introducing the threat of nonrepresentation into the sample (Hulley & Cummings, 1988). Excluding the three meta-analysis studies, the remaining 16 studies were equally divided between cross-sectional and longitudinal design. This factor is particularly

critical to maternal role function because it is only with longitudinal study that a time sequence of variables can be established. Of the two studies proposing models of maternal role function, only Mercer and Ferketich (1990) used a longitudinal design showing the time sequence of variables and permitting inferences about causation.

In summary, the literature reflects clear documentation of negative mood state and distress in the postpartum period (Affonso & Mayberry, 1990; Areias et al., 1996; Barnett et al., 1996; Beck, 1995, 1996a,1996b; Engle et al., 1990; Hall et al, 1996; Hobfoll et al., 1995; Mercer & Ferketich, 1990; Noppe et al., 1991; Ventura, 1987; Younger, 1991). Clear associations have been revealed between postpartum distress and socio-economic status (Barnett et al., 1996; Hall et al., 1995; Hobfoll et al., 1996), self-esteem and mastery (Hall et al., 1996, Younger, 1991), and social support ( Areias, 1996; Barnet et al, 1996; Beck, 1996a; Engle et al., 1990; Hobfoll et al., 1995; Mercer et al, 1988; Mercer & Ferketich, 1990; Younger, 1991). Most of these studies have been conducted among middle-class families but two have demonstrated a relationship between poverty and postpartum distress (Hall et al., 1996; Hobfoll et al., 1995). Two studies (Areias et al., 1996; Barnet et al., 1996) have studied postpartum mood state among particular cultural groups not generalizable to the Latino culture. A gap in the literature exists in the study of postpartum distress and its correlates among Latinas.

## Postpartum Social Support

The concept of social support as a factor influencing the management of changing life events was described by House (1981). He identified four categories of social support: emotional support in which a person communicates love, caring and trust; material support in which a person offers financial aid and physical help; informational support in which a person offers

advice, information and guidance; and, appraisal or comparison support in which a person offers affirmation, positive comparison with others and shares ideas and feelings. A model of social support, proposed by Norbeck (1988), described social support as a factor with a negative direct effect on stress, a positive direct effect on health and an indirect or buffering factor on the direct negative relationship between stress and health.

The function of social support has been evaluated in relation to family stability in the area of pregnancy outcome. In a longitudinal study of the relationships between psychosocial variables and complications of pregnancy, Norbeck and Tilden (1983) studied 117 women from diverse cultural backgrounds registered for care in a university clinic. They found that pregnant women who experienced high life stress and low social support during the year preceding pregnancy demonstrated greater emotional disequilibrium and that a significant interaction effect existed for life stress and tangible social support with three types of pregnancy complications ($p<.01$). While this study was notable in the identification of social support as a variable in maternal role function and in the inclusion of women from diverse cultural backgrounds, culture was not included as a study variable and no attempt was made to identify associations between cultural context, social support, and distress. What was known about the relationship between social support and psychosocial variables was further limited to the experience of pregnancy and correlated only with biological complications.

In a cross-sectional study of the relationships between stress, social support, and health among 313 expectant couples, Browne (1986) found a significant positive association between partner social support and stress levels with pregnancy outcome ($p<.01$). This study confirmed the work of Norbeck and Tilden (1983) showing the importance of social support in the relationship

between stress and health during pregnancy and suggested that social support mediated the effect of stress on health. However, in a subsequent longitudinal study of the relationships between stress, social support, and health, Norbeck and Anderson (1989) investigated 208 low-income culturally diverse pregnant women and found an inconsistent relationship between social support and pregnancy complications ($p<.05$). Social support for Black women was associated with a decrease in pregnancy-related complications while, among White women, social support was associated with an increase in complications related to substance abuse. This study was significant in showing that the mediating effect of social support was not consistent between ethnic groups and raised the question whether ethnicity or culture should be considered as variables in the study of social support. While this study compared the relationship between social support and health between ethnic groups and introduced low-income as a sample characteristic, it did not identify cultural or ethnic concepts that might be associated with differences between groups. Latinas, originally one of the groups for comparison, were dropped as a group because of their low incidence of pregnancy complications.

Liese, Snowden and Ford (1989) studied the relationships between health, social support, and psychological adjustment to pregnancy among 157 low income Caucasian and Black pregnant women. In a cross-sectional survey at the second prenatal visit, the authors found a negative association between number and severity of problems and complaints experienced in pregnancy and the quality of emotional and instrumental support available ($p<.05$). They also found a negative relationship between the quality of significant relationships and the quality of perceived health ($p<.05$). While the findings from this study of diverse groups confirmed previous findings showing the mediating effect of social support in the relationship between stress and health

in pregnancy, the study failed to demonstrate any differences between ethnic or cultural groups. However the cross-sectional design of the study and limitation of the outcome variables to psychological adjustment to pregnancy might have obscured differences between groups.

In two studies Cronenwett (1985a and 1985b) investigated the effect of social support on postpartum outcomes for a convenience sample of middle-class couples having their first baby. In the first study (Cronenwett, 1985a), 50 couples were interviewed during the third trimester of pregnancy and social support was evaluated using a researcher-developed questionnaire. At six weeks postpartum the same couples were interviewed and asked to complete the Postpartum Self-Evaluation questionnaire, an 82-item survey using a Likert scale to measure dimensions of maternal adaptation to parenthood. Cronenwett found a significant association ($p<.05$) between social support, confidence in ability to parent, and satisfaction with parenting. In a follow-up study of the same couples interviewed at five months postpartum, Cronenwett (1985b) found that, while over 70% of postpartum women at five months experienced increased support from social relationships ($p<.05$), an important minority (28%) experienced increased stress ($p<.05$) from relationships with spouse (47%), childless friends (32%), and mothers-in-law (25%). These studies were significant in extending the findings about the effects of social support into the postpartum period and in describing a positive relationship between social support and maternal role function. However, these studies showed that significant relationships in pregnancy and the postpartum did not, by definition, provide social support. Substantial numbers of study participants experienced stress from important social relationships indicating that network size alone might not be a reliable indicator of perceived social support. The

study was limited to white middle-class participants and therefore could not demonstrate differences based on ethnicity.

Mercer and Ferketich (1990) and Younger (1991) have identified social support as a factor important in the coping behaviors of the low risk postpartum mother. Perceived social support had a direct effect (beta= -.30) on maternal function and on maternal perception of family function in the empirical Mercer and Ferketich (1990) model. (See Figure 1.) Younger (1991) found that among 101 middle-class mothers at six weeks postpartum, there was a significant indirect negative relationship between social support and parenting distress. Low social support was significantly associated with pregnancy stress (beta= -.34) which had a positive direct association with parenting stress (beta= .27). While social support was omitted in the Younger (1991) model of parenting stress in the postpartum period, it was recognized that the personality factors of sensitivity and responsiveness to others, flexibility, and feelings of self-worth directly affecting maternal stress in the model actually might have been emotional reflections of perceived social support. Both of these studies have postulated conceptual models of maternal role function in the postpartum period which included direct reference to social support or direct reference to personality factors that were components of social support. While the samples in each study were limited to predominantly Caucasian middle class participants, the findings in each study substantiated the concept that social support was a variable that should be considered in a model of maternal role function for postpartum mothers in a different cultural context.

Reece (1993) studied the relationships between social support and stress in the experiences of 91 older first time mothers. From the third trimester in pregnancy through the first postpartum month, Reece found an statistically significant negative association between family support and stress ($p<.01$) and

a positive association between social support and a positive parenting self-evaluation ($p<.01$). While this study was also limited to Caucasian middle-class participants and did not consider culture as a variable, the findings confirmed the relationship of social support to stress and to self-esteem and extended that relationship specifically to older childbearing women.

Gottlieb and Mendelson (1995) conducted a longitudinal study of the relationship between maternal mood state and dimensions of social support at 30-34 weeks gestation through six weeks postpartum. They used a convenience sample of 50 married, white mothers expecting their second child in order to describe and define the direction of influence of social support on mood state over time. For mothers at five to six weeks postpartum, they found that postpartum stress predicted the negative mood states of anxiety, anger and fatigue ($p<.01$) and that a statistically significant negative correlation existed between level of social support and depression ($p<.01$), anxiety ($p<.01$), anger ($p<.01$), and fatigue ($p<.01$). These findings suggested a causal sequence between stress and negative mood state in the postpartum and that social support may have had a beneficial effect on postpartum mood state. However, the authors were unable to demonstrate a moderating effect of social support on the relationship between postpartum stress and disturbed mood states. This study was significant in questioning the nature of the relationship between social support and postpartum stress. While it provided support to the concepts of a causal relationship between stress and negative mood state and a negative relationship between social support and mood state, it was unable to support the concept of a direct effect of social support on stress. It suggested that, rather than reducing the perception of stress, social support may contribute to maternal role function by providing resources for the mother to cope with the stress. This study leaves unanswered the question of the effect of cultural

context on the interactions between stress, social support, and negative mood state.

Demyttenaere, Lenaerts, Nijs, and Van Assche (1995) studied the relationships between psychological attitudes in pregnancy, coping style, and postpartum depression in a longitudinal investigation of 50 Belgian couples between 30 weeks gestation and six months postpartum. They found a statistically significant positive association between postpartum anxiety and depression ($p<.01$) and a negative association between depression and active coping ($p<.01$). They also found that lack of social support had a direct positive relationship with high levels of postpartum depression ($p<.001$) and a negative self-image ($p<.01$). In contrast to Gottlieb and Mendelson (1995), this study demonstrated direct relationships between social support, negative mood state, and self-image in a particular cultural context, that of Belgian mothers, suggesting that these variables may behave in different ways for women from different cultures. However, the circumstances of Belgian mothers as members of the dominant culture in Belgium may differ from the circumstances of Latina mothers as members of a minority culture in the United States.

Five studies have investigated the effect of social support as an intervention for postpartum mothers. In a longitudinal study of high-risk low-income mothers with multiple problems, Booth and colleagues (1989) evaluated a prenatal intervention designed to enhance social skills and social support, A convenience sample of 147 low-income pregnant women divided randomly into intervention and control groups were tested pre- and post treatment and at six weeks postpartum. They found that, for mothers entering the study with low social skills and low social support, there was a statistically significant positive relationship between interventions providing informational support and the quality of mother-child interaction ($p<.01$). This study showed

that, for low-income women with limited resources, social support and maternal-infant interaction could be enhanced by health care interventions. It confirmed that, for low income women, social support had a direct positive relationship to their interactions with their children.

In a quasi-experimental pilot study of 31 first-time mothers returning to work at six months postpartum, Collins, Tiedje, and Stommel (1992) found that, for middle and upper class mothers an intervention providing informational support about parenting as one dimension of social support resulted in a significant increase ($p<.05$) in marital satisfaction for the treatment group. However, Stamp, Williams and Crowther (1995) were unable to demonstrate the effectiveness of a social support intervention on negative mood state. They provided antepartum and postpartum support groups to a randomized sample of 249 women identified to be at risk for postpartum depression. Testing at six weeks, 12 weeks, and six months postpartum, they were unable to demonstrate a significant direct effect of the social support intervention on the incidence of postpartum depression. Perhaps, in the situation of postpartum depression, the moderating effect of social support on postpartum disturbed mood states may be minimal in relation to the past history of depression and the occurrence of negative life events. In addition, perhaps the effect of social support interventions is not on the negative mood state but rather on the quality of significant social relationships as suggested by Stamp and colleagues (1995).

Tarkka and Paunonen (1996) found that providing concrete social support to 200 postpartum Finnish mothers in the form of teaching infant care skills during their hospital stay was strongly associated with the mother's perception that her postpartum experience was positive ($p<.01$). Langer and colleagues (1996) conducted a study in four Latin American countries involving 2235 Latinas at risk for low birth weight. The researchers tested the effects of

four to six home visits to offer emotional support, counseling, and teaching on birth outcomes. They were unable to demonstrate that the home visits altered perception of social support, perceptions of the birth experience, or birth outcome. Despite the fact that they had not determined the level of perceived social support prior to the home visits, they concluded that feasible social support interventions in pregnancy were not warranted in this high-risk population.

These five studies are significant in two respects. The first is the inconsistency in the findings about the nature and effects of interventions designed to enhance social support. It would appear that positive effects of social support interventions may vary with the study variable (negative mood state or quality of significant social relationships) and may vary over time (short versus long term effect) leaving open questions about the direct or moderating actions of social support. The second reason that these studies are significant is they were conducted within different cultural contexts and obtained inconsistent results. While cultural context was not a variable in any of the studies, the inconsistency of findings from these studies as a group suggest that culture may have some influence upon the nature and strength of the effect of social support on maternal role functioning.

Of the 15 studies of the relationship of social support to maternal role function, 11 have used a longitudinal design adding significantly to what is known about the time sequence of variables and permitting some causal inferences. The results of these studies, however, have been inconsistent as to the direct effect of social support on mood state or the indirect effect of social support upon other variables such as the quality of social relationships. All 15 studies used a convenience method of sampling, limiting the generalizability of study findings and introducing the threat of nonrepresentation. While none of

the studies identified culture or ethnicity as a variable, five of the samples were derived from culturally diverse groups. The findings from these studies are inconsistent about the relationship of social support to maternal role function and suggest that culture should be included in a model of maternal role function.

In summary, the literature suggests that social support may be an important factor in maternal role functioning and role satisfaction (Cronenwett, 1985 a & b; Demyttenaere et al., 1995; Gottlieb & Mendelson, 1995; Mercer & Ferketich, 1990; Norbeck & Anderson, 1989; Norbeck & Tilden, 1983; Reece, 1993; Younger, 1991). However the effect may vary with socio-economic class and cultural background (Dymyttenaere et al., 1995; Langer et al., 1996; Liese et al., 1989; Norbeck & Anderson, 1989; Tarkka & Paunonen, 1996). There are inconsistent findings in the research literature concerning the impact of interventions designed to enhance social support upon postpartum distress. Booth and colleagues (1989), Collins and colleagues (1992) and Tarkka and Paunonen (1996) were able to demonstrate positive effects of social support interventions upon the postpartum experience. Stamp and colleagues (1995) and Langer and colleagues (1996) were unable to demonstrate the effectiveness of social support interventions. Langer's study is particularly significant as it involves the postpartum experiences of Latinas. However these Latinas were living in their countries of origin and not exposed to being a member of a minority culture living within a dominant culture. For low income Latinas living in the United States and experiencing new motherhood and financial stress, the size of the social network and the quality of support offered may be a critical factor in resolving these events. There is little in the research literature describing the relationship of social support and maternal role function within the Latino culture.

## Women's Perceptions of Themselves as Mothers

Self-esteem and mastery have been demonstrated to be predictors of postpartum mood state and maternal role functioning (Mercer & Ferketich, 1990, Younger, 1991). The following studies of mothers' perceptions of themselves and their infants during the postpartum period are reflective of self-esteem and mastery.

In a longitudinal study of 60 middle and upper class families from the third trimester of pregnancy to five months postpartum, Ventura (1987) found 35% of first-time mothers reported distress related to the demands of the maternal role. Maternal problems included not enough time, time juggling, two full-time jobs of employee and wife/mother, financial strain, adequacy of child care, and being forced to compromise quality of mothering because of employment demands (i.e. return to work, weaning, day care). Thirty-five percent of mothers were also concerned about the fussy irritable behavior of their infants and associated it with their own perceived inadequacies (i.e. feelings of guilt, helpless and anger with their children). This descriptive study suggested that events inherent to the postpartum period may interfere with maternal self-esteem and mastery, variables demonstrated by Mercer and Ferketich (1990) to have a significant direct effect on maternal role function.

In describing changes in maternal role attainment and factors influencing maternal role attainment, Walker, Crain, & Thompson (1986a) conducted a longitudinal study of 122 predominantly white middle class women at one to three days postpartum and four to six weeks postpartum. They showed that multiparous mothers experienced in the maternal role had more positive attitudes about themselves and their babies and more self-confidence ($p<.05$). Socio-economic status was negatively correlated with self-confidence and perceptions of infant behavior ($p<.05$). In a subsequent analysis of the same

data set, Walker, Crain, & Thompson (1986b) found that socio-economic factors were related to affective behaviors observed during infant feeding for primiparas but not multiparas ($p<.001$). Higher social resources in age, education and socio-economic status were related to more sensitive, responsive, maternal behaviors of primiparas ($p<.001$). Self-confidence was found to be the most important correlate of sensitive mothering behaviors for primiparas ($p<.001$). These two reports are significant in establishing the direct effects of parity and socio-economic status upon women's perceptions of themselves as mothers and the importance of self-confidence as a positive self-perception upon the quality of mothering behavior.

In a cross-sectional study of the relationships between maternal behavior, stress, and infant behavior with a random sample of 173 mothers drawn from newspaper birth announcements, Walker (1989) found a positive relationship between employment and high levels of distress in the postpartum period ($p<.001$) and a trend toward less positive evaluations of themselves as mothers among employed women. Walker found that employment indirectly affected maternal role function through its direct effect on perceived stress ($p<.001$). Despite random selection, the sample in this study was middle to upper class in socio-economic status. The findings of this study suggest that, if stress and employment exert a negative effect on maternal role function for women with more financial resources, that effect might be even more dramatic for low-income women who face the added burden of financial stress. The women in this study were not representative of any particular cultural group and cultural context was not studied as a variable.

In a cross-sectional study of the differences in stress and life style between 330 employed and not-employed postpartum women, Walker and Best (1991) found that employed mothers reported more perceived stress ($p<.01$)

and less health-promotive lifestyles (p<.001) than homemakers. The main sources of dissatisfaction for employed mothers were conflicts about return to work, lack of time, fatigue or sleep disturbances, work overload and irritable baby behaviors. Although not significant, a trend was found showing employed mothers has less positive self-evaluations than non-employed mothers. The findings from this study reaffirmed the findings from previous studies that postpartum stress, in this case related to employment, significantly affected maternal role function by reducing health promotive activities by the mother.

Stevens and Meleis (1991) reported the effects of employment on women's perceptions of their maternal roles in a qualitative investigation of a convenience sample of 87 clerical workers. They found that the single biggest stress was expressed as worry (61%) and that the majority of study participants felt overwhelmed with concerns about children's health and future, environmental concerns, and adequacy of their own parenting skills. Eleven percent stated that they felt role overload from the combination of childcare, housework and employment. In evaluating the effects of employment on spousal role satisfaction using the same sample of 87 clerical workers, Meleis and Stevens (1992) found that the major stress related to the spousal role was lack of help with domestic work (32%), indicating that division of household labor may be one of the most important factors in evaluating the relationship between stress and maternal role function. These studies were significant as investigations about the experiences and maternal role functioning of women who are in lower-income strata with potentially lower job-related prestige and fewer available resources. They supported the growing inference that new mothers experiencing stress may experience higher levels of dissatisfaction in the maternal role as well as perceptions of impaired parenting abilities.

There are several studies investigating the self-reported competencies of mothers over the postpartum period and its effects on the mother-infant relationship. In a longitudinal study from 24 weeks gestation through eight months postpartum, Mercer and Ferketich (1995) compared 166 inexperienced (primiparas) and 136 experienced (multiparas) mothers. They found that self-reports of maternal competence did not differ at eight months postpartum between experienced and inexperienced mothers. However, they also found that, for inexperienced mothers, the perception of maternal competence was higher at 4 and 8 months postpartum than at 1 month postpartum and that self-esteem was the only major consistent predictor of maternal competence for both groups ($p<.0001$). Women rating themselves negatively as mothers indicating low self-esteem were more likely to experience a lowered sense of maternal competence whether or not they were experienced as mothers.

Walker and Montgomery (1994) studied 124 mother-infant dyads from pregnancy through 9 years postpartum to determine the relationship between maternal role quality and long-term child development. They found that, among primiparas at four to six weeks postpartum, the women who rated their self-perceptions as mothers less positively had a higher probability of the later development of child behavioral problems than women who rated themselves positively as mothers ($p<.05$). However, Preski and Walker (1997), in a subsequent longitudinal study of a sample of three cohorts of 129 mother-infant dyads randomly selected from newspaper birth announcements and tested as cohorts at two six-month intervals, found no significant difference in childhood behavior associated with maternal identity and self-perception.

The research described above suggests the possibility that, for new mothers, maternal role functioning and satisfaction with the maternal role may be affected by distress and reflected in negative perceptions of themselves as

mothers. Sources of distress may be lack of experience with the maternal role (Mercer & Ferketich, 1995; Walker et al, 1986a), employment-related (Ventura, 1987), related to stressful infant behavior and infant health (Preski & Walker, 1997; Stevens & Meleis, 1991; Ventura, 1987; Walker & Montgomery, 1994), and related to socio-economic status (Walker et al., 1986b). Of the ten studies reviewed above, none have been conducted within a particular cultural context other than the dominant White culture in the United States, and none have considered cultural concepts as variables affecting women's perceptions of themselves as mothers and maternal role functioning. While 6 of the 10 studies have used longitudinal designs to make inferences about the relationship between self perception and maternal role functioning, their findings have been inconsistent with regard to socio-economic status, sources of distress, and the importance of experience in mothering. The common denominator that unites these study findings is the importance of self-esteem and self-confidence to the quality of maternal role functioning. Because levels of self-esteem and self-confidence are affected by attitudes and values derived from cultural context, it is very important to consider cultural context as a study variable.



Effects of Postpartum Employment on Maternal Role Function

Experts on the phenomenon of employment for women have agreed that the rewards and conflicts of employment are difficult to isolate from the rest of women's lives in order to render them suitable for research study (Beneria & Stimpson, 1987; Collins & Gimenez, 1990; Erikson & Vallas, 1990; Grossman & Chester, 1990; Statham, Miller, & Mauksch, 1988). They have described the seamlessness of women's lives reflecting on the way that women uniquely integrate and prioritize their multiple roles rather than isolate each role to its respective geographic and chronological site. They have identified the employed woman's manner of prioritizing demands so that home and family

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tend to come first and her need to be employed is balanced by selecting occupations that permit flexible schedules and realistic demands. They have also emphasized the pervasive nature of racial and ethnic background, culture, and feelings of female self-worth and self-esteem as so altering the lived experience of employed women that making generalizations across diverse groups of women becomes immensely difficult. This section of the review of the literature concerns the effects of employment on maternal role function.

Many women assume the roles of employee, spouse and mother and stress results from the conflicting demands and the need to integrate each role into the "seamlessness of life". In a cross-sectional study of the relationships between involvement in multiple roles and psychological well-being of a random sample of 238 women, Barnett and Baruch (1985) reported that number of roles was positively associated with role conflict and overload ($p<.01$). However, when the role of mother was added to the roles of paid worker and spouse there was a significant increase in role overload suggesting that it may be the content or quality of the maternal role rather than the number of roles that resulted in role overload ($p<.01$). This study was limited to women during the middle years ( ages 35-55) so that stressful aspects of low-level employment for younger women and new mothers may have been underreported.

Subsequently Baruch and Barnett (1986), reporting on the same data set, found that the most rewarding aspects of the role of paid worker were being able to work on one's own, a sense of accomplishment and competence, and having a job that fit personal interests and skills. They found a significant positive relationship between paid work and self-esteem ($p<.01$) and a significant negative relationship between self-esteem and depression ($p<.001$). The results of this study, while not applied to the maternal role, suggested that

the role of employee may significantly add to self-esteem and thus have an indirect positive effect on maternal role function. However, the women in these two studies were in their middle years and not experiencing the aftermath of recent childbirth and new parenthood.

In a longitudinal study of a random sample of 403 women employed as practical nurses or social workers, Barnett, Davidson, and Marshall (1991) reported that, while work rewards were associated with a low level of physical symptoms, work conflicts were associated with high levels of physical symptoms ($p<.01$). They found further that, among employed mothers, dissatisfaction with salary was associated with high levels of physical symptoms ($p<.05$). While this study was significant in documenting an association between health, perceived inadequate salary and work conflicts for women in medium to low prestige employment, it was limited in that the sample participants were not postpartum and were not necessarily financially distressed. The study results suggested that there may be a relationship between the nature and prestige of the employment, the generation of income and physical health.

Barnett and Marshall (1992), using data from Barnett and colleagues (1991), looked at the relationship between role quality and psychological distress. They found that the quality of the parental role was a significant predictor of distress for employed women ($p<.001$) but that the quality of the employment role did not negatively affect the quality of the parental role ($p<.001$). The study did identify a "positive spill-over effect" from job to home where employment-related satisfaction positively affected parental role functioning ($p<.001$). This study reaffirmed the concept that it is the nature of the role rather than the number of roles that has been associated with distress. The

results are consistent with the theory that women integrate employment into their lives where roles are prioritized favoring the maternal role.

In a subsequent report of a longitudinal study of the relationship between role quality and psychological well-being for 238 employed women, Barnett, Marshall and Sayer (1992) found that employment offering high rewards related to challenging work buffered parent-child stress ($p<.01$). However, there was no effect on parental dissatisfaction related to burden of demands or safety issues in employment. This study also supported previous research findings that it was not the number but the quality of the roles that predicted dissatisfaction. It established that, for middle-class women employed in professional occupations, the fact of employment per se did not predict dissatisfaction but that the quality of the parental role did predict dissatisfaction. It appeared to support the concept that women were able to prioritize their roles and act effectively in each role despite conflicts and concerns in other roles. These studies just reviewed did not address the issue of employment for new mothers in the situation where the financial necessity of employment was seen to interfere with the parental role.

In an essay on the nature of employment for women, Epstein (1990) commented that contribution toward an independent identity among women was almost impossible when work was segmented and unskilled. This concept has conflicted with unskilled workers' purported satisfaction deriving from earning an income that enabled subsistence (Epstein, 1990). So much research on blue-collar workers has been focused on men that the application of these satisfaction factors is unclear for women employed as unskilled workers.

Ferman (1990) discussed female participation in the "irregular economy" (p.131), a system of employment outside the traditional system where

employees are paid in cash "under the counter". Using a series of narrative quotes, he identified factors about employment in the irregular economy that were satisfying to women, and, in particular to women with children. Such factors included non-reportable income, flexible hours, no demand for skills, and being able to stay at home and care for children while generating income. These women were working for subsistence and found satisfaction in being able to generate or supplement a family income. While this report was an essay on the nature of employment for women and not a research study, it was significant in disagreeing with Epstein (1990) that subsistence level employees could experience work-related satisfaction.

In one of the few studies of employed women from racial-ethnic minorities, Saenz, Goudy and Lorenz (1989) investigated employment variables in relationship to spousal support, marital satisfaction and mood state. Using a probability sample of 332 Mexican women in five Southwestern states, they found that occupational prestige had a significant negative relationship to depression for Latinas (beta=0.212). They also found that Latinas experiencing spousal support in terms of a non-traditional division of labor in the home had higher marital satisfaction (beta = 0.128) but that employed Latinas, overall, had lower marital satisfaction than not-employed Latinas (beta = 0.185). This study was significant in confirming the findings of Baruch and Barnett (1986) and Saenz and colleagues (1989) that employment-related satisfaction such as added prestige was associated with less negative mood states. More importantly, the study findings are directly applicable to members of the Latina culture although not necessarily to postpartum Latinas.

Leathers, Kelley, and Richman (1997) investigated the relationships between control and social gratification at the employment site and postpartum depression. Using a convenience sample of 110 first-time parents studied

during the second trimester of pregnancy and at 6 months postpartum, they found that perceived lack of control and low social gratification at the site of employment were positively associated with postpartum depression ($p<.001$). This study was significant in demonstrating an association between employment-related factors, the experience of recent childbirth, and distress. While many studies have compared distress and role satisfaction between employed and not employed mothers, this was the only study that focused on distress in the postpartum period. The association of depression with employment related dissatisfaction in the postpartum period may be misleading due to concurrent physiologic changes. However, this study at least raises the question whether the postpartum period might be a unique time in which the quality of the employee role does negatively affect maternal role functioning.

The seven studies reviewed above about employment and its effect on maternal role function are inconsistent or absent in conclusions about the relationship of employment-related satisfaction and dissatisfaction and its effects on maternal role function during the postpartum period for low-income women (Barnett & Baruch, 1985; Baruch & Barnett, 1986; Barnett et al., 1991; Barnett & Marshall, 1992; Leathers et al., 1997; Saenz et al., 1989). Only four of the studies specifically selected a sample women who were mothers and only one study investigated role quality and distress during the postpartum period. Only one of the seven studies reviewed limited sample selection to members of a particular culture (Latino) and none of the studies used cultural context as a study variable. The results of that study which might be generalized to postpartum Latinas were limited in that sample selection did not specifically include women occupying the maternal role. The effects of multiple role occupancy and employment upon maternal role functioning among postpartum Latinas has not been studied.

## Research Questions

This study was based on the work of Mercer and Ferketich (1990) and Younger (1991) who proposed and tested conceptual models of family functioning and parenting stress during the postpartum period using samples of predominantly Caucasian middle-class women. Using role and stress theory, they determined that family functioning and parenting stress were directly affected by negative life events occurring after the birth of the infant. Maternal adaptive resources included available and perceived social support influenced by maternal age and parity. When maternal mood state disturbance occurred and maternal adaptive resources were inadequate to meet the perception of stress, they posited that maternal functioning would be affected. The alteration in maternal functioning may also reflect a negative perception of herself as mother.

This study described the experiences of low-income Latinas with respect to the variables of age, income, parity, perception of health, mood state, social support, perceptions of themselves as mothers and employment status, to test whether the variables identified by Mercer and Ferketich (1990) and Younger (1991) behaved in the same way when observed among unacculturated postpartum Latinas.

This study asked the following questions:

1. What was their level of tension, fatigue, confusion, depression, anger, and vigor and what was their level of total mood disturbance?
2. What was their level of perceived social support?
3. What were their perceptions of themselves as mothers?
4. What were their attitudes about employment as low-income unskilled workers?

5. Were there relationships among mood, social support, perceptions of themselves as mothers and attitudes about employment?

6. Were there differences between employed and not employed Latinas in mood, social support, or perceptions of themselves as mothers?

7. Were there differences in mood, social support, or perceptions of themselves as mothers between Latinas who perceive their health as good and Latinas who perceive their health as poor?

8. Among Latinas, was there a relationship between age and mood, social support, or perceptions of themselves as mothers?

9. Among Latinas, was there a relationship between income and mood, social support, or perceptions of themselves as mothers?

10. Were there differences in mood, social support, or perceptions of themselves as mothers between primiparous and multiparous Latinas?

# CHAPTER III

## METHODOLOGY

A cross-sectional study was designed to describe the following variables in maternal role functioning among postpartum Latinas: age, income, parity, perception of state of health, mood, social support, perceptions of themselves as mothers and employment status. The study also identified relationships between age, income, mood, social support, and perceptions of themselves as mother among postpartum Latinas. The study determined whether differences in mood, social support, and perceptions of themselves as mothers existed among Latinas with respect to employment status, parity, and perception of their health. In this chapter the study design, research setting, sample, study instruments, and the procedures used in data collection are presented.

The major descriptive variables in this study were age, parity, income, health perception, mood, social support, perceptions of themselves as mothers and employment among postpartum Latinas. Information about education, family size, household, income, perceived troublesome problems, and acculturation was also collected. All data collection occurred at six to eight weeks postpartum. Table 3 depicts the relationships between the conceptual framework, the study variables, and the measurement of the study variables.

Table 3

Conceptual Framework, Study Variables, and Measures of Psychosocial Resources among Latinas at Six to Eight Weeks Postpartum

| Conceptual Framework | Study Variables | Measures |
|---|---|---|
| Mood State | anger, depression, fatigue, tension, vigor | Profile of Mood State (short form) |
| | negative life events | Personal Information - number and severity of problems, income, employment status, Employment Role Attitude Scale |
| Mastery of maternal role | perception of self | Myself as Mother |
| Self-esteem | perception of self | Myself as Mother |
| Health Perception | perceived state of health | Personal Information- rate state of health |
| Social Support | social support | Personal Resources Questionnaire |
| Prior experiences | parity, age | Personal Information: age and parity |

## Study Design

This cross-sectional descriptive study consisted of an investigator-developed questionnaire to determine personal characteristics and four survey questionnaires: the short form of the Profile of Mood States (POMS) (McNair, Lorr, & Droppleman, 1971), the Personal Resources Questionnaire Part II (PRQ85) (Brandt & Weinert, 1981), Myself as Mother (SD-Self) (Walker, 1977), and the Employment Role Attitude Scale (ERAS) (Parry & Warr, 1980). The reliability and validity of these instruments has not been established for low income Latinas. Face validity has been established by expert review. The Spanish/English language questionnaire package was administered to low-income Latinas at six to eight weeks after birth by bilingual research assistants who obtained informed consent and assisted with item clarification and reading comprehension.

## Description of Research Settings

A convenience sample of study participants was recruited from two agencies providing postpartum services and one agency providing home visits to new mothers and babies. The agencies providing postpartum services were both publicly-funded health clinics providing prenatal, postpartum, and family planning services to primarily Latina clients. The agency providing home visit services was a nurse-managed center sponsored by a university based school of nursing serving primarily Latina clients. Two bilingual bicultural research assistants were given the names and phone numbers of eligible subjects willing to participate by an agency staff member responsible for coordination of perinatal services. After an initial phone contact by the research assistants to the eligible participants to obtain informed consent, each study participant was asked to select a time and place at her convenience to meet the research

assistant and complete the questionnaire packet. All study participants elected to meet the research assistant at the participant's home.

## The Sample

A convenience sample of 70 low-income Latinas was recruited. The study variables were maternal age, parity, income, perception of health, mood, social support, perceptions of themselves as mothers, and employment attitudes. The potential confounding variables of socio-economic status and acculturation were part of the inclusion criteria for sample selection so that the entire sample was composed of low-income Latinas with low acculturation.

All registered postpartum patients in each setting with due dates during a four month recruitment period were screened for inclusion. Inclusion criteria included:

1. Latina with low acculturation defined as use of Spanish as the preferred language in thinking, conversing with family, and conversing with friends. Language preference was determined using the Short Acculturation Form (Marin & Marin, 1991), a four item questionnaire asking for language preferences in speaking, reading and thinking at home and in public places.
2. age between 18-40 years;
3. completion of labor at term;
4. delivery of normal infant without known congenital anomalies and without neonatal problems of infection and respiratory distress;
5. six to eight weeks postpartum after vaginal or Cesarean delivery;
6. access to a telephone or message phone;
7. Low-income defined as income below 150% of the poverty level as stated by the U.S. Social Security Administration. Table 4 describes monthly income by family size at 150% of the poverty level as established by the 1996-1997 income eligibility guidelines published by the United States Social

Security Administration. A full schedule of income by family size in relation to poverty limits is included in Appendix B.

Table 4

Monthly Income at 150% of the Poverty Level Established by the United States Social Security Administration, 1996-1997

| Family Size | Income (dollars) |
|---|---|
| 1 person | 971 |
| 2 persons | 1295 |
| 3 persons | 1623 |
| 4 persons | 1950 |
| 5 persons | 2278 |
| 6 persons | 2606 |
| 7 persons | 2932 |
| plus $328 per month per additional person | |

The Principal Investigator communicated the names, addresses and phone numbers of willing participants to two bilingual research assistants. The research assistants contacted each willing patient by phone to provide information about the study and the nature of the patient's participation. Patients who indicated an unwillingness to participate were excluded and their identifying information was destroyed. A total of 132 phone contacts were made for the recruitment of 70 participants. Most women who refused (73%) reported that they lacked time to participate in the data collection. Other reasons included lack of interest and refusal by other family members.

Informed consent was obtained in Spanish by bilingual research assistants verbally by phone at the time of the initial contact during the postpartum period. A waiver of written, signed consent was requested and

obtained from the UCSF Committee on Human Research as a condition of approval of the study proposal. The waiver was requested because of the necessity to protect the client's identity from disclosure to authorities investigating the legality of residency status. The consent process was conducted in Spanish by the research assistants who had completed a training in this procedure. Training included a description of the methodology and instruments used, description of the nature and extent of patient participation, discussion of the risks and benefits of the study, and discussion of the necessity of maintaining participant confidentiality. A sample of the verbal consent protocol/information sheet is included in Appendix C.

## Data Collection Methods

### Instruments

Acculturation. Acculturation was defined as the process of learning and behavioral adaptation that occurs when a person lives in an environment where his primary culture is not the dominant culture. It is the process by which the dominant culture is assimilated (Marin & Marin, 1991). Language preference has been used effectively to measure the degree to which an individual has been acculturated into the dominant culture (Marin & Marin, 1991). In this study, language preference was determined using the Short Acculturation Form (Marin et al., 1987), a four-item questionnaire asking for language preferences in speaking, reading, and thinking at home and in public places.

Personal Characteristics. The Personal Information questionnaire was an investigator-generated tool for the collection of data about age, education, employment, parity, personal income, family income, household income, perceived troublesome problems and perceived health status. Items were obtained from a similar questionnaire used in a study of Latinas in Colombia. Additional items about the employment experience and events causing concern

were added by the researcher. The questionnaire was piloted with 10 Latina subjects who were community workers in the agencies providing participant referrals. Minor revisions in wording were made at the conclusion of the pilot test.

The operational definition of employment status is "not employed" or "employed" currently full or part-time in a job in which there were no prerequisite knowledge or skills required and for which there was no formal preparation. Employment status was measured by items on the Personal Information Questionnaire asking if the participant were currently employed. If the response was "yes", subsequent items asked for job title, salary, hours and days worked, transportation to and from employment, and child care arrangements.

Mood State. The operational definition of mood state was a transient emotional state of an individual which was responsive to changes in the environment (McNair, Lorr, & Droppleman, 1971). The change in the environment of the sample participants was the recent birth of a baby. By describing mood state at a period in time in which stimuli known to be stressors were happening, the findings of tension, anxiety, depression, anger, fatigue and confusion in an individual may be a reflection of the outcomes of the cognitive appraisal of the environmental stimulus as parenting stress (Bendell et al., 1994; Musci, & Dodd, 1990; Rankin & Monahan, 1991).

Mood state was measured by the Profile of Mood States (POMS) (McNair, Lorr, & Droppleman, 1992) in short form, a symptom inventory which was comprised of six sub-scales showing mood disturbance. The six sub-scales were tension/anxiety (T), depression/dejection (D), anger/hostility (A), vigor/activity (V), fatigue/inertia (F), and confusion/bewilderment (C). Mood disturbance was scored as the sum of sub-scales T, D, A, F, and C minus the V

scale. This 30 item adjective rating tool used a five-point response scale (0= not at all to 4 = extremely). For the purpose of this study, the response scale was modified to eliminate the middle category (response number 2) to avoid confusion between the response of a moderate amount and a response of a sufficient amount. The high (responses 3 and 4) and low (responses 0 and 1) categories remained unchanged. Participants were asked to select the number on the scale that best represented how they felt in relation to the adjective presented. The scores of each of the six sub-scales were interpreted independently and were also combined ( T + D + A + F+ C - V) to obtain a total mood disturbance score.

The POMS short form has been translated into Spanish using a back translation process and has been evaluated by an expert panel for use among minimally educated childbearing Latinas (DeJoseph, 1996, personal communication). The internal consistency reliability for the POMS short form has ranged from alpha .75 to alpha .90 with the tension/anxiety subscale coefficient for females at alpha .86 (McNair, Lorr, & Droppleman, 1992).

Face or content validity of the POMS was supported by an examination of the individual items describing each mood scale by 3 bilingual Latina interpreters who made no changes to the standard translated POMS short form. Predictive and construct validity were evidenced in six areas of clinical research using the POMS: short term psychotherapy studies (Pugatch, Haskell, & McNair, 1969), controlled outpatient drug trials (McNair, Fisher, Sussman, Droppleman, & Kahn, 1970), use of the POMS with cancer patients (Holland, Korzun, Tross, Silberfarb, Perry, Comis, & Oster, 1986), use of the POMS to study drug use and drug addiction (Sorenson, Hargreaves, & Weinberg, 1982), and studies of emotion-inducing conditions (Pillard & Fisher, 1975).

Concurrent validity of the POMS has been demonstrated with the Hopkins Symptom Distress Scale showing correlations for anxiety and depression ranging from .69 to .86 (Parloff, Kelman, & Frank, 1954). A correlation of .80 has been demonstrated between the tension/anxiety subscale and the Manifest Anxiety Scale (McNair, Lorr, & Droppleman, 1992).

Social Support. The operational definition of social support was provided by House (1981) who identified four categories of social interaction. They included emotional support in which one individual communicates caring to another, material support in which one individual offers tangible material assistance to another, informational support in which one individual offers advice, guidance and knowledge to another, and appraisal support in which one individual offers affirmation and shares ideas and feelings with another.

Social support was measured by the Personal Resources Questionnaire (PRQ85) (Brandt & Weinert, 1981) developed according to Weiss' (1969, 1974) model of relational functions. The PRQ85 measured three dimensions of social support: intimacy/assistance, reciprocity, and integration/affirmation. Intimacy on the PRQ85 was seen as the equivalent to House's category of emotional support. The PRQ85 dimension of affirmation was seen as the equivalent to House's category of appraisal. The dimension of assistance was seen as the equivalent of informational and material support. While the PRQ85 did not directly measure House's dimension of material support, the reciprocity and integration dimensions measured the individual's ability to participate in relationships where support was exchanged (Brandt & Weinert, 1981).

The PRQ85 was a two-part measure of multi-dimensional characteristics of social support. Part I asked for descriptive information about social support resources, satisfaction with resources, and presence of a confidant. Part II contained 25 statements of perceived social support inviting responses on a

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scale from 1 (complete disagreement) to 7 (complete agreement) . The two parts have been used separately and only Part II was used in this study. For the purpose of this study, two questions were added. The first question asked if there was a person in whom the participant could confide and required a yes/no answer. The second question asked the relationship of the confidant to the participant.

The PRQ85 has been translated into Spanish and reverse translated into English for language and idiom accuracy. It has been reviewed by a panel of bilingual bicultural experts for face and content validity. The PRQ85 has been compared with five other measures of social support to demonstrate construct validity in a study of 100 men and women contacted through church groups, clubs and personal contacts. The PRQ85 significantly correlated with all five measures of social support (Weinert, 1996, personal communication). In that study the correlation between the Norbeck Social Support Inventory and the PRQ85 was significant ($r=.30$, $p=<.01$) (Weinert, 1996, personal communication). In order to establish discriminant validity with mood affective states, in the same study the PRQ85 significantly correlated with the POMS at $r=-.29$, $p<.01$. This significant negative relationship between the POMS and the PRQ85 demonstrated that the PRQ85 discriminated effectively between the construct of social support and the construct of mood disturbance.

Perception of herself as mother. Perception of herself as mother was defined as the self-appraisal of maternal attributes as experienced by a mother at six to eight weeks postpartum with a particular infant, by considering the quality of the experience within the parameters of commonly used adjectives. Perception of herself as mother as a reflection of the mother's ontogenic origins and psychological resources is an important source of influence on parenting. Parenting in the postpartum period has been found to be positively associated

with self-confidence (Walker, Crain, & Thompson, 1986a), socio-economic status, and social resources (Walker, Crain, & Thompson, 1986b).

The woman's perception of herself as a mother was measured by the Myself as Mother semantic differentiation tool (Walker, 1977) that identified 11 polar opposite adjectives describing maternal attributes embedded in a 22 item list using a Likert scale to measure self-appraisal on a continuum of one to seven. For the purposes of this study only the 11 adjectives describing maternal attributes were used in order to avoid confusion in the semantic differentiation of non-related items. Study subjects were asked to select the point on the scale between each bipolar adjective pair which best expressed the meaning of "myself as mother" for her. Myself as Mother has been used among postpartum mothers in several studies to measure and evaluate maternal attitudes (Walker, 1980; Walker, 1987; Walker, Crain, & Thompson, 1986 a & b). Reliability estimates using coefficient alpha values range from .72 to .87.

Construct validity of the factors identified by factor analysis have been established using the Seashore self confidence scale at one month post delivery (r's = .41 and .62). Myself as Mother was translated and back translated independently by two bilingual bicultural Latinas who were employed as advocates and interpreters in a health clinic serving childbearing women. The translated instrument was then reviewed and approved by five bilingual bicultural health care providers for face validity.

Employment Attitudes. Employment attitudes were defined as thoughts, feelings, opinions, and reactions of an employed person about her experience of employment. For those participants who were employed, employment attitudes were measured by the Employment Role Attitude Scale (Parry & Warr, 1980), a 12 item questionnaire developed to determine the extent to which a

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postpartum woman was content or pleased with her employment. Each of the 12 items offered a three choice answer, "Yes, true", "No, not true", and "don't know", coded 3,1, and 2 respectively. For the purposes of this study the "don't know" was eliminated and the answer choices were modified to "Yes, true" and "No, not true" with a yes score = 1 and a no score =0 to avoid confusion. Statements of negative attitudes were reversed score so that higher scores reflected a more positive attitude toward employment and lower scores indicated a more negative attitude. The scale's coefficient alpha was reported as .75 (Parry & Warr, 1980). The ERAS has been translated into Spanish and reverse translated for language and idiom accuracy. A panel of five bilingual bicultural health care providers have reviewed the translation for face validity.

Procedure for data collection

Each study participant was asked to complete five survey tools: a Personal Information questionnaire, the Profile of Mood States short form (POMS), the Personal Resources Questionnaire Part II (PRQ85), the Myself as Mother semantic differentiation tool (SD-Self), and the Employment Role Attitude Scale (ERAS). Each study participant received a questionnaire packet with Spanish and English translations of each study item. Instructions for completing each questionnaire were included in writing at the beginning of each form. A research assistant was available to offer assistance with reading and understanding the items. If the study participant was unable to write, the research assistance completed the questionnaire by marking the answer option as indicated by the participant.

Two bilingual bicultural student nurses at San Jose State University were employed as research assistants to participate in data collection. They completed a training with the principal investigator which included factors involved in obtaining informed consent, review of the questionnaire packet,

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simulations of phone contact with potential participants, and simulations of interactions with study participants to complete the questionnaire packet. Emphasis was placed on the importance of limiting their assistance to reading items for those with limited reading skills and item comprehension for those experiencing difficulty in understanding the Spanish terms. Each research assistance received a list of names, addresses and phone numbers of potential study participants screened by the referring agency. Each assistant initiated contact by telephone describing the study and the nature of the participation needed in order to obtain verbal informed consent. Willing participants identified a time and place in which to meet to complete the questionnaires. Each research assistant met with study participants as agreed and completed the study packet. Participants completing the questionnaire packet were offered $10.00 in recognition of their participation. The research assistants met with the principal investigator weekly to submit completed questionnaires and discuss problems. All data were collected between January and June 1997.

## Data Analysis

Descriptive data were tabulated by item for the study sample. The sample was described according to age, parity, perception of general health, income, employment status, and perception of most troublesome problems. For interval data, medians, means and standard deviations were computed.

Question 1: Among low-income postpartum Latinas at six to eight weeks postpartum, what is their level of tension, fatigue, confusion, depression, anger, and vigor and what is their total mood disturbance?

Scores for each of the six mood states and the total mood disturbance score from the POMS were computed. Medians, means and standard deviations were obtained. Descriptive data were compared to established

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norms for the POMS in order to place the study sample within the context of the variable.

Question 2: Among low-income Latinas at six to eight weeks postpartum, what is their level of perceived social support?

Total perceived social support score for the PRQ85 was computed for the study sample. The sample median, mean and standard deviation were computed.

Question 3: Among low-income postpartum Latinas at six to eight weeks postpartum, what are their perceptions of themselves as mothers?

An individual total score for the Myself as Mother questionnaire was computed. The sample median, mean and standard deviation were computed.

Question 4: Among postpartum Latinas at six to eight weeks postpartum, what are their attitudes about employment as low-income unskilled workers?

An individual total score for the ERAS was computed. The sample median, mean, and standard deviation were computed.

Question 5: Among postpartum Latinas at six to eight weeks postpartum, are there relationships among mood, social support, perceptions of themselves as mothers and attitudes about employment?

The data analysis plan included using the Pearson correlation coefficient for parametric data to compute the strength and direction of associations between mood, social support, perceptions of themselves as mothers and employment attitudes.

Question 6: Among postpartum Latinas at six to eight weeks postpartum, are there differences between employed and not employed Latinas in mood, social support or perceptions of themselves as mothers?

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The data analysis plan included testing differences in mood state, social support and perceptions of themselves as mothers between employed and not employed Latinas using analysis of variance.

Question 7: Among postpartum Latinas at six to eight weeks postpartum, are there differences in mood, social support, or perceptions of themselves as mothers between Latinas who perceived their health as good and Latinas who perceived their health as poor?

The data analysis plan for testing differences in mood state, social support, or perceptions of themselves as mothers between Latinas who perceived their health as good and Latinas who perceived their health as poor included using analysis of variance for parametric data and the Mann-Whitney U test for non-parametric data.

Question 8: Is there a relationship between age and mood, social support, or perceptions of themselves as mothers among Latinas?

The data analysis plan for testing the relationship between age and mood, social support, and perceptions of themselves as mothers among postpartum Latinas included using the Pearson correlation coefficient for parametric data or the Spearman correlation coefficient for non-parametric data.

Question 9: Is there a relationship between income and mood, social support, or perceptions of themselves as mothers among postpartum Latinas?

The data analysis plan for testing the relationship between income and mood, social support, and perceptions of themselves as mothers among postpartum Latinas included using the Pearson corrlelation coefficient for parametric data or the Spearman correlation coefficient for non-parametric data.

Question 10: Are there differences in mood, social support, or perceptions of themselves as mothers between primiparous Latinas and multiparous Latinas?

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The data analysis plan for testing differences in mood state, social support, or perceptions of themselves as mothers between primiparous Latinas and multiparous Latinas included using analysis of variance for parametric data and the Mann-Whitney U test for non-parametric data.

# Chapter IV

# FINDINGS

The results of the data analysis are presented in this chapter. Following a description of the study participants, the findings are presented by study question.

## Participant Characteristics

### Age

The participants were 70 Latina mothers within six to eight weeks of childbirth who ranged in age from 15 to 39 years. The mean age was 24.9 years with a standard deviation of 5.16 years; the median age was 24 years.

### Educational Level

The mean years of education for this group of mothers was 8.3 years with a standard deviation of 3.28 years. Only three of the 70 study participants had more than 12 years of education indicating post-high school experiences and four had two or fewer years of education. Of the study participants, 29% had six or fewer years of education.

### Acculturation

Acculturation was determined by language usage rather than place of birth because language usage is a more reliable indicator of acculturation (Marin & Marin, 1991) and avoided the potentially threatening inquiry into legal status of residency by asking for place of birth. Participants were relatively unacculturated into the dominant American urban culture. In this sample, 74% (n=52) spoke Spanish exclusively and an additional 19% (n =13) used Spanish preferentially over English. For language used at home, 96%(n=67) used Spanish exclusively or preferred Spanish over English. Similarly with the language used for thinking, 96% (n=67) used Spanish exclusively or preferred

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Spanish over English. In speaking and interacting with friends, 94% (n=66) used Spanish exclusively or preferentially over English.

Marital Status

Of the study participants, 50% were married, 43% were never married, 6% were separated, and 1% were divorced.

Parity and Number of Children

The number of pregnancies in this sample ranged from one to six pregnancies with a mean of 2.2 pregnancies. The number of children per mother also ranged from one to six with a mean and median of two children. In this sample 34% of the mothers had one child (primiparas) and 66% of the mothers had more than one child (multiparas).

Personal Health and Pregnancy Experience

Each study participant was asked to rate her present state of health. Of the 63 responding participants, 24 (38%) rated their present state of health as good to excellent. Thirty-nine participants (62%) rated their health as average to poor. When asked about previous pregnancy experience, 7 of 70 participants (10%) reported previous preterm births and 12 of 70 (17%) participants reported previous abortions. When asked about the most recent pregnancy, 14 of 70 participants (20%) reported complications: 3 reported hypertension, 2 reported diabetes and 9 reported other problems such as bleeding (1), preterm labor (1), infection (2), morning sickness and anemia. When asked about the most recent labor and delivery experience, 15 of the 68 responding participants (22%) reported complications including fetal distress, abnormal labor patterns and hypertension. Six of the 68 participants (9%) reported having a Cesarean birth.

Table 5 provides a summary of these participant characteristics.

Table 5

Age, Educatio

Participants b

| Characteristic | |
|---|---|
| Age (yrs) | |
| | 15-19 |
| | 20-24 |
| | 25-29 |
| | 30-34 |
| | 35-39 |
| Education (yrs) | |
| | 0-5 year |
| | 6-8 year |
| | 9-12 yea |
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| Parity | |
| | 1 |
| | 2 |
| | 3 |
| | 4-6 |
| Personal Health | |
| | excellent |
| | good |
| | average |
| | poor |

Table 5

Age, Education, Marital Status, Parity , and Personal Health of Sample Participants by Number, Mean, and Standard Deviation (n=70)

| Characteristic | Number (%) | Mean | SD |
|---|---|---|---|
| Age (yrs) | 70 | 24.91 | 5.16 |
| 15-19 | 12 (17%) | | |
| 20-24 | 24 (34%) | | |
| 25-29 | 18 (26%) | | |
| 30-34 | 13 (18%) | | |
| 35-39 | 3 ( 4%) | | |
| Education (yrs) | 66 | 8.31 | 3.28 |
| 0-5 years (primary school) | 10 (15%) | | |
| 6-8 years (middle school) | 21 (32%) | | |
| 9-12 years (high school) | 32 (48%) | | |
| >12 | 3 ( 4%) | | |
| Marital Status | 70 | | |
| never married | 30 (43%) | | |
| married | 35 (50%) | | |
| divorced | 1 ( 1%) | | |
| separated | 4 ( 6%) | | |
| Parity | 70 | | |
| 1 | 24 (34%) | | |
| 2 | 25 (36%) | | |
| 3 | 14 (20%) | | |
| 4-6 | 7 (10%) | | |
| Personal Health | 63 | | |
| excellent | 1 (2%) | | |
| good | 23 (37%) | | |
| average | 36 (57%) | | |
| poor | 3 ( 5%) | | |

Employment Status

Employment status was measured as a state of current employment, whether full or part time. Only 10 of the 70 study participants were employed at six to eight weeks postpartum. All of the 10 employed participants were employed in unskilled job categories: 3 as domestics, 2 as fast food workers, 2 as cashiers, 2 as assembly-line workers, and 1 as a clerical worker. The mean number of hours employed per day was 7.5 hours. Three of the 10 employees worked four days per week and 7 of the 10 employees worked five days per week. All of the employed participants indicated that they were employed on weekdays and 6 of the 10 indicated that they also were employed on weekends. Only 1 of the 10 employed participants worked a shift other than standard daytime hours.

Of the 10 employed participants, 5 used a car for transportation to and from the job site and the rest used a combination of bus, bicycle and walking. Only one participant paid for childcare and the rest relied on family and friends. Only one participant reported that childcare was the spouse's responsibility.

Personal Income

Twelve of the 70 study participants indicated monthly personal income ranging from $300.00 to $1400.00 with a mean of $801 and a standard deviation of $294.90. Ten of the 12 study participants indicating a monthly personal income were employed at the time of data collection.

Family Size and Family Income

Family size was defined as the number of persons in the nuclear family: parents and children. Family size ranged from one (two participants) to nine (three respondents) with a mean of 3.7 persons, a standard deviation of 1.9, and a median of 4 persons. Family income, the total income derived from all

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members of the nuclear family, ranged from $279 per month to $2700 per month with a mean of $1038 and a standard deviation of $436 per month.

Household Size and Household Income

It has been observed that low-income Latino families often share the same household with one or several other families in order to obtain more affordable housing. For this reason, data about household size and household income were gathered. For this sample, household size ranged from 2 to 15 persons with 90% (n= 60) living in households of more than four persons. The majority of participants were sharing households with other families. Whereas the median family size was four persons, 67% of this sample lived in households with five or more members. Household income ranged from $100 to $2700 per month. However, the mean household income of $1000 per month was similar to the mean family income.

Socioeconomic Status

Socioeconomic status was determined by applying family income to the federal poverty guidelines published by the United States Social Security Administration (1996). For a four person family, a monthly income of $1950 or less falls within 150% of the poverty limit and a monthly income of $1300 or less is below the poverty limit. In this sample the median family size was four persons and the median monthly income was $1000, well below the federal poverty limit for a family size of four. For the largest family size, nine persons, the largest monthly family income, $2700 was also below 150% of the federal poverty guidelines.

Table 6 provides a summary of these participant characteristics

Table 6

Employment, Family Size, Family Income, Household Size, and Household Income of Sample Participants by Number, Mean, and Standard Deviation (n=70)

| Characteristic | Number | | Mean | SD |
|---|---|---|---|---|
| Employment | 70 | | | |
| no | | 60 (86%) | | |
| yes | | 10 (14%) | | |
| part-time (<5 days/week) | | 3 | | |
| full-time (5 or more days/week) | | 7 | | |
| personal income | 12 | | $801.25 | $294.89 |
| $300-800 | | 7 (58%) | | |
| $801-1400 | | 5 (42%) | | |
| Family Size | 69 | | 3.67 | 1.90 |
| 1-2 | | 17 (25%) | | |
| 3-4 | | 37 (54%) | | |
| 5-6 | | 9 (13%) | | |
| >6 | | 6 (8%) | | |
| Family Income | 68 | | $1038.04 | 436.26 |
| 0-500 | | 6 (9%) | | |
| 501-1000 | | 28 (41%) | | |
| 1001-1500 | | 26 (38%) | | |
| >1500 | | 6 (9%) | | |
| Household Size | 67 | | 6.15 | 2.73 |
| 1-2 | | 2 (3%) | | |
| 3-4 | | 20 (30%) | | |
| 5-6 | | 21 (31%) | | |
| 7-8 | | 13 (19%) | | |
| >8 | | 11 (16%) | | |
| Household Income | 66 | | 1034.70 | 448.03 |
| 0-500 | | 6 (9%) | | |
| 501-1000 | | 27 (41%) | | |
| 1001-1500 | | 23 (35%) | | |
| >1500 | | 8 (12%) | | |

Recent Troublesome Problems

In order to obtain personal perceptions of problems, study participants were asked to state three problems that had been most troublesome to them in the past week and, for each problem to describe how much stress, tension, or

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difficulty they experienced. In this sample, 47 participants (67%) were unable to state any troublesome problems. Only 5 participants (7%) stated three troublesome problems. Of the 23 participants (33%) stating one troublesome problem, the three most common problem areas were infant health (5 participants), housing (5 participants), and self-health (5 participants). Other problems included money (4), health of a family member (3), and child care (1). In rating the amount of tension caused by the first problem, 48% reported "a lot", 26% reported an average amount of tension, and 26% reported a little tension.

Eleven of 70 study participants (16%) reported a second problem that had troubled them in the past week. The most common problem was money but problems with infant health, health of a family member, self health and insurance were also reported. Eighty-two percent experienced an "average" to "a lot" of tension from these problems whereas 18% experienced a little tension.

Only 5 of 70 participants (7%) reported a third troublesome problem. Three of those participants reported a problem with health of a family member while one reported a problem with infant health and one reported a problem with self-heath. This third problem caused "a lot" of tension for 80% of the responding participants.

Table 7 provides a summary of the problems identified by sample participants. Table 8 provides a summary of the type of problems identified by the sample participants.

Table 7

Summary of Sample Participants Responses to Number of Problems and Amount of Tension (n=70)

| | | |
|---|---|---|
| Recent Problems | 70 | |
| no problems | 47 (67%) | |
| 1 problem | 23 (33%) | |
| a lot of tension | | 11(48%) |
| average tension | | 6 (26%) |
| a little tension | | 6 (26%) |
| 2 problems | 11 (16%) | |
| a lot of tension | | 5 (45%) |
| average tension | | 4 (36%) |
| a little tension | | 2 (18%) |
| 3 problems | 5 (7%) | |
| a lot of tension | | 4 (80%) |
| average tension | | 1 (20%) |

Table 8

Summary of Responses of Sample Participants to Types of Problems

| Type of Problem | Frequency of Problem |
|---|---|
| Financial need | 9 |
| Health of infant | 8 |
| Health of family member | 8 |
| Personal health | 8 |
| Housing | 5 |
| Day Care | 1 |
| Total | 39 |

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## Findings by Study Questions

### Study Question 1

Among Latinas at six to eight weeks postpartum, what are their levels of tension, fatigue, confusion, depression, anger, and vigor and what is their level of mood disturbance?

Mood state was measured by the Profile of Mood States short form which provides 6 subscales and a total mood disturbance score. For this study the internal consistency reliability estimates using Cronbach's alpha ranged from .49 to .86. See Table 9. Internal consistency reliability estimates for the anger hostility subscale (alpha =.86) and the fatigue/inertia subscale (alpha = .82) were high indicating consistent performance of the individual items to the scale. Internal consistency reliability estimates for the depression subscale (alpha = .76) and the vigor subscale (alpha = .67) were acceptable and no individual items performed poorly. The internal consistency reliability estimate for the tension/anxiety subscale ( alpha = .67) was also acceptable but one item (item 12, uncomfortable) had an item to scale correlation of alpha = .18 indicating low internal consistency. However deletion of this item did not increase the estimate of internal consistency for the tension/anxiety subscale. The internal consistency reliability estimate for the confusion subscale (alpha = .49) improved to alpha =.71 with the deletion of item 26 (efficient). This item had an item to scale correlation of alpha = -.18 indicating lack of internal consistency with remaining scale items. In addition, a second item (item 29, forgetful) had an item to scale correlation of alpha = . 26 indicating low internal consistency. The confusion subscale items were preserved for inclusion in the total mood disturbance score but separate interpretation of the confusion subscale was not done due to low internal consistency.

Table 9

Internal Consistency Estimates Using Cronbach's Alpha for POMS (short form)

| Scale | Alpha |
|---|---|
| Tension/Anxiety | .67 |
| Fatigue/Inertia | .82 |
| Confusion | .71 |
| Depression | .76 |
| Anger/Hostility | .86 |
| Vigor | .67 |
| Total Mood Disturbance | .92 |

Table 10 provides the mean, median and standard deviations for the five remaining subscales and the total mood disturbance scale. Each subscale is discussed separately.

The tension/anxiety subscale represents a mood of tension associated with feelings of uneasiness, anxiousness, and restlessness. Out of a possible range of 0-20, the mean subscale score for these study participants was 5.43 with a standard deviation of 4.61 indicating low and highly variable levels of tension and anxiety. The lowest possible score of 0 was reported by 14.3% (10) of the study participants while one participant reported a high score of 17.

The subscale of fatigue-inertia represents a mood of weariness and low energy. Out of a possible range of 0-20, the mean subscale score for these participants was 4.41 with a standard deviation of 4.65 indicating low and highly variable levels of fatigue. The lowest possible score of 0 was reported by 15.7% (11) of the study participants while one participant reported a high score of 19.

The subscale of depression-dejection represents a mood of depression accompanied by a sense of personal inadequacy and feelings of worthlessness, futility and isolation. The mean subscale score for these participants was 4.04 (possible range of 0-20) with a standard deviation of 4.34 indicating low and highly variable levels of depression-dejection. The lowest possible score of 0 was reported by 22.9% (16) of the study participants while 1 study participant reported a score of 18.

The subscale of anger-hostility (A) represents a mood of anger and antipathy toward others describing feelings of intense overt anger as well as milder forms of hostility such as grouchy and annoyed. Out of a total subscale score of 20, the mean score for these participants was 5.41 with a standard deviation of 5.56 indicating low but highly variable levels of overt anger and hostility. Twenty percent or 14 of the study participants indicated a score of 0 representing no overt anger or hostility. Of the study participants, 3 (4.3%) indicated a high score of 20 for overt anger and hostility.

The subscale of vigor-activity represents a positive affective state and is associated with feelings of vigor and high energy, the opposite of fatigue-inertia. Out of a possible range of 0-20, the mean subscale score for these study participants was 10.50 with a standard deviation of 4.70 indicating a midrange of vigorousness and energy. The lowest reported score indicating low energy was 2 reported by one study participant. The highest possible score of 20 indicating high energy was reported by two study participants.

A total mood disturbance (TMD) score was calculated by summing the subscale scores for anger, confusion, tension, fatigue and depression and then subtracting the subscale score for vigor. A low or negative total mood disturbance score would indicate a positive affective state while a high mood disturbance score would indicate a negative affective state. Out of a possible

range of minus 20 to 80, the mean TMD score for these study participants was 14.23 with a standard deviation of 18.89 and a median of 11.0 indicating a skewness toward a more positive but highly variable affective state. Zero and minus scores were reported by 24.3% (17) of the study participants while 10 participants reported TMD scores between 31-70.

Table 10

Summary Table of Profile of Mood State (POMS) Scores (n=70)

| Scale | Number (%) | Median | Mean(SD) |
|---|---|---|---|
| Tension/Anxiety | | | |
| 0 | 10 (14%) | | |
| 1-20 | 60 (86%) | 4.5 | 5.4(4.6) |
| Fatigue/Inertia | | | |
| 0 | 11 (16%) | | |
| 1-20 | 59 (84%) | 3.0 | 4.4(4.6) |
| Depression | | | |
| 0 | 16 (23%) | | |
| 1-20 | 54 (77%) | 3.0 | 4.0(4.3) |
| Anger/Hostility | | | |
| 0 | 14 (20%) | | |
| 1-20 | 56 (80%) | 4.0 | 5.4(5.6) |
| Vigor | | | |
| 0 | 0 | | |
| 1-20 | 70 (100%) | 10.5 | 10.5(4.7) |
| Total Mood Disturbance | | | |
| -20-0 | 17 (24%) | | |
| 1-80 | 53 (76%) | 11.0 | 14.2(18.9) |

Study Question 2

Among Latinas at six to eight weeks postpartum, what is their level of perceived social support?

Perceived social support was measured by the Personal Resources Questionnaire Part II appended to include two items requiring nominal responses. The first item asked for agreement or disagreement to the statement

that there was a person to talk to when problems occured. The second item asked for the relationship of that person to the study participant. Statements of negative perceptions of social support were scored in reverse so that low scores indicated low levels of perceived social support and high scores indicated high levels of perceived social support. For this study, internal consistency as measured by Cronbach's alpha was .84. Of a total possible score of 175, the 70 study participants had a mean score of 135.3 with a standard deviation of 16.3 and a median score of 136. These results indicated that this sample of study participants perceived their social support positively, agreeing that they had sufficient social support resources and opportunities.

The opportunity to be giving and caring to another person was the only item that sample participants responded in disagreement. They responded that they somewhat lacked opportunity to be giving and caring to another person (mean 3.8). Another six items had a neutral response (neither positive nor negative perception) from the sample participants. Those items involved feeling important, counting on relatives and friends for help, spending time with others who shared similar interests, getting positive feedback from others, feeling that there are others with the same problems, and getting feedback about being a good friend.

Participant responses to several items indicated negative perceptions of social support. Almost 40% of the study participants felt that no one had the same problems as they did. Over one-fourth (27%) of the study participants felt that they had no one to count on and 24% of the study participants felt they had no one who shared their interests. Another 23% felt that they had no one to talk to. However, in response to the nominal items, only 11% stated that they had no one to talk to about their problems and 89% were able to list a person who would share their problems.

When the PRQ85 Part II items are separated into the social support domains of intimacy/assistance, reciprocity, and integration/affirmation, the result of positive perceived social support continues. Of the sample participants, 79% agreed that they had adequate opportunities to be intimate in a relationship and to give and receive assistance. Most of the study participants (85%) agreed that they experienced reciprocity, the giving and receiving of support, in their relationships. With regard to the affirmation of a positive self image, 80% agreed that they perceived positive feelings from others. See Table 11 for a summary of the item results for the PRQ85 Part II.

The two nominal items appended to the PRQ85 Part II confirmed the impression of positive perception of social support. Only eight (11%) of the study participants stated that they had no one to talk to when they had problems. Of the 89% who identified a person to talk to, 40% identified the spouse as they supportive person. Female support persons were identified by 60% of the study participants, including female friend (23%), sister (16%), and mother (13%).

Table 11

Personal

Category

Intimacy/
-others s
-no chan
-no one t
-encourag
-if upset,
-no has t
-someone
-have pe
-respons
-have so
-if sick, c

mean pe

Reciproci
-no one t
-are peop
-do favors
-family he
-do extra

mean pe

Integrati
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-group ma
-people s
-make me
-others lik
-family sa
-others ap
-sense of
-not so go

mean per

Table 11

Personal Resources Questionnaire (n=70)

| Category of Support | Agree (%) | Neutral (%) | Disagree (%) |
|---|---|---|---|
| Intimacy/Assistance | | | |
| -others share my interests | 69 | 7 | 24 |
| -no chance for giving,caring | 41 | 4 | 54 |
| -no one to talk to | 76 | 1 | 23 |
| -encourage others to develop | 89 | 1 | 10 |
| -if upset, I can be myself | 76 | 4 | 20 |
| -no has the same problems | 60 | 3 | 37 |
| -someone loves,cares for me | 96 | 3 | 1 |
| -have people to share | 83 | 4 | 13 |
| -responsible for other | 87 | 4 | 8 |
| -have someone for advice | 93 | 4 | 3 |
| -if sick, can get advice | 96 | 1 | 3 |
| mean percentage | 79 | 4 | 18 |
| Reciprocity | | | |
| -no one to count on | 70 | 3 | 27 |
| -are people to help me | 84 | 4 | 11 |
| -do favors for each other | 90 | 4 | 6 |
| -family helps me | 87 | 1 | 11 |
| -do extra things for others | 93 | 3 | 4 |
| mean percentage | 85 | 3 | 12 |
| Integration/Affirmation | | | |
| -makes me feels secure | 96 | 0 | 4 |
| -group makes me feel important | 50 | 27 | 23 |
| -people say I do well | 81 | 10 | 9 |
| -make me feel special | 90 | 3 | 7 |
| -others like working with me | 56 | 30 | 14 |
| -family says I am important | 93 | 1 | 6 |
| -others approve of me | 96 | 1 | 3 |
| -sense of being needed | 96 | 4 | 0 |
| -not so good as a friend | 64 | 11 | 24 |
| mean percentage | 80 | 13 | 8 |

Study Question 3

Among Latinas at six to eight weeks postpartum, what are their perceptions of themselves as mothers?

Perceptions of themselves as mothers were measured by the Myself As Mother semantic differentiation scale using 11 adjective pairs with a 7-point response scale. For this study, internal consistency reliability as estimated by Cronbach's alpha, was .68. Of the range of possible scores from 11 to 77, lower scores indicated a negative perception of self as mother while higher scores indicated a positive perception of self as mother. Of this group of sample participants, the mean score was 61.97 with a standard deviation of 6.9 and a median of 63. This score indicated that, as a group, these sample participants perceived themselves positively as mothers. Less than half of the study participants rated themselves positively in only two adjective pairs: graceful/awkward and strong/weak. See Table 12 for a summary of the Myself as Mother item results.

Table 12

Myself as Mother: Summary of Item Scores (n=70)

| Adjective Pair | High (points 5-6-7) (%) | Neutral (point 4) (%) | Low (1-2-3) (%) |
|---|---|---|---|
| fast/slow | 26 | 40 | 34 |
| graceful/awkward | 54 | 34 | 12 |
| strong/weak | 49 | 20 | 32 |
| kind/cruel | 83 | 14 | 3 |
| good/bad | 84 | 13 | 3 |
| successful/unsuccessful | 77 | 13 | 10 |
| willing/unwilling | 97 | 1 | 1 |
| safe/dangerous | 96 | 3 | 1 |
| complete/incomplete | 94 | 3 | 3 |
| mature/immature | 83 | 9 | 9 |
| calm/excitable | 73 | 13 | 14 |

Study Question 4

Among Latinas at six to eight weeks postpartum, what are their attitudes about employment as low income unskilled workers?

Employment attitudes were measured by the Employment Role Attitude Scale, a 12 item series of statements about feelings related to employment with a yes-no response scale. Only 10 of the sample participants were employed at the time of data collection and were eligible to complete the questionnaire. The negative attitude statements (items 2,4,6,7,9, and 12) were scored in the reverse so that a high total score indicated a positive attitude about employment and a low total score indicated a negative attitude about employment. For this study, internal consistency as estimated by Cronbach's alpha, was .52 which

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improved to .60 with the deletion of one item asking whether managers get input from workers before making changes. The mean employment role attitude score for these sample participants was 9.4 and the median score was 9.5 out of a possible range of 0 to 12. The standard deviation was 1.8. This mean score indicated an overall positive attitude about employment for these sample participants.

Of the individual item responses, no one found their efforts to be taken for granted, 9 of the 10 sample participants liked their job, 9 out of 10 did not find their jobs to be boring, 7 out of 10 were happy about working conditions, and 5 out of 10 were employed only for the money. All of the sample participants responded that there was a happy attitude at the job site and the majority of study participants responded indicating warm and supportive relationships with their fellow workers and with their boss. Table 13 summarizes the item responses.

Table 13

Employment Role Attitude Scale: Summary of Item Responses (n=10)

| Statement of Attitude | Yes | No |
|---|---|---|
| 1. People where I work are very friendly. | 9 | 1 |
| 2. My job is very boring. | 1 | 9 |
| 3. I get the feeling of achieving something worthwhile in my job. | 8 | 2 |
| 4. I only do my job because I need the money. | 5 | 5 |
| 5. My boss is always ready to discuss people's problems. | 9 | 1 |
| 6. My boss takes the work I do too much for granted. | 0 | 10 |
| 7. I wish I had more security in my job. | 6 | 4 |
| 8. There is a happy atmosphere in the place where I work. | 10 | 0 |
| 9. I really dislike my job. | 1 | 9 |
| 10. My boss is fair to everyone. | 8 | 2 |
| 11. I am unhappy about my working conditions. | 3 | 7 |

Study Question 5

Among Latinas at six to eight weeks postpartum, are there relationships among mood state, social support, perceptions of themselves as mothers and attitudes about employment?

Because the data about mood were not normally distributed and did not meet assumptions for use of parametric tests, use of Pearson correlation coefficient was inappropriate. Using the Spearman rank order correlation coefficient (rs) for non-parametric data, the strength and direction of

relationships were calculated between mood state, social support, perceptions of themselves as mothers and attitudes about employment for this study sample. All of the POMS subscales are intercorrelated as expected. Table 14 shows the correlation matrix.

A significant positive relationship was found between social support and perceptions of themselves as mother ($r_s = .33$, $p<.01$). This finding indicates that, for this sample of study participants, more positive perceptions of social support were associated with more positive perceptions of herself as mother.

Significant negative correlations were found between the POMS total mood disturbance score and social support ($r_s =-.29$, $p<.01$), the POMS total mood disturbance score and perceptions of themselves as mother ($r_s =-.42$, $p<.001$), and the POMS total mood disturbance score and attitudes about employment ($r_s = -.88$, $p<.001$). These findings indicate that, for this sample of study participants, a low level of mood disturbance was associated with a more positive perception of social support, a more positive perception of themselves as mothers, and a more positive attitude about employment. The relationship between the POMS total mood disturbance score and the Employment Role Attitude score ($r_s=-.88$, $p<.001$), indicated that the two scores measured the opposite phenomenon.

Among the POMS subscales, there was a significant negative correlation between the anger subscale and social support ($r_s = -.25$, $p<.05$), the anger subscale and perceptions of herself as mother ($r_s = -.51$, $p<.001$). and the anger subscale and employment attitudes ($r_s = -.56$, $p<.05$). These findings indicate that higher anger is associated with lower perceptions of social support, perceptions of herself as mother and attitudes about employment. Significant negative correlations were found between the fatigue subscale and employment role attitudes ($r_s= -.55$, $p<.05$) and between the fatigue subscale

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and perceptions of herself as mother (rs = -.27, p<.05). These findings indicate that, at higher levels of fatigue, perceptions of themselves as mothers and employment role attitudes are more negative. Significant negative correlations were found between the depression subscale and perceptions of social support (rs = -.27, p<.05) and between the depression subscale and perceptions of herself as mother (rs = -.29, p<.01). These findings indicate that those who score higher on depression have a more negative perception of social support and perception of herself as mother. A significant negative correlation was found between the tension subscale and perceptions of social support (rs = -.25, p<.05) indicating that higher tension levels were associated with perceptions of less social support.

Table 14

Depressi
n=70

Fatigue
n=70

Tension
n=70

Vigor
n=70

TMD
n=70

PRO
n=70

MAM
n=70

ERAS
n=10

A= P
V= P
Resc
Anti-
* p<

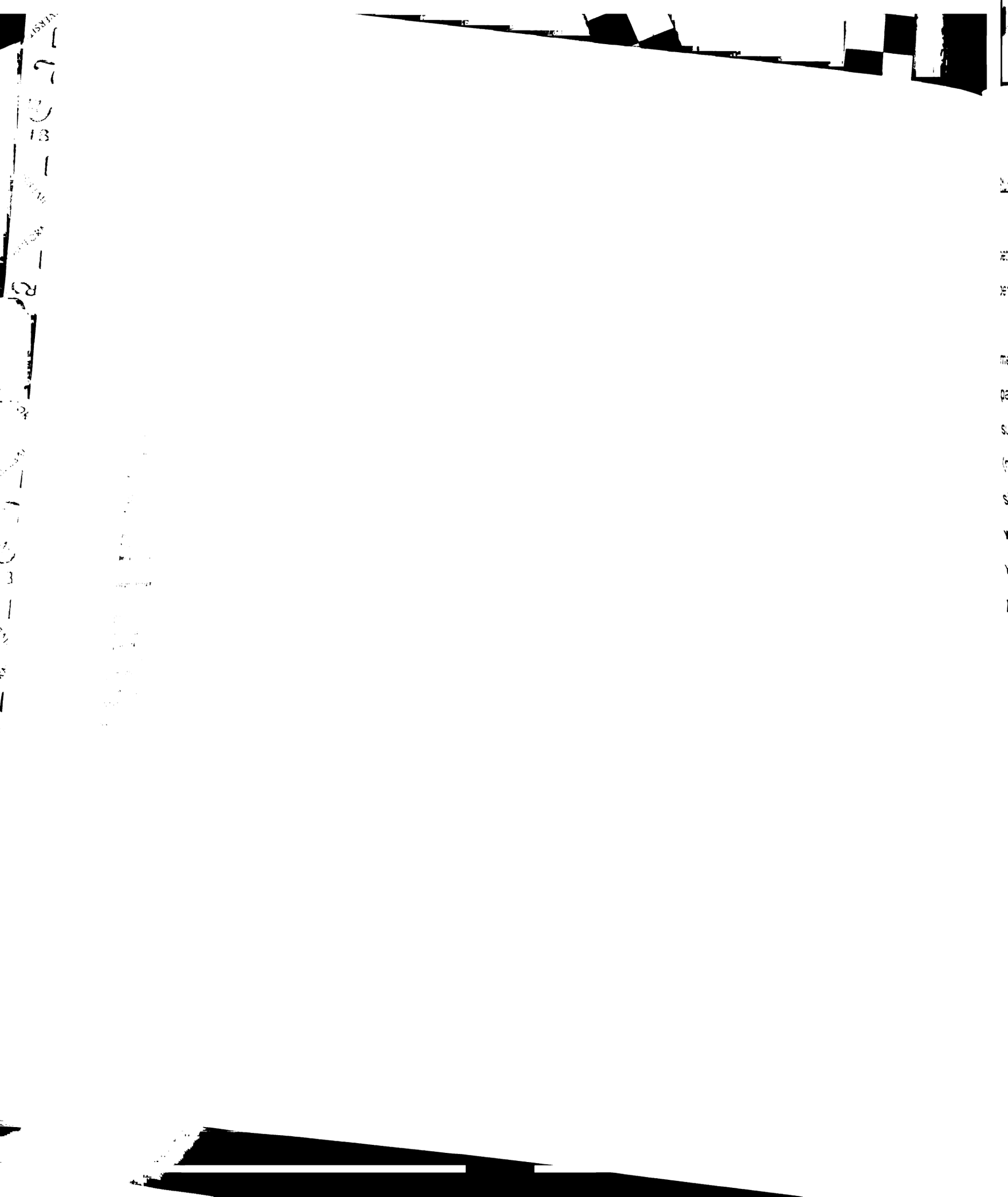
Table 14

Spearman Rank Order Correlation Table

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Depression n=70 | .6160 *** | | | | | | | |
| Fatigue .5492 n=70 | .5920 *** | *** | | | | | | |
| Tension n=70 | .5496 *** | .6091 *** | .5825 *** | | | | | |
| Vigor n=70 | .0099 | -.0951 | .1353 | .1536 | | | | |
| TMD n=70 | .8008 *** | .8282 *** | .7086 *** | .7569 *** | -.2029 * | | | |
| PRQ n=70 | -.2471 * | -.2662 * | -.0894 | -.2453 * | .0843 | -.2903 ** | | |
| MAM n=70 | -.5089 *** | -.2876 ** | -.2703 * | -.1455 | .1610 | -.4165 *** | .3318 ** | |
| ERAS n=10 | -.5549 * | -.6103 * | -.5517 * | -.4748 | .3090 | -.8758 *** | .0898 | -.3457 |
| | A | D | F | T | V | TMD | PRQ | MAM |

A= POMS anger; D= POMS depression; F= POMS fatigue; T= POMS tension; V= POMS vigor; TMD= POMS total mood disturbance; PRQ= Personal Resources Questionnaire; MAM = Myself as Mother; ERAS= Employment Role Attitude Scale

* p<.05 **p<.01 ***p<.001



Study Question 6

Among Latinas at six to eight weeks postpartum, are there differences between employed and not employed Latinas in mood, social support, or perceptions of themselves as mothers?

Because the data about mood were not normally distributed and did not meet assumptions for use of parametric tests, the Mann-Whitney U test for non-parametric data was performed to detect differences in mood state, social support and perceptions of themselves as mothers among employed Latinas (n=10) and Latinas not employed (n=60) at six to eight weeks postpartum. No significant differences were noted between Latinas employed at six to eight weeks postpartum and Latinas not employed at six to eight weeks postpartum with regard to mood state, mood disturbance, perceptions of social support, and perceptions of themselves as mothers. Table 15 summarizes those findings.

Table 15

Differences between Employed and Not-employed Latinas for Mood State, Social Support and Perceptions of Themselves as Mothers (n=70)

| Variable | Mean Rank Employed (n=10) | Mean Rank Not-employed (n=60) | U | p |
|---|---|---|---|---|
| Anger | 27.35 | 36.86 | 218.5 | .1684 |
| Depression | 29.00 | 36.58 | 235.0 | .2704 |
| Fatigue | 35.70 | 35.47 | 298.0 | .9730 |
| Tension | 32.15 | 36.06 | 266.5 | .5722 |
| Vigor | 29.00 | 36.58 | 235.0 | .2736 |
| TMD* | 34.15 | 35.72 | 286.5 | .8206 |
| PRQ* | 38.90 | 34.93 | 266.0 | .5680 |
| MAM* | 38.55 | 34.99 | 269.5 | .6079 |

TMD = Profile of Mood State Total Mood Disturbance subscale; PRQ = Personal Resources Questionnaire; MAM = Myself as Mother.

Study Question 7

Among Latinas at six to eight weeks postpartum, are there differences in mood, social support, or perceptions of themselves as mothers between Latinas who perceive their health as good and Latinas who perceive their health as poor?

With regard to perception of general health, the 63 study sample participants who responded to the question were divided into two groups: one group with perception of health as good to excellent (n=24) and one group with

perception of health as average to poor (n=39). Because the data about mood were not normally distributed and did not meet assumptions for the use of parametric tests, the Mann-Whitney U test for nonparametric data was used to detect differences between the two groups for mood. Table 16 provides a summary of these results. A significant difference was noted between the health perception groups on the POMS Vigor subscale (U = 328.5, p<.05). The group with good to excellent perception of health had a higher mean rank in vigor ( 37.81) than the group with a poorer perception of health (mean rank = 28.42). There were no significant differences between these two groups on the remaining mood states or the total mood disturbance score (U = 409.5, p = .41).

Table 16

Differences in Mood State between Latinas Who Percieve Their Health as Good and Latinas Who Perieve Their Health as Poor (n=63)

| Mood | Mean Rank good health | Mean Rank poor health | U | p |
|---|---|---|---|---|
| Anger | 32.65 | 31.60 | 452.5 | .8252 |
| Depression | 30.23 | 33.09 | 425.5 | .5434 |
| Fatigue | 29.13 | 33.77 | 399.0 | .3252 |
| Tension | 32.69 | 31.58 | 451.5 | .8145 |
| Vigor | 37.81 | 28.42 | 328.5 | .0475 |
| Total Mood Disturbance | 29.56 | 33.50 | 409.5 | .4073 |

Data about perceptions of social support and perceptions of self as

mother were normally distributed and analysis of variance was used to test differences in social support and perceptions of themselves as mothers. There were no statistically significant differences in perceived social support and perceptions of themselves as mothers between Latinas who perceived their health and good and Latinas who perceived their health as poor. Table 17 shows the analysis of variance results for differences in social support. Table 18 shows analysis of variance results for perceptions of themselves as mothers.

Table 17

ANOVA Summary Table for Differences in Social Support between Latinas Who Perceive Their Health as Good and Latinas Who Perceive Their Health as Poor

| Source | DF | Sum of Squares | Mean Squares | F Ratio | F Prob |
|---|---|---|---|---|---|
| Between groups | 1 | 4.7816 | 4.7816 | .0217 | .8833 |
| Within groups | 61 | 13432.9327 | 220.2120 | | |
| Total | 62 | 13437.7143 | | | |

Table 18

ANOVA Summary Table for Differences in Perceptions of Themselves as Mothers between Latinas Who Perceive Their Health as Good and Latinas Who Perceive Their Health as Poor (n=63)

| Source | DF | Sum of Squares | Mean Squares | F Ratio | F Prob |
|---|---|---|---|---|---|
| Between groups | 1 | 63.2991 | 63.2991 | 1.3753 | .2455 |
| Within groups | 61 | 2807.5897 | 46.0261 | | |
| Total | 62 | 2870.8889 | | | |

Study Question 8

Among Latinas at six to eight weeks postpartum, is there a relationship between age and mood, social support, or perceptions of themselves as mothers?

Ages of the study participants ranged from 15 to 39 years with a mean of 24.91 years, standard deviation of 5.16 years, and median of 24 years. Because the data about mood were not normally distributed and did not meet assumptions for the use of parametric tests, the Spearman rank order correlation coefficient (rs) for nonparametric data was used to determine the strength and direction of a relationship between age and mood. A summary of those results appear in Table 19. There were no statistically significant relationships between age and mood among these postpartum Latinas.

Table 19

Differences in Mood State Among Postpartum Latinas By Age Using the Spearman Correlation Coefficient (rs) (n=70)

| Mood | rs | p |
|---|---|---|
| Anger | .1465 | .113 |
| Depression | -.0244 | .421 |
| Fatigue | .0624 | .304 |
| Tension | .0431 | .362 |
| Vigor | .0127 | .458 |
| Total Mood Disturbance | .1408 | .123 |

Because the data about perceptions of social support and perceptions of themselves as mothers were normally distributed, the Pearson correlation coefficient for parametric data was used. There were no statistically significant relationships between age, social support (r =.0283) and perceptions of themselves as mothers (r = -.0331) among these postpartum Latinas.

Study Question 9

Among Latinas at six to eight weeks postpartum, is there a relationship between income and mood, social support, or perceptions of themselves as mothers?

Because the data about mood were not normally distributed and did not meet assumptions for the use of parametric tests, the Spearman rank order correlation coefficient (rs) for nonparametric data was used to determine the strength and direction of a relationship between income and mood. A summary of those results appear in Table 20. There was no statistically significant relationship between income and mood among these postpartum Latinas.

Table 20

Differences in Mood Among Postpartum Latinas by Income Using the Spearman Correlation Coefficient (rs) (n=61)

| Mood | rs | p |
|---|---|---|
| Anger | -.1435 | .135 |
| Depression | -.1507 | .123 |
| Fatigue | .0265 | .420 |
| Tension | -.1182 | .182 |
| Vigor | .1873 | .074 |
| Total Mood Disturbance | -.1796 | .083 |

Because the data about social support and perceptions of themselves as mothers were normally distributed, the Pearson correlation coefficient for parametric data was used to test for relationships between income, social support and perceptions of themselves as mothers. There were no statistically significant relationships between income, perceived social support (r=.0165) and perceptions of themselves as mothers (r=.0818) among these postpartum Latinas.

Study Question 10

Are there differences in mood, social support, or perceptions of themselves as mothers between primiparous Latinas and multiparous Latinas?

The 70 study sample participants were divided into 2 groups: the first group having one child who were identified as primiparous (n=24) and the second group having more than one child who were identified as multiparous (n=46). Because the data concerning mood were not normally distributed and

did not meet assumptions for the use of parametric tests, the Mann-Whitney U test for non-parametric data with two comparison groups was used. A summary of those results appears in Table 21. There were no significant differences noted between the two groups for mood.

Table 21

Differences in Mood between Primiparous and Multiparous Postpartum Latinas. (n=70)

| Mood | Mean Rank Primiparas | Mean Rank Multiparas | U | p |
|---|---|---|---|---|
| Anger | 29.63 | 38.57 | 411.0 | .0790 |
| Depression | 36.63 | 34.91 | 525.0 | .7357 |
| Fatigue | 35.83 | 35.83 | 544.0 | .9206 |
| Tension | 37.08 | 34.67 | 514.0 | .6367 |
| Vigor | 34.31 | 36.12 | 523.5 | .7234 |
| Total Mood Disturbance | 33.79 | 36.39 | 511.0 | .6117 |

Because the data for social support and perceptions of themselves as mothers were normally distributed, analysis of variance between the means of two groups was used. There were no statistically significant differences in perceived social support and perceptions of themselves as mothers noted among these primiparous and multiparous Latinas. Table 22 shows a summary of analysis of variance in social support. Table 23 shows a summary of analysis of variance in perceptions of themselves as mothers.

Table 22

ANOVA Summary Table for Differences in Social Support between Primiparous and Multiparous Postpartum Latinas (n=70)

| Source | DF | Sum of Squares | Mean Squares | F Ratio | F Prob |
|---|---|---|---|---|---|
| Between groups | 1 | 13.3573 | 13.3573 | .0496 | .8245 |
| Within Groups | 68 | 18324.4855 | 269.4777 | | |
| Total | 69 | 18337.8429 | | | |

Table 23

ANOVA Summary Table for Differences in Perceptions of Themselves as Mothers Among Primiparous and Multiparous Postpartum Latinas (n=70)

| Source | DF | Sum of Squares | Mean Squares | F Ratio | F Prob |
|---|---|---|---|---|---|
| Between groups | 1 | 52.1747 | 52.1747 | 1.1053 | .2968 |
| Within groups | 68 | 3209.7681 | 47.2025 | | |
| Total | 69 | 3261.9429 | | | |

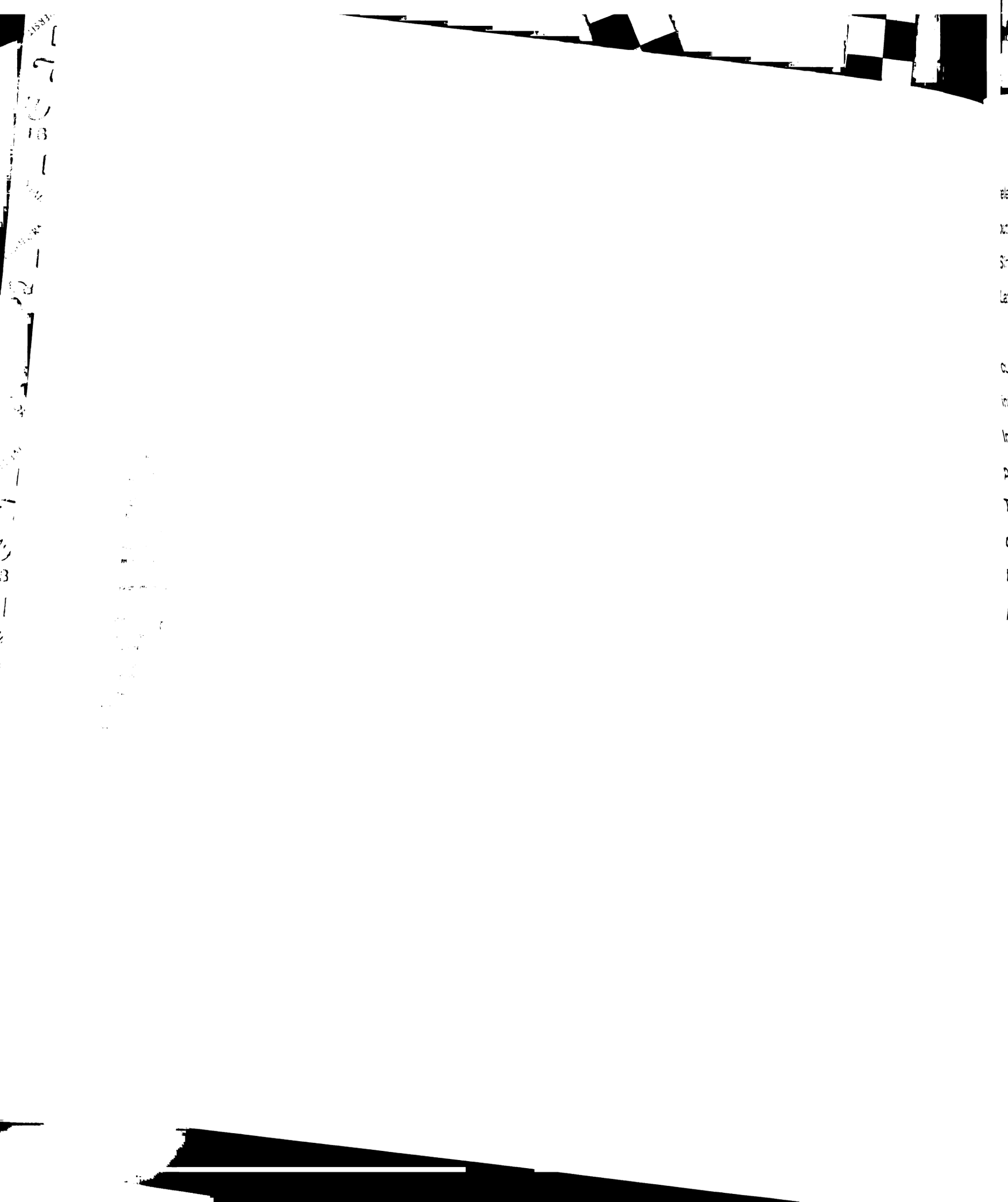
# CHAPTER V

# DISCUSSION

The study and findings have been presented in the preceding chapters. Study findings about age, parity, income, perceptions of health, mood state and mood disturbance, social support, perceptions of themselves as mothers, and employment status are interpreted within the context of the review of the literature. The significance of the study findings is discussed in relation to the conceptual framework for maternal role functioning among Latinas. The chapter concludes with the study's contribution to nursing research, implications for nursing practice, limitations of the study, and implications for further research.

## Culturally Relevant Concepts for Latinas

In published literature, four cultural concepts have been identified to describe some of the unique dimensions of Latino culture. They are the centrality of the family, the importance of the female role in relation to childbirth and childrearing, a time orientation focused on the present, and an external locus of control (Giger & Davidhizer, 1995; Lipson et al., 1996; Meleis et al., 1996; Purnell & Paulanka, 1998; Spector, 1996). Betancourt and Lopez (1993) have described two concerns about investigations concerning the status of the study of culture. The first was that mainstream investigators have not considered culture in their theories. This concern appears to have been reflected in the conceptual framework upon which this study was based. The Mercer and Ferketich (1990) model of postpartum family functioning was tested on a sample of predominantly Causcasian middle-class, educated women and men with some representation from Black and Latino cultures. The Younger (1991) model of parenting stress was tested on a similar sample of Caucasian and Black women. Neither study proposed or investigated cultural aspects



relevant to Caucasian, Black, or Latino groups that might have influenced the outcome variables. In this study all participants were low-income Latinas. Since little descriptive research has been conducted among postpartum Latinas, it was necessary to first identify variables.

Betancourt and Lopez (1993) identified a second concern in that cross-cultural researchers fail to identify specific aspects of culture that are thought to influence behavior and also fail to measure these concepts as study variables. In this study, specific aspects of culture thought to influence the behavior of postpartum Latinas were identified but were not measured as study variables. The findings of this study, therefore, cannot be interpreted to be related to cultural aspects influencing behavior. Rather, the interpretation of study findings must be limited to identifying the apparent differences in the behavior of postpartum Latinas related to the conceptual framework. This interpretation may then serve to focus on areas for future study which would include the measurement of cultural aspects proposed to influence the behavior of postpartum Latinas.

Centrality of the Family

The centrality of the family is a cultural aspect thought to be highly influential upon Latina behavior. The study participants, when queried as to recent events causing tension or concern, gave responses that were surprising in two ways. Initially the general lack of response was surprising. However, when consideration to the problems identified was given, the striking relation of the problems to the family became evident. Every Latina who identified a problem and every problem identified was directly associated with the status and function of the family. Health was a major issue dominated by infant well-being and self-health, but health of other family members was also a common response. Problems related to the resources available for use by the family,

such as money, housing, and insurance, were also common responses. There were no problems cited that did not relate to the family. This pattern of response could be a reflection of the centrality of family life and the importance of events that influenced or interfered with the smooth functioning of the family.

Importance of the Maternal Role

The importance of the maternal role is another cultural aspect thought to be influential upon the behavior of postpartum Latinas. The responses of the study participants indicated highly positive perceptions of themselves as mothers. There was a statistically significant direct relationship between positive self-perception and strong social support ($p<.01$). Despite young age, multiparity, poverty or perception of general health as poor, the study participants retained positive images of themselves in their maternal roles. They perceived strong social support from family and friends. These results would appear to indicate that Latinas fulfilling the maternal role may be highly valued in their culture.

The importance of the maternal role to Latinas is particularly interesting when viewed in the context of the vital statistics for the Santa Clara Valley (Santa Clara County Public Health Department, 1997). These statistics indicate that, while the rate for teen pregnancy for Latinas is twice as high as any other ethnic group and the rate of late or no prenatal care is also high, the rate of pregnancy-related complications for all Latina teens is at or below the rate for all Caucasians, a group that generally enjoys more advantages . Within the Latino culture, It may be that Latinas in their teens who become pregnant are not viewed as social problems to be resolved. Rather, young pregnant Latinas may be viewed as fulfilling the highly valued maternal role and may enjoy social affirmation and strong social support. In future research it will be interesting to study whether this affirmation and support for fulfilling the important cultural

expectation of motherhood are sufficient to protect them from childbearing complications. Latinas have a low rate of obstetric complications (Norbeck & Anderson, 1989; Santa Clara County Public Health Department, 1997; Zaid et al., 1996) and a Cesarean Section rate equal to that of Caucasians (Santa Clara County Public Health Department, 1997). Yet the life experiences of low-income Latinas include many risk factors (low income, crowded housing, limited access to health care, late or no prenatal care, high teen pregnancy rate) traditionally considered to be associated with high rates of pregnancy complications. The answer to the question, "Why do Latinas experience favorable obstetric outcomes despite high risk factors?", is an important study for the future.

Present Orientation in Time and External Locus of Control

A present orientation in time and an external locus of control are cultural aspects that may influence the way in which a member of a culture would identify problems and deal with them (Giger & Davidhizer, 1995; Lipson et al., 1996; Purnell & Paulanka, 1998; Spector, 1996). At a superficial level, when considering the experiences of an ethnic group that is impoverished, under-educated, threatened with consequences for lack of legal residency, alienated from mainstream society by language and legalities, and living in crowded living conditions, it could be anticipated that members of this group would have many problems to worry about. This did not appear to be true for these study participants the majority of whom did not identify problems causing them concern. Further, it could be anticipated that these problems would be reflected in high levels of anxiety, anger, and depression. However, these study participants scored at or below the norms for anxiety, anger, and depression. A present time orientation would limit the identification of events causing distress to those problems or events that were in current existence and eliminate the

"what if" scenarios of the future. An external locus of control would limit events causing concern to those problems over which the Latina could exert some measure of control That is clearly evident in the problems that were identified by the study participants. They were all related to current events in the family life over which the Latina was expected to exert control and not related to issues in the locus of the environment. The protective effect of these cultural concepts might have influenced the POMS scores showing levels of anxiety, depression, and anger consistent with the instrument norms.

## Sample Characteristics

This sample of Latina women presented characteristics consistent with the Latino population of the Santa Clara Valley (Santa Clara County Public Health Department, 1997). Their mean age was below 25 which was particularly striking given a mean parity of two children. Their mean years of education was 8 years. The majority of the sample spoke Spanish exclusively both in the home and in interactions outside the home. The characteristics of youth, little education, and language usage create a uniqueness about Latina mothers that may interfere with or reduce access to health care. Gray and colleagues (1995) and Zaid and colleagues (1996) studied pregnant and postpartum Latinas and found limited access to health care associated with low income, transportation problems, and lack of information. Limited access to health care was not evident among these study participants because they were selected from health care agencies offering prenatal and postpartum health care services.

Of the 70 sample participants, 35 were married or living with a partner and 35 were single, widowed or divorces. However, only two of the study participants lived alone with their infants in a single housing unit. Of the 70 study participants, 68 lived with other family members or in shared housing with

other persons. The average family size was 3.7 persons while the majority of participants lived in households with more than four persons. This pattern is consistent with the widespread custom of shared housing in the Santa Clara Valley where a separate family may live in each room of an apartment or house. While this pattern may represent the presence of the extended family, reputed to characterize the Latino community, when viewed in the context of income, this pattern of multiple families in the same dwelling may also serve to cope with limited financial resources and expensive housing.

The lowest family income was $279 per month for a family of two with the mean family income at $1038 per month, significantly below the poverty limit as determined by the Social Security Administration. However mean household income was also just over $1000, underscoring the severity of poverty experienced by the majority of these participants and suggesting that the sharing of households may not have the effect of pooling income to increase financial resources. Shared housing may actually serve to extend limited financial resources by providing housing to household members with no income who engage in unpaid work such as child care and homemaking so that employable members of the household may hold paid work (Amott and Matthaei, 1991).

Only 10 of the study participants were employed at the time of data collection and all of them were employed in unskilled service-level labor categories, consistent with their education and level of income. This finding is consistent with essays by Beneria and Stimpson (1987) who forecasted a bimodal employment market where under-educated, under-skilled employees found employment in dead-end low-paying, service positions. Seven of the employed Latinas were employed full-time suggesting that a pattern of reduced working hours after childbirth may not be a marketable choice or may not be a

feasible financial option for those mothers. Instead, the choice may have been to return to paid employment quickly or resume full time unpaid work at home in order to contribute to the running of the household. Data about employment prior to pregnancy and childbirth and intent to return to employment later in the postpartum period were not collected.

In relation to employment, only one mother paid for childcare while the remainder relied on family and friends as unpaid workers. A pattern of unpaid labor used in exchange for goods and services is suggested which would further extend the financial resources of these impoverished families (Amott & Matthaei, 1991). For these women there was a clear pattern of sharing housing and childcare, characterized by exchanges within and outside of the nuclear family. These exchanges suggest a cohesive and cooperative community presumably supportive of activities and resources important in maintaining the centrality of family life.

## Mood State and Mood Disturbance

In this study, mood state scores and total mood disturbance scores are at the same level or within one standard deviation of the Profile of Mood State norms for adult females (McNair, Lorr, & Droppleman, 1992). See Table 24.

Table 24

Comparison of Means and Standard Deviations of POMS Short Form Scores with POMS Norms

| POMS Scale | POMS Norm Mean (SD) n=1230 | MANN Mean(SD) n=70 |
|---|---|---|
| Tension | 6.5(4.2) | 5.4(4.6) |
| Depression | 3.4(3.5) | 4.0(4.3) |
| Anger | 4.8(4.1) | 5.4(5.6) |
| Vigor | 10.4(4.3) | 10.5(4.7) |
| Fatigue | 5.2(4.2) | 4.4(4.6) |
| Total Mood | not reported | 10.2(18.9) |

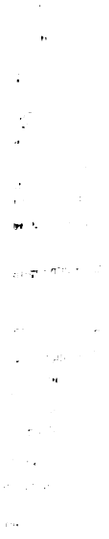
A norm for the total mood disturbance score (TMD) is not reported for the POMS short form. However, the POMS short form authors agreed that a total mood disturbance score could be calculated and interpreted consistently with other short form scores (Dr. Lisa Lee, personal communication, September 1997). Lacking a reliable norm, the TMD for this study must be interpreted with caution but it is notable that it is consistent with the POMS subscale scores for this study indicating an average level of mood disturbance.

Internal consistency reliability estimates for the POMS short form in this study suggest that three items may have been misinterpreted or poorly understood by the sample participants. Those items queried about feelings of being efficient, being uncomfortable, and being forgetful. Low item-to-scale

internal consistency reliability estimates may also reflect lack of conceptual equivalency or translation defects in the instrument.

The findings from this study of Latinas are inconsistent with findings from other studies about the experiences of Latina women. Vega and colleagues (1987) found that less than 10% of the variance in depression among Latinas was explained by low income and low education. In this study of low income undereducated Latinas, there was no higher level of depression than the POMS norms for adult women despite the physiological changes from recent childbirth. This difference could be a reflection of different sample characteristics. Vega and associates studied a random sample of 661 Latinas in San Diego who may have been representative of a different age group, socio-economic group, or more acculturated than this group of sample participants. While this group of study participants was engaged in a highly valued, socially sanctioned role, the participants in the study by Vega and associates may have been experiencing less valued life events. In this study, only Latinas with income below 150% of the poverty limit were selected as sample participants so that there may not have been enough variation in income to show a relationship with depression scores.

Engle and colleagues (1990) found an indirect association between postpartal anxiety and acculturation for Latinas to the extent that unacculturated Latinas who expressed little desire for control over labor and birth expressed higher levels of postpartal anxiety. In this study of unacculturated postpartal Latinas, the level of postpartal anxiety was no higher than the instrument norms indicating no evident postpartal anxiety. This difference could be a reflection of the timing of data collection. Engle and colleagues tested Latinas at four days after birth using the Spielberger State Anxiety Inventory while sample participants in this study were tested at six to eight weeks after birth using the



POMS. Responses indicating anxiety within a few days after birth could have been affected by a number of confounding events such as being in the unfamiliar environment of the hospital, being separated from family and friends, and being in pain.

The findings of this study are also inconsistent with the studies of stress and distress in postpartum women in general (Affonso & Mayberry,1990; Areias et al., 1996; Barnet et al., 1996; Beck, 1996b; Beebe et al., 1993; Engle et al., 1990; Hall et al., 1996; Hobfoll et al.,1995; Mercer et al., 1988; Mercer & Ferketich (1990), Midmer et al., 1995; Ventura,1987; Younger,1991). The researchers in these studies found anxiety, tension, and distress at higher levels among postpartum mothers and those mood states correlated with less than optimal family function. For these study participants there were no significant levels of anxiety, tension, depression, and distress despite recent childbirth and poverty. This difference could be a reflection of the influence of cultural factors. Studies reviewed in the literature have been conducted primarily with white middle class families or within a culture not associated with Latino heritage. This findings of this study of Latinas suggest that the association between negative mood state, particularly anxiety and depression, and the postpartum period may be limited to particular cultural groups and not operative in the Latino culture.

Barnett and colleagues (1996), Hall and colleagues (1995), and Hobfoll and colleagues (1996) have demonstrated an association between low income and level of depression assessed with the Center for Epidemiological Study - Depression Scale and the Beck Depression Inventory. Participants in these studies were predominantly Caucasian with representation from the Black community. In this study, the participants were low income and scored at or below the instrument norms for the POMS short form. Again this difference in

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findings could be a reflection of the influence of cultural context and, in particular, the effect of an external locus of control and present time orientation. Latinas might not interpret low income as distressful if current family needs are met.

The findings about mood state and mood disturbance are surprising considering the consistency with which distress and mood disturbance is reported in the literature in association with recent childbirth and maternal role functioning. Since they are different, further investigation into the POMS is warranted among this population. It is possible that the POMS short form, with no established reliability among Latinas, did not indicate culturally equivalent concepts and that the moods listed were understandable only within an English-speaking society. However, the study findings about mood state and mood disturbance are consistent with narrative responses to the Personal Information Questionnaire inquiring about recent problems causing concern and worry. The majority (n=47) of the study participants were unable to state any problems even when queried in Spanish by other Latinas. Only five of the 70 study participants were able to identify three problems about which they were currently distressed.

These findings suggesting a low level of negative mood state are surprising when viewed in context with crowded living conditions and low-income. Even the POMS scores for the Fatigue and Vigor subscales, anticipated to be affected in the postpartum period by sleep deprivation and the added demands of newborn care, remained at the norms for the POMS short form. There appears to be some central disagreement in the identification of life events and circumstances that trigger distress and altered mood state for Latinas. These findings could reflect a difference in cultural context between Latinas and other study populations where events traditionally accepted as

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triggering distress do not operate in the same way within the cultural context of the Latina.

## Social Support

Weinert (1989) has established norms for the PRQ85 Part II that range from a mean of 139.0 (SD=19.0) to a mean of 149.2(SD=18.1). For these study participants the mean score was 135.3 (SD=16.3) which is consistent with Weinert's interpretation of scores showing perceptions of adequate social support. In each of the three domains of the PRQ85 Part II, intimacy/assistance, reciprocity, and integration/affirmation, over 75% of the study participants perceived adequate social support. However, a substantial minority (20-25%) of the study participants felt that they had no one to talk to or count on, or that no one shared their interests or had the same problems. In answer to the nominal questions appended to the instrument, 89% of the sample participants were able to identify a person who would help them if they asked for assistance. The findings of this study suggest that the majority of these postpartum Latinas have been satisfied with their perceptions of social support. The responses from the participants indicating a lack of perceived social support warrant further investigation particularly about social network characteristics.

Research studies about postpartum families and the relationship between perceived social support, distress, anxiety, and depression have been consistent in finding a significant inverse relationship between social support and negative mood states (Booth et al., 1989; Browne, 1986; Collins et al., 1992; Cronenwett, 1985a and b; Demyttenaere et al., 1995; Gottlieb and Mendelson, 1995; Liese et al., 1989; Mercer &Ferketich, 1990; Reece, 1993). The findings of this study further support that relationship for these low-income postpartum Latinas. The finding of adequate social support was consistent with the documented lack of distress and mood disturbance among the study

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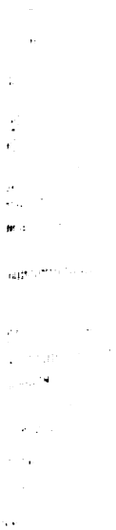
participants. There was a significant negative correlation between the POMS total mood disturbance score and the PRQ ($p<.01$). Further, there were significant negative correlations between the POMS subscales of anger ($p<.05$), depression ($p<.05$), and tension ($p<.05$) and the PRQ demonstrating that the perception of adequate social support was associated with low levels of anger, depression, and tension.

Prior research concerning social support has been conducted primarily among white, middle-class families with little information about cultural or ethnic differences. The nominal items appended to the PRQ provided some information about the characteristics of the social network for these unacculturated Latina study participants. In this study, the majority of Latinas (60%) were reliant upon a female network for social support. These findings are consistent with studies of social patterns in the Latina culture (Giger & Davidhizer, 1995; Lipson et al., 1996; Meleis et al., 1996; Purnell & Paulanka, 1998; Spector, 1996). These authors identified the centrality of the family and the importance of the female role in relation to pregnancy and childbirth as cultural concepts that were highly influential in the lives of Latinas. Meleis and colleagues (1996), in particular, identified the importance of the female network of support for employed Latinas. It is also suggested by the finding that 9 of the 10 employed Latinas were able to find unpaid childcare within their network of family and friends.

One study of the effectiveness of social support interventions was conducted in four Latin American countries among pregnant and postpartum Latinas (Langer et al., 1996). After failing to demonstrate the effectiveness of a series of home visits conducted to enhance social support and reduce the incidence of low birth weight babies, the authors concluded that social support interventions were not feasible for this population of Latinas. The findings of

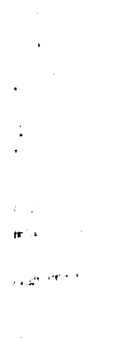


this study suggest that Latinas may enjoy adequate perceived social support within their own cultural networks and interventions designed to increase an already adequate perception might not have the anticipated effect of decreasing low birth weight. Low birth weight in the Langer and colleagues (1996) study of Latina mothers may have been associated with a deficiency in some other factor associated with life style. It would appear that the Latinas in Langer and colleagues (1996) study may have experienced adequate perceived social support as did the Latinas in this study.

Perceptions of Themselves as Mothers

Walker and colleagues (1986a) have reported means and standard deviations for the Myself as Mother semantic differentiation scale based on scores obtained from a sample of 122 middle-class mothers tested at four to six weeks postpartum. While the findings from this study of low-income Latina mothers must be interpreted cautiously in relation to the findings from Walker's sample of middle-class Caucasian mothers, the mean from this study of 62(SD=6.9) is comparable and within one standard deviation of the Walker means of 65.4(SD=6.9) for primiparas and 66.7(SD=6.2) for multiparas (Walker et al., 1986a). In this study, unlike Walker and colleagues (1986a), there were no significant differences in perceptions of themselves as mothers between primiparous (mean = 63.2, standard deviation 5.1) and multiparous (mean = 61.1, standard deviation 7.6) Latinas. These findings indicate that the postpartum Latinas in this study had an overall positive perception of themselves as mothers. In fact, over 75% of the study participants rated themselves highly in all dimensions.

Barnett and Baruch (1985), Baruch and Barnett (1986), Mercer and Ferketich (1990, 1995), Walker (1989), Walker and Best, (1991), and Walker and colleagues (1986 a and b) have reported that positive maternal self-



perception, self-esteem, and self-confidence are inversely correlated with distress and positively correlated with social support. The findings from this study of postpartum impoverished Latinas are consistent with these studies. A significant positive relationship was found between social support and perceptions of themselves as mothers ($p<.01$). A significant negative correlation was found between the mood states of anger ($p<.001$), fatigue ($p<.05$), depression ($p<.01$) and perceptions of themselves as mothers. A highly significant negative correlation was found between perceptions of themselves as mothers and the total mood disturbance scale ($p<.001$).

Mercer and Ferketich (1990), Hall and colleagues (1996), and Younger (1991) have identified a positive relationship between self-esteem and mood state. The findings from this study are consistent with the findings from those studies. A positive perception of themselves as mothers has a similar positive relationship with mood state for Latinas, as it does for women from other cultures.

The findings of this study were surprising in the consistency of the relationship between positive perceptions of Latinas as mothers and positive mood state despite circumstances such as lack of experience in the maternal role (Mercer & Ferketich, 1995; Walker et al., 1986a) and low income (Walker et al., 1986b) reported to be associated with distress and negative perceptions of themselves as mothers among women from other cultures. The results of this study suggest the possibility that culturally-related attitudes and values about the importance of the maternal role may support the Latina's positive perception of herself as a mother despite distressing life circumstances.

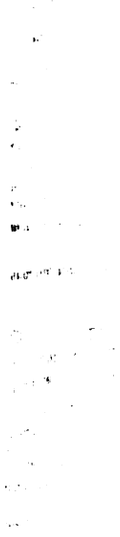
## Employment Status

The findings of this study indicate that, for the ten sample participants who were employed, their overall attitude about employment was positive. This

finding was surprising given the number of studies that have indicated that employment-related satisfaction was associated with factors not inherent to unskilled labor such as job prestige (Saenz et al, 1989), high salary (Barnett et al., 1991; Meleis et al, 1989; Vega et al., 1987), and independence (Baruch & Barnett, 1986). Contrary to studies of employed women indicating that earned income was associated with employment-related satisfaction, only five of the 10 sample participants indicated that they were employed only to earn income (Gjerdingen et al., 1995; Rankin, 1993, Ventura, 1987). While the small number of employed study participants limits the interpretation of this inconsistency, in future research it will be important to study factors related to employment satisfaction.

There is a consistent trend in the literature to suggest that positive interpersonal relationships in employment are associated with employment-related satisfaction (Barnett et al., 1991; Barnett et al., 1992; Leathers et al., 1997; Meleis et al., 1989; Rankin, 1993; Snapp, 1992). In this study all of the participants indicated that there was a happy attitude at work, 9 out of 10 indicated that the people at their place of employment were friendly, and 8 out of 10 indicated that their boss treated employees fairly. These responses are consistent with the association between positive interpersonal relationships and employment related satisfaction.

There is also a consistent trend in the literature to suggest a positive association between employment-related satisfaction and attitudes that show that employment contributes to a positive sense of self-worth (Barnett et al., 1992; Baruch and Barnett, 1986; Leathers et al., 1987; Meleis et al., 1989; Rankin, 1993;). For these low-incomeLatinas, the study findings were consistent with the studies reviewed in the literature. Of the study participants, 8 out of 10 stated that they had the feeling of achieving something worthwhile in



their employment indicating employment related satisfaction. Only one stated that she really disliked her job and one found her job to be boring. However, with such a small number of participants, the data are not generalizable.

There has been a great deal of attention in the literature to the identification of differences in distress and role quality between employed and not employed women. Some authors have found no differences with regard to mood state and distress, role conflict, and positive self-image between employed and not employed women (Barnett & Baruch, 1985; Jordan, 1987; Majewski, 1986; Saenz et al., 1989; Vega et al., 1987). Others have found significant differences in distress with employed women experiencing role overload, role conflict and distress (Barnett & Marshall, 1992; Gjerdingen & Chaloner, 1994; Leathers et al., 1997; Meleis et al., 1996 Snapp, 1992; Ventura, 1987; Walker, 1989). In this study, there were no significant differences found between employed postpartum Latinas and those women who were not employed with regard to mood state, mood disturbance, perceptions of social support, and perceptions of themselves as mothers. However, the number of employed Latinas in this sample was so small that the study lacked statistical power and trends in the data must be interpreted with caution.

The lack of differences noted among employed and not-employed Latinas in this study is inconsistent with that of Meleis and colleagues (1996) who found that employed Latinas experienced role conflict and role frustration. In this study, the small sample size for employed Latinas could account for this inconsistency. Saenz and colleagues (1989) found that depression among Latinas was negatively associated with occupational prestige. In this study, there was no significant difference in depression among employed Latinas and not employed Latinas even though all the employed Latinas were in low

prestige occupations. Neither the Meleis study nor the Saenz study sampled postpartum Latinas. These findings must be interpreted cautiously given the small number of employed study participants (n=10). However, given the number of generally-agreed upon stressors experienced by these women such as recent childbirth, poverty, low-income unskilled employment, and crowded living conditions, the finding of no difference in mood state was surprising. Perhaps the strong findings of adequacy of social support and positive maternal perceptions plus the employment-related satisfaction of earning needed income overcame any distress or potential for role conflict.

The most surprising aspect of the data about employment status was the small number of employed sample participants (n=10/70). Given what was known about family and household income and anticipating that any disability insurance payments would have ended by four weeks postpartum, it was projected that a much larger percentage of the sample would be employed by six to eight weeks postpartum. It could be that eligible participants who were employed refused to participate in the study because of lack of time or convenience of the interview. It could be that many Latinas have a personal preference for remaining at home with their infants for longer than six to eight weeks after birth and that, if the period for data collection had been extended to 12 weeks after birth, more employed participants would have been recruited. While extending the data collection period to several months postpartum would have the advantage of increasing the potential for recruiting more employed participants, it could also introduce error by increasing the potential for time-related confounding variables. This factor must be seriously considered in the design of future studies in this area.

## The Conceptual Framework

Several predictors of optimal family functioning and maternal role functioning have been identified. Mercer and Ferketich (1990, 1995) and Younger (1991) have identified depression, self-esteem, perceived social support, negative life events, age, parity, income, and general health perception as predictors of family function after childbirth. Among the study participants, the POMS subscale for depression remained below the norm, self-esteem in terms of perceptions of themselves as mothers was high, and social support was perceived as adequate. These predictors of optimal family function and high quality of maternal role would indicate that this sample of Latina mothers was experiencing high levels of role satisfaction with low levels of role conflict consistent with more optimal family functioning. The experiences of Latina mothers would appear to be consistent with the Mercer and Younger models for these predictors.

Parity, as a predictor, could be viewed in two different ways. Walker and colleagues (1986 a and b) found that multiparity, representing the experienced mother, had an positive effect on maternal function by enhancing self-confidence. Multiparity, if it involved unwanted pregnancies could be considered as a potential negative life event. However when the study participants were divided into primiparous (n=24) and multiparous (n=46) groups, no differences were noted between the study participants with regard to mood state, mood disturbance, social support and perceptions of themselves as mothers. The primiparous mothers perceived themselves as positively as the multiparous mothers. The multiparous mothers experienced no higher level of negative mood state than the primiparous mothers.

Household income at or below the poverty limit could be considered as a negative life event. In terms of income, the income of the entire sample was at

or below 150% of the poverty level. There was no relationship among the sample participants between income and mood, social support, and perceptions of themselves as mothers inferring less than optimal family function. However, variation in income level was limited by eligibilty criteria so that detecting a relationship between income and mood, social support, and perceptions of themselves as mothers was more difficult. The study findings are inconsistent with those of Hall and colleagues (1996), Hobfoll and colleagues (1995), and Ventura (1987) who found a significant relationship between low socio-economic status and negative mood state. If poverty is viewed as a negative life event, these study findings for Latinas are inconsistent with the Mercer and Ferketich model of optimal family functioning showing that negative life events have a direct effect on family functioning. The findings from this study could be reflective of the impact of cultural context upon the postpartum experiences of Latinas. The importance of the maternal role and the centrality of the family could contribute more positively to maternal role function than the detraction of poverty which may be interpreted as beyond control of the Latina. If there are sufficient funds to meet current needs, then the lack of future funds would not necessarily contribute to a distressed mood state, lowered self-esteem, and less than optimal maternal role functioning Mercer & Ferketich (1990) identified age as a factor having a positive relationship with maternal functioning for high-risk women. For these study participants, there was no relationship between age and mood, social support, and perceptions of themselves as mothers. The findings from this study with regard to age would appear to be inconsistent with the Mercer and Ferketich (1990) model and may reflect cultural differences between Latinas and other ethnic groups. It may be that Latinas achieve maternal experience at a younger age than women from other cultural backgrounds, perhaps even before childbearing if they are

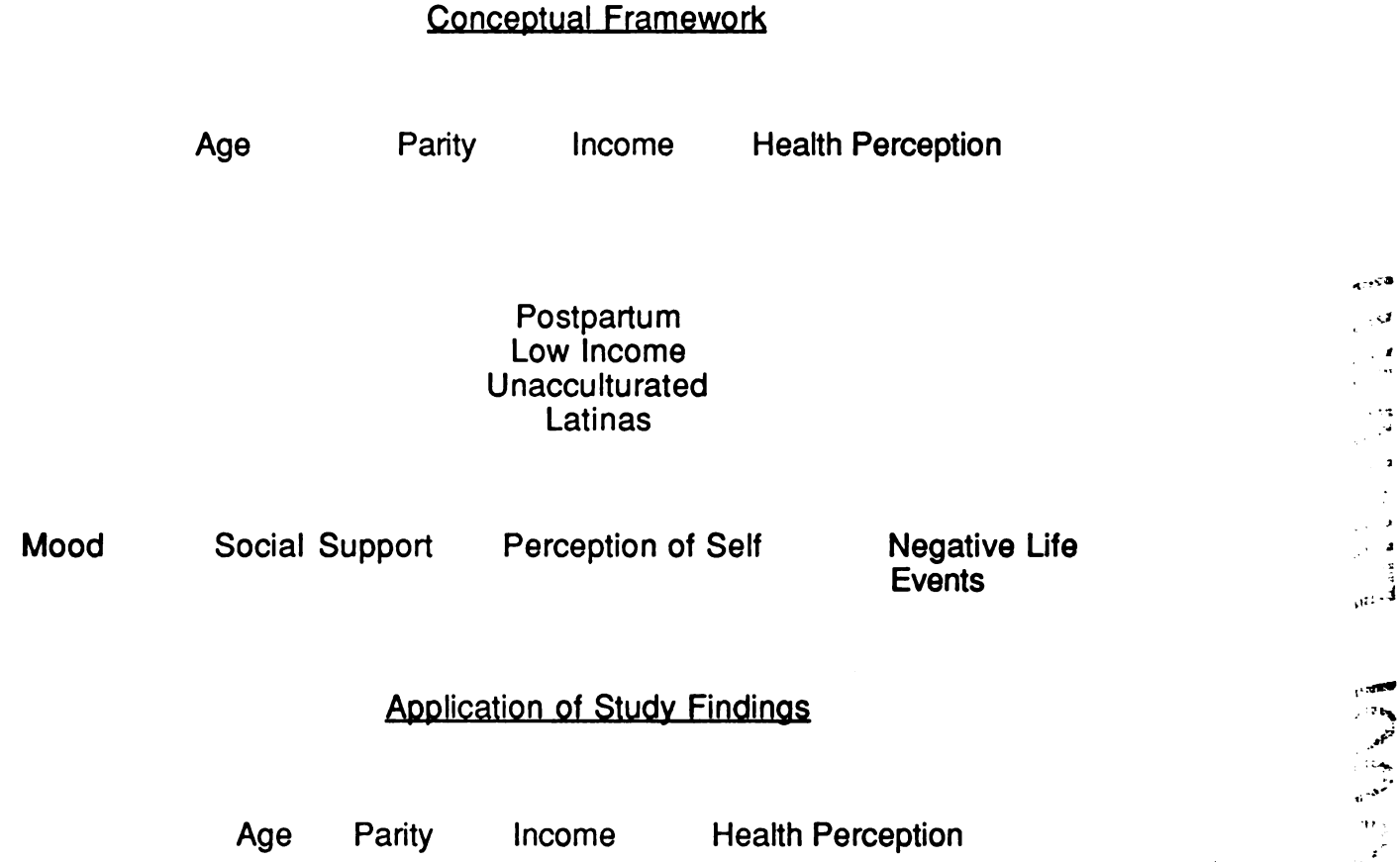
involved with childcare for other women. Even very young Latinas could feel experienced as mothers.

Mercer and Ferketich (1990) identified general health perception as a predictor of family functioning. With respect to general health perception, as might be expected, the mothers who rated their general health as average to poor had a significantly lower score on the POMS Vigor subscale than the mothers who rated their general health as good to excellent ($p<.05$). However, despite diminished vigor, there were no significant differences noted between the two health groups in the remaining mood states, mood disturbance, social support and perceptions of themselves as mothers. The findings from this study are inconsistent with the Mercer and Ferketich (1990) model and may reflect differences in cultural context for postpartum Latinas. For these Latinas, poor health and diminished vigor during the postpartum may have been superseded by the more positive contributions of high self-esteem and perception of themselves as mothers and by the strong sense of perceived social support so that perception of poor health did not appear to affect maternal role function.

In Figure 3, the study variables are depicted as they appeared in the conceptual framework before the study and as they appear with interpretation of study findings. The postpartum experiences of Latinas is shown surrounded by a contextual layer of cultural aspects that might influence maternal behavior.

Figure 3

Relationship of Study Variables to Postpartum Experiences of Low-Income, Unacculturated Latinas Where Culture is not Measured but Provides a Perspective on All Variables



## Study's Contribution to Nursing Research

This study fills a gap in the research literature by describing the maternal role functioning of low-income postpartum Latinas with respect to age, parity, income, perception of health, mood, social support, perceptions of themselves as mother, and employment status. As the role of women in the United States has changed over the past fifty years, the research literature has reflected this change in a proliferation of studies about the impact of multiple roles on women and families, changes in role satisfaction in marriage, parenthood, and employment, and the effects of childbearing on the lives of women. Most of these studies have focused on convenience samples of predominantly white, educated, middle-class women as they registered for prenatal care or childbearing classes. A few studies have attempted to use probability sampling techniques to get a broader spread of socio-economic levels and ethnic groups among the study participants. Some studies have deliberately sampled women from ethnic minorities but, even among these studies, no study has described psychosocial elements among low-income postpartum Latinas.

In the absence of specific research, findings from studies of other ethnic groups have been generalized to apply to Latinas. For instance, in the United States, teen pregnancy with its attendent high complication rate is identified as a health problem to be diminished by the year 2000 (Santa Clara County Public Health Department, 1997). This attitude about teen pregnancy has been applied to the Latina culture without research findings to suggest teen pregnancy is a problem among Latinas. This study suggests that pregnancy among young Latinas may be seen as, not only socially acceptable, but also socially approved behavior as a demonstration of the acceptance of the culturally important maternal role.

The findings of this study emphasize the importance of utilizing culturally relevant research findings to understand the experiences of childbearing women. It is one of the few studies of the Latino culture that focuses on the maternal role for Latinas and one of the only studies that provides data about the first few weeks after childbirth. This study will provide a baseline for further research on the experiences of Latinas as they deal with poverty, changing social and cultural values, and the importance of the female role.

## Implications for Nursing Practice

The findings of this study differed somewhat from the models of maternal and family functioning in the first six to eight weeks postpartum (Mercer & Ferketich, 1990, 1995; Younger, 1991). The first six to eight weeks postpartum is generally accepted to be a period in which new mothers experience higher levels of anxiety and depression. In the absence of adequate social support, these mothers may experience role conflict as reflected by negative perceptions of themselves as mothers. The models for these generally accepted concepts have been built primarily upon studies of white middle-class families with few studies focusing on mothers from ethnic or cultural minorities or incorporating culturally relevant concepts as study variables. The findings from this study suggest that Latina mothers may not experience high levels of anxiety and depression in the first few weeks postpartum even in the presence of stressful conditions such as poverty and crowded living conditions. The finding of low levels of distress is accompanied by the anticipated findings of adequate social support and strongly positive perceptions of themselves as mothers. Their self-reported events causing concern focused exclusively on the infant and family. This cluster of findings about Latina maternal role function prevailed even when the sample was studied by age, parity, employment status, income, and

perceptions of general health and relationships were sought with mood, social support, and perceptions of themselves as mothers.

Nurses providing health care services to pregnant and postpartum Latinas must recognize the importance of the maternal role and the centrality of the family in Latina life. This will be especially important in the management of events like teen pregnancy which may be socially approved behavior for Latinas. Young pregnant Latinas may be reluctant to obtain prenatal care if they anticipate a negative reaction to their pregnancy and the repeated emphasis on the importance of delaying sexual activity, staying in school and using family planning. Nurses must recognize the importance of the strength and protective features of the female network of social support among Latinas and learn to utilize that female network to accomplish health goals. For instance, many nurses strongly advocate the importance of attendance at childbirth classes and emphasize the involvement of the male partner. For Latinas, it may be the female network that is providing support for labor and birth and Latinas may feel uncomfortable attending a class with a female friend when everyone else has a male partner. In providing childbirth education and health education in general, nurses could involve significant females in the Latina social network in the same manner that boyfriends and fathers of the baby might be involved for other mothers.

Finally, nurses must recognize that events of primary importance for Latinas are probably focused on the family and exist in the present. Actions in the present to avoid health problems in the future might not be as well understood by Latinas. For instance, in regard to medications to treat asymptomatic infections in pregnancy when the medications produce distressing side effects, it is important to make sure that the Latina understands the need to treat the infection to prevent future despite the current discomfort

caused by the medication. By recognizing that Latinas in general appreciate the need for health care services and desire to cooperate rather than to resist, the nurse might be able to assist the Latina to understand the importance of completing the medication course.

Most importantly, by having culturally relevant research findings available, the professional nurse in a culturally diverse environment will be able to provide culturally competent care. This study and subsequent investigations will enable nurses to avoid inappropriate and misleading generalizations about their culturally diverse clients. Nurses want to base their practice upon sound, valid research findings and it is only through the dissemination of culturally relevant research findings, that nurses can practice with competence within a culturally diverse society.

## Limitations of the Study

### Study Variables

This study investigated psychosocial elements of maternal role function of postpartum Latinas and identified specific cultural aspects thought to influence the behavior of postpartum Latinas. However, the study failed to measure those cultural aspects in relation to the other study variables. Therefore the study findings cannot be interpreted to have an association with those aspects of culture thought to be influential (Betancourt & Lopez, 1993) and the study has limited value in demonstrating the impact of culture upon postpartum behavior.

### Study Design

The use of a cross-sectional design limits the interpretation of relationships of the variables by failing to identify the time sequence of variables. While inferences may be made about the strength and direction of relationships between variables, causal inferences must be avoided. It could

be that data sampling prior to childbirth could alter the interpretation of the findings and add to the identification of new variables and failure to do so caused error in the interpretation of study findings. Similarly, data collection at several points in the postpartum period could show important changes in the study variables and identify differences in groups not apparent in the cross-sectional design.

Instrument Reliability and Validity

Selection of standardized quantitative instruments to measure study variables posed a major challenge for this study. By sample design, sample participants used Spanish exclusively or preferentially over English. In fact, the Spanish spoken by some study participants was a dialect form of the Spanish spoken in Mexico. In addition, sample participants had limited literacy skills for reading, writing, and item comprehension. Study variables such as distress raised issues about functional equivalence in cross-cultural research. There were no published instruments to measure mood, social support, and perceptions of themselves as mothers designed and validated among Latinos. Standardized instruments developed among people from diverse cultures but translated and validated among Latinos were found for mood (POMS) and social support (PRQ). These instruments had not been used to test mood and social support among postpartum women. The instruments used to test for perception of themselves as mothers (MAM) and employment attitude (ERAS) had not been used among Spanish-speaking samples but had the advantage of having been designed for use by postpartum women. In order to demonstrate face validity, for the translated instruments, the translation was validated by a professional interpreter accustomed to the use of Spanish in Santa Clara County. Five community workers who were bilingual and bicultural reviewed the instruments for face validity and functional equivalence. For the

untranslated instruments, the community workers and the professional interpreter translated the tools and translations were compared. Changes were made in order to find the word or phrase most likely to be understood by the local sample participants.

Internal consistency reliability estimates identified three items in the POMS and one item in the ERAS with low or absent internal consistency. These items raise questions about the adequacy of the translations and the functional equivalence of the study variables. Two items were deleted limiting interpretation of the study findings. Internal consistency reliability estimates for the revised tools were low to acceptable in range (POMS alpha = .92, PRQ alpha =.84, MAM alpha = .68, ERAS alpha = .60). These reliability estimates for studies in social sciences and studies of human behavior may be acceptable where similar reliability estimates for studies of therapeutic interventions would not be acceptable. Nonetheless, instrument reliability and validity in this study was limited and study findings have limited generalizability.

The Personal Information questionnaire was limited in the omission of data which would have furthered the interpretation of study findings. In order to avoid potentially threatening questions about legal residency, data were not collected about place of birth, country of origin, or generation after immigration to the United States. However, these data are important in defining sample characteristics and evaluating sample homogeneity. Its omission limits the generalizability of study findings.

Sample

A major limitation of this study is its small sample size and, in particular, the small number of sample participants who were employed at the time of data gathering. The small sample size significantly limits the generalizability of the study findings to employed Latinas. The small sample size and small numbers

in the employed comparison group diminish the statistical power of the study and mandate cautious interpretation of comparison findings. The study was further limited in relation to statistical power by the lack of prior research findings upon which to estimate effect size. Again lack of statistical power limits the generalizability of the study findings and introduces the possibility that significant findings were not identified.

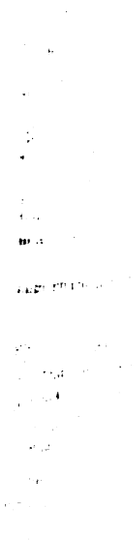
The use of a convenience sample of participants limits the interpretation and generalizability of the findings and introduces the possibility of error based on selection bias for the participant group. For example, the participants for this study were recruited from women who were already receiving health care services. They did not represent Latinas who were not receiving prenatal and postpartal care. They may have had support and resources enabling them to receive health care services that differentiated them from Latinas who did not have support or resources. Latinas who were recruited were all living in the Santa Clara Valley. As a group they may be distinct from Latinas living in other areas of the country and not representative across Latinas.

## Implications for Further Research

This study raises more questions than it answers; it serves as a pilot attempt to guide further studies. The current study should be continued by increasing sample size of employed postpartum Latinas and accurately estimating effect size in order to achieve statistical power. Recruitment of employed Latinas may be facilitated by changing the data collection period from six to eight weeks postpartum to six to twelve weeks postpartum. However, the change in the data collection period would limit the ability to make accurate comparisons between employed and not employed Latinas by changing sample characteristics. It may be possible to identify Latinas employed during the prenatal period for recruitment in the postpartum period.

The reliability estimates of the current study instruments were acceptable but changes in instrument design could improve instrument reliability for this cultural group. Items that were worded negatively appeared to be particularly confusing to the study participants and could be reworded in a positive way. Item response scales could be altered to invite a 2-stage response. The first stage would be a yes/no answer. The second stage would ask for a level for a positive response. Items could be reworded for use by study participants with low reading levels which would reduce error introduced by the need to provide assistance with instrument completion.

For future research, a qualitative study design using individual and focus group interviews or direct observations of selected family interactions would provide needed information to guide the design of culturally appropriate quantitative instruments. In particular, content from focus group interviews could be used to construct a negative life events scale for Latinas that would have reliability and validity within the Latina culture. With reliable and valid quantitative instruments, a longitudinal quantitative design should be considered that would provide data collecting points during the third trimester of pregnancy and later into the postpartum period. In this longitudinal study, specific aspects of culture thought to influence the behavior of postpartum Latinas should be identified and included as study variables. This design should include a self-esteem scale and a social network survey as well as a negative life events scale. This information could enhance the strength and direction of associations already identified and provide data to identify new associations. Data derived from a longitudinal study design would permit a more accurate placement of this study within the context of other studies and could contribute to a model-building approach for the maternal role functioning of Latina mothers.



A subsequent study using a tested model of maternal role functioning for Latinas might investigate differences in maternal role functioning between Latinas at various stages of acculturation. Use of acculturation as a study variable rather than an inclusion factor for sample selection would assist in the identification of relationships between outcome variables and culturally relevant concepts. If fully assimilated Latinas were noted to experience pregnancy outcomes and maternal role functioning consistent with the conceptual models based on samples of white middle-class women in the United States, a stronger causal inference might be made concerning the relationship of variables in maternal role functioning for unacculturated Latinas.

In this study, data were gathered about personal characteristics, mood state, social support, and maternal attributes among postpartum Latinas. The Latinas who participated in the study were low-income, with little education, and low acculturation. The results of this study contribute to descriptions of the experiences of low-income Latinas during the first six to eight weeks postpartum.

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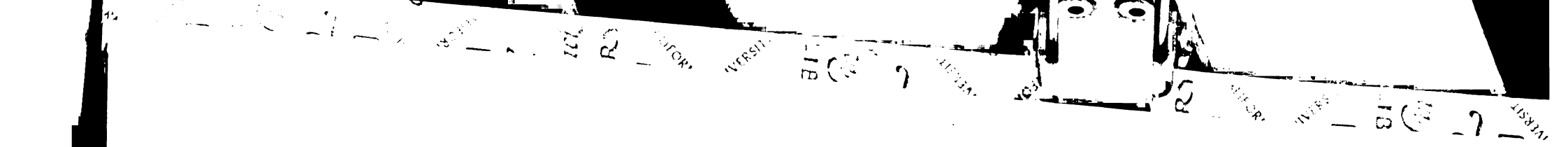
# Appendix A

## Table of References

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Affonso and Mayberry | 1990 | What is the frequency and severity of stressors common to the postpartum? | Cross-sectional descriptive study of convenience sample of 221 pregnant and postpartum women at first trimester, third trimester, and 6 weeks postpartum | 20-30 minute individual interview using standardized interview protocol | Most frequent postpartum stressors were fatigue, nausea, concerns about parenting, concerns about labor and delivery, weight gain, bodily changes, and changes in living patterns. Most intense stressors were concerns about baby's welfare, worries about labor and delivery, fears of pregnancy complications, money stress, and newborn behavior. | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Areias, Kumar, Barros, and Figueiredo | 1996 | What factors are associated with the incidence of depression among first-time mothers and fathers? | Longitudinal comparative study of convenience sample of 96 first-time Portuguese mothers and fathers registered for prenatal care tested at 6 months gestation, 3 months and 12 months postpartum | Semi-structured interview for depression and life events<br>Self-report social adjustment scale<br>Social Support Network Inventory<br>Eysenck Personality Inventory<br>Researcher developed self-report of internality, globality, and stability<br>Obstetric complications checklist<br>Demographic Survey | 1. For postpartum depression there was a statistically significant relationship with history of depression and reduced social support for women.<br>2. Women with postpartum depression reported more significant life events in the past 12 months than women who were not depressed. | p<.05<br>p<.01<br>p<.05 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Barnett and Baruch | 1985 | What are the relationships between involvement in multiple roles and psychological well-being for women? | Cross sectional correlational study of disproportionately stratified random sample of 238 white women | Individual interview Johns Hopkins Frequency of Symptoms Scale | 1. No significant difference in stress between employed and not employed women. | p<.01 |
| | | | | | 2. Education and role conflict are positively correlated with stress. | p<.01 |
| | | | | | 3. Number of roles is positively correlated with role overload and role conflict. | p<.01 |
| | | | | | 4. Maternal role is positively correlated with role overload and role conflict. | p<.01 |
| | | | | | 5. Quality of role is negatively correlated with role overload. | p<.01 |



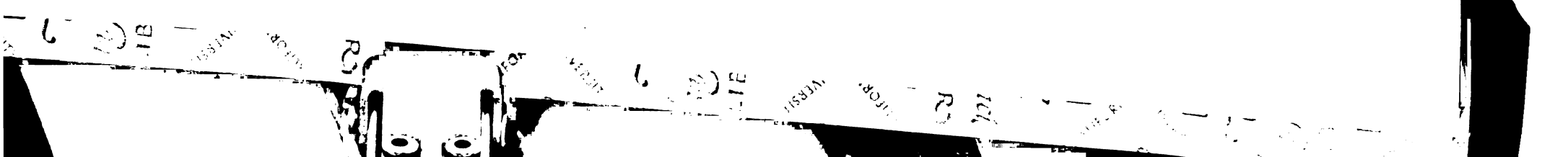
| Researcher | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Barnett and Marshall | 1992 | What are the relationships between occupancy and quality of multiple roles and psychological distress among employed women? | Longitudinal correlational study of disproportionately stratified random sample of 403 employed women stratified for occupation. | SCL-90-R Role rewards and concerns from personal interviews Researcher developed scale for role quality | 1.Significant negative correlation between job-role quality and distress | p<.001 |
| | | | | | 2. Parental status is not a predictor of distress among employed women. | |
| | | | | | 3. Among employed mothers, the quality of the parental role was a significant predictor of distress. | p<.001 |
| | | | | | 4. No negative spill-over from job to home or home to job. | |
| | | | | | 5. No positive spill-over from home to job but significant spill-over from job to home | p<.001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Barnett, Davidson, and Marshall | 1991 | What are the relationships between work-related experiences, role-related experiences, physical and mental health? | Longitudinal correlational study of a stratified random sample of 403 women employed as practical nurses or social workers interviewed in 3 consecutive years | Researcher developed role quality scale Medical Symptom Checklist Researcher developed job reward and job concern scale | 1. Women who experience high reward from helping each other at work and salary experience low levels of physical symptoms. | $p<.01$ |
| | | | | | 2. Women who are concerned about job overload and hazard exposure experience high levels of physical complaints. | $p<.01$ |
| | | | | | 3. Satisfaction with salary has a positive effect on physical health. | $p<.05$ |

| Researchers | Year | Instruments | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Barnet, Joffe, Duggan, Wilson, and Repke | 1996 | What is the incidence of postpartum depression among adolescents and what are the relationships between stress, social support, and postpartum depression? | Descriptive comparative longitudinal study of convenience sample of 104 adolescents registered for prenatal care in an inner-city clinic tested at 35 weeks gestation, 2 weeks, 2 months, and 4 months postpartum | CES-D<br>Barerra's Arizona Social Support Interview Schedule<br>Coddington's Life Events Scale | 1. 36% of adolescents were depressed at 2 months postpartum<br>2. 32% of adolescents were depressed at 4 months postpartum<br>3. There was a statistically significant increase in stress scores for all adolescents from 3rd trimester to 4 months postpartum.<br>4. There was a statistically significant decline in network size for all adolescents from 3rd trimester to 4 months postpartum.<br>5. Stress scores and social support scores were positively associated with depression. | p<.01<br>p<.01<br>p<.005<br>p<.05 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Barnett, Marshall, and Sayer | 1992 | What are the relationships between employee role, maternal role, and psychological distress?<br>What job rewards mitigate the relationship between the parent role and distress?<br>What parent concerns are mitigated by these stress buffers? | Longitudinal correlational study of disproportionately stratified sample of 228 employed mothers stratified for occupation | SCL-90-R<br>Interview to determine role quality | 1. Employment rewards include decision authority, challenge, helping others, recognition, good supervision, and salary<br>2. Employment concerns include overload, poor supervision, lack of advancement, discrimination, hazard exposure.<br>3. Parent rewards include attachment, child development, family involvement, and companionship.<br>4. Parent concerns include disaffection, overburden, and child health and safety<br>5. Parent role quality, specifically the mitigation of disaffection, is significantly related to challenge at work. | p<.01 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Baruch and Barnett | 1986 | What is the relationship between occupancy of multiple roles (employment) and psychological well-being? | Cross sectional correlational study of probability sample of 238 white women across socio-economic strata | Rosenberg Self-Esteem Scale SCL-Depression Pleasure Scale Semi-structured interviews | 1. Self-esteem is negatively correlated with depression and positively correlated with pleasure. | p<.001 |
| | | | | | Depression is negatively correlated with pleasure. | p<.001 |
| | | | | | 2. Number of occupied roles is positively correlated with self-esteem and pleasure and negatively correlated with depression. | p<.01 |
| | | | | | 3. Employment stressors include having too much to do, having conflicting tasks, and lacking career growth. | p<.05 |
| | | | | | 4. Employment satisfactiers include being able to work independently, sense of accomplishment, having a job that fits personal interest. | |
| | | | | | 5. Role of paid worker significantly correlated with self-esteem. | p<.01 |

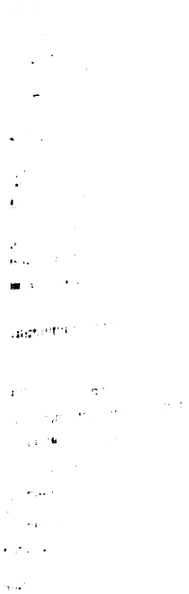


| Researcher | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Beck | 1995 | What is the effect of postpartum depression on maternal-infant interaction? | Meta-analysis of 19 studies involving the investigation of maternal interactive behavior, infant interactive behavior, and dyadic interactive behavior | Coding of methodological and substantive factors Weighing factor for sample size and quality index score | Postpartum depression has a moderate to large effect on maternal-infant interaction | r .47-.59 |
| Beck | 1996a | What is the relationship between postpartum depression and prenatal depression, previous depression, social support, life stress, child care stress, maternity blues, marital satisfaction, and prenatal anxiety? | Meta-analysis of 44 studies involving an investigation of the relationship between postpartum depression and infant temperament | Coding of methodological and substantive characteristics Researcher developed scoring system for postpartum depression research | Moderate to large effect sizes were revealed for eight predictor variables: prenatal depression<br>child care stress<br>life stress<br>social support<br>prenatal anxiety<br>maternity blues<br>marital satisfaction<br>previous depression | <br>r .49-.51<br>r .48-.49<br>r .36-.40<br>r .37-.39<br>r .30-.36<br>r .35-.37<br><br>r .29-.37<br><br>r .27-.29 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Beck | 1996b | What is the meaning of postpartum depressed mothers' interactions with their infants and older children? | Phenomenological study of purposive sample of 12 mothers with postpartum depression and their children | Standardized personal interview | Mothers were overwhelmed with daily care responsibilities and experienced guilt, irrational thinking, loss, and anger. They separated themselves emotionally from their children and failed to respond to infant cues. | |
| Beck | 1996c | What is the relationship between postpartum depression and infant temperament? | Meta-analysis of 17 studies investigating postpartum depression and infant temperament | Coding of substantive and methodological characteristics Researcher developed coding process | A significant moderate correlation exists between postpartum depression and infant temperament. | r .31-.36 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Beebe, Casey, and Pinto-Martin | 1993 | What is the relationship between reported infant crying and parenting stress? | Cross-sectional correlational study of convenience sample of 75 mothers of 4-6 month old infants enrolled in a university clinic | Demographic questionnaire<br>Parenting Stress Index<br>Self-report inventory of number of times of infant crying in 24 hours | 1. Maternal age less than 18 was significantly associated the excessive infant crying.<br>2. Mothers who reported excessive infant crying were significantly more likely to score high on the PSI than mothers who did not.<br>3. High scores on 3 PSI subscales (distressed mood, lack of reinforcement, and diminished sense-of-competence) were associated with excessive infant crying. | p<.05<br>p<.005<br>p<.05<br>p<.001<br>p<.005 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Booth, Mitchell, Barnard, and Spieker | 1989 | What are the effects of a prenatal intervention designed to improve social skills with other adults? | Longitudinal quasi-experimental study of convenience sample of 147 high risk low income women seeking prenatal care who were randomly assigned to intervention groups. Tested in pregnancy pretreatment, immediately post treatment, and delayed post treatment | Demographic survey<br>Life Experiences Survey<br>Difficult Life Circumstances<br>Personal Resources Questionnaire<br>Beck Depression Inventory | For women with low social skills, intervention enhanced the quality of social interaction and positively affected the quality of maternal-child interaction | $p<.01$ |



| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Browne | 1986 | What are the relationships between stress, social support, and expectant mothers' health? | Cross-sectional correlational study of convenience sample of 313 expectant couples at time of entry into childbirth classes | Support Behaviors Inventory Health Responses Scale Stress Amount Checklist | 1. For fathers, satisfaction with partner support, stress, and family income were significantly associated with perceived health. 2. For mothers, satisfaction with partner support, stress, and history of chronic illness were significantly related to perceived health. | $p<.01$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Collins, Tiedje, and Stommel | 1992 | What is the effect of a prenatal intervention providing informational support about parenting on postpartum well-being? | Quasi-experimental, longitudinal study of convenience sample of 31 first-time middle class mothers tested at 2 months after return to employment and at the end of the first postpartum year | Pearlin and Schooler Scales for Marital, Work, and Parental Satisfaction Postpartum Self-Evaluation Questionnaire Personal Strain Questionnaire | There were significant differences in marital satisfaction at one year postpartum with the experimental group scoring higher. | $p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Cronenwett | 1985a | What are the relationships between network structure, social support, and psychological responses to parenthood? | Longitudinal correlational study of convenience sample of 50 middle class primigravid couples tested during the third trimester of pregnancy and at 6 weeks postpartum | Social Network Inventory Postpartum Self-Evaluation Questionnaire | There was a significant relationship between social support, confidence in ability to parent, and satisfaction with parenting. | $p<.05$ |
| Cronenwett | 1985b | What changes take place in men's and women's relationships with members of their social networks from the third trimester of pregnancy through 9 months postpartum? | Descriptive comparative longitudinal study of convenience sample of 108 middle-class subjects having their first child | Social Network Inventory Investigator developed questionnaire on social support, quality of support, source of support | 1. 67-91% of women indicated an increased need for social support 5 months after birth<br>2. 63-85% felt satisfied with available social support<br>3. Some mothers reported increased stress in supportive relationships with spouse (47%), friends (32%), and in-laws (25%) | $p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Demyttenaere, Lenarts, Nijs, and VanAssche | 1995 | What are the relationships between individual coping styles and psychological attitudes in pregnancy and postpartum depression? | Longitudinal correlational study of convenience sample of 50 Belgian couples having their first pregnancy tested at 30-32 weeks gestation, 5 days after delivery, and 6 months postpartum | Spielberger STAI - Dutch Westbrook Coping Scale adaptation Pregnancy Psychological Attitudes test Beck Depression Inventory | 1. Trait anxiety is positively correlated with depression and negatively correlated with active coping. | p<.001 |
| | | | | | 2. Lack of support is positively correlated with depression and negatively correlated with support seeking. | p<.01 |
| | | | | | 3. A negative self-image is positively correlated with postpartum depression and insufficient partner support. | p<.001<br>p<.01<br>p<.01 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Engle, Scrimshaw, Zambrana, and Dunkel-Schetter | 1990 | What are the psychosocial factors associated with prenatal and postnatal anxiety among Mexican-American women? | Longitudinal correlational study using a convenience sample of 291 Mexican-American women tested at 34 weeks gestation and within 4 days of birth | Individual interviews STAI State Anxiety subscale | 1. Assertiveness, desire for control during labor, and social support are negatively associated with anxiety. | p<.01 |
| | | | | | 2. Prenatal anxiety is significantly associated with postnatal anxiety and postnatal anxiety is significantly lower. | p<.01 |
| | | | | | 3. Less desire for control in labor and delivery, less assertiveness, and less social support were significantly associated with postnatal anxiety. | p<.01 |
| | | | | | 4. Desire for control in labor and delivery and assertiveness were significantly related to acculturation. | p<.01 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Gjerdingen and Chaloner | 1994 | What changes occur in women's mental health over the first postpartum year and what is the relationship between mental health and demographic variables, health, social support, and work related variables? | Longitudinal correlational study of convenience sample of 436 white women who were first-time mothers and were recently employed tested at 1,3,6,9,and 12 months postpartum | Demographic survey<br>RAND Mental Health Inventory<br>Physical health check-list<br>List of OB complications<br>Adaptation of Cohen's Dimensions of Social Support<br>Researcher developed Work Activity Scale, Recreational Scale, and Baby Health Scale | 1. Highest scores for depression and anxiety were at 1 month postpartum and lowest scores at 12 months postpartum<br>2. There were significant negative associations between mental health and number of work hours, general health, social support, infant health | $p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Gjerdingen and Froberg | 1991 | What are the relationships between mother's mental health, work readiness, and use of health care services among postpartum women? | Cross sectional correlation study of convenience sample of 313 women divided into 3 groups: first time mother, adoptive mother, and control group of non-pregnant women; tested at 5 weeks postpartum | Mental Health Inventory<br>Work Readiness Scale<br>Self report of use of health services<br>Demographic survey | 1.Readiness to return to work is significantly associated with fatigue and mental distress<br>2. For biological mothers, variables that predicted mental distress included smoking, fatigue, infant health, and currently back to work | p<001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Gjerdingen, McGovern, Chaloner, and Street | 1995 | What are women's perceptions about maternity leave, employment, and postpartum well-being? | Longitudinal correlational study of convenience sample of 436 white women who were first-time mothers and were recently employed tested at 1,3,6,9,and 12 months postpartum | Demographic survey<br>RAND Mental Health Inventory<br>Physical health check-list<br>List of OB complications<br>Adaptation of Cohen's Dimensions of Social Support<br>Researcher developed Work Activity Scale, Recreational Scale, and Baby Health Scale | 1. The average maternity leave taken was 3 months.<br>2. Most women stated they would have preferred 8 months leave.<br>3. The most common reason for return to work was financial need.<br>4. 55% reported distress at child care arrangements<br>5. Women returning to work had more health complaints (respiratory, breast, GYN). | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Gottlieb and Mendelson | 1995 | What are the relationships between mothers' mood states and dimensions of social support during the postpartum period? | Longitudinal correlational study of a convenience sample of 50 middle class mothers expecting their second child. Tested at 6-10 weeks before birth and 5-6 weeks after birth. | Profile of Mood States<br>Norbeck Social Support Questionnaire<br>Stress Checklist | 1. Postpartum mothers with adequate support were less depressed, anxious, angry, or fatigued<br>2. For postpartum mothers, stress predicted anxiety, anger, and fatigue<br>3. High network support moderated the relation between stress and mood before pregnancy but not after birth. | $p<.01$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Gray, Lawrence, Arregui, Phillips, Bell, Richards, Fukushima, and Taeusch | 1995 | What are the relationships between access to prenatal care, choices about prenatal care, and premature birth among urban women? | Retrospective analysis of data from medical records of women admitted to Labor and Delivery in a large urban hospital and a cross sectional survey of a convenience sample of mothers admitted to a postpartum unit | Medical records of mothers and infants<br>Researcher developed patient questionnaire on attitudes, stress, health related behaviors | 1. While the majority of mothers felt prenatal care was important, 21% encountered problems in access to care.<br>2. 33% felt that the skills of the physician were satisfactory.<br>3. 33% felt that the personal manner of the nurse was nice and 36% felt the skills of the nurse were satisfactory. | not reported |

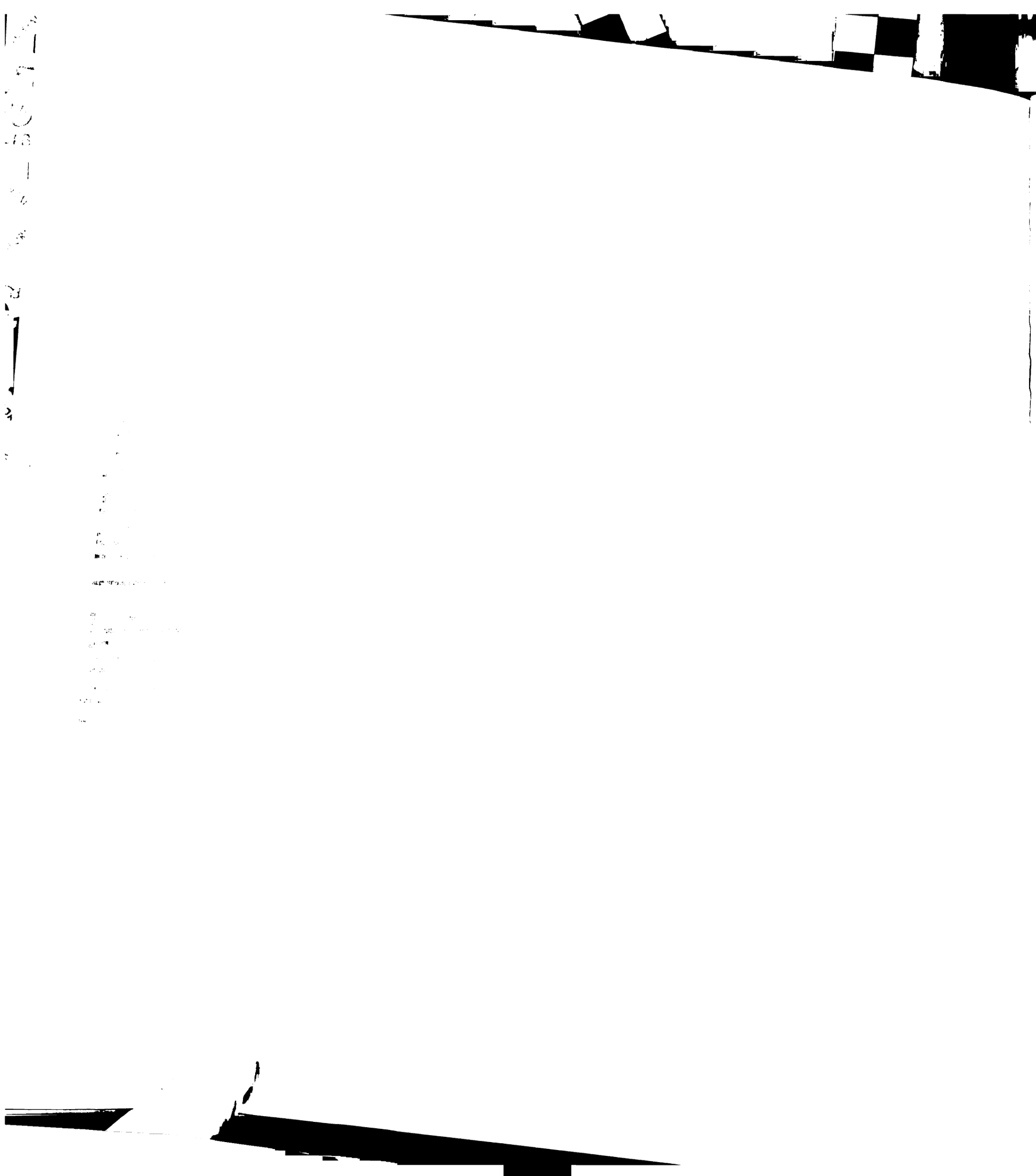
| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Hall and Farel | 1988 | What are the relationships between maternal stresses, maternal depression, and infant temperament? | Cross-sectional correlational study of convenience sample of 115 low income mothers of 5-6 year olds | Maternal Reports of Child Behavior<br>Life Events Score<br>Maternal Everyday Stressors<br>CES-D | 1. Stressors, life events and maternal depression are positively correlated with infant temperament | $p<.01$ |
| | | | | | 2. Maternal stresses are positively correlated with depression | $p<.001$ |
| | | | | | 3. Everyday stress is positively correlated with child behavior problems | $p<.01$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Hall, Kotch, Browne, and Rayens | 1996 | Self-esteem is hypothesized to mediate the effects of stressors and social resources on postpartum depressive symptoms. | Secondary analysis of data collected for prospective study of causes of child maltreatment among families with high and low risk infant. Convenience sample of 738 postpartum mothers of high and low risk infants tested at 1-2 months postpartum. | Demographic survey<br>Everyday Stressors Index<br>Life Experiences Survey<br>Autonomy Relatedness Inventory<br>Berkman Social Network Index<br>Rosenberg Self-Esteem Scale<br>CES-D | 1. 42% of sample scored in high depressive symptom range.<br>2. High depression scores were associated with less education, low income, and more children.<br>3. Mothers of high risk infants had higher depression scores than mothers of low risk infants.<br>4. Low self-esteem, high everyday stress, and high number of life events are associated with high level of depression.<br>5. Self-esteem mediates the effect of the quality of the primate intimate relationship on depression. | p<.001<br>p<.001<br>p<.01<br>p<.01<br>p<.05<br>p<.05 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Hobfoll, Ritter, Lavin, Hulsizer, and Cameron | 1995 | What is the prevalence and incidence of depression associated with pregnancy and the postpartum for low-SES women? | Longitudinal correlational study of convenience sample of 192 low-income black and Caucasian women registered for prenatal care tested at 2nd trimester, 3rd trimester, and 7-9 weeks postpartum | Interview for demographic data<br>Schedule of Affective Disorders and Schizophrenia<br>Beck Depression Inventory | 1.The incidence of postpartum depression among low-income women (30%) was about twice the incidence for postpartum depression previously reported among middle-class women.<br>2. Lack of spousal support was significantly related to depression. | <br><br><br><br><br><br><br><br><br><br>$p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Jordan | 1987 | What are the differences in social support, network size, network structure, marital satisfaction, and postpartum adaptation between employed and not employed women? | Longitudinal comparitive study of convenience sample of 48 married couples in 3rd trimester of pregnancy, 6 weeks postpartum, and 6 months postpartum | Social Network Inventory Marital Satisfaction Scale Postpartum Self-Evaluation Scale | 1.No differences in perceived social support, marital satisfaction, and postpartum adaptation between employed and not employed mothers.<br>2. There was a nonsignificant trend toward greater satisfaction with parenthood and infant care among not employed mothers. | p<.08 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Langer, Farnot, Garcia, Barros, Victora, Belizan and Villar | 1996 | What is the effect of antepartum and postpartum interventions designed to provide social support on perception of social support or quality of the postpartum experience? | Randomized control trial of 2235 pregnant women at risk for stress and low birth weight in 4 Latin American countries tested at 36 weeks gestation and 40 days postpartum | Spielberger STAI Individual interviews | There were no differences between groups in terms of perceived social support, anxiety, distress, or perception of the experience | |



| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Leathers, Kelley, and Richman | 1997 | What are the relationships between control and social gratification at employment and postpartum depression? | Cross sectional longitudinal study of convenience sample of 110 first time parents at 2nd trimester of pregnancy and at 6 months postpartum | Socio-demographic survey<br>Adaptation of Kandel Perceptions of Work Scale<br>Social Support Network Inventory<br>CES-D | 1. There was no significant difference in men's and women's depression scores at either testing point.<br>2. There was no significant difference in depression scores for women at 2nd trimester and at 6 months postpartum.<br>3. Significant relationship between depression and perceived lack of control, low social gratification in employment | p<.001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Liese, Snowden, and Ford | 1989 | What are the relationships between partner status, social support, and psychological adjustment in pregnancy? | Cross-sectional correlational study of convenience sample of 157 low income, low risk, ethnically diverse pregnant women at second prenatal visit | Brief Symptom Inventory Health and Daily Living Adult Form B | 1. For married women, there is a negative correlation between health perception and family social support and a positive correlation between health perception and self-care.<br>2. For single women, there is a positive correlation between perceived health and self-care and a negative correlation between number of close relationships and perceived health.<br>3. For all groups, there is a significant negative correlation between quality of perceived health and quality of significant relationships | $p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Majewski | 1986 | What are the relationships between employment status, role conflict, marital satisfaction, employment role attitude, and transition to motherhood? | Cross sectional correlational study of convenience sample of 86 married women 5-18 months after birth of first infant | Standardized interview protocol Transition to Maternal Role Scale Role Conflict Scale Marital Satisfaction Scale Employment Role Attitude Scale | 1. No difference in role conflict between employed and not employed mothers.<br>2. Mothers who perceived greater role conflict experienced greater difficulty in transition to motherhood. | p<.01<br>p<.01 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| McGovern, Dowd, Gjerdingen, Muscovice, Kochevar, and Lohman | 1997 | What are the relationships between postpartum work status and demographic characteristics, health, leave and resources? | Cross sectional correlational study of random disproportionate sample of 452 women at 5 months postpartum | Phone interview Stewart Mental Health Scale Sherbourne, Stewart, and Ware Role Function Scale Health and role function measures from Medical Outcomes Study | 1. Average time off work postpartum was 10 weeks.<br>2. Mental health score was identical to female mental health norms.<br>3. 30% reported no limitations to role function compared to 69-75% of population who report no limitations<br>4. The relationship between time off work and vitality is U shaped with improvement in vitality occuring after 12 weeks.<br>5. The relationship between time off work and mental health is U shaped with improvement in mental health occuring after 15 weeks.<br>6. The same is true for role function which improves after 20 weeks. | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Meleis and Stevens | 1992 | How do employed women view their spousal roles? | Qualitative descriptive investigation of a convenience sample of 87 clerical workers | Individual or phone interview Women's Roles Interview Protocol Demographic questionnaire Psychological well-being questionnaire | 1. The most frequent sources of satisfaction in the spousal role were companionship (43%), and reciprocity (21%). 2. The most frequent sources of stress in the spousal role were inequality of tasks (32%) and disagreement (24%). | |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Meleis, Douglas, Eribes, Shih, and Messias | 1996 | What are the daily lived experiences of employed, low-income, Mexican women in their maternal and spousal roles? | Cross sectional descriptive study of a convenience sample of 41 married employed Mexican women | demographic questionnaire Women's Role Interview Protocol used as self-administered questionnaire | 1. Maternal role satisfiers include giving and receiving from their children.<br>2. Maternal role stressors include sick child, lack of resources, absence, education, self-doubt, bad environment, and own health.<br>3. Spousal role satisfiers include being valued, feeling supported, spousal approval of employment, making spouse happy.<br>4. Spousal role stressors include overload, spousal absence, spousal disapproval of employment, inadequate income. | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Meleis, Norbeck, Laffrey, Solomon, and Miller | 1989 | What are employment related satisfactions and stressors? | Qualitative investigation of employment experience of 87 women employed in clerical positions | Women's Role Interview Protocol | 1. Most common employment related satisfactions are team work, challenge and interaction.<br>2.Employment related personal stressors include physical symptoms, role carryover, and economic stressors<br>3. Employment related environmental stressors include overload, work space, and interruptions.<br>4. Employment related interpersonal stressors include strained relationships, lack of communication, and unfairness. | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Mercer and Ferketich | 1990 | What are the effects of stress on family functioning at 8 months postpartum? | Comparative longitudinal study of a convenience sample of 353 white middle-class women and men recruited from an original study on antepartum family functioning. Study conducted as 1 week postpartum and 1,4, and 8 months postpartum | Interview Feetham Family Functioning Life Experiences Survey (Norbeck adaptation) Hobel Pregnancy Risk Assessment Rosenberg Self-Esteem Scale General Health Index Inventory of Socially Supportive Behaviors Sense of Mastery Scale Spielberger STAI CES-D | Direct predictors of family functioning for high risk women included depression, perceived social support, negative life events, marital status, age, and close friends. Direct predictors of family functioning for low risk women were depression, health perception, perceived social support, received social support, parent-infant attachment, and negative life events. | p<001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Mercer and Ferketich | 1995 | What are the differences between inexperienced mothers and experienced mothers in self-reported maternal role competence during infancy? | Longitudinal correlational study of convenience sample of 302 mothers tested at 24-34 weeks gestation, 1-2 days postpartum, and 1,4, and 8 months postpartum | Parenting Sense of Competency Scale<br>Rosenberg's Self-Esteem Scale<br>CES-D<br>Spielberger STAI<br>Barrera's Inventory of Socially Supportive Behaviors<br>Locke and Wallace Marital Adjustment Test<br>Feetham Family Functioning Scale<br>General Health Index<br>Norbeck's Life Experiences Survey<br>Cranley's Fetal Attachment Scale<br>Hobel Obstetric Risk Scale<br>Researcher developed questionnaire for feelings about pregnancy, birth and health of infant | 1. The was no significant difference overall in maternal competency between inexperienced and experienced mothers.<br>2. There was no change in mean score for maternal competency for experienced mothers over time.<br>3. For inexperienced mothers, there was a significant improvement over time in maternal competency.<br>4. Self-esteem was a major predictor of maternal competence at all testing points for both groups of mothers. | |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Midmer, Wilson, and Cummings | 1995 | What are the effects of prenatal communication classes on the incidence of postpartum anxiety, the quality of postpartum adjustment, and level of marital satisfaction? | Longitudinal comparative study of convenience sample of 70 low-risk couples randomly assigned to control group or intervention group; tested at pre-intervention in 2nd trimester, 6 weeks postpartum and 6 months postpartum | Spielberger STAI<br>Spanier Dyadic Adjustment Scale<br>O'Harra's Postpartum Adjustment Scale | 1. There was a statistical significant difference in anxiety scores at 6 weeks and 6 months between the control group and the intervention group (lower scores).<br>2. Dyadic adjustment scores were significantly higher for the intervention group at 6 weeks and 6 months postpartum. | p<.005<br>p<.05 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Noppe, Noppe, and Hughes | 1991 | Individuals who are high in anxiety, low in energy, high in sense of responsibility, high in interpersonal affect, low in self-esteem and low in tolerance would find parenting and interacting with infants more stressful than individuals who scored the opposite. | Longitudinal correlational study of 21 middle-class couples at 28 weeks gestation and 4 months postpartum | Demographic survey<br>Jackson Personality Inventory<br>Adapted Parenting Stress Index<br>Parent Attribution Test<br>Postnatal observations of parents and infant at home | 1. Parenting stress expectations and attributions for low power predicted 11% of the variance in maternal noninvolvement with infant.<br>2. Parenting stress expectations and attributions for low power explained 6% of the variance in distress for mothers.<br>3. Parenting stress and low parenting attributions predicted 13% of the variance in reciprocal activities with infants for mothers. | |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Norbeck and Anderson | 1989 | What are the relationships between life stress, social support, and pregnancy outcome? | Longitudinal correlational study of convenience sample of 208 low risk low income women registering for prenatal care at a university clinic. Tested at time of recruitment and 32-40 weeks gestation | Revised Life Stress Questionnaire Norbeck Social Support Questionnaire Spielberger STAI Demographic and substance use survey | 1.For black women, high social support was significantly related to low numbers of pregnancy complications. 2. For white women, high social support was significantly related to higher numbers of pregnancy complications. 3. Hispanic women experienced very few complications of pregnancy. | $p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Norbeck and Tilden | 1983 | What are the effects of psychosocial variables on complications of pregnancy? | Longitudinal correlational study of convenience sample of 117 women from diverse backgrounds registered for care in a university prenatal clinic. Testing done at time of recruitment, 34 weeks gestation, and chart review done after delivery | Sarason Life Experiences Survey<br>Cohen and Lazarus Social Support Questionnaire<br>Spielberger STAI<br>Lubin Depression Adjective Checklist<br>Rosenberg Self-Esteem Scale<br>Researcher developed social support scale<br>Demographic Survey | 1. High life stress and low social support were significantly related to high levels of distress.<br>2. Life stress was significantly related to complications of pregnancy.<br>3. The interaction of high life stress and low social support was significant for each type of complication. | p<.01 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Pistrang | 1984 | What are the relationships between the importance of employment in women's lives and the experience of first-time motherhood? | Cross sectional correlational study of convenience sample of 105 women 5-9 months postpartum who were employed, predominantly white and middle-class | Structured standardized interview<br>Work Involvement Scale<br>Work Satisfaction Scale<br>Motherhood Satisfaction Scale<br>Attitudes Toward Women<br>Changes in Self-Perception<br>Life Changes<br>Experiences as a Mother<br>Profile of Mood States<br>Depression scale<br>Rosenberg Self-Esteem Scale | Non-working high work-involved mothers were more irritable and depressed, had lower self-esteem, reported greater costs of motherhood and more negative marital changes than low work-involved mothers. | p<.01 |

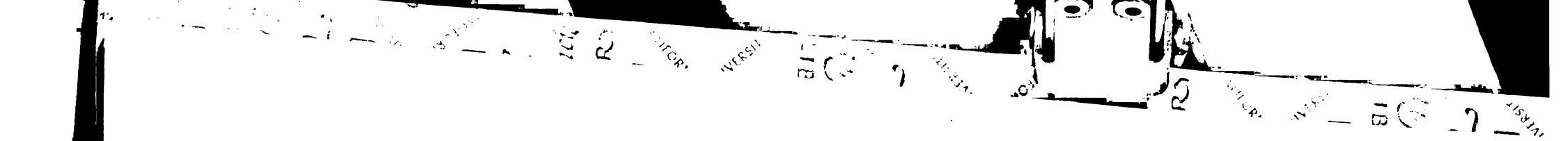
| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Preski and Walker | 1997 | What are the relationships between maternal identity and maternal lifestyle and later child behavior? | Longitudinal correlational study of 3 cohort sample of 129 mothers picked systematically from newspaper birth announcements; cohorts tested at 6-12 months, 12-18 months, and 30-36 months of age | Health Promoting Lifestyle Profile<br>Child Behavior Checklist<br>Marlowe-Crowne Social Desireability Scale | 1. There was no significant difference in child behavior associated with maternal identity and health promoting lifestyle when socio-demographic variables were held constant.<br>2. Overall maternal lifestyle was positively correlated with child behavior.<br>3. Maternal age was negatively correlated with child behavior. | <br><br><br><br><br><br><br><br><br>p<.05<br><br><br><br>p<.05 |

| Researcher | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Rankin | 1993 | What are the employment related rewards and stressors for employed mothers? | Cross-sectional descriptive survey of convenience sample of 118 employed mothers of preschoolers | Working Mother's Questionnaire Investigator developed survey of stressors | 1. Major sources of employment related stress include time constraints, coordinating conflicts, conflict and guilt, and child related problems. 2. Major sources of employment related rewards include personal benefits, financial benefits, improved family life, child benefits, and job benefits. | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Reece | 1993 | What are the relationships between social support and the early maternal experiences of mothers 35 yrs and older? | Longitudinal correlational study of convenience sample of 91 predominately middle class women tested at 3rd trimester of pregnancy and 1 month postpartum | Demographic survey<br>Norbeck Social Support Questionnaire<br>Parenting Support Questions<br>Parenting Network Scale<br>What being the Parent of a Baby is Like - Revised | 1. For postpartum mothers, there was a significant decrease in number and ages of persons in the support network.<br>2. Functional and parenting support form family was negatively associated with stress.<br>3. Positive self-evaluations were positively associated with social support from spouse and family | p<.01<br>p<.01<br>p<.01 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Saenz, Goudy, and Lorenz | 1989 | 1. Employed women receive more help from spouses than unemployed women.<br>2. Women getting more help have greater marital satisfaction but employed women have less marital satisfaction even with more help.<br>3. Women with greater marital satisfaction, more help, and are employed have less depression.<br>4. Women employed in high prestige occupations have less depression. | Secondary analysis of 1979 National Chicano Survey. Interviews of probability sample of Mexican-American households in 5 southwestern states yielded a sample of 332 women living with spouses who completed all data. | Demographic survey and researcher designed summative indexes for health perception, division of housework, marital satisfaction and depression | 1. Employed women get more help<br>2. Non traditional division of household labor is positively associated with marital satisfaction<br>3. Employed women have lowered marital satisfaction.<br>4. Marital satisfaction and non traditional division of labor have a negative effect on depression<br>5. Employment is not related to depression<br>6. Prestige of occupation has significant negative effect on depression | beta=0.143<br>beta=0.128<br>beta=0.185<br>beta=-0.332<br>beta=-0.214<br>beta=-0.212 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Snapp | 1992 | What are the relationships between employment stress, social support, and well-being? | Cross sectional correlational study of stratified sample of 200 black and Caucasian women employed as skilled labor or in professions | Focused life history interviews CES-D | 1. Employment related stressors include work overload for tasks, hours and pressure, unfair or impersonal treatment, and conflicts in employment relationships.<br>2. Conflicts in employment relationships are significantly related to depression. | p<.05 |



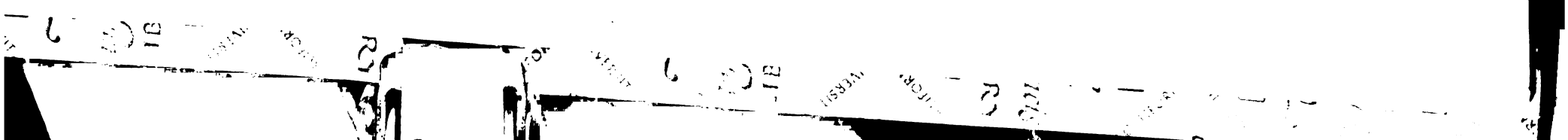
| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Stamp, Williams and Crowther | 1995 | What is the relationship between a prenatal intervention designed to enhance social support and postpartum depression? | Randomized control trial of 249 women identified as vulnerable to postpartum depression tested at 6 weeks, 12 weeks, and 6 months postpartum | Edinburgh Postnatal Depression Scale Antepartum questionnaire | 1. There was no significant difference in depression between the groups. | |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Stevens and Meleis | 1991 | How do employed women view their maternal roles? | Qualitative descriptive investigation of a conveneience sample of 87 clerical workers | Individual or phone interview Women's Roles Interview Protocol Demographic questionnaire Psychological well-being questionnaire | 1. The most frequent sources of maternal role satisfaction were watching children grow (28%), nurturance (25%), reciprocity (17%) and companionship (16%). 2. The most frequent sources of maternal role stress were worry (61%), strained relationships (12%), overload (11%), and childcare resources (9%). | |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Tarkka and Paunonen | 1996 | What is the relationship between social support provided immediately after birth and self-evaluation of the postpartum experience? | Cross-sectional correlational study of convenience sample of 200 Finnish mothers admitted to a postpartum hospital unit | Researcher developed questionnaire on social support and self-report of postpartum experience | 1. Primips perceived more social support from nurses than multips.<br>2. The majority of mothers (95%) perceived their postpartum experiences as positive. | $p<.01$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Thompson and Walker | 1989 | What is known about 3 domains of family life: marriage, work, and parenthood? | Review of literature | Descriptive review of 191 studies | 1. Lives of employed women are seamless between paid and unpaid work.<br>2. There is disagreement in studies about whether employed women are identified as equal co-providers or temporary earners who are just helping out.<br>3. Most studies show an imbalance in distribution of unpaid work. | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Tulman and Fawcett | 1988 | What is the effect of vaginal or Cesarean delivery on time of return to work? | Cross sectonal comparitive study of convenience sample of 70 women who had delivered full-term infants within the previous 5 years | Childbirth Impact Profile Demographic survey | 1. No significant difference in return to work time between CS women and vaginal birth women<br>2. Women who experienced a postpartal complication were less likely to return to work than women who did not. | p<.05 |



| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Vega, Kolody, and Valle | 1987 | Are migration factors (socio-economic status, time in US, imposed migration, unexpected migration, little economic opportunity etc.) linked to depression? | Cross-sectional correlational survey study using a randomized sample of residences in San Diego yielding a sample of 661 Mexican-American women meeting eligibility requirements | CES-D | 1. income and education are inversely related to incidence of depression and explain 4.6% of total 9.7% variance in depression | p<.001 |
| | | | | | 2. no association between employment, and depression | |
| | | | | | 3. economic opportunity is positively associated with depression | p<.03 |
| | | | | | 4. close ties to country of origin and great difficulty in visiting are positively associated with depression | p<.001 |

| Researchers | Year | Question | Design | Instruments | Result | Significance |
|---|---|---|---|---|---|---|
| Ventura | 1982 | What are the relationships between parent coping behaviors, parent functioning, and infant temperament? | Cross-sectional correlational study of convenience sample of 200 parents of 2-3 month old infants | Family Coping Inventory SCL-90-R - Derogatis Infant Behavior Questionnaire | 1. 3 coping patterns identified: seeking social support, keeping the family together, being religious 2. positive relationship between seeking social support and depression/ anxiety 3. negative relationship between keeping the family together and depression/ anxiety 3. depression/ anxiety is negatively associated with infant soothability and positively associated with infant distress | p<.001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Ventura | 1987 | What stresses are reported by mothers at 3-5 months postpartum? Are there differences is stresses reported by mothers and fathers? | Longitudinal descriptive survey of descriptive sample of 60 middle class couples | Researcher developed questionnaires on stresses and responses | 1. 35% of mothers and 64% of fathers reported stresses. 2. Finances and fussy infant behavior were the main stresses reported. Mothers reported guilt, anger, and helplessness at handling multiple roles | not reported |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Ventura and Stevenson | 1986 | What are the relationships between parent mood, infant temperament, socio-economic status, birth order and infant gender? | Cross-sectional correlational study of convenience sample of 95 middle-class families | Rothbart Infant Temperament Questionnaire SCL-90-R (Derogatis) | 1. Maternal depression is negatively associated with infant soothability 2. socio-economic status is negatively associated with maternal perception of infant temperament | p<.001 |

| Researcher | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Walker | 1989 | What are the relationships between maternal employment, cesarean birth and infant behavior with stress and maternal behavior? | Cross sectional correlational study of randomized stratified sample of 173 mothers at 2-12 months postpartum | Demographic survey<br>Perceived Stress Scale<br>Health Promoting Lifestyle Profile<br>Myself as Mother-SD<br>Infant Difficulty Scale | 1. Work status and infant difficulties are correlated with perceived stress.<br>2. Perceived stress, health promotive life style and maternal identity are positively correlated.<br>3. Work status is indirectly related to maternal identity by a direct effect with perceived stress. Employed mothers had less positive perceptions of self. | p<.001<br>p<.001<br>p<.001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Walker and Best | 1991 | What are the differences in perceived stress levels and health promotive life styles of mothers that are associated with employment status? | Cross-sectional correlational study of randomly selected sample of 330 mothers of infants 2-11 months old | Demographic survey<br>Perceived Stress Scale<br>Health Promoting Lifestyle Profile<br>Myself as Mother | 1.Employed mothers reported more perceived stress than homemakers.<br>2. Employed mothers reported less health promotive life styles than homemakers.<br>3. Employed mothers reported less positive self-evaluations than homemakers - a non-significant trend.<br>4. Sources of stress for homemakers were fatigue, sleep disturbance, work overload, lack of time and infant crying.<br>Sources of stress for employed mothers included conflicts about going back to work, lack of time, fatigue, sleep disturbance, work overload, infant illness. | p<.01<br><br>p<.001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Walker and Montgomery | 1994 | What is the relationship between between maternal role attainment and identity indicators and child development? | Longitudinal correlational study of convenience sample of 124 mother-infant dyads tested at 1-3 days, 4-6 weeks and 9 years of age | Pharis Self-Confidence Scale Myself as Mother My Baby Neonatal Perception Inventories Maternal Perception Inventories Child Behavior Checklist | 1. For primips and for the combined primip/multip group, the SD-Self at 4-6 weeks was a significant predictor of child behavior problems. Otherwise no role attainment variable predicted child outcome. | p<.05 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Walker, Crain, and Thompson | 1986a | What changes occur in maternal role attainment and maternal identity in the postpartum? How stable are maternal identity and role attainment in the postpartum? What factors influence maternal identity and role attainment? | Longitudinal correlational study of covenience sample of 122 predominantly middle class mothers at 1-3 days postpartum and 4-6 weeks postpartum | Pharis Self-Confidence Scale Myself as Mother-SD My Baby - SD | 1. Multiparas had more positive attitudes about themselves than primiparas.<br>2. Multips had more positive attitudes about their babies.<br>3. Multips had greater self-confidence.<br>4. SES was negatively correlated with self-confidence for multips and negatively correlated with perceptions of the infant for primiparas. | p<.05<br>p<.05<br>p<.001<br>p<.05<br>p<.05 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Walker, Crain and Thompson | 1986b | What are the relationships between subjective and behavioral components of maternal role attainment? | Longitudinal correlational study of convenience sample of 124 middle class low risk mothers at 1-3 days postpartum and 4-6 weeks postpartum | Pharis Self-Confidence Scale Myself as Mother-SD My Baby-SD Maternal Infant Adaptation Scale Videotaped observations of mother-infant interaction | 1. Age, education and SES were related to positive maternal behaviors for primips.<br>2. Self-confidence was the most important predictor of positive maternal behavior for primips | p<.001<br>p<.001 |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Youngblut, Loveland-Cherry, and Horan | 1990 | What are the differences between employed women and not employed women in regard to demographic variables, attitude, and infant morbidity? What are the relationships between these variables and employment? | Cross sectional correlational study of a convenience sample of 110 families recruited from 2 NICUs at time of discharge | Researcher developed scales for: degree of choice about employment status, perceived social support, and home-employment orientation | 1. There were no significant differences in demographic variables between employed, not employed, and leave of absence groups of women.<br>2. Employed and leave of absence mothers had a significantly higher employment orientation.<br>3. Employed mothers had less choice about employment status than not employed mothers. | <br><br><br><br><br><br><br><br>p<.001<br><br><br><br>p<.001 |

| Researcher | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Younger | 1991 | What factors are predictive of postpartum stress? | Cross-sectional correlational study of convenience sample of 100 women at 6-8 weeks postpartum | Parenting Stress Index<br>California Psychological Inventory<br>Support System Checklist<br>Background Information Questionnaire | Direct predictors of parenting stress include pregnancy stress, personality and education.<br>Labor and delivery stress and age did not enter the model. | $p<.05$ |

| Researchers | Year | Question | Design | Instruments | Results | Significance |
|---|---|---|---|---|---|---|
| Zaid, Fullerton, and Moore | 1996 | What are the relationships between prenatal behaviors and obstetrical outcomes among Mexican border dwelling women? | Cross sectional descriptive study of convenience sample of 118 Latinas admitted to postpartum units of local hospitals | Retrospective review of medical record Standardized indivudal interview | 1. Majority of women felt that pregnant women should have prenatal care.<br>2. 30% of women did not have prenatal care.<br>3. 65% of women who had prenatal care searched from 1 to 6 places to get prenatal care.<br>4. Most common barriers to prenatal care were lack of funds, lack of transportation, and lack of information.<br>5. Maternal and infant outcomes were similar to the general population although the C Section rate was higher. | not reported |

# Appendix B

## United States Social Security Administration

## Poverty Income Guidelines

# MAYFIELD COMMUNITY CLINIC SLIDING SCALE LEVELS

| Family Size | A LEVEL To 100% Pov | | B LEVEL 101% to 150% | | C LEVEL 151% to 200% | | D LEVEL 201% to 250% | |
|---|---|---|---|---|---|---|---|---|
| 1 person family | 0 | 648 | 649 | 971 | 972 | 1295 | 1296 | 1619 |
| 2 person family | 0 | 864 | 865 | 1295 | 1296 | 1727 | 1728 | 2159 |
| 3 person family | 0 | 1082 | 1083 | 1623 | 1624 | 2164 | 2165 | 2705 |
| 4 person family | 0 | 1300 | 1301 | 1950 | 1951 | 2600 | 2601 | 3250 |
| 5 person family | 0 | 1518 | 1519 | 2278 | 2279 | 3037 | 3038 | 3796 |
| 6 person family | 0 | 1737 | 1738 | 2606 | 2607 | 3474 | 3475 | 4342 |
| 7 person family | 0 | 1955 | 1956 | 2932 | 2933 | 3910 | 3911 | 4888 |

A = Most Poverty

For family units with more than 7 members, add the following amounts monthly for each additional member:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | 218 | 219 | 328 | 329 | 437 | 438 | 546 |

# Appendix C

## Verbal Consent Protocol

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

VERBAL CONSENT PROTOCOL
STUDY INFORMATION SHEET.

A. Purpose and Background

Rosemary J. Mann R.N. in the School of Nursing is conducting a research study to understand the amount of tension or difficulty a Latina is feeling after childbirth and how much assistance she needs. I am being asked to participate in this study because I am a Latina who has had a baby within the last 4 to 6 weeks.

B. Procedures

If I agree to be in the study, the following will occur:

1. A staff member at my clinic will review my medical record to see whether I have the requirements to be in the study.
2. A research assistant who speaks Spanish will contact me to see if I agree to be in the study.
3. I will state a time and place to meet the research assistant to complete the study forms at my convenience.
4. I will complete five questionnaires asking me some information about myself, how I feel after childbirth, where I get help when I need it, and how I feel about my work if I am working. It will take about one hour to complete the questionnaires.

C. Risks and Discomforts

1. Some of the questions may be about things that I do not want to answer. I am free to decline to answer any question.
2. Participation in research may involve a loss of confidentiality; however my records will be handled as confidentially as possible. Only Miss Mann and the research assistants will have my name, address, and phone number. That information will be destroyed as soon as I have completed the questionnaires. That information will not be included on any questionnaire form. No individual identities will be used in any reports or publications resulting from this study.

D. Benefits

There will be no direct benefit to me from participating in this study. However, the information that I provide may help health professionals better understand how Latinas feel after childbirth.

E. Costs

There will be no costs to me as a result of taking part in this study.

F. Payment

I will be paid $10.00 for my participation in this study. If I decide that I do not wish to complete these questionnaires, I will not be paid. I will be paid in cash immediately after I complete the questionnaires.

G. Questions

I have talked to _____(research assistant) about this study and have had my questions answered. If I have further questions, I may call Rosemary Mann at 415-322-6915 or Dr. Jeanne DeJoseph at 415-476-4694.
If I have any comments or concerns about participation in this study, I should first talk with the investigator. If for some reason I do not wish to do this, I may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. I may reach the committee office between 8:00 and 5:00, Monday through Friday, by calling 415-476-1814, or by writing: Committee on Human Research, Box 0962, University of California, San Francisco, San Francisco, CA 94143.

H. Consent

I will be given a copy of this information form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to be in this study, or to withdraw from it at any point. My decision as to whether or not to participate in this study will have no influence on my present or future status as a patient.

If I agree to participate in this study, I should state to the research assistant that I agree to be in the study.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

VERBAL CONSENT PROTOCOL
STUDY INFORMATION SHEET

A. Propósito y Antecedentes

Rosemary J. Mann R.N. de la Escuela de Enfermeras está conduciendo un estudio para entender la cantidad de tensión o dificultad que una mujer latina siente después del parto y cuánta asistencia necesita. Me están pidiendo que participe en este estudio porque yo soy una mujer latina que ha tenido un(a) bebé dentro de las últimas 4 a 6 semanas.

B. Procedimiento

Si estoy de acuerdo en ser parte de este estudio, ocurrirá lo siguiente:

1. Un(a) miembro del personal de la clinica revisará, mi historia médica para ver si yo tengo los requisitos para estar en el estudio.
2. Un(a)a asistente de investigación que habla español se pondrá en contacto conmigo para ver si yo estoy de acuerdo de estar en el estudio.
3. Yo diré la hora y el lugar de mi conveniencia para juntarme con el(la) asistente para completar las formas del estudio.
4. Completaré cinco cuestionarios los cuales me preguntan información sobre mi, cómo me siento después de mi parto, dónde obtengo ayuda cuando la necesito, y cómo me siento acerca de mi trabajo, si trabajo. Tomará acerca de una hora para llenar el cuestionario.

C. Riesgos e Incomodidades

1. Algunas de las preguntas pueden ser acerca de cosas que yo no quiero responder. Yo soy libre de no responder cualquier pregunta.
2. La participación en el estudio puede envolver una pérdida de la confidencialidad, sin embargo, mis datos de investigación serán tratados tan confidencial como sea posible. Solamente la Sra. Mann y los(las) asistentes tendrán mi nombre, dirección y número de teléfono. Esa información será destruída tan pronto como yo haya completado los cuestionarios. Esa información no será incluída en ningún cuestionario. Ninguna identificación individual será usada en reportes o publicaciones que resulten de este estudio.

D. Beneficios

No habrá ningún beneficio directo para mi, por participar en este estudio. Sin embargo, la información que he dado puede ayudar a profesionales de la salud a entender mejor cómo se sienten las latinas después del parto.

E. Costos

No habrá ningún costo para mi, como resultado de tomar parte en este estudio.

F. Pago

Me pagarán $10.00 por mi participación en este estudio Si decido que no quiero completar esos cuestionarios, no me pagarán. Me pagarán en efectivo inmediatamente después de que complete los cuestionarios.

G. Preguntas

He hablado con _____ (asistente) _____ acerca de este estudio y todas mis preguntas han sido respondidas. Si tengo más preguntas, puedo llamar a Rosemary Mann al 415-322-6915 o a la doctora Jeanne DeJoseph al 415-476-4694.
Si tengo algunos comentarios o algunas preocupaciones acerca de la participación en el estudio, debo hablar primero con la investigadora. Si por alguna razón no deseo hacer esto, puedo contactar el Comité de Investigación en Humanos, el cual se preocupa por la protección de los voluntarios en los proyectos de investigación. Puedo comunicarme con la oficina del comité entre 8:00 y 5:00 de Lunes a Viernes, llamando al 415-476-1814, o escribiendo a:

Committee on Human Research
Box 0962
University of California, San Francisco
San Francisco, CA 94143.

Yo puedo llamar por cobrar a cualquier número mencionado aquí.

H. Consentimiento

Me darán una copia de esta hoja información para mantenerla.

LA PARTICIPACION EN ESTE ESTUDIO ES VOLUNTARIA. Yo soy libre de negar mi participación en este estudio o de retirarme en cualquier momento. Mi decisión de participar o no en este estudio no afectará mi posición presente o futura como paciente.

Si acepto participar, le diré al(la) ayudante que quiero participar en este estudio.

Record number _____

## Información Personal

Personal Information

**Por favor conteste las siguientes preguntas. Recuerde que todas sus respuestas son confidenciales.**

Please answer the following questions. Remember that all of your responses are confidential.

1. **Edad** _____

   Age _____

2. **¿Cuántos años de escuela ha completado usted?** _____

   How many years of school have you completed? _____

3. **Trabaja** _____ **No trabaja** _____

   Working _____ Not Working _____

4. **Si trabaja, ¿cuál es su ingreso mensual?** _____

   If working, what is your monthly income? _____

5. **Casada** __ **Nunca casada**___ **Divorciada**___ **Separada** ____

   Married ___ Never married ___ Divorced ____ Separated ____

6. **Si usted tiene hijos(as), ¿cuáles son sus edades?**_____

   If you have children, what are their ages? _____

7. **¿Cuántas veces ha estado usted embarazada?**_____

   How many times have you been pregnant?_____

8. **¿Cuántos(as) de sus hijos(as) nacieron en tiempo?_____**

   How many of your children were born at term?_____

9. **¿Cuántos(as) hijos(as) nacieron prematuramente?_____**

   How many children were born prematurely?_____

10. **¿Cuántas pérdidas o abortos ha tenido usted?_____**

    How many abortions or miscarriages have you had?_____

11. **En su último embarazo, ¿tuvo usted algunas complicaciones? Por favor, describa. _____**

    In your last pregnancy, did you have any complications? Please, describe.

    _____

12. **Durante el parto y nacimiento, ¿tuvo usted algunas complicaciones? Por favor, describa. _____**

    During your labor and birth, did you have any complications? _____

13. **¿Cuántas personas de su familia (esposo, niños(as)) viven ahora con usted? _____**

    What is the number in your family (spouse, children) now living with you?_____

14. **¿Cuál es el número de personas que viven en su casa? ____**

    What is the number of people who live in your household?_____

15. **¿Cuál es el ingreso total mensual de su familia? _____**

    What is the total monthly income of your family? _____

    **¿Cuál es el ingreso total mensual de su hogar? _____**

    What is the total monthly income of your household?_____

16. **Si usted trabaja fuera de su casa por dinero, ¿cuál es su trabajo? _____**

    If you work outside the home for money, what is your work?_____

17. **Por favor, describa las cosas que usted hace en su trabajo.**

_____

Please describe the things that you do in your job.

18. **¿Cuántos días por semana trabaja usted?** _____

How many days per week do you work? _____

**¿Días de semana?**_____ **¿Fines de semana?** _____

Weekdays? _____ Weekends?_____

**¿Cuántas horas por día trabaja usted?** _____

How many hours per day do you work? _____

**¿A qué hora empieza a trabajar y a qué hora termina?** _____

What time do you start work and what time do you finish? _____

19. **¿Cómo se va al trabajo y regresa a la casa?**_____

How do you get to work and get home? _____

20. **¿Quién cuida sus hijos(as) mientras usted trabaja?** _____

Who takes care of your children while you are at work? _____

21. **Por favor ponga un círculo alrededor de la palabra que está escrita abajo que indica como usted considera su estado de salud en general.**

**Excelente** **Bueno** **Normal** **Pobre**

Please place a circle around the word written below, that indicates how you feel your state of health is, in general.

Excellent Good Average Poor

22. **Por favor escriba el problema más serio que le ha molestado a usted o le ha causado preocupación en la ultima semana.**

_____

Please write the most serious problem that has bothered you or caused you concern in the past week.? _____

23. **Por favor ponga un círculo alrededor del número que indique cuánta tensión, estrés, o dificultad fue causado por el primer problema.**

Please place a circle around the number that indicates how much tension, stress, or difficulty was caused by the first problem.

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **Nada/none** | **Poquito/a** little | **Normal/Average** | **Mucho/a** lot |

24. **¿Cuál es el segundo problema que la ha molestado o causado preocupación en la última semana?**

_____

What is the second problem that has bothered you or caused you concern in the past week? _____

25. **Por favor ponga un círculo alrededor del número que indique cuánto estrés, tensión o dificultad fue causado por el segundo problema**

Place a circle around the number that indicates how much stress, tension, or difficulty was caused by the second problem.

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **Nada/none** | **Poquito/a** little | **Normal/average** | **Mucho/a** lot |

26. **¿Cuál es el tercer problema que la ha molestado a usted o le ha causado preocupación en la última semana.**

_____

What is the third problem that has bothered you or caused you concern in the past week? _____

27. **Por favor ponga un círculo alrededor del número que indique cuánto estrés, tensión o dificultad fue causado por el tercer problema**

Place a circle around the number that indicates how much stress, tension, or difficulty was caused by the third problem

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **Nada/none** | **Poquito/a little** | **Normal/average** | **Mucho/a lot** |

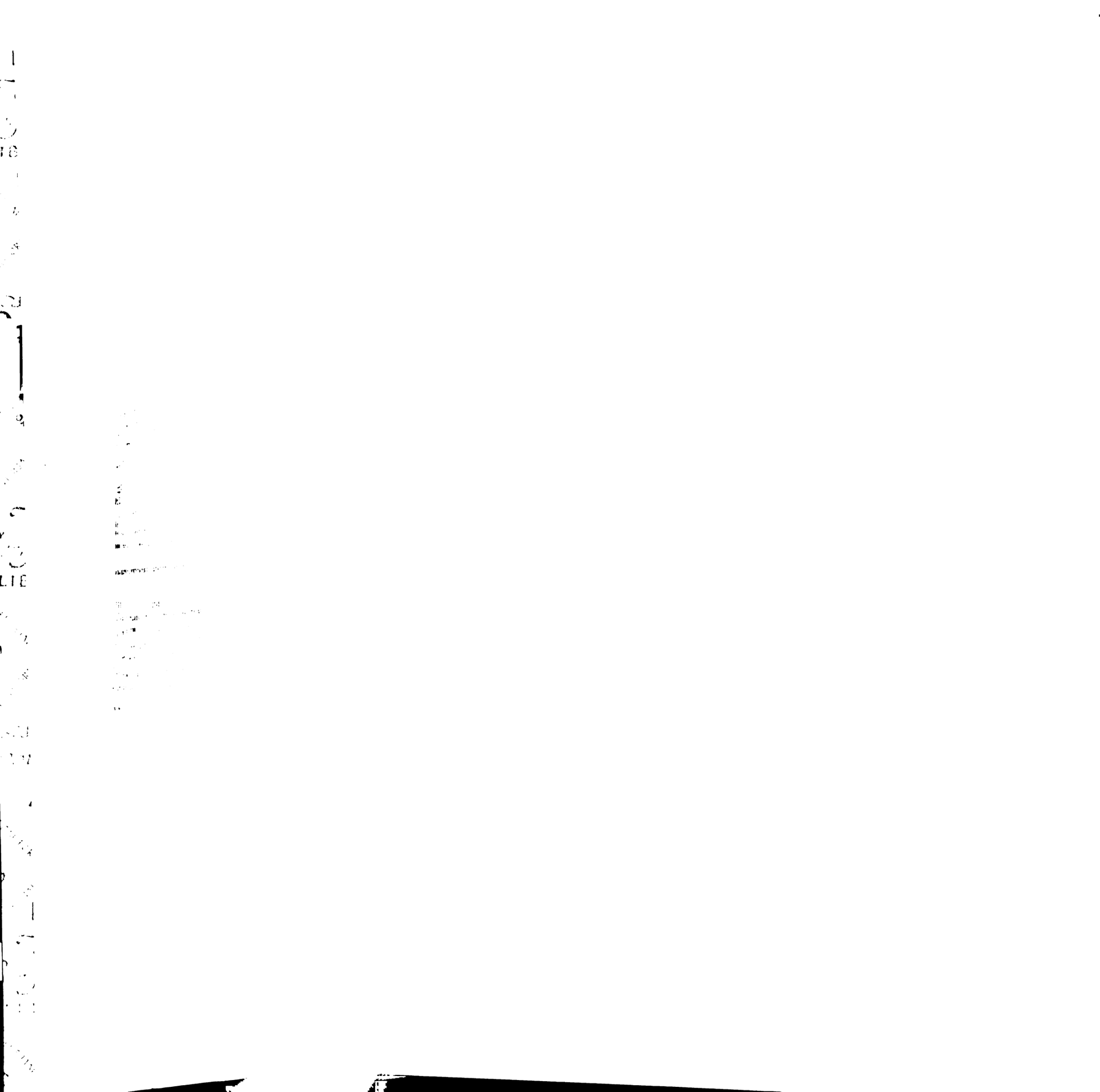
Record number _____

## ESCALA DE ACTITUDES SOBRE EL PAPEL DEL EMPLEO
## Employment Role Attitude Scale

Parry and Warr, 1980

| | | | |
|---|---|---|---|
| 1. | Las personas de mi trabajo son muy amistosas. | SI | NO |
| | People where I work are very friendly. | YES | NO |
| 2. | Mi trabajo es muy aburrido | SI | NO |
| | My job is very boring. | YES | NO |
| 3. | Tengo el sentimiento de alcanzar algo en mi trabajo que vale la pena | SI | NO |
| | I get the feeling of achieving something worthwhile in my job. | YES | NO |
| 4. | Solo hago mi trabajo porque necesito el dinero. | SI | NO |
| | I only do my job because I need the money. | YES | NO |
| 5. | Mi jefe siempre está listo para platicar sobre los problemas de los empleados. | SI | NO |
| | My boss is always ready to discuss people's problems. | YES | NO |
| 6. | Mi jefe no aprecia lo suficiente el trabajo que yo hago. | SI | NO |
| | My boss takes the work I do too much for granted. | YES | NO |
| 7. | Quisiera tener más seguridad en mi trabajo. | SI | NO |
| | I wish I had more security in my job. | YES | NO |
| 8. | Hay un ambiente alegre en el lugar donde trabajo. | SI | NO |
| | There is a happy atmosphere in the place where I work. | YES | NO |
| 9. | No me gusta mi trabajo para nada. | SI | NO |
| | I really dislike my job. | YES | NO |
| 10. | Mi jefe es justo con todos(as). | SI | NO |
| | My boss is fair to everyone. | YES | NO |

| | | | |
|---|---|---|---|
| 11. | En mi trabajo, los gerentes preguntan primero a los trabajadores antes de hacer cambios que les afecten. | SI | NO |
| | Where I work, management asks workers first about changing anything that affects them. | YES | NO |
| 12. | Me siento infeliz con las condiciones de mi trabajo. | SI | NO |
| | I am unhappy about my working conditions. | YES | NO |



Record Number _____

## YO COMO MADRE
## Myself as Mother

En los espacios en blanco, entre las dos palabras, por favor ponga una marca en el espacio que la describe mejor a usted, como por ejemplo muy débil o muy fuerte.
In the blank spaces between each two words, please place a mark in the space that describes you the best, as very weak or very strong, for example.

| | | |
|---|---|---|
| Rápida<br>Fast | _____:_____:_____:_____:_____:_____:_____ | Lenta<br>Slow |
| Delicada<br>Graceful | _____:_____:_____:_____:_____:_____:_____ | Torpe<br>Awkward |
| Débil<br>Weak | _____:_____:_____:_____:_____:_____:_____ | Fuerte<br>Strong |
| Bondadosa<br>Kind | _____:_____:_____:_____:_____:_____:_____ | Cruel<br>Cruel |
| Buena<br>Good | _____:_____:_____:_____:_____:_____:_____ | Mala<br>Bad |
| Exitosa<br>Successful | _____:_____:_____:_____:_____:_____:_____ | Fracasada<br>Unsuccessful |
| No dispuesta<br>Unwilling | _____:_____:_____:_____:_____:_____:_____ | Dispuesta<br>Willing |
| Peligrosa<br>Dangerous | _____:_____:_____:_____:_____:_____:_____ | Segura<br>Safe |
| Completa<br>Complete | _____:_____:_____:_____:_____:_____:_____ | Incompleta<br>Incomplete |
| Madura<br>Mature | _____:_____:_____:_____:_____:_____:_____ | Immadura<br>Immature |
| Tranquila<br>Calm | _____:_____:_____:_____:_____:_____:_____ | Excitable<br>Excitable |

Record Number _____

Cuestionario de Recursos Personales
Personal Resources Questionnaire

Abajo hay unas frases con quien algunas personas están de acuerdo y otras no. Por favor lea cada frase y encierre en un círculo la respuesta más apropiada para usted.

Below are some statements with which some people agree and others disagree. Please read each statement and circle the response most appropriate for you.

1. Hay alguien de quien me siento cerca y me hace sentir segura.
   There is someone I feel close to who makes me feel secure.

   Completamente de acuerdo/ completely agree
   De acuerdo/ agree
   Mas o menos de acuerdo/ somewhat agree
   Neutra/ neutral
   Algo en desacuerdo/ somewhat disagree
   En desacuerdo / disagree
   Completamente en desacuerdo/ strongly disagree

2. Yo pertenezco a un grupo en el que me siento importante.
   I belong to a group in which I feel important.

   Completamente de acuerdo/ completely agree
   De acuerdo/ agree
   Mas o menos de acuerdo/ somewhat agree
   Neutra/ neutral
   Algo en desacuerdo/ somewhat disagree
   En desacuerdo / disagree
   Completamente en desacuerdo/ strongly disagree

3. Las personas me dicen lo que hago bien en mi trabajo (empleo, trabajo en la casa).
   People let me know that I do well at my work (job, homemaking).

   Completamente de acuerdo/ completely agree
   De acuerdo/ agree
   Mas o menos de acuerdo/ somewhat agree
   Neutra/ neutral
   Algo en desacuerdo/ somewhat disagree
   En desacuerdo / disagree
   Completamente en desacuerdo/ strongly disagree

4. No puedo contar con mis familiares y amigos para para que me ayuden con problemas.
I can't count on my relatives and friends to help me with problems.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

5. Yo tengo suficiente contacto con las personas que me hacen sentir especial.
I have enough contact with the people who make me feel special.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

6. Yo paso tiempo con otros(as) que tienen los mismos intereses que yo.
I spend time with others who have the same interests that I do.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

7. Hay muy poca oportunidad en mi vida para estar dando y cuidando a otra persona.
There is little opportunity in my life to be giving and caring to another person.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

8. Otros(as) me dicen que les gusta trabajar conmigo, (en el trabajo, comités o projectos.
Others let me know that they enjoy working with me (job, committees, or projects).

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

9. Hay gente que está disponible si yo necesitara ayuda por una temporada prolongada.
There are people who are available if I needed help over an expended period of time.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

10. No hay nadie con quien hablar acerca de cómo me siento.
There is no one to talk to about how I am feeling.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

11. Entre mis amigos(as), nos hacemos favores unos(as) a otros(as).
Among my friends we do favors for each other.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

12. Yo tengo la oportunidad de animar a otros(as) para que desarrollen sus intereses y habilidades.
I have the opportunity to encourage others to develop their interests and skills.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

13. Mi familia me deja saber que yo soy importante para que la familia siga adelante.
My family lets me know that I am important for keeping the family running.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

14. Tengo familia y amigos que me ayudarán aunque yo no pueda pagarles.
I have family and friends who will help me out even if I can't pay them back.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

15. Cuando estoy enojada hay alguien con quien puedo estar que me deja ser yo misma.
When I am upset there is someone I can be with who lets me be myself.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

16. Yo siento que nadie tiene las mismos problemas que yo.
I feel there is no one who has the same problems as I do.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

17. Me gusta hacer cosas "especiales" que hacen la vida de otra persona más agradable.
I enjoy doing "extra" things that make another person's life more pleasant.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

18. Yo se que otros(as) me aprecian como persona.
I know that others appreciate me as a person.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

19. Hay alguien que me ama y se preocupa por mi.
There is someone who loves and cares about me.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

20. Yo tengo personas con quien puedo compartir eventos sociales y actividades divertidas.
I have people to share social events and fun activities with.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

21. Yo soy responsable de ayudar a proveer por las necesidades de otra persona.
I am responsible for helping provide for another person's needs.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

22. Si necesito consejos, hay alguien que me pudiera ayudar a figurar una manera para arreglar la situación.
If I need advice, there is someone who would assist me to work out a plan for dealing with the situation.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

23. Tengo la sensación de que soy necesitada por otra persona.
I have a sense of being needed by another person.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

24. Las personas piensan que yo no soy tan buena amiga como lo debería ser.
People think that I am not as good a friend as I should be.

Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

25. Si me enfermo, hay alquien que me me puede dar consejos acerca de cómo cuidarme.
If I got sick, there is someone to give me advice about caring for myself.

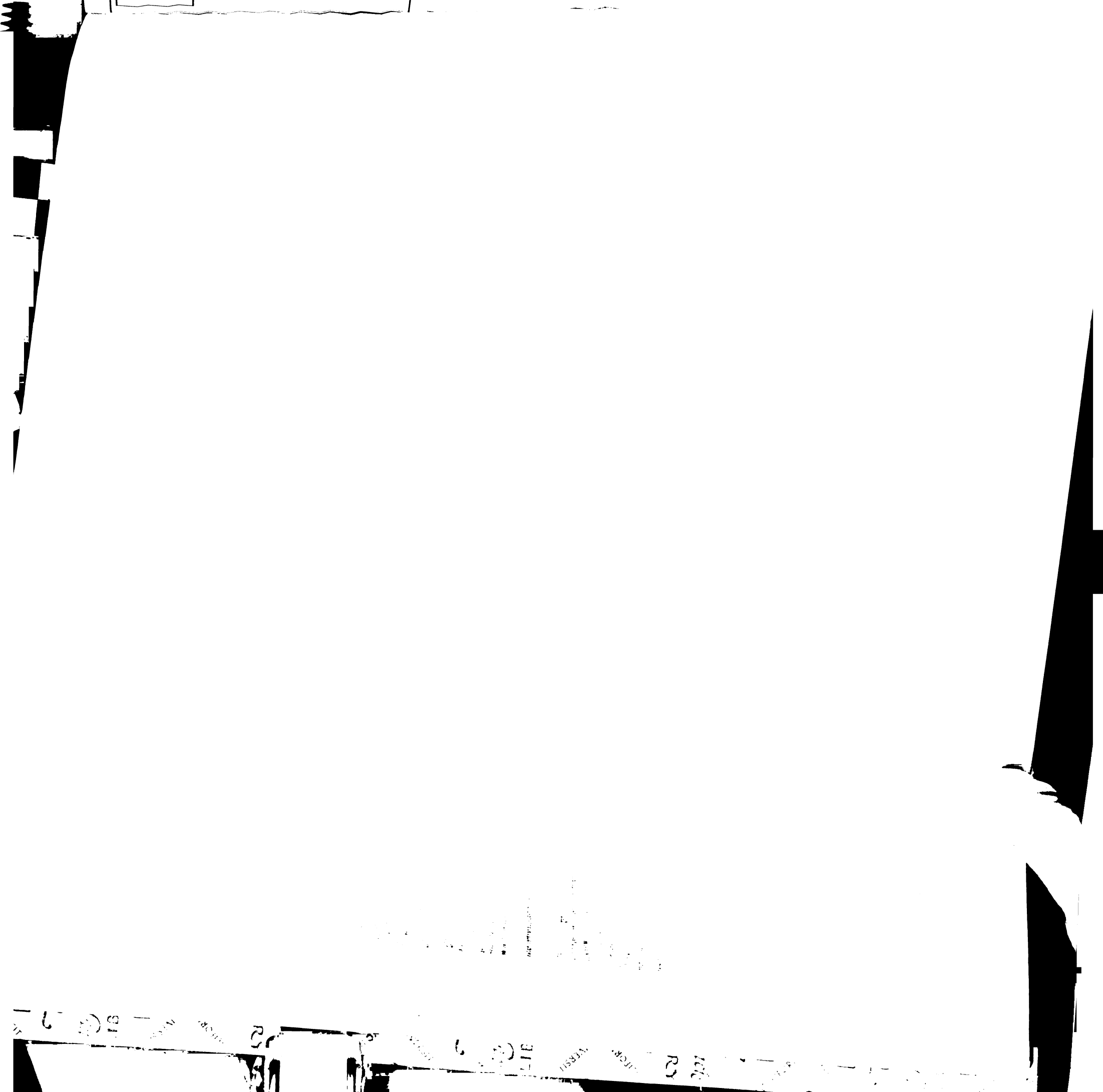
Completamente de acuerdo/ completely agree
De acuerdo/ agree
Mas o menos de acuerdo/ somewhat agree
Neutra/ neutral
Algo en desacuerdo/ somewhat disagree
En desacuerdo / disagree
Completamente en desacuerdo/ strongly disagree

26. Hay alguien con quien puedo hablar sobre mis problemas o de mi misma.
There is someone with whom I can speak about my problems or myself.

SI/Yes NO/No

27. Si su respuesta es si, por favor indique su relación con esa persona.
If you answered yes, please indicate the relation of that person.

_____



NOMBRE _____ FECHA _____ 230

SEXO: Ⓗ Ⓜ

**A continuación hay una lista de palabras que describen sentimientos que la gente tiene. Por favor lea cada una de ellas con atención. Después rodee con un círculo el número correspondiente a la respuesta que mejor describa como se ha sentido durante.**

Los numeros se refieren a las siguientes frases:

⓪ = **Nada**
① = **Un Poco**
② = **Moderadamente**
③ = **Bastante**
④ = **Extremadamente**

| | Nada | Un Poco | Moderadamente | Bastante | Extremadamente |
|---|---|---|---|---|---|
| 1. Tenso | ⓪ | ① | ② | ③ | ④ |
| 2. Enfadado | ⓪ | ① | ② | ③ | ④ |
| 3. Agotado | ⓪ | ① | ② | ③ | ④ |
| 4. Animado | ⓪ | ① | ② | ③ | ④ |
| 5. Confuso | ⓪ | ① | ② | ③ | ④ |
| 6. Agitado | ⓪ | ① | ② | ③ | ④ |
| 7. Triste | ⓪ | ① | ② | ③ | ④ |
| 8. Activo | ⓪ | ① | ② | ③ | ④ |
| 9. Enojado | ⓪ | ① | ② | ③ | ④ |
| 10. Enérgico | ⓪ | ① | ② | ③ | ④ |
| 11. Inútil | ⓪ | ① | ② | ③ | ④ |
| 12. Incómodo | ⓪ | ① | ② | ③ | ④ |
| 13. Fatigado | ⓪ | ① | ② | ③ | ④ |
| 14. Molesto | ⓪ | ① | ② | ③ | ④ |
| 15. Desanimado | ⓪ | ① | ② | ③ | ④ |
| 16. Nervioso | ⓪ | ① | ② | ③ | ④ |
| 17. Solitario | ⓪ | ① | ② | ③ | ④ |
| 18. Ofuscado | ⓪ | ① | ② | ③ | ④ |
| 19. Exhausto | ⓪ | ① | ② | ③ | ④ |
| 20. Ansioso | ⓪ | ① | ② | ③ | ④ |
| 21. Pesimista | ⓪ | ① | ② | ③ | ④ |
| 22. Perezoso | ⓪ | ① | ② | ③ | ④ |
| 23. Fastidiado | ⓪ | ① | ② | ③ | ④ |
| 24. Desorientado | ⓪ | ① | ② | ③ | ④ |
| 25. Violento | ⓪ | ① | ② | ③ | ④ |
| 26. Eficiente | ⓪ | ① | ② | ③ | ④ |
| 27. Fuerte | ⓪ | ① | ② | ③ | ④ |
| 28. Furioso | ⓪ | ① | ② | ③ | ④ |
| 29. Olvidadizo | ⓪ | ① | ② | ③ | ④ |
| 30. Vigoroso | ⓪ | ① | ② | ③ | ④ |

**ASEGÚRESE DE HABER CONTESTADO TODAS LAS PREGUNTAS**



**SHORT FORM**

A C D F T V

Record Number _____

## SHORT ACCULTURATION SCALE
Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987

1. Por lo general, ¿qué idioma(s) lee y habla usted?
   - Sólo Español.....1
   - Más Español que Inglés... ....2
   - Ambos por igual..... .....3
   - Más Inglés que Español... .. ..4
   - Sólo Inglés.....5

2. Por lo general, ¿qué idioma(s) habla in su casa?
   - Sólo Español.....1
   - Más Español que Inglés... ....2
   - Ambos por igual..... .....3
   - Más Inglés que Español... .. ..4
   - Sólo Inglés.....5

3. Por lo general, ¿en qué idioma(s) piensa?
   - Sólo Español.....1
   - Más Español que Inglés... ....2
   - Ambos por igual..... .....3
   - Más Inglés que Español... .. ..4
   - Sólo Inglés.....5

4. Por lo general, ¿qué idioma(s) habla con sus amigos?
   - Sólo Español.....1
   - Más Español que Inglés... ....2
   - Ambos por igual..... .....3
   - Más Inglés que Español... .. ..4
   - Sólo Inglés.....5