

5-2022

## LATINAS' CULTURAL BELIEFS AFFECT ON THEIR POSTPARTUM MENTAL HEALTH

Cindy Hernandez

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

---

### Recommended Citation

Hernandez, Cindy, "LATINAS' CULTURAL BELIEFS AFFECT ON THEIR POSTPARTUM MENTAL HEALTH" (2022). *Electronic Theses, Projects, and Dissertations*. 1482.  
<https://scholarworks.lib.csusb.edu/etd/1482>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

LATINAS' CULTURAL BELIEFS AFFECT ON THEIR POSTPARTUM  
MENTAL HEALTH

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Cindy Hernandez

May 2022

LATINAS' CULTURAL BELIEFS AFFECT ON THEIR POSTPARTUM  
MENTAL HEALTH

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

by  
Cindy Hernandez  
May 2022

Approved by:

Thomas Davis, Research Supervisor, Social Work

Laurie Smith, M.S.W. Research Coordinator

© 2022 Cindy Hernandez

## ABSTRACT

Postpartum depression affects Latinas at a higher rate than the general population; however, Latinas often refrain from seeking mental health services due to their cultural beliefs. By examining Latinas' experiences and perspectives on postpartum depression and how their cultural beliefs impact them. This study provides insight to increase postpartum depression awareness and mental health service seeking among Latinas. In this exploratory study, a qualitative approach was utilized in which Latinas were recruited to participate in interviews containing open-ended questions, then transcribed into transcripts. The transcripts were reviewed for accuracy, coded for themes, and examined by utilizing thematic analysis. The findings of this study provide insight on Latinas' perspective and experiences with postpartum depression and sets a foundation for further research. In addition, it sets a foundation to improve the ways postpartum depression is addressed in health care and throughout communities, and ultimately leading to a rise in mental health service seeking.

## ACKNOWLEDGEMENTS

### Family

A huge thank you to my husband who has been my rock and provided endless love and support since the very beginning. Thank you for the sacrifices and extra hard work you have put in to support our little family. Thank you for always believing and pushing me. Together, we will build our empire. I love you, Max.

To my family, thank you so much for being there for me and supporting me always. I could always count on the comfort and love you all give me. A huge thank you for the village that helped me take care of my Ella when I was at school, internship, and wherever else; I will always appreciate it.

### Research Advisor

Dr. Davis thank you for all your help and making this research process simple and low stress. I appreciate your talent of simplifying concepts and ideas.

### Participants

Special acknowledgments to the participants of this study. Thank you for giving me the gift of listening to your journey, I enjoyed listening and talking to each one of you. It truly means everything to me. You are all incredible, unstoppable, and amazing mothers and Wonder Women. To all the women who are battling or have battled with postpartum depression, you are not alone.

## DEDICATION

To my love, Ella, you have been the engine that keeps me going. You are my motivation to get through anything. Through the most challenging and stressful days and nights, your smile, hugs, and kisses kept me going. By getting this Master's degree, I am setting the foundation for a greater and brighter future for you and the little bean that is on the way. You will go far in life, I know it. Thank you for being an amazing little human and always brighten my day. Everything that I do is for you. I love you with all my heart my precious baby Ella.

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES .....	viii
CHAPTER ONE: INTRODUCTION	
Problem Formulation.....	1
Purpose of the Study .....	3
Significance of the Project for Social Work Practice.....	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction .....	7
Postpartum Mental Health Needs.....	7
Higher Risk for Postpartum Depression.....	7
Cultural Beliefs.....	8
Accessibility to Health Care.....	9
Studies Focusing on Latinas' Cultural Beliefs Impact on Postpartum Depression.....	10
Theory Guiding Conceptualization.....	12
CHAPTER THREE: METHODS	
Introduction .....	13
Study Design .....	13
Sampling.....	15
Data Collection and Instruments.....	16
Procedures .....	17

Protection of Human Subjects .....	18
Data Analysis.....	18
Summary .....	19
 CHAPTER FOUR: RESULTS	
Introduction.....	20
Analysis .....	20
Data Thematic Results.....	21
Summary .....	37
 CHAPTER FIVE: DISCUSSION	
Introduction.....	38
Discussion .....	38
Psychoeducation on Postpartum Depression .....	39
Aftercare .....	40
Lack of Support.....	41
Expectations of New Mothers .....	43
Fear of Being Viewed as Weak.....	45
Postpartum Psychosis.....	46
Cultural Traditions- <i>Cuarentena</i> .....	48
Being in Denial.....	50
Limitations.....	51
Social Work Practice and Conclusions .....	52
 APPENDIX A: MASS EMAIL INFORMATION .....	
	55

APPENDIX B: INTERVIEW GUIDE .....	57
APPENDIX C: INFORMED CONSENT .....	59
APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL .....	61
REFERENCES.....	62

## LIST OF TABLES

Table 1. Demographic of Research Participants .....	22
Table 2. People: General.....	23
Table 3. Artifacts: Abstract .....	23
Table 4. Places.....	24
Table 5. Concept: Fear of Being Viewed as Weak. ....	25
Table 6. Concept: Expectations of New Mothers.....	26
Table 7. Concept: Being in Denial .....	28
Table 8. Concept: Family and Partner/Spouse Support .....	29
Table 9. Concept: Postpartum Psychosis.....	32
Table 10. Concept: Misconceptions of Postpartum Depression .....	33
Table 11. Concept: Cultural Traditions- <i>Cuarentena</i> .....	34
Table 12. Concept: Improving Services for Postpartum Depression .....	38

# CHAPTER ONE

## PROBLEM FORMULATION

### Introduction

. Postpartum depression is a depressive disorder suffered by women after giving birth that is caused by a combination of hormonal changes, psychological shift into motherhood, and exhaustion, affecting 12% to 19% of the general population (Lara-Cinisomo et al., 2016). However, postpartum depression affects Latinas more than the general population with an estimation of 30 to 43% (Lara-Cinisomo et al., 2016). The higher risks of postpartum depression among Latinas may be connected to factors, such as lower socioeconomic status, language barriers, limited or no partner support, undocumented, lower education level, and lack of accessibility to mental health services and resources (Sampson et al., 2017). Research shows that Latinas refrain from seeking help due to their cultural beliefs on PPD that includes stigma, expectation of gender roles, goes away on its own, and fear of obtaining services (Sampson et al., 2017). Cultural beliefs are interfering with Latina women seeking postpartum depression services, which impacts their mental health.

Research has shown that one in five women will experience PPD, Latinas being at higher risk; however, most of them do not seek help and support (Baker-Ericzen et al., 2012). Postpartum depression may cause harmful health risks for mother and child, such as difficulty bonding which causes long-term negative effects on attachment (Baker-Ericzen et al., 2012). PPD needs to be addressed

and promote mental health services. If postpartum depression goes untreated, it poses a risk to mothers by self-harm, suicide, and lead to psychosis. Suicides counts for 20% of all postpartum deaths (Hansotte et al., 2017). Postpartum depression poses a risk for the infant by causing behavioral, cognitive, and social developmental issues (Hansotte et al., 2017). Latinas are less likely to seek mental health services and are identified as the group that is more susceptible to PPD. This is a significant problem because Latinx account for the largest ethnic minority group in the United States, standing at 18%; furthermore, Latinas lead in birthrate of 31% greater than national average (Ponting et al., 2020).

Latina women do not seek mental health services for postpartum depression because they are not informed of the severity this disorder may have and they are not screened often and thoroughly. Correspondingly, the postpartum depression screening, Edinburgh Postnatal Depression Scale, is encouraged but not mandated (Hansotte et al., 2017). Postpartum depression screening should be mandated with confidentiality rights to encourage women to be screened and assure they will receive help to manage the depressive disorder. Postpartum depression is largely affecting women, especially Latinas, and children by posing serious health and safety risks. It is an issue that reflects a flawed health care system that impacts society's mental health, safety, and overall well-being. The issue is inadequate screening, referrals, treatments, accessibility, and awareness on postpartum depression that leads to a greater mental health outbreak causing negative long-term effects (Keiffer et al., 2012).

A 5-step iterative process has been researched to find effective postpartum depression intervention plans for Latinas, which address different aspects, issues, and planning. The plan includes to identify needs, gather information, then design of adaptation followed by implement, evaluate, and refine adaptation, and lastly, replicate and disseminate (Huynh-Nhu Le et al., 2010). This research will address the importance of identifying needs and gathering information, and how effective will the implementation plan be if tailored to different populations including Latinas. The goal is to implement plans and services that are accessible to all women and increase the rate of women seeking mental health service for postpartum depression.

An attempted solution was completing Edinburgh Postpartum Depression Scale, then a follow-up comprehensive diagnostic interview in the individual's primary language (Baker-Ericzen et al., 2012). During the follow-up, the mental health providers gave medical information about postpartum depression and available services. In addition, this plan educates mothers and families about PPD and the importance of seeking support for the mother and child's well-being. It also validates Latinas' cultural beliefs but informs them about health risks and providing alternatives.

### Purpose of the Study

The purpose of this study is to explore the affect Latinas' cultural beliefs has on their postpartum mental health. In observing the field of postpartum mental health, a problem significantly concerning, is the high rates of postpartum

depression among Latinas. Despite the high risk of untreated PPD among Latina population, there is limited research that focuses on mothers' plan for seeking help and barriers in obtaining mental health services (Abrams et al., 2009). A study indicated that new mothers noticed the attachment between mother and infant were impacted by their symptoms of postpartum depression (Tester-Jones et al., 2015). This demonstrates that postpartum depression is important to address because it impacts infant's development and attachment throughout different stages of their life, and mothers' overall mental health, wellbeing, and safety. In order to begin addressing the issues of Latinas' cultural beliefs impacting their postpartum mental health, research needs to be utilized in determining how to best address the specific factors that are causing Latinas to avoid seeking postpartum mental health services.

The overall research method used for this research study is a qualitative design. The study was administered through a focus group administered through an online forum. This research design was selected because a focus group can be set up to have a discussion focused on postpartum depression and record data collection efficiently. Since there is a limited time frame to gather and analyze data collection, this research method was ideal. Due to the anonymity of the online forum, the possibility of bias from the researcher to the respondents is unlikely because the researcher cannot influence the way they respond.

## Significance of the Project for Social Work Practice

This research study is needed because women with postpartum depression often seek services and support from social workers than they do from other professionals (Polmanteer et al., 2016). Since postpartum depression is an issue, especially among Latinas that are at a higher risk, it is crucial to research the factors that intervenes with seeking out services. With the findings and results of this research study, a definitive intervention may be created to determine the resources and services that would be most beneficial.

Postpartum depression negatively impacts new mothers' mental health, safety, and relationship with their infant. In addition, new mothers living with postpartum depression can impact their infant's cognitive and social development and interferes with establishing a secure attachment with their mother. The values and principles of social work includes service, dignity and worth of the person, importance of human relationships, and integrity. Therefore, it is a duty to research postpartum depression in depth, including disparities, and provide quality services for women living with postpartum depression.

The generalist intervention process that is informed by this research study is assessing, implementing, and evaluating. My research question for this project is: how does cultural beliefs affect Latinas' mental health dealing with postpartum depression?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

##### Postpartum Mental Health Needs

Postpartum Depression is widespread among disadvantaged Latinas; however, it often goes undetected by women or their health care providers, and Latinas withhold to seek mental health care (Chaudron et al., 2005). Latinas are at a higher risk for Postpartum Depression, counting for 37% compared to 10 to 15% women in the general population (Sampson et al., 2017). Since Latina women have a higher birth rate of 2.53 children compared to White women—1.71, it is crucial to study Latina postpartum mental health (Sampson et al., 2017). The factors that may affect Latinas' postpartum mental health includes barriers to accessing mental health care, as stigma, language and cultural barriers, immigration status, and perception of medical workers (Callister et al., 2011).

##### Higher Risk for Postpartum Depression

Low socioeconomic class is a risk factor for postpartum depression because of the pressure of pregnancy and caring for an infant with everyday stress of financial limitations (Segre et al., 2007). This leads to health care disparities because Latinas may have limited access to health care or none at all.

In addition, acculturative stress is associated to Latinx decline in mental health, including postpartum depression (Lara-Cinisomo, 2016). The stressors that Latinas experience contribute to the probabilities of postpartum depression, including fear of deportation, limited education, and language barriers, all being factors that lead to everyday stressors (Lara-Cinisomo, 2016). Latinas that have low acculturation are at higher risks for mental health problems, including postpartum depression (Davila et al., 2008). Acculturation refers to an immigrant adapting to host country, as in this study, assimilating into the U.S. lifestyle. Furthermore, Latinas, especially new mothers, may feel more isolated, homesick, and lonely, increasing the risk for postpartum depression. Latinas' home countries such as, but not limited to, Mexico, El Salvador, Honduras, and Cuba, have the tradition to do *cuarentena* which is 40 days that new mothers focus on recovering and bonding with baby. New mothers receive help and support from family by cleaning, and cooking, and providing additional care for new mother and baby. In the U.S., we do not typically follow this custom, which leads to Latinas mothers to feel lonely, exacerbating the risk for postpartum depression.

### Cultural Beliefs

Latinas had identified barriers in seeking help for PPD, such as stigma of mental illness, cultural beliefs about maternity and women's role (Callister et al., 2011). Most Latin American countries have their cultural beliefs that new mothers should receive help and support. The practice is known as *cuarentena*, referring

to the 40 days those new mothers receive support from family to strictly focus on recovering and bonding with their infant; however, for Latinas in the United States, the deprivation of this cultural tradition may impact seeking professional support (Sampson et al., 2021). Latinas are the ones that assumes many roles and the family relies on; therefore, it is difficult for them to accept help (Callister et al., 2011). Latinas' cultural beliefs include women to focus on taking care of others, which leads to spending less time and effort in taking care of themselves (Mendoza-Flores et al., 2002). In addition, a Latinas' traditional role is often perceived to be a housewife and a mother; if partaking in other roles outside of the cultural norm, Latinas would be viewed as selfish (Mendoza-Flores et al., 2002).

#### Accessibility to health care

Latinas are hesitant to seek mental health services due to lack of childcare and transportation, financial limitations, and time restrictions (Callister et al., 2011). The lack of information about mental health, especially postpartum depression is of concern because it is not being addressed as often as it should despite the ramifications of the issue (Callister et al., 2011). Due to lower socioeconomic status, Latinas have lower rates of postpartum screening and treatment, drawing on the disparities in health care (Hansotte & Babich, 2017). During the six months postpartum, the Edinburgh Postnatal Depression scale is used to screen new mothers for postpartum depression. Although it is

encouraged, routine screening for postpartum depression is not mandated (Hansotte & Babich, 2017). This demonstrates that there is no standard care and screening for all women regarding postpartum depression. Therefore, women that are need treatment for postpartum depression are deprived of services and support because they are not receiving the adequate screening and professional help. Given that Latinas have a higher fertility rate, it is crucial that they receive screening.

#### Studies Focusing on Latinas' Cultural Beliefs Impact on Postpartum Depression

There is research on Latinas' postpartum depression and the impact that their cultural beliefs have on mental health. The research on Latinas' postpartum mental health includes the factors that puts them at a higher risk; however, there are gaps in the literature that prove that research in Latinas' cultural beliefs impact on postpartum depression is insufficient. With ample research, it can help identify health care delivery systems barriers and implement plans that make mental health services accessible. Therefore, this research will identify barriers in health care delivery systems, which may ease Latinas' perceptions about postpartum depression. Furthermore, this research will be followed by a model of service utilization to assess.

Throughout the research, it is mentioned that Latina immigrants fear accessing services because of their immigration status and lack Spanish-speaking providers (Sampson, 2017). Furthermore, Latinas refrain from seeking

mental health treatment because of the stigma of being viewed as “crazy” (Hansotte & Babich, 2017). Latinas, in general, believe that good mothers do not get depressed after having a baby (Hansotte & Babich, 2017). This reflects gaps in the research by identifying the pattern of Latinas’ being deprived of information regarding mental health, thus the misconceptions about postpartum depression. For instance, the fear of deportation due to immigration status is a misbelief that can be easily addressed by health care delivery systems. Additionally, refraining from seeking mental health treatment due to the stigma and being labeled as “crazy” can also be addressed by the health care system through education and information. Lastly, the misconception that good mothers do not get depressed can also be addressed by health care delivery systems by educating on the physiological changes after delivering a baby, especially hormones that may contribute to depression.

Postpartum depression is often undiagnosed and untreated due to the lack of knowledge among women and their providers (Groh, 2013). Once discharged after delivering baby, it is often that women are not seen by health care provider for six weeks, which is a crucial transition (Academy of Pediatric & American College of Obstetricians and Gynecologists, 2012). This leads to many women coping independently, whether negatively or positively.

Another gap in the study is research on PPD and the role of culture is limited and overlooked. The role of culture is crucial in addressing postpartum depression in Latinas to understand their views, beliefs, and attitudes and

determine if health care providers can provide insight that does not interfere with culture beliefs but provides the medical information regarding postpartum depression. The goal is to inform Latinas about the needed information regarding postpartum depression. This study aims to expand our understanding of cultural beliefs and meaning making of PPD as told by a group of Latina immigrants.

### Theory Guiding Conceptualization

The theory utilized to actualize the ideas in this research are Andersen Model.

The Andersen Model was utilized in a study that assesses the factors that Ghanaian men utilize HIV testing services (Seidu, 2020), which the model can also be applied to Latinas' cultural beliefs affect seeking postpartum mental health services. The key components of the Andersen model include, predisposing, enabling, and need-for-care factors (Seidu, 2020). The predisposing factors references to individual's beliefs, attitudes, and their understanding of health services, in addition to demographic characteristics and social structural variables (Seidu, 2020). Additionally, enabling factors refers to available resources, community-based or individual. The need for care factors refers to the ease or hinder of services utilization by individuals (Seidu, 2020). The Andersen Model can be implemented in health care delivery systems to provide postpartum mental health services to Latinas and ease their misconceptions and perceptions based on their cultural beliefs. The predisposing

stage can have a significant impact on Latinas seeking postpartum mental health services because their cultural beliefs will be acknowledged and be provided with the information needed to best understand postpartum depression. This is important because Latinas would be most likely to seek postpartum treatment, which lessens the ramifications of the issue, suicide, and developmental issues of infant.

## CHAPTER THREE

### METHODS

#### Introduction

This study explored the factors that interfered with Latinas seeking professional help and mental health services for postpartum depression, including cultural beliefs. In addition, this study addressed strategies that would encourage more mental health help seeking for postpartum depression among Latinas. This chapter includes the details of how the study was effectuated. The sections include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

The purpose of this study is to identify and evaluate the barriers that impact Latinas' decision in seeking professional help and mental health services. To best address this problem, this is an exploratory research project, which focuses on understanding the impact of Latinas' cultural beliefs on their mental health regarding postpartum depression and gathering in-depth insights. This research collected and analyzed data to comprehend concepts on Latinas' cultural beliefs and the impact it had towards their mental health postpartum. Additional data was collected for this research through questionnaire regarding cultural beliefs' impact on postpartum depression and supplemented with one-on-

one interviews. The questionnaire was presented to focus groups, Latina women that have experienced the postpartum period.

Furthermore, this research consists of exploratory and qualitative geared towards exploring in-depth information, such as statistics that represents the percentage of Latinas affected by postpartum depression, factors that make Latinas more susceptible, and motives that Latinas refrain from seeking mental health services. Additionally, this research defines the ramifications of Latinas' mental health postpartum, considering cultural beliefs, and the need to address this issue. This research explores factors that impacts Latinas' postpartum mental health on a larger scale or macrosystem.

The limitations of using questionnaire are that some participants did not give in depth responses. In questionnaires, it is common to answer the questions briefly because surveys are viewed as a tool to gather information by answering the questions and providing little to no comments. Therefore, this research project was supplemented with one-on-one interviews to provide more details to understand and give in-depth information. The intention of this study is to explore Latinas' cultural beliefs regarding postpartum depression and other factors that impact their decision in reaching out for professional help and mental health services.

## Sampling

For this study, it included non-probability sampling of Latinas experiencing postpartum depression. This type of sampling is relevant to this study because I am seeking specific characteristics of human subjects, which is Latinas, 18 years old and over, and has history of postpartum depression. People that met the criteria were eligible to participate in the study. The samples this study utilized are human subjects that were interviewed via Zoom. Respondents were solicited through a Facebook postpartum depression group—a flyer was posted on the group page stating the purpose of the study, three different date and four different times, and contact information. A brief criterion is included on the flyer—must be 18 years and over, had past history of postpartum depression, and identify as Latina. Eight Latinas were interviewed for this study. The questions that were asked are valid and reliable since a pilot test was done. The questions are valid in gathering information to answer the research question and reliable that it obtained a variety of responses due to being open-ended.

The questions, which are also available in Spanish, that were asked for this study are:

1. What are your thoughts on the way people respond to you when you talk about postpartum depression?
2. In what ways does your cultural beliefs influence the decision in seeking mental health services for postpartum depression?

3. What are your perceptions on seeking and receiving mental health services for postpartum depression?
4. Can you share on what has been your experience been like living with postpartum depression?
5. Can you share on the type of support and help you received from your family and friends?
6. What are your thoughts on seeking mental health services for postpartum depression for yourself?

#### Data Collection and Instruments

For this study, qualitative data was collected through live, audio-recorded one-on-one interviews in January 2022. Participants were recruited through a private Facebook postpartum depression group, in which a flyer was posted in English and Spanish for eligible group members that liked to participate in the study. The flyer included the purpose of the study, the need for participants, and eligibility. In addition, participants had the option of choosing three different dates and four different time slots that best fit their schedule, which was indicated on the flyer. Participants were asked to RSVP via email. Researcher emailed participants briefly describing the nature of the study and interview and were provided with the Zoom link for scheduled interview date. Before starting the interview, each participant was presented with an introduction, the nature of the study, and the purpose of it. The researcher gathered demographic information

from participants prior to their participation in the study. This information included age, highest level of education, country of origin, marital status, employment, health insurance, and number of children.

### Procedures

The interviews for this study were conducted online via Zoom to eliminate the possibility of COVID-19 exposure. The researcher posted flyers in English and Spanish on a Facebook postpartum depression group that described the purpose of the study, qualifications for participating, option of three dates and four times, contact information, and need for RSVP. Participants emailed me the date and time that best fits their schedule. I provided an email that included the Zoom link for our interview meeting, purpose of study, contact information, and consent form in English and Spanish, that was asked to be filled out prior to our meeting. During the Zoom meeting, the researcher locked the meeting as a precaution to the protection of the participant's identity. Before starting the one-on-one interview, the researcher reviewed the details, benefits, and purpose of the study, discussed confidentiality, and the participants that agreed to continue with study gave a verbal consent to participate. Once the one-on-one interview was done, the researcher thanked the participant and informed them that their identity and information is confidential, and their participation is a contribution in the research of Latinas with postpartum depression.

## Protection of Human Subjects

The identity of the participants is kept confidential from other participants and individuals outside of this study. For the one-on-one interviews, it was conducted through Zoom, in which researcher was in a private room with earphones to provide extra anonymity of the participants and their responses. Furthermore, researcher explained confidentiality including that their participation and responses in the study are anonymous; their names will not be used. The participants were instructed not to utilize names, instead used pseudonyms. The participants read and signed a consent form prior to participating in the study and consented to be audio recorded. The researcher explained that if participants do not wish to participate or do not want to continue with the study, they may withdraw from the study. Any information collected were safely discarded and deleted electronically and handwritten notes were shredded. The audio recordings were stored in an electronic file with a 265-bit AES encryption. Participants in the one-on-one interviews were assigned a number, as opposed to using their names, to protect their identity. After a year of completing the study, the audio recordings, emails with participants' name, and documentation will be deleted from USB drive.

## Data Analysis

This study is qualitative; therefore, data was collected through interviews conducted via Zoom. Based on the responses I received from participants, I

analyzed and determined any patterns, trends, similarities, and differences. Additionally, I compared the relationships of patterns, trends, similarities, and differences to Latinas' cultural beliefs regarding their postpartum mental health. By identifying any patterns and trends from participants responses, the research question was answered—how cultural beliefs affects Latinas' postpartum mental health and if there are any significant findings.

### Summary

This study identified and explored the barriers and factors that impact Latinas' decision in obtaining professional help and mental health services for postpartum depression. The participants provided insight and responses that contributed to understanding the factors they encountered that kept them from seeking mental health services for postpartum depression. A qualitative study best addressed this issue and facilitated this process.

## CHAPTER FOUR

### RESULTS

#### Introductions

This chapter describes how the data was analyzed and the results of the analysis. This qualitative study provides in-depth responses from Latinas that have history of postpartum depression and the affect their cultural beliefs had on seeking mental health services. After interviewing eight participants on their experiences of struggling with postpartum depression and the impact their cultural beliefs had on their decision in seeking help, interviews were transcribed and analyzed using thematic analysis. The demographics of the research participants is presented, followed by themes, and categories: people, places, ideas, and artifacts which were identified from the data.

#### Analysis

In Table 1, the demographic information of the research participants is presented. This table identifies age, level of education, country of origin, marital status, employment status, access to health insurance, and number of children. The participants' ages ranged from 23 to 35 years old, the average age of the participants is 28 years old. Participants' level of education consisted of a variation of High School Diploma, some college, Bachelor's degree, and Master's degree. Most of the participants' country of origin is Mexico, except for one which is Honduras. The participants' marital status varied between single, married,

divorced, and cohabitation. One participant is not employed, the rest have part-time or full-time jobs. All the participants have access to health insurance. Lastly, the number of children that participants have range from 1 to 3.

Tables 2-12 illustrates the data thematic results which includes the elements of the affect Latinas' cultural beliefs has on their postpartum depression and seeking mental health services. The elements are categorized by people, places, ideas, and artifacts through the thematic analysis of the participants' interview transcripts. Direct quotes were utilized to capture the authenticity of the meaning behind participants' responses and to limit misinterpretation of the data.

### Data Thematic Results

The research question being addressed in the study was: how does cultural beliefs affect Latinas' mental health dealing with postpartum depression? This was an exploratory question that aimed to gain insight from Latinas' cultural beliefs on postpartum depression and the impact it has on them seeking mental health services. Through the analysis of the data gathered, seven major themes emerged: fear of being viewed as weak, expectations of new mothers, being in denial, family and partner/spousal support, postpartum psychosis, misconceptions of postpartum depression, cultural traditions- *cuarentena*, and improving services for postpartum depression.

Table 1. Demographics of Research Participants

<b>Demographic</b>	<b>Participant Response</b>
<b>Age</b>	31,35,26,26,27,26,23,35
<b>Level of Education</b>	Master's, High School Diploma, Some College, Bachelor's, Bachelor's, Bachelor's, Some College, Some College
<b>Country of Origin</b>	Mexico, Mexico, Mexico, Mexico, Mexico, Mexico, Mexico, Honduras
<b>Marital Status</b>	Married, Cohabitation, Divorced, Single, Married, Single, Single, Married
<b>Employment Status</b>	Full-Time, Unemployed, Full-Time, Full-Time, Unemployed, Part-time, Full-Time, Part-Time
<b>Access to Health Insurance</b>	Active, Active, Active, Active, Active, Active, Active, Active
<b>Number of Children</b>	2, 1, 1,1, 2, 1, 1, 3

Table 2. People: General

<b>Content/Theme</b>
<ul style="list-style-type: none"><li>• New mothers</li><li>• Partners/Spouses</li><li>• Family</li><li>• Children</li><li>• Nurses</li><li>• Doctors</li><li>• Psychologists</li></ul>

Table 3. Artifacts: Abstract

<b>Content/Theme</b>
<ul style="list-style-type: none"><li>• Resources</li><li>• Self-Care</li><li>• Quality of Care</li><li>• Care Follow-up</li><li>• Cultural beliefs</li><li>• Lack of Information</li><li>• Psychoeducation</li></ul>

Table 4. Places

---

---

**Content/Theme**

---

---

(Personal Communication, Participant 4, January 2022)

- “I got a lot of like resources even during the class [lamaze] and even like after when I went into my checkup I just got some information so I was able to get resources but never really followed through with actually committing to going because after the doctors, I had to get back to work so it was just something that I just thought I'll be fine.”
- “I think that's where [Foothill Families] things are kind of also changing because she's like “you know we don't always have to focus on your son we can focus on you’ like ‘how are you doing’, ‘you want to set goals for yourself’ ‘how are you mentally’...I think it wasn't until then that I kind of realized like I'm not happy where I'm at like I knew that wasn't as motivated as before.”

(Personal Communication, Participant 7, February 2022)

- “They were like ‘Oh well see you again’ and the couple of times I went back, they didn't ask me this question anymore it was just like for that six-week checkup so I feel like my doctors failed me at that point.”

(Personal Communication, Participant 8, February 2022)

- “At the doctor's office after you have a baby they do ask you those questions, do you feel depressed they also tell you there in the paperwork, ‘you know if you need help let us know’ and then there's a number also but like I mentioned prior is that where we were kind of like a denial like ‘no that's not me’ it's going to go away it's going to go away”.
- 

Table 5. Concept: Fear of Being Viewed as Weak

---

**Content/Theme**

---

(Personal Communication, Participant 1, January 2022)

- “...women who have been mothers and who have not experienced any type of postpartum depression or consider they have not experienced any type of postpartum depression made comments and told me, for example, that postpartum depression only happened to women who were not intelligent enough or who did not have adequate emotional strength, since they had previous psychological problems...”

(Personal Communication, Participant 2, January 2022)

- “I think that in our Latino culture, people are very hurtful on this subject and they tend to mark you as a weak person when you accept that you have this problem.”

(Personal Communication, Participant 4, January 2022)

- “...going back to the cultural beliefs not that I didn't need the mental health just like you can do it on your own, I don't know if that's just me being like hardheaded or me just being a woman like trying to be independent trying to do things on their own it's just like I know their reasons”

(Personal Communication, Participant 6, February 2022)

- “...but I always just kept my feelings to the side and stuff because I didn't want be known as the weak one or something like that.”
- “I think it's just mainly because it's fairly new and there's still a lot of mothers who are hesitant about it because they might think they're ‘oh if I get these services other mothers are going to frown upon me saying I'm a bad mom or something because I can't get my emotions under control.”

(Personal Communication, Participant 8, February 2022)

- “It's somewhat personal and others they just feel like they'll be criticized or looked at in a different way if you open up and other

people just don't like opening up for that conversation in particular.”

---

Table 6. Concept: Expectations of New Mothers

---

**Content/Theme**

---

(Personal Communication, Participant 1, January 2022)

- “I do consider that culturally it is very centered on the belief that the woman who has just given birth has to be happy because there is a new life in her arms, well, no, there is also a great responsibility and a great attention, a very high demand for attention.”

(Personal Communication, Participant 4, January 2022)

- “I just feel the workload on it, I felt like it was just me, me, me, but I feel like that's just part of the stigma that moms do that; that's just part of like being a mom.”

(Personal Communication, Participant 7, February 2022)

- “It always goes back to the mother, when do mothers get a break, we never get a break which this leads to depression.”
- “Latinas they're like more ‘oh you just got to take care of the baby, you have to take care of the household, you got to make sure your kid is ok, you got to make sure your husband's ok, or your partner is ok, like packing their lunch, folding their clothes,

doing their laundry, cleaning the house, doing the grocery shopping.”

---

Table 7. Concept: Being in Denial

<b>Content/Theme</b>
(Personal Communication, Participant 1, January 2022) <ul style="list-style-type: none"><li>• “...he told me that everything was normal, but the normalizing postpartum depression didn't convince me, although at that moment it didn't even cross my mind that I was experiencing postpartum depression.”</li></ul>
(Personal Communication, Participant 2, January 2022) <ul style="list-style-type: none"><li>• “It was a lot of sadness and mixed feelings of wanting to ask for help and not daring to feel incapable of taking care of your baby but at the same time having the strength to fight for him day by day.”</li></ul>
(Personal Communication, Participant 3, January 2022) <ul style="list-style-type: none"><li>• “They do ask but I can't remember what my answer was I don't think I gave him a yes to it even though I did have it.”</li></ul>
(Personal Communication, Participant 5, January 2022) <ul style="list-style-type: none"><li>• “Which is why I never you know spoke to my providers about it because I felt like I had it pretty under control, it wasn't even for that long that I felt the way I felt after having babies.”</li></ul>

Personal Communication, Participant 8, February 2022)

- “Latino families overall we don't really like acknowledge, we really are just in denial, no way, like ‘no, no that can't be, that can't be me’ sort of thing.”
  - “You're like ‘no, I want to ask for help’ but then you think it's just temporary, that's what came to my mind.”
- 

**Table 8. Concept: Family and Partner/Spouse Support**

---

**Content/Theme**

---

(Personal Communication, Participant 3, January 2022)

- “My parents would come over and they would visit me, and they will be there. That helped me a lot because he wouldn't let me go over their house when I was going through it.

(Personal Communication, Participant 4, January 2022)

- “...at that time, my partner wasn't being as supportive I was just so overwhelmed, so tired at some point it was just so exhausting and just felt like giving up but at the same time I knew I couldn't give up because I had a child to raise you know so that was just kind of like my experience for months.”

(Personal Communication, Participant 5, January 2022)

- “I have good support system and it's always been something that my family has been pretty aware of, and especially like me after giving birth”
- “...I feel like we all have that [people passing judgement], but as long as your immediate family is someone supporting you I feel like you don't care about the other people.”
- “...with my parents, this time around, it was just moral support, the first time around, that I had my daughter, it was more of my mom physically helping me cook and take care of the baby...”

(Personal Communication, Participant 6, February 2022)

- “...it really hit me like the second and third month because my boyfriend was only really able to help me the first month because he wanted to go back to school and I encouraged him to go back.”
- “I think that's like when they hit me a lot because I was alone most of the time with baby the second month I know I was pretty malnourished I would skip like lunch or breakfast or sometimes both.”

(Personal Communication, Participant 7, February 2022)

- “I feel like as a mother you do too much, like you have to take care of yourself in order to take care of your baby, but how can you take care of yourself when you really don't have that help.”

- “He was working long days and when he would come, he would sleep, and he wouldn't really spend much time with the baby or myself. The whole time I just felt alone.”
- “...the focus was not on me it was more on the baby not once that nobody asked me like how you are doing, do you need help, do you want me to feed you?”
- “I would just go to my room and cry and cry and cry and I will text him because I have nobody else to talk to and he didn't respond back to me so I just felt like I was literally talking to myself and sometimes I would go crazy in there.”

(Personal Communication, Participant 8, February 2022)

- “I had more help that also has a lot to do after you have a baby if you don't have enough emotional support or supporting in like all areas you kind of tend to get depressed and everything gets to you.”
  - “I would clock out and he would clock in, he will take over the baby so when he came home, I felt that comfort I felt that like relief he is home.”
-

Table 9. Concept: Postpartum Psychosis

---

**Content/Theme**

---

(Personal Communication, Participant 1, January 2022)

- “I don't know if it was part of a cultural belief, I think it was more about not knowing myself within the symptoms because I got to the point of hallucinating as postpartum psychosis, then the time came I realize that this was not normal and that I needed help so I looked for help.”
- “I don't know if there was a cultural influence since what triggered my seeking mental health services was that I reached the point of saying this is not me, I was hallucinating that I would hurt my baby, that I took his life and to avoid that, I would have suicidal thoughts too, that is, to avoid taking my baby's life. So there I said no, because this is not normal, and the only support network at that time that could give me a good guide was faced with the situation I was experiencing, it was a friend because until then I couldn't talk about it with my husband.”

(Personal Communication, Participant 8, February 2022)

- “I often thought of hurting myself...when I was going through it most of it was like you feel you're not good enough, like you feel like you can't do it, like you're not going to do it, you feel like you're just alone so you just like ‘the world is better off without me’, those type of thoughts come to mind.”

- "...it's like a silent creepy disease that gives in you."
- "I believe that I was going through it because of those thoughts every time I was driving alone and there was a cliff, I thought of just going through it and that was very hard, and at times how I avoided all of that, and thank God that I'm here now, is I avoid it to drive alone."

---

Table 10. Concepts: Misconceptions of Postpartum Depression

---

**Content/Theme**

---

(Personal Communication, Participant 1, January 2022)

- "...it could also cross my mind that well only postpartum depression was experienced by women in a situation of vulnerability, lack of a support network and with previous emotional problems and it never occurred to me that postpartum depression itself could also present one of the factors that it was, well, it's that physiological restoration of the human body after a pregnancy..."

(Personal Communication, Participant 3, January 2022)

- "People sometime tell you it's going to go away, when it takes so much time to go away and heal from it. Everybody has

different opinions about it until you're actually in that position of feeling that it's pretty hard.”

(Personal Communication, Participant 6, February 2022)

- “I think it's just mainly because it's fairly new and there's still a lot of mothers who are hesitant about it because they might think they're ‘oh if I get these services other mothers are going to frown upon me saying I'm a bad mom or something because I can't get my emotions under control”.

(Personal Communication, Participant 8, February 2022)

- “...what are they going to say about me or they're going to look at me different or who knows they're going to put me in a mental hospital, they're going to take away my baby, they will go there then they take away my baby because maybe they think you're going to hurt them. That's the fear about...maybe that's why we don't open up, like for myself that was my fear in a way like what are they going to say about me.”

---

Table 11. Concept: Cultural Traditions-*Cuarentena*

---

**Content/Theme**

---

(Personal Communication, Participant 5, January 2022)

- "...she did [cuarentena] so I didn't cook at all, she was cooking all my meals. She would help me, get the baby for a little while I needed to do something she was there, like physically."

(Personal Communication, Participant 6, February 2022)

- "My mother-in-law would help out a lot too, she would come over and she'd help out and then usually when she's here, she mainly just wanted to hold the baby. I barely would hold baby only when it was time for feeding and that's it, she would change diapers."
- "My mom is like super excited...she helps a lot."

(Personal Communication, Participant 8, February 2022)

- "Yes, they never left me alone, never left me alone; my mom was always there and then when I couldn't sleep she was like 'no, no, go to sleep I'll take care of the baby' or 'I'll help, you stay there'."

Table 12. Concept: Improving Services for Postpartum Depression

**Content/Theme**

(Personal Communication, Participant 4, January 2022)

- "I feel like it's a subject that's not really talked about so it's kind of hard you know and then, I feel like it's a very personal like touchy topic to bring up, so I feel like it's hard to talk about it."

(Personal Communication, Participant 6, February 2022)

- “There's more services, it's getting talked about more, I don't think it's getting talked about enough though.”

(Personal Communication, Participant 7, February 2022)

- “One thing that we need more in our system, like I don't how to ask for help, do I just call my doctor and tell him ‘Hey this is what I'm going through’, is he going to tell me where to go like I don't know, I don't know what to do. Maybe if I do have another baby and if it's harder with two kids, I wouldn't know how to ask for the help.”
- “I just started crying inside the room and they just gave me a number to call like a psychologist to talk to or just somebody to talk to like the rehab you know, when you go to those meetings; they didn't set up nothing for me they just told me you'll call this number and explain to them how you're feeling and that was pretty much it. All I said was ‘oh, thank you’ and they were like ‘we'll see you again’ and the couple of times I went back, and they didn't ask me this question.”

(Personal Communication, Participant 8, February 2022)

- “There's something that has to be done regarding that in a way that make us feel comfortable and opening up about it whether

it's shy or in denial, but I don't know there's something that has to be done so we don't feel like it's that bad.”

- “You just think with mental health, you know I think I'm crazy but nah really it needs to get out there in a comfortable way that we would be open up about it and get help.”
- 

### Summary

Latinas' perspectives on the affect their cultural beliefs has on their postpartum depression and seeking mental health services were categorized into elements of people, places, artifacts, and ideas. Through thematic analysis, it resulted in major themes. The thematic results were led by the research question in this study which provided in-depth understanding of Latinas' perceptions on postpartum depression and how their cultural beliefs impact their decision in seeking mental services. Further explanation and in-depth analysis of the data will be provided in the next chapter.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter five discusses the results of the study and its significance in further detail. This section examines the findings related to the impact Latinas' cultural beliefs has on postpartum depression and seeking mental health services. The limitations of the study will also be discussed. Furthermore, this section includes recommendations for research, improving care, promoting mental health services, and importance of psychoeducation.

#### Discussion

The purpose of this study is to gain insight into the affect Latinas' cultural beliefs has on postpartum depression and seeking help. The results are presented by the elements and themes that emerged from participant interviews. The results support studies that were cited in the literature review which refers to the belief that new mothers are expected to be happy, new mothers may not have family members to provide support, there is a stigma towards mental health, a lack of information about postpartum depression, and Latinas assume many roles and it is difficult to seek help. There were unanticipated results which includes Latinas perceive themselves weak if they admit to having postpartum

depression and asking for help, a lack of psychoeducation on postpartum depression, and a need for follow-up care.

### Psychoeducation on Postpartum Depression

A common theme that was brought up by many participants was psychoeducation, which might suggest that there is not much awareness of what postpartum depression is and what it looks like. This could imply that there is need for psychoeducation to be implemented and how formal trainings or a formal introduction could make a difference. Psychoeducation might prompt further research into its' importance among postpartum depression and why it is needed. Furthermore, it emphasizes the importance of providing information about postpartum depression, treatments, resources, and support. When asked about their thoughts about how people respond when postpartum depression is brought up, participant 1 said:

“...it could also cross my mind that well only postpartum depression was experienced by women in a situation of vulnerability, lack of a support network and with previous emotional problems and it never occurred to me that postpartum depression itself could also present one of the factors that it was, well, it's that physiological restoration of the human body after a pregnancy...”

This might be a call for an increase of implementation of psychoeducation of postpartum depression throughout providers, hospitals, clinics, communities, and

possibly a standalone service. The need for psychoeducation might indicate how to implement it in an effective way such as providers, hospital, clinics, and independent. It might indicate why psychoeducation is necessary to educate women about postpartum depression and provide them with information. Additionally, it might indicate that psychoeducation may be best introduced when women are towards the end of their pregnancy to be aware of prodromal symptoms in the following months, especially after postpartum, and continuing psychoeducation even after the six-week checkup. Psychoeducation confirms the importance of women understanding of what postpartum depression is, where they can get help, the resources that are available, treatment, and where and what to do. This demonstrates that psychoeducation can have a positive impact and outcome in reducing postpartum depression among Latinas.

### Aftercare

The need for better aftercare might suggest that it is not offered more than once and there is a low-level of aftercare. This low-level aftercare might suggest there needs to be more periodic aftercare. This could imply that aftercare might decrease or increase postpartum depression. As a result, it might prompt further research in why is there one checkpoint in aftercare. This highlights the importance to learn about postpartum depression. Furthermore, this might be a call to revamp aftercare to better quality and patient care. The need for aftercare might indicate how it can be improved by providing more checkups on

postpartum depression being given throughout the months after birth. When asked about their thoughts on seeking mental health services for postpartum depression, participant 8 said:

“You just think with mental health you know I think I'm crazy but nah really it needs to get out there in a comfortable way that we would be open up about it and get help.” (Personal Communication, Participant 8, February 2022)

It might indicate why aftercare is significant in assuring that women are supported and can be helped, which can reduce the feelings of hopelessness. Additionally, the findings might indicate where there is a need for better aftercare is among hospital, clinics, and other healthcare settings. The results of this study might indicate when aftercare is needed is throughout the months following birth. This confirms the importance of aftercare because better quality of aftercare can decrease postpartum depression by identifying early signs and symptoms, developing a course of treatment, providing support, following through treatment, and following up. Thus, it demonstrates that aftercare is crucial in reducing the severity of postpartum depression and reducing postpartum depression altogether.

### Lack of Support

A lack of support was another common theme among participants. A lack of support might suggest a correlation with higher likelihood of postpartum

depression. This could imply that postpartum support is essential. Additionally, this might prompt further research on why there is not more support for postpartum depression. The finding emphasizes the importance of continuing to receive support from family, friends, and providers during postpartum period. This might be a call of support and the lack of support for postpartum depression. This lack of support can indicate how postpartum depression is easily so under controlled. Furthermore, it might indicate why is there a lack of support during a time that support is much needed. The findings of this study might indicate that where the source of support is more important is among spouse or partner, family, and friends. The lack of support impacts Latinas after birth due to caring for their baby, assuming roles, and making sure Latinas are meeting their own needs. When asked about the support received from family and friends, participant 7 said:

“I feel like as a mother you do too much, like you have to take care of yourself in order to take care of your baby, but how can you take care of yourself when you really don't have that help.” (Personal communication, Participant 7, February 2022)

The negative impact that the lack of support Latinas had during postpartum confirms the importance of having support from spouse/partner, family, and friends by helping them meet their needs such as eating, sleeping, resting, emotional needs, taking on home responsibilities, helping care for baby, and giving opportunity for a break. This demonstrates that the lack of support can

exacerbate postpartum depression or may contribute to the manifestation of postpartum depression.

### Expectations of New Mothers

An element that was brought up by participants is that Latinas are expected to be happy with having a baby. The expectation of new mothers might suggest that they are unrealistic and inconsiderate of the changes that mothers experience, especially postpartum. This could imply that there is a need to alter the expectations that are bestowed upon new mothers. The expectations of new mothers might prompt further research into why expectations do not consider the surge of changes that new mothers are experiencing and how it can impact their emotional and mental state. This emphasizes the importance of having expectations that take into account how new mothers are affected with the journey that postpartum brings. The expectation of new mothers might be a call to set expectations that better fits the wellbeing of new mothers. This might indicate how expectations can be set in way that new mothers feel validated, care for, understood, and supported by providing family support groups, family postpartum depression groups, and creating a place within providers or community centers in which information of postpartum depression is provided to new mothers and families. Furthermore, this might indicate where new expectations can be among partners, family, friends, and the community. The implementation to re-establish expectations might indicate that when new

mothers that are in the postpartum period, families can be informed about the changes that mothers are going through in the recovery process when they go visit them at the hospital. Participant 7 shared about her experience when receiving family visit after giving birth:

“...his mom was there my mom was there but their focus, their main focus was the baby. They would come the first thing they would do was hold the baby, hold the baby and I’m just in the bed dying suffering.” (Personal Communication, Participant 7, February 2022)

This statement by participant 7 confirms that family visits after giving birth could be a time to educate families about the physiological, emotional, hormonal, and mental impact of giving birth can have on new mothers. The statement made by the participants might indicate why new mothers would benefit from setting new expectations that would help them, such as setting the expectations that new mothers be offered help and support continuously. This confirms the importance of creating expectations that seeks and serves the wellbeing of new mothers in their journey of motherhood. Additionally, it demonstrates that establishing expectations that promotes the well-being of new mothers and babies can relieve some of the pressure that new mothers have on themselves that contributes to postpartum depression.

### Fear of Being Viewed as Weak

Latinas shared the fear of being viewed as weak if they say that they have postpartum depression and seek mental health services, which might suggest that there is a stigma of postpartum depression and mental health services. This could imply that normalizing postpartum depression and mental health services would make Latinas more inclined in seeking help. Further research might prompt on the ways postpartum depression can be normalized so that Latinas can feel more comfortable in talking about it. The fear of being viewed as weak emphasizes the importance of addressing postpartum depression and services that are available because fear plays a huge factor on whether Latinas seek help. This might be a call to reassure Latinas that postpartum depression does not make them weak, to empower Latinas to advocate for their needs, and to seek help from mental health professionals. The fear of being viewed as weak might indicate how postpartum depression is misunderstood. In addition, the fear of being weak might indicate why is it thought that women have control over a physiological response their body produces after giving birth. This might indicate where there is a gap in knowledge about postpartum depression. The fear of being viewed as weak might indicate that when Latinas are attending their last prenatal appointment and postpartum appointments, it would benefit them if they are educated on postpartum depression being a response that the body produces as a result of a surge of hormones after giving birth as mentioned by participant 1:

“...it could also cross my mind that well only postpartum depression was experienced by women in a situation of vulnerability, lack of a support network and with previous emotional problems and it never occurred to me that postpartum depression itself could also present one of the factors that it was, well, it's that physiological restoration of the human body after a pregnancy...” (Personal Communication, Participant 1, January 2022)

This confirms the importance of reassuring Latinas that they have no control of getting postpartum depression and it does not equate to being weak. The fear of being weak demonstrates reflects on how poorly postpartum depression is addressed in healthcare, community, and as a society. Women should not be afraid to be viewed as weak to the point that they are denying themselves help when they need it.

### Postpartum Psychosis

The lack of knowledge about postpartum psychosis might suggest that it makes it easier for it to be often mistaken for postpartum depression. This could imply the importance of educating people the difference between postpartum depression and postpartum psychosis because this contributes to the fear of coming forward to get help. The lack of knowledge about postpartum psychosis might prompt further research into how different the response from people would be if the ramifications of not addressing postpartum depression and postpartum psychosis were identified. This highlights the importance of differing the two and

understanding that if postpartum depression goes untreated, the severity increases and leads to postpartum psychosis. Postpartum psychosis might be a call to better inform people as an effort to lessen the stigma of postpartum depression, the severity of the condition, and to encourage seeking help. Postpartum psychosis might indicate how fearful or hesitant Latinas are of speaking up about their experiences and symptoms that they do not seek help until it becomes severe. Postpartum psychosis might indicate why it is crucial to talk about it and find ways to make Latinas comfortable in talking about the symptoms of postpartum depression they are experiencing. Participant 1 shared their experience with postpartum psychosis:

“I was hallucinating that I would hurt my baby, that I took his life and to avoid that, I would have suicidal thoughts too, that is, to avoid taking my baby's life. So there I said no, because this is not normal, and the only support network at that time that could give me a good guide was faced with the situation I was experiencing, it was a friend because until then I couldn't talk about it with my husband.” (Personal communication, Participant 1, January 2022)

Postpartum psychosis needs to be addressed where postpartum depression is addressed such as hospitals, clinics, programs, community, and anywhere because although they are different, they go hand in hand. Additionally, postpartum psychosis needs to be introduced whenever postpartum depression is introduced, which is the last stages of pregnancy and during the postpartum

period. Postpartum psychosis confirms the importance of treating postpartum depression to avoid risking the safety of new mothers and their babies.

Furthermore, postpartum psychosis manifests if postpartum depression goes untreated which demonstrates that educating about postpartum depression, advocating for Latinas to receive help and support, and providing mental health services is indispensable.

### Cultural Traditions-Cuarentena

Cultural traditions such *cuarentena* refers to the 40 days of postpartum that new mothers receive a lot of help and support typically from their own mother, grandmother, aunts, or sisters. The support given includes cooking meals, cleaning, helping with baby, and give new mothers time to rest to promote recovery, as Participant 8 stated:

“Yes, they never left me alone, never left me alone; my mom was always there and then when I couldn't sleep, she was like ‘no, no, go to sleep I'll take care of the baby’ or ‘I'll help, you stay there’.” (Personal Communication, Participant 8, February 2022)

Nonetheless, not all Latinas receive that extra support for numerous reasons such as their family is not around or their working, conflicts with family, due to COVID-19, they had to isolate, and other reasons. Latinas' cultural traditions might suggest that it is a contributing factor in increasing or decreasing postpartum depression. This could imply that cultural traditions bring comfort and

support to Latinas, which can be especially utilized during postpartum depression. As a result, this might prompt further research into whether cultural traditions can be incorporated into health care, clinics, and other providers. This highlights the importance of considering Latinas' cultural traditions into the course of treatment of postpartum depression. Furthermore, this might be a call to incorporate cultural traditions in treatment of postpartum depression to determine if this would ease Latinas' decision to seek mental health services. The importance of cultural traditions might indicate how effective providers and mental health professionals would be if they included cultural traditions in treatment and interventions. This might indicate another reason why Latinas are uncertain in seeking mental health services. The might indicate where events, meetings, and groups can be created where Latinas are able to connect with each other to provide support in the way that their cultural traditions entail. The significance of cultural traditions might indicate that it would be most effective when Latinas need the extra support, whether it is in every stage of pregnancy and every stage of postpartum period. Cultural traditions confirm the importance in giving Latinas to embrace and stay connected to their beliefs while still getting help and support for postpartum depression. This demonstrates the importance of considering Latinas' cultural beliefs and the affect it has on their postpartum mental health.

## Being in Denial

Latinas' common response to postpartum depression is being in denial which might suggest that postpartum depression is portrayed as being rare and bad to have, not due to the safety risk of mother and baby but instead, for being viewed as weak, a bad mother, afraid of being viewed as crazy, and as

Participant 2 stated:

“It was a lot of sadness and mixed feelings of wanting to ask for help and not daring to feel incapable of taking care of your baby.” (Personal Communication, Participant 2, January 2022)

This could imply that postpartum depression needs to be represented in a different way that helps Latinas' ease their worries about having postpartum depression. Furthermore, this might prompt further research into promoting and representing postpartum depression in way that it will be viewed as a matter that needs attention and treatment. Being in denial highlights the importance of reassuring Latinas that postpartum depression is common after giving birth and they did not do anything wrong. This might be a call to embrace cultural beliefs that promote help and support among new mothers; however, to also educate people that some of their cultural beliefs are consistent with some misconceptions of postpartum depression, such as that they are weak or crazy, and providing psychoeducation of postpartum depression. Being in denial might indicate how Latinas are expected to constantly be all put together and be in control. Being in denial might indicate why Latinas are so fearful of having

postpartum depression. This might indicate where Latinas can be prompted to have their own needs met can start from the doctor visits they have, during their hospital stay after birth, and the appointment during postpartum period. Being in denial might indicate when Latinas feel symptoms of postpartum depression, they tend to put aside their need for reaching out to receive professional help. This confirms the importance of normalizing the necessity of meeting their own needs and taking care of themselves by speaking up and seek help from family that can guide Latinas to additional help from mental health professionals. Lastly, Latinas being in denial when experiencing postpartum depression demonstrates that it is imperative to provide in-depth psychoeducation of postpartum depression, the importance of seeking help, mental health services and support that is available, involving their cultural traditions in treatment plan, and reassuring Latinas that it is common to have postpartum depression after birth and that they did not do anything wrong.

### Limitations

As with other studies, this study presented some limitations. A diverse sample size of participants from different country of origin was aimed. The sample size of 8 participants shared similar country of origin: most of the participants' country of origin is Mexico and one participant's country of origin is Honduras. A diverse sample size of participants with different country of origin would have provided insight into the similarities and possible differences of

cultural beliefs about postpartum depression. In addition, a diverse sample size of different country of origin would ensure inclusion and representativeness.

### Social Work Practice and Conclusions

With the data collected from this research, an enhancement of healthcare services delivery and psychoeducation for postpartum depression is imperative. Social work practice should focus on better addressing postpartum depression throughout hospitals, clinics, programs, community, and any service providers that encounters women that may suffer from postpartum depression, especially in a way that represents postpartum depression as a matter that needs to be addressed and given attention and treatment. Additionally, strengthening the follow-up approaches among Latinas that had previously reported symptoms of postpartum depression and making sure they are connected to and engaged with services. Psychoeducation for postpartum depression needs to be provided to women, partners/spouses, family, and friends so that they understand that it is a physiological response from giving birth and it cannot be ignored. Future research should focus on ways that the delivery of psychoeducation of postpartum depression is most accessible and effective in informing new mothers, their partners/spouses, families, and friends. Additionally, research should focus on creative ways that Latinas cultural traditions can be incorporated into postpartum depression treatment and support groups. Social workers need to be involved in advocating for Latinas and new mothers be provided the best

service to treat postpartum depression. Also, social workers need to be involved in creating and implementing programs, resources, and services that attract Latinas and new mothers in obtaining mental health services for postpartum depression that incorporates their cultural traditions.

APPENDIX A  
MASS EMAIL INFORMATION

Hello,

Thank you for participating in this study. The purpose of this study is to explore the affect Latinas' cultural beliefs has on postpartum mental health. Your participation is voluntary, you may refuse to participate in the study or discontinue your participation at any time without any consequences. Your responses will remain confidential, and data will be reported in group form only.

Attached to this email is an Informed Consent form, please read carefully and fill in the form before our interview.

For our interview on **X at Xam/pm**, please use the following Zoom link to join our meeting:

Topic: Study Link

Time: This is a recurring meeting Meet anytime

Join from PC, Mac, Linux, iOS or Android: <https://csusb.zoom.us/j/86267551792>

Or iPhone one-tap (US Toll): +12133388477,86267551792# or  
+16692192599,86267551792#

Or Telephone:

Dial:

+1 213 338 8477 (US Toll)

+1 669 219 2599 (US Toll)

+1 720 928 9299 (US Toll)

+1 646 876 9923 (US Toll)

Meeting ID: 862 6755 1792

International numbers available: <https://csusb.zoom.us/j/86267551792>

Or a H.323/SIP room system:

H.323: 162.255.37.11 (US West) or 162.255.36.11 (US East)

Meeting ID: 862 6755 1792

Please, contact Principal Investigator, Thomas Davis or I for any questions you may have.

Best regards,  
Cindy Hernandez

APPENDIX B  
INTERVIEW GUIDE

## Research Study Questions

### Demographics

1. What is your age?
2. What is your highest level of education?
3. What is your country of origin?
4. What is your current marital status?
5. Are you currently employed?
6. Do you currently have access to health insurance?
7. How many children do you have?

### Interview Questions

7. What are your thoughts on the way people respond to you when you talk about postpartum depression?
8. In what ways does your cultural beliefs influence the decision in seeking mental health services for postpartum depression?
9. What are your perceptions on seeking and receiving mental health services for postpartum depression?
10. Can you share on what has been your experience been like living with postpartum depression?
11. Can you share on the type of support and help you received from your family and friends?
12. What are your thoughts on seeking mental health services for postpartum depression for yourself?

Survey created by Cindy Hernandez

APPENDIX C  
INFORMED CONSENT

**INFORMED CONSENT**

The study in which you are asked to participate is designed to explore the affect Latinas' cultural beliefs has on their postpartum mental health. The study is being conducted by Cindy Hernandez, a graduate student, under the supervision of Dr. Thomas Davis, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of this study is to explore the affect Latinas' cultural beliefs has on their postpartum mental health.

**DESCRIPTION:** Participants will be asked of a few questions on some demographics, seeking mental health services, their thoughts on mental health services, the affect that their cultural beliefs have on seeking mental health services, and types of help and support received.

**PARTICIPATION:** Your participation is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential, and data will be reported in group form only.

**DURATION:** It will take about 45 minutes to an hour to complete the survey.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

**BENEFITS:** There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Davis at (909)537-3839.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

.....  
I agree to have this interview be audio recorded: \_\_\_YES\_\_\_NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_

Place an X mark here

\_\_\_\_\_

Date

APPENDIX D  
INSTITUTIONAL REVIEW BOARD APPROVAL



**CSUSB INSTITUTIONAL REVIEW BOARD**

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-64

Thomas Davis Cindy Hernandez  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Thomas Davis Cindy Hernandez:

Your application to use human subjects, titled "Latinas' Cultural Beliefs Affect Postpartum Mental Health" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

## REFERENCES

- Abrams, L.S., Dornig, K., & Curran, L. (2009). Barriers to service use for postpartum depression symptoms among low-income ethnic minority mother in the United States. *Qualitative Health Research*, 19(4), 535-551. <https://doi.org/10.1177/1049732309332794>
- American Academy of Pediatrics & American College of Obstetricians and Gynecologist. (2012). *Guidelines for perinatal care* (7<sup>th</sup> ed.).
- Baker-Ericzen, M.J., Connelly, C.D., Hazen, A.L., Duenas, C., Landsverk, J.A., & Horwitz, S. (2012). A collaborative care telemedicine intervention to overcome treatment barriers for Latina women with depression during the perinatal period. *Families, Systems, & Health*, 30(3), 224-240. DOI: 10.1037/a0028750
- Callister, L.C., Beckstrand, R.L., & Corbett, C. (2011). Postpartum depression and help-seeking behaviors in immigrant hispanic women. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 40(4), 440-449. <https://doi.org/10.1111/j.1552-6909.2011.01254.x>
- Chaudron, L.H., Kitzman, H.J., Peifer, K.L., Morrow, S., Perez, L.M., & Newman, M.C. (2005). Prevalence of maternal depressive symptoms in low-income Hispanic women. *The Journal of Clinical Psychiatry*, 66(4), 418-423. <https://doi.org/10.4088/JCP.v66n0402>
- Davila, M., McFall, S.L., & Cheng, D. (2008). Acculturation and depressive symptoms among pregnant and postpartum Latinas. *Maternal & Child*

*Health Journal*, 13(3), 318-325. <https://doi.org/10.1007/s10995-008-0385-6>

Groh, C. (2013). Depression in rural women: implications for nurse practitioners in primary care settings. *Journal of the American Association of Nurse Practitioners*, 25(2), 84-90.

Hansotte, E., Payne, S., & Babich, S.M. (2017). Positive postpartum depression screening practices and subsequent mental health treatment for low-income women in western countries: A systematic literature review. *Public Health Reviews*, 38(3). <https://doi.org/10.1186/s40985-017-0050-y>

Huynh-Nhu, L., Zmuda, J., Perry, D.F., & Munoz, R.F. (2010). Transforming an evidence-based intervention to prevent perinatal depression for low-income Latina immigrants. *American Journal of Orthopsychiatry*, 80(1), 34-45. <https://doi-org.libproxy.lib.csusb.edu/10.1111/j.1939-0025.2010.01005.x>

Kieffer, E.C., Caldwell, C.H., Welmerink, D.B., Welch, K.B., Sinco, B.R., & Guzman, J.R. (2012). Effect of the healthy moms lifestyle intervention on reducing depressive symptoms among pregnant Latinas. *American Journal of Community Psychology*, 51(1-2), 76-89. <https://doi-org.libproxy.lib.csusb.edu/10.1007/s10464-012-9523-9>

Lara-Cinisomo, S., Girdler, S.S., Grewen, K., Meltzer-Brody, S. (2016). A biopsychosocial conceptual framework of partpartum depression risk in

- immigrant and U.S. born Latina mothers in the United States. *Women's Health Issues*, 26(3), 336-343. <https://doi.org/10.1016/j.whi.2016.02.006>
- Lynch, G. (1997). Therapeutic theory and social context: a social constructionist perspective. *British Journal of Guidance & Counseling*, 25(1), 5. <https://doi-org.libproxy.lib.csusb.edu/10.1080/03069889700760011>
- Mendoza-Flores, M.E., Sanchez-Jimenez, B., Garcia-Cardona, M., Avila-Rosas, H. (2002). Perceived morbidity and prenatal control. *Perinatology and Human Reproduction*, 16(1), 26-34.
- Polmanteer, R.R., Keefe, R.H. & Brownstein-Evans, C. (2016). Social workers' screening practices for postpartum depression. *Advances in Social Work*, 17(2), 273-284. <https://doi.org/10.18060/21008>
- Ponting, C. Chavira, D.A., Ramos, I., Christensen, W. Guardino, C., & Schetter, C.D. (2020). Postpartum depressive symptoms in low-income Latinas: cultural and contextual contributors. *Cultural Diversity and Ethnic Minority Psychology*, 26(4), 544-556. <https://doi.org/10.1037/cdp0000325>
- Sampson, M., Torres, M.I.M., Duron, J., & Davidson, M. (2017). Latina immigrants' cultural beliefs about postpartum depression. *Affilia*, 33(2), 208-220. <https://doiorg.libproxy.lib.csusb.edu/10.1177/0886109917738745>
- Sampson, M., Yu, M., Mauldin, R., Mayorga, A., & Gonzalez, L.G. (2021). 'You withhold what you are feeling so you can have a family': Latinas' perceptions on community values and postpartum depression. *Fam Med Community Health*, 9(3). doi:[10.1136/fmch-2020-000504](https://doi.org/10.1136/fmch-2020-000504)

Segre, L.S., O'Hara, M.W., Arndt, S., & Stuart, S. (2007). The prevalence of postpartum depression: the relative significance of three social status indices. *Social Psychiatry and Psychiatric Epidemiology*, 42, 316-321. <https://doi-org.libproxy.lib.csusb.edu/10.1007/s00127-007-0168-1>

Seidu, A.A. (2020). Using Andersen's Model of health utilization to assess the use of HIV testing services by sexually active men in Ghana. *Frontiers in Public Health*, 8, 512. DOI=10.3389/fpubh.21020.00512

Tester-Jones, M., O'Mahen, H., Watkins, E., & Karl, A. (2015). The impact of maternal characteristics, infant temperament and contextual factors on maternal responsiveness to infant. *Infant Behavior and Development*. 40, 1-11. <https://doi.org/10.1016/j.infbeh.2015.02.014>