

5-2022

# PERCEIVED BARRIERS TO MENTAL HEALTH SERVICE USE AMONG LATINX WOMEN WITH POSTPARTUM DEPRESSION SYMPTOMS

Mayra Alvarado

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



Part of the [Social Work Commons](#)

---

## Recommended Citation

Alvarado, Mayra, "PERCEIVED BARRIERS TO MENTAL HEALTH SERVICE USE AMONG LATINX WOMEN WITH POSTPARTUM DEPRESSION SYMPTOMS" (2022). *Electronic Theses, Projects, and Dissertations*. 1525.

<https://scholarworks.lib.csusb.edu/etd/1525>

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).

PERCEIVED BARRIERS TO MENTAL HEALTH SERVICE USE AMONG  
LATINX WOMEN WITH POSTPARTUM DEPRESSION SYMPTOMS

---

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  
in  
School of Social Work

---

by  
Mayra Alvarado  
May 2022

PERCEIVED BARRIERS TO MENTAL HEALTH SERVICE USE AMONG  
LATINX WOMEN WITH POSTPARTUM DEPRESSION SYMPTOMS

---

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

---

by  
Mayra Alvarado  
May 2022

Approved by:  
Dr. Caroline Lim, Research Supervisor, Social Work  
Dr. Laurie Smith, M.S.W. Research Coordinator

© 2022 Mayra Alvarado

## ABSTRACT

The purpose of the study was to examine what are the perceived barriers to mental health service use among Latinx women with postpartum depression symptoms. The literature on women with postpartum depression symptoms showed that barriers like concern of judgment, lack of support, and lack of knowledge of PPD were some of the reasons why they did not seek treatment.

The study uses in depth, qualitative interviews with seven Latin women who gave birth within the last two years, and experienced postpartum depression symptoms. The interviews were conducted from February 2022 through March 2022.

Thematic analysis uncovered the following five barriers: Inadequate Knowledge of postpartum depression, Concern of Judgement, Lack of support, Lack of resources, and Difficulty Making Appointments and Long Wait Times. The results that emerged from the study show that Latinx women worry that the stigma of mental health and the lack of knowledge about postpartum depression in their family lead them to not seek mental health treatment. The data indicates that there is still a taboo regarding seeking seeing mental health professionals.

The findings of this research can be utilized in social work practices. Social workers and therapists can use the data to educate clients and their families about the importance of mental health treatment and communication between friends and family during the postpartum period. Professional can be

provided workshops to promote cultural awareness, and more support groups can be created for Latinx women that speak both English and Spanish.

## ACKNOWLEDGEMENTS

I want to acknowledge and provide a special thank you to Dr. Caroline Lim for always supporting me.

## DEDICATION

This project is dedicated to the participants that were vulnerable in the interviews. I would also like to dedicate this research project to all the beautiful Latinas that have had postpartum depression symptoms or that are currently living with them. Remember you are not alone, there is help available.



## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES.....	vii
CHAPTER ONE: PROBLEM FORMULATION .....	1
Introduction .....	1
Purpose of Study .....	3
Significance of the Project for Social Work Practice .....	4
CHAPTER TWO: LITERATURE REVIEW.....	6
Introduction .....	6
Limitations in Literature.....	10
Theories Guiding Conceptualization .....	10
Summary .....	12
CHAPTER THREE: METHODS .....	14
Introduction.....	14
Study Design .....	14
Sampling.....	14
Data Collection and Instruments.....	15
Procedures .....	17
Protection of Human Subjects .....	18
Data Analysis.....	19
Summary .....	20
CHAPTER FOUR: RESULTS.....	21
Introduction.....	21

Demographics .....	21
Results.....	23
Inadequate Knowledge of PPD.....	23
Concern with Judgement.....	24
Lack of Support.....	26
Lack of Resources.....	26
Difficulty Making Appointments and Long Wait Times.....	27
Summary.....	27
CHAPTER FIVE: DISCUSSION .....	28
Introduction .....	28
Discussion .....	28
Limitations .....	30
Recommendations.....	31
Summary.....	32
APPENDIX A: INFORMED CONSENT .....	33
APPENDIX B: INTERVIEW GUIDE.....	35
APPENDIX C: IRB APPROVAL.....	40
REFERENCES.....	43

## LIST OF TABLES

TABLE 1: DEMOGRAPHICS.....	23
----------------------------	----

## CHAPTER ONE: PROBLEM FORMULATION

### Introduction

Postpartum depression (PPD) is a mood disorder that is linked to when a child is born. The onset is between one week to one month postpartum. (Postpartum Depression, 2020). Individuals with PPD may have symptoms like extreme sadness, hopelessness, helplessness, feeling as if they do not bond with their child, suicidal ideation, changes in the way they eat or sleep, thoughts of hurting the baby, significantly lower energy levels, and poor concentration (Stewart & Vigod, 2019). Different ethnic groups tend to have different perspectives on PPD symptoms, therapy, and medication.

Mental health is not taken as seriously as physical health within the Latinx community. Statistics show that 67% of Hispanics with any mental disorder and 44% of Hispanics with severe mental disorders decide not to receive treatment. (SAMHSA, 2020). In the case of PPD treatment, current research shows that a low percentage of mothers receive treatment after giving birth (Goodman & Tyer-Viola. 2010; Horowitz & Cousins. 2006; Marcus et al. 2003). Additionally, research suggests that antidepressants can help lower PPD symptoms; nevertheless, new mothers are unwilling to take psychotropic medication even if they are not breastfeeding (Goodman & Goodman, 2009).

PPD is prevalent in women of color (Callister et al., 2010). In a 2010 report from the Utah Department of Health Center for Multicultural Health, it was

reported that 15.2% of Hispanic women residing in Utah disclosed they were experiencing PPD symptoms. But, per the Utah Pregnancy Risk Assessment Monitoring System (PRAMS), 60% of these women were less likely to seek treatment (McGarry et al., 2009).

There are several reasons for the underutilization of mental health services among women struggling with PPD. One is the stigma associated with mental disorders and treatment. Since mental disorders are stigmatized in the Latinx community, PPD is something that Latinx women and men rarely know about or talk about. Indeed, studies in the United States show that talks about PPD and treatment plans are being accepted by the Caucasian population. White women were the ones that asked for postpartum mental health care, while Blacks and Latinas did not know what they needed or how to start the conversation. Furthermore, the likelihood of starting a treatment plan after delivery was lower for Latinas compared to Whites. Among the women that did begin treatment, African American and Latinx women were less likely than Caucasian women to continue. Regarding women that started antidepressant treatment, Latinas and Blacks had a lower chance than Whites to refill a prescription. (Kozhimannil, et. al., 2011).

Another reason why PPD is underdiagnosed/identified is the way the Hispanic community views women's roles. Once a Latinx woman gives birth, she is expected to take a traditional gender role as the caretaker. Women who follow a more traditional role tend to think about the needs of others before their own.

Women who follow gender roles also tend to put their children and family before them. This may interfere with health/treatment-seeking behaviors (Sirulnik, et al., 2014). Meaning, that partners or family members will state that she does not need psychiatric attention since she is “not crazy”, she simply had a child and hormones may affect her mood. A third reason is that PPD symptoms vary within the Latinx community from lower mood, anxiety to suicidal ideation, hence it is not easily identified by women or their health care providers. Resulting in the women not being interested in obtaining mental health care. (Callister, Beckstrand, & Corbett, 2011).

### Purpose of Study

The purpose of the study is to determine barriers that hinder Latinx women from obtaining mental health treatment for PPD symptoms. It is critical to understand the reasons why women of color don't use mental health services as the findings will help create new ways to empower women and families into seeking treatments. Providing mental health classes to not only pregnant Latinx women but also to their support group may aid families to be more open about mental health symptoms and treatment. The clients of interest for this study are Latinas, ages eighteen or older who have given birth in the last two years, self-report as having postpartum depression symptoms, and can speak and read in English or Spanish. The study will be conducted via qualitative research as the

researcher wants to fully grasp the story of why Latinx women don't want to receive services and how they are dealing with the stigma that comes with wanting to ask for treatment.

### Significance of the Project for Social Work Practice

The study is important for social work as it is going to show what the Latinx population needs from social workers and mental health professionals regarding treatment. Based on the presenting information, this study benefits social workers by allowing them to see that cultural competence will be an advantage to their patients. This research can also help create new policies that create new programs that solely benefit Latinx mothers that do not speak Spanish as it was hard finding a support group for Spanish-speaking mothers.

Additionally, social workers can become motivated to start a PPD group in their neighborhood, hospital or school that will allow women to attend in person. The findings on this study can also help macro-level social workers create policies that require county clinics to have accessible PPD support groups.

The findings of this study will benefit Latinx mothers that suffer from PPD symptoms at a micro and macro level. For instance, studies show that a child's first-year growth is mostly affected by how often they are exposed to maternal depression. Mothers that show PPD symptoms had children that had a higher chance of being underweight in the first 12 months of life. Maternal depression was also linked with the child's linear growth impairment after the first year

(Farias-Antunez et al., 2018). Findings can also aid mothers seek therapy that will lead to a healthier life for themselves and their children. At the macro level, the Latinx community can be taught that good mental health is a lot more important than what *comadres* and *compadres* think. Data from this study will help social workers understand unique cultural components and biopsychosocial viewpoints that impair Latinx to look for resources and seek help. The findings of this study will help social workers fully understand Latinx women as they only want to be heard without judgment. The research question for the study is the following: What are perceived barriers to mental health service use among Latinx women with PPD symptoms?



## CHAPTER TWO: LITERATURE REVIEW

### Introduction

This chapter will examine the understanding of the challenged that became barriers to Latinx women with PPD symptoms in addition to the methodological limitations such as gaps in the literature, theories guiding conceptualization of the study, and a summary of the findings.

#### Overview of the Effects of PPD

It is normal for women to feel sad after giving birth. Baby blues is a term used to describe how women worry, feel sad, and tired right during the postpartum period. While baby blues symptoms subside within a couple of days (CDC, 2020), PPD symptoms can last months to years. According to the CDC in the United States, 1 in 8 women report symptoms of depression after giving birth (CDC, 2020). If left untreated, the disease can harm the mother's parenting style. For instance, there can be an increase of bitterness, a decrease in acknowledging the child, and a decrease of communication skills, which will ultimately lead the mother to not being competent enough to be her child's caregiver (Farías-Antúnez et al., 2018). Moreover, PPD can impede a child from having a bedtime routine, being introduced to breastfeeding, being provided with monthly checkups, and being provided with physical activity stimulation. Studies have shown that when a child is exposed to maternal depression, they have a

higher chance of being underweight, which can untimely lead to weight issues during their teenage years (Farías-Antúnez et al., 2018).

### Differential Outcomes Between Latinx and General Population

Research has found that there are disparities in first low-income ethnic minority women who are less likely to ask for professional mental health care after giving birth than Caucasian women (Abrams et al., 2009; Song et al., 2004). This is mostly due to systemic stressors that minorities deal with in the United States. Second, minorities have higher rates of mental disorders compared to the general population. Latina mothers tend to have a higher chance of anxiety disorders than Caucasian mothers (Young et al., 2021). Additionally, White women had a significantly lower prevalence of PPD symptoms compared with women of other racial/ethnic groups (CDC, 2008). An analysis of 3748 women in New York City, described that the odds of PPD are 1.5 times higher in Hispanic women than Whites (Liu and Tronick, 2013).

### Social Support

Social support has always been important in the Latinx community, whether during the prenatal or postnatal phase, mothers' benefit from having an extra set of hands to help with the housework, child, or other important activities. Social support aids women in feeling in control as a new mother, which consequently lowered their risk for PPD (Albuja, 2017). But, as mothers, women often feel the pressure to have everything under control, even during the

postpartum period. Some Latinx women stated that they were made to believe that they should know how to handle everything after they arrive home with their child, but once they don't, they feel guilty and embarrassed to ask for help (Callister et al., 2011). This can lead to the women ceasing communication about their health not only to family and friends but to health care providers. Research also shows that interpersonal and daily stressors are harmful to a mother's mental health, but social support can mitigate some of the symptoms (Coburn et al, 2016). This conveys that once a woman has support that she can rely on when she is feeling down and having trouble fulfilling her duties as a mother, she is most likely to have better mental health and lower chances of having PPD.

### Accessibility of Services

The lack of access to services prohibits Latinx mothers from obtaining treatment for PPD. For instance, a disproportionate number of Latinx women who suffer from PPD do not obtain care since services are limited and the mental health professionals that provide the services and detection process tend to make the new mothers uncomfortable (Kozhimannil et al., 2011). Latinx women simply ask that health and mental health professionals treat them with dignity and respect during the process as they wish to be comfortable. This will lead to them having the motivation to seek treatment and follow up throughout the treatment process.

Additionally, Latinx mothers suffering from PPD also ask providers to develop more services that are specifically for non-English speakers (Keefe et al., 2016). If the mental health industry tweaked services provided for White women to be more minority women friendly, Latinx women will most likely see a drop in PPD symptoms and diagnoses. This confirms that even though there is a problem, resources are not always available.

### Stigma

Stigma is a strong reason why Latinx women tend to stay away from asking for mental health support while in the postpartum period. For instance, for Latinx women, gender roles and stigma may prevent them from disclosing how they are feeling (Vega, et al., 2010). Gender roles include the ideology that women must be completely in love with their child after giving birth as the love that she feels eliminates any negative issues she may experience.

According to Callister (2011) study, a Latinx woman experiencing PPD symptoms stated that she cannot express to her family what she is feeling as they are going to think that she is crazy. The stigma within the Latinx community does not allow mothers to ask for help since they don't feel safe. If stigma was not a problem, more Latinas would be more willing to talking about PPD symptoms and seeking treatment.

## Limitations in Literature

There was a lack of research regarding PPD and the Latinx community. Most of the articles that were read grouped the Latinx community with other minorities and the statistics about Latinx women, did not provide much information on barriers. Therefore, this study was created to better understand why Latinx women with PPD symptoms do not seek support and what can be done to help them communicate their worries.

## Theories Guiding Conceptualization

The theories that conceptualized the framework of this study are The Feminist Theory and Andersen's Behavioral Model of Health Service. The feminist theory explains how known female gender roles in the Latinx community hinder women from obtaining medical services as it is believed that women should keep their mental health, home, and family amenable even when they are not doing well. This perception reflects reality to a certain extent, it nonetheless is likely to have a variety of negative consequences for females (Brescoll, 2016). Indeed, when a woman shows emotion when she is overwhelmed, depressed or anxious, the Latinx community thinks that she is creating a show due as she is being a *llorona* who cries for anything rather than thinking that there might be something affecting her after giving birth, e.g., taking care of a newborn (Brescoll, 2016).

The feminist theory better explained why Latin women's stereotypes led to mental health disorders. For instance, Latinx women are objectified and seen as baby-making machines. The *Madrigal v. Quilligan* case showed how Mexican women were forced to be sterilized in Los Angeles during the 1970s. This ideology comes from the feeling that the general population had about Hispanics and about how they "breed like rabbits" (Gutierrez, 1999). From a feminist perspective, this shows that Latinx women did not have pro-choice due to other people's beliefs. The Hispanic community has human rights and should be allowed to decide on what they want to do with their physical health and mental health. In the United States, Hispanics make up 9% of the population of women aged fifteen to forty-four but they account for 12.5% of all births. Hence the reason why Hispanic mothers are twice as likely as Caucasian mothers to give birth to more than four children (Unger & Molina, 1997). This may lead to mental illnesses since Latinx women base their self-worth of how many children they have and how happy they are around the child. Questions in the interview were created to help the researcher better understand how Latinx gender roles led to higher rates of PPD in Latin women and lower percentages of Latinx women asking for help. By asking a question about the type of support the participant had after giving birth, the researcher was able to obtain information about how these gender roles are linked to PPD symptoms and barriers to seeing a therapist or psychiatrist.

Andersen's Behavioral Model of Health Services best explained why women with PPD symptoms don't use mental health services and the reasoning behind it. The BMHSU model states that multiple factors contribute to whether a person uses services. The main factors in the model are individual determinants, societal determinants, and healthcare determinants (Bina, 2020). Personal tendency to use care and factors that impede or enable the use of services to fall under individual determinants. Some factors in the findings showed that the lack of insurance was one of the reasons why Latinx women did not seek treatment. Societal determinants include physical, political, economic, and societal norm factors. Per the results, stigma and fear of judgment were social determinants that stopped Latinx women with PPD symptoms to seek services. Finally, the healthcare determinants include resources and structures, and healthcare providers. An example of a healthcare determinant that was seen in the study is the wait times that many of the participants encountered. These participants stated that they reached out to therapists and psychiatrists, but the lack of available appointments led them to abandon the hope of getting help.

## Summary

PPD is a disorder that affects women from different ethnic backgrounds. Previous research suggest that Latinx women don't seek treatment for mental

health symptoms due to the lack of resources and stigma that comes with seeing a therapist.



## CHAPTER THREE: METHODS

### Introduction

The sections that will be included in this chapter are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis

### Study Design

There is a limited amount of data available from the social services perspective for this topic, hence the study was chosen as a qualitative study that was conducted from an exploratory point of view. By conducting one-on-one interviews that contain open-ended questions, data with a great amount of detail was collected during the time that was spent with the participant.

Exploratory research with a qualitative approach is a strong suit for this study as the interviews allowed the subjects to provide thorough information on their experience with PPD without having to rate their feelings on a scale or by merely answering yes or no questions. Additionally, by conducting this study from an exploratory perspective in social work, new data was collected from a different viewpoint will help therapists and clinicians better treat women with PPD. One-on-one interviews allowed subjects to feel more comfortable and more willing to be vulnerable about their experiences in their PPD journey. Additionally, this type

of data collection allowed the searcher to screen for verbal and non-verbal cues for more accuracy.

### Sampling

The study used a non-random purposive sample of Latinx mothers. The mothers were recruited from a Women with Postpartum Depression Group on Facebook and from flyers that were distributed to the university's student population and the researcher's immediate social network. There were a total of seven participants and the interviews' lengths varied from forty-five minutes to two hours. Non-random purposive sampling consisted of selectively choosing the women that will participate in the study. This form of sampling is adequate for the study as it allowed the researcher to access a specific subset of individuals that will participate in the interviews. These individuals were selected as they fit the profile of being a Latinx woman, ages eighteen or older, experiencing PPD symptoms, and having had their child within the last two years.

### Data Collection and Instruments

Demographic data was gathered via a WORD document. Once the researcher reviewed the answers, the candidates that qualified for the study were asked to provide the researcher with their availability so a Zoom call would be scheduled.

The qualitative data was collected through video conference calls (Zoom) and was recorded the entire duration of the session. The interviews took place between February 2022 and March 2022. Each interview began with the researcher asking the participant general demographic questions. For example, age, race/ethnicity, income, maternal age, marital status, and religion.

The researcher conducted each interview based on the interview guideline in Appendix B (English Version or Spanish Version). The Interview Guideline tool was created to enhance the subjective experience of the social worker. It also helped the interview run smoothly and on topic. The tool was created by the researcher. The interview guideline breaks the interview process into four sections: the introduction, the question part, and the conclusion. Within the question domain, there was the first part where the client was asked what PDD is to them. In the second part, participants were asked to describe positive things that occurred before, during and after asking for help. The third part consisted of asking the client to talk about barriers that came with handling the symptoms and/or seeking resources for treatment. The last section will ask the client to talk about ways that they overcame barriers that were involved with postpartum depression.

The interview was semi-structured, the questions that were asked can be seen in Appendix B. Additional stimulus and probing questions were asked to further understand the participant's response. Supplementary time was taken during each interview to make sure that the client was okay with continuing to

discuss the topic. The instruments that were used are reliable as they consistently obtain the same results when different researchers ask the demographic questions and interview questions. The interview guide and demographic questionnaire were valid as it shows real-life results about PPD as all questions are PPD-related. This led to the participants solely answering questions about PPD.

### Procedures

Upon talking with the Facebook group administrator, and receiving approval, an announcement with a flier was posted on the group's main page describing the purpose of the study and the need for participants. The researcher listed four potential days on the announcement followed by the time slots that are available and a sign-up form. The researcher requested that whoever is interested in participating, fill out the provided form with their name, email address, the day that they would like the interview to take place, in addition to the time that they are available. At the end of the day, the researcher reviewed the form and created a schedule that is composed of each interview, the date, and the time.

The Zoom links were uniquely created for each interviewee. Once the interviewee is signed in and connected for the interview, they were asked to verbally agree/sign consent forms (Appendix A). Once they agreed, the researcher asked if it was okay to record the session and the participant was

informed that the recording will only be viewed by the researcher and the researcher's supervisor for the analysis of the data process. The researcher explained to the participant that they have the right to stop the interview at any point, that the interview will be around one hour long, and that anything they say is confidential. The interview proceeded after the participant agreed. At the close of each interview, the researcher thanked the participant for their time. The researcher explained to the participant that if they have any further questions or concerns that they can contact the researcher or the researcher's supervisor. Handouts with both individuals' email and phone numbers will be given to the participant in addition to mental health resources. Participants that don't attend the university where data was collected, were provided with information on The Centers for Disease and Control Prevention (Reproductive Health), The National Alliance on Mental Health, National Suicide Prevention Lifeline, and Postpartum Support International. Participants that attend the university where data was collected, were provided with the same resources as well as information on the university's psychological services

### Protection of Human Subjects

The researchers of this study made every effort to guarantee that participants' confidentiality. To enter the Zoom meeting, the researcher provided the participant with a unique link. During the interview process, both the participant and researcher were required to be in a room alone, where no other

individual will be able to hear the conversation. This will allow the interview to stay confidential. Consent forms were read out loud and researchers verbally asked for the participant's consent as forms could not be signed by the participant due to COVID-19 restrictions. The same process occurred for the recording part. The video recordings were stored on a USB and locked on a locked desk. Each participant's pseudonym was linked with a number for the transcription process so that the individual cannot be identified. All the consent forms and zoom log-in and password information were stored on a USB drive and stored in a locked desk. The video recordings, consent forms, login information, and passwords will be deleted after one year.

### Data Analysis

Demographic data was analyzed using descriptive statistics. Descriptive statistics explain certain levels of measurements like the average (central tendency), spread (dispersion), and the idea of normal distribution. Descriptive statistics are ideal for examining the data that was obtained in this study as it describes detailed characteristics of the demographic data that was provided by the participants. By recognizing the levels of measurement within the data set, the researcher was able to better understand the age of the participants, income, and marital status which can untimely be the reasons for the barriers.

All the data that was gathered in the interviews was analyzed with thematic analysis. First, the video recording's audio was transcribed into written form. Each participant was given a number that linked them to what they disclosed. The themes that are included are inadequate knowledge of PPD, concern with judgment, lack of support, lack of resources, and difficulty making appointments, and long wait times. The researcher reread everyone's responses to make sure that each statement is correctly linked to the individual that said it. Frequencies and proportions were provided for all the comments that are related to the themes. Finally, the demographic data gathered was taken from an excel sheet and was analyzed using descriptive statistics.

### Summary

Participants were assured of complete confidentiality in the start of the study. Hence, this chapter provided all the steps that were taken to ensure all data collected was to maintain protected and confidential.

## CHAPTER FOUR: RESULTS

### Introduction

This chapter reviews the findings of this study that were done through qualitative research. The study sought to answer the question: What are the perceived barriers to mental health service use among Latinx women with PPD symptoms. Table 1 displays the demographic information that was obtained from the participants and the chapter ended by exhibiting the five barriers that were discovered through data analysis. The five themes are the following: inadequate knowledge of PPD, concern with judgment, lack of support, lack of resources, and difficulty making appointments and long wait times.

### Demographics

Table 1 displays the summary statistics of the sample's demographic characteristics. The sample consisted of seven Latino women aged 23-34 ( $M=28.28$ ,  $SD=3.77$ ) with maternal ages 22-33 ( $M=27$ ,  $SD=4.08$ ); the majority were Catholic ( $n=5$ , 71.42%), one was Christian, and one did not identify with a religion. Most participants ( $n=4$ , 57.14%) were not married as they were single or cohabitated with their partner and three of the participants were married (42.85%). More than half of the participants were employed ( $n=4$ , 57.14%) and



three were not employed as they were stay-at-home mothers (42.85%). The yearly income for all participants ranged from \$0-\$80,000 ( $M= \$33,428.57$ ,  $SD= 39,101.82$ ), with most participants being young working middle-class mothers.

## Results

**Table 1. Demographics**

<b>Table 1</b>	
<i>Demographic Profile of Study Sample (N = 7)</i>	
Variable	<i>n (%)</i>
Race	
Latina	7 (100)
Age, <i>M (SD)</i>	28.28 (3.77)
Maternal Age, <i>M (SD)</i>	27 (4.08)
Marital Status	
Not Married <sup>a</sup>	4 (57.14)
Married	3 (42.85)
Yearly Income, <i>M (SD)</i>	33,428.57 (39,101.82)
Employment Status	
Working	4 (57.14)
Not Working	3 (42.85)
Religion	
Catholic	5 (71.42)
Christian	1 (14.28)
None	1 (14.28)
Other	0

<sup>a</sup> Composed of participants who were separated, divorced, widowed, and cohabitating

### Emergent Barriers

Analysis identified five barriers related to barriers to seeking mental health services among women with PPD symptoms.

#### ***Barrier 1: Inadequate Knowledge of Postpartum Depression***

Most participants (57.14%) emphasized they did not feel comfortable, and some felt ashamed discussing their symptoms with family or friends as their support group was not conscious of PPD symptoms or ways to comfort the participants:

“My mother never went through that, so I feel that it was not the norm to talk about postpartum depression because they did not know what to say. In Mexican culture, those are not the norms. You just don’t talk about your feelings or say you are depressed. It’s not something you can go to your parents for.”

Additionally, two participants (28.57%) disclosed that the lack of knowledge about PPD led their support system to feel uncomfortable when symptoms were discussed:

“The only people that I could truly talk to were the therapists because a lot of people did not know what to say or they did not want to hear about it because it made them uncomfortable.”

### ***Barrier 2: Concern with Judgment***

Most participants (71.42%) stated that judgment from their support system was one of the main reasons why they did not choose to disclose their worries about experiencing PPD symptoms:

“The reason why I don’t open up or ask for help is because I feel that my mom doesn't get it. I feel like she judges me more than supports me, and she brings me down more than she helps.”

Furthermore, participants reported that the gossip that takes place within the Latino community will turn her worries about PPD into the exaggerated tales of what the mother did wrong which leads to feelings of being judged:

“I was embarrassed to tell them what happened. It all goes back to whether my body failed me, or I failed my body and I could NOT have perfect labor and I did not want that type of judgment from people. I wanted to keep it to myself and not tell anyone because I did not want pity or for them to feel bad about me. I did not want to tell anyone as it would be more gossipy. If you are talking about the Latino culture, they are always talking about what happens to others. Probably a lot of people don't talk about PPD because of the same thing.”

Beyond the concern of judgment, some of the participants (28.57%) ceased to ask for help from their support group as they did not want to be a burden:

“I did not want to talk about it because everyone had their own problems and I had mentioned it to my older [sister] because she went through it as well. But I did not want to be a bother.”

### ***Barrier 3: Lack of Support***

Some participants (28.57%) reported the lack of support led them to not speak about the PPD symptoms they were dealing with:

“When I had my son, I came home to an empty house. I had no one to talk to because my husband worked two jobs, it was very draining.”

### ***Barrier 4: Lack of Resources***

Some participants (42.85%) disclosed that services were not offered to them by their primary health providers:

“I was not offered to see a therapist because I did not have insurance. Plus, I did not have time.”

Less than half of the participants (42.85%) disclosed that seeking treatment was not an option as they did not have time to spare as taking care of their newborn was a priority:

“It was brought to my attention, but I never followed through with it because I had a child that I had to care for at the moment and I did not have time.”

### ***Barrier 5: Difficulty Making Appointments and Long Wait Times***

More than half of the participants (57.14%) communicated that they were interested in obtaining services but the wait times and process to see a therapist or psychiatrist was too long:

“Going to see a psychiatrist takes forever. When I was in need and I really wanted [it], I had to wait a whole month, and then after waiting that long, I was over it.”

Additionally, when a participant went through the process of obtaining treatment when trying to make an appointment, doctors did not have any availability:

“I had referrals from my doctor but everyone I called was full and I was unable to get an appointment. I also became busy with my son, and I have not tried calling again.”

### **Summary**

This chapter categorized the demographics of the seven participants that were interviewed. The five major barriers that were identified through analysis were also discussed in this chapter.

## CHAPTER FIVE: DISCUSSION

### Introduction

The purpose of the study was to determine what barriers keep Latinx women with PPD symptoms from seeking support or treatment from mental health specialists. Findings in the study showed that some of the reasons why women did not seek support or treatment include: a concern with judgment, lack of knowledge about PPD, lack of resources, and difficulty making appointments along with long wait times. This section of the study provides a discussion of the results, approaches to the limitations of the study, and recommendations for future social work practices.

### Discussion

The findings of this study have provided an understanding of barriers that prevented Latinx women from seeking support from their families and from the mental health system. The barriers identified through interviews with seven Latinx women who were experiencing PPD symptoms and have given birth within the last two years are the following: inadequate knowledge of PPD, concern with judgement, lack of support, lack of resources, and difficulty making appointment and long wait times. These findings are consistent with those of earlier studies (Callister et al., 2011; Callister, 2011), and Keefe, Brownstein-Evans, and Rouland, (2016), which found that Latinx women don't seek support for their PPD

symptoms due to concerns of judgment, being seen as “crazy” as their support system does not have knowledge on what PPD is and how it affects women, and lack of accessibility to services.

Participants disclosed that one of the reasons why they did not ask their family and significant other for help was due to being afraid of being judged. Since it is custom for Latinx families to be enmeshed, women with PPD symptoms were certain that there was going to be prejudice against them as soon as they verbalized their mental health concerns. An example is being told that they are a bad mother. This prejudice comes with remarks about how the women with PPD symptoms are not handling the postpartum period with grace in addition to recommendations about going to church for treatment. The remarks and recommendations not only are provided by the new mother’s parents but by people in the extended family, even if no one in the support system has heard of PPD. The lack of knowledge on PPD can also lead to being told that a woman is *loca* or crazy for wanting to seek treatment as well as being told that she is exaggerating as she only must better organize herself as she is a mother now and all her time and energy should be spent on taking care of her children.

Another barrier that keeps women from obtaining treatment is the lack of accessibility to mental health services. The findings of this study were consistent with Keefe and colleagues (2016), as the researchers found that Latinx women who suffer from PPD do not obtain care as services are as many therapists and psychiatrists have low availability of appointments and if there is an appointment



available, the soonest will be available in a couple of months. While not all participants from this study were offered a referral to see a therapist or psychiatrist, the ones that were offered services stated that the long wait times and lack of available appointments that fit their schedule made them reconsider seeking treatment. This led to participants not calling back to make appointments or simply dealing with the symptoms on their own. Looking deeper into the problem, the mental health system can be partially at fault for higher crisis calls or suicide attempts as Latinx women with PPD symptoms are already dealing with having zero or little support due to the fear of being judged. Furthermore, this study found that women who did not have access to insurance were not provided referrals or at least resources to seek mental health treatment. This demonstrates how insensitive the mental health system can be as there are free resources available for those who cannot afford insurance or who do not qualify.

### Limitations

After completing the data collection for this study, three limitations were identified. The main limitation that was identified was the Covid-19 restrictions. Due to the pandemic, interviews with the seven participants were conducted via Zoom. Some participants did not feel comfortable turning on the camera thus researchers missed an opportunity to observe non-verbal cues. Additionally, technical issues occurred with several links that were provided to the participants, this led to late start times for some of the interviews that were being

conducted. Furthermore, CSUSB's campus was the main site where participants were going to be recruited. The closure of the campus gave limited access to the number of people that were interviewed. Another limitation that was observed was the sample size. Only seven Latinx women participated in the study as the requirements were specific, consequently the data may not represent the millions of women from various Latin backgrounds that reside in the United States. The final limitation was that identified was that not all participants were formally diagnosed with PPD. This makes it hard for the researcher to determine the severity of the symptoms as gravity varies from one participant to another.

### Recommendations

Several recommendations emerged from the findings. The first was that need for new educational services in medical and mental health fields. Obstetrics and gynecology doctors can provide resources not only to the pregnant woman, but to the family and significant other. This will help create a safe atmosphere to discuss PPD symptoms if they appear. Unfortunately, Latinx individuals believe that mental health is important only if they learn about it from a medical doctor. Additionally, more campaigns about mental health for women can be established in universities, sexual education classes in high schools, and doctors' offices. This can help reduce the embarrassed that Latinx women deal with by asking for support and treatment. The classes can also teach the women's support system how to properly handle learning that a loved one is experiencing PPD symptoms.

Finally, the study's findings revealed that Latinx women with PPD symptoms tend to feel like a burden to their family, causing them to stay quiet rather than ask for support. The findings of this study can also help motivate mental health specialists, hospitals, or community centers around the United States to create more support groups for Latinx women in both Spanish and English as inclusion is critical to empower Latinx women to seek support and treatment.

### Summary

Latinx women with PPD symptoms have encountered barriers when asking for support from friends and family and when trying to obtain treatment from the mental health system. The five barriers that include: inadequate knowledge on PPD, concern with judgement, lack of support, lack of resources, and difficulty making appointments and long wait times can serve as a reminder that minorities are still in need of resources. Hopefully, these challenges can be addressed with solutions as Latinx women deserve the same adequate care as any other individual in this country.

## APPENDIX A: INFORMED CONSENT

## Informed Consent

The study in which you are asked to participate is designed to examine perceived barriers to mental health service among Latinx women with postpartum depression symptoms. The study is being conducted by Mayra Alvarado, a graduate student, under the supervision of Caroline Lim, Assistant 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 is to examine perceived barriers to mental health service among Latinx women with postpartum depression symptoms.

**DESCRIPTION:** Participants will be asked questions about beliefs about postpartum depression, barriers to seeking treatment, and ways to ask for treatment.

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

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

**DURATION:** Interviews will take 45 minutes to 1 hour.

**RISKS:** Although anticipated, there may be some discomfort in answering some questions. You are not required to answer and may 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. Lim at [swkclsf@nus.edu.sg](mailto:swkclsf@nus.edu.sg)

**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 THE STUDY. I HAVE READ AND UNDERSTAND THE CONSENT DOCUMENT AND AGREE TO PARTICIPATE IN THE STUDY.

\_\_\_\_\_   
Place an X mark here

\_\_\_\_\_   
Date

APPENDIX B: INTERVIEW GUIDE

### **Interview Guide (English Version)**

1. After your child was born did you feel sad, lonely, or depressed? If yes, what do you think caused you to feel that way?
2. Did you feel secure in any relationship to talk about how you were truly feeling inside? If yes, can you please elaborate on who and why?
3. Can you please share with me the barriers that prevented you from talking to someone about your postpartum depression symptoms? If applicable, can you also share the reasons that prevented you from seeking mental health treatment?
4. What do you know of postpartum depression? How are women who struggle with postpartum depression symptoms viewed (e.g., by family members, friends, etc.)?
5. Do you believe therapy will be beneficial for PPD? Elaborate.
6. What role has extended family played in supporting you and your child?

\*Are you currently experiencing distress due to the questions that were asked during this interview? If yes and you attend CSUSB, you will be provided with information to the Office of Counseling and Psychological Services on campus.

\*Are you currently experiencing distress due to the questions that were asked during this interview? If yes and DO NOT attend CSUSB, you will be provided with information from The Centers for Disease and Control Prevention

(Reproductive Health), The National Alliance on Mental Health, National Suicide Prevention Lifeline, and Postpartum Support International.

#### ADDITIONAL INFORMATION:

The Centers for Disease and Control Prevention (Reproductive Health) is the focal point for issues related to reproductive health, maternal health, and infant health. For over 50 years, they have been dedicated to improving the lives of women, children, and families through research, public health monitoring, scientific assistance, and partnerships. The following link will link you to The CDC- Reproductive Health website: <https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/index.html>. The National Alliance on Mental Health (NAMI) advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need. NAMI offers support and education programs for families and individuals living with mental health conditions. You can call 1-800-950-NAMI or text "NAMI" to 741741. The National Suicide Prevention Lifeline is a suicide prevention network of over 160 crisis centers that provides 24/7 service via a toll-free hotline. You can call 1-800-273-8255 if you are experiencing suicidal crisis or emotional distress. Postpartum Support International promotes awareness, prevention and treatment of mental health issues related to childbearing in every country worldwide. Feel free to call 1-800-944-4773 or text "Help" to 800-944-4773.



## Interview Guide (Spanish Version)

1. Cuando nacio su hijo/a se sintio triste, cola, o deprimoda? Si su respuesta es si, que cree que fue las razon porque se sentia asi?
2. Se sentia segura en su relacion para poder hablas de la depresion posparto? Si si, me puede explicar con quien hablaba y de que?
3. Me puede dar una lista de barreras con las que se encontro que la hizo no querer obtener ayuda o hablar de depresion posparto. Me puede explicar cual fueron las razones?
4. Usted conoce a una amiga o persona de su familia que ha tenido depresion posparto. Como se siente usted y la amiga/ person sobre depresion postparto?
5. Usted cree que ir a terapia tiene beneficios pare ayudarle con la depression posparto. Me puede explicar su respuesta?
6. Como le ha ayudado su familia extendida (por ejemplo, tios, tias, primos, abuelos) en el process de lidiar con depression posparto?

\* ¿Actualmente está experimentando angustia debido a las preguntas que se le hicieron durante esta entrevista y no asiste a CSUSB? En caso afirmativo, se le proporcionará información de los Centros para la Prevención y el Control de Enfermedades (Salud Reproductiva), la Alianza Nacional Sobre Salud Mental, Línea Nacional de Prevención del Suicidio y Apoyo Internacional Posparto.

### INFORMACIÓN ADICIONAL:

Los Centros para la Prevención y el Control de Enfermedades (Salud Reproductiva) es el punto focal para los temas relacionados con la salud reproductiva, la salud materna y la salud infantil. Durante más de 50 años, se han dedicado a mejorar la vida de las mujeres, los niños y las familias a través de la investigación, el control de la salud pública, la asistencia científica y las asociaciones. El siguiente enlace lo llevará al sitio web de salud reproductiva de los CDC: <https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal->

depression/index.html. La Alianza Nacional de Salud Mental (NAMI, por sus siglas en inglés) aboga por el acceso a servicios, tratamiento, apoyo e investigación y se mantiene firme en su compromiso de crear conciencia y construir una comunidad de esperanza para todos los necesitados. NAMI ofrece programas de apoyo y educación para familias e individuos que viven con condiciones de salud mental. Puede llamar al 1-800-950-NAMI o enviar un mensaje de texto con la palabra "NAMI" al 741741. La Línea Nacional de Prevención del Suicidio es una red de prevención del suicidio de más de 160 centros de crisis que brinda servicio las 24 horas del día, los 7 días de la semana a través de una línea directa gratuita. Puede llamar al 1-800-273-8255 si está experimentando una crisis suicida o angustia emocional. Postpartum Support International promueve la concientización, la prevención y el tratamiento de los problemas de salud mental relacionados con la maternidad en todos los países del mundo. No dude en llamar al 1-971-203-7773 o envíe un mensaje de texto con la palabra "HELP" al 800-944-4773.

English and Spanish Interview Guides Created by Mayra Alvarado.

## APPENDIX C: IRB APPROVAL



March 28, 2022

**CSUSB INSTITUTIONAL REVIEW BOARD**

Protocol Change/Modification

IRB-FY2022-76

Status: Exempt

Caroline Lim Mayra Alvarado  
CSBS - Social Work  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

Dear Caroline Lim Mayra Alvarado:

The protocol change/modification to your application to use human subjects, titled "Perceived barriers to mental health service use among Latinx women with postpartum depression symptoms" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

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 by submitting the appropriate

form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

- 1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.**
- 2. If any unanticipated adverse events are experienced by subjects during your research study or project.**
- 3. If your study has not been completed submit a renewal to the IRB.**
- 4. If you are no longer conducting the study or project submit a study closure.**

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2022-76 in all correspondence.

Best of luck with your research.

Sincerely,

*Nicole Dabbs*

Nicole Dabbs, Ph.D, IRB Chair  
CSUSB Institutional Review Board

ND/MG

## REFERENCES

- Abrams, Dornig, K., & Curran, L. (2009). Barriers to Service Use for Postpartum Depression Symptoms Among Low-Income Ethnic Minority Mothers in the United States. *Qualitative Health Research, 19*(4), 535–551.  
<https://doi.org/10.1177/1049732309332794>
- Albuja, A. F., Lara, M. A., Navarrete, L., & Nieto, L. (2017). Social Support and Postpartum Depression Revisited: The Traditional Female Role as Moderator among Mexican Women. *Sex roles, 77*(3-4), 209–220.  
<https://doi.org/10.1007/s11199-016-0705-z>
- Benuto, T., Gonzalez, Reinos Segovia., & Duckworth, Melanie. (2019). Mental health literacy, stigma, and behavioral health service use: The case of Latinx and Non-Latinx Whites. *Journal of Racial and Ethnic Health Disparities, 6*(6), 1122–1130.  
<https://doi.org/10.1007/s40615-019-00614-8>
- Bina, R. (2020). Predictors of postpartum depression service use: A theory-informed, integrative systematic review. *Women and Birth: Journal of the Australian College of Midwives, 33*(1), e24–e32.  
<https://doi.org/10.1016/j.wombi.2019.01.006>
- Brescoll, V. (2016). Leading with their hearts? How gender stereotypes of emotion lead to biased evaluations of female leaders. *The Leadership Quarterly, 27*(3), 415-428. Doi: 10.1016/j.leaqua.2016.02.005
- Callister, L. C., Beckstrand, R. L., & Corbett, C. (2011). Postpartum depression

and help-seeking behaviors in immigrant Hispanic women. *Journal of obstetric, gynecologic, and neonatal nursing: JOGNN*, 40(4), 440–449.  
<https://doi.org/10.1111/j.1552-6909.2011.01254.x>

Coburn, Gonzales, N. A., Luecken, L. J., & Crnic, K. A. (2016). Multiple domains of stress predict postpartum depressive symptoms in low-income Mexican American women: the moderating effect of social support. *Archives of Women's Mental Health*, 19(6), 1009–1018.  
<https://doi.org/10.1007/s00737-016-0649-x>

Farías-Antúnez, Xavier, M. O., & Santos, I. S. (2018). Effect of maternal postpartum depression on offspring's growth. *Journal of Affective Disorders*, 228, 143–152. <https://doi.org/10.1016/j.jad.2017.12.013>

Goodman, A., & Goodman, R. (2009). Strengths and difficulties questionnaire as a dimensional measure of child mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(4), 400–403.  
<https://doi.org/10.1097/CHI.0b013e3181985068>

Goodman, J. H., & Tyer-Viola, L. (2010). Detection, treatment, and referral of perinatal depression and anxiety by obstetrical providers. *Journal of women's health (2002)*, 19(3), 477–490.  
<https://doi.org/10.1089/jwh.2008.1352>

Gutierrez, E. R. (1999). *The racial politics of reproduction: The social construction of Mexican –origin women's fertility*. ProQuest Dissertations Publishing.

- Horowitz, J. A., & Cousins, A. (2006). Postpartum depression treatment rates for at-risk women. *Nursing research*, 55(2 Suppl), S23–S27.  
<https://doi.org/10.1097/00006199-200603001-00005>
- Liu, & Tronick, E. (2012). Rates and Predictors of Postpartum Depression by Race and Ethnicity: Results from the 2004 to 2007 New York City PRAMS Survey (Pregnancy Risk Assessment Monitoring System). *Maternal and Child Health Journal*, 17(9), 1599–1610. <https://doi.org/10.1007/s10995-012-1171-z>
- Marcus, S. M., Flynn, H. A., Blow, F. C., & Barry, K. L. (2003). Depressive symptoms among pregnant women screened in obstetrics settings. *Journal of women's health* (2002), 12(4), 373–380.  
<https://doi.org/10.1089/154099903765448880>
- McGarry, J., Kim, H., Sheng, X., Egger, M., & Baksh, L. (2009). Postpartum depression and help-seeking behavior. *Journal of midwifery & women's health*, 54(1), 50–56. <https://doi.org/10.1016/j.jmwh.2008.07.003>
- Keefe, Brownstein-Evans, C., & Rouland Polmanteer, R. S. (2016). Having our say: African-American and Latina mothers provide recommendations to health and mental health providers working with new mothers living with postpartum depression. *Social Work in Mental Health*, 14(5), 497–508.  
<https://doi.org/10.1080/15332985.2016.1140699>
- Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depression care



among low-income women. *Psychiatric services (Washington, D.C.)*, 62(6), 619–625. [https://doi.org/10.1176/ps.62.6.pss6206\\_0619](https://doi.org/10.1176/ps.62.6.pss6206_0619)

Sirulnik L, Lara-Cinisomo S, Wisner KL, Meltzer-Brody S. 2014. *Perinatal depression among Spanish-Speaking and Latin American women*. New York: Springer. The culture of treating Latinas with postpartum depression: two case reports; pp. 111–122

Song, Sands, R. G., & Wong, Y.-L. I. (2004). Utilization of Mental Health Services by Low-Income Pregnant and Postpartum Women on Medical Assistance. *Women & Health*, 39(1), 1–24. [https://doi.org/10.1300/J013v39n01\\_01](https://doi.org/10.1300/J013v39n01_01)

Stewart, D. E., & Vigod, S. N. (2019). Postpartum Depression: Pathophysiology, Treatment, and Emerging Therapeutics. *Annual review of medicine*, 70, 183–196. <https://doi-org.libproxy.lib.csusb.edu/10.1146/annurev-med-041217-011106>

Substance Abuse and Mental Health Services Administration (SAMHSA) (2020). U.S. Department of Health and Human Services

Sweeney, A. C., & Fingerhut, R. (2013). Examining relationships between body dissatisfaction, maladaptive perfectionism, and postpartum depression symptoms. *Journal of obstetric, gynecologic, and neonatal nursing : JOGNN*, 42(5), 551–561. <https://doi.org/10.1111/1552-6909.12236>

Unger, J., & Molina, G. (1997). Desired Family Size and Son Preference Among Hispanic Women of Low Socioeconomic Status. *The Family Planning Perspective*, 29(6).

[://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/2928497.pdf](http://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/2928497.pdf)

Yung, S. T., Main, A., Walle, E. A., Scott, R. M., & Chen, Y. (2021). Associations Between Sleep and Mental Health Among Latina Adolescent Mothers: The Role of Social Support. *Frontiers in psychology*, 12, 647544.

<https://doi.org/10.3389/fpsyg.2021.647544>