

Challenges and Strategies to Maintaining Emotional Health

Qualitative Perspectives of Mexican Immigrant Mothers

India J. Ornelas
Krista M. Perreira
Linda Beeber
Lauren Maxwell

University of North Carolina–Chapel Hill

Mexican immigrant mothers face many challenges that put them at increased risk for poor mental health. To understand the factors that lead to the development of depressive symptoms among Mexican immigrant mothers, we analyzed data from 20 qualitative, semistructured interviews. Participants included low-income, Mexican-born mothers of young children living in North Carolina. Most of the mothers in our study reported experiencing depressive symptoms after becoming parents. They expressed their symptoms as feelings of sadness, depression, loneliness, shame, and anxiety. Economic stressors contributing to their emotional health included financial obligations, work, and child care. Social stressors included family separation, social isolation, and discrimination. To cope with these stressors, mothers relied heavily on social networks and community resources. Our results suggest that a combination of both risk and resiliency factors shape the emotional health of Mexican immigrant mothers.

Keywords: *immigrant; Latino/Hispanic; mental health; parenting*

Mexican women of childbearing age are an increasing proportion of recent immigrants to the United States (U.S. Census, 2006). As both women and immigrants, they face many challenges that put them at

Authors' Note: We gratefully acknowledge funding from the Foundation for Child Development, young scholars program, and the Department of Health and Human Services, ACYF Early Head Start–University Partnership Grant 90YF0042/01. We would like to thank Ginny Lewis and Hjordis Blanchard for their excellent management of this project and Hiro Yoshikawa for his initial advice in designing our interview protocol.

increased risk for poor mental health, including low socioeconomic status and stressors associated with migration and acculturation to the United States (Escobar, Nervi, & Gara, 2000; Heilemann, Coffrey-Love, & Frutos, 2004). Among women generally, depression is the most common mental illness. Moreover, the risk of depressive symptoms increases after the birth of a child because of social and biological changes in a woman (Grant et al., 2004; Vega, Scribney, Aguilar-Gaxiola, & Kolody, 2004). Prevalence estimates of depressive symptoms among Mexican immigrant women range from 12% to 59% (Chaudron et al., 2005; Heilemann, Frutos, Lee, & Kury, 2004; Malek, Connolly, & Knaus, 2001; McNaughton, Cowell, Gross, Fogg, & Ailey, 2004).

Maternal depression can have serious health consequences both for immigrant mothers and their children (Aisenberg, Trickett, Mennen, Saltzman, & Zayas, 2007; Dennis, Parke, Coltrane, Blacher, & Borthwick-Duffy, 2003; Parke et al., 2004). It can lead to changes in family functioning, increased conflict with family and friends, and separation and divorce from partners (Horwitz, Briggs-Gown, Storfer-Isser, & Carter, 2007; Seto, Cornelius, Goldschmidt, Morimoto, & Day, 2005). Depressed women also report less healthy feeding and sleep practices as well as less positive parent-child interactions (Parke et al., 2004; Paulson, Dauber, & Leiferman, 2006). Therefore, it is important to understand the factors that lead to the development of depression among Mexican immigrant mothers.

Several factors place Mexican immigrant women with children at increased risk for depression and poor mental health. They are significantly more likely to live in poverty and have lower levels of education than are women in other ethnic groups (U.S. Census, 2001). Furthermore, they often face social isolation and limited access to community resources (Curran & Rivero-Fuentes, 2003; Hondagneu-Sotelo, 1994). Their social isolation and limited access to resources was exacerbated during the 1990s as Mexican immigrant women began moving to communities in the Midwest and Southeast regions of the country (Kochkar, Suro, & Tafoya, 2005). These new immigrant communities often lack the supports available to immigrant families in communities with larger, more long-standing Latino populations. To date, only one qualitative study has documented the factors contributing to Mexican immigrant women's depression (Heilemann, Coffrey-Love, et al., 2004). This study found that the women perceived loneliness, social isolation, and economic pressures to be related to their depression.

Despite these risk factors, researchers have noted that immigrants have lower levels of depression and other mental health disorders than those born in the United States have (Vega et al., 1998). Many attribute this pattern to

coping strategies employed by immigrant women, such as seeking social support. Studies have shown that social support reduces risk for depression because it serves as a buffer for stress (Berkman & Glass, 2000). Mexican immigrants who report more social support have been found to be at a lower risk for depression than those who report less support (Dennis et al., 2003; Martinez-Schallmoser, Telleen, & MacMullen, 2003). However, other studies have suggested that social support has a negative side, social obligation, that could serve to magnify stress in immigrant populations and increase the risk for depression (Kao, 2004). Few studies have documented the role of social networks and social support in preventing or contributing to depression among Mexican immigrant mothers (Bathum & Baumann, 2007; Clark, 2001; Martinez-Schallmoser et al., 2003).

The purpose of the study was to identify factors that influence the emotional health of Mexican immigrant mothers in a new immigrant destination. In addition to identifying the stressors associated with developing depressive symptoms, we sought to describe the coping strategies women employed in the face of these stressors, including the role of social networks and social support. To achieve this we analyzed 20 qualitative interviews with low-income Mexican immigrant mothers of young children living in North Carolina. The recent growth of the Latino immigrant population in North Carolina represents a trend throughout the Southeast region of the United States and provides an ideal setting for gaining insight on the experiences of women in new immigrant communities (North Carolina Center for Health Statistics, 2006).

Theoretical Considerations

We drew on several theories and models to frame our analysis. A primary basis for this study was the Family Stress Model, which was developed to explain the relationship between economic hardship and mental health among rural Midwestern families in the United States (Conger & Elder, 1994). The model describes how economic hardship causes economic pressure in families, which leads to poor maternal mental health (Dennis et al., 2003; Parke et al., 2004). Poor maternal mental health can increase exposure to family conflict (for example, aggressive and angry behavior) as well as withdrawal of supportive behavior. Maternal depression can also lead to decreased quality of parenting, including less parental involvement, warmth, and discipline. Both family conflict and less effective parenting can have negative consequences for children's health and development.

Despite the usefulness of this theory in explaining the effects of economic stressors on emotional health, it fails to incorporate social stressors associated with migration and acculturation that may also influence emotional health in immigrant mothers. Therefore, we also drew on immigrant parenting literature to understand both the stressors and coping strategies employed by Latino immigrant families (Chun, 2006; Harwood, Leyendecker, Carlson, Ascencio, & Miller, 2002; Hondagneu-Sotelo & Avila, 1997; Perreira, Chapman, & Stein, 2006; Reese, 2002). In a model developed by Perreira and colleagues (2006), immigrant family functioning is determined by the interaction of both risk and resiliency factors. The risks or challenges associated with migration and acculturation include family separations, loss of social networks, economic strains, and exposure to discrimination. The resiliency factors or strategies families use to cope with these challenges include acquiring bilingual skills and seeking help. The model also emphasizes that immigrant families' well-being is shaped by the context in which migration occurs, such as the factors influencing their decision to migrate and their expectations for life in the United States. Although this theoretical model was based on parents' relationships with adolescent children, it provides a useful framework for examining potential factors influencing the emotional health of Mexican immigrant women with infants or toddlers.

Given the empirical evidence that social support plays an important role in determining the emotional health of Mexican immigrant mothers, we also drew on social network and social support theory to guide our study. Social network theory has been used to explain patterns of migration from Mexico to the United States as well as the acculturation process among immigrants living in the United States (Berkman & Glass, 2000; Massey, 1999; Menjivar, 2000). Social networks facilitate and perpetuate migration by decreasing the risks and reducing the costs of the migration process. For example, migrants use one another for transportation, finding employment, obtaining housing, and other resources. Social networks also provide immigrants with social support, which is defined as the aid and assistance exchanged through social relationships and interpersonal transactions (Berkman & Glass, 2000). The presence of support from family and friends may reduce the impact of economic and social stressors on emotional health by helping individuals to cope with their problems, organize their resources, and share the burden of the stress, thereby reducing family conflict and its subsequent impact on children's health.

At the same time, social support implies reciprocity. Spanish-speaking immigrant women tend to be more isolated or alienated from the U.S.-born, English-speaking majority and, therefore, have more limited social networks.

As a result, the closeness of social networks among same-ethnic immigrants and the expectations of reciprocity can be greater (Kao, 2004). These ethnic-network obligations of social support can potentially add to rather than subtract from the stresses of adapting to life in the United States.

Method

The ALAS “Wings” Study

Data for this study come from the ALAS “Wings” Study, an evaluation of an intervention targeting recently immigrated Spanish-speaking mothers with depression. The study used both qualitative and quantitative methods to examine the factors influencing the development of depressive symptoms among Mexican immigrant mothers in North Carolina’s Early Head Start (EHS) program (Beeber, Perreira, & Schwartz, 2008). EHS is a federally funded, community-based program for low-income families. The mission of EHS is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and promote healthy family functioning. The study took place in three EHS programs located in areas where young Latinos, mostly Mexicans, had immigrated to find work. All Spanish-speaking women enrolling in these three sites were screened for depressive symptoms and asked to participate in the ALAS “Wings” Study. Data collected for the parent study included surveys and video-taped observations of parenting practices in addition to in-depth interviews of both mothers with and without symptoms of depression. Only data from the in-depth interviews and demographic information collected as part of the surveys were used for the current study. The project was approved by the Institutional Review Board of the University of North Carolina–Chapel Hill.

Participants

The study population included 20 low-income Mexican-born mothers in North Carolina. Women were selected from participants in the parent study, which included the entire population of eligible, consenting, foreign-born Latina mothers enrolled in three EHS sites in North Carolina between June 2003 and November 2004. Eligibility criteria for the women that completed the in-depth interviews were that they were at least 18 years of age, not in psychotherapy or addiction therapy, and not taking psychotropic medication. They were also required to have an infant (6 weeks to 12 months of age) or toddler (13 months to 30 months of age) enrolled in the EHS program. To

ensure representation of both depressed and nondepressed women, half of the women chosen for the qualitative interviews scored higher than 16 on the Center for Epidemiological Studies–Depression Scale, indicating a significant level of depressive symptoms (Radloff, 1977). Because the Center for Epidemiological Studies–Depression Scale has few somatic depressive symptom items, the instrument is thought to be one of the most valid measures of depressive symptoms in Latino populations where somatic problems are overreported and psychological problems are underreported (Vega, Kolody, Valle, & Hough, 1986).

Procedures

Qualitative, semistructured interviews were conducted with all 20 women in 2004 and 2005. The interviews lasted 1.5 to 2 hours each and were completed in the participants' homes. Because all the women spoke Spanish as their first language, the interviews were conducted in Spanish by a trained bilingual research assistant who had an ongoing relationship with the women as part of the larger study. The interviewer used an interview guide that contained more than 20 open-ended questions related to the challenges and joys of parenting, memories of being parented, and migration experiences. The interviewer engaged in a flexible, semistructured interview process using probes to clarify information about key themes and allowing the respondent to change the course of the conversation and bring up relevant issues that the researcher had not previously identified. All interviews were digitally recorded. The digital files of the interviews were transcribed verbatim by the interviewer into text documents and translated into English prior to content analysis. The interviewer was a certified Spanish language interpreter with 6 years' experience in translation work with the Spanish-speaking immigrant population in North Carolina.

A coding scheme was created based on the interview guide, the theoretical framework, and the transcripts themselves. Similar codes were grouped together into broader concepts, including parenting, mother's emotional health, migration, family stressors, and family supports. As the data were analyzed, codes were added to the coding scheme for statements that did not fit the existing codes.

As part of the analysis process, the text was broken into discrete quotations that were used as units of analysis. Quotations were generally a paragraph in length and consisted of a single response to a question or probe. Each quotation within a transcript was coded for themes by at least two members of the research team. All interviews were initially read and coded by a

bilingual, bicultural team member of Mexican background. Additional coding was conducted by the interviewer and the two principal investigators—a psychiatric nurse and an immigration scholar with substantial experience working with Latina immigrants. Once the transcripts were coded, the text and codes were entered into the software program ATLAS.ti.

Following Omery (1983) and Tesch (1990), our analytic process focused on identifying recurring themes within codes or concepts. The goal of the analysis was to identify and describe patterns and relationships both within and across participants. To this end, we compared codes, concepts, and categories from different respondents to examine their universality and to identify cases where they did not fit. Matrices were developed to identify linkages among concepts (Miles & Huberman, 1994). Themes presented below represent concepts and themes that were present across multiple respondents.

Trustworthiness of the Data

The qualitative research study design demands that we examine the rigor of our methods and trustworthiness of the data and data analysis. Triangulation of sources, analysts, and perspectives are important strategies for enhancing credibility in qualitative research (Miles & Huberman, 1994; Padgett, 1998). We sought information from multiple sources by interviewing mothers from different EHS sites with varied family and migration histories. We used four analysts to code the data, with at least two researchers coding each transcript, and resolved any discrepancies in the coding by consensus in research team meetings. The analysts represented the fields of public health, public policy, and nursing. The authors discussed themes from the qualitative analyses with other research team members to confirm findings and incorporate their perspectives into the analysis.

Results

In the following sections, we describe the immigrant mothers that participated in the study, the unique challenges they faced in trying to maintain their emotional health and well-being, and the coping strategies they have adopted to deal with these challenges. Although the themes represent our own analysis, when possible we use the women's own words to describe themes and concepts. All quotes presented below were translated by the interviewer.

Profiles of the Mothers

All of the women interviewed were born in Mexico and were mothers of at least one child who was an infant or toddler. The mean age of the women was 27 years and their average level of education was 7.5 years of school. The average age of the mothers' children in the study was 23 months. To be eligible for the EHS program, mothers' before tax income had to be below 100% of the federal poverty level; therefore, all study participants had low income. More than half of the women did not work outside of the home. Household structure typically consisted of two adults (including the mother) and three children. Only one of the women reported not living with a spouse or partner. All but two of the women had more than one child. The average length of their residence in the United States was 5 years, and the average age at arrival in the United States was 23 years. In addition, most mothers identified as Catholic (81%).

Most of the women had immigrated to the United States prior to the birth of their most recent child. Their decision to migrate was usually based on economic reasons or to maintain family connections. The women whose primary reasons for migrating were economic ($n = 13$) cited increased opportunities for employment, specific financial goals, and achieving economic stability for their families as important factors in their decision. Their expectations of the United States were that that it would be easier to find jobs and that jobs would pay more than they would in Mexico. Their motivation to achieve economic stability was often rooted in a desire to provide a better life for their children and extended family. In addition to economic stability, women cited the improved working conditions, increased time with their children, and better educational opportunities for themselves and their children as benefits to migrating.

The second most common reason women decided to migrate was to accompany or join other family members. Several women migrated with their husbands or to reunite with family members that had immigrated before them ($n = 11$). For some women, migrating was less of a decision and more of an obligation to their spouse. One mother stated she had migrated because it was part of the expected role and norms of being a wife in Mexico. Others saw it as a welcome reunification or as a decision not to be left behind. Social ties were an important factor in women's migration experiences. Many stated that their extended families living in Mexico supported their decision to migrate and that they used their family networks during the migration process. Some chose to leave Mexico when they could accompany other family members who were also emigrating and saw this

as a safer way to cross the border. Others mentioned that they felt more confident making the decision to migrate knowing that relatives, other than their spouses, were already living in the United States.

Many women saw migration as having an important influence on their parenting and family relations. Their expectations were that living in the United States would help their children get ahead by providing them with a better education and increased opportunity for achieving success than if they were raised in Mexico. In some cases, migration was also a way for mothers to start anew and break intergenerational patterns of violence or mistreatment they experienced in their own families. Many women hoped that their lifestyles in the United States would allow them to give their children more time and affection than they had received from their parents as children.

Although women were not asked specifically about their emotional health, almost all of the women described times when they experienced depressive symptoms during the interviews. Many used the word *depression* to describe these feelings or identified themselves or others as depressed. Other symptoms they described were feelings of sadness, loneliness, shame and anxiety; uncontrollable crying or tearfulness; and not being able to think clearly or focus on tasks.

Many women ($n = 8$) spoke about struggling with depression and sadness after the birth of their children. They noticed emotional changes in themselves immediately following the birth of their children, although for some women these feelings persisted for several months or years. One mother described this time as being one of the most challenging aspects of parenting.

I think the first months are the most difficult, when the child has just been born, when he is a month or two months old. I got very depressed. It made me very sad too and I even thought about putting him in the laundry basket. I didn't know what to do with him anymore because he cried a lot. I couldn't put up with him anymore and I would start to cry.

Another woman felt overwhelmed by managing both her own emotional vulnerability and the changes associated with being a new mother after the birth of her child.

[The baby] cried a lot. I didn't understand why, and I started to cry. . . . It's not like you think, you don't sleep the same, you don't eat the same, you have to run to bathe yourself because the child is going to wake up, he will be hungry. It was all different.

Sadness after childbirth was often compounded by feelings of doubt; mothers questioned their abilities as new mothers.

Challenges to Maintaining Emotional Health

Several factors were cited as reasons for emotional distress, including anxiety about economic pressures and providing for their family as well as social stressors associated with migration and acculturation.

Economic stressors: Financial obligations, work, and child care. Despite their expectations of economic opportunity, many women experienced economic pressures after arriving in the United States. Some mothers arrived with financial obligations to their families back home, such as repaying loans they had used to finance the trip and fulfilling expectations to send remittances. Almost all of the women expressed some concern about their economic situation. These concerns served as a daily stressor and source of anxiety. Women often worried about not having enough money to pay their bills or provide for their children. Window shopping in commercial districts or malls was a family activity that several mothers mentioned as an affordable way to pass time; however, several women mentioned feeling badly when their children wanted them to buy things they could not afford. The cost of health care, especially for their children, was also cited as an economic stressor. One woman spoke about how the economic pressures of migrating motivate immigrants to begin earning quickly after their arrival.

You leave many people behind in Mexico, and bills keep on adding up. . . . So, the ones that come here have to find work quickly to be able to pay the person who brought them here, to pay for the family that they left in Mexico. They come and they work in whatever, and they are very difficult jobs and they pay very little.

Despite these economic pressures, most of the women interviewed did not work. Many of the mothers wanted to work and felt that their contribution to the family income would help ease economic strain. However, they did not work because of their desire to stay at home with their children, inability to find adequate child care, or the lack of support from their family.

The women cited several barriers to finding child care. Child care options were not affordable and/or did not fit with their work schedules. Those who had sought child care were reticent to leave their children with child care providers they did not know personally. Mothers often compared their situation to women in Mexico who typically do not work and, thus, care for their

own children at home. When mothers in Mexico do need child care, they rely on trusted family members and friends. Yet with limited extended kin nearby, many of the women interviewed did not know other women or family members they could use for child care. One mother, who had started working in Mexico at age 9 when her own mother was widowed, was anxious to start work after she arrived in North Carolina. However, because she had only male relatives nearby who were also working, she had to consider leaving her children with someone else. As she stated,

I have almost always wanted to work, but I don't have anyone to take care of my children. Because there are a lot of people who take care of children, but you don't know the people. So maybe with your mother, or with your brother, or with your sister well, yes, you would feel more comfortable with leaving your child . . . with them.

In addition to the barriers related to child care, the decision to seek employment was not always supported by the mothers' spouses and families. Some women reported that their husbands and family members discouraged them from working or made employment difficult because of their expectation that the mother would stay home with her children. One mother, who was relieved to find a job near her house, became discouraged when her husband's father would not assist her by picking her up on nights that she worked late. As she stated,

One time I found a job close to here, and they lived in an apartment really close by. So, since it was really late, I asked . . . if he could come pick me up. I called him on the phone so that he could come to get me, my father-in-law. So, my father in law told me that he couldn't because he was already asleep. I didn't know anyone. I didn't have family. And they left me over there. . . . I didn't go back to work because I was afraid . . . I don't have anyone to take me home. How am I going to do it?

Thus, despite the economic promise of migration, many women considered their economic situation to be a daily stressor and source of concern. They were unable to resolve this situation by working because of their obligations to care for their children and the expectations of other family members.

Social stressors: Family separation, social isolation, and discrimination. The mothers' immigrant status also had important social consequences that affected their emotional health. As the women described their migration experiences, it was clear that many had been separated from their extended

families and felt socially isolated. Furthermore, they often faced marginalization and discrimination in their new communities.

Before coming to the United States, many of the women had either lived with their parents or lived geographically close to them in Mexico. Therefore, their isolation in the United States presented a stark contrast to their socially embedded lives in Mexico. This isolation resulted in stress, anxiety, and loneliness among the women. Some mothers also expressed a feeling of being trapped or unable to leave their situation. They described their life in the United States as being less free than life in Mexico.

The most difficult [thing] when I came to this country is to have come and to see myself, to feel more alone than I was [in Mexico] . . . to feel without an exit, to feel, to feel that I don't even have a . . . not even to feel like myself, because I felt like that. Not even to feel like I have the right to cry freely.

The absence of their usual support systems compounded the emotional strains of living in the United States for mothers in our study. The following quotes from different mothers exemplify how adapting to a new environment can become overwhelming when you are separated from your family.

At times, I am afraid of being here. In other words, at times it makes me upset to think that I am far away from my parents. . . . You feel like the world is on your shoulders. Because you simply start to think, I don't know what I am doing in this country . . . without being able to understand people . . . without being able to leave.

It is difficult to be far from your family because you don't have the support when you need it. Like, I tell you, like when your child is sick . . . when you have problems with your husband. Because, there will always be problems.

Their social isolation walled them off from both social support and other aspects of community life. Women commented that even when they were able to get out of the house, it was difficult to meet people in their communities. The physical environment of their home communities encouraged interaction between neighbors, making it much easier to meet people in Mexico. However, in their communities in North Carolina there were many fewer opportunities for social interaction with other Latinos. Social isolation also prevented women from accessing community resources, especially among those who had recently arrived. These mothers noted that there were many times when they lacked the social support that they needed and that their isolation prevented them from finding it elsewhere in the community.

In Mexico, when you have a baby, well your mother is always there, or your family is there. So, they help you to bathe him. They help you like to pick him up, to hold him, to change him. All of that. So, you come here and you find yourself alone and with a little baby that you don't even know how to pick up.

Other stressful aspects of their immigrant experience were not knowing English and experiencing discrimination. Women who had been discriminated against said it made them feel ashamed and embarrassed, especially when it occurred in front of their children or was related to their inability to speak English. One mother who had a child that suffered from severe ear infections spoke about feeling humiliated by an experience in a clinic.

One time at the clinic, they treated me very badly, because it was a Puerto Rican woman, and she told me, "Why don't you go back to your country? You don't know how to read English. What are you doing here?" So, sometimes I feel sad, I feel like I am humiliated because they don't want to help us. And I am not here because I want to be. I am here because my son uses hearing aids, and in Mexico they are really expensive.

In addition to the embarrassment of not knowing English, their limited language skills further isolated the women and prevented them from accessing needed services.

Strategies for Maintaining Emotional Health

In response to these challenges, many women developed coping strategies for navigating the experience of being a new American and a new mother. This section describes the support women sought and received from their social networks. Husbands, relatives, friends, and community resources helped women to cope with many of the stressors identified in the previous section.

Support from husbands. Husbands were an important source of support for the women in our study. Mothers remarked that they could count on their husbands to provide tangible assistance, such as contributing to the household income and providing transportation. They also appreciated fathers' assistance with household chores and child care. Some husbands supported their wives' efforts to improve their family's economic stability by changing their work schedules to coordinate with the mothers so that one of them could be home with the children. Although not the majority, some women commented on how their husbands provided needed companionship and emotional support. As one woman stated,

What makes it easier for me [is] having my husband's help because, when he is not here and I am alone with my children, it is really difficult for me. The support of having him there, to say, "I am here."

Many commented that the support they received from their husbands was the result of changing gender norms. They attributed this change to both a generational shift in attitudes and their migration to the United States.

Support from female friends and relatives. Women most often relied on their female friends and relatives for emotional and informational support. Female friends provided companionship and comfort while dealing with stresses related to parenting and adjustment to life in the United States. One of the mothers described how her friend helped her by talking to her about her problems:

I have a friend here. She has helped me in a lot of things. When it seems really difficult, I also say to her, "How does it seem to you?" I talk to her about my things and she supports me a lot.

Other women described how their friends provided distraction and relief from daily stressors, as exemplified in this quote:

Yes, I have a friend that I always call and I say, "I don't feel well." And she says, "Let's go out," or "let's go for a walk," or "why don't we pray?" or "we're going to go to church." So she is always there when I need her.

Family members, especially the women's mothers, provided needed informational support, offering advice and counseling about difficult situations, such as parenting or problems with their spouses. Because most of the women's parents continued to live in Mexico, they often had to seek their assistance from afar. Most reported calling their families for support and advice at least once a month. This transnational form of support was especially meaningful to the women when they weren't able to see their families on a regular basis. As one mother described, "In other words, even though we are far apart, my sisters always call me, or my mother. . . . But we were always united even though we are far apart." She went on to say that she calls her mother and sister when she feels sad or needs advice:

If I have a problem with my husband, and I call my mother, "Mama, this happened. What do I need to do?" And then she gives me an orientation in, more or less what I can do. . . . I have a lot of trust with them.

Social support was especially important for women during *la cuarentena*, which refers to the 40 days after a baby is born. During this time, Mexican mothers traditionally receive assistance from female friends or relatives so that they can rest and devote their full attention to their newborns. Because the mothers described *la cuarentena* as a time of difficult emotional changes, they were especially appreciative of their friends' and relatives' support during this time. One woman described how her relatives taught her important parenting skills needed for caring for a newborn during this time.

Because my sisters-in-law worked they couldn't come to help me. I asked my brother's mother-in-law to come bathe her. . . . They helped me bathe her and they told me how to take care of her little belly button. And well, even so, at night I felt sad and I would start to cry.

Other women relied on friends to relieve the burden of household chores.

We lived with another friend and she also helped me a lot. She did the housework, during the forty days, she helped me a lot. Because, she came from work and she started to make something to eat. Then I said to her, "I'll help you, at least to chop the vegetables, whatever, I will stay sitting." "No," she said, "I will do it." I said, "But I am sitting here and I can help you." "No," she said, "Let me do it, you can't help me with anything." "OK," I told her, "That's fine." And she made the food and then my husband, between the two of them they started to pick up, to wash the bathroom.

Thus, the social support women received from women in their social network helped them to cope with difficult times in their lives.

Accessing community resources. Another source of support for families was access to services from agencies in the United States. Many mothers were surprised by the amount of support available from government programs and their children's schools. Almost all were aware of programs for new immigrant and low-income families, such as the EHS program, WIC, food banks, Medicaid, and free English classes. As one woman stated,

Here it is easier, because if you feel depressed, there are . . . groups which can help you. Or if you feel sad, you can talk with someone and they will help you. If you don't have anything to feed them, you can go to, like, social services, like WIC, where they help you. I have more help than what I expected.

Women also found support in their churches, which provided a way for them to meet other Latina mothers. Priests served as a source of advice and comfort. As one mother stated, "There [at church] you get out, you get out all of your emotions, everything that you have."

Discussion

The results of our study provide needed information on the challenges Mexican immigrant women face in maintaining their emotional health as well as the strategies they use to cope with these challenges. Most of the mothers in our study reported experiencing depressive symptoms after becoming parents. They expressed their symptoms as feelings of sadness, depression, loneliness, shame, and anxiety. The mothers' emotional health seemed most vulnerable during the months following childbirth, which they referred to as *la cuarentena*. These findings are consistent with empirical studies, which have found higher rates of depressive symptoms among low-income Latina women during the postpartum period (Kuo et al., 2004; Surkan, Peterson, Hughes, & Gottlieb, 2006).

Our analysis reveals both economic and social stressors that affect the mothers' emotional health, which was consistent with our theoretical framework for the study (Conger & Elder, 1994; Perreira et al., 2006). The economic stressors that contributed to women's emotional health were related to providing for their families. This included anxiety about household expenses and financial obligations as well as concerns about whether to work or stay home with their children. The social stressors identified in our analysis included family separation, social isolation, and discrimination, all of which were consequences of the mothers' immigrant status. These findings were similar to a qualitative study of low-income Mexican immigrant women in northern California, which found that the inability to meet material needs and feelings of being alone were associated with depression (Heilemann, Coffrey-Love, et al., 2004).

Our study is the first to document the nature and role of social networks among Mexican women with young children living in new immigrant destinations in the Southeast. Women in this study had relatively small social networks, which generally included their spouse and one or two female friends or family members. They used their networks both in the migration process and as a source of social support after arriving in the United States. However, because of social isolation, some women lacked the support they needed at critical times. In addition to receiving support from members of their social

network, at times they were a source of stress and social obligation. These findings are consistent with other studies of recent Latina immigrants, which have found that although women immigrants' networks are smaller than those of their male counterparts they rely on them heavily (Hagan, 1998; Hondagneu-Sotelo, 1994; Menjivar, 2000). These results are also consistent with theoretical viewpoints suggesting that social networks are not only sources of social support but also sources of social obligation (Kao, 2004).

Spouses were primarily sources of instrumental support for the women. *Instrumental support* is defined as tangible support, practical support, behavioral assistance, and material aid (Wills & Shinar, 2000). This type of support may be especially helpful in relieving the economic and household pressures associated with being an immigrant mother. Many of the women reported being able to count on their husbands for help with household chores and providing for the economic needs of the family. For some families, this reflected changes in gender norms and gender roles that developed when families migrated to the United States.

The mothers relied on other women in their social network for emotional and informational support. Emotional support provides reassurance of worth, esteem support, attachment, and intimacy. Examples of emotional support cited by the women include receiving sympathy or companionship during times of loneliness or sadness as well as being able to discuss their feelings or concerns. Informational support consists of advice, guidance, appraisal support, and help with problem solving. Examples of informational support included receiving information about resources in the community and advice on how to care for a newborn child. Some women also received this support from relatives in Mexico over the phone, which has been described in other studies of Latina immigrant women (Hondagneu-Sotelo & Avila, 1997; Viruell-Fuentes, 2006). Although other studies have found that friends and family members are an important source of social support for Mexican immigrant women (Clark, 2001; Martinez-Schallmoser et al., 2003; Vega et al., 1986; Vega, Kolody, Valle, & Weir, 1991), our study contributes to this literature by describing the specific kinds of support the women found most helpful.

Social support was most needed during la cuarentena, the time immediately following childbirth. Several of the women expressed having feelings of deep sadness, loneliness, and isolation during this time in addition to doubts and concerns about parenting. Emotional and instrumental support during la cuarentena may be especially important given mothers' expectations of this cultural tradition. Support for new mothers can both relieve their distress and increase their parenting self-efficacy.

Conclusion

Our results suggest that a combination of risk and resiliency factors shapes the emotional health of Mexican immigrant mothers. Despite the economic and social challenges facing new immigrant mothers, they relied heavily on their social networks and community resources. Current theoretical frameworks for understanding immigrant family functioning have focused on parents and their adolescent children (Perreira et al., 2006). These may need to be expanded to include parents of younger children. Additional research is needed to understand the impact of Mexican immigrant women's emotional health on their parenting behaviors and child outcomes. In addition, future research should focus on how interventions can promote social support and access to community services to prevent the development of depression in this population.

References

- Aisenberg, E., Trickett, P., Mennen, F., Saltzman, W., & Zayas, L. (2007). Maternal depression and adolescent behavior problems: An examination of mediation among immigrant Latino mothers and their adolescent children exposed to community violence. *Journal of Interpersonal Violence, 22*, 1227-1249.
- Bathum, M., & Baumann, L. (2007). A sense of community among immigrant Latinas. *Family & Community Health, 30*, 167-177.
- Beeber, L., Perreira, K., & Schwartz, T. (2008). Supporting the mental health of mothers raising children in poverty: How do we target them for intervention studies? *Annals of the New York Academy of Sciences, 1136*, 86-100.
- Berkman, L., & Glass, T. (2000). Social integration, social networks, social support, and health. In L. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 137-173). New York: Oxford University Press.
- Chaudron, L., Kitzman, H., Peifer, K., Morrow, S., Perez, L., & Newman, M. (2005). Prevalence of maternal depressive symptoms in low-income Hispanic women. *Clinical Psychiatry, 66*, 418-423.
- Chun, K. (2006). Conceptual and measurement issues in family acculturation research. In M. Bornstein & L. Cole (Eds.), *Acculturation and parent-child relationships: Measurement and development* (pp. 63-78). Mahwah, NJ: Lawrence Erlbaum.
- Clark, L. (2001). La familia: Methodological issues in the assessment of perinatal social support for Mexicanas living in the United States. *Social Science & Medicine, 53*, 1303-1320.
- Conger, R., & Elder, G. (1994). *Families in troubled times*. New York: DeGruyter.
- Curran, S., & Rivero-Fuentes, E. (2003). Engendering migrant networks: The case of Mexican migration. *Demography, 40*, 289.
- Dennis, J., Parke, R., Coltrane, S., Blacher, J., & Borthwick-Duffy, S. (2003). Economic pressure, maternal depression, and child adjustment in Latino families: An exploratory study. *Journal of Family and Economic Issues, 24*, 183-202.

- Escobar, J., Nervi, C., & Gara, M. (2000). Immigration and mental health: Mexican Americans in the United States. *Harvard Review of Psychiatry, 8*, 64-72.
- Grant, B., Stinson, F., Hasin, D., Dawson, D., Chou, S., & Anderson, K. (2004). Immigration and lifetime prevalence of DSM-IV psychiatric disorders among Mexican Americans and non-Hispanic Whites in the United States. *Archives of General Psychiatry, 61*, 1226-1233.
- Hagan, J. (1998). Social networks, gender and immigrant incorporation. *American Sociological Review, 63*, 66-67.
- Harwood, R., Leyendecker, B., Carlson, V., Ascencio, M., & Miller, A. (2002). Parenting among Latino families in the U.S. In M. Bornstein (Ed.), *Handbook of parenting: Social conditions and applied parenting* (2nd ed., pp. 21-46). Mahwah, NJ: Lawrence Erlbaum.
- Heilemann, M., Coffrey-Love, M., & Frutos, L. (2004). Perceived reasons for depression among low income women of Mexican descent. *Archives of Psychiatric Nursing, 18*, 185-192.
- Heilemann, M., Frutos, L., Lee, K., & Kury, F. (2004). Protective strength factors, resources, and risks in relation to depressive symptoms among childbearing women of Mexican descent. *Health Care for Women International, 25*, 88-106.
- Hondagneu-Sotelo, P. (1994). *Gendered transitions: Mexican experiences of immigration*. Berkeley: University of California Press.
- Hondagneu-Sotelo, P., & Avila, E. (1997). "I'm here, but I'm there": The meanings of Latina transnational motherhood. *Gender and Society, 11*, 548-571.
- Horwitz, S., Briggs-Gown, M., Storfer-Isser, A., & Carter, A. (2007). Prevalence, correlates and persistence of maternal depression. *Journal of Women's Health, 16*, 678-691.
- Kao, G. (2004). Social capital and its relevance to minority and immigrant populations. *Sociology of Education, 77*, 172-175.
- Kochkar, R., Suro, R., & Tafoya, S. (2005). *The new Latino south: The context and consequences of rapid population growth*. Washington, DC: Pew Hispanic Center.
- Kuo, W., Wilson, T., Holman, S., Fuentes-Afflick, E., O'Sullivan, M., & Minkoff, H. (2004). Depressive symptoms in the immediate postpartum period among Hispanic women in three U.S. Cities. *Journal of Immigrant Health, 6*, 145-155.
- Malek, L., Connolly, T., & Knaus, J. (2001). Cultural aspects of postpartum depressive symptoms: An urban Hispanic population. *Journal of Women's Health, 1*, 273-278.
- Martinez-Schallmoser, L., Telleen, S., & MacMullen, N. (2003). The effect of social support and acculturation on postpartum depression in Mexican American women. *Journal of Transcultural Nursing, 14*, 329-338.
- Massey, D. (1999). Why does immigration occur? A theoretical synthesis. In C. Hirschman, P. Kasinitz & J. DeWing (Eds.), *The handbook of international migration: The American experience* (pp. 34-52). New York: Russell Sage.
- McNaughton, D., Cowell, J., Gross, D., Fogg, L., & Ailey, S. (2004). The relationship between maternal and child mental health in Mexican immigrant families. *Research and Theory in Nursing Practice, 18*, 229-242.
- Menjívar, C. (2000). *Fragmented ties*. Berkeley: University of California Press.
- Miles, M., & Huberman, M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). London: Sage.
- North Carolina Center for Health Statistics. (2006). *North Carolina minority health facts: Hispanics/Latinos*. Raleigh: Author.
- Omery, A. (1983). Phenomenology: A method for nursing research. *Advanced Nursing Science, 5*(2), 49-63.
- Padgett, D. (1998). *Qualitative methods in social work research: Challenges and rewards*. Thousand Oaks, CA: Sage.

- Parke, R., Coltrane, S., Duffy, S., Buriel, R., Dennis, J., Powers, J., et al. (2004). Economic stress, parenting, and child adjustment in Mexican American and European American families. *Child Development, 75*, 1632-1656.
- Paulson, J., Dauber, S., & Leiferman, J. (2006). Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics, 118*, 659-668.
- Perreira, K., Chapman, M., & Stein, G. (2006). Becoming an American parent: Overcoming challenges and finding strength in a new immigrant Latino community. *Journal of Family Issues, 27*, 1382-1414.
- Radloff, L. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychology Measures, 1*, 385-401.
- Reese, L. (2002). Parental strategies in contrasting cultural settings: Families in Mexico and "el norte." *Anthropology and Education Quarterly, 33*(1), 30-59.
- Seto, M., Cornelius, M., Goldschmidt, L., Morimoto, K., & Day, N. (2005). Long-term effects of chronic depressive symptoms among low-income childrearing mothers. *Maternal and Child Health Journal, 9*, 263-271.
- Surkan, P., Peterson, K., Hughes, M., & Gottlieb, B. (2006). The role of social networks and support in postpartum women's depression: A multiethnic urban sample. *Maternal and Child Health Journal, 10*, 375-383.
- Tesch, R. (1990). *Qualitative research: Analysis types and software tools*. New York: Falmer.
- U.S. Census. (2001). *United States census bureau interactive census database*. Available from <http://www.census.gov>
- U.S. Census. (2006). *Current population survey—Annual social and economic supplement*. Available from <http://www.census.gov>
- Vega, W., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry, 55*, 771-778.
- Vega, W., Kolody, B., Valle, R., & Hough, R. (1986). Depressive symptoms and their correlates among immigrant Mexican women in the United States. *Social Science & Medicine, 22*, 645-652.
- Vega, W., Kolody, B., Valle, R., & Weir, J. (1991). Social networks, social support, and their relationship to depression among Mexican immigrant women. *Human Organization, 50*, 154-162.
- Vega, W., Scribney, W., Aguilar-Gaxiola, S., & Kolody, B. (2004). 12-month prevalence of DSM-III-R psychiatric disorders among Mexican Americans: Nativity, social assimilation and age determinants. *Journal of Nervous and Mental Diseases, 192*, 532-541.
- Viruell-Fuentes, E. (2006). "My heart is always there": The transnational practices of first-generation Mexican immigrant and second-generation Mexican American women. *Identities: Global Studies in Culture and Power, 13*, 335-362.
- Wills, T., & Shinar, O. (2000). Measuring perceived and received social support. In S. Cohen, L. Underwood, & B. Gottlieb (Eds.), *Social support measurement and intervention* (pp. 86-135). New York: Oxford University Press.