Correlates of Maternal Depression Among Mexican-American Migrant Farmworker Mothers

MARY LOU DE LEON SIANTZ, PhD, RN

This study examined correlates of maternal depression among Mexican-American migrant farmworker mothers. One hundred Mexican-American migrant farmworker mothers of preschoolers who participated in the Texas Migrant Council's Headstart program were interviewed. The results suggested that this sample of mothers was at risk for depression. Those mothers who had child care support available and whose problems were taken seriously when shared were less likely to become depressed than mothers who did not have such support.

From the Indiana University School of Nursing, Indianapolis, Indiana

THE NEGATIVE IMPACT OF MATERNAL DEPRESSION on children and families has been increasingly demonstrated (Belle, 1982; Colletta, 1981; Radloff, 1977; Rutter, 1981). While recent studies have begun to focus on the mental health of Mexican-American women (Hassel, 1978; Ruiz, Casas, & Padilla, 1977; Salgado de Snyder, 1986; Vega, Kolody, Valle, & Hough, 1986), no research has examined depression among Mexican-American migrant farmworker mothers. These mothers are especially at risk for depression because of the stressful conditions of low income, limited education, low socioeconomic status, large families, long working hours, poor working conditions, substandard housing and frequent mobility.

Long term problematic conditions that have been found to impact on the overall mental health of women include lower social and economic status, low levels of education, marital and parental status (Belle, 1982; Belsky, 1984; Colletta, 1983; Makosky, 1982; Radloff, 1980). Response to problematic life conditions such as depression, however, cannot be completely explained merely by investigating the nature and number of life circumstances. Others have found that an individual's response to stressful conditions may be better understood by considering environmental forces that are not only stressful but supportive as well (Barrera, Sandler, & Ramsay, 1981; Caplan, 1974; Chan, 1977; Cohen & Syme, 1985; Vanfossen, 1986; Jennings, Stagg, & Palley, 1988)

Within the social environment, the role of social supports in moderating the effects of stress has received wide attention. Among Mexican-American women, Vega et al. (1986) have reported that those who have not experienced support from a confidante are twice as likely to become depressed than those who have experienced such support. This does not suggest that more social contact with neighbors, friends, relatives, and significant others always is beneficial. What is crucial is the match between support that is needed and actual support received (Belle, 1982; Belsky, 1984). Not having someone to confide in and turn to for emotional support, material aid, or child care assistance among minority and low income mothers has been associated with maternal depression (Belle, 1982; Colletta, 1983; Belsky, 1984; Salgado de Snyder, 1986; Vega et al., 1986).

In keeping with previous research concerning the ameliorating effects that a mother's social environment can have in buffering problematic life conditions, the purpose of the present study was to examine correlates of maternal depression among Mexican-American migrant farmworker mothers. It was hypothesized that variations in kinds of social support (directive guidance, nondirective guidance, positive social interaction, tangible assistance, child care) would negatively correlate with maternal depression.

Method

Subjects

One hundred Mexican-American migrant mothers of normal preschoolers who were 3–5 years of age and currently

registered with the Texas Migrant Council's Headstart program volunteered to participate in the study. Texas has the largest population of migrant farmworkers. It is the primary home base state for migrant farmworkers in the United States. A sample from this state therefore was thought to be representative of the Mexican American migrant farmworker population.

Selection criteria included having a normal preschooler 3–5 years of age currently registered in the Head Start program of the Texas Migrant Council. Participants initially were contacted by the Headstart parent coordinator, a major link between the family and the Headstart program. Because some families did not have telephones, the parent coordinator was the primary means of direct communication with the mothers. The coordinators contacted the mothers at the Headstart centers when they were dropping off or picking up their children. Mothers who volunteered for the study were not paid.

The mothers were told that the purpose of the study was to help others learn about what made their life more or less difficult during the migratory harvest season. Once mothers gave their consent to participate, they were interviewed for 2 hours at Headstart centers located in Laredo, Crystal City, and Carrizo Springs, Texas. The 2-hour interview also asked for information that was part of a larger study examining maternal behavior and coping strategies. All mothers asked to participate agreed to do so. These mothers spontaneously stated that they were rarely asked about their personal experiences. Learning that their experiences would help other mothers like themselves influenced their willingness to participate in the study. The opportunity to share these experiences in either English or Spanish was a positive influence on their consent.

Procedures

The recruitment statement and consent form were available in both English and Spanish. Since the questionnaire had been developed in English, it was translated into Spanish. It then was translated back into English by a Spanish linguist in order to ensure linguistic and conceptual accuracy. Trained bilingual interviewers administered each questionnaire, because of the potentially limited ability to read or write that other researchers have documented for this group (Reyes, 1980). Interrater reliability scores calculated as percent of absolute agreement ranged from .94 to .99 with an average of .97.

Interview questions focused on four major areas: a) demographic information; b) social support; c) problematic life conditions; and 4) depression. Demographic data included the mother's age, education, birthplace, years in the United States, number and ages of children, marital status, and socioeconomic status.

Social Support

The Inventory of Socially Supportive Behaviors (ISSB) developed by Barrera et al. (1981) measured social support that included helping others master emotional distress, sharing tasks, giving advice, and material aid. In order to measure the type and amount of support received, respondents were asked to rate the frequency of 40 supportive items on a 5 point scale ranging from 1 = not at all, 2 = once or twice, 3 = about once a week, 4 = several times a week, 5 = everyday. Total ISSB scores were calculated by summing the frequency rating across all 40 items. A range of 40 (not at all) to 200 (about every day) was possible. The ISSB has well established validity and reliability, test, and retest reliability (Barrera et al., 1981). An internal consistency reliability of .97 using the Cronbach's Alpha was found in the present study.

In developing the ISSB, Barrera and Ainlay (1983) also identified four factors that accounted for the variance in the rotated factor pattern matrix of the ISSB, using a *factor analysis* procedure with a varimax rotation. The four factors identified included: a) directive guidance (76.3%), such as giving feedback and advice; b) nondirective guidance (11.6%), which are expressions of intimacy, unconditional availability, esteem, trust, physical affection, and listening; c) positive social interaction (7%), which includes joking, kidding, cheering up, diversionary activities, and sharing interests; and 4) tangible assistance (5%), which includes activities in the form of giving shelter, money, or physical objects of value.

As the ISSB was developed with a sample of college students, it did not include questions on the special support, such as child care, housework, transportation, groceries, that low income mothers of preschoolers need (Belle, 1982; Colletta, 1981). In order to include the unique needs of low income mothers, seven questions from the Stress, Support, and Family Functioning Interview were added (Colletta, 1981). The responses were forced choice and ranged from: 1 = mother only responsible; 2 = mother mostly; 3 = mother and someone else equally; 4 = mostly someone else; 5 = only someone else.

Depression

The Center for Epidemiologic Studies Depression Scale (CES-D) was used to measure depression (Radloff, 1977). The CES-D was designed to measure symptoms of depression for epidemiological studies in the general population. These symptoms include hopelessness, despair, loss of appetite and sleep, and change in level of activity. The CES-D has well established test retest reliability, high construct validity, concurrent validity, and internal consistency (Radloff, 1977). Validation studies have shown that the CES-D is sensitive to depressive symptomatology and related to lengthier self reports and clinical ratings (Weissman,

Skolomskas, Pottenger, Prusoff, & Locke, 1977). It has been used by others to study depression among Mexican immigrant women (Vega et al., 1986; Garcia & Marks, 1988; Roberts, 1980).

Respondents were asked to choose one of four ratings ranging from 0 to 3 (most of the time to all of the time). Four of the questions were positive statements that were included to break any response set. Item scores were summed to obtain a total scale score. A range of 0 (no depression) to 60 (severe depression) was possible with a score of 16 being the cutoff for depression. As in other studies (Belle, 1982; Colletta, 1983; Radloff, 1977; Vega et al., 1986), the present study used a score of 16 points or more to indicate depression.

Problems in Life Conditions

The Stress, Support, and Family Functioning Interview (SSFI) based on the Harvard University's Stress and Families Project (Belle, 1982) and revised by Colletta (1981), measured problems in life conditions. The scale assessed steady, unchanging, or slowly changing oppressive conditions that must be endured daily, are subjectively stressful, and involve role, status, health, and way of life (Makosky, 1982).

In this study, problems in life conditions included education, employment, relatives, friends, partner/spouse, children, health, housing, and finances. All questions were forced choice and varied in form. Some answers required dichotomous scoring (yes/no). Other responses provided five or six responses from which to choose. All questions were clearly focused on specific issues and precluded vague or inappropriate responses. For example, on the subject of parenting, respondents were asked whether any of their children had chronic health problems, learning, or getting along with others. Responses were coded as 1 = yes; 2 = no.

Results

A Pearson Moment Correlation was used to test the hypothesis that variations in kinds of social support (directive guidance, nondirective guidance, positive social interaction, tangible assistance, child care) would negatively correlate with maternal depression. As can be seen in Table 1, positive social interaction was positively correlated with depression ($p < .01$) while child care support was negatively correlated with depression ($p < .001$). When mothers had support and assistance in the care of their children, they were less likely to become depressed. When mothers shared their problems with others and diversionary activities such as joking, kidding, or talking about other personal interests were used, they were likelier to become depressed.

The mean score of the CES-D was 14.8, which was significantly higher than the 9.25 mean score found in the general population (Radloff, 1977) and only 1.8 points below the cutoff score for depression (16). Forty one percent of the sample scored at or above 16. Radloff (1977), found

that 21% of the general population scored at or above the cutoff score.

As a group, the respondents had an average of 8.3 years of education. Their ages ranged from 19 to 57 with an average of 30 years. The majority (72%) had been born in the United States, while 26% reported Mexico as their birthplace. Two mothers (2%) did not volunteer their birthplace. Of the mothers, 89% were married, the remainder separated or divorced. They were primarily a group of working mothers (85%), with migrant labor their primary source of employment (90%). Eleven or more hours were spent each day working in the field (62%). These mothers had an average of 3.7 children with a range from 1 to 11 children.

Most of the mothers (78%) reported help with child care from their husbands. Many (68%) stated that someone else shared equally in their child's discipline. Overall, 88% of the respondents reported satisfaction with child care support.

Discussion

The results of this study only partially supported the hypothesis that variations in kinds of social support (directive guidance, nondirective guidance, positive social interaction, tangible assistance, child care) would negatively correlate with maternal depression. Mothers with child care support were less likely to become depressed than mothers who did not have such support. When mothers experienced diversion from their problems, however, they were likelier to become depressed.

Belle (1982) has documented the positive benefits of adequate child care assistance to the maternal mental health of low income mothers. Colletta (1983) has also reported a positive relationship between child care support and the mental health of young mothers. Young mothers who have access to child care assistance have been found to be less depressed.

Diversionary activities such as joking, kidding, cheering up, and talking about personal interests (positive social interaction) had a negative correlation with depression. This may have been a result of Mexican women's negative cultural response to publicly sharing and joking about personal problems. It also might have been a result of the

TABLE 1. *Correlations Between Kinds of Social Support and Depression*[*]

Kinds of Social Support	Depression
Directive guidance	.1134
Nondirective guidance	.0250
Positive social interaction	.2556[†]
Tangible assistance	−.0862
Child care	−.3658[‡]

[*] Figures based on a Pearson Moment Correlation.
[†] $p < .01$
[‡] $p < .001$

women's being overly sensitive, tense, angry, or feeling uneasy about sharing their problems with others, especially if they were not taken seriously. These mothers also may find comfort in the knowledge that others perceive and experience the world as they do. Validation of problems may offer comfort. Depressed individuals have also been found to be uneasy and sensitive in social situations among friends (Weissman & Paykel, 1974).

Risk for depression also was considered. In this study, the mean score of the CES-D (14.8) was significantly higher than the mean score Radloff (1977) found in the general population (9.25). Radloff (1977) had found only 21% of the general population scored at or above the cutoff for depression, while 41% of the present sample scored at or above the cutoff. Others also have documented that 18%–20% of respondents selected from the general population reach or exceed the cutoff point for depression (Weissman & Meyers, 1978). Vega et al. (1986) established through a survey of 1,915 Mexican-American immigrant women in San Diego County, that 40% of the sample scored at or above the cut off for the CES-D. These findings suggested that Mexican-American immigrants were at risk for depression.

Other researchers also have suggested the possibility that a high mean score for the CES-D indicated a risk for depression (Weissman et al., 1977). In their study, Weissman et al. (1977) cautioned that some adjustments in cutoff scores for the CES-D might be needed for certain populations. Their findings suggested that a group having a high mean score but with an overall score below the recommended cutoff for depression could be considered at risk for depression.

The issue of borderline cases was particularly relevant to the sample of Mexican-American migrant farmworker mothers in this study. Their mean score (14.6) was only 1.4 points below the cut off for depression (16). This sample presented an obvious risk for depression.

This vulnerability to depression in particular suggests the importance of identifying those mothers who are isolated or lack access to spouse, partner, family, friends, and assistance with children. Lack of access to sources of emotional support and child care, combined with isolation, may increase the risk for depression. Therefore, it is crucial for psychiatric nurses and other health care workers in contact with Mexican-American migrant farmworker mothers to assess the amount of support available from a spouse or partner, extended family, friends, and their satisfaction with support received. This information should be sought through interview, however, if written information is necessary, literacy should be determined, as not all Mexican-American migrant farmworker mothers are literate.

The findings of this study indicate the importance of sensitivity to the ethnic culture of the Mexican-American migrant farmworker mother. Lack of familiarity with American culture and new life circumstances experienced during the migratory harvest season (May–December) also may potentiate their risk status. As length of time in the United States may influence access to sources of emotional support and child care, it is important for psychiatric nurses to assess how long these mothers have been in this country.

One important way that a psychiatric nurse can communicate cultural sensitivity is by assessing the language of preference of the mother. A mother may be unwilling to seek help or share a problem if she cannot communicate in her native language. This is not to say that all of these mothers only speak Spanish, but that their fluency and ease with communicating in Spanish or English must be evaluated. Mental health interventions that are linguistically and culturally accessible can not be underutilized (Munoz, 1987).

Conclusion

Psychiatric nurses should evaluate the risk for depression of Mexican-American migrant farmworker mothers by assessing their problems and access to social support. Problems that these mothers experience and share should be taken seriously; they should not be joked about, and distractions should not be offered. Sources of support, such as emotional support from a spouse or partner, family, and friends and child care support, should be identified. Mothers who are isolated from access to such sources of support should be identified and assisted. The results of this study suggest the particular importance of child care support to the mental health of Mexican-American migrant farmworker mothers. For these mothers, the economic necessity of working, coupled with the number of children at home, makes the need for support in child care crucial to their mental health and to the well being of their children.

Sensitivity to the culture of these mothers ought to include an assessment of their language of preference and length of time in the United States. As Mexican-American migrant farmworker mothers may not always be literate, the psychiatric nurse ought first to assess the mother's literacy.

Future research investigating the relationship between social support and depression among Mexican-American migrant farmworker mothers should utilize a more complex model. The interaction effects of particular support factors with specific stress factors need to be studied. Research must not only focus on the structural component of social support, such as child care, but on the content of the helping relationship (Salgado de Snyder & Padilla, 1987; Vega et al., 1986).

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