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Nativity Status and Latinx Mothers: Stress, Resilience, Depression and Motherhood

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Abstract

Immigration has been implicated as a factor in determining the psychological well-being of Latinx parents and their children. Processes related to immigration may result in greater stress and depression over time; however, they may also foster greater resilience. Psychological symptomology and the development of stress, depression, and resilience compounded with immigration experiences may affect how Latinx mothers conceptualize motherhood. The ideology of child-centric support and intensive mothering present in the United States is associated with class status (Lareau, 2011) and racial or ethnic identity (Crane & Christopher, 2018) in which those with lower class status or marginalized racial or ethnic identities may hold more meaningful ideologies in the face of this hegemonic ideology. The current study examines the association between the nativity status of Latinx women and their stress, depression, and resilience, and how their experiences of immigration affect their conceptions of motherhood and their roles as mothers through a mixed-methods design. There was no significant effect of nativity status on total stress, depression, and resilience, though a marginally significant effect of lack of health insurance on increased stress was identified. Latinx mothers in the sample expressed child-centric support as proscribed by intensive mothering ideology regardless of nativity status. Further research should investigate the role that nativity status and immigration have on psychological factors for Latinx mothers, as well as the unique role nativity, plays in the experience of motherhood for Latinx mothers.

Keywords: Latinx mothers, immigration, stress, resilience, depression, motherhood, mixed-methods research design

Nativity Status and Latinx Mothers: Stress, Resilience, Depression and Motherhood

Nativity Status and Outcomes for Latinx Mothers

There is a high birth rate among Latinx women, especially in comparison to other racial and ethnic minorities, which makes it crucial to understand the unique experiences of Latinx mothers to best offer support and services to meet the needs of these women. Of the live births between 2017 and 2019 in the United States, on average 23.4% were to Latinx mothers compared to 52.5% white, 15.3% Black, 7.0% Asian, and 0.9% Native American (National Center for Health Statistics, 2018). In 2018, half of all immigrant births were to Latinx women (Livingston, 2020), pointing to the importance of considering how nativity status impacts their mental health outcomes as they work to raise their children. Nativity status may play a role in exacerbating different factors, such as housing insecurity, poverty, lack of education, or lack of access to healthcare or social services, that compound risk for parents' mental health outcomes related to stress, depression, and resilience. Because of these factors, the mental well-being of Latinx mothers is not only crucial in promoting the health of these women, but also plays a role in the development of their children physically, psychologically, and socially.

Social and systemic factors construct a prototype of the "model citizen" that is used to criminalize immigrants based on race, gender, and class; deportation and deportability are used in policies, laws, and regulations as "legalized discriminations" (Unzueta Carrasco & Seif, 2014). While this discrimination is most apparent for undocumented immigrants, xenophobic panics fueled by capitalist economic goals often define Latinx communities through this lens regardless of their citizenship or immigration status. Due to color, location, and the absence of mobility ladders through systemic barriers, Latinx immigrants are subjected to prejudice and discrimination based on the imposition of a racial category (Portes & Zhou, 1993). Facing daily

discrimination has been shown to be a strong psychosocial variable associated with prenatal depression in Latinx women, and this association persists consistently after giving birth (Santos et al., 2021). Economic stress has been shown to be positively associated with depressive symptoms in Latinx parents and negatively associated with parental warmth (Davis, Carlo, & Crockett, 2020). Higher socioeconomic status is associated with less psychological distress and more positive parenting, though there may be additional mediating and moderating factors of positive parenting such as single parenthood, number of children, marital discord, social support, discrimination, and parenting beliefs (Emmen et al., 2013). Though increased resilience may serve as a protective factor for stress and depression (Cervantes, Gattamorta, & Berger-Cardoso, 2019), social and systemic factors significantly impact stress and depression in Latinx mothers through class, socioeconomic status, and discrimination.

However, studies have found that undocumented immigrant women experience less depression than documented immigrant women (Zapata Roblyer et al., 2017) and U.S.-born women (Lopez & Crea, 2021) which may be explained by the healthy migrant hypothesis (Salas-Wright et al., 2018). Research has utilized narrative to understand the sources of trauma and stress that immigrant women experience and identified experiences of trauma (sociopolitical-based, status-based, and postmigration), experiences of structural and situational stressors (family separation and employment, economic, and situational stress), psychological symptomatology (posttraumatic stress symptoms, depression, and suicidality), and processes of coping and resilience as key themes within the immigrant experiences of women (Goodman et al., 2017). However, more work is necessary to understand the unique experiences of Latinx immigrant mothers, and how their experiences through immigration are associated with mental health factors.

Immigration status may also contribute to the development of mother-child relationships. In a study of Latinx immigrant youth, it was found that youth that reported an immigration-related separation from their mother were 2.76 times more likely than youth without this experience to report poor mother-child relationship quality; when this analysis was conducted independent of covariates, these youth were 4.71 times as likely to report a poor mother-child relationship (Conway et al., 2020). With changes to immigration law in recent years, the threat of detainment or the separation of a mother from her child is a threat that can both impact the stress and depression experienced by Latinx immigrant mothers and affect the relationship they have with their children. Research comparing the outcomes of children born to U.S.-born and foreign-born mothers found that immigrant mothers were less responsive than native mothers, and that parental responsiveness was positively associated with the sociability of the child (Glick et al., 2012). Though parental involvement, including parental responsiveness and positive emotional support, has also been shown to have a positive correlation with sociability in children, the more resources available to immigrant mothers, such as mother's education and family income, has been associated with positive child outcomes (Glick et al., 2012). Though cultural differences or language may play a role in how researchers understand the outcomes of children born to immigrant women, understanding the social and economic factors that contribute to the development of children of immigrant women is essential to developing strategies to aid these women in raising their children.

Conceptualization of Motherhood

Psychological factors such as stress, depression, and resilience may also affect how Latinx mothers conceptualize their roles as mothers, and nativity status may offer a framework for understanding divisions within the Latinx community about how motherhood and parental

roles are understood. Little work has directly considered motherhood and how immigration impacts the ways in which motherhood is understood by immigrants. However, class, and not race, has been shown to account for differences in mothering practices (Lareau, 2011), which may result in immigrant mothers adopting different practices than U.S. born mothers as a result of socioeconomic status. Research that focuses specifically on the experiences of Latinx mothers found five forms of oppression present across the narratives of participants, including exploitation, violence, marginalization, cultural imperialism, and powerlessness, and that these forms of oppression are often intertwined in the lives of these women (Ayón et al., 2018). This kind of work emphasizes the necessity of an intersectional approach to understanding the factors that impact Latinx motherhood.

The idea of "meaning-making" is highlighted as the critical element that develops the personal and social dynamics of motherhood and what it means to be a mother (Chaudhary, 2015). The process of meaning-making can be understood through a study conducted by Dazzani and Ristum (2015). Through interviews with immigrant mothers, their study investigated how immigration serves as a rupture in cultural continuity and their confrontation strategies when faced with this discontinuity within the context of family dynamics and their children's schooling. Their work found that the urgency of situations experienced by these mothers complicates their transition process from their native culture to the host culture, and therefore they are forced to accelerate their process of cultural continuity. Dazzani and Ristum (2015) identify that the women in their study experienced a "cultural helplessness" where their values, feelings, attitudes, and actions no longer fit their environment.

The experience of cultural discontinuity as a part of motherhood is an experience that is unique to immigrant mothers as they seek to reconcile their previous conceptions of motherhood

with the conceptions of motherhood that they are confronted within the neoliberal United States. Being a mother is a role that carries symbolic density and thus social expectations; as a result, violating acceptable narratives can have consequences or create tensions with other expectations of femininity, family, and nationality (Frazier, Jackson, & Mangione, 2015). Immigrant Latinx women thus may be forced into the cultural helplessness that Dazzani and Ristum (2015) describe as they work to achieve both the social expectations of motherhood from their country of origin and the United States. This reconciliation process may result in the adoption or rejection of one social expectation of motherhood, or a synthesis of the two. However, it is this dynamic that may play a role in the development of how Latinx women understand their roles as mothers, as well as why mainstream society in the United States often perceives Latinx women as bad mothers.

Intensive Mothering Ideology

Understanding how Latinx mothers conceptualize their roles as mothers is reliant on understanding how motherhood as a social role is constructed. Motherhood in the United States can be understood as the ideology of intensive mothering, which is a gendered model that promotes that mothers expend significant time, energy, and money in raising their children (Hays, 1996). The model of intensive mothering views children as innocent and priceless and posits that childcare and raising children should be done primarily by individual mothers in a way that centers children's needs, is informed by experts, and involves intensive labor and resources, or child-centric support (Hays, 1996). This model of an ideal motherhood is prevalent in the culture of the United States, but also in many other countries in which there is a sense that raising children involves more than merely ensuring their survival as evolutionary perspectives suggest. While intensive motherhood ideology has changed over time and its modern iteration

presents a more inclusive perspective on what it means to be a "good" mother, motherhood and the value labels associated with it are still impacted by systemic factors such as race, class, and economic status. Though there is now a greater acceptance of mothers who work instead of staying home to focus exclusively on raising children and mothers who have children outside of monogamous relationships or marriage, there is still a stigma attached to these mothers through arguments about the time available to children and financial resources available to provide for children.

Intensive mothering ideology as it has been reified in the United States' culture privileges mothering as it is enacted by white, upper middle-class women at the expense of marginalizing women of color. Historically, mothers that were seen as the idealized version of mothers in a traditional public sphere have been cisgender white heterosexual women in a monogamous heterosexual marriage. Connections have been made between a child-centric support system, as is proscribed by intensive mothering, and financial affluence in marginalized mothers of color (Crane & Christopher, 2018). For lower income mothers also practicing a child-centric support system in alignment with intensive mothering, "nurtured growth", which utilizes lower cost schooling, church, and community-based programs to support child development, is utilized as a result of restrictions financially due to single motherhood (Crane & Christopher, 2018). Despite hegemonic views that traditionally have determined mothers of color to be "bad mothers", this work shows that marginalized mothers of color still follow intensive mothering ideology by utilizing child-centric support. However, self-care and mother-centric support, or "self-affirming" strategies have also been described by Black mothers; these strategies are acts of resistance to the dominant ideology of what motherhood should look like, and instead emphasizes the autonomy of mothers to parent their children in the ways they choose and views

intensive mothering as "parenting white" (Crane & Christopher, 2018). Though these strategies diverge from the ideology of intensive mothering and actively seek out low-cost community resources to further the growth and development of children, they are no less effective in fostering the growth and development of children and work to establish a depiction of marginalized motherhood that resists the labels of "bad mother" that intensive mothering ideology forces onto mothers of color.

Reproductive Justice

A reproductive justice framework may aid in understanding how nativity status plays a role in Latinx mothers' experiences of stress, resilience, depression, and motherhood. The primary principles of reproductive justice for women or female-bodied persons are the right not to have a child, the right to have a child, and the right to parent children in safe and healthy environments (Ross & Solinger, 2017). Focusing on the third primary principle, the right to parent children in safe and healthy environments, connections can be made to how nativity status and other factors that coincide with it for Latinx women can affect their stress, depression, resilience, and conceptions of motherhood. Most importantly, this principle offers a framework for understanding the larger implications that these factors can have not only on the welfare of Latinx mothers, but also their children as they seek to exercise their right to raise their children in safe and healthy environments. With the growing population of Latinx children in the United States, and the documented connections between parental psychological wellbeing and child outcomes, it is important to consider the factors associated with the well-being of Latinx mothers to ensure the well-being of their children as they develop into adulthood.

Mothers of color are most heavily scrutinized in their parenting practices both in terms of public scrutiny in their daily interactions but also by doctors and medical professionals, police,

and social service providers. Ross and Solinger (2017) connect this to economic policies in the United States in which financial restraints have been placed on mothers with lower income through reduction of welfare benefits and restrictions on government-funded health insurance. Because of other factors that immigrant women face, they may be more vulnerable to scrutiny of their motherhood practices, particularly if they are undocumented, and the threat of deportation may serve as a barrier for them in accessing public services that could aid them in providing resources to their children. In this sense, reproductive justice serves as a central component for understanding the broader societal and economic forces that immigrant mothers may face in their efforts to raise and care for their children that their U.S.-born counterparts may not experience. While Latinx mothers may face discrimination and barriers to resources based on systemic factors, immigration may compound this through societal and economic structures.

The Present Study

The current study seeks to understand how nativity status is associated with stress, depression symptomology, and resilience in Latinx mothers. Furthermore, it seeks to explore whether nativity status impacts how Latinx mothers discuss and understand their roles as mothers in the United States. I hypothesize that immigrant Latinx mothers will exhibit greater stress, depression, and resilience than their U.S.-born counterparts, and that Latinx mothers will describe their roles as mothers differently based on their nativity status. This project contributes to this body of literature by making direct comparisons of Latinx mothers based on nativity status to better understand how factors related to immigration compound mental health disparities for Latinx women. This study aims to offer greater insight into the unique ways that immigration to the United States plays a role in defining psychological wellbeing for Latinx women and explore the factors that contribute to stress, depression symptomology, and resilience

in Latinx women as a community. In addition, it seeks to provide insight into how nativity status impacts the idea of what it means to be a mother, and how understandings of motherhood may differ between the Latinx community and society more generally.

Quantitative Method

Participants

Data from 493 Latinx mothers from the DULCE Mitigating Toxic Stress (MTS) study (McCrae et al., 2019) was used for this analysis. Participants were recruited from clinics in Florida and California, specifically in Orange, Los Angeles, Alameda, and Palm Beach counties as part of a larger study that was interested in testing a family support intervention in pediatric care clinics, Developmental Understanding and Legal Collaboration for Everyone (DULCE). Data was collected using surveys during participants' first appointments at their pediatric clinic in 2017 before their involvement in the DULCE intervention. Data collection for the larger study took place from 2017 to 2019. Participants received a $50 gift card for their completion of surveys.

Measures

Three different measures were used to assess depression, resilience, and stress for Latinx mothers. Resilience was assessed using the 25-item Spanish or English version of the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003), stress using the 4-item Functional Impact of Toxic Stress for Parents (FITS-P; Moreno et al., 2021), and depression using a subscale from the Safe Environment for Every Kid (SEEK) Parent Questionnaire (PQ-R; Dubowitz et al., 2009). These items were summed to create continuous scores for resilience, stress, and depression. Higher total scores indicated higher levels of each outcome. Outcome variables were then compared to the independent variables of nativity status and years in the

United States and the control variables: age, log value of annual income, partner status, employment, and health insurance.

Analysis

Data analysis was conducted in STATA. Participants missing values for any of the control variables, nativity status, and years in the United States were dropped from the analysis. Participants that had 25% or more of the items missing on the stress, resilience, or depression measures were considered missing on the item measure and these observations were dropped. Demographic characteristics and descriptive statistics of the analytic sample were conducted. Next, bivariate testing using t-tests and chi-square test were used to analyze relationships between stress, depression, and resilience scores and control variables by nativity status. Variables that were associated with nativity were controlled for in later regression models that analyzed the relationship between nativity status and the outcome variables. Model 1 was conducted to test the main hypothesis that there would be an association between nativity status and the outcome variables. Because some work suggests that stress, depression, and resilience can increase based on the length of time immigrants are in their host country (National Research Council, 2004), Model 2 was conducted as a second regression analysis only using the baseline scores from immigrant Latinx mothers. Ordinary least-squares regression analyses were conducted to examine the association between participants' nativity and total scores on stress, depression, and resilience, controlling for sociodemographic variables. To correct for the skew in the total annual income for participants, the log value of income was included in the final regression models. Additionally, due to missing responses for total annual income, the final n value for the regression models was 438. Analysis of this de-identified data set was given

exemption by the University of Chicago Social Services Administration-Chapin Hall Institutional Review Board (IRB21-1369).

Qualitative Method

Participants

Demographic information for the sample included in phone interviews and focus groups was not available due to the transcripts being de-identified and protective non-disclosure agreements held by the previous research team on the MTS study. However, for some of the participants, references were made that provided contextual evidence of their immigrant status. Participants were recruited after their involvement in the DULCE intervention as follow-up interviews. After the completion of interviews that were approximately 90 minutes, participants were given $50 gift cards as compensation and were reimbursed for travel expenses for focus group interviews.

Measures

Structured interviews were conducted with participants to discuss their experiences with the original DULCE intervention program, but the interviews with Latinx mothers also discuss their lives and roles as parents separate from the intervention to be used for this analysis. The individual interviews with mothers were conducted over the phone by interviewers from Chapin Hall in 2019 due to the COVID-19 pandemic. Focus groups were conducted by interviewers from Chapin Hall prior to the pandemic beginning in 2017 and were held either at the clinics where mothers and their children received care or at a community location in Florida or California. The interviews were conducted in English or Spanish, but the original Spanish transcripts were translated by the DULCE MTS research team into English for further analysis. The original interview protocols focused on understanding the effects of the DULCE PPCI, but

information regarding the mothers' lives outside of the intervention, their access to resources to support themselves and childcare, and their roles as mothers are included within the broader interview context.

Analysis

Four deidentified transcripts from phone interviews and 10 from focus groups with mothers were used for thematic coding analysis. These interviews and focus groups were selected from the larger dataset to screen for Latinx participants and exclude other participants from consideration. Initial coding followed an inductive coding strategy by reading through the transcripts to identify relevant themes related to motherhood, parental roles, and childcare. Operationalizing of relevant themes of motherhood followed a reproductive justice framework, intensive mothering ideology, and the work of Crane and Christopher (2018), which focused on marginalized motherhood experiences through qualitative inquiry. Then, the thematic coding software, Dedoose, was used to conduct an analysis of the interviews on a large scale and make further connections between nativity status and motherhood. An initial codebook was created after coding three of the focus group interviews. These codes were then applied to the rest of the focus groups and the phone interviews. Analysis of de-identified transcripts was given exemption by the University of Chicago Social Services Administration-Chapin Hall Institutional Review Board (IRB21-1966).

Results

Quantitative Results

Of the sample, 172 mothers were born in the United States and 321 were immigrants. The average age of Latinx mothers in the sample was 29. The majority of the sample (72.60%) identified having some kind of partner, such as a spouse or domestic partner. Those without a

partner (27.40%) were either single, divorced, or widowed. Most of the women were also unemployed (79.68%), though some were enrolled as students full-time. Many of the immigrant mothers were born in either Mexico (35.84%) or Central America (27.85%). Demographic characteristics, such as age, marital status, annual income, employment, and years in the United States are considered mediating factors for data analysis. The relevant demographic characteristics are detailed in Table 1.

Table 1.

Descriptive Statistics of Demographic Characteristics of Latinx Mothers, Mitigating Toxic Stress Study, 2018 (n=438)

	n	mean (standard error)
Age	438	29.01 (0.29)
Log Annual Income	438	10.00 (0.03)
Nativity		
U.S.-born	148	33.79
Foreign-born	290	66.21
Country of Origin		
USA	148	33.79
Mexico	157	35.84
Puerto Rico	2	0.46
Central America	122	27.85
South America	7	1.60
Caribbean	2	0.46
Partner Status		
Partnered	318	72.60
Not Partnered	120	27.40
Employment		
Employed	89	20.32
Unemployed	349	79.68
Health Insurance		
Has Health Insurance	307	70.09
No Health Insurance	131	29.91

The original measures for employment and marital status were recoded into partner status and employment bins to account for small numbers of participants in some of the categorical values.

Bivariate analyses of study variables were conducted to check for assumptions of normalcy for regression analysis and bivariate associations with nativity (Table 2). These initial analyses showed significant associations with nativity and age ($t = 6.95$, $p < .001$), log annual income ($t = 2.08$, $p = .04$), partner status ($X^2 = 19.41$, $p < .001$), employment ($X^2 = 18.06$, $p < .001$), and health insurance ($X^2 = 41.69$, $p < .001$). No initial significant differences were identified between nativity status and the outcome variables: stress, depression, and resilience.

Table 2.

Bivariate Analysis of Study Variables by Nativity, Mitigating Toxic Stress Study, 2018, n = 438

	Nativity			
	Foreign-Born	U.S.-Born	X^2/t	*p-value*
Partner Status			19.41	<0.001
Partner	230	88		
No Partner	60	60		
Employment			18.06	<0.001
Employed	42	47		
Not Employed	248	101		
Health Insurance			41.69	<0.001
Has insurance	174	133		
No insurance	116	15		
Age	30.36(6.06)	26.38(4.83)	6.95	<0.001
Log Annual Income	10.04(0.50)	9.92(0.76)	2.08	0.04
Depression	1.50(0.75)	1.46(0.73)	0.58	0.56
Resilience	79.25(14.76)	81.08(13.83)	1.26	0.21
Stress	2.01(1.11)	1.95(1.13)	0.57	0.57

Note: Chi-square test performed for categorical variables, t-test for continuous variables

Results from the regression models are reported in Table 3. Model 1 tests the main hypothesis that nativity status would be associated with stress, depression, and resilience after

controlling for sociodemographic variables. Nativity status was not associated with stress, depression, or resilience. Health insurance was marginally associated with total stress scores, R^2 = -0.21, $F(6, 431) = 1.01$, $p = .09$; however, this association did not hold at $p < 0.05$.

Table 3.
Regression Analysis of Baseline Total Stress, Depression, and Resilience

	Stress	Depression	Resilience
Model 1	Beta coefficient (95% CI)	Beta coefficient (95% CI)	Beta coefficient (95% CI)
Nativity Status	0.06 (-0.19 – 0.32)	-0.03 (-0.20 – 0.14)	1.21 (-2.05 – 4.46)
Age	0.01 (-0.01 – 0.03)	<0.001 (-0.01 – 0.01)	0.17 (-0.07 – 0.41)
Partner Status	-0.03 (-0.28 – 0.22)	0.01 (-0.16 – 0.18)	-2.10 (-5.34 – 1.14)
Employment Bins	0.07 (-0.20 – 0.34)	-0.11 (-0.30 – 0.07)	-2.45 (-5.95 – 1.05)
Health Insurance	-0.21* (-0.45 – 0.03)	-0.08 (-0.24 – 0.09)	1.92 (-1.23 – 5.06)
Log Income	0.09 (-0.10 – 0.27)	0.02 (-0.10 – 0.15)	0.78 (-1.56 – 3.12)
Model 2			
Years in the U.S.			
1-4	0.08 (-0.27 – 0.43)	0.05 (-0.19 – 0.28)	-2.10 (-6.60 – 2.40)
5-12	-0.12 (-0.46 – 0.21)	0.12 (-0.11 – 0.34)	-1.55 (-5.89 – 2.79)
13-19	-0.12 (-0.46 – 0.23)	-0.07 (-0.30 – 0.16)	1.23 (-3.20 – 5.66)
20-36	-0.12 (-0.47 – 0.23)	0.03 (-0.21 – 0.26)	-2.05 (-6.59 – 2.49)
Age	0.02 (-0.004 – 0.04)	0.003 (-0.01 – 0.02)	0.12 (-0.14 – 0.38)
Partner Status	-0.02 (-0.28 – 0.23)	<0.001 (-0.17 – 0.17)	-1.99 (-5.25 – 1.25)
Employment Bins	0.05 (-0.22 – 0.33)	-0.11 (-0.30 – 0.07)	-2.55 (-6.09 – 0.99)
Health Insurance	-0.18 (-0.43 – 0.07)	-0.08 (-0.24 – 0.09)	1.84 (-1.40 – 5.07)
Log Income	0.09 (-0.09 – 0.27)	0.02 (-0.10 – 0.14)	0.85 (-1.50 – 3.19)

*Note: * marks significance at alpha = 0.10*

The number of years immigrant Latinx mothers were in the United States was divided into four quartiles (1-4 years, 5-12 years, 13-19 years, 20-36 years) and coded into a separate variable for regression analysis to be conducted. However, there was no significant association between the number of years immigrant Latinx mothers were in the United States and any of the covariates or outcome variables of total stress, depression, and resilience for immigrant Latinx mothers.

Qualitative Results

Through the interviews and focus groups analyzed from the original MTS project, all the mothers in the sample discussed their roles as mothers and experiences of motherhood following the child-centric model described by intensive mothering ideology. From the excerpts of interviews in which mothers focused on their experiences as parents, they focused on the difficulties of parenthood, the role of formal and informal social supports, and the ways they think about motherhood and their relationships with their children. Overwhelmingly, in both the phone interviews and focus groups the difficulties of parenthood were a recurrent topic of conversation.

The focus groups provided a richer conversation related to mothering and interview topics in general compared to the phone interviews. This may be because the Latinx mothers in the focus groups were able to create a community of practice with one another, especially because the focus group interviews were conducted in the pediatric clinics where mothers were taking their babies for care for the DULCE intervention. In fact, many codes were applied to portions of the transcript that were not part of the interview questioning itself but evolved as independent conversations among participants about their experiences as mothers and navigating services and resources to care for their children.

Difficulties of Parenthood

Though participants were asked to express the hardest thing about being a mother as part of their introduction in focus group sessions, they expressed other difficulties in their roles as mothers at other points in the interview as well as in their individual phone interviews. The most prominent sources of difficulty for mothers were not knowing what to do in situations, sometimes due to being a first-time mother, caring for a child with health issues or developmental delays, and caring for children or arranging alternative childcare. Organizing and caring for children was also associated with expressing feelings of stress and anxiety.

The most prominent difficulty expressed by mothers was not knowing what to do in certain situations, such as when their child cried or became sick. One mother discussed the experience of being a first-time mother by saying,

> Well, is it difficult to be a mom? Yes, it's difficult. The first baby, you have no knowledge, you don't know how to take out the diaper, to breastfeed; it's a little bit too difficult, I had a hard time. And also, what's it called this thing now? Now that he's growing, he touches one thing, then he does something else, some other thing is mixed, and you don't know.

Other mothers expressed this experience by stating:

> And the hardest part I think is to know what hurts them, what doesn't; they don't speak, we don't know where they are hurting. That's the hardest part.

> I've been very careful with her and the most challenging thing is her care, her growth and her health, more than anything because I didn't know anything, nobody has helped me but I've had information [deidentified] and they have helped me a lot to learn how to take care of my baby. That has helped me a lot and it's been very important for me because the truth is that has been really challenging. I have never taken care of a kid and, well, what I worried about most was her health, any little detail or thing I saw…

Latinx mothers also expressed the unique difficulties they experienced when their children had health problems, showed developmental delays, or were diagnosed with cognitive disabilities. In

discussing their daughters who were diagnosed with cognitive disabilities, two mothers shared this exchange in a focus group:

> *Mother 1:* And then they keep you waiting and waiting and the time comes for me seems you are fighting against the clock, I'm telling you this because of my experience. My daughter has now started elementary school and I just realized I can't help her. And the county school won't take her either and I'm fighting against the clock because I can't see what others do and she is suffering. And the only thing they tell me is that there are other kids ahead of her. So, it all comes down to me asking myself what else can I do, what more can I do?
>
> *Mother 2:* I have the same problem with the girl. Because it's really hard for her to learn, she doesn't remember much. You tell her something right now and when you ask her again and she forgot. And I was lucky and blessed that at her school there was space for her. And there's also psychological support, and every year, since she was in kindergarten, now she's in the sixth grade, they go and her, they take her out of class. And this has been a blessing because there are so many kids that have her problem and they are just waiting, and waiting, and waiting, and there are no spaces.

Many mothers expressed health challenges their children faced after being born, particularly when they were born premature, and the stress and difficulty they experienced as mothers as a result. One mother described this by saying,

> So, maybe the challenging aspect with her was the time she spent in the incubator, and also going to see her. And then, when she came home, her weight; she had to gain weight because she weighed four pounds when she was born. And then she was five pounds when she was given to me. And when she was here at home, I noticed she had a small red bump in her head. I didn't know what it was and I took her to the doctor, and he said it was normal, it was like a mole and it would go away with time. And she was referred to a dermatologist. I took her to the dermatologist and he told me that it was going to disappear with time. And so far, yes, it's smaller.

Childcare was described as a difficulty both in terms of caring for children, but also in arranging for childcare in order to work. Many mothers were forced to make compromises about their working life or caring for their child, and if they were able to work this was facilitated by someone else providing care for their child, as stated:

> Yes, in my case it was because at first when she was born I didn't have anybody who could take care of my baby, it was just me but I had to work, but, when she was about…She was going to turn one month old a friend came over and so…Because [deidentified] said that if I didn't have anybody who could help me she was going to send somebody to give me an orientation because I worried about not being able to take care of my baby.
>
> Well, you always want to stay home and take care of your kids but sometimes with work it's necessary to take them, and I also felt more relaxed taking them to daycare because they were going to be well taken care of by experienced people and that way I'd be able to work.

Some mothers expressed caring for their child as a barrier to being able to access mental health services for themselves, as one mother described,

> But, always, I never called because I was always busy because I needed to have the children sleeping to be able to talk because sometimes, if not, they are crying, or they want formula, or they want to eat, and I can't pay attention to be able to talk properly.

However, in general, mothers expressed stress and concern about childcare when they had multiple children, especially if they were both younger children:

> Uhm, well, the only stress I felt was when he was younger because I didn't have much help. Since I have the other child, he is not that older, he is very young still, so at the beginning it was very difficult because I thought about how I could handle it. One was crying and the other one was crying and sometimes I didn't know what to do. I just became nervous and asked myself what to do. [laughs]. But, so, little by little I am like saying 'Oh, I can do this, I can do that.'
>
> My fear regarding my children, so far…I mean, at first it was…with three children, and I got pregnant with the boy, which I didn't expect would happen. So, I was like, it's going to be three, what am I going to do with three? Will I be able to cope with three? But one of them will bother me, and then the other one and so on. That was my fear at first, that I wouldn't be able to cope with all three.

The difficulty of childcare was associated with additional constraints on time or attention, and often mothers did not describe childcare as a difficulty if they expressed the presence of informal social supports, elaborated below.

Formal Support

The two most common sources of formal support identified by mothers were Women Infant Children (WIC) programs and churches. WIC was the most common formal support resource mothers identified that they had used, and they expressed their experiences with their services with:

> Well, they start giving you a week since you first get pregnant, so the mom and the baby can be fed, and they give you nutritious things, they also teach you what you must eat and what you mustn't. They give you classes, like talks so you can know what is healthy, for example, right now I'm pregnant and when the baby is born, well, they also start with the baby to check him out and they see how he's doing with his iron.

> WIC helps us, they give us money to buy fruit and food, also beans. Now that the children are six months old, they give us Gerber, cereals for the baby, and I think when they are one year old, they give us the gallon of milk. That helps us a lot because we don't have to buy it, but if it's not enough, we do have to buy it. But that's a lot of help they give us.

They also discussed their involvement with churches, primarily Catholic churches or other denominations of Christian churches. They described how these churches had paid rent for families who needed financial assistance, and they also provided food, clothing, and advice.

Informal Support

Mothers in these interviews expressed the greatest reliance on their own mothers for informal support for childcare, advice, or emotional support for themselves. One participant expressed this by saying, "Honestly, I won't deny it, so far, I haven't suffered in any way, because as I have my mother, if at any point I need to work, I know she will look after them. So, so far, I can that I don't…". They identified their partners or husbands as sources of informal support through their help with childcare and as an emotional support. This is exemplified by one participant who described her relationships with the fathers of her children: "And we can say that

everything went well because the father of my older child supports me; the father of my second baby also supports me, and I'm going to marry the father of my third baby".

However, in some of the interviews, mothers expressed a lack of support from their partners or husbands. For one mother, she expressed,

> Sometimes, when your husband is not supportive, when you tell him to help you with this and they don't, you become sadder, with more feelings, more desire to cry, because I don't have support. They don't know that after giving birth you feel like needing a lot of partner support to help us because if they don't help us and they don't pay attention to us, well then not to. We need more support because we feel even sadder.

In one case, the lack of support from a husband was a result of immigration, and this mother said, "But sometimes I can feel alone because my husband wasn't here with me. He was still in Mexico". This experience is unique to immigrant Latinx mothers who may have to raise their children independently for a period of time in the United States if they are unable to immigrate with their husbands at the same time.

Describing Motherhood and Relationships with Children

While the other factors identified contributed to descriptions of motherhood and the experiences of mothers, the conceptualization of motherhood was most commonly associated with the relationship that mothers shared with their children, with most expressing joy in motherhood because of their child's positivity and happiness. They also expressed that it was easier to fulfill their roles as mothers when their children were well-behaved, calm, and did not cry as much.

Latinx mothers described the pride they felt in their roles as mothers when asked about the best part of motherhood and the hardest parts. One mother stated, "To me, being a mother is a source of pride", and another said, "although I've been through a lot of problems with my children, but I feel proud of them". A few also expressed that they viewed their children as gifts

from God, framing the role of motherhood as a blessing or spiritual fulfillment. One mother expressed this by stating, “to have babies is a blessing from God, thank God that we have this life; God looks after us, He protects us; this is a gift from God”. This finding also connects with the identification of churches as a primary formal support resource that these mothers utilize for food, clothing, and advice.

In line with intensive mothering, mothers discussed that motherhood was supporting their children, putting their children first, and wanting better futures for their children. When asked what the most important thing about being a parent is and what advice they would give to other new mothers, one mother stated:

> I would say that the most important thing is to take care of our children because as you already see, there are other mothers that harm their children. They are like little birds that only need their mother. More from their mothers, they do need their father, but more from their mother. Because we are the ones that spend all day with them. And I believe that they need a lot of support, love. And instead of harming them, we should take care of them. They are young and cannot defend themselves. I believe they were born to receive lots of love and care from their parents because it’s the only thing that I believe parents should do by supporting them and taking care of them.

Additionally, many mothers expressed that the most important aspect of being a mother was the health of their child. They discussed how much of the information they seek out is about the right foods to feed their child and the developmental milestones they should be hitting. When their children did experience any kind of sickness, even if it was not something serious such as allergies, they immediately sought out advice from medical professionals either at their primary pediatrician or the hospital. They also expressed fears for the safety and well-being of their children, and fears of not being able to provide for them. One mother stated, “Every little thing you must watch over at home. That nothing happens to your kids, that they don’t face danger”. Another mother found this fear challenging, stating, “Something that kind of…scares me,

something challenging, is that something may happen to me and she will be alone. Or that we can't look after her or give her what she needs, right?" These observations fall in line with the child-centric support that defines intensive mothering ideology.

Additional Findings

When asked about people in their lives that validated their efforts as mothers in caring for their children, most mothers said doctors provided this validation even over family members or other informal supports. One mother expressed this experience in a conversation about focusing on the nutrition of her baby, saying,

> Regarding nutrition. For example, my baby doesn't like vegetables. So I tried to include them and something he likes so he won't notice and so the pediatrician tells me I'm doing a good job, in fact she gives me advice on how to do it and then I apply them and they work and so she tells me that, well yes, [deidentified] has also told me that since they see he is big now and they saw him when he was really small, he weighs five pounds and eleven ounces, my baby was really small and now they see him developing and so [deidentified] and the pediatrician tell me oh, you've done a really good job because he's big, how old is he and I told him he was going to be in June. And then I told them he was premature.

This validation from their children's doctor was valued by many of the mothers in the focus group interviews.

Though immigration did not come up explicitly in most of the interviews, one of the focus group discussions in a group of immigrant Latinx mothers turned to concerns about the threat of deportation or detention by ICE. One mother described this experience by saying,

> And what scares me is, I'm afraid of deportation, of leaving my children here with people I don't know, strangers other than the people they know, which is their mom and the family circle. That is my only fear; other than that, being a parent, you learn as you go. Because nobody is born with a knowledge. And thank God I hope and wish the situation we are in will be solved.

Some of the other mothers from this group expressed that they did not seek out community resources and formal support because of their own fears of ICE detention and deportation. Though it was not mentioned in the other interviews, it is possible that the low number of formal supports that were routinely mentioned is due to these fears.

Discussion

Overall, the quantitative analysis showed that nativity status did not have a significant effect on stress, depression, or resilience for Latinx mothers, and the qualitative analysis showed that Latinx mothers conveyed elements of child-centric support as part of intensive mothering ideology with no clear differences based on nativity status.

The quantitative analysis did not support the hypothesis that immigrant Latinx mothers would experience greater stress, depression, and resilience than native-born Latinx mothers. Though factors associated with immigration have been shown to increase stress, depression, and resilience in Latinx mothers, the results show that the experiences of immigration did not impact these psychological factors for the mothers in the study. However, these results establish a reputable baseline analysis for ongoing projects that consider the efficacy of the DULCE PPCI as changes in these outcome measures can be associated with involvement with this program.

The results also did not support alternative hypotheses such as the healthy migrant hypothesis, in which immigrant Latinx mothers would have shown less stress and depression, but greater resilience, than U.S.-born mothers, or the hypothesis that immigrants who have been in the United States for less time have better health outcomes than those who have been in the United States longer (National Research Council, 2004). The healthy migrant hypothesis in particular has been cited in understanding health outcomes for the Latinx community since they often demonstrate greater overall health and well-being on self-report measures (National

Research Council, 2004). However, these results suggest that there is greater nuance in the relationship between immigration and other systemic factors present in the United States such as racism and xenophobia that may contribute to worsening health outcomes shown in research that supports the healthy migrant hypothesis. These results suggest that immigration factors do not contribute to increased or decreased depression, stress, or resilience as previously thought, but that social and systemic factors in the United States lead to the development of stress, depression, and resilience for Latinx women regardless of immigration or citizenship status as a result of systemic racism.

Interestingly, the only marginally significant result occurred between stress and having health insurance. The negative coefficient of this result indicates that mothers without health insurance would be expected to have greater stress than mothers with health insurance. Though this result did not meet significance at the 0.05 level, it coincides with experiences described in interviews about navigating the Medicare system and securing health insurance to be able to afford medical visits. Difficulties relating to accessing healthcare was not included as part of the thematic coding analysis, but some mothers expressed feeling stressed or anxious when working to secure health insurance for themselves while pregnant and for their newborn baby. While this finding may not have been significant across the larger quantitative sample, it may offer insight into how health insurance creates barriers for Latinx mothers in accessing healthcare. It is also interesting that this finding was not found in Model 2 of the regression analysis that only considered immigrant mothers. This may, however, be a result of the sample size being much smaller than the larger sample.

No difference was found in the ways that Latinx mothers conceptualized their roles as mothers based on nativity status. The themes expressed in the focus groups and interviews

reflected child-centric support as part of intensive mothering ideology with an emphasis on the health and well-being of children, supporting and putting children first, and wanting to provide more opportunities to their children, particularly in education. This supports Lareau's (2011) position that intensive mothering ideology is not necessarily linked to a racial or ethnic group, specifically whiteness, but rather class status. However, many of the mothers in this sample came from lower socioeconomic backgrounds and classes, which is further compounded by immigration factors, which also problematizes Lareau's positioning. However, understandings and experiences of motherhood expressed by Latinx mothers in this sample also did not follow the mother-centric support model of self-affirming strategies identified by Crane and Christopher (2018) in a sample of Black mothers. This mother-centric support model was connected to acts of resistance against intensive mothering ideology that is often associated with whiteness and hegemonic traditional values that are supported by white nuclear families. Though Latinx mothers are marginalized and frequently condemned as "bad" mothers based on intensive mothering ideology and hegemonic views of nuclear families, it is interesting that they express this ideology in their own ideas of motherhood and their own experiences as mothers.

However, it is important to note that this study attempted to understand motherhood within a framework of scrutiny by medical professionals and within a medical context. In the political climate in which these interviews were originally conducted between 2017 and 2019, anti-immigrant rhetoric and xenophobic policy was being discussed in a public forum and endorsed by the former president. Exposure to this rhetoric was shown to be significantly correlated with safety concerns for children and fears of accessing healthcare for undocumented Latinx families (Caballero et al., 2022). Because of this, it is possible that the intensive mothering ideology expressed by mothers in this context occurred based on this scrutiny in an

attempt to ascribe to hegemonic values of motherhood in order to receive care. As Ross and Solinger (2017) describe, marginalized mothers are often scrutinized more heavily by medical professionals for signs of drug use, child abuse, and child neglect than their white counterparts. For this reason, Latinx mothers may have learned to shape their narratives in speaking about motherhood in the context of the medical setting to appeal to intensive mothering ideology and therefore avoid scrutiny and retain access to medical care for their children. There is some evidence in the transcripts that this may be the case, as a few mothers expressed that doctors and nurses at the pediatric clinic had admonished them about different aspects of their care for their children, such as the administration of vaccines or the child's diet.

Neither the quantitative nor the qualitative results showed any effect of nativity status on stress, depression, resilience, or conceptions of motherhood. This suggests that it may not be experiences of immigration or factors related to immigration that have resulted in differences found in previous work. However, Latinx mothers in this sample were recruited from established mixed nativity communities with a large Latinx representation. In communities that are less established, do not have a mixed nativity demographic, or have a smaller Latinx representation, there may be different results. Alternatively, there may be a larger experience of being a member of the Latinx community that results in shared community and experiences regardless of nativity status that has a greater impact on the lives of Latinx mothers than experiences of immigration. Previous work has shown that shared experiences of discrimination with in-group members can strengthen intergroup outcomes through social identity (Cortland et al., 2017). Research involving groups, shared experiences, and social identity may offer more insight into psychological outcomes for Latinx mothers and provide different frameworks for understanding how Latinx mothers negotiate their roles as mothers from a marginalized population.

Limitations

For both portions of this mixed-methods study, there were limitations. First, the SEEK depression scale used in the regression models included a subset of only two items, which may have impacted its ability to capture depression symptomology in Latinx mothers. It may be used more accurately as an indicator of post-partum symptoms or factors in the home environment for the mother rather than an accurate measure of depression. Though the two items, which state "over the past 2 weeks, have you often felt down, depressed, or hopeless?" and "over the past 2 weeks, have you felt little interest or pleasure in doing things?" (Dubowitz et al., 2009) look to measure depression, there are more robust measures that could have been used to assess depression in Latinx mothers. A different, more robust measure may have shown different results in the relationship between nativity status and depression.

Nativity status could not be determined for comparison except for using explicit expressions or contextual evidence from statements made in the de-identified interview transcripts for qualitative analysis. Because the transcripts were previously deidentified and the information is protected under nondisclosure agreements held by the previous study team, individuals included in focus group interviews and phone interviews could not be identified as immigrants or U.S.-born Latinx mothers. It was possible to determine nativity based on explicit statements included in the transcripts, such as a mother mentioning that her husband or partner was still in their country of origin, stating the number of years they had been in the United States, or directly referencing their undocumented status or concerns about deportation or citizenship. However, this did not occur in many of the interviews or statements made by participants. There did not appear to be any difference in the way Latinx mothers conceptualized motherhood or discussed their experiences of motherhood, even for participants that had made these kinds of

contextual statements, so it is possible that for this study this information would not have changed the outcomes of the qualitative inquiry.

Additionally, the interview protocol used for the interviews did not specifically focus on motherhood and experiences of motherhood, but rather focused on the interactions and experiences mothers had with the DULCE program and their pediatric clinic with their child. While mothers did discuss their experiences of being mothers outside of their interactions with DULCE, pediatricians, and other clinic staff, better data could have been collected if there was a greater focus on motherhood and experiences of motherhood within the original interview protocols. Mothers may also have provided different answers in response to a different interview protocol, and the main themes identified as part of this analysis could have been probed more deeply. Especially for conceptions of motherhood, because there was such a large variation in responses across interviews and participants, a better framework for addressing this research question through an interview protocol would have aided the richness of the findings.

Future Directions

Greater research is necessary to understand how nativity, immigration, and societal factors in the United States converge in psychological outcomes for Latinx mothers and how they conceptualize motherhood. Future work that specifically focuses on the conceptualization of motherhood in Latinx mothers should look to engage with research questions and data collection in a way that does not impose structural contexts onto the interviews, as this may affect how mothers discuss their experiences and thoughts of motherhood, particularly if they are undocumented immigrants. It may also benefit this body of work to understand parenthood in a larger sense to also encompass Latinx fathers and members of the Latinx community that

identify with nonbinary genders, as these experiences are also useful in understanding how hegemonic family values are forced onto Latinx individuals, particularly queer Latinx people.

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