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Postpartum Depression Among Low-Income Mothers of Color: A Womanist Perspective

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The ideals of “good mothering” are constructed by various social policies and institutions. Many mothers from traditionally oppressed groups may find them difficult to achieve. The intersections of multiple forms of oppression create harsh circumstances for mothers from minority groups that can contribute to postpartum depression (PPD). Left untreated, PPD can have long-lasting negative effects on the mothers’ and their children’s well-being. Despite the growing research on PPD that finds striking disparities in prevalence by race, ethnicity, and socio-economic class, virtually all of the research has focused on mothers from privileged backgrounds and none has used a well-established theory to explain PPD among mothers from minority groups. To address this gap in the literature, this article uses Womanism as a theory to examine PPD among low-income mothers of color as a way to help sociologists and social workers take action to address PPD through theory, research, and practice.

Key words: Womanism, mothers of color, postpartum depression, low-income women of color

Nearly four million women give birth each year in the United States (Centers for Disease Control and Prevention [CDC], 2017). Most of these women who give birth and choose to parent their newborn children strive to be good mothers (Elliott, Powell, & Brenton, 2015; O'Brien-Hallstein, 2017). Good mothering, however, is a socially-constructed concept influenced by systemic factors that are often beyond the control of individual mothers (De Souza, 2013; Fixmer-Oraiz, 2015; Romagnoli & Wall, 2012). Factors such as limited educational and employment opportunities, inadequate housing, unsafe neighborhoods, and financial instability can negatively influence maternal and child well-being (Gress-Smith, Leucken, Lemery-Chalfant, & Howe, 2012) and lead to postpartum depression (PPD) (Keefe, Brownstein-Evans, & Polmanteer, 2017).

To date, few researchers have considered the views of low-income mothers of color (Keefe, Brownstein-Evans, & Rouland Polmanteer, 2016), and none have investigated PPD using a Womanist perspective. The purpose of this article is to begin filling a gap in the research by using Womanism as a theory to examine PPD among low-income mothers of color; and to propose changes in social policy to help sociologists studying motherhood, and social workers working in maternal and child health settings, to address the needs of this population of new mothers living with PPD.

Good Mothering

Becoming a mother is a transition in which strength, competence, and goodness are viewed as being among its ideal qualities (O'Brien-Hallstein, 2017). Consistent with socially constructed expectations, respectable mothers put their children first (O'Brien-Hallstein, 2017) by bonding with them, providing for their well-being, investing time in them, and teaching them how to be upstanding citizens.

In the 19th century, the idealized view of a good mother — defined as caring, altruistic, and self-sacrificing—was the standard by which all mothers were judged (O'Reilly, 2004; Plant, 2010). One aspect of mothering that was not included in the mother's domestic role was the demand to engage in paid labor outside the home to support her family (Vandenberg-Daves, 2014). Mothers of color with low- or working-class incomes, who

lacked financial resources, had to work long hours outside the home in order for their families to have adequate food, clothing, and housing to survive (Collins, 1994; DeSouza, 2013). Spending large amounts of time away from one's children, even if it was to improve the family's financial well-being, was not viewed positively by institutions that promoted good mothering practices (Douglas & Michaels, 2004).

During the 20th century, the role of the autonomous mother became more clearly defined and women were held accountable for the outcomes of their children and families (Carolan, Burns-Jager, Bozek, & Escobar Chew, 2010). Women who fulfilled the responsibilities of having healthy and well-behaved children and self-sustaining families were labeled as "good mothers," received social approval (De Souza, 2013; Plant, 2010), and were encouraged to have more children (Vandenberg-Daves, 2014).

Contemporary Views of Motherhood

Today, low-income mothers and mothers of color are mothering within a society that is quick to blame them for their shortcomings (O'Brien-Hallstein, 2015, 2017). Problems such as single motherhood, substance abuse, domestic violence, and maternal depression are often seen as resulting from individual inadequacies rather than as situations resulting from larger social structures and systemic issues, including poverty and racism. Because mothering in the United States takes place within a racist and classist context (Collins, 2000, 2004), low-income mothers needing assistance from social services organizations are often viewed as "bad mothers" (Romagnoli & Wall, 2012). African American and Latina mothers, in particular, who do not fit the white, middle-class, and Western standards of motherhood, often find their experiences as mothers degraded and themselves vilified as "welfare mothers" (Cheng, Lo, & Weber, 2017; Elliott et al., 2015; O'Brien-Hallstein, 2017). Moreover, mothers with limited financial resources, who are supposed to be fully committed to working their way out of poverty according to societal standards, have been criticized for simply having children (Erdmans & Black, 2015; Gazso & McDaniel, 2010). Despite being faced with ongoing societal scrutiny and disapproval, many low-income mothers have identified with the standards of "good motherhood" that are consistent with the dominant ideology (O'Brien-Hallstein, 2017).

Research on PPD

PPD is the most prevalent, and, if left untreated, debilitating perinatal mood disorder (Stocky & Lynch, 2000), which affects mothers from all backgrounds (Gaynes et al., 2005). However, most of the research on PPD has focused on mothers from privileged backgrounds, who are coupled, have ongoing relationships with service providers, and have intact families. The PPD research on mothers from traditionally oppressed backgrounds is lacking (Keefe, Brownstein-Evans, Lane, Carter, & Polman-ter, 2015). The prevalence rates of PPD that include mothers of diverse backgrounds indicate that approximately 12% of white mothers will develop PPD (Gaynes et al., 2005) and nearly 38% of low-income mothers and mothers of color will (CDC, 2008). Among the concerns about this disparate finding is that the majority of low-income mothers and mothers of color living with PPD do not access formal services for various reasons, including the fear and stigma associated with having a mental health diagnosis (Chavis, 2016; Mestad et al., 2017; Romagnoli & Wall, 2012). Consequently, nearly one-half of mothers of color with PPD are neither diagnosed by a mental health professional nor receive appropriate mental health treatment (CDC, 2008; United States Department of Public Health, Office on Women's Health, 2012).

PPD Among Low-Income Mothers of Color

The diagnostic criteria for PPD include lethargy, insomnia, lack of energy, loss of appetite, decreased self-esteem, and feelings of failure, which emerge within one month after childbirth (American Psychiatric Association, 2013). These criteria are medically focused and do not take into account various psychosocial issues known to affect well-being, including having a poor relationship with the baby's father (Garfield et al., 2015; Grote & Bledsoe, 2007; Luke et al., 2009), being in poor health (Luke et al., 2009), having job-related stress (Grote & Bledsoe, 2007), as well as having an unplanned (Fellenzer & Cibula, 2014; Kozinsky et al., 2012) or difficult pregnancy (El-Ibiary et al., 2013). Additionally, living in poverty, being unemployed, lacking sufficient housing, and possessing limited resources to

procure stable jobs and housing in safe neighborhoods are also known to lead to depression and other mental health concerns (Kelley & Evans, 2017; Nagahawatte & Goldenberg, 2008; Sampson, Villarreal, & Rubin, 2014). These factors affect low-income mothers more than higher-income mothers (Kelley & Evans, 2017).

For many low-income mothers of color, escaping poverty is an unattainable goal (Gazso & McDaniel, 2010). Between 2000 and 2010, poverty rates in the United States increased substantially among families headed by single women (Damaske, Bratter, & Frech, 2017). More recently, over 30% of single-parent families headed by women have been found to live in poverty (DeNavas-Walt & Proctor, 2015) and those families most greatly affected by poverty are headed by women of color (Damaske et al., 2017; DeNavas-Walt & Proctor, 2015).

Furthermore, poverty and financial instability are significantly influenced by the labor market, which continues to privilege males whose family responsibilities are taken care of by female family members (i.e., wives, mothers, grandmothers, and female partners) (Benschop & Doorewaard, 2012). Many employers further this gender bias by assuming that all female employees are or will become mothers, and are therefore not retainable or promotable, which affects the mothers' long-term economic well-being (Budig & Hodges, 2010; Connor, 2016; Gafni & Siniver, 2015).

The situation is worse for women of color, who have a greater likelihood of being a single head-of-household compared to other women (Pew Research Center, 2016). Moreover, their chances of job advancement are worsened by their lower likelihood of graduating from high school, making them less eligible for higher-skilled and higher-paying jobs (Damaske et al., 2017), thereby contributing to maternal stress and depression (Kelley & Evans, 2017). Further, low-wage mothers are more likely than higher-wage mothers to work nonstandard shifts, including evening, night, and weekend hours, which makes coordinating childcare difficult (Dolan, Bauer, & Katras, 2011; Shulman, 2011). The lower wages and changing work schedules often leave families less able to maintain routines (Dolan et al., 2011) and can contribute to mothers feeling overwhelmed and depressed, particularly among women with inconsistent, unstable, and insufficient employment (Zabkiewicz, 2010).

In sum, the existing literature supports that issues such as poverty, a poor labor market, underemployment, low-wage positions, community stressors, and an overall lack of resources can contribute to mental health issues. However, these factors are often overlooked in research, practice, and policy development related to PPD. Fortunately, emerging research concludes that mothers of color persist and strive to be good mothers, despite their life circumstances, often with little support (Keefe et al., n.d.; O'Brien-Hallstein, 2017).

Womanism

In the 1960s, feminism emerged as a movement to counter patriarchal societal forces and counter oppression due to gender and sex (Shamase, 2017). However, feminism was a term coined and integrated into dominant societal culture by white women (Shamase, 2017). Although formed as a way to combat sexism and genderism for all groups, diverse groups of women found that feminism may not fully account for other systemic and oppressive factors (Shamase, 2017). This recognition led to the emergence of Womanism in the 1980s, primarily from the work of Walker (1983). As a subset of feminism, particularly black feminism, Womanism recognized the importance of societal oppression, not only due to gender but also the interplay between gender and race (Collins, 1996).

Womanism views societal oppression as resulting from the intersection of various factors including race, ethnicity, class, and gender and the ways in which these factors impose barriers to resources that limit both women and men from actualizing their fullest potential (Collins, 1996; Lindsay-Dennis, 2015; Tsuruta, 2012). Womanism shifts the lens from mothers whose experiences are well documented in the existing research on PPD to the experiences of marginalized mothers who aspire to the ideals of good mothering but are challenged by the lack of access to resources, single parenting, low incomes, and racial and ethnic discrimination. By seeking to end oppression, Womanists contend that all women have the capacity for empowerment, self-advocacy, and being social change agents (Phillips, 2006). Women are therefore seen as willful, determined, and capable (Collins, 1996); able to engage in self-help; and able to develop effective problem solving and mothering skills (Phillips, 2006).

Without disempowering fathers, Womanism considers mothers the central figures of their families (Wells-Wilbon & Simpson, 2009), who are influenced by their experiences with social, economic, educational, and political systems, and have the strength to persist in their roles despite the limitations of their social contexts (Abdullah, 2012). Womanists view having children as an opportunity for new mothers to have a voice in their own experiences and highlight their responsibilities and opportunities to meet their goals and social roles (Freeman, 2017). Womanists celebrate the multifaceted nature of supportive, communal, and familial relationships (Abdullah, 2012) and believe in the notion that “it takes a village” to raise a family (Wells-Wilbon & Simpson, 2009).

Given the insidious nature of oppression, policies favoring one group over another are not readily apparent. Many job and education-related policies have been criticized for benefiting men over women and Whites over people of color (Connor, 2016). Womanists argue that these policies should be examined for the advantage they provide to certain groups and for the longer-term and potentially detrimental effects they have on groups they are supposed to help (Phillips, 2006).

Womanism and Good Mothering Among Mothers with PPD

Various social problems that negatively affect low-income mothers of color can be re-examined from a Womanist perspective. Social issues such as limited education and higher rates of unemployment (Fellenzer & Cibula, 2014), unsafe neighborhoods (Cutrona et al., 2005), exposure to community violence and racial and gender oppression (Nicolaidis et al., 2010), lack of social supports (Milgrom et al., 2008), and stressful or traumatic life events (Kozinsky, et al., 2012) all represent social contexts known to worsen depression in new mothers. Moreover, these social contexts act in a circular pattern whereby each factor reinforces the others and prevents the optimal functioning needed to break cycles that contribute to the deterioration of maternal well-being and mothering.

By using a Womanist perspective, sociologists can study good mothering among low-income mothers of color experiencing PPD from an intersectional perspective that actively

considers not only the structural barriers and circumstances discussed above, but the circular patterns in which each factor reinforces the others. When these barriers are acknowledged, social workers can work with new mothers living with PPD from a systemic and contextualized, rather than an individual and diagnostic, viewpoint.

Addressing the Needs of Low-Income Mothers of Color with PPD through Sociological Research and Social Work Activism

As part of their ongoing service to low-income mothers of color with PPD, we argue that sociologists and social workers should work together by using a Womanist perspective to advocate for resources that help remove systemic factors impeding mothers from accessing services. Programs and services for new mothers are typically funded by block grants, such as Title V Maternal and Child Health Block Grants (Maternal and Child Health Bureau, 2017). The services include targeting macro-level factors that affect mothers, particularly those of low-income, by connecting vulnerable populations to various health care, parenting information, home visitors, education, and employment services (Maternal and Child Health Bureau, 2017).

Given its multi-systemic focus on issues affecting all oppressed populations, Womanism can be used to study the effects of various issues known to worsen PPD, such as poverty, individually or in conjunction with other issues, such as racism. Addressing these issues helps to add greater depth to sociological research that can, in turn, inform social work practitioners in policy settings at the community level looking to ensure safe housing and at the state and federal levels looking to develop jobs that provide livable wages.

Sociologists and social workers should then evaluate whether the social policies, as well as the services resulting from those policies, help to meet the needs of mothers with PPD and whether or not the policies and services eliminate systemic issues that negatively affect the well-being of low-income mothers of color (Townes, 2006). Sociologists and social workers can work together in advocacy and policy practice to ensure existing beneficial policies are strengthened, and the programs that

result from those policies eliminate the structural and systemic factors affecting all mothers.

Conclusion

As a theory, Womanism has much to offer sociologists and social work researchers, practitioners, and policymakers to develop and evaluate services at all levels of intervention. To date, nearly all theories applied to PPD have focused on the individual or on biomedical levels, whereas virtually no theories have applied a larger, multi-systemic lens to PPD. By acknowledging the relevance of intersectional and structural barriers and circumstances affecting mothers as well as their spouses and partners, children, families, and communities, PPD among low-income mothers of color can be better understood. This understanding can be used to inform practice, research, and policy perspectives specific to PPD. Womanism offers sociologists and social workers the opportunity to address PPD from the individual/micro, group/mezzo, and community/macro levels of intervention informed by the relevance of structural, systemic, and intersectional factors.

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