HOW DOES CULTURE AND COMMUNITY SUPPORT HELP WITH COPING AMONG MEXICAN-AMERICAN SINGLE MOTHERS?

By

Martha L. De Garza

A Report Submitted to the Faculty of the COLLEGE OF NURSING

In Partial Fulfillment of the Requirements For the Degree

Master of Science

In the Graduate College

THE UNIVERSITY OF ARIZONA

2004
STATEMENT BY THE AUTHOR

This master’s project has been submitted in partial fulfillment of the requirements for an advanced degree at The University of Arizona and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this master’s project are allowable without special permission, provided that accurate acknowledgement of the source made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the head of the major department or the Dean of the Graduate College when his or her judgment the proposed use of the material is in the interest of scholarship. In all other instances, however, permission must be obtained from the author.

SIGNED______________________________________

APPROVAL BY MASTERS REPORT ADVISOR DIRECTOR

This Master’s project has been approved on the date shown below:

__________________________________                  __________________
Sharon Ewing                                                                      Date
Professor of Nursing
Acknowledgements

To God for listening to me and reassuring me that everything is possible with him. To my family, my husband Armando, for your support and encouragement. To my children, Arturo, Adriana and Gabriela, thank you for your unconditional love and support. Thank you for allowing me to do this and for giving up many family outings and vacations during this time.

To my chairpersons, Dr. Sharon Ewing and Dr. Jacqueline Kelley, for your support and encouragement. Thank You, Sharon, for countless hours of meeting time and for your patience and dedication. Thank you, Dr. Kelley, for serving in my committee so willingly. Thank you, Dr. Boyle, for your feedback on my theoretical framework and for your support. To my friend and classmate, Angela, thanks for listening to me and being there for me. Thank you for your unending support and encouragement.

For the rest of my friends and family, thank you for your understanding and support. Thank you, all this project would of not been possible without all of you.
ABSTRACT

Cultural and community support play a major role in adaptation of positive coping mechanisms in Mexican American single mothers. The purpose of this project was to discover the state of the literature concerning the relationship between culture and community support in Mexican American single mothers living alone. An examination of MedPub and CINAHL for the dates between January 1992 and May 2004, revealed only five studies that met the inclusion criteria and that did not have any exclusionary material. Leininger’s Theory of Nursing Care and Universality was used to examine the data on the cultural values of Mexican American single mothers presented in these five studies. Mexican American single mothers depend on family, cultural upbringing and religion for support and ability to cope with the daily stressors of being the single head of household.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEMENT BY AUTHOR</td>
<td>2</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>3</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>4</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>5</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>7</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>8</td>
</tr>
<tr>
<td><strong>CHAPTER ONE</strong></td>
<td></td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>9</td>
</tr>
<tr>
<td>SCOPE OF THE PROBLEM</td>
<td>10</td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>12</td>
</tr>
<tr>
<td>DEMOGRAPHICS</td>
<td>13</td>
</tr>
<tr>
<td>REVIEW OF THE LITERATURE</td>
<td>14</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>15</td>
</tr>
<tr>
<td><strong>CHAPTER TWO</strong></td>
<td></td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>16</td>
</tr>
<tr>
<td>CONCEPTUAL FRAMEWORK</td>
<td>16</td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>17</td>
</tr>
<tr>
<td>SUNRISE MODEL</td>
<td>21</td>
</tr>
<tr>
<td>THE SUNRISE MODEL IN RELATIONSHIP TO SINGLE</td>
<td></td>
</tr>
<tr>
<td>MOTHERS</td>
<td>25</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>30</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>32</td>
</tr>
</tbody>
</table>
CHAPTER THREE

SEARCH STRATEGIES ......................................... 34
SUMMARY ...................................................... 35

CHAPTER FOUR

INTRODUCTION ............................................. 38
REVIEW OF THE LITERATURE .............................. 38
SUMMARY ..................................................... 43

CHAPTER FIVE

APPLICATION TO NURSING ............................... 45
SIGNIFICANCE TO NURSING ............................... 46
CONCLUSION .................................................. 47

APPENDIX ..................................................... 49

REFERENCES ................................................. 52
LIST OF FIGURES

Figure 1. LEININGER’S SUNRISE MODEL ........................................ 21

Figure 2. LITERATURE SELECTION PROFILE SUMMARIZING FLOW TRIALS .... 36
LIST OF TABLE

TABLE 1. ARTICLES USED IN THE STUDY ........ 37
Chapter 1

Introduction

The purpose of this project is to explore how culture and community support assist Mexican American single mothers cope with everyday life stressors. The literature review will focus on the coping skills of Mexican American single mothers from articles published between 1992-2004. Leininger’s Theory of Cultural Care and Universality will be the theoretical framework used to describe the underlying elements of culture and its role when Mexican American single mothers must cope with life stressors.

In 1999, there were 1,304,594 births to unmarried women of all cultures reported, compared to 1,254 in 1995 in the U.S. (Waldman & Perlman 2001). The increase in the numbers of unmarried, that is, single head of household, mothers has resulted from increased rates of out of wedlock births, separation, divorce and death of a spouse in women ages 15-44 of all ethnic backgrounds (Waldman and Perlman 2001). Forty-two percent of all births to Hispanics in 1999 were to single Mexican American women (Waldman et. al., 2001).

A. Hernandez (personal communication, September 3, 2004) describes a single mothers experience as one of heavy role demands. They are heads of households who must balance work, school, children, shopping, cooking, childcare, managing finances, maintaining the home, helping children with homework, self care, and time management (also in Duffy, 1992). The ongoing needs and demands of the single-parent family are numerous.
In order to understand how Mexican-American single mothers cope with the stress of single motherhood, the author examined articles dealing with coping and community support. Using Leininger’s Theory of Cultural Care and Universality (Leininger & McFarland 2002; Andrews & Boyle 2003), the author was able to compare the importance of community and social support, including family support, in order to understand how to provide culturally congruent care when caring for these women. A nurse or health care provider may help the single mother adjust and restructure some of her current behaviors, actions, and coping mechanisms to ones that are healthier by using concepts described in Leininger’s Theory. By using these concepts and addressing a single mother’s needs, the use of culturally congruent care and the well-being in clients of different cultural backgrounds can be addressed.

The end-product of this report will be to provide research-based information and to increase the awareness of healthcare providers about the role of community and family support in Mexican American single mothers. This information can be expected to increase the number of appropriate referrals within the surrounding community.

**Scope of the Problem**

There is an estimated 11.9 million single parents in the U.S.; 9.9 million are single mothers, head of households. Since 1940 the number of out of wedlock births has been increasing. In 1999 there were 1.3 million births to unmarried women which can be compared to 90,000 in 1940 (US Bureau of the Census,
Eighty-four percent of the children that live in single parent homes live with their mother. Thirty-eight percent of these children live with a divorced parent; thirty-five percent live with a never married parent; nineteen percent live with a separated parent; four percent live with a widowed parent; four percent live with a parent whose spouse lived elsewhere because of business or other child care arrangements (U.S. Bureau of the Census, 1992). White, non-Hispanic children are much more likely than African-American children and more likely than Hispanic children to live with two parents (U.S. Bureau of the Census, 1992). The percentage of children living with two parents has been declining in the last decade by 7-10% among all racial and ethnic groups (U.S. Bureau of the Census, 2000). Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children. Children born to single parents are at greater risk for adverse consequences due to limited social, emotional, and financial resources.

Young single women in general need advocacy to protect them from a societal problem that affects everyone in it. Disadvantages of living in single parent homes include poverty, the struggle to meet the basic family needs, less education, lack of opportunity and increased daily stresses and struggles of society as a whole (Sachs, Hall & Pietrukowicz, 1995). Inadequate income may result in housing that is in unsafe neighborhoods, an inability to meet the basic needs of the family (e.g., food, clothing and health care). Many parenting demands and the inability to meet all of them lead to role strain and feelings of
being overwhelmed, exhausted, and inadequate (Sachs et al., 1995). Mexican American women have these needs and more; language barriers can add to the stressed single mother. Mothers such as these need social support and community assistance in order to survive and support their families. Duffy (1992) states that the well being of women who are single parents is enhanced if social support is available. Social networks and social support contribute to improved health, functioning and personal growth.

The next section will include definitions of some of the vocabulary used in the study.

The following definitions will provide a guide to understanding the area studied.

Definitions

*Family* is a relationship or community of two or more people in which individuals may come from the same or different kinship groups (Newman & Davidhizar, 2004).

*Community support* is defined as an “essential support system that includes meaningful work, community, mobility, counseling, and other forms or rehabilitation, leisure, recreational and educational activities to assist the individuals in acquiring a higher level of functioning” (Leininger 1995, & 2001).

*Mexican Americans* are people of Mexican descent residing in the U.S. Mexican Americans make up approximately 12% of the total population in the U.S (U.S. Bureau of the Census, 2002).
**Single Mothers** are unmarried women who are heads of household and have one or more children and live alone (Barnyard & Graham, 1998).

*Life stressors* are major and everyday life events like losing a job, death of a spouse or child or serious illnesses. Other stressors are car problems, work frustrations, legal issues, childcare and finances (Tein, Sadler, & Zautra, 2000).

*Social support* is defined as interpersonal resources available from a network of family and friends that provide a sense of belonging as well as tangible assistance for dealing with life’s problems and tasks (Ford-Gilboe, 1997).

*Coping* mechanisms are defined as the skills and patterns that single mothers develop in order to cope or adapt to the stressors of life and situational circumstances (Cousins & Olvera, 1993)

**Demographics**

The current trends in the United States indicate that the percentage in single low-income unmarried Mexican American, African American and Anglo women is rising and marriage or two-parent households are declining (London, 1998). The percentages of all births to unmarried women and non-marital births rates differ considerably by race and origin. In 1999 the U.S. Census Bureau statistics were as follows: In 1999, 1.3 million births to unmarried women in ages 15-44, compared to 90,000 in 1940. Twenty two percent of all births were to white non-Hispanic unmarried women. Seventy three percent of all births were to teenagers between 15-19 years of age. In Hispanics, 42% of all births were to unmarried women, with 73% of these to teenagers ages 15-19 years of age. The percentage of births to all
African Americans was 68.8% of all births to unmarried women. Ninety five percent of these births were to teenagers 15-19 years of age (Waldman & Perlman 2001). With these statistics, it is imperative that we find out how these women are able to function in the United States and how we could help women in our community that are single mothers to adapt better coping skills through community support and cultural support.

*Review of the Literature*

Single young mothers often feel overwhelmed and lack skills and support to do it all alone. Single mothers often feel isolated and stressed and need social and community support. Financial strain, role strain and inadequate coping skills add extra stress to the already strained family (Norbeck & Sheiner 1982). This in turn makes the single family system vulnerable and at high risk for homelessness, poverty, depression and child abuse.

Coping mechanisms identified in the literature were for single mothers include but were not limited to coping with everyday stressors and the need for provision, economic survival, social isolation, conflict avoidance, self-reliance, spiritual support, community and family support (Cairney & Boyle 2003). These coping mechanisms varied between cultures and among the different upbringings. The literature reveals a number of studies in dealing with coping, stress and depression and the link between social support and community support and the positive effects on coping mechanisms. There exists a gap of research in the
Mexican American community, specifically in the single mothers coping and stress. The majority of the literature is concentrated on African Americans and Black single women, presumably because of the high statistics (68.8%) of all births to blacks were to unmarried black women in 1999 (Waldman & Perlman 2001) making black women the highest in ethnicities to be single mothers. The literature does show challenges and stressors that interfere with coping in all ethnic backgrounds. These are: depression (Avison, 1997) lack of education (Brown & Moran, 1997) abuse (Avison 1997) and homelessness (Barnyard & Graham, 1998). Single mothers used different strategies for economic survival, emotional survival, and for improvement of their circumstances.

Summary

Single parent households have been increasing since in the U.S.A. since 1940. This increase in births to single mothers has affected Mexican American mothers as well as other ethnicities. The goal of this project is to create an awareness of the problem stated and to provide an understanding of the coping mechanisms of Mexican American single Mothers. This chapter provided an introduction to the subject studied and definitions that will be used in this report.
CHAPTER TWO

Introduction

This chapter addresses the conceptual framework for this project, which is Madeleine Leininger’s Cultural Care Diversity and Universality Theory. A description of the theory, along with definitions and examples of the different concepts will be presented. Adaptation of the model to the significance of the study will be elaborated upon. The major factors of the theory will be defined and review of the literature pertinent to these concepts and the subject studied will be reviewed.

Conceptual Framework

Leininger’s Theory of Cultural Care and Universality was established in the 1960’s with the philosophy that caring for people had to be done in an accepting way of their individual culture. Cultural Care and Universality nursing theory is defined as “an essential area of study and practice focusing on the cultural beliefs, values and lifestyles of people to help maintain or regain their health in meaningful and positive ways” (Leininger 2001 p.165). The goal of care outlined in Leininger’s theory is person centered with an emphasis on keeping the individual’s cultural values in focus. The goal of this project is to investigate how culture and community support, meaning predominately family support, affects coping mechanisms of single mothers. Nursing care as described by Leininger’s Theory focuses on providing care within a holistic environment. This theory promotes, upholds, and stresses the need for individuals and groups to understand
that people are born, live, work and die within a cultural context and viewpoint. To neglect cultural factors such as one’s religion, family ties, economical and political education and background can lead to a non caring attitude and “cultural negligence” with non-beneficial outcomes in nursing care (Leininger 2001).

Everyone has a culture they belong to (Leininger, 2002) whether it is the culture of a race, community or group. Families headed by single mothers are affected by factors such as education, socioeconomic issues, legal issues, personal values, kinship, philosophical, and technological elements. Leininger’s Sunrise Model (Leininger 2002) illustrates how these important influencers of well-being affect individuals, families, groups and institutions. The following definitions provide a basis for understanding the theory and Sunrise Model.

Definitions

**Nursing**—a learned humanistic and scientific profession and discipline focused on human care phenomena and caring activities in order to assist, support, facilitate or enable individuals or groups to maintain or regain their health or well-being in culturally meaningful ways, or to help individuals face handicaps or death” (Leininger 1995).

**Culture**—“ the learned, shared and transmitted knowledge of values, beliefs, norms and lifeways of a particular group that guides an individual or group in their thinking, decisions, and actions in patterned ways” (Leininger, 1995).
Kinship - Family of origin and extended family; close friends. Whomever the client considers family (Leininger & McFarland 2004).

Cultural congruent care - cognitive based assistive, supportive, facilitative or enabling acts or decisions that are tailor made to fit with the individual group, or institutional cultural values, beliefs and lifestyle in order to provide or support meaningful beneficial and satisfying health care, or well-being services. (Leininger 2001)

Culture care is defined as the subjectively and objectively transmitted set of values, beliefs and patterned lifeways that assist, support, facilitate and enable another individual or group to maintain well-being and health, to improve certain conditions, and to live with certain illnesses or handicaps, or death. (Leininger, 2001)

Culture care conflict areas of stress, concerns and incompatibility when nursing practices do not fit with the patient’s expectations, beliefs, values and expectations (George, 2002).

Cultural care diversity - The differences in meanings, patterns and values that are lifeways or symbols that enable and support human care experiences expressions. (Leininger, 2001)

Cultural care universality - the common similar care meanings patterns, lifeways or symbols that exist among cultures that reflect assistance and supporting ways to help people. (Leininger, 2001)
Worldview- The way in which people look at the world or at the universe to form a picture in their minds, may include their value system (Fitzsimons, 2000)

Professional care system- formally taught of and transmitted nursing professional care, health, illness and wellness related to formally taught skills that prevail in institutions (Fitzsimmons, 2000).

Health-the state of well-being that is culturally defined, valued and practiced and reflects the ability of individuals or groups to perform their daily role activities.(Leininger 2001)

Care-Assisting and supporting or enabling experiences or behaviors toward or for others in order to help or improve a human condition or lifeway or face death.(Leininger 1995)

Cultural Care preservation-nursing that reinforces caring values of nurturing, respect and understanding the use of religious and protective care. Saying God Bless you, maintaining eye contact and involving the extended family is of importance in the Mexican American culture more than in any other culture (Leininger, 2001).

Cultural Care accommodation- The nurse uses the appropriate language, reinforcing intergenerational caregiving, promoting respect and trust, encourage eating traditional foods, performing rituals. and acknowledging the importance of hot and cold foods, the use of alternative medications or herbs and developing a

*Cultural Care repattening or restructuring* - Assistive, supporting, facilitating or enabling professional actions and decisions that help a client(s) reorder, change or greatly modify their lifestyle for a new, different or beneficial health care pattern while respecting the client’s cultural values and beliefs and still providing a beneficial and healthier lifestyle than before the changes were established (Leininger, 2001).

All these concepts represent a part of providing competent nursing care. Cultural assessment and awareness of the culture that surrounds nursing practice plays an important role. Many institutions have now adapted cultural assessment as part of nursing care. The Joint Commission on the Accreditation of Healthcare Organization (JCACHO) now expects institutions to show documentation of culturally competent care (Leininger & McFarland 2004).

Leininger has published the short cultural assessment guide. Other assessment tools available are the “Stranger-Friend Enabler” and the “Acculturation Health Care Assessment Guide” (Leininger & McFarland, 2002). The Sunrise Model is also used as an Enabler in cultural care assessment.
Figure 1. Leininger’s Sunrise Model.
Discussion of the Sunrise Model

The Sunrise Model is a model that depicts the components of the theory. It is a cognitive map (Leininger, 1995) and maps out the different dimensions in a theory. This model offers an excellent assessment guide to grasp the totality of the client’s needs and lifeways (Leininger & McFarland, 2002). The Sunrise Model mirrors the dimensions within a culture, and is arranged from the most abstract to the least abstract. The Sunrise Model is organized from top to bottom in three layers. The top of the model is the most difficult to depict but the most valuable. It describes the development of knowledge about cultures, people and care systems. Leininger believes that when implemented, these concepts could prevent culture shock, cultural imposition, and cultural care conflict (Polaschek, 1998). These upper concepts of the Sunrise Model are similar to the nursing assessment and diagnosis of the nursing process. The arrows in the model that flow across the drawing indicate influences but not necessarily relationships within the model. The dotted lines indicate an open world or system of care and nursing in the professional system.

The middle portion of the model has to do with influences of the culture on health care, holistic care illness and death. The focus is on individuals, families, groups and communities or institutions. It illustrates the point where folk practices, nursing practices and professional care culture practices come together.

The lower part of the model explains the relationship of living reflective of the worldview of most people. This is incorporating folk and professional systems
in professional nursing care. These concepts are similar to the intervention and evaluation of the nursing process. At this point nursing interventions are introduced and evaluation of the interventions are measured (George, 2001; Leininger, 1995& 2001). Cultural Care decisions and nursing actions are introduced at this level. Leininger, however; does not use the terms nursing process but instead professional nursing actions. (Leininger 1995& 2001).

The different factors of the theory run from top to bottom and are interrelated. These seven factors will be discussed next. Examples from the Mexican American culture will be added as appropriate. These factors are:

1. Technological factors are the technology that is implemented in the healthcare setting and how technology can interfere or help alleviate the problem or situation of the client.

2. Religious and philosophical factors are the ways the family or culture thinks in relationship to spiritual issues, death, life, and the process of evolvement. As caregivers, if nurses are aware of their our own culture, values, and religious system, they will tend to be more understanding of other cultures (Leininger, 1995). The way certain religions are interpreted is certainly different from one culture to another. For example, one can understand how religion, family beliefs, and specific cultural values can influence the Mexican American health and well-being by knowing the cultural beliefs these people have. Some cultures believe in the importance of family support more than others (Leininger, 2001) but among Mexican Americans the importance of family support is high.
3. Kinship and social factors are much more valuable to Mexican Americans and African Americans than perhaps to some Anglos.

4. Cultural values and lifeways are the important concepts in any culture (Leininger 2001). While different from religious beliefs, cultural values and lifeways can be interrelated with religious practices. Examples of cultural values and lifeways would include things like the foods people cook, how they take care of each other and how they express their concerns. Mexican Americans believe in the importance of hot and cold foods to prevent illnesses, and the use of alternative medications or herbs in healing. Saying “God Bless you”, maintaining eye contact and involving the extended family in decision making are important examples of this concept in the Mexican American culture.

5. Political and legal factors are their choice of a political party, social affiliation, or the way they handle marriages, divorces and other legal contracts.

6. Economic factors are the seen the way the family spends their money, the kind of house they live in and the overall value they place on materialism. It is generally accepted that economic factors can also interfere with nursing care and well-being.

7. Educational factors are important when assessing teaching strategies. A certain level of knowledge is needed before some teaching strategies can be effective. Assessment of the level of education is valuable when literature or handouts must be given to Mexican American people (Leininger, 1995).
The Sunrise Model in relationship to single mothers

The Sunrise Model can be applied to any culture or group in order to explain the cultural care world view and the application of the different systems and subsystems in it. In applying it to Mexican American single parent families, the model is a map for understanding the different dimensions. The following paragraphs will illustrate this concept. Specific examples from the Mexican American culture will be supplied.

Beginning with a Cultural Care Worldview and considering the way families are commonly arranged and patterned, the Cultural and Social Structure Dimensions are:

1. Technological factors to consider in the Mexican American single female head of household culture are the following. Do the family members have access to a computer to look up information? Do they own a television? Do the children have video games, cable TV, radios or CD players, and the like. How much do they depend on technology?

2. Religion and philosophical factors to consider in the Mexican American culture include the following. What is the family’s religion and philosophy of life? This will determine where they find support when needed, how they grieve and look at life and how they spend their extra time. Does the family get support from the church? How are quality of life issues dealt with? What shapes their
value system? Knowing these things is helpful when coming up with solutions and possible challenges in the single parent family.

3. Kinship and Social factors to consider in the Mexican American culture include the following. What are the family ties? Who and when does the family go to in times of stress? Who is the family member or members that help out in times of stress? Who determines what is socially acceptable in the house or family? What shapes their social life?

4. Cultural values factors to consider in the Mexican American single female head of household culture are the following. Starting from the food they eat, what are the events they celebrate? What is, in their opinion, the important things of life? Lifeways are the learned patterns and ways of living that are important to the family. An example of lifeways is praying at meal times, resting and getting together with the family on Sundays, consulting the elderly for advice.

5. Political and legal factors to consider in the Mexican American single female head of household culture are the following. What political party are they affiliated with? What are her political beliefs and what legal implications does this generate? Does she have custody issues? Is she legally separated or divorced? Have any paternity rights been established and how are these rights being handled? If the mother is single, do the children have the father’s last name? Are the children considered illegitimate? Is the father acknowledged on the birth certificate? These factors can shape a lifeway. Giving such political and legal factors consideration can help the family place important issues into perspective.
Knowing such information makes it possible for the healthcare provider to help in practical terms and may facilitate a positive change when needed.

6. Economic Factors are a major source of decision making in a Mexican American single female head of household family. The income the mother has will determine where the family lives, the level of health insurance they have, and the way the family members dress. Such factors as where they go to school at and the kind of vehicles the family drives and what they eat are also directly related to these economic factors. Some Mexican American families must depend on low-income housing even though these are known to be places where there are high crime rates and high school drop out rates in general.

7. Educational factors to consider in the Mexican American single female head of household culture are the following. Principally consider the educational level of the mother, as in most cases this will determine where and when she works. If the mother is well prepared and has gone on to get a college degree, she is more apt to have a good paying job and is able to afford some of the basic necessities, to be able to live in a good neighborhood, and to have the ability to encourage her own children to go on to college for formal education. If on the other hand, she did not get a high school diploma and has no formal education, she will be able to provide for herself and for her children fewer choices in life. Most single mothers in the Mexican American culture must rely on the welfare system or other government assistance for their economic survival.

*An example of a Mexican American Family using Leininger’s model.*
A Mexican American woman in her early twenties presented to a Nurse Practitioner’s office with depression and fatigue. She is divorced, has two teenaged sons and is currently working and going to school in order to come out ahead and provide for her two teenagers (Family Composition). She has a strong spiritual Christian faith and goes to church often. She also belongs to the single’s group at the church and has a wide group of support. She believes that good quality of life comes from above and from doing things right, and that blessings will come (Religious and Philosophical Factors.). She is currently living in her sister’s home and she pays the mortgage payment for them both. Her sister helps out with the housing and food, etc. Her sister is the main source of family support (Kinship and Social Factors). She is legally divorced from her husband who has never paid child support and does not see the children at all. She has chosen not to file for child support.

Her children are adopted (Political and Legal Factors). She believes that after she finishes her education she will be able to have a bigger home and will eventually be able to provide her children with better educational opportunities and family vacations (Educational and Economic Factors). The problem is that she wants to buy the house from her sister, but she does not have the money for the down payment. Another issue is that since she is going to school she cut her work and has been having a hard time buying enough groceries. She knows this is only temporary and she will be better off once she finishes her school.
The nursing actions, then, are to assist her in feeling better by providing a culturally sensitive counselor (she does not desire antidepressants at this time). The nursing care decisions and actions are to help her seek assistance from Chicanos Por la Causa for the down payment on the house and the One Stop Agency for school assistance and budget planning. She would also have to attend the DES office for food stamp assistance and any other financial assistance they would offer. She would benefit from written information and not websites because she does not have a computer in her home. She is not able to use the public access computer in the library at night because she gets home at 9:00 pm every night. She is not technologically literate (Technological Factors).

Through Cultural Care Preservation, Accommodation and Restructuring, she can learn how to use a computer, how to budget her money wisely and how to submit an application (Process) in order to apply for a home loan (Economic and Educational Factors). All these learning experiences are new to her. With some assistance from her healthcare provider, a culturally sensitive counselor, and supportive help from her sister, she was able to solve most of her challenges and continue going to school. Her depression was diminished when she was able to talk things through with a sympathetic counselor. The healthcare provider was able to help her by using Leininger’s Theory and by being sensitive to the cultural needs.

Through the implementation of the Cultural Care and Universality Nursing Theory and the mapping out of different categories this model was found
to be useful in Mexican American, single female head of household cultural situation. According to George (2002), the purpose of the Cultural Care Diversity and Universality Theory model is to aid in the study of how the components of the theory influence the health status of, and care provided to, individuals, families and groups, as well as communities and institutions. In this case, as it is in most situations, the Sunrise Model helped to plan the process and was found to be useful in understanding the relationship among the concepts in the theory as they relate to the single female head of household Mexican American family.

**Literature Review:**

*Cultural Beliefs of Mexican Americans.*

Health perceptions of Mexican American women has been studied by Mendelson (2002) in which 13 Mexican American women were interviewed to determine their health perceptions. The interviews were guided by domains of health described in the World Health Organization (WHO) definition of health. Three broad categories of perceptions were identified: the physical body, the emotional component, and finding balance. The importance of spirituality as a coping mechanism was identified as a primary coping mechanism and the perception of health as an integrated and holistic area of their life. The physical presence of a family member is of importance when dealing with illness and disease in the Mexican American culture.
Mexican American families use the concept of familismo (Niska, 1999) which is characterized by a large family size, multigenerational families under one roof, the interaction of members of kin networks and by cultural beliefs of family unity. An ethnographic study of 23 Mexican American families on Nurturing, Support and Socialization by Niska (1999), concluded that Mexican American families were kin-based, hierarchical and ritualistic. Mexican Americans rely on family for advice, support, medical problems, personal problems, even household repairs. This process protects the families and may provide a protection against disease and illness. Using Leininger’s theory, the culture, family process and nurturing ability must be assessed when establishing cultural care for Mexican American families.

Compadrazgo is another belief that relates to the children’s Godparents and the familial relationship. This is like a second family to the child and family. Whenever the child is sick and the family is in need, this second family steps up and assumes the role of the extended family (Leininger, 2002).

The belief of cold and hot imbalance is a folk practice important to the Mexican American Culture. Some of these healing and practices are practical. Massage, prayer, application of cold for a fever or warmth for a cold may be more than simply “beliefs”. Regardless, beliefs regarding hot and cold characteristics will affect how the client accepts the treatment plan (Giger and Davidhizar, 2004). Another belief that is practiced in the Mexican American Culture is the belief of the evil eye or “mal de ojo.” This is a belief that if someone is stared at, especially
a child or baby, but not touched or spoken to, that person will become sick. This is thought to be related to feelings of jealousy or selfishness that is transmitted to the person.

Munro-Hazard (2003) states that as Mexican American women become acculturated to the U.S. they often experience a decline in health status, especially in their birth outcomes. It is not clear if this is due to lack of family support once they become accustomed to the U.S. way of living or other factors.

In another study by Polaschek (1998) that supports the role of Cultural Care and Universality in nursing, the concept of “cultural safety” is discussed. Cultural safety is a process in which minorities are asked to evaluate and monitor attitudes and services relating to their culture, of the professionals caring for them and to make comments in an effort to have a positive change in nursing care delivery and the people served.

**Summary**

The theory itself does not provide specific directions on how to assess needs in the client population, but it does provide guidelines for gathering knowledge and a framework to use when working with culturally diverse clients and families.

When studying the Mexican American culture and single parenting this theory is applicable to the Mexican American Culture. It provides a valuable framework to guide nursing actions and gives importance to cultural care. The
Sunrise Model is a useful tool to have available when implementing cultural care assessments.

This chapter discussed Leininger’s Theory of Cultural Care and Universality and its applicability to the subject studied. Examples were provided to illustrate different points in the Sunrise Model that relate to single Mexican American Mothers and cultural beliefs were discussed.
CHAPTER THREE

Search Strategies

Introduction.

This chapter will describe the strategies used to search the literature. Inclusion criteria will be identified. Exclusion criteria will be described and discussed.

Initial Search.

An electronic search of the literature using two databases was conducted. The Cumulative Index of Nursing and Allied Health Sciences (CINAHL) and Publication of the National Library of Medicine (PubMed) searches were combined for the search. Limits were set for literature from January 1992 through May 2004, written in English and peer reviewed. The keywords “single mothers” were combined with “coping mechanisms”, “coping strategies” and “coping skills”. The search was combined separately with “community” and “social support.” The strategy produced 323 peer reviewed journal articles. After an examination of the titles and abstracts of these 323 journal articles, only 123 seemed to fit the inclusion criteria.

The inclusion criteria were that the article discussed single mothers, the Mexican American culture, cultural or community support and coping mechanisms. The titles and abstracts were further reviewed for the presence of coping, community support, and social support in single mothers living alone. If the abstract stated any of these key words, the article was collected. If the article
had any one of the inclusion criteria it was collected for the literature review. Of the 133 articles identified by this method, only 20 were considered useful for the final analysis and found to have information that would be useful in studying the role of culture and community support on the copying skills of single Mexican American mothers.

The remaining 20 articles were reviewed and compared against the exclusion criteria. The exclusion criteria were: 1) male role or significant other living in the home, 2) coping skills were not identified, 3) social support or cultural support discussed in the trial did not meet definition given in this report, 4) definition of Mexican American used in the article did not meet the definition used in this report. The final number after the exclusion criteria were applied was 5 total articles.

**Summary**

The search strategies were implemented using two databases due to the limited literature in using only one database. This gave a broader database and more choices in the articles retrieved.

After reviewing 323 titles and abstracts, only 5 articles met both the inclusion and exclusion criteria for this report. Only articles 5 met all the criteria for the literature search and these were used in the study.
Figure 2: Literature selection profile summarizing flow trials

Potentially relevant trials identified by keywords and screened for retrieval (n=323)

Trials retrieved for more detailed examination (n=123)

Trials excluded against the inclusion criteria (n=200)
  - Single Mothers (n=30)
  - Mexican American (n=60)
  - Cultural or Community Support (n=56)
  - Coping (n=54)

Trials Excluded from the literature review because of the following reasons:
  - Father-figure living with Mother (n=8)
  - Coping Skills not identified (n=5)
  - Cultural or Community Support did not meet definition (n=21)
  - Not single mothers (n=24)
  - Not living alone (n=40)
  - Not Mexican American (n=20)

Trials included in final review (n=5)
Table 1: Articles used in the study.

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Title</th>
<th>Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1993</td>
<td>Duffy, Mary</td>
<td>Social Support and Social Network in Recently Divorced Women</td>
<td><em>Public Health Nursing</em></td>
</tr>
<tr>
<td>November 1992</td>
<td>Ide, Tobias, Kay, Monk &amp; Guernsey de Zapien</td>
<td>A Comparison of Coping Strategies used Effectively by Anglo, and Mexican American Widows</td>
<td><em>Health Care for Women International</em></td>
</tr>
<tr>
<td>Nov./Dec. 2002</td>
<td>Graefe, D. &amp; Lichter, D.</td>
<td>Marriage Among Unwed Mothers: Whites, Blacks and Hispanics Compared</td>
<td><em>Perspectives on Sexual and Reproductive Health</em></td>
</tr>
</tbody>
</table>
CHAPTER FOUR

Introduction

Literature on coping mechanisms of Mexican American single mothers is very limited and most of this literature available compares this culture to white Anglo Saxon Americans (Anglos) or African American culture. There are many gaps in the literature involving Mexican American single mothers, community and social support. Most of the studies done on the subject are longitudinal studies on widows (Ide, Tobias, Kay, Monk & Guernsey de Zapien; 1992) and Anglos (Tein, Sandler & Zautra, 2000; Ford-Gilboe, 1997; Norbeck & Scheiner, 2001). There are many studies on African American single mothers and their social support (Hill, Hawkins, Raposo, & Carr, 1995; Zachariah, 1999; Ford-Gilboe, 1997; Norbeck & Scheiner, 2001). The following paragraphs will review the five articles used in this report on how culture and community support help with coping among Mexican-American single mothers.

Review of the Literature

Coping Strategies of Mexican American single mothers

Duffy (1993) studied women two years past divorced and was interested in social support as an aid in single parent families. This study included Mexican American women. Duffy states that family and friend’s support provides protection to women’s well-being and as well as to their children. In her study, Duffy investigated recently divorced single mothers and concluded that availability of friends and family to help with yard work, house repairs, budgeting
and childcare services relieves these women of some of the struggle for goods and services. Family and friends were considered to be most of the social support these women valued and aided them in adapting to better coping skills. Friends, especially other single mothers, encouraged one another in their endeavors.

*Mexican Americans Coping with Widowhood*

A second study of coping for Mexican American single mothers was a comparison of widows’ coping strategies; comparing Anglos and Mexican Americans as to the impact of widowhood and how they adapted over a period of two years. This study used subjects from Tucson, Arizona, and included 53 Mexican American widows. The study was conducted by Ide, Tobias, Kay, Monk & Guernesy de Zapien (1992) and investigated widowed single mothers. The authors used a longitudinal design. The subjects were followed for a period of two years and their coping mechanisms were observed. The data gathered in this study was designed to identify the effectiveness of coping strategies as measured by perceived physical and psychological symptoms. The authors found that Mexican American women used more confrontational strategies. These strategies involved information seeking, that is, seeking advice or emotional support from friends and family, and direct action, which involves assisted or independent actions used in order to accomplish a goal. Another coping strategy acquired over time was intrapsychic abilities, which are cognitive and emotional strategies aimed at coping with a problem by dealing primarily with the person herself. Active
strategies identified were reflection, acceptance, and religious strategies such as prayer and reading the bible. Passive strategies included faith in God.

The information seeking strategy involves assistance from others, and involved having someone around or living with the subject. The most effective coping strategies over the first year involved combinations of independent actions and intrapsychic strategies. Independent actions and emotional release appear to be related to cultural patterns of family support (Ide, et al., 1992).

In this study, the Anglo widow women were more likely to live alone and have a more diffuse social network. Anglo American women used more non-confrontational techniques like inhibition of action as a primary coping ability. These strategies included holding back the action due to the belief that nothing can be done about the problem and could be described as ignoring the problem, helpless resignation, and constructive or destructive escape activities that involve the release of anger.

Over the course of the study both groups used the confrontational techniques more frequently and assumed more importance for dealing with concrete problems. The health of both ethnic groups appeared to benefit from actively seeking advice for general problems during their first year of widowhood. The results of this study published by Ide et al. (1992) suggest that health care givers need to be aware of the long-term effects of widowhood and how different ethnic groups cope with this separation.

Comparing the Differences in Marrying Rates and Coping Skills
A study by Graefe and Lichter (2002) compared unwed mothers of Black, Mexican American and Anglo decent. Young single Mexican American women are more likely to get pregnant out of wedlock and more likely to be unprepared for the challenges single motherhood presents. In addition, these women tend to have multiple social problems. Lack of education, lack of financial resources and some lack of community or family support.

Mexican American women have lower rates of single motherhood compared to African Americans but higher rates than Anglo Americans (Waldman & Perlman, 2001). High marriage rates among Hispanic women set them apart from other ethnicities. Interestingly, Hispanic women stay married longer and if they do have a child out of wedlock, they tend to marry sooner than White or African American women (Graefe & Lichter, 2002). When a Hispanic couple cohabitates, if the woman gets pregnant she tends to marry the father of the baby (Manning, 2001). In the Mexican American culture family involvement is very important and therefore Mexican American young women are taught how to be mothers and wives; the training starts early in childhood (Munoz & Luckman, 2005). Another interesting feature of the Mexican American culture is that Mexican American mothers who are by themselves are still connected to the family of origin and in some form still are getting support from the family (Munoz & Luckman 2005). Issues like childcare, housing and emotional support are usually handled within the family first before requesting outside help.

*Psychosocial and Environment Contexts Affect the Lives of Single Mothers*
Sachs, Hall and Pietrukowicz (1995) described how psychosocial and environmental contexts affect the lives of single women. The sample of nine single women included only one Mexican American woman. The authors explored the everyday coping strategies of their subjects. In this study, the women who had the support of their family and friends used creative economic survival strategies like night jobs and selling homemade food. The women that experienced social isolation, social comparison, and depression were women who did not have family and social support. In women with traumatic childhoods, conflict avoidance and self-reliance strategies were used, which led to negative coping skills (Sachs et al., 1995).

The results of this study concluded that traumatic childhood events like the death of a parent or abuse by a parent contributed to the single mother’s depression and to their negative coping strategies for survival. Social isolation, downward social comparison conflict avoidance, and self-reliance were the emotional coping strategies used by this group. Social isolation and lack of community and social support contributed negatively to the coping mechanisms used. These women were more depressed and were less successful being on their own than women who did receive these supports. Other similar studies (Worobey & Rould, 1997; Youngblut, Brady, Brooten & Thomas, 2000) also had similar results. Single mothers who were depressed and had traumatic childhood events, were the most likely to adopt negative coping mechanisms that hinder their potential.
The role of ineffective coping strategies

Stressful life events and the lack of family and community have been found to correlate with negative coping skills. (Tein et al., 2000). In this study the way the parent (single mother) reacted to the stressor or the stressful event correlated to the coping mechanisms. Ineffective coping strategies may exacerbate further stress if the reaction is a negative one. Active coping as defined by finding a solution or a positive way of thinking was found to be a lot more beneficial than doing nothing for the problem. Denial and avoidance were found to be negative coping strategies. Mexican American single mothers in this study were not reported separately; however, the overall results were that avoidant coping skills and lack of family support were negatively correlated to negative adjustment periods and negative parental behaviors., thus negative coping skills (Tein, et al, 2000).

The availability of social support among Mexican American single mothers is of ultimate importance in shaping the competence, self esteem and parenting behavior of these mothers. Without family support, social support networks (friends and community) become more critical in the shaping of a well functioning family unit (Tein et al., 2000).

Summary

Five studies involving Mexican American single mothers and their coping mechanisms were discussed in this chapter. Mexican American single mothers are increasing in our society. The need for community, family and social support is
crucial to the well being and functioning of the single parent family. Studies reveal the importance of family, social support and community support as an aid in helping Mexican American single mothers adapt positive coping mechanisms. Most of the literature involves other ethnicities in the investigations, not the Mexican American single mother only. The importance of social and family support however, is applicable to any single parent.
Chapter Five

Introduction

This chapter will present the author’s conclusions opinions about the importance of the role of culture and community support among Mexican American single mothers. A discussion of the application of this report will begin the chapter. It will conclude with an exploration of the significance of this body of literature to nursing.

Application to Nursing

This problem of single mothers and their ability to cope with life’s challenges is significant to nursing because nurses encounter single mothers in their everyday practices. As providers, nurses need to be aware of the problems these mothers face in order to be better able to treat them in clinics, urgent care centers and hospitals. There are differences in healthcare coverage among the general populace and most minority single women are uninsured. Mexican American women are more likely to be low-income and have more restricted access to job-based insurance coverage (An update on Women’s Health Policy; March 2004). In addition, the unique problems they have in their families and the different abilities each culture implements is valuable in trying to care for these women in healthcare. Given the information already reviewed a group of individuals in our society that are in need of community and social and emotional support has been identified. Healthcare providers need to be aware of the
community resources and programs available for single mothers in the community and therefore be able to make appropriate referrals, thereby offering these women a better chance of gaining an education. It seems obvious that in the long term, a better education means a better income and better quality of life for both the mother and the children. Readers are reminded that for this group of women, their family and family support is the most important relationship they have. Mexican American single mothers receive the highest level of family support.

**Significance to Nursing**

Mexican American single mothers can be a challenge in nursing practice. Their need for having family members present and available in times of sickness and stress is sometimes not convenient to current nursing practices and approaches. Nurses expect people to have their life together and to not be late for appointments because of lack of transportation, money or other factors. This minority is growing fast in the U.S., and the better it nurses understand the culture, its peoples way of living and abilities to cope with stressful circumstances, the better the care that can be provided for them. Single Mexican American mothers need understanding and professional counsel.

The Cultural Care and Universality Nursing Theory uses a holistic approach in the areas of cultural significance and is an effective cultural approach that can be used when working with single mothers. Implementing a cultural assessment questionnaire using the Sunrise Model as a framework is appropriate in settings where there is any type of exchange of information. Outpatient clinics,
urgent care departments and hospitals should have a tool that assesses the cultural need if there is not already a cultural assessment in place. There could be a cultural questionnaire in the clinic setting, the hospital or the urgent care centers. As our culture gets more complex, we need to provide clients of different backgrounds with culturally-sensitive care. For nurses in an advanced practice role, the future is in providing this kind of care to patients and their families. By studying single parent families, it can be seen that there is a trend for the concept of family to get more complicated, require more services, and therefore place more importance on the value of cultural congruent healthcare. If nurses start now to develop this kind of mentality, they will be able to use Leininger’s Cultural Care and Universality Theory to guide them to a level of better patient care.

Conclusion

In conclusion, this report discussed a literature review of Mexican American single mothers and their coping mechanisms. Only five appropriate articles were found. Collectively the authors discussed coping mechanisms and skills that were studied in the presence of culture, family support and community support. The culture of Mexican American single mothers was investigated and the support systems that bring about positive coping skills were explored. Several unique coping mechanisms were identified in Mexican American single mothers.

Using Leininger’s Model of Cultural Care and Universality, cultural differences were identified and importance of family support, community support and social support were identified. Leininger’s Theory of Cultural Care and the
Sunrise Model were described and their relationship to the area of study was presented.

The literature identifying coping mechanisms of Mexican American single mothers was found to be limited to five journal articles published between 1992 and 2002. Most of the articles reviewed in the first draw from PubMed and CINAHL did not address coping mechanisms in Mexican American single mothers. There is room for more research studies in this topic.

There is a big gap in the literature pertaining to Mexican Americans in general. Further nursing research is needed in this area in order to better generalize the information on the role of culture and community support in coping among Mexican American single mothers.
Appendix

The Common Unity Program

In the following paragraphs the Common Unity Program will be discussed in order to make the reader aware that the community of Tucson, Arizona is interested in seeing single women succeed and be able to provide healthy examples of social and community support.

The Common Unity Program (C.U.P.), located in Tucson, Arizona is a 25 unit gated community support program for single young mothers ages 18-25 with up to two children ages 0-5 who are interested in getting an education, are working or have some goals to do this. This program provides training and education to these women and helps them be self-reliant. One of the main goals of CUP is to provide high quality multi-level services to ensure single families receive resources, support, opportunities and assistance (CUP manual 2004). The young mothers and their children can stay in the CUP for up to two years as long as they adhere to the program’s guidelines. Each woman agrees to do two hours of community service per month. In addition they have to maintain and keep up with their educational and employment goals. All women and their children are required to have a complete medical history and physical before entering the program. The women also go through a series of interviews and screening before being accepted into the program.

History of the C.U.P.

Started by a group of physicians that identified that child abuse and
homelessness are prevalent in the single parent population. They started a community wide effort to provide low cost housing and community support to help lessen these factors. It is called Common Unity because these parents have single parenting in common and their lives and future development are unified into a mutually supportive group. The parents in the process become empowered and self-reliant. The program is designed to help these parents develop positive coping mechanisms, plan solutions and create change where necessary, while realizing their responsibility to their families and community.

The program works by a referral process. Once a single parent family is identified and meets the criteria, the woman has an interview with the case manager and the program coordinator. If the woman meets the criteria for the program the woman and her children are brought in to the program and they start a probationary period. During this probationary period the family may not engage in any form of drug use, may not violate curfew or the rules of the program. Certain guidelines and restrictions apply in order to stay in the program. (C.U.P. Manual 2004).

The program provides free housing, food and shelter to the families. Each family is responsible for their own childcare and food budget. All clients of C.U. P. are enrolled in the Youth Opportunities Program. Youth Opportunities is a county run educational program that is federally funded. It can pay for educational expenses, counseling and assist in housing after the two year term is up with C.U.P.
Program organization of the C.U.P. program consists of an Advisory board, the City of Tucson, and University Medical Center as the main agencies involved in supervising the overall operations of the facility. The case manager, a life skills instructor, and the family advocates are all supervised by the C.U.P. manager. The crisis counselor or therapist is supervised by the crisis manager. The C.U.P. manager is supervised by the Assistant Director (C.U.P. Manual 2004). They all work together to reach a common goal: to get women back on being independent and be successful in doing that.
References

Journal articles marked with an asterix* were included in the Literature Review in Chapter 4.


