AN ABSTRACT OF THE THESIS OF

Gabriela I. Helfgott for the degree of Master of Public Health in Public Health presented on September 24, 2004.

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One of the largely undetected and untreated health conditions affecting the Latino population in the United States is depression. Although the onset of depression can be influenced by a variety of factors that differ among individuals, Latinos in the United States are subject to certain cultural-specific social and environmental stresses that may increase their risk. As Latinos become more acculturated into the American mainstream, they may be less likely to experience these stressors. Latina women have been found to have considerably higher rates of depression symptoms than their male counterparts; traditional values of the culture may be creating a socio-cultural backdrop of gender inequality that could serve as a precursor to mental disorders. There is a gap in the research in relation to how depression rates in Latinas may be affected by the process of acculturation in the context of gender-based roles and power. This study is an exploration of how acculturation and relationship power affect the presence or absence of depression symptoms in Mexican immigrant women. A

sample of 35 women from Benton County, Oregon, was interviewed using a questionnaire comprised of the revised Center for Epidemiologic Studies depression scale (CESD-R), the Short Acculturation Scale for Hispanics (SASH) and the Sexual Relationship Power Scale (SRPS). The purpose of the survey was to generate hypotheses for further research into factors that need to be taken into consideration when designing mental health programs for Latinos in the United States. Forty percent (40%) of the women in this study were classified as having depression symptoms according to their CESD-R scores, and a majority of the women were classified as having a low acculturation level. Also, the results indicate that most of the women in this study had medium to high levels of relationship power. The analysis did not yield a strong association between depression and acculturation scores or between depression and relationship power scores. There was a strong correlation found between acculturation and relationship power. It is hoped that this study will call attention to the mental health needs of Hispanic women and that the information gathered will aid in creating successful and culturally-relevant prevention and treatment services.

# Depression, Acculturation, and Relationship Power in Mexican Immigrant Women;

## An Exploratory Study

by
Gabriela I. Helfgott

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

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Gabriela I. Helfgott, Author

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# DEDICATION

To my beloved parents, Edith and Michel. My work and my life are possible because of your unconditional love, the sacrifices you have endured, and all the support that you have provided.

Depression, Acculturation, and Relationship Power in Mexican Immigrant Women;

An Exploratory Study

**Introduction**

A report from the United States Census Bureau state that in 2002 there were 38.5 million Hispanics living in the United States, making Latinos the largest and fastest-growing minority group of the country (United States Bureau of the Census, 2003). Current population projections suggest that by 2030 the number of Latinos in the United States will reach 63 million (Gloria, Ruiz, & Castillo, 2004).

The terms Latino and Hispanic[1] are used to refer to men and women from a wide variety of countries and cultures including people who have migrated to the United States from South and Central American countries as well as people who have lived in the United States for many generations but trace their family background to a Spanish-speaking Latin American nation (Merriam-Webster Online, 2004; United States Bureau of the Census, 2000). Within this ethnic group, there is substantial variation in geographic distribution, language, cultural nuances, and, in the case of foreign-born individuals, the economic and political reasons for their migration

[1] As with any other racial, ethnic, or cultural group, the usage of one term for grouping people is ultimately inadequate because individuals within these groups are extremely diverse (Gloria, Ruiz, & Castillo, 2004). Much debate and controversy have arisen over the term *Hispanic* versus the term *Latino*. For the purposes of this study the labels of Latino and Hispanic will be interchangeably used, although the author prefers the term Latino over that of Hispanic, which was created as an ethnic label by the United States government's Office of Management and Budget in 1978. The labels of Latino and Latina have been growing in popularity and it is argued that they more accurately reflects the political, geographical, and historical links present among the various Latin American nations (Marin & VanOss Marin, 1991). Some of the statistics quoted use the term Hispanic because it is the term used by most government institutions and media.

(Garcia & Marotta, 1997). The latest census data report that 40% of Hispanics in this country are foreign-born, or immigrants, and that this population is growing at a faster rate than Hispanics born in the United States (United States Bureau of the Census, 2003). Out of all Latinos in the United States, those individuals of Mexican descent or origin make up the largest percentage, accounting for over 58% of the United States Latino population (United States Bureau of the Census, 2003).

One of the largely undetected and untreated health conditions affecting the Latino population in the United States is depression (Gonzales, 1999). This condition is characterized by persistent sadness, anxious moods or loss of pleasure and interest in usual activities (American Psychiatric Association, 1994). Depression is considered a major public health problem because of its high prevalence, the lack of prevention and treatment availability for certain populations, and because of its physical, mental, and social consequences (Coryell, Enticott, & Keller, 1990; Gonzales, 1999; Salgado de Snyder & Maldonado, 1994; Wells et al., 1989). In the case of Latinos, there are several cultural, financial, and service delivery barriers that may account for their growing underutilization of mental health services (Gonzales, 1999; Wells, Hough, & Golding, 1987; Woodward, Dwinell, & Aarons, 1992).

Although the onset of depression can be influenced by a variety of external and internal factors that differ among individuals, Latinos in the United States are subject to certain cultural-specific social and environmental stresses that are correlated with increased prevalence of behavioral problems (Dixon-Mueller, 1993). The link between depression and stress is a complex one, yet high-stress indicators thought to contribute to depression in Hispanics have been recognized as: (a) poor

communication skills in English, (b) limited education, (c) higher unemployment rates and lower incomes than those in the majority population, (d) low social status, (e) substandard housing, (f) survival in an oppressive and prejudiced society, and (g) minimal political influence (Padilla & Ruiz, 1973, Watkins & Callicut, 1997). These stressors also have been grouped in the literature as acculturative stress, socioeconomic stress, and minority stress (Al-Issa, 1997). Acculturative stress refers to the stress felt by immigrants or minority populations when they are faced with the challenge of having to adapt to a dominant -in the case of immigrants, a new- culture and society. This transition can bring about feelings of irritability, anxiety, helplessness, and despair (National Alliance for Hispanic Health, 2001). Socioeconomic stress, on the other hand, is related to a disempowerment that arises from limited financial resources and lower social class standing. In general, Latinos in the United States earn less, hold blue-collar and semi-skilled jobs and have higher proportions of unemployment (Marin & VanOss Marin, 1991). Lastly, minority stress is the mental strain that can arise from racial tensions and racist encounters in the dominant society. Latinos, like other ethnic and racial groups in this country, have a long history of being the focus of racism and bigotry. Minority groups consider the experiences that arise from discrimination to be stressful (Clark et al., 1999). This psychic distress resulting from specific incidents of unfair treatment on the basis of race can cause changes in physiological processes that adversely affect health (Jackson, Williams, & Torres, 2002; Landrine & Klonoff, 1996; McNeilly et al., 1996; Myers, 1982).

Because the Latino population in the United States is so diverse, individuals may experience the stressors mentioned above at very different levels. One of the major variations among Hispanics in this country is their level of acculturation. The process of acculturation refers to the change in beliefs, attitudes, values, and behaviors that results from the continuous interaction among people of different ethnic groups, in this case, between Latinos and United States mainstream culture (Burnam et al., 1987). As Latinos become more acculturated into the American mainstream, they may be less likely to experience these stressors; a change in acculturation level, in turn, may impact their risk for depression. As Rogler, Cortes, and Malgadi (1991) explain, "changes in acculturation entail changes in the individual's relationship to the environment, which impinges in new ways upon his or her psychological well-being." The relationship between acculturation level and depression in Hispanic populations has been the focus of many studies. These studies, however, have yielded conflicting results. Some studies have found that individuals at low-acculturation levels exhibit fewer depressive symptoms or are at less risk of psychosocial functioning measures, whereas other studies have come to the opposite conclusion (Griffith, 1983; Lang et al., 1982; Miranda & Umhoefer, 1998; Padilla, 1980; Rogler, Cortes, & Malgadi, 1991; Salgado de Snyder, 1987).

Another aspect of research on the mental health of Latinos is the effect of gender on depression risk. Men and women in the general population have been found to experience depression at significantly different rates, with women being twice as likely as men to be diagnosed with depression (Aranda et al., 2001; Kessler et al., 1994; Weissman, 1987). Some researchers cite female-male ratios for depression as

high as 3:1 (Culbertson, 1995; Klerman & Weissman, 1989; Wetzel, 1994). In the case of Latinos, the prevalence of depressive symptoms has also been found to be considerably higher in women than in men (approximated at 46% and 19.6%, respectively) (Vega & Amaro, 1998). Although it is impossible to pinpoint the exact causes of this gender disparity in depression rates, there are many cultural, social, and physiological factors that have been identified as contributors to women's increased risk (Szatkowski, 2000; Piccinelli & Wilkinson, 2000). Three important socio-cultural factors that stem from gender inequality in Western society, for example, are role limitation (associated with lack of choice in decision-making), role overload (stress associated with balancing the demands of multiple family and employment roles), and competing social roles (Piccinelli & Wilkinson, 2000).

More specifically to Latinos, traditional values of the culture, such as machismo,[2] perpetuate a gender inequality that places women in an inferior social and economic status compared to their male counterparts, especially for those who live in rural areas (Salgado de Snyder, Diaz-Perez, & Maldonado, 1995). These traditional values create a socio-cultural backdrop of gender inequality that could serve as a precursor to mental disorders, such as depression in women. As Latino men and women in the United States become more acculturated into the dominant American culture, their adherence to these traditional values may diminish, and in turn, the roles and choices available to Latinas may expand (Guerrero Pavich, 1996; Sabogal,

[2] It is important to note, however, that even though the term *machismo* in this country is frequently used to refer to characteristics of aggressiveness, physical strength, emotional insensitivity, and womanizing, in Latin American countries the term *macho* expands beyond that definition to also describe a true man as someone caring, responsible, decisive, strong of character, and the protector of the extended family (Quinones Mayo, 1994). Moreover, machismo is not solely a Hispanic phenomenon (Cuellar, Arnold, & Gonzales, 1995).

Faigeles, & Catania, 1993; Sabogal, Pérez-Stable, & Otero-Sabogal, 1995; Unger & Molina, 2000).

There is a gap in the research in relation to how depression rates may be affected by the process of acculturation in the context of gender-based roles and power. The existence of this gap has guided the rationale for this study, an exploration into how certain socio-cultural factors affect the presence or absence of depression symptoms in Latinas. This type of research could provide a better understanding of the socio-cultural issues affecting the mental health of Latinas, which in turn may aid in designing mental health prevention and treatment programs that are culturally-responsive and effective for this growing population. It is imperative that as the Latino population in the United States continues to increase, mental health services successfully adapt to provide the best possible care to their clients, especially as depression remains highly undetected and untreated in this population.

**Objective and purpose of study**

The objective of this study is to identify depressive symptomatology in a sample of Mexican American women residing in Benton County, Oregon and to examine its relationship to the acculturation level and relationship power status of the study participants. The concept of relationship power, a term defined as the power differences in decision-making and the control of one partner over the other, can be used to measure gender imbalances in a sexual relationship and is quantified in research using the Sexual Relationship Power Scale (Pulwertiz, Gortmaker, & DeJong, 2000). These three variables also will be compared to socio-demographic

characteristics of the participants, such as education level, marital status, and employment. These comparisons are meant to be hypothesis-generating, serving as a starting point for further research into factors that need to be taken into consideration when designing mental health programs for the Latino population living in the United States.

**Definition of terms**

| | |
|---|---|
| *Acculturation* | The process of change in language use, identity, attitudes, and values that results from interaction between cultures |
| *Hispanic* | A term implemented by the United States government's Office of Management and Budget in 1978 to refer to a person of Latin American descent living in the United States |
| *Latino* | A term used to refer to a native or inhabitant of Latin America or to a person of Latin-American origin living in the United States. |
| *Machismo* | A Spanish-derived word (from *macho*, male) that refers to excessive masculinity and is associated with conservative gender roles. Machismo can also refer to being courageous and protective. |
| *Mexican American* | A person from Mexico or of Mexican origin living in the United States. |
| *Relationship Power* | Decision-making ability, authority, control, and dominance of one partner over the other in the context of a sexual relationship. |

**Limitations**

Major limitations of this study are as follow:

- *Nonrandomized sampling and a small sample size.* The sample for this study was composed of thirty-five (35) Mexican immigrant women in Benton County, Oregon, that were recruited through community-based sampling using existing community organizations and networks in the area who serve the Latino population.
- *Recruitment methods.* The recruitment methods used may have led to an over-sampling of women with already-established strong social networks (church, community activities) that may have provided the social support necessary to prevent or overcome symptoms of isolation and depression. Also, the study may have over-sampled women without full-time formal employment, possibly because women who work full time outside the home may not have heard of the study as a result of not having the time to be active in the social circles used for recruitment or may have not had the time to participate as a result of their work schedules
- *Limited generalizability.* The findings from this study cannot be generalized to the entire Latino population in this country; the generalizability of findings is limited to small community-based samples of Mexican immigrant women in areas of the United States similar to Benton County, Oregon.
- *The lack of a wide acculturation range in the participant population.* It was found through the analysis that most participants were at low acculturation levels; a wide acculturation range would have allowed for a better

understanding of how symptoms of depression and relationship power are affected by acculturation level.

## Literature Review

Latinos in the United States make up a large and growing population that is at a significant risk for depression (Gonzales, 1999). It has been reported that Latinos underutilize mental health services because of cultural, financial, and service delivery issues (Wells, Hough, & Golding, 1987; Woodward, Dwinell, & Arons, 1992). According to an Epidemiological Catchment Area (ECA) study, only 11% of Mexican Americans who met the criteria for clinical depression sought a mental health care provider for treatment; this is half of the 22% figure found for non-Hispanic whites (Hough et al., 1987). Nevertheless, it has been found that culturally and linguistically-relevant mental health services can increase the utilization and effectiveness of treatment for Latinos (Rogler, 1989). In order to design and develop such services, however, more research is needed into specific factors that may affect the presence or absence of depression and that shape the daily lives of individuals in this minority culture. The two main factors examined in this study in relation to Latino mental health are acculturation and relationship power.

### *Acculturation*

Acculturation has been defined as a process in which changes in psychological functioning result from continuous interaction among people of different ethnic

groups, including language use, cognitive style, personality, identity, attitudes, and stress (Burnam et al., 1987; Berry, 1980). Therefore, acculturation theory attempts to understand the adjustment of minority groups to the culture of the dominant group. Acculturation as a construct is considered to be a convenient and well-established criterion or standard for understanding intra-cultural variance; thus, it proves to be very useful in cross-cultural research (Cuellar, Arnold, & Maldonado, 1995; Padilla, 1995).

The process of acculturation happens in uneven stages and across several domains. Three main levels or stages of acculturation have been identified. Individuals in contact with a host culture are said to be at a *low acculturation* level when they strongly adhere to the practices of their own native cultures. The term *high acculturation* on the other hand, is used to describe those individuals that have exchanged the practices and beliefs of their own cultures for those of the host culture. Individuals who are said to be *bicultural* are those who have retained certain practices and behaviors of their own cultures but also have incorporated those of the host culture (Miranda & Umhoefer, 1998; Weaver, 1993). Bicultural individuals are said to follow an *integration* pattern or outcome of acculturation, in which individuals adapt to the host culture while still preserving their own culture's values and practices. This pattern is considered to be the most successful in adapting to a host culture (Arcia et al., 2001).

The acculturation process in an individual is shaped by both internal and external factors. Age is an important internal factor that influences acculturation rates; findings have shown that younger individuals tend to acculturate into a host culture

more rapidly than do older individuals (Miranda, Frevert & Kern, 1998). Language has also been identified as a main factor of acculturation; Shultz (1991) states, "second language acquisition is part of an acculturation process and the degree of language proficiency is determined by the degree to which a learner acculturates to the target language group." Thus, many measurements of acculturation have focused on proficiency in the host language. It cannot be assumed, however, that a minority individual is highly acculturated simply because he or she is fluent in the dominant culture's language (Sodowsky, Wai Ming Lai, & Plake, 1991). Other factors related to acculturation are length of residence in the host culture, generational status, education and income, ethnic density of neighborhood, job skills, religion, kinship, and purposes of immigration (Arcia et al., 2001; Sodowsky, Wai Ming Lai, & Plake, 1991).

*Acculturation and health*

The examination of the acculturation process in a group of minority individuals or immigrants could allow for a better understanding of factors that may affect health risk behaviors, health knowledge, attitudes, beliefs, help-seeking behaviors, psychosocial adjustment, and medical adherence; the understanding of acculturation could also facilitate the development of culturally appropriate health education interventions (Unger & Molina, 2000). Thus, the impact of acculturation on health is of interest in the development of successful cross-cultural prevention and treatment programs.

Studies that have examined the effects of acculturation on certain aspects of Latino health have found that, generally, the process of becoming acculturated into the

dominant American society is associated with increases in health risk behaviors and negative health outcomes for this population (Unger & Molina, 2000). For example, Latinos in higher acculturation levels have been shown to have higher rates of smoking, use of alcohol and other drugs, and consumption of prepared foods high in fat and sugar (Unger & Molina, 2000). For Mexican Americans and other immigrant groups, the literature points to the *healthy migrant effect* as one explanation of the phenomenon that results in individuals in lower acculturation stages having better health outcomes than their highly acculturated counterparts (Arcia et al., 2001; Kramer, Ivey, & Ying, 1999). The healthy migrant effect suggests that individuals who immigrate into the United States are the strongest and healthiest members of a population because the move is physically and mentally challenging (Kramer, Ivey, & Ying, 1999, Vega & Amaro, 1994). Once they arrive in the United States, however, and the more acculturated they become, the health of these migrants begins to deteriorate. Lack of access to appropriate preventive care, exposure to environmental risks, and adoption of negative health and nutrition habits are major factors for the decrease in the quality of health as these immigrants acculturate into the United States (Kramer, Ivey, & Ying, 1999). Moreover, the work condition of many immigrants is detrimental to their health, as they tend to work in low-paying jobs with few health benefits.

*Acculturation and mental health*

Depression and other mental illness also can be influenced by socio-cultural factors, such as changes in acculturation level (Cuellar & Roberts, 1997). However,

empirical findings on the relationship between the acculturation process and the mental health of Latinos have been contradictory (Miranda & Umhoefer, 1998; Rogler, Cortez, & Malgady, 1991). Some studies have found that less acculturated individuals are more likely than are more acculturated individuals a) to experience stress (Padilla, Wagatsuma, & Lindholm, 1985), b) to be unhappy and dissatisfied with life (Lang et al., 1982), c) to exhibit psychopathology (Torres-Matrullo, 1976), and d) to abuse prescription drugs (Szapocznick, Scopetta, & Tillman, 1979). A study of older Mexican Americans in the Sacramento area found that the least-acculturated participants were at significantly higher risk of depression than were highly acculturated Mexican Americans (Gonzales, Haan, & Hinton, 2001). This negative relationship between acculturation and depression is usually interpreted as reflecting the lack of social and support networks and the absence of useful skills (including English proficiency) for recent immigrants to navigate the system in the United States.

In contrast, other studies have found that more acculturated individuals have a higher risk for mental illness and that the less acculturated have better protection against depression. One study showed that Mexican Americans born in the United States who were more acculturated than Mexican Americans born in Mexico tended to have a higher lifetime prevalence of phobia, alcohol abuse or dependence, drug abuse or dependence, major depression, and dysthmia (Burnam et al., 1987). Similarly, findings from the Hispanic Health and Nutrition Examination Survey for the 1982-1984 period found that a low acculturation level was indeed a protective factor against depression (Moscicki et al., 1989). Escobar (1998) argues that Mexican immigrants at low acculturation have mental health advantages over Mexican Americans due to a

"protective buffering" consisting of better family life, lower divorce rates, more two-parent families, and greater retention of their traditional culture.

Furthermore, some studies have found that being at either the low end or the high end of the acculturation spectrum has a negative influence on mental health. A study conducted by Miranda and Umhoefer (1998) showed that bicultural Latinos obtained lower scores on measures of depression when compared to Latinos at both low- and high- acculturation stages, suggesting a curvilinear relationship between mental health and acculturation. It is possible, however, that different levels of acculturation correspond to different kinds of adjustment problems and that neither high-, nor low-acculturation levels can be categorized as "good" or "bad" (Sodowsky, Wai Ming Lai, & Plake, 1991).

*Acculturation, mental health, and gender roles*

As explained earlier, acculturation is a complex process in which behaviors, customs, attitudes and beliefs change as the individual adapts to a new culture. Thus, acculturation impacts individuals at all levels of functioning, including at the cognitive level, which includes beliefs about gender roles (Cuellar, Arnold, & Maldonado, 1995). Socially-constructed gender-based roles, norms, values, and behaviors are shaped by the unequal balance of power between men and women that exists in most cultures. Women worldwide have less access than do men to education, training, and productive resources such as land and credit (Sivard, Brauer, & Cook, 1995). The extension of this imbalance to gender roles, norms, values and behaviors increases the vulnerability of women to certain health outcomes. For example, women have an

increased risk for HIV infection due to a gender-based lack of power in sexual decision-making, including negotiating condom use (Weiss, Whelan, & Rao Gupta, 2000). This gender-based discrepancy in health status can also be seen with mental health outcomes. Epidemiological findings point to a female preponderance in prevalence, incidence and morbidity risk of depressive disorders (Piccinelli, 2000). This disparity also is seen in Hispanics, as Latinas have been found to have a much higher incidence of mental health illnesses, including depression, than do their male counterparts. The prevalence of depression in Latinas is estimated at 46%, a significantly higher figure than the 19.6% estimated for Latino males (Vega & Amaro, 1998).

In Latino culture, there are gender-based roles and values that are culture-specific that could be affecting the mental health of women. As Marin and VanOss Marin (1991) explain, a substantial amount of the literature on Latino gender roles has focused on the cultural expectation of Latino males being "machos" (strong, in control, and in the role of providers) while women are expected to be submissive and lacking in power and influence. Although these roles evolve and are redefined with each generation, machismo is still an important traditional Latin American role that creates and perpetuates gender-based power imbalances and plays a unique and important place in the everyday lives of Latinas. It has been documented that, in Mexico, women traditionally experience an inferior social status when compared to men (Salgado de Snyder, Diaz-Perez, & Maldonado, 1995); this inferior status is magnified in rural communities, where the population's lower level of education is related to lower socioeconomic class. Women of lower socioeconomic classes are exposed to a variety

of adverse stimuli that could generate psychological stress, which in turn could contribute to feelings of oppression, hopelessness, insecurity, and social isolation (Belle, 1982). This cycle also may be the reality for many Latinas living in the United States, depending on their acculturation level. Latina women in this country are caught between adherence to traditional systems that they have accepted as giving them an identity and stability, and the need for change in values and in the roles they are expected to play (Quinones Mayo, & Resnick, 1996). Resistance to traditional culture, however, can result in men's physical or psychological violence against them, as well as women's intense feelings of loneliness, despair, depression, and such physical problems as ulcers (Vasquez & Gil, 1996). For women in general, role limitation associated with lack of choice, role overload, and competing social roles have been identified as contributors to females' increased risk of depressive illness (Piccinelli & Wilkinson, 2000). Studies have found that acculturation into the dominant American culture, education, and occupation are all associated with changes in sexual attitudes and behaviors, as well as with a decrease in importance of traditional Latino cultural constructs like machismo and an increase in egalitarian attitudes between men and women (Sabogal, Faigeles, & Catania, 1993; Sabogal, Pérez-Stable, & Otero-Sabogal, 1995; Unger & Molina, 2000). Differences in gender roles have been shown to be more accentuated among less acculturated Hispanics, who are more likely to adhere to traditional gender roles (Guerrero Pavich, 1986).

In a sexual relationship, gender roles can shape the nature and amount of power held by each partner. The concept of power in a relationship has been defined and measured in a variety of ways, including decision-making, authority and control,

dominance and the capacity to achieve one's goals (Beckman et al., 1999). One method to measure power in a sexual relationship found in the literature is the Sexual Relationship Power scale (Pulerwitz, Gortmaker, & DeJong, 2000). This scale draws on the Theory of Gender and Power (Connell, 1987) and Social Exchange Theory (Emerson, 1981). The first theory proposes that gender-based inequalities pervade society, which leads to male control over various decision-making areas, including the sexual arena; the latter theory describes power as an interpersonal dynamic that can be expressed via decision-making dominance or the ability to engage in behaviors against a partner's wishes (Pulerwitz et al., 2002). Many of the recent studies on relationship power have been in the context of HIV/AIDS prevention. The rationale for these studies is based on the idea that power inequities may result in different sexual behaviors for men versus women and may lead to male control over safer sex negotiation (Miller, Burns, & Rothspan, 1995). The gap in the research, however, lies in how changes in gender roles and behaviors as a result of -and in relation to- acculturation can affect other health outcomes, such as depression rates in Latinas.

**Methods**

This study was approved by expedited review through the Institutional Review Board at Oregon State University in April 2004. A questionnaire was designed using three validated scales found in the literature that quantify an individual's (1) level of depression, (2) acculturation, and (3) relationship power (see Appendices G.1 and G.2). Interviews with participants were carried out during five weeks in the Spring/Summer of 2004. The aim of the interviews was to collect data to quantify each

participant's presence or absence of depression, level of acculturation, and relationship power, and from those variables generate hypotheses that will serve as a starting point for further research into the mental health of Latinas. A total of thirty-five interviews were performed.

*Sampling*

This study originally was designed to focus on Mexican American women (whether born in Mexico or the United States). The final sample of participants, however, was exclusively comprised of immigrant women of Mexican origin. The eligibility criteria for participants were: the women had to be 18 years of age or older, had to self-identify as being Latina of Mexican origin, and had to have a primary sexual partner. For the purposes of this study, a primary sexual partner was defined as a male or female partner with whom the woman was either currently involved or had been involved with in the past three months (a relatively current relationship) in a sexual relationship. Examples of a primary sexual partner are a husband, live-in partner, boyfriend, girlfriend, or lover; these examples were given to the women when screened for eligibility for the study. The primary sexual partner provided a main sexual relationship to which the participants could reference while answering the questions that were part of the Relationship Power scale on the questionnaire. The questions on the Relationship Power scale can be used to refer to both male and female partners, as the wording is gender neutral (the scale uses "partner" instead of a gender-specific term such as husband or boyfriend). As explained later, potential

participants were screened for these eligibility criteria during a phone call made to schedule the interview (prior to setting up an interview time).

The sample for this study was recruited using a combination of community-based sampling and snowball sampling (also known as network sampling). The recruitment process was thoughtful and focused on building and strengthening relationships with community leaders of the Latino population in the area of Benton County, Oregon, and with organizations that serve this community. The sole researcher of this study, a bicultural and bilingual Latina, had established relationships with community leaders during an internship at a Latino outreach program at the local Health Department and used these networks to asses the need for the study and to recruit participants. A substantial amount of time was spent building trust with the Latino community of Benton County prior to the actual recruitment of participants and data collection, including volunteering at community events and classes.

Participants were recruited mainly through the *Even Start Family Literacy Program* in Corvallis, Oregon, a program that serves Limited English Proficiency families in the Corvallis area who are interested in learning English, furthering their basic education, acquiring computer skills and career development. The use of the *Even Start* program was chosen because of the practicality in accessing a hard-to-reach population through an already-established program attended by women of Mexican American origin. Also, it was assumed that *Even Start* is an environment where the female participants feel safe and comfortable. It was hoped that participation rates for this study would be higher in a setting where the women already feel comfortable and have established relationships. Other Mexican American women

with children at Lincoln school but who were not actively participating with *Even Start* were recruited as well with the help of bilingual teachers who shared the study information with mothers of children in their classes when these mothers came to pick up their children from school.

Recruitment also took place at three churches in the Benton County region. These churches were St. Mary's Catholic Church of Corvallis, Iglesia Cuadrangular in Corvallis (at Knollbrook Church), and the United Methodist Church of Monroe. Recruitment at these locations occurred with the help of the Spanish service coordinators at each church. The service coordinators shared the study information with women who are members of the congregation at each church and introduced the student researcher to these women. These churches also provided space for the individual interviews for those women who chose to participate in the study.

Recruitment also was performed with the help of Elvia Graves, Latino Outreach worker at the Benton County Health Department, and Tina Dodge, Latino Outreach worker and instructor through OSU Extension Services at the Linn County office. These two women teach classes in Spanish in a variety of health-related topics that are open to the community and are frequented by Mexican-American women of the area. These classes take place at the churches mentioned above. Also, all the women that were approached for this study were asked to invite any friend or relative who may have been interested in participating and who met the study criteria.

*Recruitment*

An invitation handout (see Appendices A.1 and A.2) was provided to each potential participant. This handout included:

- a brief explanation of the study in lay language
- the estimated time of the interview
- an emphasis of how the confidentiality of the study participants would be ensured
- the fact that some of the questions that would be asked during the interview were of a sensitive nature and dealt with issues surrounding sexuality and health
- contact information and phone number of the Student Researcher so that potential participants could call if they had questions related to the study (as well as to set up a specific time to be interviewed).

Also, potential participants received a contact card that had the following information printed on it: the contact information and phone number of the Student Researcher, the available hours for calling the Student Researcher, and the location of the interview (see Appendix B). Individuals who helped in the recruitment process received a detailed informational handout that explained the study in more detail (see Appendices C.1 and C.2)

All potential participants were able to contact the Student Researcher at the phone number provided on both the invitation handout and the contact card. At the time of the initial phone call, the Student Researcher answered any questions or concerns that the women had about the study content and confidentiality issues. If the woman

calling chose to participate, a few questions were asked to screen the potential participant to ensure that she met the eligibility criteria. If a woman passed the screening questions, she was then asked to schedule the 30 minute interview where the data were collected. Please reference to Appendices D.1 and D.2 for a script of this phone call.

*Data Collection*

Each interview lasted for about 30 minutes. Participants were able to choose the most convenient time and date to participate from a list of possible dates and times. These time slots were designed to fit the schedules given by each organization that provided space for this study (the *Even Start* program and the churches). All interviews were conducted on an individual basis and took place in the designated space. It was hoped that most, if not all, women would be familiar with their interview location and that this would aid in their comfort level with the interview. The only people present at the time of the interview were the study participant and the interviewer. The Student Researcher of this study, a bilingual and bicultural Latina, was the sole interviewer.

A script of the interview was followed each time in order to ensure that the interviews were conducted in the same manner to ensure reliability of data. Please refer to Appendix E for the interview script. The interview started with the participant choosing the language of the interview (either English or Spanish). At this point, the interviewer asked the participant if she had any questions about the project and all questions were answered. The participant was then reminded that she could ask

questions or voice a concern during any point in the interview. The participant was also told that she could choose to skip any question in the questionnaire or choose to end the interview at any point. This conversation was followed by the participant's reading and signing of the voluntary informed consent document in either English or Spanish to follow IRB regulations and guidelines (see Appendices F.1 and F.2 for Informed Consent document). If the woman had limited literacy skills in the language of her choice, the interviewer read the Informed Consent form to the participant, and the woman signed the form after the interviewer was finished reading.

All questionnaires were verbally administered face-to-face in English or Spanish, according to each participant's preference. This verbal method permitted the inclusion of women with limited literacy skills. The questionnaires were anonymous to ensure each participant's privacy. Participants' names were never attached to any questionnaire and the only place where a participant's name was recorded (first name only) was the schedule of interviews; this list was kept only by the Student Researcher for scheduling purposes. None of the women in the sample skipped questions or chose to end the interview early. At the end of the interview each woman received a small gift of toiletries to thank them for their participation. Also, each woman was provided with a list of resources in the community that help with issues of counseling, domestic violence, and mental health (see Appendices I.1 and I.2).

*Instrumentation*

The questionnaire consists of close-ended questions comprising three previously used and validated scales designed to quantify the participant's level of

acculturation, depression caseness, and relationship power. No pilot testing of the questionnaire was performed because all the scales used had already been found to have good reliability and validity in populations similar to the target population of this study (Eaton et al., 2003, Marin et al., 1987; Pulerwitz, Gortmaker, & DeJong, 2000; Pulerwitz et al, 2002, Reyes-Ortega et al., 2003, Roberts, 1980). Many of the questions followed a Likert scale format, in which participants are asked to express the extent to which they agree or disagree on five- or four-point scales. During the interviews, a visual aid was used to graphically represent the Likert scale format and aid the women in their understanding of the scales (see Appendix H). A few socio-demographic questions were asked towards the end of the interview with the purpose of describing the sample and to examine their relationship with depression, acculturation, and relationship power.

*Questionnaire*

Please see Appendices G.1 and G.2 for the complete questionnaire (in English and Spanish formats). The following provides explanation and background information for each of the main areas of the questionnaire.

**Acculturation instrument: Short Acculturation Scale for Hispanics (SASH)**

Acculturation has been described as a very complex process that combines cultural, cognitive, and behavioral dimensions, factors, and constructs. The Short Acculturation Scale (SASH) for Hispanics (Marin et al., 1987) is a short acculturation scale for Hispanics that consists of 12 items that relate to language use, media, and

ethnic social relations. The validity and reliability of this scale are comparable to those obtained for other published scales that measure acculturation for Hispanic individuals (Marin et al., 1987).

On the SASH, participants are asked to respond to questions related to language use and preference in social situations, thought processes, and reading. Each item on the scale is rated with a five-point Likert scale that ranges from a strong Spanish/Latino orientation (1) to a strong English/non-Latino orientation (5). The participant is asked to choose from one of the options on the scale and each response is given a value (from 1 to 5). To obtain the SASH score, the values to each of the twelve questions are added and divided by 12, which results in a total average score. An average score of 2.99 is used to differentiate the less acculturated respondents (average score between 1 and 2.99) and the more acculturated (average score above 2.99) as explained by the creators of the scale (Marin et al., 1987).

**Depression instrument: The Revised Center for Epidemiologic Studies Depression Scale *(CESD-R).***

The CESD-R is based on the CES-D scale developed by Lenore Radloff in the 1970s (Radloff, 1977). The CES-D is a 20-item self-report rating scale that elicits symptoms of depression in community settings. Respondents are asked how often they have felt in a particular way during the previous week, with choices being a) rarely or none of the time (less than 1 day) – scored as 0, b) some or little of the time (1-2 days)-scored as 1, c)occasionally or a moderate amount of time (3-4 days) – scored as 2, and d) all of the time (5-7 days) –scored as 3. Respondents with a final score of 16

or higher are identified as a depressive "case," or at risk for a clinical depressive disorder. The CES-D scale is not meant to be used as a diagnostic tool, but only to identify whether or not depression is an issue for an individual. The original scale has been used extensively in research, but is now out of date with current DSM-IV classification criteria for depression.

The CESD-R, the revised scale developed by Eaton and colleagues, conforms to DSM-IV criteria for major depressive episodes; it consists of the original scale with the added option of having felt a particular way nearly every day for the past two weeks as opposed to one week (Eaton et al. 2003). This new option also is scored as a 3; thus, depression caseness is also determined by a cut-off score of 16, corresponding with the original CES-D scale. Studies have shown that the CESD-R score for the revised 20 items is highly correlated with the score for the original 20, with Pearson correlation coefficients ranging from r=0.89 to 0.93 (Eaton et al., 2003). A version of the revised scale in Spanish is available and was used in this study. The CESD-R has been shown to have adequate validity in both languages, specifically in studies involving Mexicans and Mexican Americans (Reyes-Ortega et al., 2003; Eaton et al., 2003).

**Relationship Power instrument: Sexual Relationship Power Scale (SRPS).**

The SRPS (Pulerwitz, Gortmaker, & DeJong, 2000) is a theoretically-based and validated measure of relationship power dynamics. The scale draws from the Theory of Gender and Power which proposes that gender-based inequalities in society lead to male control over decision-making areas that include the sexual arena. It also

uses Social Exchange Theory, which describes power as an interpersonal dynamic that can be expressed via decision-making dominance or the ability to engage in behaviors against a partner's wishes (Pulerwitz et al., 2002). The scale contains two subscales that measure issues related to Relationship Control and Decision-Making Dominance. The SRPS has been developed in both English and Spanish and has been validated for use by speakers of either language. Internal consistency reliability of the overall scale is 0.84 (combined Spanish and English-language versions) and internal consistency measures indicate that both the Spanish-and English-language scales are similarly reliable (alpha=0.88, 0.84, respectively) (Pulerwitz et al., 2002).

The SRPS version used in this study has a total of 19 items. For the purposes of this study, 4 condom-related items from the original SRPS scale (23 items) were removed, as they dealt with questions of condom use that were not necessarily related to this study and may have created discomfort in the participants, as condom use is a very sensitive and personal issue in traditional Latino culture. The authors of the scale as well as other researchers have removed these four questions from the SRPS scale in previous studies while still ensuring the validity and reliability of the scale (Pulerwitz, Gortmaker, & DeJong, 2000; Pulerwitz et al., 2002). Twelve (12) items comprise the Relationship Control Factor/Subscale. These items are scored on a 4-point Likert scale, where 1=Strongly Agree, 2=Agree, 3=Disagree, and 4=Strongly Disagree. Thus, the possible minimum score is 13 and the possible maximum score is 48. The remaining seven (7) items form the Decision-Making Dominance Factor/Subscale. These items are scored in the following manner: 1=Your Partner, 2=Both of You Equally, and 3=You. Thus, the possible minimum score is 7 and the maximum score is

21. The scores for each of the two subscales are calculated separately and then combined into the Sexual Relationship Power Scale. As explained by the authors of the scale, each of the two subscales is calculated as follows:

- For each respondent, the sum for each subscale is divided by the number of nonmissing items, creating a mean score for each subscale.
- For each subscale, the mean scores are rescaled to a range 1-4, thus giving both subscales the same range. This procedure was done using the following formula:

Subscale score – Min. of range/ Max. of range – Min. of range X 3 + 1

- Mean scores for the subscales are combined (with equal weighting) into an overall score, using the following formula:

Relationship Control score + Decision - Making Dominance score/ 2

- The final score for the overall Sexual Relationship Power Scale (SRPS) is calculated by rescaling the combined score to a range of 1-4, using the following formula:

Overall scale score - Min. of range / Max. of range – Min. of range X 3 +1

For the purposes of the analysis, the SRPS scores were divided into "high," "medium," and "low" levels of power by splitting the scale of final scores into three equal parts, a method outlined by the authors of the scale (Pulerwitz, Gortmaker, & DeJong, 2000). The ranges are as follow:

1-2.430 → low level relationship power

2.431-2.820 →medium level relationship power

2.821-4 → high level relationship power

**Socio-demographic Questions**

Closed-ended questions were used to collect data on socio-demographic variables and other characteristics. Questions asked about age, marital status, ethnicity, country of birth, generation in the United States, age at which non-native born participant migrated to the United States, state of Mexico where non-native born participant is from, years living in the United States, times that participant has moved since arriving in the United States (from state to state, region to region, to a different house or apartment, etc.), number of children, length of current relationship (in years), education, and employment. Age was reported in years. Marital status was reported as married living with spouse, married not living with spouse, living with significant other but not married, and single. Education was assessed with the question, "What is the highest level of education that you have completed?" and reported in number of years. Employment was reported as full time, part time, or no formal employment outside the home. Ethnicity was determined by asking the participant to self-identify the ethnic group to which they feel they belong to from the list of minimum standard racial and ethnic categories provided by the Office of Management and Budget (OMB) Directive No. 15. The categories are as follows: American Indian or Alaskan Native, Asian or Pacific Islander, Black not of Hispanic origin, Hispanic, and White not of Hispanic origin.

*Statistical Analysis*

SPSS version 11.0 was used for data analysis. The statistical analyses were of an exploratory nature, looking for patterns and associations among depression, acculturation, relationship power, and various socio-demographic variables of participants. The analysis includes the frequency and distribution for each variable, correlations and scatter plots for pairs of quantitative variables using Spearman's and Pearson's correlations, two-way tables, and Chi-square or Fisher's Exact Test (when Chi-square tests were not appropriate due to low expected values) to explore associations between categorical variables. Spearman's correlations were used, rather than Pearson's, to explore the relationship between depression, acculturation, relationship power, and sociodemographic variables. The rationale for this decision is based on the definition of Spearman's correlational analysis, which focuses on rank order rather than exact measurements.Box plots were also included to compare groups (for example, depressed and non-depressed, etc.) in terms of a quantitative variable (for example, acculturation score). Statistical tests of differences between median or mean values between groups were not performed because this was not a random sample from a larger population.

## Results

The present study was an exploration of associations between depression and socio-cultural factors that may influence its presence or absence in Mexican immigrant women. The two main factors examined were acculturation and relationship power. In

addition, the analysis looked for patterns and associations of socio-demographic variables to depression symptomatology, acculturation, and relationship power scores of the participants. The patterns in the results could serve as a starting point for the formulation of hypothesis and further research.

*Sample Characteristics*

The sample consisted of 35 women, all of whom self-identified as Hispanic and born in Mexico. More than one-third of them came from the state of Jalisco (see Figure 1). The ages of the participants were in the interval of 19-40 years, with a higher concentration (42.8%) in the interval 30-31 years (see Figure 2). The participants varied in terms of education level: 29% had completed 6$^{th}$ grade, 54% had some or had completed high school (12$^{th}$ grade), and 17% had more than 12 years of formal schooling (see Figure 3 and Table 1).

Figure 1 *States of Mexico represented in the study*

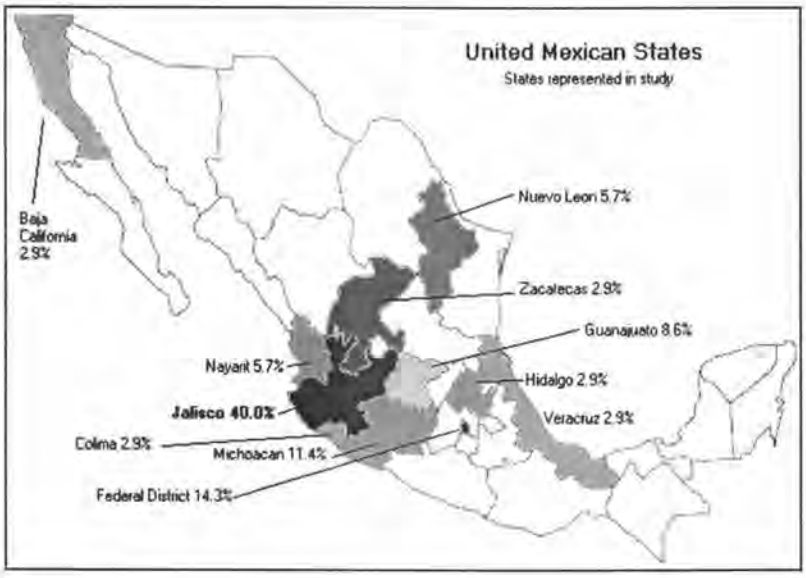


Figure 2 *Number of participants by age*

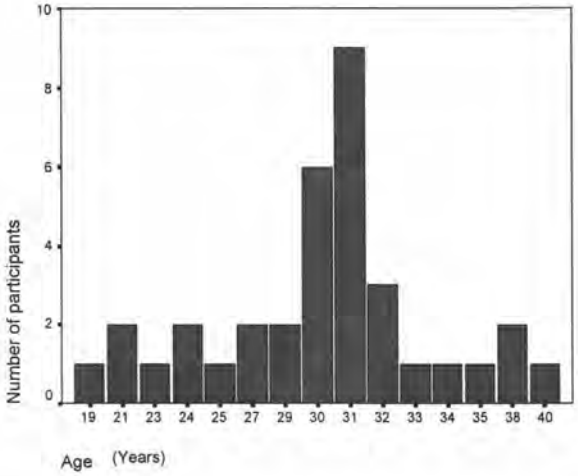



Figure 3 *Level of formal schooling completed by participants (in years)*

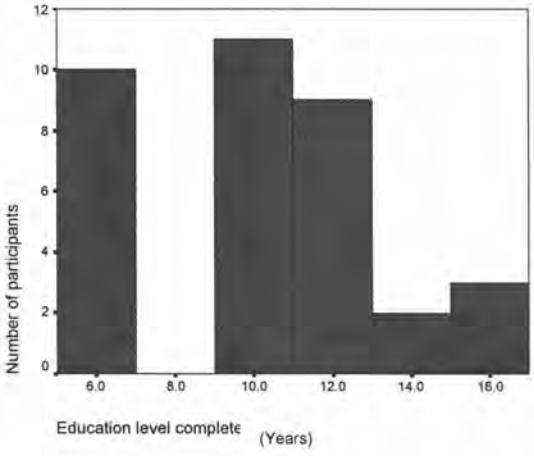



Table 1 *Level of formal schooling completed by participants*

**Education level completed**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 6 | 10 | 28.6 | 28.6 | 28.6 |
| | 9 | 9 | 25.7 | 25.7 | 54.3 |
| | 10 | 2 | 5.7 | 5.7 | 60.0 |
| | 12 | 8 | 22.9 | 22.9 | 82.9 |
| | 13 | 1 | 2.9 | 2.9 | 85.7 |
| | 14 | 2 | 5.7 | 5.7 | 91.4 |
| | 16 | 2 | 5.7 | 5.7 | 97.1 |
| | 17 | 1 | 2.9 | 2.9 | 100.0 |
| | Total | 35 | 100.0 | 100.0 | |

**Education level completed**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 8 grade or less | 10 | 28.6 | 28.6 | 28.6 |
| | 9-12 grade | 19 | 54.3 | 54.3 | 82.9 |
| | higher | 6 | 17.1 | 17.1 | 100.0 |
| | Total | 35 | 100.0 | 100.0 | |

The majority of the women in the sample (82%) were married and lived with their current primary sexual partner (see Figure 4). The length of the relationship with their current primary sexual partner varied from 1 to 20 years (see Figure 5). Twenty-five percent (25%) of the women started their present relationship when they were 23 or 24 years old; 80% of them started the relationship when they were 24 years old or younger. Table 2 shows a comparison of each participant's age, age at which they started their current relationship with their primary sexual partner, and the length of that relationship in years. The size of participants' families tended to be small, with at most having three children. The majority of the women (71%) had 2 or 3 children (see Figure 6).

Table 2 *Comparison of length of current relationship (in years), age of participant, and age at start of current relationship*

| **Participant** | Length of relationship | Age | Age at start of relationship |
|---|---|---|---|
| **1** | 18 | 35 | 17 |
| **2** | 13 | 33 | 20 |
| **3** | 7 | 32 | 25 |
| **4** | 2 | 32 | 30 |
| **5** | 5 | 27 | 22 |
| **6** | 8 | 27 | 19 |
| **7** | 8 | 32 | 24 |
| **8** | 20 | 38 | 18 |
| **9** | 13 | 30 | 17 |
| **10** | 8 | 31 | 23 |
| **11** | 4 | 31 | 27 |
| **12** | 6 | 21 | 15 |
| **13** | 3 | 19 | 16 |
| **14** | 5 | 24 | 19 |
| **15** | 7 | 30 | 23 |
| **16** | 7 | 29 | 22 |
| **17** | 9 | 30 | 21 |
| **18** | 6 | 29 | 23 |
| **19** | 3 | 30 | 27 |
| **20** | 11 | 31 | 20 |
| **21** | 7 | 24 | 17 |
| **22** | 11 | 40 | 29 |
| **23** | 2 | 25 | 23 |
| **24** | 15 | 31 | 16 |
| **25** | 12 | 31 | 19 |
| **26** | 9 | 31 | 22 |
| **27** | 17 | 34 | 17 |
| **28** | 8 | 31 | 23 |
| **29** | 14 | 30 | 16 |
| **30** | 11 | 31 | 20 |
| **31** | 2 | 21 | 19 |
| **32** | 10 | 31 | 21 |
| **33** | 7 | 23 | 16 |
| **34** | 1 | 38 | 37 |
| **35** | 8 | 30 | 22 |

Figure 4 *Percentages of marital status categories of participants*


Figure 5 *Length of current relationship with primary sexual partner (in years)*

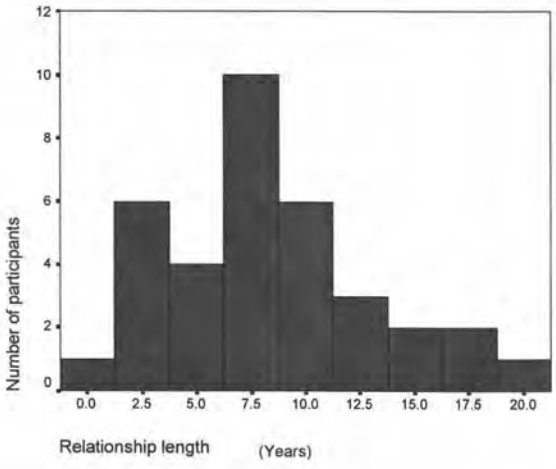
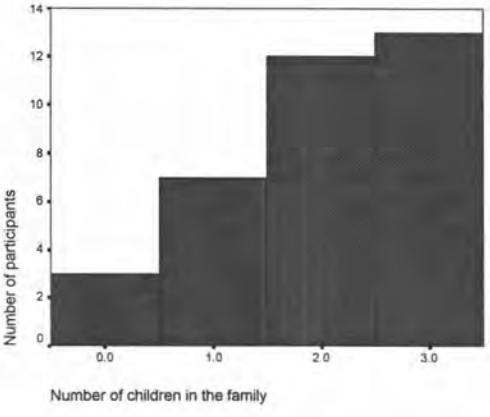



Figure 6 *Number of children in participant's family*



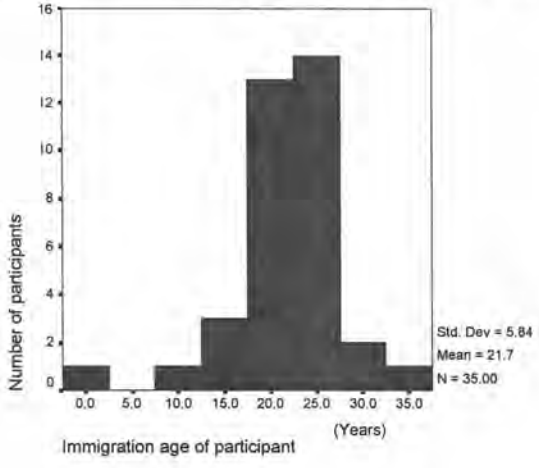
Twenty-five percent (25%) of the women in the study emigrated to the United States as children or teenagers, but most of them (55%) emigrated when they were in the age group of 20-24 years; the mean age of immigration was 21.7 years old (see Figure 7 and Table 3).

Table 3 *Frequency of participants' age of immigration to the United States (in years)*

Immigration age

| Age at immigration | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| 2 | 1 | 2.9 | 2.9 | 2.9 |
| 8 | 1 | 2.9 | 2.9 | 5.7 |
| 15 | 1 | 2.9 | 2.9 | 8.6 |
| 17 | 2 | 5.7 | 5.7 | 14.3 |
| 19 | 4 | 11.4 | 11.4 | 25.7 |
| 20 | 4 | 11.4 | 11.4 | 37.1 |
| 21 | 1 | 2.9 | 2.9 | 40.0 |
| 22 | 4 | 11.4 | 11.4 | 51.4 |
| 23 | 5 | 14.3 | 14.3 | 65.7 |
| 24 | 5 | 14.3 | 14.3 | 80.0 |
| 25 | 1 | 2.9 | 2.9 | 82.9 |
| 26 | 2 | 5.7 | 5.7 | 88.6 |
| 27 | 1 | 2.9 | 2.9 | 91.4 |
| 29 | 2 | 5.7 | 5.7 | 97.1 |
| 37 | 1 | 2.9 | 2.9 | 100.0 |
| Total | 35 | 100.0 | 100.0 | |

Figure 7 *Participants' age of immigration to the United States (in years)*



The mean amount of time that the women had spent living in the United States was 8.1 years, with the shortest time being 6 months and the longest 25 years (see Figure 8 and Table 4).

Table 4 *Frequency and descriptive statistics of participants' length of stay in the United States (in years)*

Years in U.S.

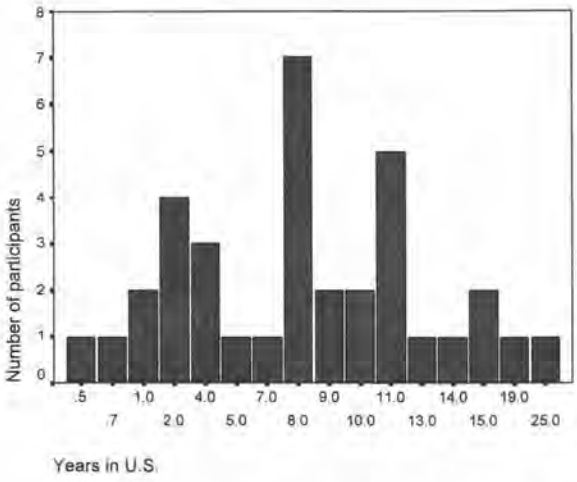
| Years in U.S. | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| .5 | 1 | 2.9 | 2.9 | 2.9 |
| .7 | 1 | 2.9 | 2.9 | 5.7 |
| 1.0 | 2 | 5.7 | 5.7 | 11.4 |
| 2.0 | 4 | 11.4 | 11.4 | 22.9 |
| 4.0 | 3 | 8.6 | 8.6 | 31.4 |
| 5.0 | 1 | 2.9 | 2.9 | 34.3 |
| 7.0 | 1 | 2.9 | 2.9 | 37.1 |
| 8.0 | 7 | 20.0 | 20.0 | 57.1 |
| 9.0 | 2 | 5.7 | 5.7 | 62.9 |
| 10.0 | 2 | 5.7 | 5.7 | 68.6 |
| 11.0 | 5 | 14.3 | 14.3 | 82.9 |
| 13.0 | 1 | 2.9 | 2.9 | 85.7 |
| 14.0 | 1 | 2.9 | 2.9 | 88.6 |
| 15.0 | 2 | 5.7 | 5.7 | 94.3 |
| 19.0 | 1 | 2.9 | 2.9 | 97.1 |
| 25.0 | 1 | 2.9 | 2.9 | 100.0 |
| Total | 35 | 100.0 | 100.0 | |

**Statistics**

Years in U.S.

| | | |
|---|---|---|
| N | Valid | 35 |
| | Missing | 0 |
| Median | | 8.000 |
| Minimum | | .5 |
| Maximum | | 25.0 |
| Percentiles | 25 | 4.000 |
| | 50 | 8.000 |
| | 75 | 11.000 |

Figure 8 *Participants' length of stay in the United States (in years)*




Sixty percent (60%) of the participants had moved more than once since immigration; five of them had moved 7 or 8 times (see Table 5). As shown in Table 6 and Figure 9, the correlation between the number of years in the United States and the number of times they had moved is significantly different from 0 ($r=0.59$, p-value $<0.001$).

Table 5 *Number of times participants had moved inside the United States since immigration*

Times moved

| Times moved | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|
| 0 | 10 | 28.6 | 28.6 | 28.6 |
| 1 | 4 | 11.4 | 11.4 | 40.0 |
| 2 | 5 | 14.3 | 14.3 | 54.3 |
| 3 | 4 | 11.4 | 11.4 | 65.7 |
| 4 | 5 | 14.3 | 14.3 | 80.0 |
| 6 | 2 | 5.7 | 5.7 | 85.7 |
| 7 | 4 | 11.4 | 11.4 | 97.1 |
| 8 | 1 | 2.9 | 2.9 | 100.0 |
| Total | 35 | 100.0 | 100.0 | |

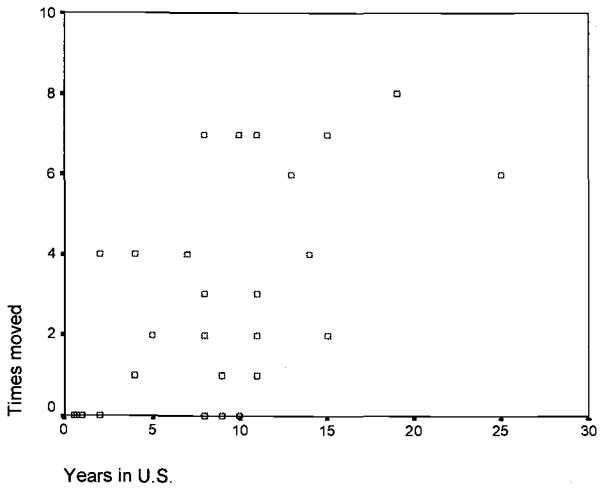
Table 6 *Pearson Correlation between years spent in the U.S and the number of times participants had moved*

**Correlations**

| | | Times moved | Years in U.S. |
|---|---|---|---|
| Times moved | Pearson Correlation | 1 | .588** |
| | Sig. (2-tailed) | . | .000 |
| | N | 35 | 35 |
| Years in U.S. | Pearson Correlation | .588** | 1 |
| | Sig. (2-tailed) | .000 | . |
| | N | 35 | 35 |

**. Correlation is significant at the 0.01 level (2-tailed).

Figure 9 *Scatterplot of years spent in the U.S. vs. number of times participants had moved*



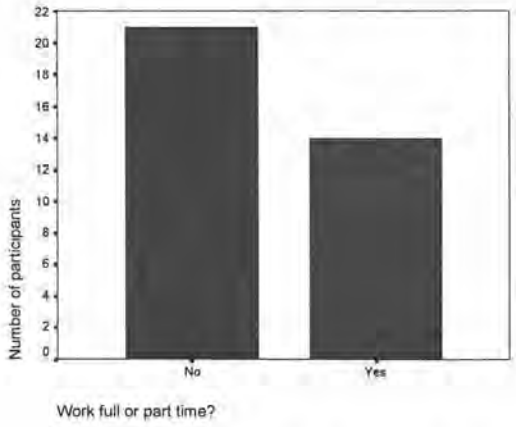

The majority of the participants (60%) did not have formal employment outside the home (see Figure 10 and Table 7).

Table 7 *Percentages of participants who were employed full time, part time, or had no formal employment outside the home*

**Work status**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | full time | 5 | 14.3 | 14.3 | 14.3 |
| | part time | 9 | 25.7 | 25.7 | 40.0 |
| | no formal employment (outside home) | 21 | 60.0 | 60.0 | 100.0 |
| | Total | 35 | 100.0 | 100.0 | |

Figure 10 *Number of participants who had formal employment outside the home*




Of the women who lived with their primary sexual partners, 36% had formal employment outside the home (see Table 8). Only one woman in the sample did not live with her primary sexual partner, and she worked full-time.

Table 8 *Percentage of women living with their partners who had formal employment outside the home*

**Work status**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | full time | 4 | 12.1 | 12.1 | 12.1 |
| | part time | 8 | 24.2 | 24.2 | 36.4 |
| | no formal employment (outside home) | 21 | 63.6 | 63.6 | 100.0 |
| | Total | 33 | 100.0 | 100.0 | |

*Univariate analysis*

**Depression**

Presence of depression symptoms in participants was defined by their score on the CESD-R scale; a score of less than 16 indicates the absence of symptoms of depression, whereas a score of 16 or above indicates presence of these symptoms. The scores ranged from 1 to 35, with a mean score of 14.5. The distribution of scores from the sample appears to be bimodal, indicating the possible existence of two sub-groups

of women: those with low scores and those with higher scores. It is interesting that a high number of participants are concentrated around the cut-off score for depression symptomatology as defined by the CESD-R. When women were classified as depressed or not depressed using the cutoff score of 16, 40% are classified as depressed, a percentage that is comparable to the 46% reported in the literature for Latina women (see Figure 13).

Table 9 *Descriptive statistics for participants' scores on the CESD-R scale*

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Sum of depression score | 35 | 1 | 35 | 14.51 | 8.552 |
| Valid N (listwise) | 35 | | | | |

Figure 11 *Frequency of participants' scores on the CESD-R scale*

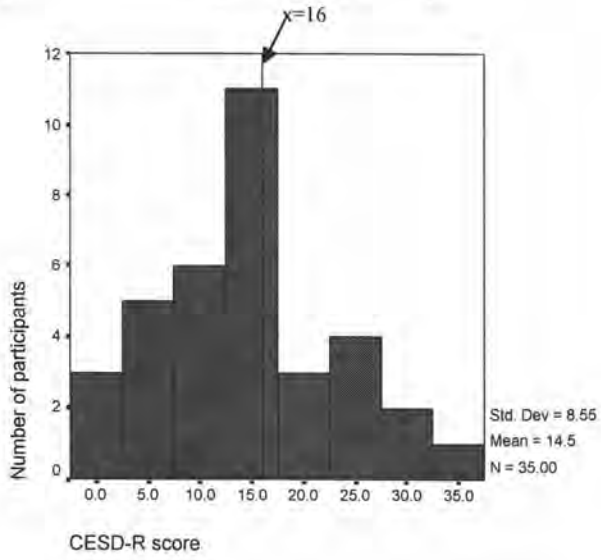


Figure 12 *Cumulative percent of participants' score on the CESD-R scale*

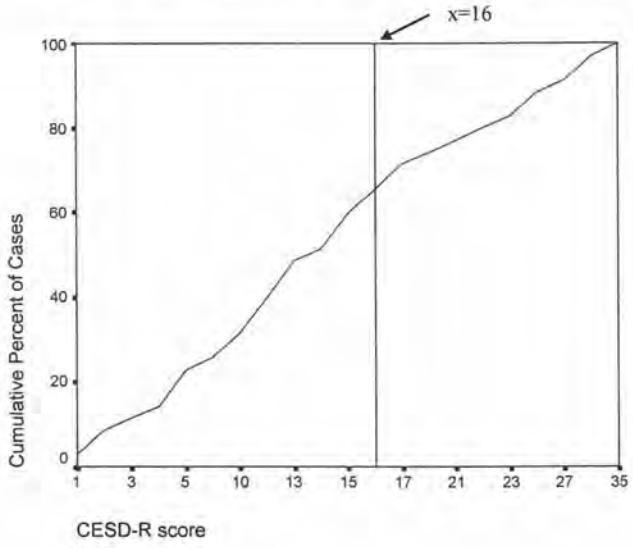



Figure 13 *Number of women classified as either depressed or not depressed according to CESD-R scores*

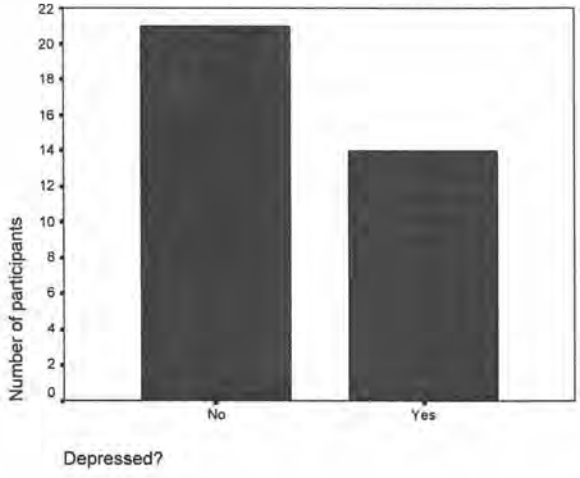



Table 10 *Percentage of participants with symptoms of depression according to CESD-R score*

**Depressed?**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | No | 21 | 60.0 | 60.0 | 60.0 |
| | Yes | 14 | 40.0 | 40.0 | 100.0 |
| | Total | 35 | 100.0 | 100.0 | |

From the women classified as depressed, all except one were married women living with their primary sexual partner (see Table 11).

Table 11 *Contingency table of presence of depression symptoms and marital status*

| | | Depressed? | | |
|---|---|---|---|---|
| | | No | Yes | Total |
| Status | Married, living with partner | 16 | 13 | 29 |
| | Living with partner, not married | 4 | 0 | 4 |
| | Single | 1 | 1 | 2 |
| Total | | 21 | 14 | 35 |

**Acculturation**

The level of acculturation of participants was defined by their score on the SASH scale; a participant with a score of 1 to 2.99 was considered to be "less acculturated," whereas a participant with a score of 3 to 4 was considered "more acculturated." The scores in the sample ranged from 1 to 3, with a mean score of 1.9 (see Table 12). The shape of the distribution is multimodal, indicating that three groups exist among the participants (low, medium, and high acculturation), and thus the possible existence of three sub-groups among Hispanic women in regards to acculturation level (see Figure 14). When the participants of this study are classified into acculturation levels as determined by the SASH scale, however, only one woman had an acculturation score that places her into the "more acculturated" group, possibly indicating that even women who are comparatively more acculturated than others are not considered to be highly acculturated according to the standard scale (see Table 11).

Table 12 *Descriptive Statistics of acculturation scores of participants*

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Acculturation score | 35 | 1.0 | 3.0 | 1.852 | .5830 |
| Valid N (listwise) | 35 | | | | |

Figure 14 *Distribution of participants' acculturation scores*

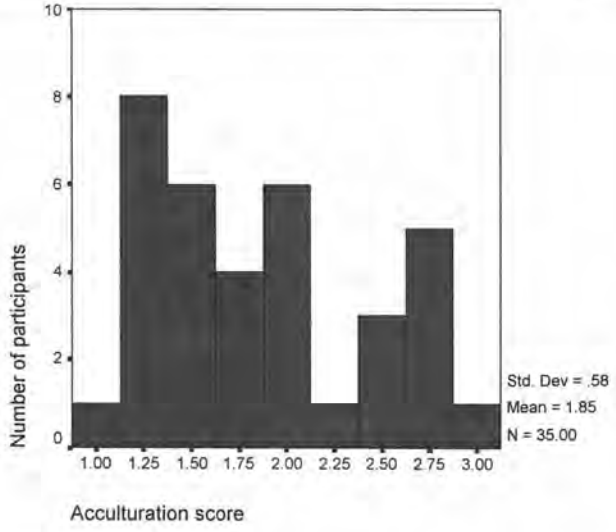



Figure 15 *Cumulative percent of participants' scores on SASH scale*

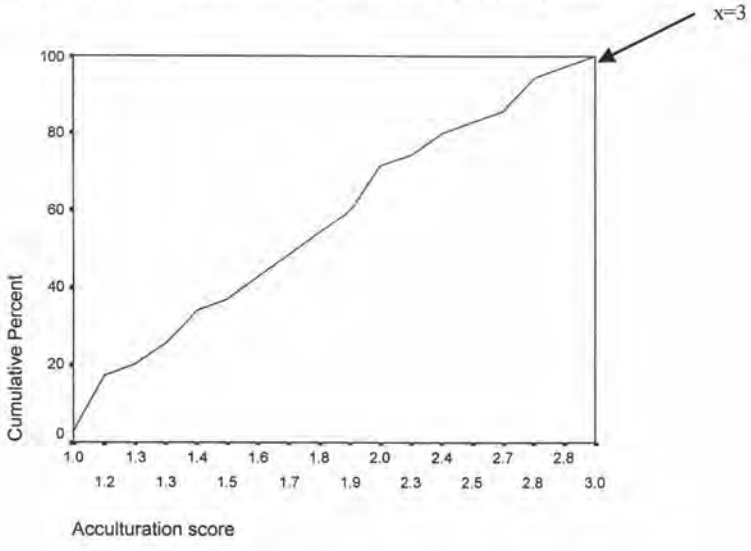


Table 13 *Percentage of women classified as less acculturated and more acculturated according to SASH scores*

**Acculturation level**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Less | 34 | 97.1 | 97.1 | 97.1 |
| | More | 1 | 2.9 | 2.9 | 100.0 |
| | Total | 35 | 100.0 | 100.0 | |

**Relationship power**

The level of relationship power of participants was defined by their score on the SRPS scale; a participant with a score of 1 to 2.430 was considered to have low relationship power, one with a score between 2.431 to 2.820 was considered to have medium relationship power, and one with a score between 2.821 and 4 was considered to have high relationship power. The scores in the sample ranged from 1.6 to 3.4, with a mean score of 2.7 (see Table 14). The distribution is symmetric and unimodal (see Figure 16). This distribution indicates that, from a relationship power point of view, the women in the study belong to one group. There is a high concentration of scores in the central values; 80% of the women have their scores in the interval 2.3-3 with well-defined and almost symmetrical tails in the overall distribution of scores. When the participants were classified into the three levels of relationship power (low, medium, high), 43% of them were in the medium relationship power category and 40% were in the high category (see Table 15).

Table 14 *Descriptive statistics of participant's SRPS score*

**Descriptive Statistics**

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Relationship power score | 35 | 1.6 | 3.4 | 2.684 | .3607 |
| Valid N (listwise) | 35 | | | | |

Figure 16 *Distribution of participants' SPRS scores*

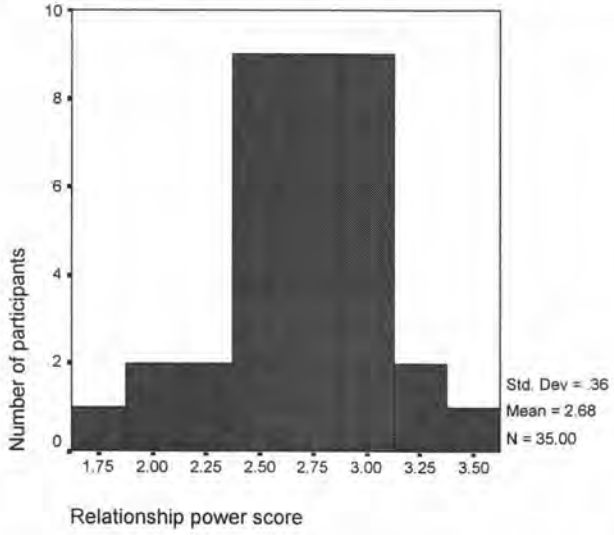



Figure 17 *Cumulative percent of participants' SPRS scores*

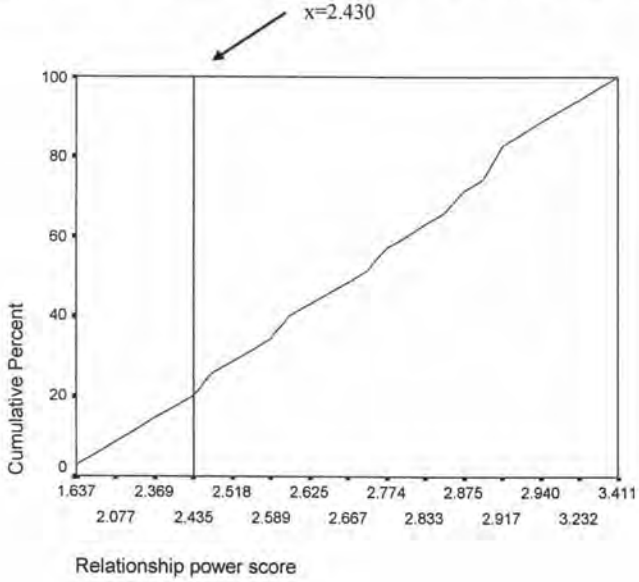


Table 15 *Percentage of women classified as having low, medium, and high relationship power according to SPRS score*

**Relationship power level**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | low | 6 | 17.1 | 17.1 | 57.1 |
| | medium | 15 | 42.9 | 42.9 | 100.0 |
| | high | 14 | 40.0 | 40.0 | 40.0 |
| | Total | 35 | 100.0 | 100.0 | |

*Bivariate Analysis*

**Depression and socio-demographic variables**

A correlation analysis was performed between participants' CESD-R score and the socio-demographic variables. Table 16 lists a summary of the findings with the correlation coefficient for each relationship. The two demographic variables found to be significantly correlated with the CESD-R score of participants were number of children and relationship length (rho=-0.4 and rho=-0.3 respectively for the Spearman's rho coefficient). The first negative association can be interpreted as the more children a woman has, the less depressed she is. The second association suggests that the longer the relationship with her partner, the less depressed a woman tended to be.

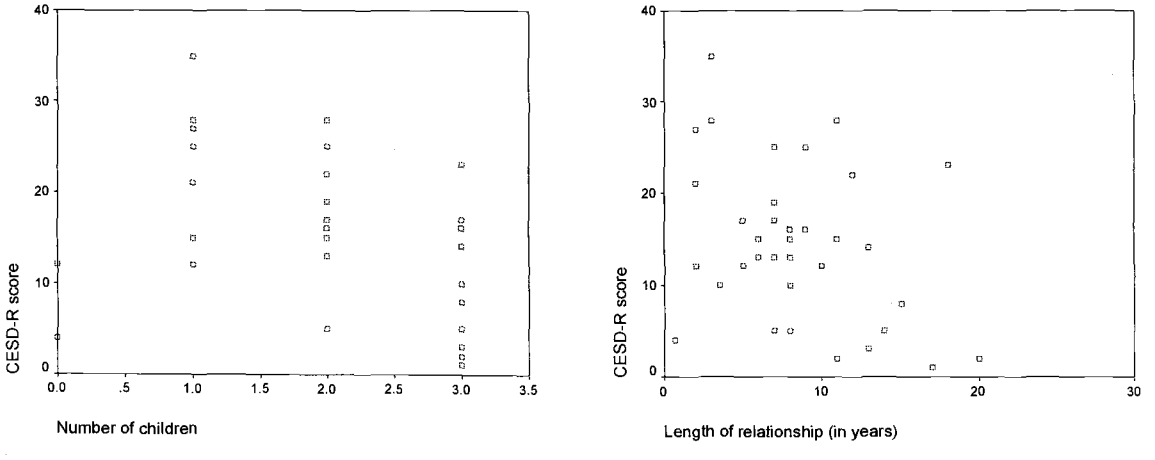
Table 16 *Spearman's correlation for depression caseness and demographic variables*

**Correlations**

| | | | Depression scale score |
|---|---|---|---|
| Spearman's rho | Depression scale score | Correlation Coefficient | 1.000 |
| | | Sig. (2-tailed) | . |
| | | N | 35 |
| | Number of children | Correlation Coefficient | -.402* |
| | | Sig. (2-tailed) | .017 |
| | | N | 35 |
| | Relationship length | Correlation Coefficient | -.300 |
| | | Sig. (2-tailed) | .079 |
| | | N | 35 |
| | Age | Correlation Coefficient | -.186 |
| | | Sig. (2-tailed) | .286 |
| | | N | 35 |
| | Immigration age | Correlation Coefficient | -.011 |
| | | Sig. (2-tailed) | .950 |
| | | N | 35 |
| | Times moved | Correlation Coefficient | -.141 |
| | | Sig. (2-tailed) | .419 |
| | | N | 35 |
| | Education | Correlation Coefficient | -.195 |
| | | Sig. (2-tailed) | .263 |
| | | N | 35 |
| | Years in U.S. | Correlation Coefficient | -.161 |
| | | Sig. (2-tailed) | .357 |
| | | N | 35 |

*. Correlation is significant at the 0.05 level (2-tailed).

Figure 18 *Scatterplots for CESD-R score and number of children, length of relationship*




Depression does not show a clear pattern in terms of education. Women who had completed between 9 to 12 years of schooling tended to be the least depressed, but

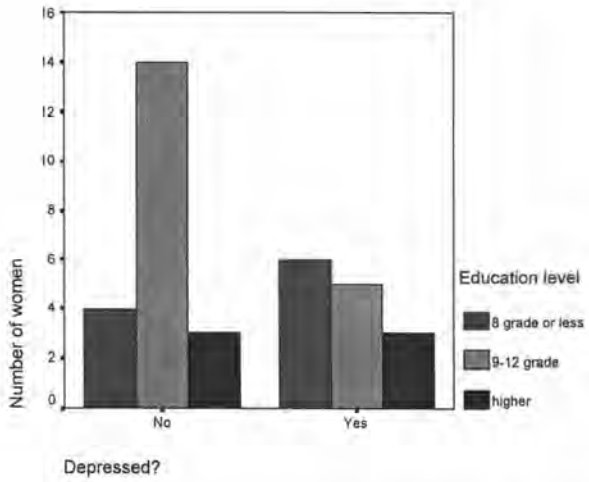
women with partial elementary education (8 or less years) or more than high school education (higher than 12) seemed almost equally distributed between the depressed and non-depressed groups (see Figure 19).

Women with more than 12 years of education are equally divided between the non-depressed and the depressed groups; this finding could be due to chance because the number of women with more than high school education in this sample was small.

Table 17 *Contingency table of depression caseness and education level*

| | | Education level | | | |
|---|---|---|---|---|---|
| | | 8 grade or less | 9-12 grade | higher | Total |
| Depressed? | No | 4 | 14 | 3 | 21 |
| | Yes | 6 | 5 | 3 | 14 |
| Total | | 10 | 19 | 6 | 35 |

Figure 19 *Number of women classified as either depressed or not depressed in relation to levels of education*




Depression seemed to be independent of work status (full-time, part-time, or no formal employment outside the home), as shown in Figure 20. The three groups defined by work status exhibit a similar variability in depression scores (see Figure

21). In order to verify the independence of the work variable to depression, the work variable was divided into two categories (employed or not employed) in order to apply the Fisher Exact Test. The Fisher's test did not give a significant result, providing further support that work status and depression are not related (see Table 18).

Figure 20 *Number of women classified as either depressed or not depressed according to work status*

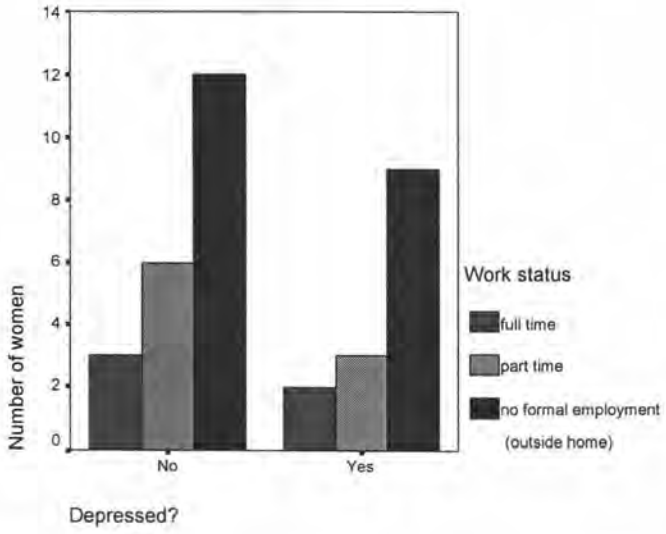



Figure 21 *Boxplot of participant's CESD-R score according to work status*

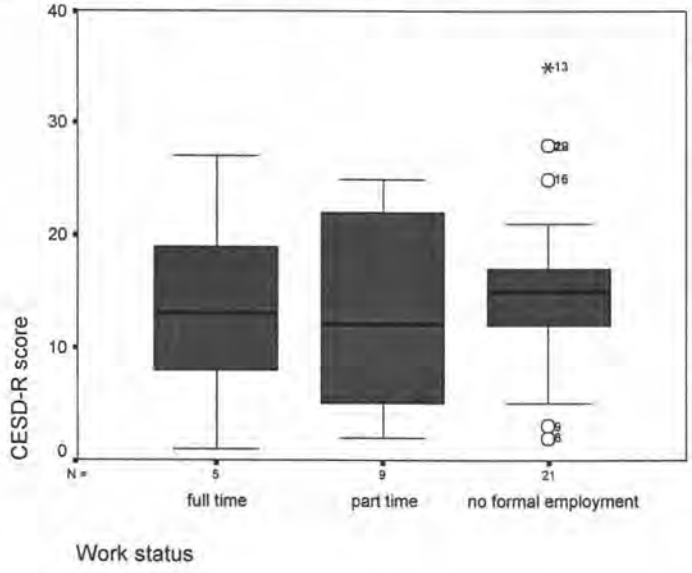


Table 18 *Fisher's Exact Test to test relationship between depression and employment status*

| | | Employment | | |
|---|---|---|---|---|
| | | No | Yes | Total |
| Depressed? | No | 12 | 9 | 21 |
| | Yes | 9 | 5 | 14 |
| Total | | 21 | 14 | 35 |

**Chi-Square Tests**

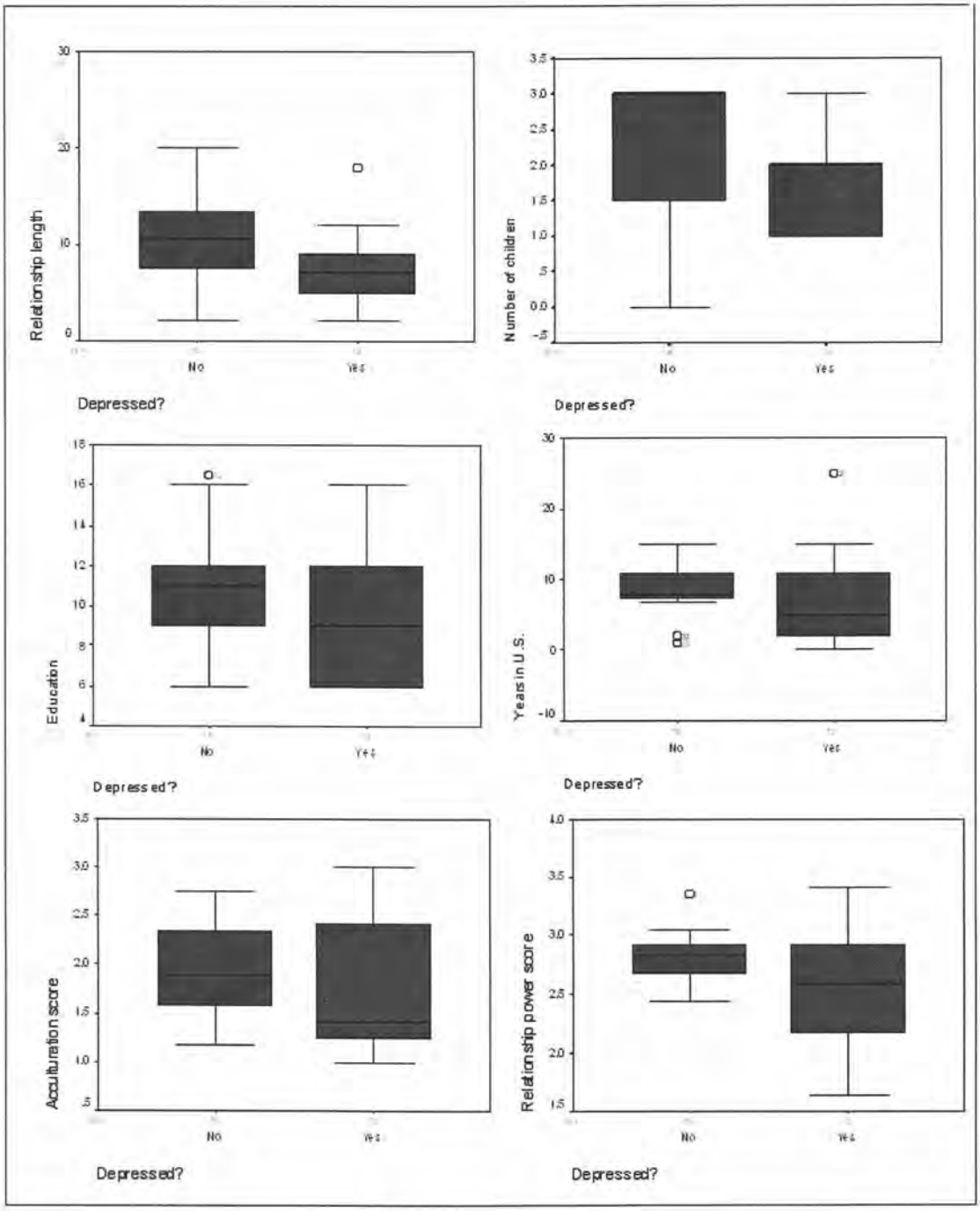
| | Value | df | Asymp. Sig. (2-sided) | Exact Sig. (2-sided) | Exact Sig. (1-sided) |
|---|---|---|---|---|---|
| Pearson Chi-Square | .179[b] | 1 | .673 | | |
| Continuity Correction[a] | .005 | 1 | .944 | | |
| Likelihood Ratio | .179 | 1 | .672 | | |
| Fisher's Exact Test | | | | .737 | .474 |
| N of Valid Cases | 35 | | | | |

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.60.

Because all but one of the women classified as depressed by their CESD-R score were married women living with their primary sexual partner, the data for married women living with their partner were isolated to analyze it further. Depressed women in this new group were compared to non-depressed women in terms of other variables (including SASH and SRPS scores). It was found that length of the primary sexual relationship was the variable for which there was less diversity and a lower median among depressed women. Number of children was the variable for which the variability was similar but the median was lower for depressed women. Non-depressed women were more homogeneous and showed higher median values in terms of education level, years in the United States, acculturation score, and relationship power score. The variables for which no difference was apparent between depressed and non depressed women were the number of times the woman moved, age at immigration, age at which the current primary sexual relationship started, and formal employment outside the home.

Figure 22 *Boxplots describing distribution of depression caseness versus relationship length, number of children, years of formal schooling, years in the United States, acculturation score, and relationship power score*



**Acculturation and socio-demographic variables**

A correlation analysis was performed between participants' SASH scores and socio-demographic variables. Table 19 lists a summary of the findings with the correlation coefficient for each relationship. The two demographic variables found to be significantly correlated with the SASH score of participants were the number of years in the United States and education (rho=0.54 and rho=0.64 respectively for the Spearman's rho coefficient). The first positive association can be interpreted as the longer her stay in the United States., the more acculturated a woman is into the dominant United States culture. The second association suggests that the more education a woman has, the more acculturated she is into the dominant United States culture. The correlation analysis suggested that relationship length and the number of times a woman had moved were associated with acculturation. Moreover, a negative association was found between acculturation and age at immigration, indicating that the younger a woman is when she immigrates to the United States, the faster she will acculturate into the dominant United States culture. In terms of acculturation, the group of women who worked full-time was quite homogenous and tended to have higher acculturation scores. There was much more diversity in the other two groups (see Figure 24).

Table 19 *Spearman's correlation for acculturation score and demographic variables*

**Correlations**

| | | | Acculturation score |
|---|---|---|---|
| Spearman's rho | Acculturation score | Correlation Coefficient | 1.000 |
| | | Sig. (2-tailed) | . |
| | | N | 35 |
| | Age | Correlation Coefficient | .186 |
| | | Sig. (2-tailed) | .286 |
| | | N | 35 |
| | Immigration age | Correlation Coefficient | -.294 |
| | | Sig. (2-tailed) | .087 |
| | | N | 35 |
| | Times moved | Correlation Coefficient | .312 |
| | | Sig. (2-tailed) | .068 |
| | | N | 35 |
| | Number of children | Correlation Coefficient | .196 |
| | | Sig. (2-tailed) | .259 |
| | | N | 35 |
| | Relationship length | Correlation Coefficient | .345* |
| | | Sig. (2-tailed) | .042 |
| | | N | 35 |
| | Education | Correlation Coefficient | .635** |
| | | Sig. (2-tailed) | .000 |
| | | N | 35 |
| | Work status | Correlation Coefficient | -.212 |
| | | Sig. (2-tailed) | .222 |
| | | N | 35 |
| | Years in U.S. | Correlation Coefficient | .540** |
| | | Sig. (2-tailed) | .001 |
| | | N | 35 |

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Figure 23 *Scatterplots for SASH score and years in the United States, and SASH score and educational level*

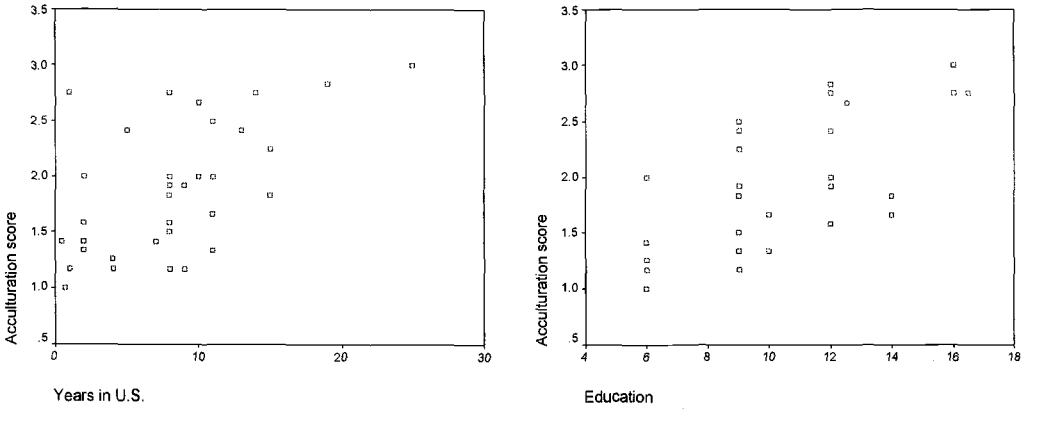
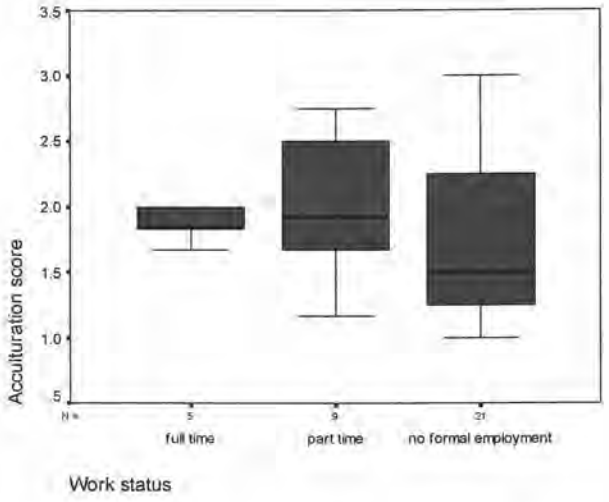


Figure 24 *Boxplot of participant's SASH score according to work status*




**Relationship power and socio-demographic variables**

A correlation analysis was performed between participants' SRPS score and the socio-demographic variables. Table 18 lists a summary of the findings with the correlation coefficient for each relationship. The two demographic variables found to be significantly correlated with the SRPS score of participants were years in the United States and education (rho=0.52 and rho=0.471 respectively for the Spearman's rho coefficient). The first positive association can be interpreted as the longer her stay in the United States, the more power a woman holds in her relationship. The second one suggests that the more education a woman has, the more power a woman holds in her relationship. Through the correlation analysis, it also was found that relationship length, age, and the number of times that a woman had moved had a small correlation with her relationship power score. Rank correlation also indicates some negative association with age at immigration. In terms of employment, there was no difference (using the Kruskall Wallis nonparametric test) in the median relationship power scores

among the three groups defined by work status. Among the women who work full-time, however, there were no low scores on the SRPS, indicating that women who have employment outside the home tend to have medium to high levels of relationship power (see Figure 26).

Table 20 *Spearman's correlation for relationship power score and demographic variables*

**Correlations**

| | | | Relationship power score |
|---|---|---|---|
| Spearman's rho | Relationship power score | Correlation Coefficient | 1.000 |
| | | Sig. (2-tailed) | . |
| | | N | 35 |
| | Age | Correlation Coefficient | .308 |
| | | Sig. (2-tailed) | .072 |
| | | N | 35 |
| | Immigration age | Correlation Coefficient | -.298 |
| | | Sig. (2-tailed) | .082 |
| | | N | 35 |
| | Times moved | Correlation Coefficient | .289 |
| | | Sig. (2-tailed) | .093 |
| | | N | 35 |
| | Number of children | Correlation Coefficient | .192 |
| | | Sig. (2-tailed) | .268 |
| | | N | 35 |
| | Relationship length | Correlation Coefficient | .438** |
| | | Sig. (2-tailed) | .009 |
| | | N | 35 |
| | Education | Correlation Coefficient | .471** |
| | | Sig. (2-tailed) | .004 |
| | | N | 35 |
| | Years in U.S. | Correlation Coefficient | .517** |
| | | Sig. (2-tailed) | .001 |
| | | N | 35 |

**. Correlation is significant at the 0.01 level (2-tailed).

Figure 25 *Scatterplots for SRPS score and years in the United States, and SPRS score and educational level*

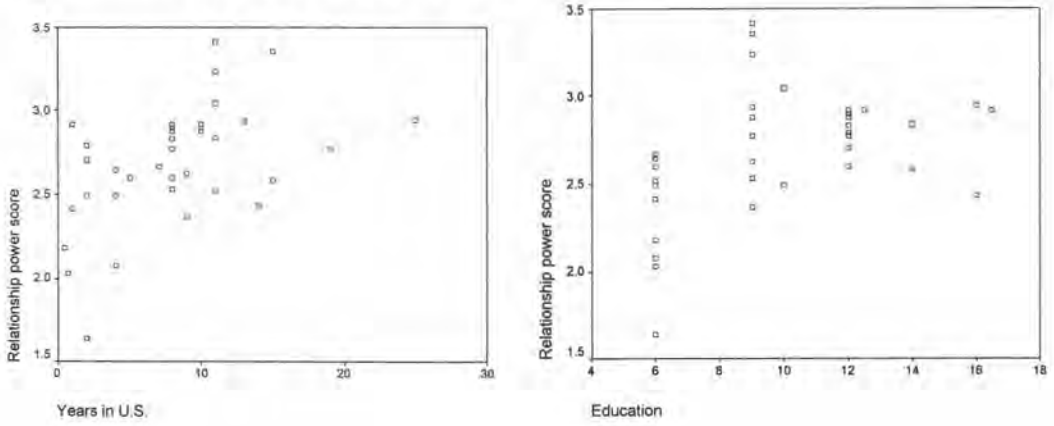
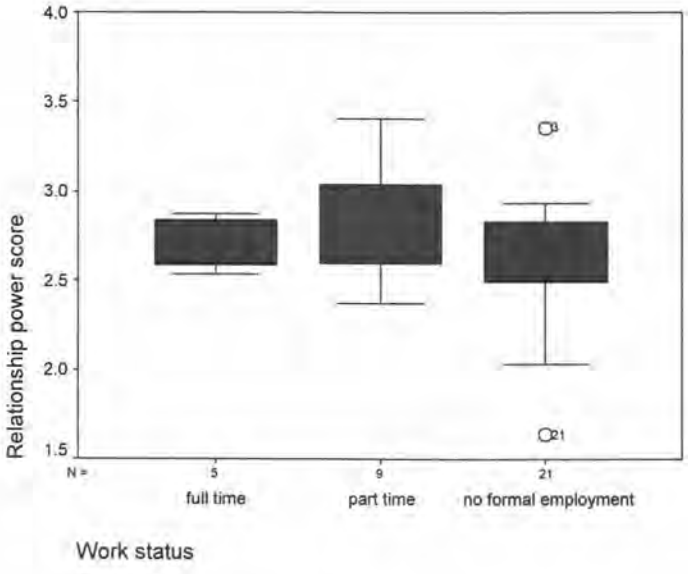



Figure 26 *Boxplot of participant's SRPS scores according to work status*



**Depression, acculturation, and relationship power**

A correlation analysis was performed between participants' CESD-R, SASH, and SPRS scores to determine correlations between the variables. Tables 21 and 22 list a summary of the findings with the correlation coefficient for each relationship. The correlation between depression scores and acculturation scores was found to be very small and negative. Depressed women showed lower median scores and more variability than non-depressed women in terms of acculturation scores. The correlation between depression scores and relationship power scores was weak and negative, indicating that a woman with a higher relationship power score was less likely to have a depression score that would classify her as depressed. This negative correlation between depression and relationship power also was found when categorized versions of the scores (depressed and non-depressed, low and medium/high relationship power) were used (see Figure 29).

Table 21 *Spearman's correlation for CESD-R depression score and SASH acculturation score*

**Correlations**

| | | | CESD-R score | SASH score |
|---|---|---|---|---|
| Spearman's rho | CESD-R score | Correlation Coefficient | 1.000 | -.063 |
| | | Sig. (2-tailed) | . | .720 |
| | | N | 35 | 35 |
| | SASH score | Correlation Coefficient | -.063 | 1.000 |
| | | Sig. (2-tailed) | .720 | . |
| | | N | 35 | 35 |

Figure 27 *Scatterplot for CESD-R depression score and SASH acculturation score*

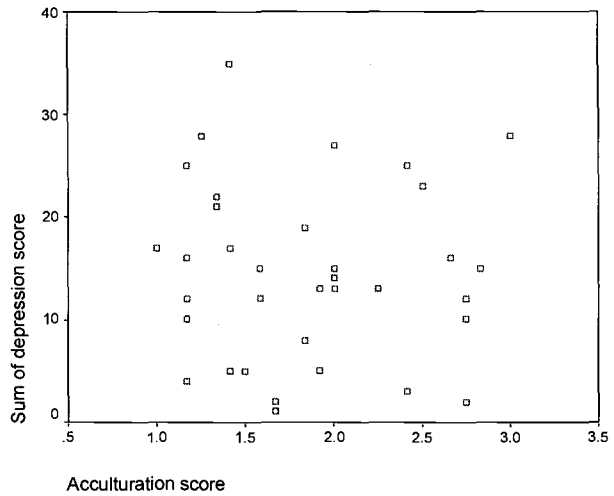



Table 22 *Spearman's correlation for CESD-R depression score and SRPS relationship power score*

**Correlations**

| | | | CESD-R score | SRPS score |
|---|---|---|---|---|
| Spearman's rho | CESD-R score | Correlation Coefficient | 1.000 | -.231 |
| | | Sig. (2-tailed) | . | .182 |
| | | N | 35 | 35 |
| | SRPS score | Correlation Coefficient | -.231 | 1.000 |
| | | Sig. (2-tailed) | .182 | . |
| | | N | 35 | 35 |

Figure 28 *Scatterplot for CESD-R depression score and SRPS relationship power score*

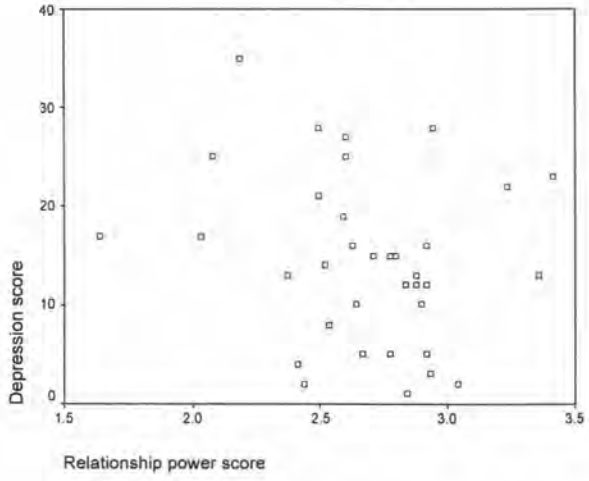
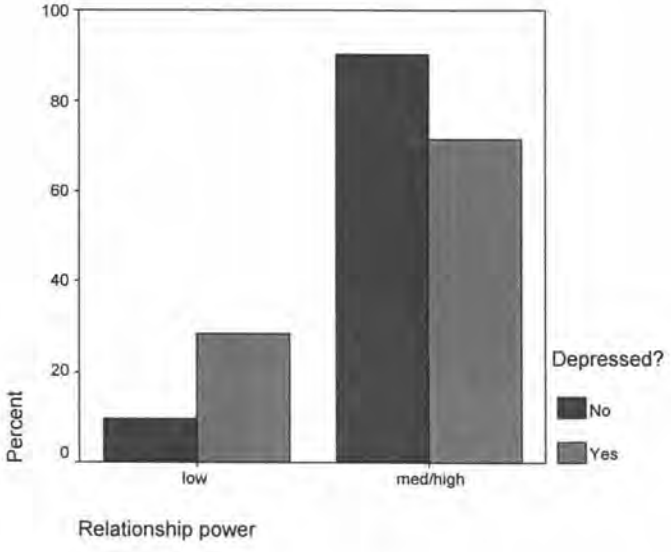



Figure 29 *Relationship between depression and relationship power: categorized variables*




By looking at a contingency table for the categorized versions of the depression and relationship power variables, it was calculated that the odds of being

depressed increased four-fold if the woman was in the category of low relationship power as opposed to the medium/high group (see Table 21).

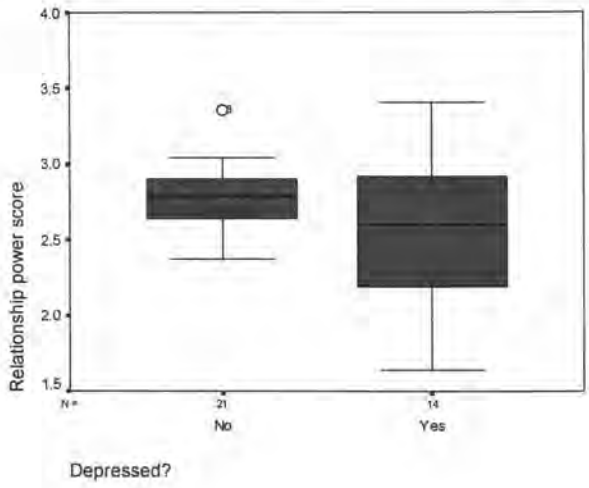
Table 23 *Contingency table for the categorized versions of depression and relationship power level*

| | | Depressed? | | |
|---|---|---|---|---|
| | | No | Yes | Total |
| Relationship power | low | 2 | 4 | 6 |
| | med/high | 19 | 10 | 29 |
| Total | | 21 | 14 | 35 |

The odds of being depressed for women with low relationship power: 4/2
The odds of being depressed for women with med/high relationship power: 10/19
Odds ratio: (4/2)/(10/19) = approx. 4

When women were classified as either depressed or non-depressed and their relationship power scores were examined, it was found that the relationship power score median was higher for non-depressed women and there was much less variability among them than among depressed women (see Figure 30). The group of depressed women had a lower median score and substantial diversity in their relationship power scores, suggesting that there are many other factors associated with depression besides relationship power.

Figure 30 *Boxplot of participants' SPRS score according to depression caseness*




Acculturation and relationship power scores were found to be significantly correlated through statistical analysis (rho=0.47). The summary of this correlation is found in Table 24.

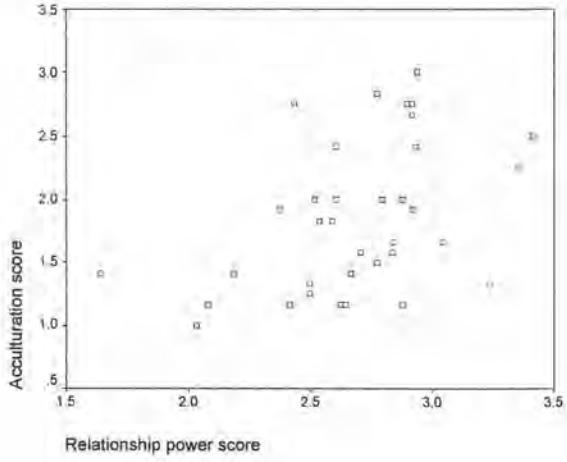
Table 24 *Spearman's correlation for SASH acculturation score and SRPS relationship power score*

**Correlations**

| | | | SASH score | SRPS score |
|---|---|---|---|---|
| Spearman's rho | SASH score | Correlation Coefficient | 1.000 | .471** |
| | | Sig. (2-tailed) | . | .004 |
| | | N | 35 | 35 |
| | SRPS score | Correlation Coefficient | .471** | 1.000 |
| | | Sig. (2-tailed) | .004 | . |
| | | N | 35 | 35 |

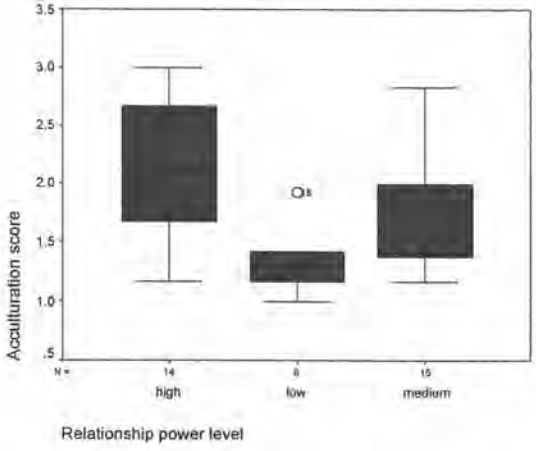
**. Correlation is significant at the 0.01 level (2-tailed).

Figure 31 *Scatteplot for SASH acculturation score and SRPS relationship power score*




For women with low relationship power, the median acculturation score was low and there was little variation in acculturation scores. As the relationship power level increased (into the medium and high categories), the acculturation score was higher and the diversity in scores was higher. There was a high level of diversity in acculturation scores and a higher median for women with high relationship power (see Figure 32).

Figure 32 *Boxplot of participants' SASH acculturation score according to relationship power level*



## Discussion

This study was designed to explore associations among depression, acculturation level, relationship power, and socio-demographic variables in a sample of Mexican immigrant women. The sample of 35 women was comprised mostly of married females in their thirties who came from rural areas of Mexico, had spent an average of 8.1 years living in the United States and were currently residing in Benton County, Oregon. Although no strong correlation was found between depression and acculturation or between depression and relationship power, other patterns and relationships of interest were found.

### *Depression*

Forty percent (40%) of the women in this sample were categorized as having symptoms of depression according to their CESD-R scores, a figure that is comparable to the prevalence rate of 46% reported in the literature for Latina women in the United States (Vega & Amaro, 1998). The mean score of 14.5 on the CESD-R scale was similar to the mean CESD-R score of 13.2 reported in a study that explored depression in a sample of one hundred adult women born and raised in Mexican rural communities but who had migrated to the United States and resided in Los Angeles (Salgado de Snyder, Jesus Diaz-Perez, & Maldonado, 1995). Depression was found to be positively correlated with the number of children a woman had and with the length of her current primary sexual relationship. The first finding suggests that the size of the immediate family may provide a woman with a source of emotional support that could translate into a lower risk for depression. Secondly, a long-term primary sexual

partner may provide an important confidant relationship to a woman, offering an additional source of emotional support.

*Acculturation*

The majority of women in the sample (34 out of 35) were classified as less acculturated according to their SASH score, indicating that the level of acculturation into American mainstream culture in this sample was low. This concentration of women at low acculturation levels limited the analysis of this study, as it did not provide a wide range of scores to correlate with the other variables. Thus, the analysis was not conducted using acculturation levels (for example, high versus low) but instead used raw scores. The two variables to show a significant correlation with acculturation scores were number of years in the United States and education. It was not surprising to find that the longer a woman's stay in the United States was, the higher her acculturation into American mainstream culture, as she is increasingly exposed to the language and practices of the mainstream culture the longer she lives in the country. Also, it makes sense that women with higher acculturation scores also had more years of formal education, as individuals who are more acculturated (English proficiency being a major factor in acculturation, especially as scored by the SASH scale) have better vocational opportunities.

The fact that a high proportion of women in the sample had low levels of acculturation highlights a serious obstacle for receiving preventive and treatment mental health services. The theory of acculturation has been identified as a critical tool in mental health counseling because evidence shows that the effectiveness of

counseling can be affected by the client's level or degree of acculturation into the dominant society (Cuellar, Harris & Jasso, 1980). Professional psychologists that serve Latino populations, however, seldom have been found to use acculturation instruments as part of the counseling process (Dana, 1996). Thus, not using an assessment of acculturation level in therapy could be a major barrier to providing the most effective mental health services to Latinos and Latinas in this country. As explained by Watkins & Callicut (1997), it is critical for mental health programs and services to provide Spanish/English bilingual personnel and to incorporate the unique cultural aspects of Hispanic life. The low levels of acculturation found in this sample from Benton County, Oregon, should stand out to mental health professionals as an important factor to consider when examining the needs of their client population.

*Relationship power*

The results of this study indicate that the women in this sample had medium and high levels of relationship power in their primary sexual relationships. This finding was surprising considering that most of the women had low acculturation levels and as such, were expected to follow more traditional gender roles in relationships. A traditional gender dynamic generally has been considered to detract women from power in decision-making and sexual dominance over their partners. The results of this study, however, suggest that women that adhere to traditional Latino culture and gender roles may not be lacking power in their relationships; this outcome is consistent with findings from a study that explored relationship power in couples of Mexican origin and found that women do not perceive themselves as lacking power;

instead, the couples in that study agreed that men and women both have power, even though it is exerted differently according to gender (Harvey et al., 2002). The study participants (both males and females) felt that women had decision-making power about household matters and children, while men held power in decisions relating to money (Harvey et al., 2002). In the present study, the two socio-demographic variables that had significant associations with relationship power scores were years in the United States and education level. This result correlates with the finding of a positive association between acculturation scores and relationship power scores in the women from this sample because years in the United States and education level can increase acculturation into the American mainstream.

*Depression, acculturation, and relationship power*

Although the study was designed to investigate factors that can affect the presence or absence of depression, the analysis did not yield a significant association between depression and acculturation scores or between depression and relationship power scores. One interesting pattern was found, however, when women in the sample were categorized into either low relationship power or medium to high relationship power: the odds of being depressed increased four-fold if the woman was in the category of low relationship power as opposed to being in the medium to high group. Moreover, a significant positive correlation was found between acculturation scores and relationship power, suggesting that as traditional Latino gender-based roles and values change as a result of acculturation, the relationship control and decision-making ability of a woman in a primary sexual relationship increased. The results of

this study cannot be generalized to other Mexican American and immigrant women as the study was not based on a random sample. The aforementioned findings, however, could indicate that a woman who is in a relationship where she can make her own decisions and feel control over situations is also feeling a strong sense of self-empowerment and of emotional and social support from her partner. This empowerment and support can in turn diminish her risk for depression symptoms. Also, as an immigrant woman from Mexico acculturates into the United States mainstream, her level of power in sexual relationships may increase and this in turn decrease her vulnerability to depression. This association could serve as a starting point for mental health efforts for Latina women that focus on self- empowerment (be it emotional, educational, political, or financial) and on social support networks as a means to prevent or treat depression. Immigrant Latinas may be facing barriers to their well-being at multiple levels: as women, as people of color, as individuals with limited English skills, and as immigrants who have left their social networks behind in their home countries. Thus, a successful approach to mental health will need to incorporate the numerous layers of factors that can affect depression risk in Latina women.

**Conclusions**

This study did not yield significant associations between depression and acculturation or between depression and relationship power in the participant population. Nonetheless, other patterns and associations found offer insight into socio-cultural and socio-demographic factors that may affect mental health needs, access to

services, and barriers to treatment in Mexican immigrant populations. Also, this study showed that depression was present in forty-percent of participants, which is cause for concern, especially for individuals that work in promoting the health and well-being of the community. It is hoped that the current research will call attention to the mental health needs of Mexican immigrant women and to methods of screening and treatment of depression already in place for this population. The information gathered through this study hopefully will serve as a starting point for further research with the goal of creating successful and culturally-relevant prevention and treatment services for the growing population of Latinos in the United States. It is critical that future studies clarify the impact of socio-cultural factors on depression so that services already in place are improved and barriers to effective outreach and treatment are erased.

**Recommendations for future research**

- Increase the number of participants and use randomized sampling in order to increase the generalizability of the results to the larger Mexican immigrant female population.
- Replicate the study on a sample of Mexican immigrant women with a wide range of acculturation, as a relationship between acculturation level and depression may surface when distinctive levels of acculturation are present rather than having all participants fall into one level (as it occurred in the current study). The study could also be replicated on a sample of Mexican American women with a wide range of generational status, comparing

immigrant women to first-, second-, or third or higher-generation Mexican American women.

- Investigate on whether rural or urban origin has an effect on depression, acculturation, or relationship power in Mexican immigrant women.
- Conduct a similar study on a sample of Mexican immigrant men and compare results with those from a sample of women.
- Conduct similar research on the mental health of other immigrant populations.
- Investigate other factors that may affect depression in immigrant populations, such as socioeconomic status or cultural beliefs (for example, help-seeking behaviors or stigma associated with mental illness).

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# APPENDICES

Appendix A.1

Invitation handout provided to all potential participants: English version

**Research Study:**

# Mental Health and Latinas

## Factors affecting depression symptoms in Mexican American women

**DID YOU KNOW...?**

- That Latinos experience more depression than other groups?
- That Latina women are especially vulnerable?

**WHAT CAN WE DO TO HELP?**

If you have any questions or would like to participate in this study please call:

**Gabriela Helfgott**
**541-231-4069**

Please call anytime between 12-6 pm Monday through Sunday

**Se habla español**

This is a research study being conducted by a graduate student at OSU on the factors that may affect the presence of depression symptoms in Mexican American women. The goal is to improve mental health prevention and treatment programs for Latinos. If you choose to participate, you would arrange a one-on-one interview in the language of your choice and answer a questionnaire on depression symptoms, acculturation, and decision-making in relationships. The interview would take about 30 minutes and all information would be kept strictly confidential.

**Please call the number on the left if you have any questions or would like to set up an interview time.**

Also, please share this information with any women who may be interested in participating.

**Thank you for considering participating in this study!**

Appendix A.2

Invitation handout provided to all potential participants: Spanish version

## Estudio de investigación

# La salud mental en mujeres Latinas

### Factores que afectan síntomas de depresión en mujeres Mexicanas / Mexicanas-Americanas

**¿Sabias que...?**

- Los Latinos sufren de depresión mas que otros grupos?
- Las mujeres Latinas están a mas riesgo?

**Lo que no sabemos es POR QUÉ. ¿Qué es lo que puedes hacer para ayudar?**

Si Usted tiene cualquier pregunta o desear participar, por favor llamar a:

**Gabriela Helfgott**
**541-231-4069**

Por favor llame cualquier día entre las 12-6 PM, Lunes a Domingo (todos los días)

**Se habla español**

Esta es una investigación sobre factores que pueden influenciar la presencia de síntomas de depresión en mujeres Mexicanas; este es un estudio conducido por una estudiante graduada en OSU como parte de su tésis. El propósito es mejorar los servicios de prevención y tratamiento de salud mental para la población Latina. Si decide participar, Usted tendría una entrevista privada en el lenguaje/idioma de su preferencia y respondería a un cuestionario con preguntas sobre síntomas de depresión, aculturación, y sobre como toma decisiones con su pareja. La entrevista tomaría 30 minutos y toda información recolectada sería estrictamente confidencial.

**Por favor llame al numero a la izquierda si tiene cualquier pregunta o si desea participar.**

Si Usted conoce otras mujeres que puedan estar interesadas en participar, por favor comparta esta información con ellas.

**¡Gracias por considerar participar en este estudio!!**

Appendix B

Contact cards provided to each potential participant: English & Spanish versions

**Research Study:**
**MENTAL HEALTH AND LATINAS**

If you have any questions or would like to set up an interview time please contact:

**GABRIELA HELFGOTT**

**(541)-231-4069**

**Se habla español**

Please call anytime between 12pm-6pm, Monday through Sunday (everyday)

**Your interview will take place at:**
_____
_____
_____

Gabriela Helfgott
MPH candidate
Department of Public Health
Oregon State University
helfgotg@onid.orst.edu

***All information collected will be kept strictly confidential***

**Estudio de investigación:**
**LA SALUD MENTAL EN MUJERES LATINAS**

Si Usted tiene cualquier pregunta acerca del estudio o si desea participar, por favor llamar a:

**GABRIELA HELFGOTT**

**(541)-231-4069**

**Se habla español**

Por favor llamar cualquier día entre las 12 pm—6 p.m. Lunes a Domingo

(todos los días)

La entrevista tomara lugar en:
_____
_____
_____

Gabriela Helfgott
MPH Candidate
Departmento de Salud Publica
Universidad del Estado de Oregon (OSU)
helfgotg@onid.orst.edu

*Toda información recolectada será estrictamente confidencial*

# Appendix C.1

Informational handout provided to individuals that helped with recruitment of participants: English version

**Research Study**

## Mental Health and Latinas

### Factors affecting depression symptoms in Mexican American women

**DETAILS OF STUDY:**

- This is a research study of factors that may influence the presence of depression symptoms in Mexican American women. The research is being conducted by Gabriela Helfgott, a graduate student at the Public Health Department at Oregon State University (OSU) as part of her thesis work.
- The information learned will help in understanding the complexity of the issues that can affect a woman's mental health so that better prevention and treatment programs can be designed an implemented, especially for Latinos, since not a lot of research focuses on this population.
- The study needs women who...
  -Are 18 years of age or older
  -Consider themselves Latina of Mexican or Mexican-American origin
  -Are currently or have been involved (in the past 3 months) with a partner in a relationship (like a husband, boyfriend, or live-in partner)
- The women who decide to participate will have a one-on-one interview that would last about 30 minutes. The interview would be conducted by Gabriela in the participant's preferred language. The interview consists of a questionnaire with questions on depression symptoms, acculturation, and questions on decision-making in relationships. Some of these questions may be very personal or of a sensitive nature. The participant can end the interview or choose not to answer any question at any time.
- The identity and answers of each participant will be kept completely and strictly confidential. The name of each participant will never be attached to any specific questionnaire or answer. No one but the interviewer (Gabriela) and the participant would know what is talked about during the interview.
- A small gift will be provided to all women who participate at the time of the interview.
- Any help with this study is greatly appreciated, whether it is by participating, by sharing information on the study with women who may be interested in participating, and by providing a space to conduct the interviews.

**In order to improve the health of our Latino community we need to identify our needs through research.**

**THANK YOU VERY MUCH FOR YOUR HELP.**

If you have any questions or Would like to participate, please contact:

**Gabriela Helfgott**
**541-231-4069**

Please call anytime between 12-6pm Monday through Sunday

**Se habla español**

Gabriela Helfgott
MPH Candidate
Department of Public Health—OSU
(541)-231-4069

Dr. Anne Rossignol
Faculty Advisor
Department of Public Health—OSU
(541)-737-3840

# Appendix C.2

Informational handout provided to individuals that helped with recruitment of participants: Spanish version

**Estudio de investigación**

## La salud mental en mujeres Latinas

### Factores que afectan síntomas de depresión en mujeres Mexicanas / Mexicanas-Americanas

**DETALLES DEL ESTUDIO:**

- Esta es una investigación sobre factores que pueden influenciar la presencia de síntomas de depresión en mujeres Mexicanas o Mexicanas-Americanas. Esta investigación esta siendo conducida por Gabriela Helfgott, estudiante graduada en el Departamento de Salud Publica de Oregon State University (OSU) como parte de su tesis.
- La información servirá para comprender mejor los factores que pueden influenciar la salud mental de la mujer para poder diseñar mejores programas de prevención y tratamiento, especialmente para Latinos, ya que no hay mucha investigación diseñada alrededor de esta población.
- Se necesitan mujeres que...
  - Tengan 18 o mas anos de edad
  - Se consideren Latinas de origen Mexicano o Mexicano-Americano
  - Estén en una relación con pareja (marido, esposo, novio, enamorado, conviviente, etc.) en el presente o en los últimos 3 meses.
- Las mujeres que decidan participar tendrán una entrevista individual que durará mas o menos 30 minutos. La entrevista será conducida por Gabriela en el idioma de preferencia de la participante. La entrevista consistirá de un cuestionario con preguntas sobre síntomas de depresión, aculturación, y sobre como la participante toma decisiones con su pareja. Algunas de estas preguntas pueden ser bien personales y sensibles. La participante puede terminar la entrevista o dejar de responder alguna pregunta en cualquier momento que se sienta incómoda.
- La identidad y las respuestas de cada participante serán totalmente y estrictamente confidenciales. El nombre de cada participante nunca estará en ningún cuestionario o respuesta. Solo la entrevistadora (Gabriela) y la participante sabrán de que se hablo durante la entrevista.
- Un pequeño regalo será dado a cada participante como agradecimiento al momento de la entrevista.
- **Se agradece muchisimo cualquier ayuda con este estudio, ya sea participando, compartiendo la información sobre el estudio con otras mujeres, o con un local para las entrevistas.**

**Para mejorar la salud de nuestra comunidad Latina, tenemos que identificar nuestras necesidades a través de la investigación.**
**MUCHAS GRACIAS POR SU AYUDA.**

Si Usted tiene cualquier pregunta o desear participar, por favor llamar a:

**Gabriela Helfgott**
**541-231-4069**

Por favor llame cualquier día entre las 12-6 PM, Lunes a Domingo (todos los días)

**Se habla español**

Gabriela Helfgott
MPH Candidate
Department of Public Health—OSU
(541)-231-4069

Dr. Anne Rossignol
Faculty Advisor
Deparment of Public Health—OSU
(541)-737-3840

Appendix D.1

Script of screening and scheduling phone call: English version

[*This is a set of questions and statements that was followed when potential participants called to ask questions about the study or set up an interview time*]

Thank you for calling about the study of factors affecting depression symptoms in Mexican American women. I can answer any questions that you may have about the study and we can set up an interview time if you would like to participate.
Do you have any questions or concerns to begin with? [*answer any questions or concerns*]

The purpose of this study is to add to the knowledge on the issues surrounding the mental health of Latinas in order to provide better prevention and care for them and improve Latino health as a whole. Let me remind you that this is a study that may contain sensitive material and if you choose to participate you can skip questions you may not feel comfortable asking, or you may stop the interview all together. Your confidentiality will be ensured and your name will never be attached to any questionnaire or response. If you choose to participate, the only personal information I would need is your first name and the first initial of your last name.

In order to participate in this study, you must meet the following criteria: you need to be a woman 18 years old or older who considers herself a Latina of Mexican origin, whether you identify as Mexican, Mexican American, or Chicana. Also, because of some of the questions I'll be asking in the study, I need participants who are currently involved with a male or female partner in a relationship or have been

involved with a partner in the past three months. A partner can be someone like a husband, a boyfriend, a girlfriend, or a live-in partner. Do you have any questions or concerns about the criteria I just mentioned?

[*answer any questions or concerns*]

Do you meet the criteria I just mentioned?

→ *If **no***: Thank you for your interest in this study. Unfortunately, you do not meet the criteria set for this study. Even though you cannot participate, I would still like to ask you that if you know of anyone who may be interested in participating, to have them call this number about the study. Are there any other questions or concerns that you would like me to answer before we end the phone call? [*answer any questions or concerns*]. Thank you again and have a great day.

→ *If **yes***: Since you meet the criteria for this study, you can choose to participate in the study. Would you like to participate in this study?

> → *If **no**:* Thank you for your interest in this study. Even though you have decided not to participate, I would still like to ask you that if you know of anyone who may be interested in participating, to have them call this number about the study. Are there any other questions or concerns that you would like me to answer before we end the phone call? [*answer any questions or concerns*]. Thank you again and have a great day.
>
> → *If **yes**:* Thank you for your interest in this study. Would you like to set up an interview time now?

→ *If* ***no***: I want to remind you that you can call this number any time between 12 – 6 pm everyday in order to schedule the interview. Are there any other questions or concerns that you would like me to answer before we end the phone call? *[answer any questions or concerns].* I would like to ask you that if you know of anyone else who may be interested in participating, to have them call this number about the study. Thank you again and have a great day.

→ If **yes**: Could I have your first name and the first initial of your last name for scheduling purposes? [*wait for response and write down name*]. Thank you. The available times for the interview, which is estimated to take 30 minutes, are [*read available times for interview for the location of the potential participant's recruitment method*]. Which of those times would be most convenient for you? [*arrange specific date and time*].

Thank you for scheduling a time and date for your interview. I will meet you at [*insert date, time, and place of interview here*]. Do you need directions on how to get to *[insert place of interview here]*? [*provide participant with directions*]. Are there any other questions or concerns that you would like me to answer or address before we end the phone call? [*answer any questions or concerns*]. Also, I would like to ask you that if you know of anyone else who may be interested in participating, to have them call this number about the study. Thank you again and have a great day.

Appendix D.2

Script of screening and scheduling phone call: Spanish version

[*This is a set of questions and statements that was followed when potential participants called to ask questions about the study or set up an interview time*]

Gracias por llamar acerca del estudio de factores que afectan los síntomas de depresión en mujeres mexicanas o mexicanas-americanas. Yo puedo tratar de responder cualquier pregunta que Usted tenga acerca del estudio y también podemos coordinar una fecha y hora para su entrevista si es que decide participar. Tiene alguna pregunta o preocupación antes de que comencemos? *[answer any questions or concerns]*

El propósito de este estudio es añadir al conocimiento que se tiene sobre los factores que pueden influenciar la salud mental de mujeres Latinas, para poder proveer mejores programas de prevención y tratamiento de salud mental y para poder mejorar la salud de toda la comunidad Latina. Le recordare que este estudio contiene material que Usted pueda encontrar personal y sensible, así que si decide participar, Usted puede decidir no contestar preguntas o puede parar la entrevista del todo. Su confidencialidad será protegida y su nombre nunca será conectado a ningún cuestionario o respuesta. Si Usted decide participar, la única información personal que necesitaría yo seria su primer nombre y la inicial de su apellido.

Para calificar como participante en este estudio, Usted tiene que ser una mujer de 18 anos de edad o mas y considerarse a si misma como Latina de origen Mexicano, ya sea Mexicana, Mexicana-Americana, o Chicana. Ya que algunas preguntas que se

le preguntaran durante la entrevista son sobre temas de relaciones de parejas, las participantes tienen que estar en una relación con pareja, ya sea hombre o mujer, en el presente o en los últimos 3 meses. Ejemplos de parejas pueden ser un marido, esposo, novio/a, conviviente, o enamorado/a. Tiene alguna pregunta o preocupación sobre los requerimientos de participación que acabo de mencionar? *[answer any questions or concerns]*

Tomando en cuenta los requerimientos, es que Usted califica para participar?

→*If **no***: Gracias por su interés en el estudio. Desafortunadamente Usted no puede participar ya que no pasa los requerimientos del estudio. Aunque Usted no puede participar, igual le pediría que pase la información sobre el estudio a otras mujeres que Usted crea tengan interés en participar, dándoles este mismo numero para que ellas lo llamen. Hay alguna otra pregunta o preocupación que quisiera que le responda antes de que terminemos esta llamada telefónica? [*answer any questions or concerns*]. Muchísimas gracias de nuevo y espero que tenga un buen día.

→ *If **yes***: Ya que Usted califica para participar en este estudio, Usted puede escoger participar en esta investigación. Quisiera participar en este estudio?

> →*If **no***: Gracias por su interés en este estudio de investigación. Aunque usted ha decidido no participar, igual le pediría que pase la información sobre el estudio a otras mujeres que Usted crea tengan interés en participar, dándoles este mismo numero para que ellas lo llamen. Hay alguna otra pregunta o preocupación que quisiera que le responda antes de que terminemos esta

llamada telefónica? [*answer any questions or concerns*]. Muchísimas gracias de nuevo y espero que tenga un buen día.

→ *If* ***yes***: Gracias por su interés en participar. Quisiera coordinar una fecha y hora para su entrevista ahora?

→*If* ***no***: Quisiera recordarle que Usted puede llamar a este teléfono en cualquier momento entre las 12 – 6 pm todos los días para coordinar una fecha y hora par su entrevista. Hay alguna otra pregunta o preocupación que quisiera que le responda antes de que terminemos esta llamada telefónica? [*answer any questions or concerns*]. Le pediría que pase la información sobre el estudio a otras mujeres que Usted crea tengan interés en participar, dándoles este mismo numero para que ellas lo llamen. Muchísimas gracias de nuevo y espero que tenga un buen día.

→ *If* ***yes*****:** Podría darme su nombre y la inicial de su apellido para propósitos de coordinación de las entrevistas? *[wait for response and write down name].* Gracias. Los horarios disponibles para la entrevista, la cual durara aproximadamente una media hora, son *[read available times for interview for the location of the potential participant's recruitment method]*. Cuales de estos horarios disponibles son más convenientes para Usted? *[arrange specific date and time].* Muchas gracias por coordinar una entrevista. Yo la encontrare el día [*insert date, time, and place of interview here*] Necesita direcciones para llegar a *[insert place of interview here]*? [*provide participant with directions*].

Hay alguna otra pregunta o preocupación que quisiera que le responda antes de que terminemos esta llamada telefónica? [*answer any questions or concerns*]. Le pediría que pase la información sobre el estudio a otras mujeres que Usted crea tengan interés en participar, dándoles este mismo numero para que ellas lo llamen. Muchísimas gracias de nuevo y espero que tenga un buen día.

Appendix E.1

Script of interview: English version

[*This is the transcript that was followed during each interview conducted for the study*]

Thank you for participating in this study about factors affecting depression symptoms in Mexican American women. Before we start the actual interview, I would like to ask you in which language you would like me to conduct the interview? I speak Spanish and English fluently so please don't hesitate to choose the language in which you feel most comfortable speaking or listening *[allow for participant to decide on language of choice].* Do you have any questions or concerns to begin with? [*answer any questions or concerns*]

The purpose of this study is to add to the knowledge on the issues surrounding the mental health of Latinas in order to provide better prevention and care for them and improve Latino health as a whole. Let me remind you that some of the topics we will discuss are very personal, and you may refuse to answer any of the questions and you may stop the interview at any time. Simply tell me that you would like to skip the question or to stop the interview and we can do that, without having to explain why. Your confidentiality will be ensured and your name will never be attached to any questionnaire or response. The only personal information I have of yours is your first name and the first initial of your last name. This information will never be linked to any questionnaire or response and I am the only person who has access to that information. Whatever you and I discuss today will be strictly confidential.

This interview will last approximately 30 minutes. During that time, I will ask you a set of questions related to acculturation, depression, and decision-making in relationships. Many of the questions on the questionnaire follow a Likert scale format, in which you'll be asked how you agree or disagree with a statement to express agreement on a scale of one to five or one-to four scale. At the beginning of each section, I will explain how to answer each set of questions using the number scale. A few demographic questions also will be asked towards the end of the interview, which are questions about your age, education level, etc. Again, I want to remind you that if you want to skip questions or end the interview at any time, please don't hesitate to do so.

Before we begin the actual questionnaire, I would like to ask you to read this Informed Consent Document and sign it on the fourth page. This document outlines [1] the study and what we'll do today, and talks about how your confidentiality will be kept and what possible risks or benefits could come from participating in the study. If you have any questions about this document please don't hesitate to ask. Also, if you would like me to read the document out loud for you, please say so *[answer any questions and either let the participant read the document or read it out loud for them. Wait for them to sign the document. Sign it myself under the 'Researcher Statement' section].*

Are there any other questions or concerns that you would like me to answer or address before we begin the questionnaire? [*answer any questions or concerns*]. Are you ready to start the questionnaire?

[*PROCEED WITH QUESTIONNAIRE*]

[*before reading the Acculturation questions, Language and Media Preference sub-section*] I will be reading a list of questions and for each one I would like you to choose one of the following options: 1: only Spanish, 2: Spanish better/more than English, 3: both equally, 4:English better/more than Spanish, and 5:only English.

[*before reading the Acculturation questions, Ethnic Social Relations sub-section]*
I will be reading a list of statements and for each one I would like you to choose one of the following options: 1: all Latinos/Hispanics, 2: more Latinos than Americans, 3: about half and half, 4: more Americans than Latinos, and 5: all Americans.

[*before reading the Depression questions*]
I will read you a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past two weeks. The options are: not at all or less than one day, 1-2 days, 3-4 days, 5-7 days, or nearly every day for the past 2 weeks.

[*before proceeding to the Sexual Relationship Power section*]
We are almost finished with the interview. These next few questions are about aspects of your relationship with your partner and your personal sexual behavior. I know that some of these questions may be sensitive, but this information is very important and will help in the understanding of people's views and behavior. Again, I want to remind you that this survey is anonymous and your answers are confidential. And, you can choose not to answer any questions or stop the interview at any time.

[*before reading the Relationship Control sub-scale*]

I will be reading a list of statements and for each one I would like you to choose one of the following options: 1: I strongly agree, 2: I agree, 3: I disagree, or 4: I strongly disagree.

[*before reading the Decision-Making sub-scale*]

I will be reading a list of statements and for each one I would like you to choose one of the following options: 1:your partner, 2: both of you equally, or 3: you.

*[before socio-demographic questions]*

We are almost done now. Now I will ask you a few socio-demographic questions and then we will be done.

*[read socio-demographic questions]*

We are now done with the questionnaire. Are there any other questions or concerns that you would like me to answer or address before we end the interview? [*answer any questions or concerns*].

I would like to give you this gift as a way to show my appreciation for your participation in this study. Your help and participation has been invaluable for my research. Also, I have a list of community resources around Corvallis and Benton County that I would like to share with you *[provide them with gift and resource list].*

Also, I would like to ask you that if you know of anyone else who may be interested in participating, to have them call me. If you need another card with my information I have extra ones I can give you *[provide them with extra contact cards if needed].* Again, thank you so much for your participation in this study and have a great day.

**END OF INTERVIEW.**

Appendix E.2

Script of interview: Spanish version

[*This is the transcript that was followed during each interview conducted for the study*]

Muchas gracias por participar en esta investigación de los factores que afectan síntomas de depresión en mujeres Mexicanas-Americanas. Antes de empezar la entrevista en si, quisiera preguntarle en que idioma preferiría Usted que hagamos la entrevista? Yo hablo español e ingles fluidos así que por favor elija Usted el lenguaje en que se sienta mas cómoda hablando o escuchando.

*[allow for participant to decide on language of choice]*

Tiene alguna pregunta o preocupación antes de que empecemos? [*answer any questions or concerns*]

El propósito de este estudio es añadir al conocimiento de los factores que pueden influenciar la salud mental de la mujer Latina, para poder diseñar mejores programas de prevención y tratamiento y para mejorar la salud de toda nuestra comunidad Latina. Le voy a recordar que algunos de los temas de los que hablaremos son bien personales, y Usted puede negarse a contestar preguntas o puede para la entrevista totalmente a cualquier momento. Simplemente dígame si quisiera no contestar alguna pregunta o si quisiera parar la entrevista y podemos hacer eso, sin preguntar por que. Su confidencialidad será asegurada y su nombre nunca será conectado a ningún cuestionario o respuesta. La única información personal que yo tengo de Usted es su nombre y la inicial de su apellido. Esta información nunca va a

ser conectada a ningún cuestionario o respuesta y yo soy la única persona que tiene acceso a esa información. Todo de lo que hablemos hoy día va a ser estrictamente confidencial.

Esta entrevista va a durar mas o menos media hora. Durante estos treinta minutos, yo le preguntare una serie de preguntas relacionadas a la aculturación, la depresión, y control de decisiones en la relación con su pareja. Muchas de las preguntas en el cuestionario siguen el formato Likert, en el cual se le preguntara como Usted esta de acuerdo o desacuerdo con una frase, siguiendo una escala de uno a cuatro o de uno a cinco. Al principio de cada sección, yo le explicare como contestar las preguntas usando este sistema de escalas. Al final de la entrevista también tendremos algunas preguntas socio-demográficas, como preguntas sobre su edad, nivel de educación, etc. Quisiera nuevamente recordarle que si Usted desea no contestar alguna pregunta o parar la entrevista a cualquier momento, simplemente me lo tiene que decir.

Antes de empezar el cuestionario, necesito preguntarle que lea este documento de Consentimiento Informado y ponga su firma en la última página. Este documento [1] explica el estudio, que es lo que haremos durante la entrevista hoy, y también habla de cómo su confidencialidad será asegurada y que posibles riesgos o beneficios pueden venir de su participación en este estudio. Si Usted tienen cualquier pregunta sobre este documento, por favor hágala. También, si Usted preferiría que yo le lea este documento en voz alta, pro favor avíseme. *[answer any questions and either let the participant read the document or read it out loud for them. Wait for them to sign the document. Sign it myself under the 'Researcher Statement' section].*

Hay alguna otra pregunta que quisiera hacer antes de empezar? [*answer any questions or concerns*]. Esta lista para empezar el cuestionario?

[*PROCEED WITH QUESTIONNAIRE*]

[*before reading the Acculturation questions, Language and Media Preference sub-section*] A continuación leeré una lista de preguntas y para cada una le pido que escoja una de las siguientes opciones: 1: solo español, 2: mas español que ingles, 3: ambos por igual, 4: ingles mejor que español, y 5: solo ingles.

[*before reading the Acculturation questions, Ethnic Social Relations sub-section]*
A continuación leeré una lista de oraciones y para cada una le pido que escoja una de las siguientes opciones: 1: solo latinos, 2: mas latinos que americanos, 3: casi mitad y mitad, 4: mas americanos que latinos, 5: solo americanos.

[*before reading the Depression questions*]
A continuación leeré una lista de cosas que usted puede haber sentido o tenido. Por favor diga que tan frecuentemente se sintió así en las dos semanas pasadas. Las opciones son: escasamente (0 a 1 días), algo (1 a 2 días), ocasionalmente (3 a 4 días), la mayoría (5 a 7 días), o casi a diario en las ultimas dos semanas (10 a 14 días).

[*before proceeding to the Sexual Relationship Power section*]

Ya casi hemos terminado con la entrevista. Las siguientes preguntas tocan temas de su relación con su pareja. Yo se que algunas de estas preguntas pueden ser sensibles, pero esta información es bien importante para entender el comportamiento y las opiniones de la gente. Quisiera de nuevo recordarle que este cuestionario es anónimo y que sus respuestas son totalmente confidenciales. Usted puede decidir no contestar alguna pregunta o puede parar la entrevista en cualquier momento.

[*before reading the Relationship Control sub-scale*]

A continuación leeré una lista de oraciones y para cada una le pido que escoja una de las siguientes opciones: 1: muy de acuerdo, 2: de acuerdo, 3: en desacuerdo, o 4: muy en desacuerdo

[*before reading the Decision-Making sub-scale*]

A continuación leeré una lista de oraciones y para cada una le pido que escoja una de las siguientes opciones: 1:su pareja, 2: ambos por igual, o 3: usted.

*[before socio-demographic questions]*

Ya casi hemos terminado. Ahora le preguntare algunas preguntas socio-demográficas y terminaremos esta entrevista.

*[read socio-demographic questions]*

Ya hemos terminado el cuestionario. Hay alguna pregunta o preocupación que Usted quisiera expresar antes de que terminemos la entrevista? [*answer any questions or concerns*]. Quisiera darle este regalo como agradecimiento por su participación en este estudio. Su ayuda ha sido invaluable para mi investigación. También tengo una lista de recursos en la comunidad de Corvallis y el Condado de Benton que quisiera darle. *[provide them with gift and resource list].* También quisiera pedirle que si Usted conoce a otra mujer o mujeres que puedan estar interesadas en participar en esta investigación, que por favor les pida que me llamen para coordinar una entrevista. Si Usted necesita una tarjeta extra con mi información, tengo algunas que le puedo dar. *[provide them with extra contact cards if needed].* Quisiera agradecerle de nuevo por su participación en este estudio y espero que tenga un buen día.

**END OF INTERVIEW.**

Appendix F.1

Informed Consent Document provided to each participant: English version


**Department of Public Health**
Oregon State University, 256 Waldo Hall, Corvallis, Oregon 97331-6406
T 541-737-2686 | F 541-737-4001

**INFORMED CONSENT DOCUMENT**

Project Title: **Depression, Acculturation, and Relationship Power in Mexican American Women**

Principal Investigator: **Dr. Anne Rossignol, Department of Public Health**
Research Staff: **Gabriela Helfgott**

**PURPOSE**

This is a research study. The purpose of this research study is to study the relationship between the presence of symptoms of depression and the concepts of acculturation and relationship power in Mexican American women. Acculturation refers to how beliefs, customs, attitudes and behaviors change as a result of the interaction between the people of two different cultures or regions. Relationship power is a concept that refers to the power differences in decision-making and control of one partner over the other in a sexual relationship. It is hoped that the results from this study will aid in the understanding of the complex reality of issues affecting the mental health of Mexican American women and that the results will help in improving the design of mental health prevention and treatment programs for Mexican Americans and Latinos, making them more effective and more culturally-appropriate.

The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask any questions about the research, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all of your questions have been answered, you can decide if you want to be in this study or not. This process is called "informed consent." You will be given a copy of this form for your records.

We are inviting you to participate in this research study because you are a woman 18 years of age or older who self-identifies as Latina of Mexican American origin and you have primary sexual partner (i.e. husband, live-in partner, girlfriend, boyfriend or lover) at the current time or during anytime in the past three months. The total number of subjects expected to participate in this study is fifty (50).

**PROCEDURES**

If you agree to participate, your involvement will last for approximately 30 minutes.

The following procedures are involved in this study.

1. **Language determination.** You will be asked in what language (either English or Spanish) you would prefer to have the interview (approximate time: 30 seconds).
2. **Consent Form.** You will read and sign this Consent Form (approximate time: 3 minutes).
3. You will be asked if you have any questions before we start the questionnaire and those will be answered by your interviewer (approximate time: 2 minutes).
4. You will be reminded that you can stop the interview at any time you feel uncomfortable, either by taking a break or by stopping the interview altogether (approximate time: 30 seconds).

5. **Questionnaire.** The questionnaire will be read to you in the language of your choice and you will be asked to answer the questions. The questions on this questionnaire follow a Likert scale pattern, in which you will have to choose how you feel about a statement on a scale of one to four (1-4) or on a scale of one to five (1-5). The Likert scale system will be explained to you before starting the actual questionnaire (approximate time: 2 minutes).

   The questionnaire is made up of four sets of questions:
   - *Acculturation* – questions about your language preference, your media preference, and the ethnic preference of your relationships with others (approximate time: 3 minutes).
   - *Depression* - questions about how you have felt in the past two weeks (approximate time: 8 minutes).
   - *Relationship power*- questions about who makes decisions and who has control over certain aspects in your relationship with your partner (your husband, live-in partner, boyfriend, girlfriend, or lover) (approximate time: 6 minutes).
   - *Socio-demographics* - questions about your age, marital status, education, occupation, number of children, years in the U.S., and length of your current relationship (approximate time: 3 minutes)
6. **End Interview.** You will be thanked for your participation and you will be provided with a thank-you gift and a list of resources around our community (approximate time: 2 minutes)

**POTENTIAL RISKS**

There is minimal risk in participating in this study. Some of the topics that will be discussed are very personal and you may refuse to answer any of the questions and you may stop the interview at any time. Due to the sensitive nature of this survey you will also be provided with a list of community resources that may help you in case you need counseling, mental health services, or domestic violence support.

**BENEFITS**

No direct personal benefits have been identified that may occur as a result of your participation in this study. However, the researchers anticipate that, in the future, society may benefit from this study because your responses will aid in understanding the health of Mexican Americans in this country and, more specifically, your responses will add to the knowledge of what issues need to be taken into consideration when planning mental health prevention and treatment programs that will be culturally appropriate and effective for the Mexican American and Latino community.

**COMPENSATION**

A small gift will be provided to you at the end of the interview to thank you for your participation, whether you complete the questionnaire or not. You will still receive this gift if you choose to stop the interview at any time.

**CONFIDENTIALITY**

Records of participation in this research project will be kept confidential to the extent permitted by law. However, the Oregon State University Institutional Review Board (a committee that reviews and approves research studies involving human subjects) may inspect and copy records pertaining to this research. It is possible that these records could contain information that personally identifies you. However, the only record existing of you participating in this study apart from this Informed Consent form is one copy of a list that has your first and last name initial. Your name will never be attached to any specific questionnaire or result. The records of your name will be kept by the Student Researcher of this study, who is the only person who will have access to the securely stored data. In the event of any report or publication from this study, your identity will not be disclosed. Results will be reported in a summarized manner in such a way that you cannot be identified.

**VOLUNTARY PARTICIPATION**

Taking part in this research study is voluntary. You may choose not to take part at all. If you agree to participate in this study, you may stop participating at any time. You are free to skip any questions that you would prefer not to answer. If you decide not to take part, or if you stop participating at any time,

your decision will not result in any penalty or loss of benefits to which you may otherwise be entitled. You will still receive the small gift as a compensation for your participation if you choose to stop the interview at any time or skip questions. In the case of you stopping the interview or skipping questions, the data collected will not be used if it represents less than 90% of the questionnaire instrument.

**QUESTIONS**

Questions are encouraged. If you have any questions about this research project, please contact:

Dr. Anne Rossignol
Faculty Advisor
541-737-3840
Anne.Rossignol@oregonstate.edu

Gabriela Helfgott
Student Researcher
541-231-4069
helfgotg@onid.orst.edu

If you have questions about your rights as a participant, please contact the Oregon State University Institutional Review Board (IRB) Human Protections Administrator, at (541)-737-3437 or by email at IRB@oregonstate.edu

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Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Participant's Name (printed):

_____

_____ _____
(Signature of Participant) (Date)

**RESEARCHER STATEMENT**

I have discussed the above points with the participant or, where appropriate, with the participant's legally authorized representative, using a translator when necessary. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this research study.

_____ _____
(Signature of Researcher) (Date)

# Appendix F.2

## Informed Consent Document provided to each participant: Spanish version

**Department of Public Health**
Oregon State University, 256 Waldo Hall, Corvallis, Oregon 97331-6406
T 541-737-2686 | F 541-737-4001

**DOCUMENTO DE CONSENTIMIENTO INFORMADO**

Titulo del Proyecto: **Depresión, Aculturación, y Dominio en Relaciones en Mujeres Mexicano-Americanas**
Investigador Principal: **Dr. Anne Rossignol, Departamento de Salud Pública**
Investigadores: **Gabriela Helfgott**

**PROPÓSITO**

Este es un estudio de investigación. El propósito de esta investigación es estudiar la relación entre la presencia de síntomas de depresión y los conceptos de aculturación y dominio en relaciones en mujeres Mexicano-Americanas. El termino aculturación se refiere a como creencias, costumbres, actitudes, y comportamientos cambian como resultado de una interacción entre gente de dos diferentes culturas o regiones. El termino domino en relaciones es un concepto que se refiere a las diferencias en la habilidad entre los dos miembros de una pareja de tomar decisiones y de tomar control en su relación. Se espera que los resultados de este estudio ayuden a comprender los diferentes factores que pueden afectar la salud mental de mujeres Mexicano- Americanas y que los resultado ayuden a mejorar el diseño de programas de prevención y tratamiento de salud mental para Mexicano-Americanos y toda la población Latina, haciéndolos mas eficaces y mas apropiados a la cultura.

El propósito de este documento de consentimiento informado es darle a Usted la información necesaria para ayudarle a decidir si desea participar en este estudio o no. Por favor lea el documento con precaución. Usted puede hacer preguntas sobre la investigación, sobre lo que tendrá que hacer si participa, los posibles riesgos o beneficios, sus derechos como voluntario, y sobre cualquier otra cosa que no sea clara en este documento. Cuando todas sus preguntas sean respondidas, Usted puede decidir si desea participar en este estudio o no. Este proceso es llamado "consentimiento informado." Se le dará a Usted una copia de este documento para sus archivos.

Se le invita a participar es este estudio de investigación porque Usted es una mujer de 18 anos de edad o mayor que se identifica como Latina de origen Mexicano-Americano (Mexicano, Mexicano-Americano, Chicano), y Usted tiene una pareja principal (como esposo, marido, conviviente, enamorado, novio) presentemente o durante los últimos tres meses. El numero total de participantes que se esperan de este estudio es cincuenta (50).

**PROCEDIMIENTOS**

Si Usted decide participar, su participación durara por aproximadamente 30 minutos.
Los siguientes procedimientos son parte de este estudio.

1. **Selección de lenguaje o idioma.** Se le preguntara en que lenguaje (ya sea español o Ingles) Usted desea tener la entrevista (aproximadamente:30 segundos).
2. **Consentimiento Informado.** Usted leerá y firmara este documento de consentimiento informado (aproximadamente: 3 minutos).
3. Se le preguntara si tiene cualquier pregunta antes de que empecemos el cuestionario y estas preguntas serán respondidas por su entrevistador (aproximadamente: 2 minutos).
4. Se le recordara que Usted puede parar esta entrevista a cualquier momento que se sienta incomodo, ya sea si se toma un descanso o si desea terminar la entrevista por completo (aproximadamente: 30 segundos).

5. **Cuestionario**. Se le leerá el cuestionario en el lenguaje de su preferencia y se le pedirá que responda a las preguntas. Las preguntas en este cuestionario son de tipo Likert, que significa que Usted tendrá que escoger como se siente sobre una declaración o pregunta siguiendo una escala de uno a cuatro (1-4) o una escala de uno a cinco (1-5). Este sistema de escala Likert será explicado antes de empezar el cuestionario en si (aproximadamente: 2 minutos).
   El cuestionario tiene cuatro grupos de preguntas:
   - *Aculturación* – preguntas sobre su preferencia de lenguaje o idioma, su preferencia sobre medios de comunicación, y sobre el origen étnico de sus relaciones con otros (aproximadamente: 3 minutos)
   - *depresión* – preguntas sobre como se ha sentido en las ultimas dos semanas (aproximadamente: 8 minutos)
   - *Dominio en Relaciones*- preguntas sobre quien hace decisiones y quien tiene control sobre algunos aspectos de su relación con su pareja (esposo, marido, conviviente, novio/a, o enamorado/a) (aproximadamente: 6 minutos).
   - *Socio-demográficos* – preguntas sobre su edad, estatus marital, educación, ocupación, numero de hijos, anos en los EE.UU., y la duración de su relación con su pareja (aproximadamente: 3 minutos)
6. **Final de la entrevista.** Se le agradecerá por su participación y se le dará un pequeño regalo de agradecimiento y una lista de recursos en nuestra comunidad (aproximadamente: 2 minutos)

**RIESGOS POTENCIALES**

El riesgo de participación en este estudio es mínimo. Algunos de los temas de los que hablaremos pueden ser muy personales y Usted puede negarse a responder cualquier pregunta o puede terminar la entrevista en cualquier momento. Ya que estos temas pueden ser sensibles, se le brindara una lista de recursos en la comunidad que le pueden dar ayuda en caso que Usted necesite conserjería, servicios de salud mental, o ayuda con una situación de violencia domestica.

**BENEFICIOS**

No se ha identificado ningún beneficio personal que ocurra como resultado de su participación es este estudio. Sin embargo, los investigadores anticipan que, en el futuro, nuestra sociedad se beneficie con este estudio ya que sus respuestas van a ayudar a comprender la salud de la población Mexicana-Americana en este país y, mas específicamente hablando, sus respuestas van a añadir al conocimiento de los factores que se tienen que considerar cuando se planean programas de prevención y tratamiento de salud mental que sean apropiados culturalmente y efectivos para la población Mexicana-Americana y de la comunidad Latina en general.

**COMPENSACION**

Se le dará un pequeño regalo al final de la entrevista como agradecimiento por su participación, ya sea si completa el cuestionario o no. Usted igual recibirá el regalo si decide parar la entrevista a cualquier momento.

**CONFIDENCIALIDAD**

Los archivos de su participación en este estudio de investigación serán totalmente confidenciales a la magnitud permitida por la ley. Sin embargo, el Comité de Repaso Institucional de la Universidad del Estado de Oregon (un comité que repasa y aprueba de toda investigación en la cual participan seres humanos) puede ser que inspeccione y copie archivos que estén relacionados con esta investigación. Es posible que estos archivos tengan información que pueda identificarlo personalmente a Usted. Sin embargo, el único archivo que existe de su participación e este estudio aparte de este Documento de Consentimiento Informado es una lista que tiene su nombre y primera inicial de su apellido. Su nombre nunca será conectado a ningún cuestionario o resultado especifico. Este archivo que contiene su nombre será guardado por el estudiante investigador de este estudio, el cual es la única persona que tendrá acceso a este archivo. En el caso de cualquier reportaje o publicación que resulte de este estudio, su

identidad no será publicada. Los resultados se reportaran en una manera general, de tal forma de que Usted no podría ser identificado.

**PARTICIPACION VOLUNTARIA**

Si Usted decide participar en esta investigación seria voluntariamente. Usted puede decidir no tomar parte del estudio. Si Usted decide participar, Usted puede parar la entrevista y su participación en cualquier momento. Usted será libre de no responder cualquier pregunta que no desee responder. Si Usted decide no participar en este estudio, o si decide dejar de participar en cualquier momento, su decisión no resultara en ninguna penalización o pérdida de beneficios a los cuales Usted tenga derecho. Usted igual recibirá el pequeño regalo como compensación por su participación si Usted decide para la entrevista en cualquier momento o si decide no responder cualquier pregunta. En el caso de que Usted pare la entrevista o no conteste alguna pregunta, los datos colectados no serán usados si representan menos de 90% del cuestionario.

**PREGUNTAS**

Preguntas son bienvenidas. Si Usted tiene cualquier pregunta sobre este estudio de investigación, por favor contactar:

Dr. Anne Rossignol
Miembro de Facultad
541-737-3841
Anne.Rossignol@oregonstate.edu

Gabriela Helfgott
Estudiante Investigador
541-231-4069
helfgotg@onid.orst.edu

Si Usted tiene alguna pregunta sobre sus derechos como participante, por favor contactar al Comité de Repaso Institucional de la Universidad del Estado de Oregon (IRB), al número (541)-737-3437 o a través de correo electrónico: IRB@oregonstate.edu

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Su firma indica que se le ha explicado este estudio de investigación y que se han respondido todas sus preguntas, y que Usted ha decidido ser parte de esta investigación. Usted recibirá una copia de este documento.

Nombre del participante (escrito):

_____

_____ _____
(Firma del Participante) (Fecha)

**DECLARACION DEL INVESTIGADOR**

Yo he discutido los temas antes mencionados con el participante, o, el caso apropiado, con el representante legalmente autorizado del participante, usando un intérprete cuando es necesario. En mi opinión, el participante entiende los riesgos, beneficios, y procedimientos que son parte de su participación en este estudio de investigación.

_____ _____
(Firma del Investigador) (Fecha)

Appendix G.1

Copy of questionnaire : English version

# DEPRESSION, ACCULTURATION, AND RELATIONSHIP POWER IN MEXICAN AMERICAN WOMEN

**Questionnaire**

**English version**

## Acculturation questions

*Language & Media Preference*
I will be reading a list of questions and for each one I would like you to choose one of the following options:

1= Only Spanish 2= Spanish better/more than English 3= Both equally
4= English better/more than Spanish 5= Only English

| | | | | | |
|---|---|---|---|---|---|
| 1. In general, what language(s) do you read and speak? | 1 | 2 | 3 | 4 | 5 |
| 2. What was the language(s) you used as a child? | 1 | 2 | 3 | 4 | 5 |
| 3. What language(s) do you usually speak at home? | 1 | 2 | 3 | 4 | 5 |
| 4. In which language(s) do you usually think? | 1 | 2 | 3 | 4 | 5 |
| 5. What language(s) do you usually speak with your friends? | 1 | 2 | 3 | 4 | 5 |
| 6. In what language(s) are the T.V. programs you usually watch? | 1 | 2 | 3 | 4 | 5 |
| 7. In what language(s) are the radio programs you usually listen to? | 1 | 2 | 3 | 4 | 5 |
| 8. In general, in what language(s) are the movies, T.V. and radio programs you *prefer* to watch and listen to? | 1 | 2 | 3 | 4 | 5 |

*Ethnic Social Relations*
I will be reading a list of statements and for each one I would like you to choose one of the following options:

1= All Latinos/Hispanics 2= More Latinos than Americans 3= About Half and Half
4= More Americans than Latinos 5= All Americans

| | | | | | |
|---|---|---|---|---|---|
| 9. Your close friends are… | 1 | 2 | 3 | 4 | 5 |
| 10. You prefer going to social gatherings/parties at which people are… | 1 | 2 | 3 | 4 | 5 |
| 11. The persons you visit or who visit you are… | 1 | 2 | 3 | 4 | 5 |
| 12. If you could choose your children's friends, you would want them to be… | 1 | 2 | 3 | 4 | 5 |

**Depression Symptomatology questions**

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way in the past week or so:

| | Not at all or less than one day | 1-2 days | 3-4 days | 5-7 days | Nearly every day for the past 2 weeks |
|---|---|---|---|---|---|
| 1. My appetite was poor | | | | | |
| 2. I could not shake off the blues | | | | | |
| 3. I had trouble keeping my mind on what I was doing | | | | | |
| 4. I felt depressed | | | | | |
| 5. My sleep was restless | | | | | |
| 6. I felt sad | | | | | |
| 7. I could not get going | | | | | |
| 8. Nothing made me happy | | | | | |
| 9. I felt like a bad person | | | | | |
| 10. I lost interest in my usual activities | | | | | |
| 11. I slept much more than usual | | | | | |
| 12. I felt like I was moving too slowly | | | | | |
| 13. I felt fidgety | | | | | |
| 14. I wished I were dead | | | | | |
| 15. I wanted to hurt myself | | | | | |
| 16. I was tired all the time | | | | | |
| 17. I did not like myself | | | | | |
| 18. I lost a lot of weight without trying to | | | | | |
| 19. I had a lot of trouble getting to sleep | | | | | |
| 20. I could not focus on important things | | | | | |

## Sexual Relationship Power questions

*Relationship Control Factor/Subscale*

I will be reading a list of statements and for each one I would like you to choose one of the following options:

1 = I strongly agree 2 = I agree 3 = I disagree 4 = I Strongly Disagree.

| | | | | |
|---|---|---|---|---|
| 1. Most of the time, we do what my partner wants to do. | 1 | 2 | 3 | 4 |
| 2. My partner won't let me wear certain things. | 1 | 2 | 3 | 4 |
| 3. When my partner and I are together, I'm pretty quiet. | 1 | 2 | 3 | 4 |
| 4. My partner has more say than I do about important decisions that affect us. | 1 | 2 | 3 | 4 |
| 5. My partner tells me who I can spend time with. | 1 | 2 | 3 | 4 |
| 6. I feel trapped or stuck in our relationship. | 1 | 2 | 3 | 4 |
| 7. My partner does what he wants, even if I do not want him | 1 | 2 | 3 | 4 |
| 8. I am more committed to our relationship than my partner is. | 1 | 2 | 3 | 4 |
| 9. When my partner and I disagree, he gets his way most of the time. | 1 | 2 | 3 | 4 |
| 10. My partner gets more out of our relationship than I do. | 1 | 2 | 3 | 4 |
| 11. My partner always wants to know where I am. | 1 | 2 | 3 | 4 |
| 12. My partner might be having sex with someone else | 1 | 2 | 3 | 4 |

*Decision-Making Dominance Factor/Subscale*

I will be reading a list of statements and for each one I would like you to choose one of the following options:

1=Your Partner 2 = Both of You Equally 3 = You.

| | | | |
|---|---|---|---|
| 13. Who usually has more say about whose friends to go out with? | 1 | 2 | 3 |
| 14. Who usually has more say about whether you have sex? | 1 | 2 | 3 |
| 15. Who usually has more say about what you do together? | 1 | 2 | 3 |
| 16. Who usually has more say about how often you see one another? | 1 | 2 | 3 |
| 17. Who usually has more say about when you talk about serious things? | 1 | 2 | 3 |
| 18. In general, who do you think has more power in your relationship? | 1 | 2 | 3 |
| 19. Who usually has more say about what types of sexual acts you do? | 1 | 2 | 3 |

## Socio-demographic questions

1. What is your age (in years)? _____

2. What is your marital status? Check the one that best applies:
   Married and living with spouse □
   Married but not living with spouse □
   Living with significant other but not married □
   Single □

3. Which best describes your racial/ethnic identity? Please check all that apply:
   American Indian or Alaskan Native □
   Asian or Pacific Islander □
   Black, not of Hispanic Origin □
   Hispanic □
   White, not of Hispanic Origin □
   If none of the above choices apply to you, please use your own description:
   _____
   Decline to respond □

4. In what country where you born?
   Mexico □
   United States □
   Other (please specify): _____

5. If born in Mexico, what state are you from? _____

6. If born in the United States., what is your generation in this country? _____

7. If born outside the United States, at what age did you migrate to this country? (in years)_____

8. How many times have you moved (from state to state, region to region, apartment, house, etc.) since you moved to the U.S.? (do not count that initial move to the country) _____

9. Please indicate the number of children you have _____

10. Please indicate the length of your current primary sexual relationship (in years)
    _____

11. What is the highest level of formal education that you have completed? (in years)
    _____

12. What is your type of employment?
    Full time □
    Part time □
    No formal employment (outside the home) □

**End of questionnaire**

Appendix G.2

Copy of questionnaire: Spanish version

# DEPRESION, ACULTURACION Y DOMINIO EN RELACIONES EN MUJERES MEXICANO-AMERICANAS

**Cuestionario**

**Versión en Español**

## Escala de Aculturación Hispánica

*Preferencia de Lenguaje y Medios de Comunicación*

A continuación leeré una lista de preguntas y para cada una le pido que escoja una de las siguientes opciones

1= Solo Español 2= Mas Español que Ingles 3= Ambos por Igual
4= Ingles mejor que Español 5= Solo Ingles

| | | | | | |
|---|---|---|---|---|---|
| 1. Por lo general, que idioma(s) lee y habla usted? | 1 | 2 | 3 | 4 | 5 |
| 2. Cual fue el idioma(s) que hablo cuando era niño(a)? | 1 | 2 | 3 | 4 | 5 |
| 3. Por lo general, en que idioma(s) habla en su casa? | 1 | 2 | 3 | 4 | 5 |
| 4. Por lo general, en que idioma(s) piensa? | 1 | 2 | 3 | 4 | 5 |
| 5. Por lo general, en que idioma(s) habla con sus amigos(as)? | 1 | 2 | 3 | 4 | 5 |
| 6. Por lo general, en que idioma(s) son los programas de televisión que usted ve? | 1 | 2 | 3 | 4 | 5 |
| 7. Por lo general, en que idioma(s) son los programas de radio que usted escucha? | 1 | 2 | 3 | 4 | 5 |
| 8. Por lo general, en que idioma(s) *prefiere* oír y ver películas, y programas de radio y televisión? | 1 | 2 | 3 | 4 | 5 |

*Etnicidad de Relaciones Sociales*

A continuación leeré una lista de oraciones y para cada una le pido que escoja una de las siguientes opciones:

1= Solo Latinos 2= Mas Latinos que Americanos 3= Casi mitad y mitad
4= Mas Americanos que Latinos 5= Solo Americanos

| | | | | | |
|---|---|---|---|---|---|
| 9. Sus amigos y amigas más cercanos son... | 1 | 2 | 3 | 4 | 5 |
| 10. Usted prefiere ir a reuniones sociales/fiestas en las cuales las personas son... | 1 | 2 | 3 | 4 | 5 |
| 11. Las personas que usted visita o que le visitan son... | 1 | 2 | 3 | 4 | 5 |
| 12. Si usted pudiera escoger los amigos(as) de sus hijos(as), quisiera que ellos(as) fueran... | 1 | 2 | 3 | 4 | 5 |

## Escala de Síntomas de Depresión

A continuación leeré una lista de cosas que usted puede haber sentido o tenido. Por favor diga que tan frecuentemente se sintió así en la semana pasada:

| | Escasamente (0 a 1 días) | Algo (1 a 2 días) | Ocasionalmente (3 a 4 días) | La mayoría (5 a 7 días) | Casi diario en las ultimas dos semanas (10 a 14 días) |
|---|---|---|---|---|---|
| 1. Tenía poco apetito | | | | | |
| 2. No podía quitarse la tristeza | | | | | |
| 3. Tenía dificultad para mantener su mente en lo que estaba haciendo | | | | | |
| 4. Se sentía deprimido(a) | | | | | |
| 5. Dormía sin descansar | | | | | |
| 6. Se sentía triste | | | | | |
| 7. No podía seguir adelante | | | | | |
| 8. Nada le hacía feliz | | | | | |
| 9. Sentía que era una mala persona | | | | | |
| 10. Había perdido interés en sus actividades diarias | | | | | |
| 11. Dormía mas de lo habitual | | | | | |
| 12. Sentía que se movía muy lento | | | | | |
| 13. Se sentía agitado(a) | | | | | |
| 14. Sentía deseos de estar muerto(a) | | | | | |
| 15. Quería hacerse daño | | | | | |
| 16. Se sentía cansado(a) todo el tiempo | | | | | |
| 17. Estaba a disgusto consigo mismo(a) | | | | | |
| 18. Perdió peso sin intentarlo | | | | | |
| 19. Le costaba mucho trabajo dormir | | | | | |
| 20. Era difícil concentrarse en las cosas importantes | | | | | |

## Escala de Dominio en Relaciones Sexuales

*Sub-escala de Control*

A continuación leeré una lista de oraciones y para cada una le pido que escoja una de las siguientes opciones:

1 = Muy de acuerdo 2 = De acuerdo 3 = En desacuerdo 4 = Muy en desacuerdo

| | | | | |
|---|---|---|---|---|
| 1. La mayor parte del tiempo hacemos lo que mi pareja quiere hacer. | 1 | 2 | 3 | 4 |
| 2. Cuando mi pareja y yo estamos juntos, yo suelo estar más bien callada. | 1 | 2 | 3 | 4 |
| 3. Mi pareja hace lo que el quiere, aun si yo no quiero que lo haga. | 1 | 2 | 3 | 4 |
| 4. Me siento atrapada o encerrada en nuestra relación. | 1 | 2 | 3 | 4 |
| 5. Mi pareja no me deja usar cierto tipo de ropa. | 1 | 2 | 3 | 4 |
| 6. Mi pareja tiene mas peso que yo en las decisiones importantes que nos afectan. | 1 | 2 | 3 | 4 |
| 7. Cuando mi pareja y yo estamos en desacuerdo, el casi siempre se sale con la suya. | 1 | 2 | 3 | 4 |
| 8. Yo estoy más dedicada a la relación que mi pareja. | 1 | 2 | 3 | 4 |
| 9. Mi pareja podría estar teniendo sexo con alguien más. | 1 | 2 | 3 | 4 |
| 10. Mi pareja me dice con quien puedo pasar mi tiempo. | 1 | 2 | 3 | 4 |
| 11. En general, mi pareja beneficia más o saca más de la relación que yo. | 1 | 2 | 3 | 4 |
| 12. Mi pareja siempre quiere saber donde estoy. | 1 | 2 | 3 | 4 |

*Sub-escala de Decisiones*

A continuación leeré una lista de oraciones y para cada una le pido que escoja una de las siguientes opciones:

1 = Su pareja 2 = Ambos por igual 3 = Usted.

| | | | |
|---|---|---|---|
| 13. Quien tiene usualmente mayor peso acerca de con cuales amigos salir? | 1 | 2 | 3 |
| 14. Quien tiene usualmente mayor peso acerca de si tener sexo juntos? | 1 | 2 | 3 |
| 15. Quien tiene usualmente mayor peso acerca de que hacen ustedes juntos? | 1 | 2 | 3 |
| 16. Quien tiene usualmente mayor peso acerca de con que frecuencia se ven? | 1 | 2 | 3 |
| 17. Quien tiene usualmente mayor peso acerca de cuando hablar de cosas serias? | 1 | 2 | 3 |
| 18. En general, quien cree usted que tiene mas poder en su relación? | 1 | 2 | 3 |
| 19. Quien tiene usualmente mayor peso acerca de que tipo de actos sexuales hacen juntos? | 1 | 2 | 3 |

**Preguntas socio-demográficas**

1. Cual es su edad (en años)? _____

2. Cual es su estado matrimonial? Por favor escoja el que mejor explique su situación:
   Casada, viviendo con marido □
   Casada, pero no viviendo con marido □
   Conviviendo con pareja pero no casada □
   Soltera □

3. Cual de las siguientes categorías describe su raza o identidad étnica? Por favor escoja todas las que apliquen:
   Indio Americano o Nativo de Alaska □
   Asiático o de Islas del Pacifico □
   Negro, no de origen Hispano □
   Hispano □
   Blanco, no de origen Hispano □
   Si ninguna de las opciones arriba le corresponde, por favor usar su propia descripción:
   _____
   Desea no responder □

4. En que país nació Usted?
   México ○
   Estados Unidos ○
   Otro (por favor especificar): _____

5. Si nació en México, de que estado es Usted? _____

6. Si nació en los Estados Unidos, cual es su generación en este país? _____

7. Si nació afuera de los Estados Unidos, a que edad emigro a este país? (en años)
   _____

8. Cuantas veces se ha mudado (de estado a estado, de región a región, de apartamento, o de casa, etc.) desde su mudanza a los Estados Unidos (sin contar esa mudanza inicial a este país)?
   _____

9. Por favor indique el numero de hijos/hijas que Usted tenga _____

10. Por favor indique que tan larga ha sido la presente relación con su pareja (en años)_____

11. Cual es el nivel mas alto de educación formal que usted ha completado? (en años) _____

12. Cual es su tipo de empleo/trabajo?
    Tiempo completo □
    Tiempo parcial □
    No tiene empleo formal (afuera de la casa) □

**Final del cuestionario**

# Appendix H.1

Examples of the charts used to graphically represent the scale options on the questionnaire; used during interviews: English version

**Acculturation questions: Language & Media Preference**

| |
|---|
| 1= Only Spanish |
| 2= Spanish better/more than English |
| 3= Both equally |
| 4= English better/more than Spanish |
| 5= Only English |

**Acculturation questions: Ethnic Social Relations**

| |
|---|
| 1= All Latinos/Hispanics |
| 2= More Latinos than Americans |
| 3= About Half and Half |
| 4= More Americans than Latinos |
| 5= All Americans |

**Depression symptomatology**

| |
|---|
| IN THE PAST TWO WEEKS : |
| **Not at all or less than one day** (0 to 1 days) |
| **Some** (1 to 2 days) |
| **Occasionally** (3 to 4 days) |
| **Frequently** (5 to 7 days) |
| **Nearly every day for the past 2 weeks** (10 to 14 days) |

**Relationship power: Relationship Control Factor/Subscale**

| |
|---|
| 1 = I strongly agree |
| 2 = I agree |
| 3 = I disagree |
| 4 = I Strongly Disagree |

**Relationship power: Decision-making Dominance Factor/Subscale**

| |
|---|
| 1=Your Partner |
| 2 = Both of You Equally |
| 3 = You |

# Appendix H.2

Examples of the charts used to graphically represent the scale options on the questionnaire, used during interviews: Spanish version

**Acculturation questions: Language & Media Preference**

| |
|---|
| 1= Solo Español |
| 2= Mas Español que Ingles |
| 3= Ambos por Igual |
| 4= Ingles mejor que Español |
| 5= Solo Ingles |

**Acculturation questions: Ethnic Social Relations**

| |
|---|
| 1= Solo Latinos |
| 2= Mas Latinos que Americanos |
| 3= Casi mitad y mitad |
| 4= Mas Americanos que Latinos |
| 5= Solo Americanos |

**Depression symptomatology**

| |
|---|
| EN LAS ULTIMAS DOS SEMANAS : |
| **escasamente** (0 a 1 días) |
| **algo** (1 a 2 días) |
| **ocasionalmente** (3 a 4 días) |
| **la mayoría** (5 a 7 días) |
| **casi a diario** (10 a 14 días) |

**Relationship power: Relationship Control Factor/Subscale**

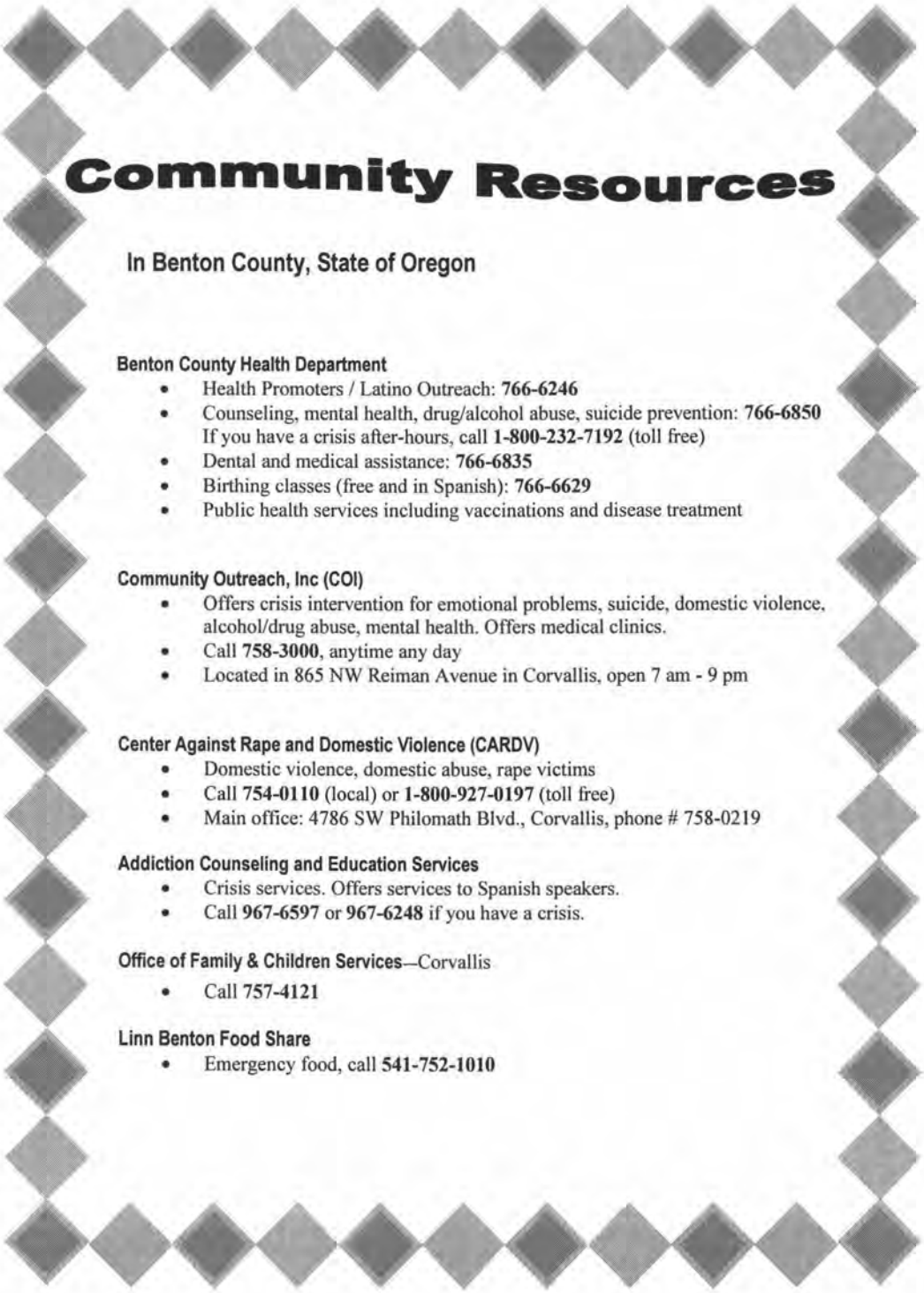
| |
|---|
| 1 = Muy de acuerdo |
| 2 = De acuerdo |
| 3 = En desacuerdo |
| 4 = Muy en desacuerdo |

**Relationship power: Decision-making Dominance Factor/Subscale**

| |
|---|
| 1 = Su pareja |
| 2 = Ambos por igual |
| 3 = Usted |

Appendix I.1

List of local community resources provided to each participant at the end of the interview: English version



# Community Resources

## In Benton County, State of Oregon

**Benton County Health Department**

- Health Promoters / Latino Outreach: **766-6246**
- Counseling, mental health, drug/alcohol abuse, suicide prevention: **766-6850**
  If you have a crisis after-hours, call **1-800-232-7192** (toll free)
- Dental and medical assistance: **766-6835**
- Birthing classes (free and in Spanish): **766-6629**
- Public health services including vaccinations and disease treatment

**Community Outreach, Inc (COI)**

- Offers crisis intervention for emotional problems, suicide, domestic violence, alcohol/drug abuse, mental health. Offers medical clinics.
- Call **758-3000**, anytime any day
- Located in 865 NW Reiman Avenue in Corvallis, open 7 am - 9 pm

**Center Against Rape and Domestic Violence (CARDV)**

- Domestic violence, domestic abuse, rape victims
- Call **754-0110** (local) or **1-800-927-0197** (toll free)
- Main office: 4786 SW Philomath Blvd., Corvallis, phone # 758-0219

**Addiction Counseling and Education Services**

- Crisis services. Offers services to Spanish speakers.
- Call **967-6597** or **967-6248** if you have a crisis.

**Office of Family & Children Services**—Corvallis

- Call **757-4121**

**Linn Benton Food Share**

- Emergency food, call **541-752-1010**

Appendix I.2

List of local community resources provided to each participant at the end of the interview: Spanish version

# Recursos en la Comunidad

## En el condado de Benton, estado de Oregon

**Departamento de Salud Publica de Benton**

- Promotoras de Salud: **766-6246**
- Conserjería, salud mental, abuso de drogas/alcohol, prevención de suicidio : **766-6850**
  Si tiene una crisis después de las horas de oficina: **1-888-232-7192** (llamada gratis)
- Asistencia medica y dental: **766-6835**
- Clases de parto (gratis y en español) : **766-6629**
- Servicios de salud publica incluyendo vacunas y tratamiento de enfermedades

**Community Outreach, Inc (COI)**

- Ofrece intervención de crisis para problemas emocionales, de suicidio, violencia domestica, abuso de drogas/alcohol, salud mental. Ofrece clínicas medicas.
- Llame al **758-3000,** a cualquier hora en cualquier día.
  Servicios en 865 NW Reiman Avenue en Corvallis, de 7am—9 pm

**Center Against Rape and Domestic Violence (CARDV)**

- Violencia domestica, abuso domestico, victimas de violaciones
- Llamar al **754-0110** (local) o el **1-800-927-0197** (llamada gratis)
- Oficina principal: 4786 SW Philomath Blvd., Corvallis, teléfono 758-0219

**Conserjería de Adicción y Servicios de Educación**

- Servicios de crisis. Ofrece servicios a hispanohablantes.
- Llame al **967-6597** o **967-6248** si tiene una crisis.

**Oficina de Servicios a Niños y Familias**—Corvallis

- Llame al **757-4121**

**Linn Benton Food Share (Comida)**

- Comida para emergencias, llame al **541-752-1010**