Mexican Immigrant Perinatal Disparities

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Equity & Anti-Oppression in Midwifery Care: Understanding Difference, Power & Privilege

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Health disparities in the United States affect every minority group and for Mexican immigrants the intersectionality of these combined factors has detrimental health effects on the parent/baby dyad. Mexican refugees are challenged with barriers to prenatal care as well as racism that threatens their family stability. Faced with acculturation and racism, these individuals show higher rates of stress and depressive symptoms leading to adverse pregnancy outcomes. Barriers to healthcare prevent many from seeking proper care throughout their pregnancy. Sociocultural factors as well as racial and systematic discrimination all contribute to low birth weight and maternal morbidity in Mexican immigrants.

For migrants across the globe learning a new culture while leaving another behind can be a challenging feat. “Familism” as explained by D’Anna, Aleman, & Flores, 2015 is at the heart of every Mexican persons’ self identity relating to parenthood. As acculturation occurs, roles and ideals are blurred, weakening the cultural framework of the family. The adaptation and adoption of new beliefs create conflict within homes, disintegrating household members. D’Anna-Hernandez, Aleman, & Flores, 2015 also explain how acculturation creates higher stress leading to higher rates of maternal depression for Mexicans compared to lower rates of the general population which correlate with low birth weight and postpartum complications.

Migrating to another country commonly occurs as a need to flee a hazardous living environment. Upon arrival to the United States, danger does not cease to exist, presenting itself as prejudice, oppression and inequalities. Racism surrounds Mexican settlers and threatens their livelihood, instilling fears that have detrimental health consequences. Racial profiling and threat of deportation plague everyday life, heightening stress levels of the family. Perceived and actual discrimination prevent Latino immigrants from accessing care and impacts their quality of care (Aylon, & Becerra, 2013).

Another barrier faced by immigrants is systematic oppression. Language barriers prevent access to education and job opportunities as many industries fail to cater to Limited English Proficiency (LEP) individuals. Lack of employment opportunities forces childbearing people to seek precarious jobs, with minimal monetary gain (Ayon, & Becerra, 2013). Obstacles such as unaffordability and ineligibility of healthcare plans impact immigrants’ ability to access prenatal care. Mexican Americans receive delayed or no prenatal care as a result of the barriers they face, creating higher prevalence of low birth weight and preventable Obstetric complications (Robles, & Padilla, 2014).

“Mexican Americans have highest birthrates and are also more likely to be exposed to life stressors that may bear considerably on the pregnancy period including likelihood of having insurance, lower levels of financial resources and increased discrimination (Ayon, & Becerra, 2013). The intersectionality of oppression faced by Mexican immigrants has detrimental health ramifications. Systematic oppression presents barriers for attainment of insurance coverage and access to culturally competent care. Racial discrimination creates a looming fear of deportation and inequality while acculturation adds to the elevated stress levels and depression. Therefore, Mexican immigrants have higher incidences of low birth weight and maternal morbidity.

References

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