Positive mental health among Mexican mothers in a community in the south of the State of Mexico

Litzy Mayrel Pineda Sánchez

mayrel.pin05@gmail.com

Leticia Carreño Saucedo

lcarrenos@uaemex.mx

https://orcid.org/0000-0002-9221-6620

Denia Benítez Salinas

dbenitezs@uaemex.mx

https://orcid.org/0000-0001-5128-2827

Universidad Autónoma del Estado de México

ABSTRACT

This research aimed to describe the Positive Mental Health (PMH) of Mexican mothers. A non-experimental, empirical, quantitative, and descriptive research design was used. One hundred female participants participated. Inclusion criteria included residing in a selected community and having children enrolled in primary school during the research period. The Positive Mental Health scale, valid for the Mexican population, was applied. Results were obtained using SPSS version 26, using descriptive statistics as parameters, measurements, and percentages. The factors with the highest PMH are problem-solving and self-actualization; self-control is the factor with the lowest PMH.

Keywords: Mental health. Positive mental health. Mothers. Mexican women.

INTRODUCTION

In 2018, the World Health Organization introduced the concept of mental health as:

> "A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

However, conceptualizing mental health in a universal way has been complicated over the years. There are a variety of authors who address mental health.

Jahonda (1958) mentions that there are two basic concepts for constructing it. The first focuses on the argument that mental health is something natural and part of being human; the second is based on those who have called mental health those who are far from having a mental disorder, or who determine that a person develops a pathology (Padilla, 2007).

Durán (1998) mentions that:

> "Health ceases to be the absence of pathology and is defined inclusively as the harmony and well-being of individuals in the biological, cognitive, affective, and behavioral aspects, encompassing the broader spheres of personal, family, and social life" (p. 19).

In everyday life, people face a variety of situations that allow them to react, responding with emotions, feelings, or actions considered negative and unhealthy, such as fear, worry, and stress. These responses arise in times of uncertainty, in the unknown, and in situations of change and crisis.

Mental health dilemmas are linked to problematic homes, violence, suicide, depression, and substance use. In this way, each family member reacts to change,

impacting themselves, resolving issues, becoming mature, and developing disorders and emotional and social skills that will affect their mental health.

Within this conception of mental health, it is proposed that every person has the right to a stable psycho-emotional balance in life itself, and that it requires an effort to maintain this balance, to achieve the most appropriate balance under different circumstances (Morales, 2010).

According to Navarro (2008):

> "Any concept of mental health should never be separated from the notion of health in general, at the risk of creating a fragmented and partial view of the human being and health" (p. 24).

In this sense, it is understood that there is no mental health without physical health, and vice versa. Speaking of mental health is more than something static and concrete; on the contrary, health is never permanent, but must constantly change, as people move from one extreme to another, both internally and externally (Lluch, 1999).

Authors such as Jahoda (1958) and Tizón (1996) mention that talking about health is like a chimera that becomes difficult to achieve. In other words, it is something one desires to achieve in order to provide direction and stability in a guiding sense.

Jahoda (1958) developed a model that serves as an important support for those theorists who believe that mental health means more than the absence of illness. Such is the case with theorist Sánchez (1991), who mentions that Jahoda's contribution is a document that:

> "…is still today the most informative and complete document and synthesis on the subject" (pp. 101).

Jahoda's development of the Positive Mental Health model, published in 1958 as a monograph entitled Current Concepts of Positive Mental Health, establishes a multidimensional form of positive mental health. This document shares six general criteria, with different dimensions or specific criteria, which are: environmental mastery, growth and self-actualization, autonomy, perception of reality, attitudes toward oneself, and integration.

This paper is based on the foundation of the Positive Mental Health variable, taking into account the designs of Lunch (1999) and the contributions of Jahoda (1958), who mentions the state of well-being. This is mental health, where people experience an optimal state of being, developing the capacities that allow them to know their potential and capabilities, taking into account judgments such as: contribution to society, self-satisfaction, independence, actualization, self-control, autonomy, problem-solving, and interpersonal skills (Lluch, 1999).

The psychological implications of instructing people to perform household activities, combined with concerns about their health and that of their family, as well as uncertainty about future and economic problems, can generate or increase feelings of anxiety, depression, or fear (Fiorillo & Gorwood, 2020).

There are vulnerable groups of people, such as homemakers and mothers, who represent one of these groups.

According to Ramos (2014), depression, whether as a symptom or as a mental disorder, is more prevalent in Mexican women in the adult and adolescent population than in men. It is highlighted that gender inequality affects women due to the multiple

tasks they have to perform, changing roles as mothers, students, homemakers, and caregivers for sick people.

The Inter-American Commission of Women (OAS-CIM, 2020) reports that having excessive reproductive workload, having to balance children and dependents, school, and work, causes women's physical and mental health to decline, which worsens in environments where there is little access to funding and resources to address these issues.

The myriad of activities they have to perform on a daily basis, along with discrimination, psychological pain, poverty, domestic violence, and the increasingly frequent use of drugs, which is a more frequent indicator of mental health problems, generally explain the situation of women (Ruiz, 2011).

Blázquez and Montes (2020), regarding the role of women as mothers, mention that, within society, there is a social consensus that motherhood is linked to love and dedication, but for them, as mothers and women, emotions such as depression or anxiety should not be possible.

In the Kayser Foundation research (Martínez 2020), women reported that in times of contingency, they had to act as both homemakers and teachers; these activities had to be combined with cooking, all household duties, becoming a support when others needed them, and also working. When they have spaces dedicated solely to them, this is not possible, and exercise and recreational outings are limited.

According to the problems, government officials and authorities should take into consideration the greater imposition and obligation of work within the home,

which is generally carried out by women, when outlining household work. It is automatically assumed that women have the heaviest role, and this is necessary to work on the design of the measures to be taken during the emergency (OAS-CIM, 2020).

In this way, we can overcome negative situations or problems that affect mental health in order to take them into account for prevention, promotion, and competency development. Based on the above, the objective of this study is to investigate some characteristics of mental health in Mexican mothers. To understand the characteristics of mothers of primary school students in a community in the south of the State of Mexico.

It should be clarified that this research is in line with what Llunch (2002) proposed, to understand and promote health aspects and, likewise, to be able to work with mentally healthy people, to strengthen psychological aspects and resources to cope with situations that are not as common as emergencies.

MATERIALS AND METHOD

The research follows a quantitative, descriptive model with a non-experimental design. One hundred mothers from a selected community with children enrolled in primary school participated.

EVALUATION INSTRUMENT

The information and data on the study variable were collected through the application of the Positive Mental Health Scale by Llunch (1999), validated for the Mexican population by Martínez et al. (2015). The scale contains 39 positive and negative items and is comprised of factors from the positive mental health model, such as: personal satisfaction, interpersonal relationship skills; prosocial attitude, self-

control, autonomy, problem-solving, and self-actualization. It has four response options: never, almost never, sometimes as always or almost always, and quite often.

The results of the scores for positive items (+): Always or almost always: value 1; Never or almost never: value 1; Quite often: value 2; Sometimes: value 2; Sometimes: value 3; Quite often: value 3; Never or almost never: value 4. For negative items (-), the scores are reversed: Always or almost always: value 4.

DATA PROCESSING

Authorization was requested from the school principal to conduct the research, in addition to requesting his permission to access the teachers of each grade. The teachers were subsequently informed about the research in order to obtain their support for accessing the mothers, scheduling a meeting. After the meeting, the objective of the research was explained to them, in addition to informing them of the An informed consent form was signed, and the confidentiality of the questionnaire was explained to the participants and how to complete the Positive Mental Health Scale. Once the information was collected, it was captured and analyzed using SPSS version 26, where descriptive statistics were performed, resulting in frequencies, percentages, and means, which were represented in figures.

RESULTS

After administering the Positive Mental Health Scale to Mexican Mothers, the following data were obtained:

Figure 1. Positive Mental Health Level.

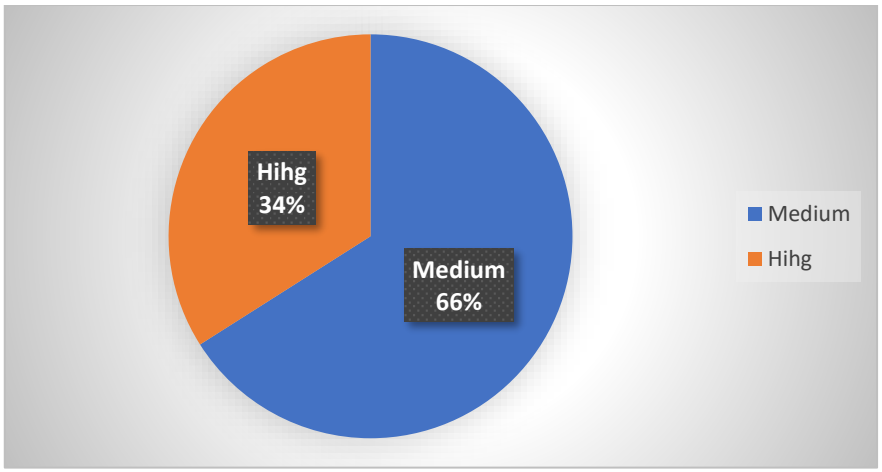


Figure 1 shows that 66% of women have a high level of SMP, while 34% have a medium level.

Figure 2. Predominant factor in SMP

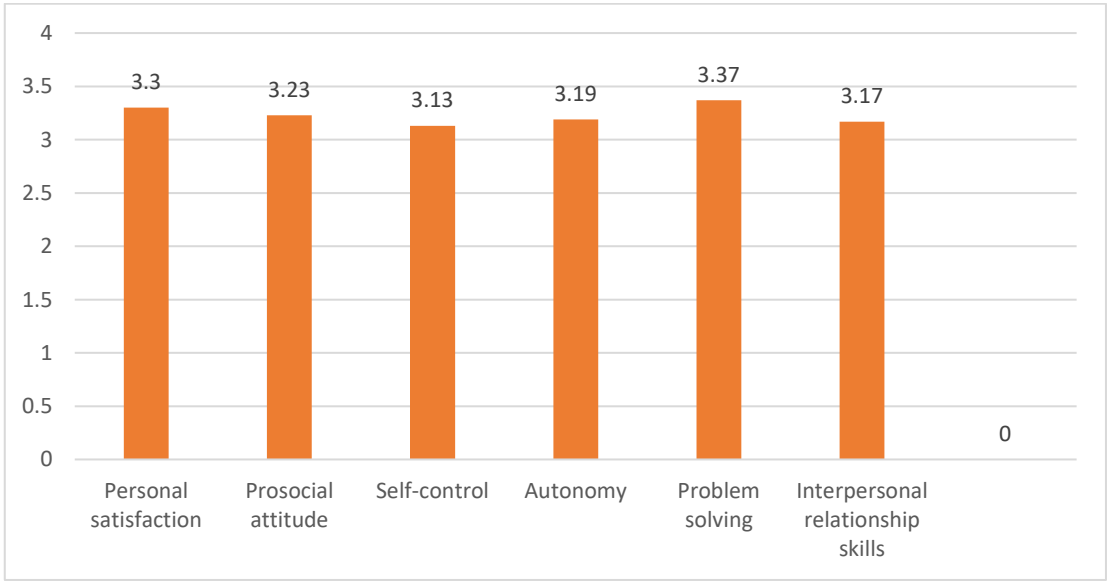
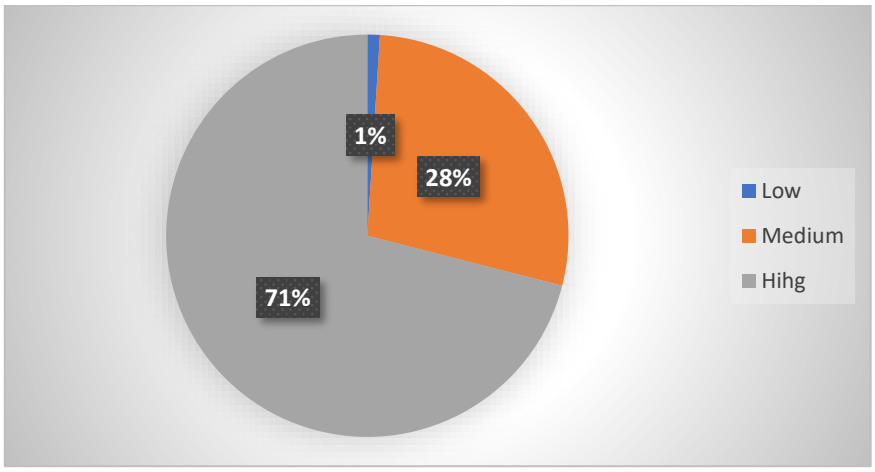


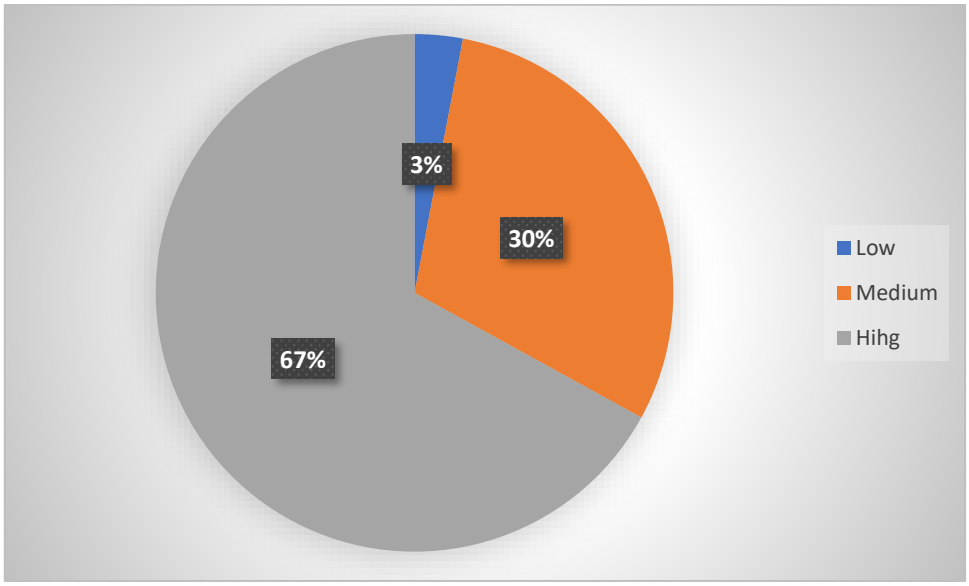
Figure 2. According to the means, the most prevalent factor is "problem solving," with a mean of 3.37, while the least prevalent is "self-control," with a mean of 3.13.

Figure 3. Level of satisfaction



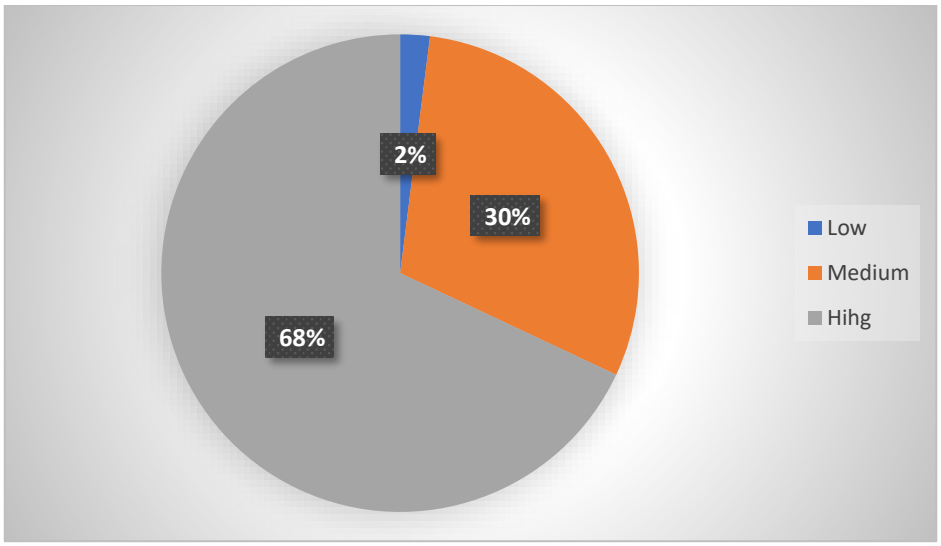
In Figure 3, 1% have a low level, 71% have a high level, and 28% have a medium level

Figure 4. Level of prosocial attitude.



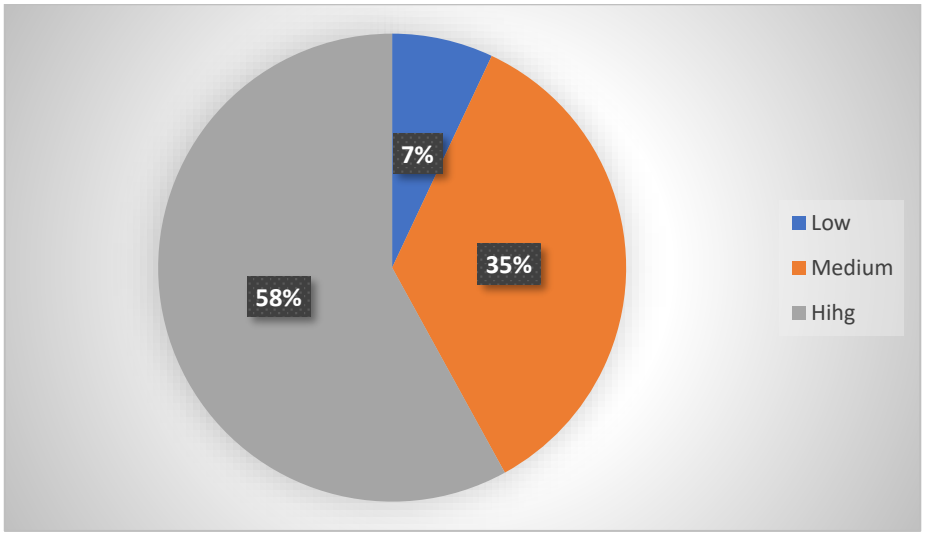
In Figure 4, 67% are at a high level, 30% are at a medium level, and 3% are at a low level.

Figure 5. Level of self-control



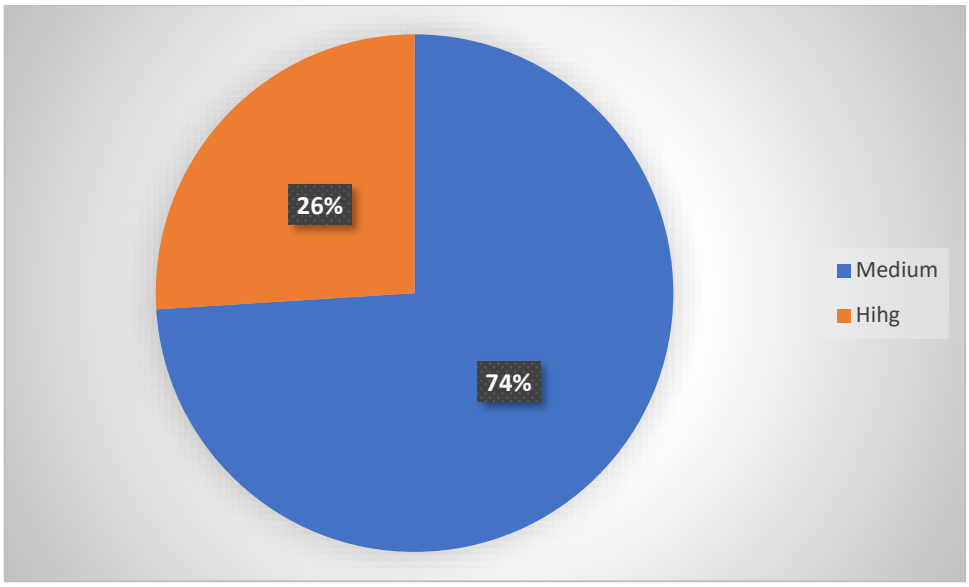
In Figure 5, the "self-control" factor shows a low level of self-control, 68% at a high level, and 30% at a medium level.

Figure 6. Level of autonomy.



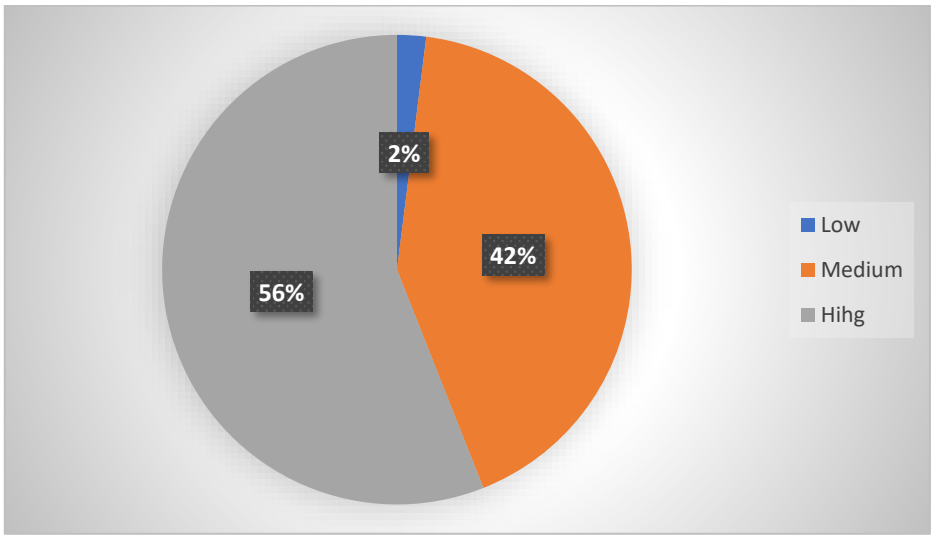
In Figure 6, "autonomy" is high at 58%, 35% are at the medium level, and only 7% of the sample are at the low level.

Figure 7. Resolution and update level



In Figure 7, the level of problem-solving and self-actualization is highest at 74%, while 26% is at the average level.

Figure 8. Level of interpersonal relationship skills



In Figure 8, the level of interpersonal relationship skills is found at a low level, with 2% at a high level, and 42% at a medium level

DISCUSSION

Parents' responsibilities toward their children have changed over time compared to what was experienced a few decades ago. Currently, parents must care for their children, educate them, be teachers, manage their free time, cook, and develop creative skills. All of these activities are sometimes carried out in a small space. In homes with more than seven members, everyone must have an electronic device to complete academic activities, and in other homes, up to two internet services must be contracted due to insufficient internet access.

Parents have to juggle activities and responsibilities such as work, teleworking, and daily household chores, all of which create chaos, generating stress and changes in mental and physical health.

Among the Mexican mothers surveyed, the results of the Positive Mental Health Scale did not reveal low levels of PMS, indicating that only medium and high levels of PMS were present. These results show that the mothers feel their mental health is acceptable. This means that they experience positive emotions during their activities, allowing them to make independent and personal decisions. This in turn empowers them to face difficulties by adapting, interacting socially in a healthy way, developing empathy and showing respect for situations and people who seem different from them. They also possess the ability to understand themselves and reflect when they experience moments of discomfort.

The highest scores were found in the factor called problem-solving and self-actualization, with a mean of 3.37. This indicates that the mothers are skilled at dealing with problems, are willing to learn and experience new things, and

demonstrate the ability to continue improving and experiencing personal growth and make decisions to solve problems.

This is interesting because, in a situation like the pandemic, women felt they had different roles to play, such as being cooks or teachers, in addition to making decisions within the home. When stress levels were highest, they became the main support group (Martínez, 2020).

This situation has burdened mothers with work and tasks; however, in this research, the data show that the participants' daily workload has been managed appropriately, so that their positive mental health is not significantly affected by this change.

Another factor with high scores was personal satisfaction, an important factor for the SMP. The results showed an average of 3.30, indicating that mothers value themselves, resulting in a positive perception of how they can face life. The women studied can find benefit in the activities they carry out because they show an adequate degree of optimism, self-worth for the plans that are presented in the future, agreeing with Llunch (1999) San Martin and Barra (2013).

The data are consistent with research conducted by Toribio et al. (2018), who found that women maintain a high score on the same factor, with a score of 3.50. As Carrión et al. (2000) mention, the authors agree that the personal satisfaction factor is comprised of various aspects that dominate people's lives, depending on individual circumstances. This includes how they currently value their personal satisfaction, how their work life influences their development, the goals they set for themselves to improve, and their overall assessment of their emotional and social performance.

Therefore, it is considered necessary to encourage further research to gather more data on these topics.

The high results obtained can be related to the autonomy factor, as it means that a person develops independence to make decisions by using their own criteria, feeling secure and confident in being able to self-regulate their own behavior. This factor correlates with how people perceive the world and how self-sufficient or not they manifest in the face of social pressures. The results show a mean of 3.19, representing a higher SMP factor.

These data reveal mothers' adaptation to cope with contingencies and emergency situations. Historically, women have taken charge of various household chores and activities, in addition to caring for children and the family in general. Women have long been viewed as care specialists (Buitrago et al., 2020). This fact also points to women's leadership capacity in complex situations.

This is demonstrated by the results scores for the problem-solving and self-actualization factors, with 74% of mothers at the intermediate level and 24% at the high level. This criterion is key for mothers to adequately adapt and organize themselves to various activities.

Therefore, it can be understood that the relative levels of self-esteem, self-concept, and stability in the face of frustration allow them to maintain, even in crisis situations, an appearance of serenity amid experiences that would lead others to serious psychological consequences.

In contrast, the self-control factor reflects the lowest score among the averages according to the results obtained, with a score of 3.13. This does not indicate that self-control is absent in mothers, but rather that it is present to a lesser extent than in the others. Given this new normal that the population is facing, there is an imbalance in habits and an increased burden on mothers' activities. Among other issues, the self-control of adults is put to the test, and the feeling that they must solve everything is generated, even if it involves anger among family members or trying to resolve any incident or other (Sanchís, 2020).

It is understood that the burden mothers bear in performing different roles, such as trying to coordinate their family, their partner, their home, their children, preparing meals, stocking the pantry, supporting their children with their homework, and ensuring that others fulfill their responsibilities, all of this together makes positive mental health a risk factor for losing it.

Navarro et al, (2020) found that the mean mental burden factor was 2.08. This could indicate that, although participants from this perspective have adequate levels of self-esteem and self-concept, low levels of self-control can lead them to struggle with stressful life events.

Therefore, it is considered important for mothers to recognize their strengths in order to set goals that generate growth and to find ways to express themselves so that they can participate more actively in society. This is important because the results of the interpersonal relationship skills factor place it as the second lowest factor present in the Positive Mental Health of mothers. Therefore, it should be noted that this is an indicator to look for strategies that support and strengthen this skill and not the absence of this factor.

The authors agree with the data obtained by Navarro, De la Hoz, and Vergara (2020), where the interpersonal relationship skills subscale, where the mean is 1.24, indicates that there are insufficient skills in this factor in this population. According to this, it can be said that the low presence of this factor is due to the fact that mothers can often seem like Wonder Women because they do several things at once without asking for help or receiving it from another member, which generates an overload of responsibilities and ends up affecting their physical and mental health. When a woman experiences tension between being a caregiver, raising and educating children, her relationship with her partner, and her work, it is reflected in her body and mind, as the decisions she makes will be reflected at home. She believes it is best to have support from other family members, thereby opening up the distribution of household activities and consequently strengthening trust and interpersonal relationships, considering this to be relevant for developing a good SMP.

Regarding the prosocial attitude factor, the data from this study represent a mean of 3.23, one of the three high scores that identify mothers. This demonstrates that they maintain an active social or social predisposition, an altruistic social attitude, or an attitude of helping or supporting others, and an acceptance of others and of different social circumstances.

Espinosa et al, (2011) mention that empathy, positive emotions, and moral judgment are factors that facilitate prosocial behavior. In another study conducted on a university population, women reported low scores on this factor; the results obtained differ in this study, showing percentages that are between medium and high levels.

This may be due to the fact that mothers naturally have altruistic and caring attitudes toward their children, seeking to ensure the protection and well-being of the family. Therefore, a prosocial attitude is another characteristic of mothers in this population that demonstrates acceptable positive mental health outcomes.

Finally, as Barragán (2021) explains, considering moments of optimal mental health, they are understood as those that do not show negative signs that could lead to pathology, but rather include positive elements in their lives, such as the perception of having a positive, meaningful, and revealing life, as well as having quality social ties or bonds with others.

Joining positive mental health and personal development are aspects that should naturally be aligned with the needs and resources available to a person in order to cope with adversity. The person should feel capable of triumphing over life's setbacks, using their own resources or with the supervision of psychological support to overcome conflicts.

CONCLUSIONS

The study of positive mental health encompasses factors, potential, and skills that people possess, enabling them to successfully cope with their daily lives. The survey included among its factors: interpersonal skills, personal satisfaction, self-control, problem-solving, prosocial attitude, and autonomy.

The application found a strong presence of PMS among mothers. Regarding the PMS indicators, all factors had high scores individually; however, three were most prevalent among mothers: problem-solving and self-actualization, prosocial attitude, and personal satisfaction.

Going into detail about each PMS factor, the mothers' levels of personal satisfaction were high and medium; similar levels were found when looking at the prosocial attitude factor, except that this factor had a minimal presence at the low level.

On the other hand, within the self-control factor, the levels obtained were positive, reflecting a greater number of high and medium levels among mothers, demonstrating their ability to maintain a calm attitude in the face of changes and emergencies. The autonomy factor also had high and medium levels.

Within the problem-solving factor, mothers had more medium than high levels, which is an indicator of good SMP; in the last factor, interpersonal skills, there was a minimal difference in the number of high levels than medium.

Finally, it can be concluded that the mothers had generally acceptable levels in SMP for each of the six factors that comprise it, demonstrating an adaptation to the changes and the various activities that were added to their daily lives.

REFERENCES

Barragán, A. R. (2021). Flourishing and optimal mental health in times of COVID-19. Psicología Iberoamericana, 29(1). https://doi.org/10.48102/pi.v29i1.244

Blázquez, M., & Montes, M. J. (2010). Emotions in the face of motherhood: from imposed models to women's responses. Ankulegi. Journal of Social Anthropology, (14), 81–92.

Buitrago, F., Ciurana, R., Fernández, M. C., Tizón, J. L. (2020). Mental health in epidemics: a perspective from Spanish Primary Health Care. Atención Primaria, 52 (2), 93–113. https://doi.org/10.1016/j.aprim.2020.09.004.

Carrión, A., Molero, R., & Gonzáles, F. (2000). Study of personal satisfaction according to people's age. Annals of Psychology, 16(2), 189-198. https://revistas.um.es/analesps/article/view/29371/28441

Inter-American Commission of Women, Organization of American States (OAS-CIM). (2020). COVID-19 in the lives of women. Retrieved from http://www.oas.org/es/cim/docs/ArgumentarioCOVID19-ES.pdf

Durán, E. (1998). Definition of the concept of health. In I. Amigo, C. Fernández & M. Pérez. (1998). Manual of Health Psychology. Spain: Pirámide.

Espinosa, A., Ferrándiz, J., & Rottenbacher, J. M. (2011). Values, prosocial behavior, and personal growth in university students after the earthquake of August 15, 2007. Liberabit, 17(1), 49–58.

Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. European Psychiatry: The Journal of the Association of European Psychiatrists. nlm (Medline). https://doi.org/10.1192/j.eurpsy.2020.35

Jahoda, M. (1958). Current concepts of positive mental health. New York: Basic Books.

Lluch, M. T. (1999). Construction of a scale to assess positive mental health [Doctoral Dissertation]. University of Barcelona. Barcelona.

Lluch, T. (2002). Health Promotion Mental: Taking care of oneself to provide better care. Midwives Profession, 10-14.

Martínez, R., Pando, M., León, S., González, R., Aldrete, M. & López, L. (2015). Validity and reliability of the positive mental health scale. Psicogente, 18(33), 78-88. http://doi.org/10.17081/psico.18.33.57

Martínez, A. (2020). Pandemics, COVID-19 and Mental Health: What Do We Know Now? Caribbean Journal of Psychology, 4(2), 143-152. https://doi.org/10.37226/rcp.v4i2.4907

Morales, F.E. (2010). Mental health study among university students from the Faculty of Education at the University of Carabobo [Doctoral thesis, Autonomous University of Madrid]. Digital file. https://repositorio.uam.es/bitstream/handle/10486/6196/37641_morales_sosa_flor_elena.pdf?sequence=1

Navarro-Baene, L. (2008). Characteristics of positive mental health in university students [Master's thesis, Universidad del Norte Foundation]. Digital file. https://docplayer.es/8190163-Caracteristicas-de-salud-mental-positiva-en-estudiantes-universitarios-gina-liceth-navarro-baene.html

Navarro, J. E., De la hoz, E. J., Vergara, M. L. (2020). Assessment and classification of positive mental health profiles during COVID-19 confinement. Havana Journal of Medical Sciences. 20(1), 1-19. http://www.revhabanera.sld.cu/index.php/rhab/article/view/3441

Organization of American States (2021) Inter-American Commission of Women at the Fifty-First Regular Session of the General Assembly. https://www.oas.org/es/cim/docs/CIM-AnnualReport2020-ES.pdf

World Health Organization (WHO). (2018) Mental Health: Strengthening Our Response. https://www.who.int/es/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Padilla, E. (2007). Psychoaffective Intervention Guide for Non-Mental Health Specialists. Behavioral Psychology, (15), 2. 507-523

Ramos, L. (2014). Why talk about gender and mental health? Mental Health, 37(4), 275-281. Retrieved from http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0185-33252014000400001&lng=es&tlng=es.

Ruiz, M. (2011). Mental health in Mexico: a gender problem? Jalisco Legal Journal, 2, 93-122

Sánchez, V. (1991). Community Psychology. Conceptual and operational bases. Intervention methods. Barcelona. University Promotions and Publications. 2nd Edition

Sanchís, S. (2020). Family coexistence in times of pandemic. How to preserve self-control and manage conflict [blog post]. Retrieved from https://caxtoncollegeschoolblog.caxtoncollege.com/2020/04/06/family-life-in-times-of-pandemic-how-to-preserve-self-control-and-manage-conflict-family-life-in-times-of-pandemic-how-to-preserve-self-control-and-manage-conflict/

San Martín, J. L., & Barra, E. (2013). Self-esteem, social support, and life satisfaction in adolescents. Psychological Therapy. 31(3), 287–291.

Tizón, J. L. (1996). Psychological components of medical practice. A primary care perspective. (4th ed.). Barcelona: Biblaria.

Toribio, L., González, N., Oudhof, H., & Gil, M. (2018). Positive mental health in Mexican adolescents: gender differences. Costa Rican Journal of Psychology, 37(2), 131–143. https://dx.doi.org/10.22544/rcps.v37i02.03