Cultural Report: Mothers of Low Socioeconomic Status

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Introduction

Socioeconomic status (SES) describes people based on their income, education level, type of job, food security, and household security (Centers for Disease Control and Prevention, 2023). Socioeconomic status has far-reaching effects on individuals' quality of life, and people who are low SES are less likely to have adequate access to educational, financial, social, and health resources compared to people with higher SES (Centers for Disease Control and Prevention, 2023). In 2021, 29% of families lived in low SES homes (Wildsmith & Alivra-Hammond, 2023). Furthermore, women, and women with children, in particular, are more likely to experience low SES compared to men (Wildsmith & Alivra-Hammond, 2023). For example, in 2022, single mothers had a poverty rate of 28%, whereas single fathers had a poverty rate of 15% (Wildsmith & Alivra-Hammond, 2023). More specifically, in Illinois, 14.6% of women aged 18-44 years old live below the poverty line (United Health Foundation, 2024).

Core Values

Religion

People of all races, ethnicities, and backgrounds can fall into the category of low socioeconomic status; therefore, low SES mothers in the United States often have diverse religious beliefs. Many low SES individuals do identify as religious, with research showing that those from lower-income backgrounds typically report stronger personal faith and adherence to religious teachings than higher-income individuals (Pew Research Center, 2024). Most low SES individuals in the United States identify as Christian; in Illinois, 71% of the population identifies as Christian (Pew Research Center, 2024). Religion can serve as a source of community support,

especially for mothers of low SES; however, the degree of importance that religion serves in the lives of low SES women varies from person to person.

Because women of low SES status can have a wide range of religious beliefs, this means that religion affects their healthcare choices in a variety of ways. Many women of low SES status may completely separate their religious beliefs from healthcare. Others' religious beliefs might affect their views on the decision to use birth control methods or have an abortion. However, it is essential to note that financial factors and accessibility to care also play a role in healthcare decisions. In general, male providers are viewed as okay to use by women of low SES; however, they are often more comfortable with female providers and tend to feel discriminated against in general by healthcare providers and facilities (Okoro et al., 2020). The discrimination felt is not due to religious beliefs and practices but rather race and socioeconomic status (Okoro et al., 2020).

Healing Practices and Beliefs

Chronic pain affects ⅕ of the world's population. While mothers of low SES will have varied perspectives on pain and suffering, it is a fact that chronic pain disproportionately affects individuals of low SES (Atkins & Mukhida, 2022). Many women in this demographic may experience pain more frequently due to the physically demanding nature of their jobs, combined with limited financial access to healthcare resources that could help alleviate their suffering (Atkins & Mukhida, 2022). Additionally, lower levels of education can contribute to maladaptive beliefs about pain and promote ineffective coping strategies, such as self-medicating or ignoring pains, which can further exacerbate chronic pain conditions (Atkins & Mukhida, 2022). Ultimately, low SES mother's views on pain are intertwined with their socioeconomic circumstances, which affects not only how they seek care but their ability to seek care as well.

Regarding practices related to labor and delivery, mothers of low SES will have similar practices as anyone, regardless of socioeconomic status. Just like most women, they may prefer the support of family members or doulas, and some might choose home births or birthing centers, depending on what they have access to. In the postpartum period, community support is very important to low SES mothers, as these women often rely on family and friends to help with childcare and recovery (U.S. National Library of Medicine, 2020). Unfortunately, many low SES mothers rely on Medicaid for birth services, and this, along with systemic inequalities, as well as limited access to resources like prenatal care, can hinder their overall well-being during labor, delivery, and postpartum (U.S. National Library of Medicine, 2020).

Family Life

The family structure for women of low socioeconomic status (SES) in the United States can vary widely, but in general, a significant number (51%) of low-SES families are led by single mothers (Wildsmith & Alivra-Hammond, 2023). Additionally, young parents also make up a large majority of low-SES homes (Wildsmith & Alivra-Hammond, 2023). These factors can create additional financial and emotional challenges for mothers of low SES.

The majority (80%) of low SES individuals (mothers included) live on their own, but 12% live with other family members (Wildsmith & Alivra-Hammond, 2023). Though, even if the majority of low-SES individuals live on their own, many low-SES women still rely on extended family for support. This could include parents, grandparents, aunts, uncles, and siblings who can help contribute to childcare, household chores, and financial assistance (Wildsmith & Alivra-Hammond, 2023). Such support systems can allow low SES mothers to pursue work and/or education and can greatly alleviate some of the stress of raising children.

Communication

In general, women in the United States can speak to strangers and make autonomous decisions. However, low SES mothers are at higher at risk of being affected by domestic violence and unsafe relationships, and this can affect their ability to speak freely in healthcare settings for fear of their safety (American Psychological Association, 2024). Therefore, these women may not be able to speak as directly to others as they wish to, especially in healthcare settings, so providers should carefully assess non-verbal forms of communication such as eye contact, facial expressions, and timid body language.

Diet

The diet of women of low (SES) in the United States is often determined by factors such as education, income, and access to healthy food (McCullough et al., 2022). Unfortunately, because of gaps in education and income, women in lower SES groups frequently consume less nutritious diets than those with higher income and education levels (McCullough et al., 2022). Their diets tend to be high in sodium, simple carbohydrates, and processed foods while lower in fruits and vegetables (McCullough et al., 2022). These types of foods are generally cheaper than fresh produce and often more accessible. Moreover, lower levels of education can contribute to a lack of knowledge about healthy eating and nutritional guidelines, which can perpetuate unhealthy dietary choices (McCullough et al., 2022).

Implications of Core Values

Being low socioeconomic status (SES) significantly impacts women in all aspects of their healthcare and can especially affect mothers during pregnancy. Mothers of low socioeconomic status face many barriers to accessing healthcare, such as low health literacy, the expense of treatments, and physician biases, all of which make it difficult for them to advocate for

themselves within the healthcare system (U.S. National Library of Medicine, 2020). Furthermore, pregnancy can greatly affect work and educational opportunities for women of low SES, where unplanned or untimely pregnancies can prevent women from finishing school or maintaining employment (American Psychological Association, 2024). This means that low SES mothers often rely heavily on family support to help them physically, emotionally, and financially. Additionally, low SES postpartum mothers report significantly more depressive symptoms than women of high-income and are less likely to receive the proper care for these symptoms (American Psychological Association, 2024). As mentioned previously, individuals of low socioeconomic status often consume unhealthy diets high in processed foods. Therefore, malnutrition during pregnancy is also a critical concern for these women as a diet low in fruits and vegetables is unhealthy for the mother and can lead to problems in the developing fetus if there is inadequate intake of specific nutrients (American Public Human Services Association, 2022). Low SES mothers may also be unable to afford or have access to appropriate prenatal vitamins and care which can greatly affect their childbearing experience. Concerns about stable income, housing security, and ability to meet basic needs during pregnancy also lead to heightened stress levels in low SES women (American Public Human Services Association, 2022). This increased stress triggers higher cortisol levels, which can negatively affect both maternal and fetal health, where chronic stress and elevated cortisol are associated with preterm birth and low birth weight, as well as long-term developmental issues for children (American Public Human Services Association, 2022). Overall, low SES mothers face many complex barriers to accessing quality healthcare and this can greatly affect their overall health and well-being, especially during pregnancy.

Suggestions for Care

Considering the barriers that low SES mothers face, there are many interventions that nurses and all healthcare providers can implement to try and lessen these barriers. First, it is important to create a welcoming and non-judgmental environment that helps establish trust between the patient and provider. Nurses should use active listening skills to understand the patient's concerns, experiences, and preferences to help patients feel comfortable discussing sensitive issues related to their health and social circumstances. Additionally, nurses and healthcare providers can provide educational resources to low SES mothers. For example, during prenatal visits the nurse could provide information packets on the essential nutrients that a growing baby needs or important signs and symptoms to look out for that require follow-up with a provider. During hospital stays, the nurse can also educate the mother about healthier food choices that the mother can pick from the menu. At the same time, the nurse should also be familiar with local community resources that low SES mothers can be referred to such as food banks or counseling centers. Lastly, it is important that healthcare providers recognize their own internal biases when caring for women of low SES and actively work to make sure that it does not affect the care that they give those patients. Healthcare providers should strive to provide holistic care. Using a non-biased approach, they should coordinate care with social workers and case managers to address social factors affecting health, such as housing instability or financial stress.

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