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**Exploration of the Cultural Beliefs, Values and Practices of African American Women Regarding
Postpartum Depression: A Mini-Focused Ethnography**

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April 16, 2021

Abstract

The purpose of this study was to understand the cultural beliefs, values, and practices of African American women regarding postpartum depression. Postpartum depression (PPD) is the most prevalent perinatal mental health illness in women and affects approximately 10 to 20% of all women in the United States. African American women have a disproportionately higher prevalence of postpartum depression (35-67%) and experience it differently. The research question was: What are the cultural care beliefs, values and practices of African American women regarding postpartum depression? This mini-focused ethnography was the method used for this study. It included semi-structured interviews of four African American women about the domain of inquiry. The data was transcribed and analyzed using Leininger's Four Phases of Qualitative Data Analysis. Initial data analysis resulted in the identification of categories and patterns. The initial findings of this study revealed two emerging patterns from the interviews, *striving to be a perfect mom*, and *distrust of the medical system*, reflecting the challenges of postpartum depression of the four participants. This mini-focused ethnography provides valuable insight from African American women identifying similar cultural perceptions and beliefs about postpartum depression. These findings suggest a need for more culturally specific data regarding postpartum depression and the need for better support from health care providers with the goal of improving maternal health outcomes within this population.

Introduction

In the current study, a mini-focused ethnography was chosen to explore the cultural beliefs, values and practices of African-American women regarding postpartum depression. This approach enables the exploration of the cultural values of a group from an emic perspective by focusing on everyday life and experiences of the participants. It has been described as a “story” of people sharing their perceptions and experiences regarding the phenomenon of interest. This study was motivated by the need to explore the cultural beliefs, values and perceptions of African American women regarding postpartum depression as well as the concern of a lack of information about this phenomenon in the current literature. African-American women’s perceptions regarding postpartum depression are critical to outcomes for both themselves as mothers and their infants.

Background and Significance

Postpartum depression is the most prevalent mental health problem affecting up to 20% of all women in the U.S and has increased more than seven times over the past eight years (Haight, Byatt, Moore Simas, Robbins, & Jean, 2019). Approximately half of women with PPD go undiagnosed (Abrams & Curra, 2009; Pao, Guintivano, Santos, & Meltzer-Brody, 2019), risking suicide, infanticide, and contributing to pregnancy-related morbidity and mortality (Beck, 2008; Field, 2010; Wisner, Dorothy, & McShea, 2013). African American women have a disproportionately higher prevalence of PPD and are affected two to three times more often than their Caucasian counterparts (Sampson, Duron, Maldonado Torres, & Davidson, 2014) and PPD has been identified as a significant public health problem over the past few decades, unfortunately with continued increasing prevalence. African American women also may experience PPD differently than women of other cultures, while lacking social support and having increased stress and social isolation throughout their pregnancies. Other socioeconomic risk factors that often impact African American women are educational level, employment status, marital status and interpersonal violence (Doe et al., 2017; Goyal, Gay, & Lee, 2010; Liu, Phan, Yasui, & Doan, 2018). Women with socioeconomic risk factors such as low income, unemployment, low educational level, and unmarried status are more likely to experience depressive symptoms in general but often are more likely

during the perinatal period as well (Goyal et al., 2010). If African American women are diagnosed with PPD, most go untreated due to perceived stigma or shame (Sampson et al., 2014).

Health care disparities are an ongoing concern for African Americans. Racial disparities may exist due to differences in symptomatology and how PPD is experienced in non-Caucasian cultures. Some believe that cultural beliefs serve as a barrier for African American women with PPD in seeking support or professional help (Sampson et al., 2014). Disparities may be compounded by distrust African Americans have in the medical system, thus complicating the ability to identify problems and intervene therapeutically (Luke et al., 2009). Many women experience some level of racial discrimination within the health care system regardless of their health care beliefs (Nuru-Jeter et al., 2009), therefore, increasing distrust of the health care system (Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999). Not only are African American women underserved, but they also face increased risk of postpartum depression while seeking care less often (Kozhimannil, Trinacty, Busch, Huskamp, & Adams, 2011). The importance of having a better understanding of the cultural values, beliefs and practices regarding postpartum depression was sought to assist in identifying the unique challenges African American women experience during this time.

Method

Design

This study was conducted as a focused mini-ethnography. The purpose was to explore and better understand African American women's cultural values, beliefs and practices regarding postpartum depression. A focused ethnography was chosen for this study in order to gain a realistic and rich cultural description of African American women's experiences about postpartum depression. Ethnographic research has been described as participants using their own language within their cultural lens to discuss their beliefs and perspectives on a phenomenon of interest. A focused ethnography is a pragmatic and efficient method of obtaining knowledge of a cultural group with short-term but intensive methods of data collection (Holloway & Galvin, 2016). A gatekeeper was utilized to facilitate access to the community, identify potential participants and facilitate communication. The researcher conducted semi-structured

interviews using open-ended questions. The researcher also kept detailed field notes on each interview, including the setting, observations and other important details of the interview process to provide a context for the data. Participant interviews, observations and field notes were used via Zoom (due to the Covid-19 pandemic) to explore in depth views about postpartum depression.

Research Question

The research question for this mini-study was: What are the cultural care beliefs, values and practices of African American women regarding postpartum depression?

Participants and Setting

The population of the study consisted of four African American women from neighboring communities in the Pittsburgh region. Participants came from low to middle socioeconomic classes that represented an urban, working sector of the community. Participants self-identified as African American women and were between the ages of 32 and 37. All participants in the mini-study spoke English. Three of the women were married and one was single. Three of the women had children and one of the married women never had a child. Three participants were employed and one was unemployed, and their incomes ranged between \$10,000 per year to \$41,000 per year. All four women identified as Christian.

Data Collection

The researcher is the primary research tool in ethnographic research (Holloway & Galvin, 2016), and interviews were conducted by the researcher using a semi-structured interview guide via password protected Zoom platform due to Covid-19 requirements. Interviews were audio/video recorded (participants had a choice of audio, video or both), and field notes were kept during all interviews. Participants also completed a demographic questionnaire created by the researcher to gather basic demographic data, such as gender, age, education, and other relevant information.

The researcher initially sought entry into the community of interest through a gatekeeper who facilitated access to the community, identified potential participants and facilitated communication between potential participants and the researcher. Recruitment was also done by purposive and snowball sampling method. Interested potential participants contacted the researcher and a description of the study

and consent were reviewed. The participants signed a consent form in Qualtrics (due to Covid19 restrictions) as well as completed the demographics form in Qualtrics. Data collection and analysis occurred concurrently. Data were then collected through one intensive interview with each participant and were audio/video recorded. The interaction between the researcher and participant was a critical part of the narrative in the data collection and guided the process. All research materials such as the consent, interview recordings and field notes were kept in the password protected (Duquesne University) cloud on the computer. All data related to the study will be deleted within three years after the completion of any future studies.

Ethical Considerations

African American women discussed having general distrust of the health care system and measures were made during this study for participants to feel that all communication was open and honest between the researcher and themselves. A caring approach to understanding African American women's beliefs about health care and mental health was considered and approached compassionately. Participants were treated with respect according to the ethical guidelines for the conduct of research and had the right to withdraw from the study at any time without retaliation. If a participant chose to withdraw from the study, all their data would have been destroyed. Although it was not anticipated that the interviews would cause any undue stress on the participants, measures were taken if they did become distressed during the interview, the interview would have been stopped and arrangement for referral for counseling for the participant was available.

Ethical considerations related to data collection included procedures that honor the privacy, feelings, and dignity of the participants and minimize any risks from the research process. A private area was used for the individual interviews to protect the privacy of the participants, and the participants were asked prior to, during, and after the interview if they had any questions or concerns. The participants were informed of their rights and asked about their willingness to participate in the study by reading and signing the informed consent. One copy of the consent form was presented to the participant for initials and signature. This was completed through Qualtrics and one copy was then emailed back to the

participant and one copy remained on file with the researcher. The individual interviews were video-recorded and, to further protect the confidentiality of the participants, video recordings and transcripts were stored in a Duquesne Cloud server. All of the participants were informed that the data may be kept for use in a future study, such as a full-scale focused ethnography. When any future studies are completed, the interview recordings and notes will be destroyed by being deleted from the digital recorder and computer hard drive three years after the completion of the study. Permission to conduct this study was obtained from the Duquesne University Institutional Review Board.

Data Analysis

Data were transcribed by Zoom and checked for accuracy by the researcher and downloaded to computer using the qualitative software package NVivo 12. Once the data was transcribed, it was analyzed using Leininger's Four Phases of Qualitative Data Analysis (McFarland, Mixer, Webhe-Alamah, & Burk, 2012). The first phase of data analysis analyzed the transcribed interviews and field notes and then imported them into the NVivo 12 software program. The second phase included reviewing each line of the transcripts and re-reading the data and then coding similar data. The third phase included looking for and seeking patterns in the data and since these are initial results from a mini-study, data was not analyzed to the fourth phase.

Results

Ten categories emerged during the analysis of interviews and field notes. They included: *Black misconceptions, Black women need more information, faith issues, health insurance for African Americans, holding family together, mistrust, perfect mother, stigma, treatment by medical establishment and understanding postpartum depression*. The findings were initial data from phase three of Leininger's (2003) four phases of qualitative data analysis and included two patterns, *striving to be a perfect mom* and *distrust of the medical system*. These patterns incorporate the words and feelings presented by the participants about PPD.

Striving to be a Perfect Mom

The four women described their values, beliefs and perceptions openly about PPD and felt that they represented and shared beliefs with many women within the African American culture including their friends and/or family. All of the women in the study felt that there was a stigma attached to having a PPD and viewed it as a weakness and a failure at mothering. *Striving to be a perfect mom* was one of the most noted themes discussed by all four of the women and was woven throughout all of the interviews. Participants described this concept of striving to be a perfect mom as “wanting to be wonder-woman” or “to be able to do everything”, or fear of being “looked upon as you’re not a fit mother”. One woman discussed, “we are taught to be strong and not show any signs of weakness”. Another described the importance to “pretend everything is OK” in an attempt to be seen as a good mother. They all talked about this sense of stigma for African American woman experiencing PPD as one of the main issues that either prevented women within their culture from seeking treatment for PPD or even talking about it. Their need to be seen as strong competent mothers was explored extensively as they related it to their own perceptions and experiences with PPD.

Distrust of the Medical System

Another pattern that was noted by all four participants was the pattern of *distrust with the medical system* (of note, nurses were not included specifically here and all spoke of their “doctors” when describing this). This was described both in the context of what specifically happened to them within the health care environment or what theoretically could influence an African American woman’s perspective on postpartum depression. For example, one participant shared that many African American women are “afraid of the doctor and afraid to open up”. Another felt that doctors only listened because they were “getting paid to listen” or one described being afraid to be “labeled crazy and attitude” by their physicians. Three out of the four women talked of the misconception that health care professionals have of the “angry black woman” or “the black woman with attitude”, thus being treated differently. A few shared and identified shameful situations of how they have been treated by healthcare providers in the past. “There’s this idea that like we’re stronger than most people, or that our bodies are fitter in other

ways”. As part of this distrust of the health care system, there was a strong aspect of racism and discrimination that they all experienced and discussed.

Discussion

Current statistics on PPD in African American women and the impact of untreated PPD can have serious consequences and necessitate the need to learn more about cultural beliefs and perceptions about PPD. There are many studies in the literature on postpartum depression in Caucasian women, but very few on African American women and the cultural aspects of their beliefs and practices regarding postpartum depression (Luke et al., 2009). Most of the literature found on African American women and PPD is in fact quite dated.

The women interviewed expressed many of the same feelings and perceptions about PPD and were open about the influence of “Black” culture on these perceptions and what was unique to their feelings and experience. Some women with symptoms minimize them due to perceived stigma, shame or cultural beliefs (Sampson et al., 2014). This has been attributed in studies on poor social support, low economic status, low education, high perceived stress and racism (Abrams & Curra, 2009; Amankwaa, 2003; Myers et al., 2002). Several of these variables did not emerge from this initial mini-study. Being viewed as a strong, competent mother is highly valued within the African American culture and there is a fear of being seen as weak. Postpartum depression is viewed as an illness, making a woman appear sick, weak and not able to care appropriately for her baby and/or other children.

Lack of social support and other socioeconomic factors are often discussed in the literature as contributing factors of having PPD. However, three out of four of the women were employed and making a higher than average salary, two of which had professional careers and three were married with children. None of them mentioned lacking social support or feeling that these were issues influencing their perceptions on PPD.

Another finding from this mini-study was the gratitude women expressed for being given the time and opportunity to discuss their perspective on a mental health issue that can influence how they feel about PPD. The finding included the impact how they are viewed and treated within the health care

system. Three of the four women discussed their own personal experience with PPD and were able to retrospectively analyze how they coped or did not cope effectively during that time and the reasons why. Provided the opportunity to be heard by a nurse researcher was noted and appreciated during this study. All of the women in the study expressed excitement to have the ability to openly discuss their views on PPD, not only because of the importance of the topic to them but because they felt their story was now being heard.

Increasing communication between African American women and health care providers is critical to help eliminate racial disparities that had been experienced by all of the women in the study. Identifying shame and feeling discriminated by health care providers led to the perspective that they could not trust those “caring” for them as they felt dismissed and even mocked. This lack of confidence in the medical system further alienates women already feeling quite vulnerable from openly disclosing questions or feelings of PPD, and ultimately not getting needed support or treatment.

Implications

The findings of this mini-study contribute to nursing science by providing initial data on the cultural perceptions, beliefs and values of African American women regarding PPD and providing direction for a larger focused-ethnography. These findings suggest that more support may be needed throughout the pregnancy and postpartum period for African American women to feel comfortable asking for help or even talking openly about PPD, and ultimately helping to reduce the stigma so prevalent within their culture.

Stress due to African American women’s experiences of racism has many emotional effects and exploring its contribution to PPD is critical for women to feel respected and regarded when obtaining medical care. Nurses (as the most trusted profession) are in a critical position to help improve relationships when health care is sought. Further research is needed to better understand and provide culturally congruent care to African American women during this time period. The ongoing negative effects and past atrocities encountered by African Americans within health care systems has been documented for decades (Amankwaa, 2003) and continues to negatively impact care.

Conclusion

The most common cultural patterns related to beliefs of African American women discovered in this mini-study were: “striving to be a perfect mom” and “distrust of the medical system”. Being seen as a strong, competent and respected mother is an integral part of the African American culture during the postpartum period and being viewed as weak was feared. Women in the study believed denial of PPD and keeping their feelings to themselves was more appropriate than being seen as crazy, weak or disrespected. Postpartum depression has a tremendous stigma for African American women and was described as a weakness and even poor mothering. This group of participants believed that PPD interfered with their ability to be a perfect mother. They also expressed their intense distrust with the medical system and personal experiences of overt discrimination and racism. This study lends support for a full scale focused ethnography with continued focus on exploring the cultural values, beliefs and perceptions of African American women and PPD, with the goal of improving care to them during the postpartum period and eliminating disparities still prevalent today in our health care system.

References

- Abrams, L. S., & Curra, L. (2009). "And You're telling me not to stress?" A grounded theory study of postpartum depression symptoms among low-income mothers. *Psychology of Women Quarterly*, 33, 351-362.
- Amankwaa, L. C. (2003). Postpartum depression, culture and African-American women. *Journal of cultural diversity*, 10(1), 23-29. Retrieved from <https://authenticate.library.duq.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=106690084&site=eds-live&scope=site>
- Beck. (2008). State of the science on postpartum depression: What nurse researchers have contributed- Part I. *MCN: The American Journal of Maternal/Child Nursing*, 33(2), 121-126.
doi:10.1097/01.NMC.0000313421.97236.cf
- Doe, S., LoBue, S., Hamaoui, A., Rezai, S., Henderson, C. E., & Mercado, R. (2017). Prevalence and predictors of positive screening for postpartum depression in minority parturients in the South Bronx. *Archives of Women's Mental Health*(2), 291. doi:10.1007/s00737-016-0695-4
- Field, T. (2010). Postpartum depression effects on early interactions, parenting, and safety practices: A review. *Infant Behavior and Development*, 33, 1-6.
- Goyal, D., Gay, C., & Lee, K. (2010). How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first time mothers? *Womens Health Issues*, 20(2), 96-104.
- Haight, S. C., Byatt, N., Moore Simas, T. A., Robbins, C. L., & Jean, Y. K. (2019). Recorded diagnoses of depression during delivery hospitalizations in the United States, 2000-2015. *Obstetrics & Gynecology*, 00, 1-8.
- Holloway, I., & Galvin, K. (2016). *Qualitative Research in Nursing and Healthcare* (Fourth Edition ed.). West Sussex ,UK: John Wiley & Sons, Ltd.

- Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatric Services, 62*(6), 619-625. doi:10.1176/appi.ps.62.6.619
- Liu, C. H., Phan, J., Yasui, M., & Doan, S. (2018). Prenatal Life Events, Maternal Employment, and Postpartum Depression across a Diverse Population in New York City. *Community Mental Health Journal, 54*(4), 410-419. doi:10.1007/s10597-017-0171-2
- McFarland, Mixer, Webhe-Alamah, & Burk. (2012). Ethnonursing: a qualitative research method for studying culturally competent care across disciplines. *International Journal of Qualitative Methods, 11*(3), 259-279.
- Pao, C., Guintivano, J., Santos, H., & Meltzer-Brody, S. (2019). Postpartum depression and social support in a racially and ethnically diverse population of women. *Arch Womens Ment Health, 22*(1), 105-114. doi:10.1007/s00737-018-0882-6
- Sampson, M., Duron, J. F., Maldonado Torres, M. I., & Davidson, M. R. (2014). A disease you just caught: Low-income African American mothers' cultural beliefs about postpartum depression. *Women's Healthcare: A Clinical Journal for NPs, 2*(4), 44-50. Retrieved from <https://authenticate.library.duq.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=cin20&AN=103907637&site=ehost-live>
- Wisner, K. L., Dorthy, K. Y., & McShea, M. C. (2013). Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry, 70*(5), 490-498.