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The Perinatal Experience of Kenyan Immigrant Women

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2017

Abstract

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MS, University of Baltimore, 2010

BS, Strayer University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Perinatal experiences of mothers in general have an impact on the well-being of the mother and child. It is however not known what the experiences of Kenyan immigrant mothers are in regards to their culture and immigration status. The purpose of this study was to explore the perinatal experiences of Kenyan immigrant mothers with respect to their cultural background and immigration to the United States. The study approach used for this study was a qualitative phenomenological approach. A total of 20 women participated in the study in a focus group session. Bronfenbrenner's ecological systems theory was used to examine how the different environmental factors around an individual affect them and influence their life as well as decisions. The results of the study showed that the various layers of the ecological system have a significant role in an individual's life, especially when that individual is exposed to a new environment. Future studies should examine the experiences of single, young, and new mothers who do not have a social support system and family around to support them. The findings from this study can promote positive social change by informing the public health community about the issues that arose as well as assisting in developing programs that are geared to this particular group as well as other similar groups that might have similar situations.

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Dedication

To my husband who stayed up late with me when I was doing my assignments and motivated me along the way to stay focused and took care of our young son, so I had time to finish my assignments and research. This accomplishment would not have been possible without your never ending support. Thank you for always believing in me and pushing me to do more than I think I can and for being my biggest cheerleader in everything I do. You have allowed me to learn so much about myself and have propelled me to greater heights. THANK YOU!

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Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Introduction

It is estimated that the number of foreign born people that lived in the United States was almost 40 million, averaging about 13% of the total population (Greico et al., 2010). Migrants from Africa account for about 1.6 million or 4% of total population (Gambino, Trevelyan, & Fitzwater, 2014). The countries with the largest number of migrants include Nigeria, Ghana, Ethiopia, Kenya, Somalia, Egypt, Eritrea, and South Africa (Gambino et al., 2014). Over 100,000 foreign born migrants have settled in four states: New York, Maryland, Texas, and California (Gambino et al., 2014). New York had the largest number of migrants at 164,000, followed by California at 155,000, Texas at 134,000, and finally Maryland with 120,000 migrants respectively (Gambino et al., 2014).

Very little is known about the childbearing experiences of recent Kenyan migrant women. The lack of family and support networks during this period, language barriers, as well as other challenges of relocation may have an impact on these experiences during and after childbirth, which may negatively impact the maternal-child unit (Stewart et al., 2008). In particular, childbearing in Kenya is a close family experience. This lack of family support may also be a negative factor. Hennegan, Redshaw, and Kruske (2015) highlighted the challenges of migrant women during the pregnancy period and after the child is born. Results suggested that foreign born women reported concerns of being checked too often by providers which suggested that providers may not be culturally sensitive to the migrant's preference for privacy after child birth (Hennegan et al., 2015).

This highlights the need to address how providers offer care to immigrants and how to be culturally sensitive to their needs.

The American healthcare system is medically focused whereby women are expected to leave the hospital within 24-48 hours. The lack of extended family during this period may make this transition uncomfortable and lonely, thus leaving women at risk for mood disorders such as post-partum depression. Hjelm, Bard, Berntorp, & Apelqvist (2009) suggested that women both from Middle East and Sweden sought professional help when needed after childbirth but Middle Eastern women were more inclined to seek additional help from family and friends. This validates the importance of having extended family around during and after childbirth as they may find that it is more comfortable discussing their problems with a familiar person who understands their background. Having a better cultural understanding of the migrant might allow providers to offer better care.

Background

The concern which prompted this study was data suggesting that 14% of Maryland mothers who had given birth between 2004 and 2008 had symptoms of post-partum depression (PPD) (Maryland Pregnancy Risk Assessment Monitoring System [PRAMS], 2011). Results varied significantly based on education, age, marital status, and race. Prevalence for PPD was higher among women who had 12 years or less of education (20%), were below 20 years of age (21%), were unmarried (19%) and were of Asian race (19%) respectively (PRAMS, 2011). Stressful events within the 12-month period prior to delivery such as homelessness (30%), involvement in physical abuse

(40%), and jail time for either the mother or their partner (35%) were predictors of PPD (PRAMS, 2011). The highest rates of PPD were reported by mothers who stated that their newborn died (45%) and those that were in abusive relationships (39%) 12 months prior to pregnancy and during their pregnancy (PRAMS 2011). Similar high PPD cases were reported by mothers who started their prenatal care in their third trimester or those who had no prenatal care throughout their pregnancy (31%) (PRAMS 2011). Binge drinking and smoking during the last trimester were also predictors for PPD.

Some of the strongest predictors that have been identified in previous studies include depression history prior to pregnancy, depression during pregnancy, and stressful life events (Craig & Howard, 2009). Psychologically and physically abused women as well were also at high risk of PPD if stressful life events happened at any period during their childhood through adult life (Records & Rice, 2005; Kendall-Tackett, 2007). Other predictors that have been identified include poor economic status, cultural factors, poor marital and family status, low birth weight, poor baby health, and lack of social support systems (Collins et al., 2011). There is a small significant relationship between indicators of low social status and PPD (Beck, 2008).

Women with PPD are unable to give their newborn babies the full attention they need. Centers for Diseases Control and Prevention (CDC, 2013), states that some of the symptoms associated with PPD include mother's thoughts that their baby might be taken away or hurt, lack of ability to have enough rest and sleep, mothers worrying they will hurt their babies, and feelings of guilt and shame since they are not able to take care of their babies as needed. A mother experiencing PPD can compromise a child's wellbeing

if unable to develop proper feeding and sleeping routines, schedule well child visits, and get the child immunized as needed (Field, 2009). Various studies on PPD have been carried out within other groups in industrialized countries including Canada, United States, and Australia; however, additional research regarding PPD with immigrant women pursuing new lives in developed countries would benefit the public health community in having a broader understanding of migrant needs (Stewart, Gagnon, Saucier, Wahoush, & Dougherty, 2010).

Problem Statement

A key social issue as the US health system attempts to become more patient-centered is how to best meet the needs of migrants from diverse cultures. In particular, as maternity hospitals seek to provide the optimal support for women during labor and delivery and the early parenting transition, much is still unknown about the women's perceptions of the experience. Childbirth postpartum experiences of mothers in different ethnic groups in the US have been addressed in various studies, but no literature is available addressing the childbirth and postpartum experiences of Kenyan mothers living in the United States. Sampson, Zayas, and Seifert (2013) suggested investigators believe that when cultural and social variation measurement issues are considered, the rates of PPD would be higher. This intention of this study was to broaden the knowledge of the public health professionals of the childbirth and postpartum experiences of Kenyan women in the United States by documenting their perceptions of giving birth in the United States and how their cultural background and immigration status influenced their experiences.

Purpose Statement

This qualitative phenomenological study was intended to elicit information regarding the childbirth and postpartum experiences of Kenyan immigrant women. A review through the lens of the Kenyan migrant provided more knowledge regarding their experiences during the childbirth and postpartum periods and their understanding of this within the context of their culture. Certain factors including education levels, marital status, and relationships with partners prior and during a woman's pregnancy contribute to feelings of isolation and sometimes leads to PPD. These factors within Kenyan migrant women were reviewed to identify any similarities present and determine if they play any role in their postpartum experiences.

Research Question

What are the experiences of Kenyan immigrant women during the childbirth and postpartum period with respect to their cultural background and immigration to United States?

Theoretical Framework

Bronfenbrenner's social ecological model of human development was used for this research study. The model allows researchers to examine a group by evaluating multiple layers of structures that integrate interactions of various environmental settings (Bronfenbrenner, 2009). The individual's cultural, social, behavioral, and environmental aspects are analyzed to determine if there is any relationship between them and their childbirth experiences. The layers of social structure that were used to examine this experience among Kenyan immigrant were:

1. The microsystem: This layer denoted the relationship between the Kenyan immigrant women and the people close to them such as their immediate family members, church members, and peers.
2. The mesosystem: This layer evaluates the interactions between two microsystems (Paat, 2003), the microsystem and the exosystem. This layer examined if the migrants' immediate core relationships such as family or church members (microsystem) were able to assist the immigrant woman in assimilating into the new social settings and understanding local policies of the community where they now reside.
3. The Exosystem: This layer denotes the social settings that might have indirect influence on Kenyan immigrant women, for example, how social services and local policies such as health care laws affected the Kenyan immigrant woman living in the new community.
4. The Macrosystem: This layer takes into consideration the actual culture of the individual. In this case, the Kenyan woman comes from a different culture than an American living in the United States.
5. The Chronosystem – This layer includes the transitions and events over the course of life that influences an individual. In this study, it examined how the move from Kenya to the United States and the reason for leaving their home country might have affected them.

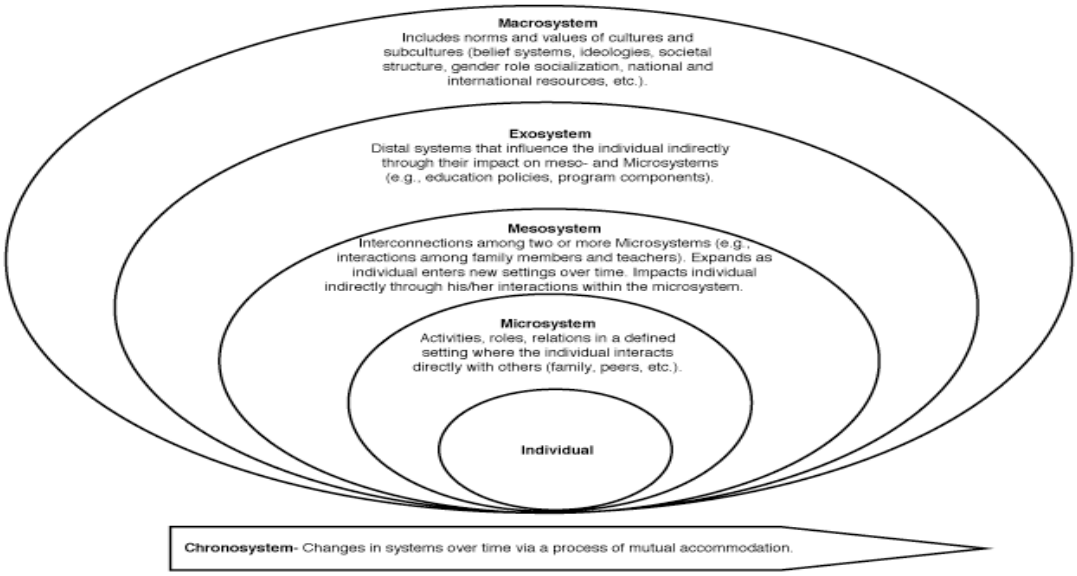

Figure 1. Bronfenbrenner ecological model. Reprinted from University of Minnesota (2011). Retrieved from https://ici.umn.edu/products/prb/211/211.pdf

Nature of Study

A qualitative phenomenological study approach was used for this research study. This approach allowed for exploration of Kenyan women's experiences during the childbirth and postpartum period. This particular nature of study encourages the participants to describe their experiences fully along with any thoughts or feelings they would have towards that topic without necessarily directing them to give answers to questions. A survey, conversely, would be more direct questions requiring a simple yes or no answer or very limited answers directly related to the questions asked. Understanding in detail how culture influenced the Kenyan woman's decision-making and postpartum experiences as well as social support if any was analyzed.

Definition of Terms

Immigrant: A noncitizen who has been allowed to permanently reside in the United States (Internal Revenue Service, 2017).

Postpartum depression (PPD): An intense feeling of sadness and anxiety that new mothers experience after childbirth that makes them unable to perform their daily tasks as needed (American College of Obstetricians and Gynecologists, 2013).

Metropolitan area: A core area that is densely populated and has a high economic and social integration which is shared with adjacent less populated communities (U.S. Census Bureau, 2016).

Scope, Assumptions, Limitations, and Delimitations

The scope of the study was to interview Kenyan women living in Maryland aged between 18 to 45 years who had children 9 months to 2 years of age about their childbirth and postpartum experiences. The women were required to speak, read, and understand English. An assumption was that there would be enough recruits who would be willing to participate in the study and that these women will be willing to speak candidly about their postpartum experiences. Results of this study were highly dependent on the participants willing to provide honest information about their experiences during the postpartum period in order to ensure reliability of the study. A limitation in this study was that the experiences reported by the women in this study group would not necessarily represent the larger Kenyan migrant population living in all the other 50 states within the United States. The experiences of a woman in one state might differ from another due to variance in available resources and social support in the different states. A delimitation

of this study was the choice to focus on Kenyan migrant women and not any other group of migrant women living in the United States.

Significance of the Study

There has been an increase in the immigrant population in the United States in the last decade, especially from African countries. The American Immigration Council (2012) stated that the population of migrants from Africa to the United States doubled in size between 2000 and 2010. The highest numbers of migrants from African countries are located in Virginia, California, Maryland, Texas, and New York. Less research has been done for the African population and none for the Kenyan community living in Maryland. Childbirth is a developmental experience for both mother and child and a positive experience is the key to maternal-infant bonding. Disruption in maternal and infant bonding may lead to developmental issues in early childhood is often cited as a key reason for child abuse and neglect (Muzik et al, 2013). In order to provide the optimal childbirth experience for those from other cultures integrating into the American health care system, it is important to understand the experience as lived by the women themselves. These experiences provided information that healthcare providers can use to ensure that obstetrical services are truly patient-centered.

Leininger's theoretical approach to cultural care diversity emphasizes the need for providers to be culturally cognizant of their population (Leininger, 2002). Understanding Kenyan culture, diversity, and practices is useful when developing programs which can be useful to this community and improve the quality of life for mothers who may suffer from PPD if this is a health concern for this particular community. Providing insight into

the experience of women who are from a different culture with specific needs geared to them will be a step forward in achieving social change. Any programs implemented can also be culturally adapted to other immigrant communities that might experience similar issues.

Implications for Social Change in Practice

The hope was that the results of this study would be a guide for future studies and would also help improve the quality of life for all immigrant women coming into the country. A review of other studies and the results of this study would guide in developing and implementing programs catering to the specific needs of this and other similar communities to improve their postnatal experiences and eliminate any health issues that may arise as a result of their postnatal experiences. The results of the study would also be disseminated to peers in the healthcare profession to ensure the development of programs that would impact communities.

Summary and Transition

There is a need for better understanding the childbirth and early parenting experiences of Kenyan migrants. The purpose for this research was to interview Kenyan women living in Maryland about their childbirth and postpartum experiences using the phenomenological approach. Bronfenbrenner's ecological model was used to explain how different groups related to an individual would affect their postpartum experiences. The study's aim also was to provide a better understanding of how women from the Kenyan community perceive and understand postpartum mood changes and depression. Their experiences can guide health care workers in developing programs to address the

Kenyan community and the general immigrant population. In the next chapter, a literature review of scholarly articles related to PPD among women in general will be discussed as well as immigrant women across the globe to understand their experiences during the postpartum period.

Chapter 2: Literature Review

Introduction

This chapter analyzes the literature relevant to both childbearing and early parenting experiences among women in various cultures. There is currently no literature available addressing PPD in the Kenyan immigrant community or the experiences of Kenyan immigrant mothers during their childbearing and postpartum period. The literature review in this chapter primarily focuses on peer reviewed literature as a source of credible information related to PPD and experiences of mothers in other communities and cultures. The goal is to review relevant and available articles related to PPD in general in the migrant population within the United States and other parts of the world considered first world countries. This served as a guide when preparing the interviews for this research study.

Summary of Problem

There is currently no literature available that reviews the childbirth and postpartum experiences of Kenyan migrant mothers living in Maryland. As the immigrant population continues to grow in the United States, it is important to look at health problems that may be affecting the community and develop programs that specifically cater to their needs. Given the importance of the early maternal-child relationship, the results of this study may contribute to better support from community health workers, physicians, and others.

Purpose

The purpose of this study was to examine self-reported childbearing and postpartum experiences in Kenyan migrant women living in Maryland. These lived experiences can help inform providers about cultural perspectives of women giving birth in the US and provide detail regarding the impact of these experiences on early maternal-child bonding. A review of their background, culture, environment, and social background helped understand if PPD manifests itself in women of Kenyan decent. If PPD is prevalent in Kenyan migrant mothers, understanding PPD and their needs might not only be beneficial to this community but to other similar immigrant communities living within the United States who might have similar experiences if support programs are developed and implemented.

Intent of the Study

The intent of this study is to give voice to the lived experiences of Kenyan migrant women. A focus group session whereby the researcher used a semi-structured interview format was tape-recorded with permission. The transcribed data was analyzed for common themes. The results were used to formulate recommendations for health providers regarding some of the cultural needs of this population and a guide to developing programs to help other similar communities as well.

Database Search

There has been lots of research done on PPD within other communities. A detailed review of previous scientific studies will be discussed in this section. The

research articles were related to childbirth, maternal-infant bonding, and PPD in United States as well as other parts of the world. Each study reviewed various aspects of the mother's life and surrounding including culture, socioeconomic factors, environmental factors, attitudes, and beliefs that were key factors contributing to PPD. A review of those studies and other studies will be useful in determining if a specific community would have different outcomes from broader group of migrants.

Several databases provided published scholarly articles, including PubMed, CINAHL, PsycINFO, EBSCOhost, and Popline and Global Health. The inquiry was for research that had been done between 2006 and 2016. The criteria included references to immigrant women, asylum seekers, refugees, PPD, Kenyan women, or related terms. The search retrieved articles from developed countries across the world. Only those papers written in English were selected. This search led to articles that were relevant to the study. However, there were no particular studies done for women in the Kenyan community living in any part of the United States. There were various studies carried out for other immigrant communities within the United States and other countries. These articles will be analyzed in this section.

General Literature

Health status can be influenced by gender, which has been considered one of the significant determinants of social inequality. O'Mahony and Donnelly (2013) stated that lack of language classes and housing were some significant issues encountered by migrants. The study also suggested that difficulties encountered during the immigration period led to low self-esteem and affected the women's emotional well-being. If family

members are separated during the immigration period, leaving some in the home country where there could be violence or instability, this could lead to additional emotional stress for the immigrant. Others are left sad and in a harmful mental state if they are alone and with no family member or anyone to talk to during the transition period.

As women migrate into new countries, there are challenges they may face during childbirth (Bina, 2008). Immigrant entry status, social rights, employment rights, and entitlements are determined by the immigration policies for the host country, meaning the women may have limited access to jobs and healthcare services that they need (O'Mahony & Donnelly, 2013). Women's experiences during the migration period may include stress, poverty, losing family members, separation from family members, or persecution that can negatively impact them during their prenatal and postpartum periods (Bina, 2008). Women admitted into the country alone would have to depend on others for emotional and economic support until they are able to sustain themselves. This would leave the women feeling vulnerable and unable to seek help when needed as they seek to protect themselves (O'Mahony & Donnelly, 2010).

The underlying cause of PPD is not yet clear; however, there are some contributing factors that put women at risk for PPD. Pregnant women are at risk of developing PPD after childbirth (Robertson et al., 2004). Some of the risk factors for PPD include depression history in the past and during pregnancy, stress related to childcare, marriage issues, self-esteem issues, and pregnancy complications (Robertson et al., 2004). These factors would be indicators for women across the globe. Immigrant women might experience other factors that might contribute to PPD.

Specific Literature

Igarashi, Horiuchi, and Porter (2013) reported that childbirth experiences are often influenced by the mother's culture. Mothers did not worry much about caregivers who were less aware of their culture. What most mothers wanted during childbirth was respect, support, and warmth. They wanted to get care from health professionals who offered respect and support which in turn made them feel safe. However, they seemed concerned by health professionals who did not offer any support or were unkind. The study revealed the importance of healthcare providers being sensitive to the mother's cultural background when providing care (Igarashi, Horiuchi, & Porter, 2013).

Social support during the postpartum period is essential for the wellbeing of the mother. Negron, Almog, Balbierz, and Howell (2013) suggested that support plays a crucial role in ensuring the basic needs of the mother during the postpartum period. Xie et al. (2010) conducted a study on prenatal and postnatal family support and the results of the study suggested that postnatal family support was much more effective compared to prenatal since the mother needed more physical and emotional support when the baby was born as opposed to before childbirth. Xie et al. (2010) also suggested that the support from the husband was the most important factor compared to other family members because the mother tends to lean more on the spouse for support compared to other family members or friends.

Viken, Lyberg, and Severinsson (2015) conducted a study in Norway which suggested that women sometimes had bad experiences because there was a communication barrier which led to frustration. Since these migrants could not speak

Norwegian, they found it difficult to make Norwegian friends which made them feel lonely. However, some healthcare professionals did assist these women by introducing them to other migrants in similar situations which helped them feel welcome and no longer alone. Some parents found it was important to have faith in God as it gave them confidence and ability to go on with their daily lives. They reported that children gave the mothers a sense of belonging, and that kept them occupied and less focused on any negative experiences (Viken, Lyberg, & Severinsson, 2015).

The study also addressed incidents where Asian women received healthcare advice from providers in Norway that contradicted the advice they received from health professionals from their country (Viken, Lyberg, & Severinsson, 2015). The women seemed to lean towards the advice they received from the healthcare professionals in their country as opposed to those in Norway. They felt that some of the cultural practices from their home country were more beneficial to them as opposed what they were told by Norwegian professionals.

Stewart et al., 2008) reported that migrants who enter Canada are received into an immigration class. Asylum-seekers were at higher risk of post-partum depression in Canada due to majority of them having lower income and not having work permits. Those fleeing their countries due to persecution, violence and instability, are at a higher risk of postpartum depression as compared to other immigration classes. When they are accepted into the host country, their biggest fear is the length of their stay and if they will be deported back to their home country. During this period, they are only allowed to

access certain services and programs. This makes it difficult for them to get the proper care they need for themselves both prenatally and postpartum (Stewart et al, 2008).

Gjerdingen, Katon, and Rich (2008) reported that children were at a high risk of distressed behavior due to delayed cognitive and psychological development if they received care from depressed mothers. The study reviewed treatment of postpartum depression in a healthcare setting and determined that depression screening is important as it helps detect the disorder early. However, in order to improve clinical outcomes, it is important to provide enhanced adequate care and conduct follow up visit.

Theoretical Foundation

Bronfrenbrenner (2009) developed the ecological systems theory to help understand how the different environmental factors around an individual affect them and influences their life. Viken, Lyberg, and Severinsson (2015) used four levels (Microsystem, Mesosystem, Exosystem, and Macrosystem) of Bronfenbrenner's theory to study coping strategies in regards to mental health of migrant women in Norway. They evaluated how immigrant women dealt with keeping their original traditions and their willingness to integrate into the Norwegian society.

The microsystem was used to evaluate their sense of belongingness as the woman dealt with childcare, cultural and religious traditions, and establishing networks in Norway while still maintaining relationships across the borders. The mesosystem was used to evaluate how immigrant women would seek the information they needed from the healthcare professionals, whether they were offered any guidance and support during child birth, and if they trusted the midwife. The Exosystem was used to evaluate if the

women were interested in new opportunities and programs offered. The Macrosystem was used to analyze how women felt about being in Norway, including their sense of comfort within the society and their awareness of the differences in the culture between their home country and Norway. Researchers found that even though women were willing to adapt to the new culture, they still were heavily influenced by their traditions and still followed some of their cultural ways.

Conceptual Framework

An individual's cultural beliefs, practices, and values play a role in how they make decisions and behave in certain environments. Leininger's (2002) transcultural theory proposes that health professionals can provide better care if they are in tune with the culture, beliefs and practices of the specific individual or group. Culturally competent care can only occur if the practice is incorporated in to the healthcare practice. This requires that providers understand these cultures and provide alternatives for an individual to take care of themselves and to guide the family on how to help the new mother (Leininger & McFarland, 2006). Health professional have to commit to learning and offering culturally competent care (Leininger & McFarland, 2006).

This theory was important in this particular study as it addressed women of a different culture, with different values and attitudes trying to deal with childbirth in a new environment. It was important to understand how women felt the health professionals who were involved in their care related to them during their pregnancy period and postpartum. Kenyan women were asked how they felt about their care before and after childbirth and if the health professionals involved were cognizant of their cultural

background and values. This guided an understanding of whether the healthcare professionals were aware of the populations cultural background and what changes can be made to ensure that the care given takes into account the cultural background that affect the decisions of the new mothers.

Summary and Transition

This chapter summarized the literature on birth experiences of immigrant women in general and the literature that is specific to postpartum depression among immigrant communities. Bronfenbrenner's theoretical framework was a guide in understanding how environmental factors around the Kenyan women affect them during the postpartum period. Leininger's approach served as a guide to understanding how the healthcare professionals were of value in providing care. Learning and understanding the cultural values and beliefs of these individuals can be used to develop programs focused primarily on this target population. The next chapter will discuss the research methods that were be used to gather information. Using the correct tools to gather information and to analyze the data was important in ensuring that the results were valid and reliable when answering the research question.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine self-reported childbirth and postpartum experiences among Kenyan immigrant women in the United States. One of the objectives was to examine if, in fact, PPD is a mental health problem in this community, and if so, what risk factors expose the women to PPD. The immigration population in the United States has continued to grow in recent years. It is therefore important for health professionals to understand the health needs in this community, as it is a group that may require programs specifically geared to serve that cultural population. The peer reviewed literature on childbirth experiences in general and PPD in immigrant women in other countries served to guide the structured interview questions.

This chapter introduces the research methods that were used in conducting this study. It is important to use the appropriate methods that will draw the best results within this specific population. This chapter also discusses how the participants were selected and why the methods were considered the most appropriate for the study.

Research Design and Rationale

Focus Group

As a study is conducted, the primary focus is to ensure the most honest answers are derived from the participants. Focus groups are useful in getting a broad understanding of participant's experiences and beliefs (Gill, Stewart, Treasure, & Chadwick, 2008). Participants were encouraged to share their own personal views and experiences during the childbirth and postpartum period. Different data collection

methods in qualitative studies have their benefits, but for this particular study, a focus group method was utilized. Focus groups are commonly used for in-depth explorations of a topic that little is known about with the aim to understand, determine, and provide insights regarding how people perceive certain situations (Parker & Triter, 2006). Kenyan women in the study were allowed to share their experiences while providing any insight on available support groups if any that were made available to them. They were also encouraged to share their hospital experiences as well as their experiences back at home after their childbirth.

Research Method

The research method used for any study is determined by the research questions and answers a researcher seeks to answer. The aim of the qualitative research method is to answer questions that ask how or why people behave in certain ways (Creswell, 2013). It seeks to explore a deeper understanding of human behavior. There are various techniques used to collect data in qualitative research studies including interviews, focus groups, observations, and secondary data. The data collected is analyzed based on the themes from the responses of the individual participants. The goal of a qualitative research study is to gain more understanding of psychosocial issues from various perspectives (Creswell, 2008).

The quantitative research method focuses on testing theories composed of variables using numbers and statistical tools (Creswell, 2009). It gathers data in numerical form and categorizes that information into a ranked order or measured units. The collected numerical data is analyzed using mathematical methods such as statistics.

The most common techniques of gathering information in qualitative research are observations, in-depth interviews, and focus groups (Creswell, 2009).

This particular study explores personal experiences, attitudes, and beliefs regarding the childbirth and postpartum experiences of Kenyan immigrant women living in Maryland. A focus group method was used for this study as it allows the researcher to elicit data on cultural norms and have a broader understanding of issues within a specific cultural group, which in this case are Kenyan migrant women.

Setting and Sampling

The target population for this study was Kenyan immigrant women living in Maryland. The Washington DC metropolitan area has a large population of migrants with a significant number of women from Kenya (Kent, 2007). Purposive sampling was used for this study. Purposive sampling allows the researcher to select a particular group with certain characteristics to examine their experiences on a particular issue (Palinkas et al., 2015). In this case, the targeted group selected was Kenyan women who have migrated to the United States in the last 5 years and have children aged 9 months to 2 years. The population sample included first generation Kenyan immigrant women aged 18 to 45 years. The women were required to speak, read, and understand English. The study allowed for snowball sampling where participants referred other members of the community who fit the target group within the same community to share their postpartum experiences. In order to ensure validity of the study, an appropriate number of interviewees were elected for this study. Hennink, Kaiser, and Marconi (2016) found that saturation of codes was reached at nine interviews; however, in order to develop a deep

understanding of the issues, 16-24 interviews were needed. This research study aimed to interview about 20 women to ensure the results can be considered reliable and valid.

Recruitment

In order to have access to the target population, fliers were distributed to local churches, social media channels, and local community centers where this population gathers. The fliers provided information about who was conducting the study, the purpose of the study, and contact information including a phone number for any individual interested in participating in the study. A focus group session was scheduled at a time that was convenient for the participants and researcher. The focus group session took place at a neutral location convenient for the participant where the participant felt comfortable to engage in the interview session.

Informed Consent and Ethical Procedures

Once the individual agreed to participate, they were introduced to the study and got a detailed explanation of why the study was being done and how it would benefit the community. Those who wanted to continue with the study were required to sign a consent form stating that they understand what was involved. An explanation on how the data will be collected and stored was shared with them. They were also informed that the study was for educational purposes only and the data collected will be anonymous and stored safely to prevent any distribution of personal information. Participants were also notified that they can withdraw at any time during the study period.

Interview Questions

Bronfenbrenner's ecological systems theory was used as a guide in developing the interview questions for this study. The main purpose was to ensure that the researcher was able to obtain a clear understanding of the women's experiences during the postpartum period in relation to the environment, cultural background, social background, and immigration status. The interview questions were presented in an open ended format that would discourage yes or no answers but instead promote open ended discussions. This would help derive more information on the women's experiences that would not have been addressed in the interview questions presented.

Data Analysis

A login sheet was used to keep track of the number of participants that attended the focus group session. A tape recorder was used to record the focus group session to ensure that all the information was captured. The recording was then transferred to a computer in order to use Nvivo to analyze and gather the themes captured during the focus group session. The use of computer-assisted qualitative data analysis software NVivo was used for this study. NVivo is a Computer software created to assist in analyzing data versus analyzing the data manually (Wong, 2008). It is useful when exploring themes and trends and drawing conclusions from this data (Wong, 2008).

Summary and Transition

In this chapter, the research design and methods were discussed in detail. The sample group, recruitment process, data analysis, informed consent and ethical procedures were also addressed. The main objective of this study was to investigate the

child birth and postpartum experiences of Kenyan women living in Maryland and how they dealt with their experiences. Recruitment and analyzing of the data collected drew us closer to a deeper understanding of postpartum depression in Kenyan immigrant women. A review of their background and current setting was the basis of this study. Findings were highlighted and discussed in depth in the next chapter. Recommendations were offered for the issues that arose during the study to improve this community and any other communities that might benefit from this research. The next chapter will discuss the results from the data collected from Kenyan immigrant women living in Maryland. This information will shed more light on their experiences during the postpartum period and guide in answering the research question.

Chapter 4: Results

Introduction

The study was an exploration of the perinatal experiences of Kenyan migrant mothers in the United States. The study explored Kenyan women's cultural and social factors and how they influenced their decisions during the perinatal period. A phenomenological qualitative approach was adopted for this study. Other factors included education levels, marital status, family relationships and support systems to determine if and how they influenced the Kenyan migrant woman an individual's decision during the perinatal period. Results were summarized in different sections of this chapter.

A total of 150 fliers were disseminated and information also was posted in community centers and social media outlets to recruit participants. Members willing to participate called the researcher on the number provided in the flier. They also helped pass on the fliers to other groups and members of the population who they felt fit the description outlined in the flier. This allowed for the recruitment process to last much shorter than expected as most women recruited were willing to participate in the study. The willing participants worked with the researcher to determine the appropriate time to conduct the study.

Sample Selection

A total of 20 participants were recruited for this study. Most of the participants found out about the study from a flier they saw at a daycare center that is run by a Kenyan well known in the community. The participants had to demonstrate that they

could speak, read, and understand English when they were recruited for the study by explaining to the researcher what they understood from the flier they received and explanations provided during the initial recruitment. The participants were aged between 18 and 45 years and were immigrants from Kenya. All the participants resided in the Baltimore area.

Procedure, Recording, and Transcription of Data

Before the interview began, the participants were first introduced to the study and informed why it was being done and why they were being recruited. A written consent form approved by the Institutional Review Board (IRB) at Walden University was given to each individual and reviewed with each one of them to ensure that they understood the purpose of the study and what was required of them. The consent form was written in simple English that was easy to understand to ensure that the participants were able to comprehend every detail. They were made aware that participation was voluntary and they could withdraw from the study at any time. They were also made aware that they would not be paid for participating in the study. Before the study began, they had to sign the consent form to acknowledge that they understood it. Every member then joined the focus group for a discussion which lasted about an hour.

Before the focus group session started, each individual answered a few demographic questions which would contribute to understanding better the type of population that was participating. Some of the questions asked on the form were about age, education, occupation, marital status, number of children, and most supportive person during the perinatal period. A recording device was used during the focus group

session to ensure that all information was captured. This was to ensure that the researcher would stay engaged during the focus group session and not lose any information shared during the process. Participants were allowed to chime in at any time during the focus group session with any information they felt was valid for the study. The researcher moderated the focus group discussion to ensure they stayed within the topic intended.

NVivo, a computer assisted qualitative data analysis software tool, was used to analyze the audio recorded focus group sessions. This allows the researcher to analyze data that would normally be analyzed manually (Wong, 2008). Common themes were used as a guide when retrieving data from the audio recordings. The themes were coded and analyzed, and helped in describing certain phenomena. The coding also helped identify relationships between certain themes within the data.

Focus Group Demographic

The participants' demographic overview is detailed in Table 1. The variables that were used included marital status, education, occupation, age, and their insurance status.

Table 1

Characteristics of Women Interviewed for the Study

Characteristics	*n*	*%*
Marital Status		
Single	4	20%
Married	14	70%
Divorced	1	5%
Separated	1	5%
Education		
High School Diploma	4	20%
College degree	7	35%
Post Graduate	9	45%
Occupation		
Nursing	9	45%
Financial Field	4	20%
Other Health Profession	5	25%
Realty	1	5%
Education	1	5%
Age Groups		
18-25	2	10%
26-35	4	20%
35-45	14	70%
Insurance status		
Insured	1	5%
Uninsured	19	95%

Interview questions were specific regarding how this population sought help during the perinatal period. Half of the women in this study reported having received support from their spouse. The other half of the women received support from their siblings, mothers, friends, and health professionals. Those that reported having received support from their siblings also mentioned that was mostly because they lived with their siblings at the time. The women who received support from health professionals were single mothers who did not have a spouse, family, or friends to assist during this period. They sought help from health professionals to inquire mostly about any concerns they had with their children and not any concerns of their own that they were experiencing. A majority of the women reported having moved to the United States to be with family while the rest moved to the U.S. to attend school or seek a better life. From the statistics, most of the women had achieved a higher level of education and the rest had some sort of college education.

During the study, breastfeeding became a topic that was highlighted several times. A high percent of women felt unsatisfied with the breastfeeding support they received. Only three women reported having good breastfeeding experiences at the hospital after the birth of their child. All the women reported that they expected more support during this time, especially for first time mothers.

Hospital Choice

Most women selected the hospital where they had their baby for several reasons including that it was most convenient, it was an in-network hospital listed on their insurance plan, and worked at the institution in which they delivered so they felt safe or

knew a family member or friend who had a good experience at the hospital they chose. Others also picked a particular hospital because they were referred due to a particular condition they had. Fifteen women stated they would go back to the hospital of choice as they received good care and would recommend the hospital. A few mothers either loved the hospital experience and not the provider or vice-versa. Overall, they felt the experience and choice of hospitals was way better than what they would have had back in their home country.

Experiences during the Hospital Stay

The results of the study showed that most of the women felt that the health professionals for the most part provided adequate care to the women during their hospital stay. Some health professionals did inquire if there were any cultural or religious practices that needed to be observed during the childbirth process. These included but were not limited to circumcision, cutting the umbilical cord as well as placenta practices if any. The women stated that even though they were from another country, it did not change the type of care received during their hospital stay. This could have been because the women came from a country that speaks English as a second language and therefore did not have any difficulty addressing any concerns. They also expected a much longer hospital stay as they had seen back in Kenya, but some were discharged up to a day after their delivery. They also felt the hospital staff came to check on the mother and baby too many times and never gave them a chance to rest.

Most women also mentioned that because of their cultural background, they wanted to have midwife-assisted childbirth. This was because they wanted to have

vaginal births with minimal medical interventions and support during labor. They tried to match their childbirth experience to what they would have expected given their cultural background which is mostly vaginal birth, minimal medical interventions (epidural) and support through labor. The experiences of that particular group turned out to be what they expected as the health professionals tried to work with them and their wishes.

Breastfeeding

The women were surprised and became frustrated that breastfeeding was not as easy as they had assumed since they were surrounded by family and friends back at home who seemed to breastfeed so easily. About 80% of the women received little or no assistance from lactation specialists. It was assumed that since the mother had a professional nursing background, she should be familiar with what is required of her to ensure that the child latches and breastfed. If the mother had any previous births, it was assumed that they should also be familiar with the lactation process. The women that did receive lactation assistance claimed the experience was great and the lactation specialists not only helped them during their hospital stay but went a step ahead and visited the mothers at home to ensure that they were comfortable breastfeeding. The main factors that stood out for those that received more breastfeeding assistance was the county in which they lived which seemed to provide better services to the members of their county. Overall, the care most of the women received was what they expected if not better.

Experiences at Home

Once the new mothers got home, a majority of the women reported that spouses offered the highest amount of support. Others received support from their immediate

family members including mothers and sisters who lived with them. Some of the new mothers felt that while the family was trying to help them get some rest, they took the baby away from them for too long that they did not have enough time to bond with their baby. Some reported not receiving the support they expected from their family especially the young single moms. Their mothers felt they were too young to have children and it was going to be a burden and suggested they consider an abortion which was traumatizing for the new mom.

Generally, the mothers did not try to seek any help during the perinatal period unless it was offered or directly related to their child's health. They reported that the culture has set expectations for women which does not allow for them to be tired or unable to provide for their child. They also felt that their friends or family members had done it on their own so they should also be able to handle this on their own and not seek help. Even though all of the women felt overwhelmed, only one took the step to seek professional help and was found to have post-partum depression.

The women also expected round the clock support during the first few months like they were used to seeing back in Kenya. The experience was very much different as they only had their spouse to rely on who only got a week or two of paternity leave. They felt that this did not give the fathers enough time to bond with their child and left the mothers home all day by themselves taking care of their child.

Credibility, Transferability, Dependability and Confirmability

Credibility of information depends mostly on the richness of the information gathered rather than the quantity of data that has been collected (Schwandt, Lincoln &

Guba, 2007). It is therefore important to ensure the study captures the right target population that will offer the best results that reflect the experiences of the larger population. In this study, it was important to interview women who were originally from Kenya and had migrated to the United States within the last 5 years and had children aged 9 months to 2 years. The purpose of selecting this particular group was to ensure limited recall bias and share experiences compared to those they were familiar with back at home.

Transferability ensures that information that is collected can be transferred to other contexts (Schwandt, Lincoln, & Guba, 2007). The purpose of this study was to explore experiences of Kenyan migrant women. The results of the study can be used to develop programs of other migrant groups within the community. To ensure dependability of the study, the research question, research methods and instruments used for the study were selected to offer results that can be relied upon for future studies.

Confirmability ensures that the researcher was not biased when conducting the study and that the necessary procedures were followed to prevent it (Schwandt, Lincoln, & Guba, 2007). Throughout the study, the researcher used the appropriate recruitment tools that would avoid bias in reporting as well as collection of data. The participants were also supposed to fit a certain criteria to avoid recall bias.

Summary and Transition

This chapter discussed the results of the study which included 20 participants from the Kenyan immigrant community who had children aged 9 months to 2 years and

had arrived within the last five years. Qualitative themes were summarized in various categories that were highlighted in Chapter 3. The results of the study will provide a basis for the discussion, the conclusion and recommendations in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Overview

The main purpose of this qualitative study was to investigate experiences of Kenyan immigrant women during the perinatal period with respect to their culture. A total of 20 women participated in the study. The issues that were explored included experiences during the hospital stay and at home after the delivery. Other issues explored included how the women coped with the birth of the new baby, any support that was offered during this time, and if they needed to seek help during the perinatal period. A discussion guide was used to guide the focus group session.

Bronfenbrenner's social ecological model of human development was used to conduct this study in order to examine the various layers of the participants' experiences at the hospital as well as home during the perinatal period. Cultural, social, and behavioral aspects of the participant's surrounding as well as the environmental setting were examined. These aspects of the participant's surrounding allowed the researcher to understand what influenced the individual to make certain decisions as well as develop coping skills to deal with the newborn baby. It also allowed the researcher to identify the relationships and social support groups as well as identify if the individuals were aware of any social support groups available to them during this period. The results of the study will be addressed in terms of two different areas: Childbirth experiences during the mother's stay at the hospital and at home once the mother arrived with their newborn baby.

Interpretation of the Findings

Support System: Mesosystem

Some of the risk factors associated with PPD discussed in literature review included self-esteem, marriage issues, and pregnancy complications as well as childcare stress. Bronfenbrenner's social ecological model emphasizes that an individual's experience can be influenced by the environmental factors surrounding the individual (Bronfenbrenner, 2009). The mesosystem layer evaluates the interactions between the microsystem and exosystem which focus on the interactions of the individual with immediate surrounding such as family, friends, or church members and how they assist in helping the individual assimilate into the new surroundings. One of the women who participated in the study stated that lack of support after childbirth led to frustration and stress leading to her seeking professional help and finding out she had PPD. The participant was a single mother who did not have family or spousal support during this time. The mother did not have any friends and had not assimilated to the Kenyan community within her neighborhood. O'Mahony and Donnelly (2010) emphasized that women admitted alone into the country after migrating often have to depend on others for support which often makes them feel vulnerable and unable to seek help. In this study, lack of friends or family, inability to assimilate into the new setting, lack of awareness of resources available to assist and origins in a different culture making it difficult to ask for help could have been factors that led the individual to be diagnosed with PPD. The women that reported having spousal, family, or friend support had a much easier after birth experience which emphasizes the importance of the various social ecological layers

surrounding an individual. This study emphasized that the lack of support could lead to PPD, especially for young mothers.

Women in this study reported that they did not worry if health professionals were in tune with their culture. Some health professionals did inquire about any cultural practices that needed to be followed. The women, however, wanted to be offered support and care during the childbirth process, consistent with what Igarashi, Horiuchi, and Porter (2013) reported: women were okay with health professionals who were not familiar with their culture but wanted to be supported and treated with respect during the childbirth process. According to the mothers in this study, it is part of Kenyan culture to breastfeed one's child solely for the first 6 months. The mothers who had a hard time breastfeeding became stressed about it. The study was consistent with Igarashi et al. (2013) in that women in this study also wanted professional support, especially with breastfeeding, which they did not receive. Breastfeeding difficulties and support had not been highlighted in the literature review, but it became evident during the study that it is an important aspect of Kenyan immigrant mothers in regard to their culture.

Experiences during the Hospital Stay: Macrosystem

The macrosystem layer of Bronfenbrenner's social ecological model takes into account the individual's culture and how it affects their experiences. The women reported that in Kenyan culture, providers dictate how the hospital experience will be and the patient has no control over the process and expectations. Women in Kenya expect to have vaginal births supported by midwives with minimal medical interventions unless an emergency situation arose. Leininger (2002) emphasized the need for health

professionals to be culturally aware of the practices of the population they serve in order to provide the best care. The women reported having more control of the choices at hospitals in the U.S. which made their experience much better than they would have expected. Most U.S. mothers have a different attitude towards these experiences. Some of the factors that drive different attitudes include control, choices in making decisions, and the availability of social support as well as the ability to control pain using pain medication when necessary (Cook & Loomis, 2012). The women are allowed to decide if and when they need medical intervention and how they want the birth experience to be handled to a certain degree.

Breastfeeding: Exosystem

About 80% of the women reported having received little or no assistance from lactation specialists. This is significant as the CDC (2015) reported that overall what happens in the hospital can determine how long the mother will continue breastfeeding after they are discharged. It is also recommended that the children consume breastmilk the first 6 months of their life solely and then transition to other foods gradually after that (Dieterick, Felice, O'Sullivan, & Rasmussen, 2014). Some of the women in the study reported not having breastfed their children long after childbirth as they became frustrated and resorted to bottle feeding within a month. They felt they lacked the necessary support to assist with breastfeeding and had failed because it was contrary to their cultural belief, which insists on breastfeeding the first six months after childbirth. Sixty percent of the women do not continue breastfeeding as long as they would like due to difficulties in breastfeeding which is why the Baby-Friendly Hospital Initiative

(BFHI) was established by World Health Organization (WHO) and United Nations Children's Fund (UNICEF) to help mothers have a good start with breastfeeding right at the hospital (CDC, 2015). The program follows the Ten Steps to Successful Breastfeeding core values to ensure that mothers are assisted right after birth and provided with the necessary information to do so. These steps include:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

However, not all hospitals currently have implemented the program, which is also designed to educate health professionals on implementing breastfeeding procedures. The main theme that stood out for those who received more breastfeeding assistance was the county in which they lived, which seemed to provide better services to the members of their county than other counties. Bronfenbrenner's exosystem layer focuses on how local policies and social services affect an individual's experiences. This explains the various experiences that the mothers had whereby some mothers reported having no breastfeeding support while others reported having support not only at the hospital but also at home due to the services provided in the hospital and county where they lived. This emphasized Bronfenbrenner's theory that suggests that social settings might have a direct influence on an individual's experience within their surroundings.

Experiences at Home - Microsystem

None of the mothers tried to seek any help during the perinatal period unless it was offered. The culture has set expectations for women which does not allow for them to be tired or unable to provide for their child. They also felt that their friends or family members had done it on their own, so they should also be able to handle this on their own and not seek help. Even though all of the women felt overwhelmed, only one took the step to seek professional help and was found to have post-partum depression. Certain similarities were evident in this study compared to the literature reviewed. Both cited the need for social support during the postpartum period as it is promotes the positive well-being of the mother. The mothers who received support had good experiences, whereas those that did not receive any support were either diagnosed with postpartum depression

or had bad experiences. It was also evident in this study as was discovered during the literature review in a study done by Xie et al (2010), that spousal support was the most important. All the women who received spousal support reported having a much smoother home experiences as compared to the single mothers or those who received support from siblings. The microsystem layer in Bronfenbrenner's (2009) social ecological model denotes relationships of an individual with the immediate surrounding including family, peer and church members. Individuals who had support reported good experiences while those with no support had bad experiences. This shows that the relationships an individual has with the immediate surroundings can have an effect on the experiences one has during the perinatal period.

Limitations

One of the limitations of this study was that the sample that was selected did not comprise of a larger group of participants who did not have family or friends with them. This made it difficult to determine the real experiences of mothers who do not have any support after childbirth. Specifically, only 10% of the participants did not have spousal or family support, were single mothers and only 5% were diagnosed with postpartum depression. Another limitation was that since the study was conducted over a short period of time, only a small percent of the Kenyan migrant population that had children was interviewed. The results may not be a true reflection of the larger population. Most of the members recruited found out about the study as a result of the snowballing effect. This seemed to draw more women aged 35-45 years (70%) which means that a true representation of the younger women might not have been present during this study.

Finally this study was conducted in one area of the United States, yet there are new migrant mothers across the United States who might have different experiences. The support and options vary depending location as well as the support group available. This means that when determining transferability of these findings, the specific context of this study must be considered.

Implications for Social Change

The results of this study highlighted that women from the Kenyan community are afraid to seek help during the perinatal period due to stigma. They are afraid that other women and family members might judge them, so they end up trying to do everything themselves which in turns gets them overwhelmed and unable to give their children the full attention they deserve. It means that even though the women might have experienced postpartum depression, they might not have received any support during this time. It is important that service providers provide a channel that can allow them to seek help outside of their community where they might not feel judged or stigmatized. This can help reduce chances of depression manifesting itself due to lack of support. It can also provide a chance to screen the women to ensure that they are getting ample support to take care of themselves and their newborns.

Members of the Kenyan community can also develop support groups to help new mothers who have just arrived from Kenya, especially those without extended families to support them during the perinatal period. Developing programs and having volunteer support groups from peers can ensure that they educate the new mothers on the expectations and challenges if any. This will create a communication channel for new

mothers to speak out about any challenges they might be experiencing. In turn, the new mothers will have a better experience than those that came before them. Chances of developing postpartum depression can also be reduced or caught before it develops.

Recommendations for Action

This study may be beneficial to service providers and especially lactation specialists who seemed to be lacking during the perinatal period. Many women had challenges and were expected to know how to breastfeed their children which proved to be very difficult. It seemed the norm that health professionals insisted on telling the mother that they should breastfeed, yet did not offer enough support. Since the culture expected that all mothers breastfeed, it put more pressure on women and when they failed they became frustrated. Sharing the results with the community will allow them to know the issues discovered and encourage them to develop programs that will benefit women especially with breastfeeding. Those who have had children will be more aware of what is expected and how best to help the new moms.

Recommendation for Further Study

There may have been possible limitations due to the number of people who participated in the study. The group might not reflect the true problems of the community and the duration of time it took to conduct the study was not long enough. It would be beneficial to conduct the study on a larger scale to examine if the same results would be achieved. Recruitment of younger age group mothers would also be important as the population studied contained mostly older women. The younger women's experiences might be different than those of the older age group. It seemed that most of

the people that agreed to participate were older, married women. In addition studies are needed to address members of the community who were not married as their experiences as well as single parents may be different. The 20% (*n=20)* single mothers that participated in the study reported having little or no support during their perinatal period. Future studies can focus on experiences of young single mothers to determine their experiences in order to provide better programs and support. The results could further guide the health community in developing programs that are beneficial to the Kenyan community and other immigrant communities in general.

Summary and Conclusion

The purpose of this qualitative study was to explore the perinatal experiences of Kenyan immigrant mothers living in Baltimore, Maryland. The conclusion drawn from the study is that there needs to be more emphasis in ensuring that mothers have enough support especially to help with breastfeeding. Nurses and lactation specialists should seek to provide ample support until the mother is comfortable doing it on their own. Community programs should be in place and extended to the communities to ensure they receive the appropriate support. Health professionals should be educated to know that just because the women are nurses or have prior children does not mean they are capable of breastfeeding and their experience each time is different. They should provide the service regardless of the profession or number of children the mother has prior to the newborn. Health professionals should also take into consideration that not all mothers are in a position to drive to another location seek the support of a lactation specialist and

thus might need to provide house visits or continuous visits during the hospital stay until they are comfortable breastfeeding.

This research will form a foundation to identify and provide ample support to mothers who need it. Social support especially from peers should also be encouraged as most of these mothers might be afraid to speak out within their own community but might feel comfortable speaking to health professionals. The health community should ensure open and continuous communication is provided to triage any issues as they arise. Partnering with community members who are aware of the challenges these women might experience might improve the care and program implementation for new mothers. This will not only benefit the community but the health professionals as well as they will get a better understanding of the population's needs.

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Appendix A: Recruitment Flier

Volunteers Needed for a Research Study on Perinatal Experiences in Maryland, USA

You are invited to participate in a research study that seeks to understand the perinatal experiences of Kenyan immigrant mothers and how their culture and immigration status influences their experiences. Participants will be involved in a 1-2 hour focus group session answering questions related to their experiences during the post-partum period.

To be eligible you must be:

- A Kenyan immigrant
- Immigrated within the last 5 years
- 18-45 years old
- Fluent in English (written and spoken)
- Have a child aged 9-12 months

For additional information, please contact:
Principal Investigator: Winny Mwaura, Doctoral Student – Walden University
Phone: [redacted]
E-mail: [redacted]

Location of study: *Baltimore, Maryland*

Appendix B: Questionnaire

The Perinatal Experience of Kenyan Immigrant Women

This questionnaire has been developed to help understand the experiences of Kenyan immigrant women during the postpartum period. The aim is to determine if postpartum depression is existent within this community and if so, how women in this target population address the issue. Interviews will be conducted with each individual who meets the eligibility criteria and is willing to be part of the study

Interview Questions

1. **Tell me a bit about you:**

a. When did you come to the US?

b. Are you employed?

c. Are you married?

d. What is the highest level of education?

e. What is your current job status?

f. What was the primary reason for moving to the US?

g. Did you come with family or friends?

h. Were you able to connect to the Kenyan community when you arrived?

i. Have you been able to develop a social support system (church, groups, neighbors, colleagues in the workplace)?

2. **Tell me about your children:**

a. How many do you have? Were they born in the US?

b. When was your last pregnancy?

3. During your last pregnancy:

a. Where did you obtain pre-natal care?

b. How was that experience compared to your experience in Kenya if any?

c. What kinds of social support did the physician/ midwife offer?

d. Other than professional support if any, did you receive any other support from any social groups?

4. Your hospital experiences:

a. How was your experience during the hospital stay?

b. Were you comfortable with the hospital providers?

c. Did you receive any support from hospital staff during your stay?

d. How was the overall experience during this period?

e. Were your concerns if any addressed during this period?

f. If so, how did you feel about the feedback you received?

5. Experience during the postpartum period:

a. Did you have anyone to assist during the transition period into motherhood?

b. How was the experience of having a new baby at home?

c. Did you need any support to take care of your newborn baby?

d. If so, who provided this support?

e. Did you require to seek any assistance during this period?

f. How soon did you go back to work after childbirth?

g. How was the experience during this period?

6. **Having come from a culturally different background, how would you describe your experience during this period based on the cultural norms:**

a. Was the childbirth and postpartum experience what you expected?

b. Did your cultural background have any impact on your hospital experience? If so, what experiences?

c. Did your cultural background have any influence on how you dealt with your baby postpartum? If so, what influence?

d. Did you need to seek any support during this period whether from family, social community or health professionals?

e. If you did, how was the experience?

f. Would you have been comfortable sharing any feelings of being overwhelmed or sadness if they presented themselves?

g. If so, who would you be more comfortable sharing these experiences with; health professionals, family or social network group community?

Appendix C: Approval Letter

IRB Materials Approved - Winny Mwaura

Dear Ms. Mwaura,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "The Perinatal Experience of Kenyan Immigrant Women."

Your approval # is 09-14-17-0290713. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on September 13, 2018. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden website:
http://academicguides.waldenu.edu/researchcenter/orec

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:
http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
[redacted]
Research Ethics Support Specialist
Office of Research Ethics and Compliance
Walden University
100 Washington Avenue South, Suite 900
Minneapolis, MN 55401
Email: irb@mail.waldenu.edu
Phone: (612) 312-1283
Fax: (626) 605-0472
Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:
http://academicguides.waldenu.edu/researchcenter/orec

Appendix D: NIH Ethics Completion Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Winny Mwaura** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 02/09/2017.

Certification Number: 2319378.

Appendix E: Curriculum Vitae

WINNY MWAURA, M.S.

EDUCATION

- M.S. (Health Systems Management) University of Baltimore, Maryland, 2010.
- B.S. (Accounting) Strayer University Baltimore, Maryland, 2006.

PROFESSIONAL WORK HISTORY

- 2012 to Present – Division Manager for Consultation Liaison, Geriatrics, Adult and Women's Health at the department of Psychiatry, University of Maryland, Baltimore.

- 2013 to Present – President at Hope for Fistula Foundation, Baltimore, Maryland

- 2006 to 2012 – Senior Accountant at the Department of Psychiatry Administration at University of Maryland, Baltimore

- 2004 to 2006 – Accountant at the Department of Obstetrics and Gynecology at University of Maryland, Baltimore.

- 2000 to 2004 – Supervisor in Family Medicine at the University of Maryland Baltimore.

AFFILIATIONS AND HONORS

- American Public Health Association – Member 2010 to present
- Dean's List from 2002 –2006

COMPUTER SKILLS

- M.S. Office
- eCommons
- People Soft
- Great Plains