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Li Fem Anpil: The Lived Experience of Haitian Immigrant Women with Postpartum Depression

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Li Fem Anpil: The Lived Experience of Haitian Immigrant Women with Postpartum Depression

A Dissertation Presented By

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Abstract

Purpose: The purpose of this interpretive phenomenological study is to explore the lived experience of Haitian immigrant women living in Massachusetts with PPD.

Specific Aims: Aim 1: To explore the lived experience of PPD among Haitian immigrant women. Aim 2: To explore how the experience of being Haitian influences Haitian immigrant women in their response to PPD.

Framework: Leininger's Theory of Cultural Care (1988) guided the phenomenological approach and data collection. The Transcultural Care Decision & Action model contains three predictive modes for guiding nursing care judgments, decisions, or actions to provide care.

Design: Interpretive phenomenology guided this qualitative study. Individual face-to-face interviews were conducted. The data from each interview were transcribed into a written document and analyzed using the Crist and Tanner five-step process.

Results: This study yielded two themes; each theme has three dimensions. The first theme is “Feeling Disconnected” with three dimensions: (a) lack of support; (b) partner conflict; and, (c) nostalgia of Haiti. The second theme is “Feeling Reconnected” with three dimensions: (a) realization of needed help; (b) spirituality; and, (c) resilience.

Conclusion: This study provides insight into the lived experience of Haitian women with PPD. Awareness of Haitian women’s actual experiences with PPD will help health care providers to identify and provide culturally appropriate care to this population.

Keywords: postpartum depression, phenomenology, Haitian, immigrant

Dissertation Proposal

Introduction to Problem

The national prevalence for postpartum depression (PPD) is worrisome. Ten to 20 women out of every 100 that deliver a baby in the U.S. suffer from PPD (Gaynes et al., 2005). Long-term consequences of PPD include recurrent depression for mothers and delay in cognitive and emotional development for their infants (Beck, 2002; Cooper & Murray, 1998). Infants whose mothers suffer from PPD may have decreased bonding interaction that can lead to delays in cognitive and emotional development. Stress, mental health attitude, lack of social support, and socio-economic disadvantage have been identified as contributing factors for PPD (Dailey & Humphreys, 2010; Leung, Arthur, & Martinson, 2005). PPD has been well studied in Caucasian, African American, and immigrant populations in general, but no study has specifically examined PPD among Haitian women. Furthermore, the prevalence and experience of PPD among Haitian women in the U.S. is unknown.

PPD can have a long-term impact on a mother's mental health, intimate partner relationship, and family dynamics. The purpose of this interpretive phenomenological study is to explore and describe the nature of PPD experienced among immigrant Haitian women living in Massachusetts. The study will explore the nature and experience of their illness, the impact of the disease on mothers and their families and their interpretations of what helped, or may have helped. Understanding these factors will provide a potential direction for supporting these women and their babies. Haitian women are at high risk for PPD as they may have key risk factors including high level of stress, stigmatized view of mental illness, and decreased social support. Many Haitian women in the U.S. have many of these risk factors for PPD (Fordyce, 2009).

Specific Aims

The specific aims of the study are:

Aim 1: To explore the lived experience of PPD among Haitian immigrant women.

Aim 2: To explore how the experience of being Haitian influences Haitian immigrant women in their response to PPD

The significance of this research is that it will inform nursing science by promoting a fuller understanding of the lived experience of Haitian women and what influences their response to PPD. Understanding this experience will lay the potential foundation for future studies that will test interventions tailored to this population, thus may lead to the planning and implementation of effective and culturally congruent nursing interventions that provide support. Ultimately, supporting Haitian women with PPD will improve their quality of life as well as that of their children.

Background and Significance

Postpartum Depression

Postpartum depression (PPD) is a global phenomenon. While the severity of PPD varies, most the mothers suffering from PPD struggle to meet their babies' needs during the first few months of life as well as their own (Leung et al., 2005). Authors of the *American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders: DSM-5* (2013) used the term "peripartum onset" more specifically to describe unspecified depression disorder if onset of mood symptoms occurs during pregnancy or within four weeks of delivery (p.186-187). The signs and symptoms of PPD are: anxiety, racing scary thoughts, feeling guilty, sadness, mood swings, difficulty concentrating, and thoughts of hurting self or baby (Robertson, Grace, Wallington, & Stewart, 2004). The underlying cause of PPD has many facets; it can be related to

hormonal changes during pregnancy or decreased hormonal levels during the postpartum period such as progesterone. It also can be influenced by neurological factors, genetic predisposition, environmental or cultural issues (Zonana & Gorman, 2005). PPD can be a very serious medical condition that new mothers deal with after having a baby, which may decrease bonding between mother and child as mothers suffering from PPD may be unable to take care of the baby's needs or those of themselves and their family. Many researchers have studied PPD in Caucasian women living in the U.S. (Beck 2002; Dennis & Chung-Lee, 2006; Lueng et al., 2005). Other studies have researched PPD among African American women (Amankwaa, 2003a; Abrams, Dorning, & Curran, 2009; Higginbottom, Bell, Arsenault, & Pillay, 2012). Studies in Canada and the United Kingdom have focused on immigrant populations (Templeton, Velleman, Persaud, & Milner, 2003; Teng et al., 2007). However, no studies to date have been identified specific to Haitian women with PPD.

Factors Contributing to PPD

A literature review on PPD was conducted using the electronic databases Medline and CINAHL. The discussion below will encompass symptomatology of PPD as well as factors that influence a woman's development of and response to PPD including stress, and social support. Finally, the relevance of these factors for Haitian immigrant women and PPD will be discussed.

Symptomatology

A qualitative study of 18 women found that patients usually think that their symptoms of PPD are a normal adjustment to motherhood (Sword, Busser, Ganann, McMillan, & Swinton, 2008). These beliefs cause the women to be reluctant to see a healthcare provider with their symptoms. Hight, Stevenson, Purtell, and Coe (2014) found that even though the symptoms of depression were severe—some women for example described feeling disconnected from their

emotions and feeling removed from people around them—they ignored the symptoms, thinking they were normal. Despite “feelings of hopelessness” and “unhappiness,” which impacted their ability to care for their child, many women with PPD still do not seek help (Hight, et al 2014).

Stress

According to Lueng, Arthur and Martinson (2005), postpartum stress is related to PPD. Precipitating factors include, “family crisis, bereavement, removal to a different home, unsatisfactory living conditions, financial problems, the need to take care of three or more children and no working opportunity” (p. 354). Affonso, Mayberry, and Sheptak (1991) identify some stressful events during the postpartum period as “parenting concern” “social stressors” “other children” “family stressors” and “newborn behavior” (p.314).

According to Fordyce (2009), Haitian immigrant women experience significant stressful circumstances that impact their pregnancy.

Mental Health Attitude

Templeton, Velleman, Persaud and Milner (2003) noted that depression is often seen as mental illness and mental illness is not view positively in many cultures. These researchers went on to explain that in some cultures mental illness is viewed as a problem that does not require outside help and should be managed within the family. In addition to these negative cultural perceptions of mental illness, the researchers found that low-income women with PPD avoid saying that they are ill for fear that their children may be taken away. Furthermore, Amankwaa (2003a) interviewed a group of African Americans and found for some that depression is not considered a real disease and is viewed as a sign of weakness. Depression “symbolizes internal weakness, lack of mental capacity, and lack of control of your senses, rather than an illness that

requires medical attention” (Amankwaa, 2003b, p.311). So, if mothers accept this view of depression, then they may not be able to do daily activities nor reach out to others for help.

Stigma

Stigma of mental illness is a concept that is embedded in shame, pain or suffering. Research has demonstrated that stigmatization of mental illness is a current reality for many in the US and other countries (Oleniuk, Duncan, & Tempier, 2013; Spagnolo, Murphy, & Librera, 2008). Stigma presents a significant barrier to seeking help for some women suffering from PPD (Amankwaa, 2003a; Byatt et al., 2012; Goodman, 2009). Byatt et al. (2012) found that some patients are hesitant to let people know that they have PPD because of stigma and fear they will be perceived to not be a good mother. In Byatt et al.’s (2012) research, one participant stated “they will say no because they think ...I’m crazy ... I’m gonna be locked up and my kids will be taken away” (p.439).

The fear of being stigmatized may lead patients to avoid or delay getting help for their illness because they are afraid of what people’s perception of them may be. And avoidance of treatment may lead to a worsening of their condition (Goodman, 2009). According to Amankwaa (2003b), the stigma that is attached to depression “is that depression is a sign of weakness and not a legitimate illness... [and that it] symbolizes internal weakness, lack of mental capacity and lack of control of senses, rather than an illness that requires medical attention” (p. 311). Acceptance of these myths makes it hard for some women to seek help.

Social Support

Lack of social support is a risk factor that contributes to PPD. Support from friends, family, health care environment and broader society is an important variable in addressing PPD in women. According to Robertson, Grace, Wallington, and Stewart (2004), decreased support

during pregnancy put women in a higher risk for PPD. Lack of social support is a risk factor for postpartum depression, especially for immigrant women because they do not have the social support needed; their support systems are in their country of origin. Dennis and Chung-Lee (2006) suggest that health care professionals consider helping patients to establish closer links with spiritual resources because women reported that they get support from these sources. Other researchers have also determined that immigrant women usually do not have a good social support system and associated this lack of social support with increased risk and cause of PPD (Teng et al., 2007). Negron, Martin, Almog, Balbierz and Howell (2013) stated that women with PPD in their study show that they need support to help them in their daily activities such as personal care, sleep and babysitting so that they can deal with the physical and emotional stressors of the postpartum period. Lack of support from family, friends or a support group was seen as a cause for PPD. Negron et al. (2012) as well as Jarosinski and Pollard (2014) found that garnering or mobilizing support was crucial in their patient's wellbeing.

According to Higginbottom et al. (2012) social support is very important for minority women, and lack of support and separation from their families were stressors for women in a new environment

Haitian immigrant Women and Postpartum Depression

Many of the risk factors influencing PPD above are especially relevant for Haitian immigrant women. Many Haitian women are at high risk for PPD as they have a high level of stress, do not view depression as an illness and lack social support. According to Fordyce (2009), Haitian immigrant women may experience significant stressful circumstances that impact their pregnancy. The thematic analysis uncovered the following issues: the fears that they have for their loved ones in Haiti cause them a lot of stress and concern. The women talked violence

reported in Haiti on the news, and kidnappings that have occurred. These issues can cause stress for these pregnant patients in addition to the other stressors that have been associated with pregnancy and PPD. Families usually don't want others to know that a member of their family is suffering from that illness (Derosier & St. Fleurose, 2002).

Like other immigrant women, many Haitian immigrant women do not have adequate social support as they left most of their relatives in their country of origin (Fordyce, 2009). Despite having significant risk factors for PPD, little is known about the experience of Haitian women with this condition.

Summary

PPD occurs globally in all cultures. It can be a very serious medical condition that new mothers must deal with after having a baby. The postpartum period is usually a very welcomed occasion when women spend time getting to know their baby and taking care of themselves. Women who have PPD may not be able to enjoy the postpartum period because of this illness. Haitian women are at high risk for PPD as they have a high level of stress, do not view depression as an illness, lack social support that prevent them from seeking help.

Little is known about Haitian women's experience of PPD. This interpretive phenomenological study will explore and analyze the nature of PPD among immigrant, Haitian women living in Massachusetts. It will allow these women to share their own experiences and observations. This study will contribute to knowledge that may allow healthcare providers to detect the problem earlier and provide culturally congruent support and professional help as well as enhance coping and education methods. It could inform nursing science of understanding the human "person," through an interpretive phenomenological approach that focuses on human meaning.

Theoretical/Conceptual Framework

Leininger's (1995) Theory of Culture Care Diversity and Universality describes culture as a learned behavior. She developed a three-part model, the sunrise enabler (see Figure 1), that is viewed as a rising sun and can be used as a tool when conducting cultural assessment. These factors influence the care, patterns and expression towards health and illness (Leininger, 1995). Leininger's theory provides a helpful framework for this study as it will help to understand the Haitian women's cultural phenomena in relation to PPD. The phenomenological approach and data collection will be guided by the theory. These approaches to culturally congruent nursing care also encompass nursing actions to assist patients in changing unhealthy cultural beliefs and culturally-congruent approaches to assisting women with PPD.

Methods

Research Design

Interpretive phenomenology will guide this qualitative study. Phenomenological research describes the human experience, as lived experience (Creswell, 2013). Phenomenology is based on Edmund Husserl and Martin Heidegger's philosophy. The approach developed by Heidegger came to be known as hermeneutic, or interpretive phenomenology. Heidegger's interpretive phenomenology is a philosophical approach that enables one to understand each person in a unique and revealing way, not only in description but moving to interpretation.

Heidegger focused on the concept of being. Heideggerian phenomenology is based on the perspective that the understanding of individuals must be done within the context of their historical, social and cultural situation (Heidegger, 2005). This approach is particularly suitable for this culturally-based study. Speziale and Carpenter (2007) describe phenomenology as a way of thinking or a method of research. They state, "the goal of phenomenology is to describe lived experience" (p.77).

Heidegger rejected the notion that it is possible to "bracket" or put aside prior knowledge about a phenomenon when trying to understand an individual's experience. Rather, Heidegger believed that humans must be understood in the context of the culture, social context, and historical period in which they live (Heidegger, 1996). Heidegger stated that the focus should be on the lived experience: "Dasein," meaning "there is" (Heidegger, 1996, p. 5) or "there-being" (Annells, 1996). Heidegger developed a number of concepts within his approach to phenomenology. The two concepts of interpretive phenomenology that I will include in this research are: "being in the world" (dasein) and "temporality" (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013 p. 18). These concepts, described below, will help to understand and frame the Haitian woman's lived experience.

Dasein

The concept of person is a central to this research and to nursing. Heidegger's interpretive philosophy approach enables nurses to understand the unique and revealing way which will help to increase our understanding of the person's experience. Heidegger's (1996) Dasein or "there is" is a philosophical concept involved with humans' search for meaning and awareness of existence. In addition, our journey is based on the experience of being-in-the-world. The concept of the person helps us to question our own views on life and why we are here. However, we also need to be able to understand others' experiences so that we can help if there is a need. Our lived experiences are unique; we become who we are through our family, culture, religion, and our environment. Part of the search for meaning and awareness of one's existence is also concern for one's uniqueness or those things that make us unique. Heidegger wanted to find the right question that would help us to find the hidden meaning or uniqueness of a person's lived experience.

Using “dasein” as an integral part of the research method will help the researchers to understand the phenomenon in the study, so that we can know how best to interact with research participants and how the world in which they live has a direct influence on those persons’ lives and choices. There is a need to understand individuals’ points of view of their circumstances in relation to their environments, languages or cultures. By understanding the “dasein” meaning of being able to stand back from a phenomenon to observe and enter into an opening of being (Stanford encyclopedia of philosophy), we will understand what has significance and value for the person and understand the meaning of being in the world.

Temporality

Time and space are very important concepts in Heidegger’s phenomenology. He considered these to be central entities to being (McConnel-Henry, Chapman, & Francis, 2009). “Time is not a distinct series of nows. Nor is time a separate past, present, and future. Time, as a much more unified and fundamental phenomenon, is the horizon from which an entity is understandable in its meaning” (Johnson, 2000, p. 138). Heidegger (2005) looked at time not only as a list of events or actions that we do as a person, but also in a very holistic way. For him time represented the whole being and how we adapt to time and space depending on our unique experiences. The experiences and phenomena of our lives have significant value with rich memories that we draw on. At different times in our lives we can bring back feelings or memories of experiences and re-live those times again, which can be positive or negative experiences. This concept of temporality is important to nursing because each person’s significant life events say a lot about that person and his/her connection to the world. When we understand the person’s past and present, we can try to help each individual with future needs.

These experiences of the past can help us with decisions or experiences that we make today or in the future. Miles, Francis, Chapman and Taylor (2013) state that “The same can be said for space, it is not the space itself that is significant, it is more to do with what the sense of being in that space” (p. 411). The space where an experience occurs is very important, the time of day, the weather, odor, what it looks like, and noise level. Using our senses, we can try to recapture what we feel in the space. It is important, as nurses, to make sure that each person is comfortable in the space he or she is in. When we try to understand the person has lived an experience, we need to understand the time and space of that experience so that we can truly understand the lived experiences of that person because the experience is built on past and present experiences. These experiences for the Haitian immigrant women will influence how they perceived time and space as they acculturated here in the US.

Heidegger’s interpretive phenomenological approach could inform nursing and enhance our current understanding of person by helping us to interpret what motivates and sustains each person’s behaviors. Interpretive phenomenology is viewed as a philosophical and methodological approach that enables nurses to understand each person in a unique and revealing way. This study will help to increase nursing knowledge, potentially advance the science of nursing, and has important implications for clinical practice. With the unique culture and experiences of the Haitian women the concept of “Dasein” and “temporality” will help us to foster understanding of the distinctive unique characteristics of each woman.

Setting

The sample will be recruited from Boston Medical Center (BMC), BMC is an urban 482-bed academic medical center located in Boston MA. Using the OB-GYN clinic.

Sample

Purposeful sampling will be used because qualitative sampling is “typically designed to pick a small number of cases that will yield the most information about a particular phenomenon” (Teddlie & Yu, 2007, p. 83). This type of sampling will allow for the gathering of participants that best enable the collection of data to answer the research question. It is estimated that approximately 8-12 participants will be selected for interviews; the final number will be determined when saturation of the data occurs.

Recruitment. Flyers in English and Creole will be posted in different locations in the OB-GYN and Pediatric clinics at the above institutions. Letters will be given to the health care providers to give to patients who meet the inclusion criteria with an explanation about the purpose and why they may want to participate in the study and how to contact researcher (Appendix C). Some providers at these facilities have agreed to participate in this process. Interviews will be conducted on a one-to one bases, in a private setting, once the consent form is signed.

Inclusion Criteria:

1. Female between 18-45 years’ old
2. Haitian (born in Haiti, immigrants)
3. Speak English or Haitian Creole
4. Delivered within the last 1 -18 months
5. Patient scoring of moderate or severe PPD on screening tool. (ex. PHQ-9 score above 9)
6. No other mental health disorders such as bipolar disorder, schizophrenia, or other psychotic illness.

Exclusion Criteria:

1. Female under 18 or over 45
2. Not Haitian
3. Does not speak English or Haitian creole
4. Delivered more than 18 months ago
5. Other mental disorders (diagnosis) (psychotic, suicidal, or homicidal)

Procedure

The staff from the clinics will screen all postpartum patients who come to the clinic. All Haitian patients who meet the above inclusion criteria and score moderate or severe PPD on screening tool will receive a referral to a counselor at the facility as per routine care and the patient will be given a letter of intent explaining the study and contact information to call the principal investigator if they want to participate in the study and the PI will also call them to see if they want to participate for the 1st method. An interview time will be scheduled. The study will be explained by the principal investigator (PI) and informed consent obtained.

For the second method of recruitment, a chart review will be done on postpartum patient delivered between July 2015 and February 2017. Patient that have met the inclusion criteria a letter will be sent to them, asking if they would like to participate in the study. One week later the PI will call asking if they want to participate in the study.

Once they have signed the consent form the women will be interviewed in a private setting. Each participant will be interviewed using a semi-structured interview guide (see Appendix A). The researcher will be using a hermeneutic phenomenological approach to interview the participants in efforts to understand the phenomena of PPD. Probing questions will be used to clarify patient responses. Interviews will be conducted in English or Haitian Creole,

(researcher is fluent in Creole, client will be able to speak in either language as per their comfort level) lasting 60-90 min and will be recorded on two digital voice recorders (one for back-up).

Human Subjects Protection

The proposal will be submitted to the UMass Medical School Review Board (IRB), before the study begins. HIPAA approval will be obtained at Boston University Medical Center. No data will be collected until approval has been granted. Participants will be advised that withdrawal from the study at any time will be accepted and will not affect their care at the clinic. There may be some anticipated risks to this interview such as loss of confidentiality, the inconvenience of spending the time or reliving the experience. A \$50 gift card will be given as remuneration for the time of those who participate.

Interview Guide

The interview guide will have two sections. The first section will consist of all the demographic information (see Appendix B) and it will not be audio tape-recorded. The data elicited will include: age, marital status, date of delivery, type of delivery, number of hours in labor, gender of baby, number of children, age of children, nationality, how long has the woman been in the U.S., education, home support, and whether or not the woman has received treatment for PPD, and if so, what interventions. All information will be obtained from the participant. No medical records will be accessed for this study. The second part of the interview will be audio-taped: Questions to be explored are listed in the Appendix A.

Data Management

The data will be stored on a password protected UMass research drive. The digital voice recording will be transcribed and translated by a professional firm, and stored data using a

secured UMMS R drive. Electronic files will be stored in a password protected data folder. Audio tapes will be destroyed after transcribing/analysis.

Data Analysis

The data collected by audio tape recorder will be transcribed verbatim. Using interpretive phenomenology, the researcher needs to understand that they cannot separate themselves from the experience. A summary of themes and quotations from the interviews using Crist & Tanner's (2003), five step process for interpretive phenomenology will be developed. This process includes:

1. "Early focus and lines of inquiry- this phase involves evaluation of the interview and identification of missing or unclear data. Interviews will be read by PI for an overall understanding.
2. Central concerns, exemplars and paradigm cases- this phase involves identifying trends and/ or meaning through transcript review. An interpretive summary of each interview is written.
3. Shared meanings- connection between meanings are identified by comparing and contrasting texts.
4. Final interpretations- development of in-depth interpretation, concerns and interpretive summaries. Themes will emerge.
5. Disseminations of the interpretation- refinement of manuscript" (p.204). Interpretive summaries will be written.

Limitations

Recruitment may be challenging because the participants may not want to speak to researcher about PPD because of the stigma that is attached to mental illness in the Haitian

population. Due to the qualitative approach and local contextual basis of the study generalizability will be limited.

Standards/Strategies of Scientific Merit

Lincoln and Guba's (1985) approach to trustworthiness will be used which has four components; credibility, transferability, dependability and conformability. To ensure credibility of the data, strategies such as peer review, and member checking will be utilized (Lincoln & Guba, 1985). Peer reviewing or debriefing - provides a re-check of the research activities and member checking –having the participants look at the results and interpretation of the research to make sure that it is an accurate account of their experiences. Two or three participants will be contacted for member checking to accurately confirm the accuracy of the data, the essence of their lived experience, and to validate the descriptions and themes of the study. Transferability will be shown by verbatim thick, rich description in the research results and the integration of data. Dependability will accomplish by having another researcher review the coded data to assure the inferences and conclusions are based on the data and not on the researcher's bias and keeping an audit trail. Conformability can be accomplished by showing an accurate, auditable trail of the study process by keeping a journal. The results will also be reviewed by a Haitian health care provider to verify appropriate representation of the Haitian women's experiences.

Conclusion

The research underpinning of interpretive phenomenology, "lived experience" allows us to enter the experiences of persons in their own space and time and explore the meaning of the individual's experience that has not been explored before. Using this approach in this study about Haitian immigrant experiences with PPD, the emergent themes from the participants will illustrate the essence of their experiences. This rich interpretive experience is an approach that

could inform nursing science and enhance our current understanding and help us to interpret the lived experience of Haitian immigrant women with PPD.

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Executive Summary

This study followed the plan outlined in the study proposal except for the following recommendation. An additional step was added to the inclusion criteria. For safety reasons the Edinburgh scale-EPDS was administered after the participant was consented to make sure that the participant was not suicidal and/ or at the time of interview the participant did not have severe depression as indicated by a score above 19 with the Edinburgh scale. Three individuals had severe Edinburgh score of above 19 at the time of the interview which did not meet inclusion criteria. These women were referred to social service. They were offered to be sent to the emergency room but declined.

Li Fem Anpil:

(I Went Through a Lot)

The Lived Experience of Haitian Immigrant Women with Postpartum Depression

Colette Dieujuste

April 19, 2018

University of Massachusetts Worcester

Graduate School of Nursing

Introduction to the Problem

- 5-25% of women who deliver a baby in the United States suffer from PPD (Gaynes et al., 2005).
- Mothers who suffer from PPD ... (Dailey & Humphreys, 2010; Leung, Arthur, & Martinson, 2005).

The Gap

- PPD has been well studied in Caucasian, African American, and immigrant populations in general.
- No study has specifically examined PPD among Haitian women.

Purpose

The purpose of this interpretive phenomenological study was to explore and describe the nature of PPD experienced among immigrant Haitian women living in the northeastern U.S.

Aims

- To explore the lived experience of PPD among Haitian immigrant women.
- To explore how the experience of being Haitian influences Haitian immigrant women in their response to PPD.

Background & Significance

- ...unspecific depression disorder if the onset of mood symptoms occurs during pregnancy or within four weeks of delivery (American Psychiatric Association, 2013, p.186-187).
- The signs and symptoms of PPD are anxiety, racing scary thoughts, feeling guilty, sadness, mood swings, difficulty concentrating, and thoughts of hurting self or baby (Robertson, Grace, Wallington, & Stewart, 2004).

Symptomatology

The symptoms of depression can be severe—some women, for example, described feeling disconnected from their emotions and feeling removed from people around them—they ignored the symptoms, thinking they were normal (Highet, Stevenson, Purtell, & Coo, 2014).

Cultural Attitude Toward Mental Illness

- Amankwaa interviewed a group of African Americans and found that for some depression is not considered a real disease and is viewed as a sign of weakness (Amankwaa, 2003b).
- Depression “symbolizes internal weakness, lack of mental capacity, and lack of control of your senses, rather than an illness that requires medical attention” (Amankwaa, 2003a, p. 311).

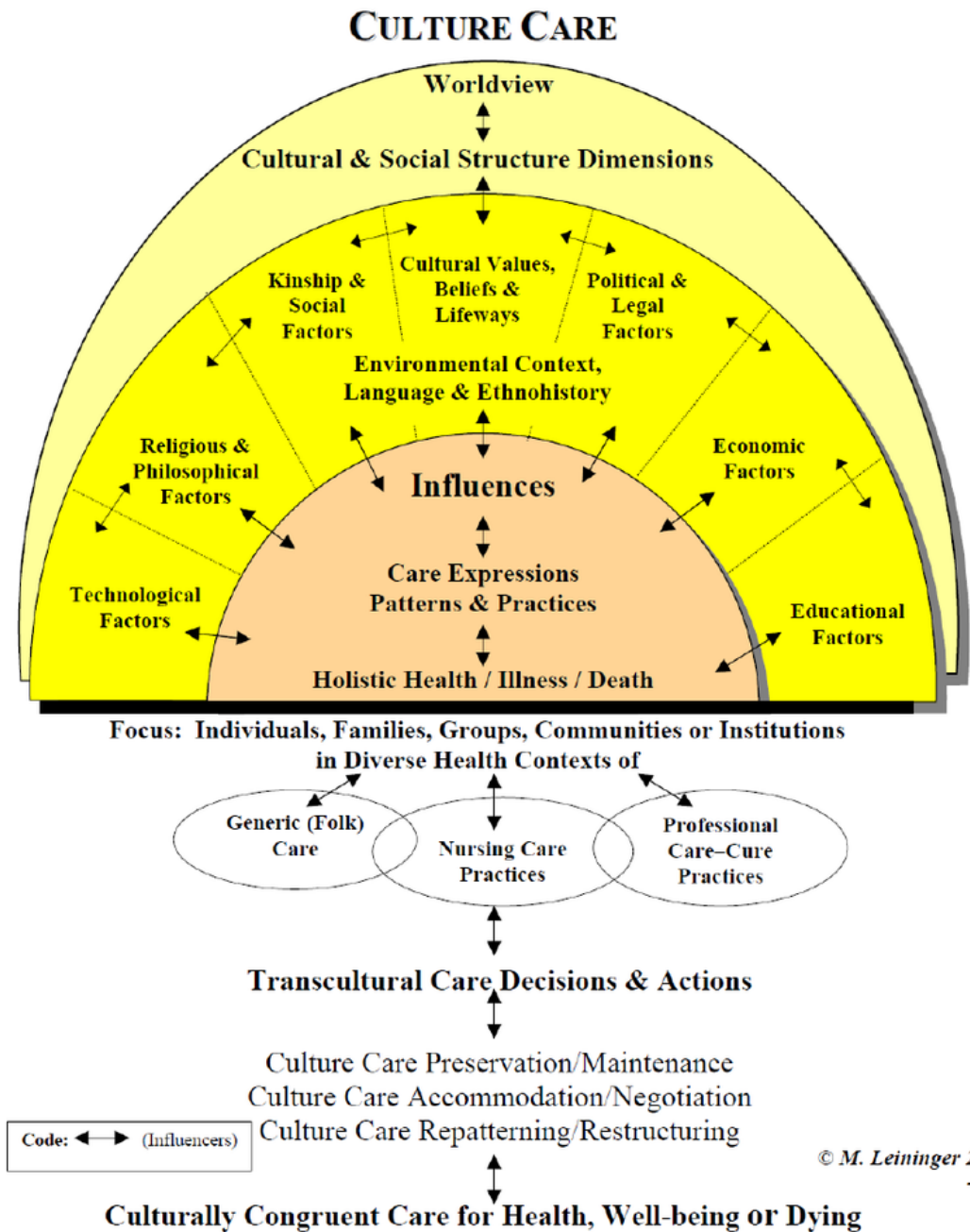
Social Support

- Decreased support during pregnancy puts women at a higher risk for PPD (Robertson, Grace, Wallington, & Stewart, 2004).
- Have determined that immigrant women usually do not have a good social support system and associated this lack of social support with increased risk and cause of PPD (Teng, Blackmore, & Stewart, 2007).
- Women with PPD need support to help them in their daily activities. . . (Negrón, Martin, Almog, Balbierz, & Howell, 2013).

Haitian Immigrant Women & Postpartum Depression

- Haitian immigrant women may experience significant stressful circumstances that impact their pregnancy (Fordyce, 2009).
- Like other immigrant women, many Haitian immigrant women do not have adequate social support as they left most of their relatives in their country of origin (Fordyce, 2009).

Framework



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Design

Interpretive
phenomenology guided
this qualitative study.

Interpretive Phenomenology

- Heidegger (1962) focused on the concept of “being” and rejected the notion that it is possible to put aside prior knowledge about a phenomenon when trying to understand an individual's experience.
- Interpretive phenomenology is viewed as a philosophical and methodological approach that enables nurses to understand each person in a unique and revealing way (Heidegger, 1962).

Human Subjects Protection

- Institutional Review Board (IRB) approval was obtained from the University of Massachusetts Medical School IRB before the study began.
- A Health Insurance Portability and Accountability Act (HIPAA) waiver was also obtained at the medical center where the patients were being recruited.

Setting/Sample

- The sample was recruited from a large medical center in the Northeastern United States where many Haitian patients receive their care.
- Purposeful sampling was used to recruit.

Inclusion Criteria

- Female, 18-44 years
- Haitian (born of Haitian parents, immigrants)
- Speak English or Haitian Creole
- Delivered within the last 1-18 months
- Patient scores that suggest moderate or severe PPD on screening tool. (ex. PHQ-9 or EPDS score above 9)
- No other mental health disorders such as bipolar disorder, schizophrenia, or other psychotic illness
- Comfortable talking about PPD experience
- EPDS score below 19 at the day of interview

Recruitment

The recruitment plan involved two approaches:

- The first was to supply health care providers with letters to give to participants who met the inclusion criteria.
- The second was a chart review conducted at the hospital on postpartum patients delivered between July 2015 and September 2017.

Interview

- Following informed consent the women were interviewed in a private setting at the hospital using a semi-structured interview guide
- Demographics were collected first
- Clients were given the option to speak in the language they felt most comfortable in
- Each interview lasted 30-60 minutes and was recorded on two digital voice recorders
- Recruitment ended when saturation was reached

Demographic	Characteristics	N	%	Mean
Age	Under 18	0	0%	
	19-25	7	63.6%	
	26-35	3	27.3%	
	36-44	1	9.1%	
	45 and above	0	0%	
Marital Status	Single	8	81%	
	Married	3	19%	
	Separated	0	0%	
	Divorced	0	0%	
	Widowed	0	0%	
Are You Haitian	Yes	11	100%	
	No	0	0%	
Education	Less than HS diploma	1	9%	
	High school	6	54.6%	
	Some college	3	27.3%	
	Bachelor degree	0	0%	
	Graduate degree	1	9%	
Type of Delivery	Vaginal	7	63.6%	
	Cesarean section	4	36.4%	
Sex of Baby	Male	3	27.3%	
	Female	8	72.7%	
Support at Home	Yes	6	54.6%	
	No	5	45.4%	
PPD Treatment	Yes	1	9.1%	
	No	10	90.9%	
Medication for PPD	Yes	1	9.1%	
	No	10	90.9%	
Years in the US	0-5 years	3	27.3%	
	6-10 years	6	54.6.6%	
	11 years or longer	2	18.1%	
Hours in labor		0-40 hours		17.6
Number of Children		1-4 Range		2
PPD score day of Interview		0-18 Range		9.4

Demographics

Data Management

- The Electronic data were stored on a password protected UMass research drive.
- The digital voice recording was transcribed and translated by a professional firm.
- Audio tapes was destroyed after transcribing/analysis.

Data Analysis

The transcript of the mother's PPD experience was analyzed by using the Crist & Tanner five-step process:

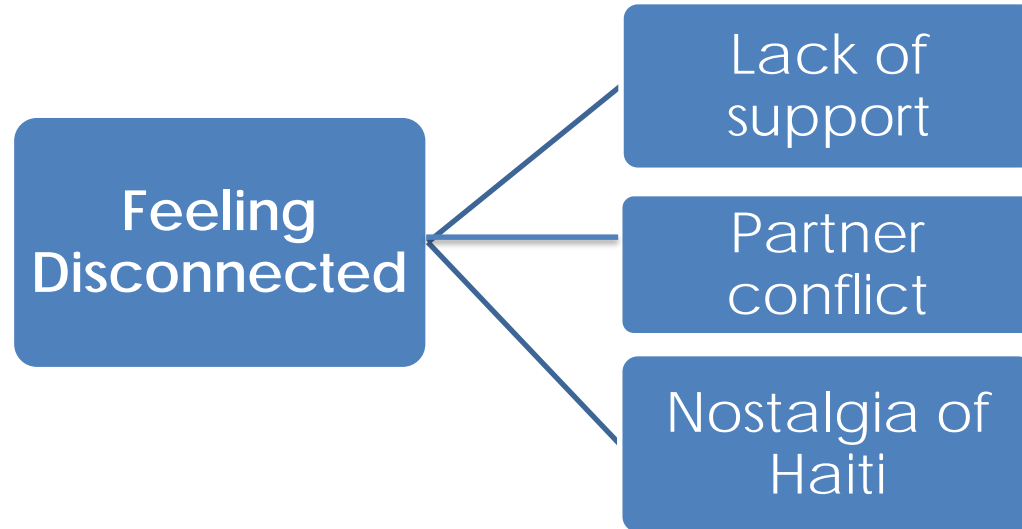
- 1) *Early focus and lines of inquiry*
- 2) *Central concerns, exemplars and paradigm cases*
- 3) *Shared meanings*
- 4) *Final interpretations*
- 5) *Dissemination of the interpretation*

(Crist & Tanner, 2003 p.204)

Results

This study yielded two main themes;
each theme had three dimensions.

First Theme



Feeling Disconnected

“When I was going through it, I felt like the world was ending for me, because I wasn't the same person anymore. My attitude changed, my personality changed and, I didn't do anything that I really enjoy all that make me laugh or smile. It was just so hard. I felt I had nobody. So, it made me feel alone. What's the word, it just made me feel alone and depressed. And I just couldn't do it no more. I felt like maybe if I'm just not here anymore, no one would care since they do not care now, you know. But it was hard, I do not want to ever feel like this anymore.” .

Lack of Support

- "I cannot even define it. After the childbirth, the cause of my depression was the fact that I had no support."
- "I did not have support because this is my first-born child. I had no experience raising children. I did not know what to do; I did not know how to take care of a baby, ... I did not have the necessary experience; that was what made me really upset (*mouve*) and angry (*move san*)."

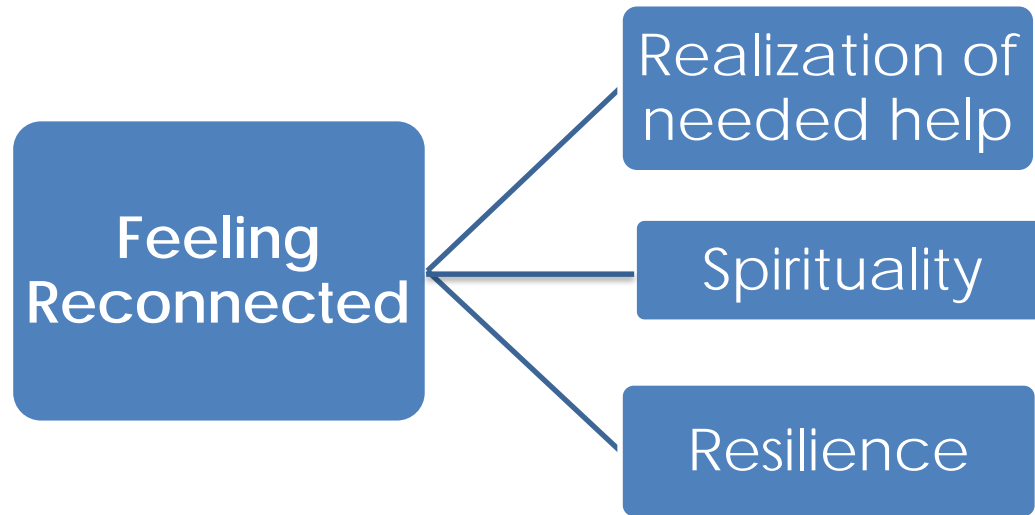
Partner Conflict

“It was not soon after birth. Because soon after the birth, I was normal. It was after a few days, as my husband is not here; he is in Haiti. This is not what bothers me much, it is because, you know, in Haiti, the men... He is a cheater “**dezòd**” (fooling around). They will mess with other girls in your absence, you understand, and his girl has my phone number. She keeps calling me, cursing me, telling me a lot of things that are not normal. She is harassing me, shooting verbal trash at me, while my husband, himself, does not understand that the girl is giving me lots of problems. ... All that bothers me. He doesn't even ask how the child is. This is my first child. All this gives me problems. Sometimes I cry, I become nervous, and then I keep quiet.”

Nostalgia of Haiti

“The only thing, I can consider as depression, it’s the fact that I did not have anybody with me, I did not have, a bit of support, I did not have an elder with me who could sometimes help me in certain things such as feeding me, make the laundry, you understand? Or talking with me... Well, I am the type of person who likes to do things on my own, I only need to sometimes have somebody to talk with me, such as cracking jokes, like someone from my homeland, someone that I am accustomed to, and that’s it.”

Second Theme



Feeling Reconnected

“I take care of myself (*jere tet*), it's like everything that I had no interest for I tried to get back to them. I am the type of person who like my telephone very much, like to watch movie, I get back to my previous activities, I like Gospel music, I get back to all these activities even when I don't spend the amount of time that I used to spend back then, but I do it anyway until I feel interested with them.”

Realization of Needed Help

- “I feel that I should find a person to whom I can explain what is going on in my mind.”
- If we have postpartum depression after childbirth. This happens, because at the moment of or after delivery, we have no help.... So, I didn't take it as it was such a negative thing that I had to seek for help. And, I got it and I was fine. Now I don't think of anything like that anymore; I'm stronger...”

Spirituality

- “God is a good God. As for myself, the fact that I believe, I feel that in my mind, during my delivery, I was someone who was brought back to life. I believe that if God could bring me back to life there was nothing that He would not be able to do to help me out...”
- “One thing is, I trust in God, I believe in prayer, this has helped me very much. Strength, courage, it was God that helped me a lot to stand.”

Resiliency

- “Wow, now being a Haitian woman, like, we’re strong. So, I felt like me going through what I went through, it got me stronger as a Haitian woman. I’m proud of it; I’m not proud of what I went through, but I’m proud of myself now being Haitian.”
- “We are strong (**djanm**), we are happy regardless we have something or we do not have anything. We never quit, especially when we know that we are the ones who should play our part alone.”
- “Haitian wom[e]n, most of the time they are strong (**djanm**) (resilient) women...They are not afraid to suffer, they are strong (**djanm**).”

Discussion – Feeling Disconnected

- The first theme of feeling disconnected can be seen in this study by the participants lack of support, which has been well documented as a cause of PPD (Robertson, Wallington, & Stewart, 2004; Teng et al., 2007; Gardner, Bunton, Edge, & Wittkowski, 2014).
- Dimension of feeling disconnected, most mothers stated that partner conflict was a major issue that drove their symptoms (Dennis & Ross, 2006; Gardner et al., 2014; Roux Anderson & Roan, 2002).
- Dimension of feeling disconnected is also the lack of postpartum rituals and support from family members caused some nostalgic feeling for most of the participants. Participants were missing their home culture, their families and the rituals after delivery.

Discussion – Feeling Reconnected

- A dimension of feeling reconnected is the realization of needed help.
- Spirituality is another dimension of feeling connected, it is an important aspect that helped the participants to heal. Many attributed their healing to their spiritual faith (Amankwaa, 2003a).
- Most participants felt that they had to be resilient, they needed to be strong for themselves and their children. They expressed that as Haitian women they are strong and can overcome the depressive symptoms of PPD.

Nursing Implications

- Ask patients who are immigrants' to tell us who their support system is during their postpartum period and do they need additional support
- Culturally sensitive care plan
- List of resources that may be available in the community to help them
- Teaching conducted in culturally sensitive ways and in Haitian Creole
 - Some of the strategies that have been helpful are: listening to music, watching a movie, relaxation, positive vibes, praying, talking to friends on the phone, church activities, reading the Bible, walking in the park, focusing on the children, and focusing on God.

Limitation

Due to the phenomenological approach, the study generalizability will be limited, but will add to the existing body of research.

Future Study

- Longitudinal study on the themes
- Developed a cultural assessment forms for providers to assess patients needs

Conclusion

- Heidegger's interpretive phenomenological approach could inform nursing and enhance our current understanding of the "person" or "being" in a unique and cultural way.
- Help our patients to reconnect by understanding that there are immigrants in this country and may need support.
- Help them reconnect to Haitian community, to local community support groups, to church community and to things that make them feels good about themselves.
-

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&

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Dissertation Committee:

Donna Perry, PhD, RN (chair)

Anne Kane, PhD, RN

Eileen McGee, PhD, RN

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- Colleagues: Paula Moreau PhD, RN, Cherlie Magny-Normelus PhD, RN, Georgette Arato, LaDonna Christian, PhD, RN, Gloria Cater PhD, RN, Charlene Berube RN, MS, Anne Marie Barron PhD, RN, and Dean Judy Beal, PhD, RN
- To all who have come support today
- To my family: Saul, Zachary & Jonathan

Thank you.

*“All that I am and ever hope
to be I owe it all to thee,
To God be the Glory”*

— Andréa Crouch

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Dissemination Plan

The primary description of this dissertation work was submitted as a manuscript on *May 2, 2018* to *Journal of Obstetric, Gynecologic & Neonatal Nursing* (JOGNN) for review and consideration for publication.

APPENDICES

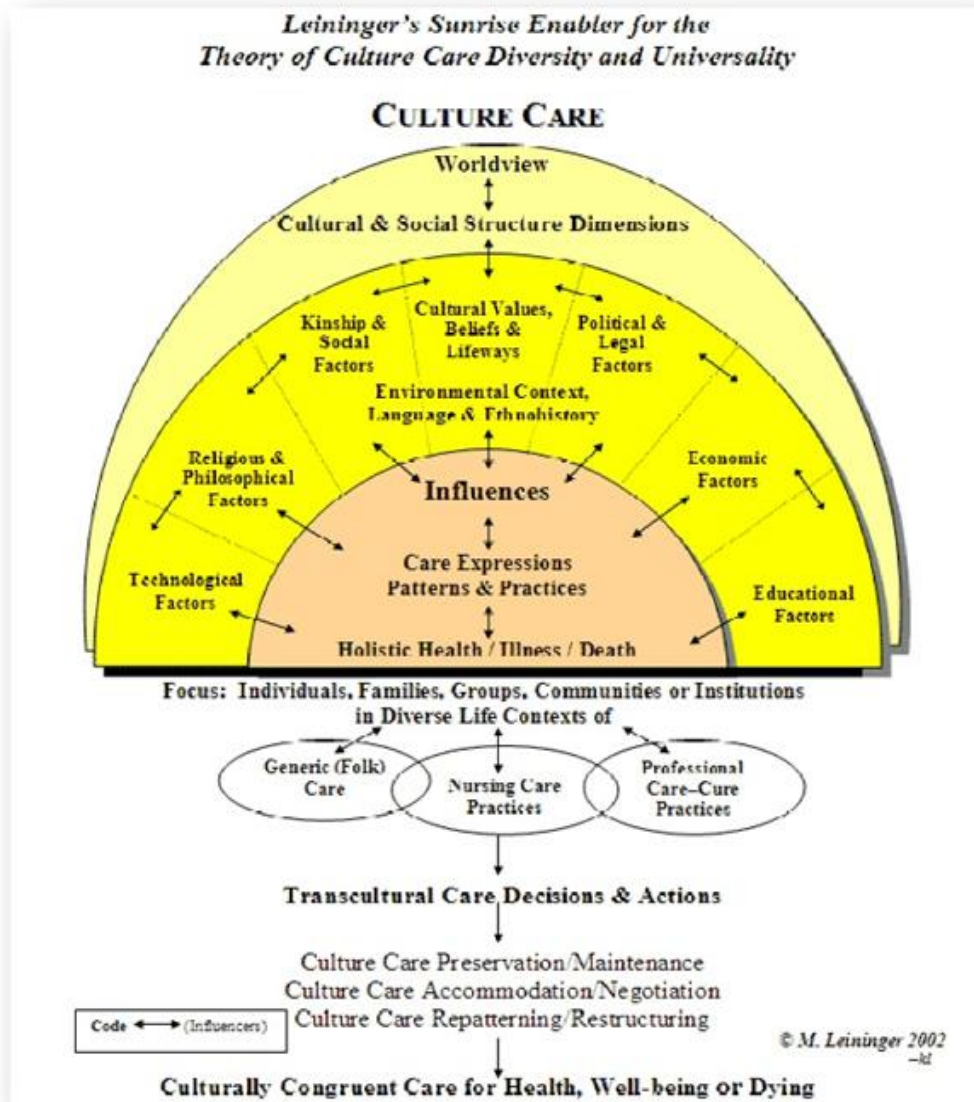


Figure 1. Leininger's Sunrise Enabler to Discover Culture Care (Open Access)

Appendix A

Interview Guide

- Tell me about your delivery?
 - Did you have a boy or a girl?
 - Can you tell me how you've been feeling since the birth?
 - What does the word post-partum depression mean to you?
 - When did you first realize that you were depressed?
 - What was your understanding of the cause of your depression?
- How would you describe your symptoms?
- When you experienced these symptoms, did you talk to anyone about them? Anyone from your family?
 - Did you have any concerns about telling others your symptoms?
- What is the meaning of postpartum depression for you? Or what is having postpartum depression like for you?
- What made you seek help from a health care provider?
- How did PPD affect your everyday life or activities?
 - What was the impact of PPD on your life?
- How does the Haitian culture impact your experience with PPD?
- Are there any things in the Haitian culture that helped you to manage your postpartum depression?
- How do you think being a Haitian woman has influenced this experience for you?
- Discuss how your PPD had an impact on your family?
- What has been helpful for you in managing postpartum depression?"

The participant will be allowed to choose the direction of the interview since this is semi structured

Appendix B

Demographic Information Form

Instructions: Please provide a response for each of the following questions:

1. What is your age?

Under 18 19- 25 26- 35 36-44 45 and above

2. What is your marital status?

Single Married Separated Divorced Widowed

3. With which racial or ethnic category do you identify?

African American Asian/Pacific Islander Caucasian Latino

Other: _____

4. Are you Haitian?

Yes No

5. Education

Less than HS diploma High school Some college Bachelors degree
Graduate degree

6. How long have you been in the United States?

0-5 years 6-10 years 11 years or longer

7. Date of Delivery _____

8. Type of Delivery _____

9. How many hours in labor _____

10. Sex of baby

Girl Boy

11. How many children do you have _____

12. Do you have support at home?

Yes No

Whom is your support? _____

13. Are you receiving any treatment for PPD?

Yes No

If Yes, what is the treatment _____

14. Are you on any medication for PPD?

Yes No

If yes, what medication _____

Appendix C
Recruitment Letter

Hello,

My name is Colette Dieujuste. I am a PhD student at the University of Massachusetts Graduate School of Nursing in Worcester and an experienced obstetrical nurse. I am studying the experience of Haitian mothers with postpartum depression (PPD). I am doing this as a requirement for my doctoral degree in Nursing. Two colleagues will be doing the research with me and I am being supervised by a faculty member, Donna Perry PhD, RN. We are seeking Haitian mothers who have delivered within the last 18 months who have experienced postpartum depression to volunteer in this study. We want to talk with you about what your experience with postpartum depression. If you agree to volunteer the following will happen: You will take part in a one to one interview with me that may last up to 60-90 minutes. You will be asked several questions about yourself, and your experience with PPD. The interview will be recorded. There is no cost to you except for your time. You will receive a \$50.00 gift card at the end of the face to face interview in appreciation for your time and effort. I would like to assure you that the study has been reviewed and received ethics clearance through the

_____ If you are interested in volunteering, please contact me at 617-521-2528

Thank you so much for your consideration.

Sincerely,

Colette Dieujuste, RN, MS, 617-521-2528

colette.dieujuste@simmons.edu



Appendix C

Consent to Participate in Research

Research Title: Lived Experience of Haitian Immigrant Women with Postpartum Depression

Principal Investigator: Colette Dieujuste, RN, MS.

UMass Study ID : H00011609

Purpose of Study

The purpose of this study is to understand the nature of postpartum depression experienced among Haitian immigrant women living in Massachusetts.

Why is this research study being done?

Postpartum depression can have a poor health impact on mothers and their babies. Although this condition has been studied in many populations there is no research on the experiences of Haitian immigrant women. This study will help us to understand the nature and experience of postpartum depression and how it effects Haitian mothers and their families. Understanding these factors will help us to develop approaches to support Haitian immigrant mothers with postpartum depression and their babies.

What is involved in the research study?

You will complete a brief demographic data form and have a one to one interview which will be audio recorded, regarding your thoughts and experiences with postpartum depression. The interview will be conducted by Colette Dieujuste, a doctoral student and Haitian American nurse who is experienced in obstetrical care.

How long will I be in the research study?

Participation in this study will require approximately 5-10 minutes to complete a form with demographic data and approximately 60-90 minutes for an individual interview, which will be audio recorded.

What are the risks or discomforts of the research study?

By participating in this study, you may experience sadness and emotional distress when discussing your experience. If this happens you will be free to take a break or stop. The researcher will provide emotional support and will refer you to a counselor or emergency room and your health care provider will be notified. One of the risks of being in this study is that your

personal information could be lost or exposed. This is very unlikely to happen, and we will do everything we can to make sure that your information is protected.

What are the benefits of participating?

There are no direct benefits to you by participating in this study. Some people find it helpful to talk about their experiences during research interviews. Participation in this study may promote a fuller understanding of Haitian immigrant mothers' experiences with postpartum depression and help us to develop interventions that will help to support mothers with this condition.

Will I be compensated for participating?

You will receive a \$50 gift card as remuneration for the time spent.

Are there financial costs if I choose to take part in this research study?

There are no costs involved in participating in this study.

Is there any funding for this research?

There is no funding for this research.

Will my personal information remain confidential?

Your participation in this study will be confidential. Your name will not be used in reports of the results of this project. However, if I learn that you plan to hurt yourself or others, I will break confidentiality to help you. If I learn of any child abuse, or abuse of the elderly or individuals with disabilities, I am required to break confidentiality and report this to state authorities.

How will my privacy be protected?

Your identity will not be attached to the final form of this study, as you have been asked NOT to write your name on the demographic sheet. We will try to limit access to your personal information, including research study and medical records, to people who have a need to review this information. We cannot promise complete privacy. The UMMS Institutional Review Board (the committee that reviews, approves, and monitors research on human subjects) and other representatives of UMMS may need to review your records. As a result, they may see your name, but they are required not to reveal your identity to others. Your identity will remain confidential in any study results that are made public.

All data will be stored in a secure location accessible only to the researchers. Upon completion of the study, all information that links individual respondents with their answers such as audio recordings will be destroyed.

The results of this research may be presented at professional conferences and submitted for review for publication in professional journals. Your name will not be reported in the study results.

Do I have to participate? May I withdraw at any time?

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you may withdraw at any time, without consequence. Whatever you decide it will not affect your regular care.

Whom should I contact if I have questions or concerns?

If you have any questions, concerns, or complaints, or think that the research has hurt you, you can talk to my faculty advisor, Donna Perry PhD, RN, at 508-856-3621. This research has been reviewed and approved by an Institutional Review Board. You can reach them at (508) 856-4261 or irb@umassmed.edu if you would prefer to speak with someone not associated with the study or have questions about your rights as a research subject.

Researcher:

- Colette Dieujuste, RN, MS: (617) 455-7309, Email: colette.dieujuste@umassmed.edu

Faculty Advisor:

Donna Perry, PhD, RN; DonnaJ.Perry@umassmed.edu