

Maternal and Child Health Access Disparities among Recent African Immigrants in the United States

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Abstract

Health care disparities are U.S. national public health concerns and disproportionately affect minority populations. Analysis of published studies on the health of larger immigrant populations from Europe, Asia, South America, and the Caribbean revealed a knowledge gap on the health of African and other minority immigrants. This phenomenological study of 11 recent African immigrants concerned access to maternal and child health (MCH) care as well as the causes and effects of disparities to care-seeking experiences. The results may support interventions to improve health care access and health outcomes of minority immigrants in the United States and beyond.

Problem

The concentration of immigrant health research on larger immigrant populations has created a gap in knowledge about the specific health needs and challenges affecting minority immigrants, including as African immigrants. As a result here is lack of effective, evidence-based policy interventions focused on addressing health challenges faced by African immigrants. As a result, despite increases in the population of children born to African immigrant in the United States, no corresponding research efforts are focused on this vulnerable population. Thus, there is lack of understanding of MCH needs of African immigrants, making it hard to design effective policy interventions that benefit this population.

Purpose

The purposes of this inquiry were to:

- understand the disparities in access to MCH services experienced by recent African immigrant mothers in the United States,
- explore circumstances that led to MCH access disparities experienced by this population, and
- understand how access disparities affected participants' overall experience of seeking MCH care services.

Relevant Literature

Research Background

- Maternal and child health (MCH) access disparities are significant health challenges that disproportionately affect minority populations, such as African immigrants in the United States (Belue, Degboe, Miranda, & Francis, 2012; Blair, Steiner, & Havranek, 2011; Edberg, Cleary, & Vyas, 2011)
- Minority populations experience adverse health outcomes resulting from disparities in access to health care services prevalent in the U. S.' health care delivery system (Edberg et al., 2011; Hossain, Ehtesham, Salzman, Jenson, & Calkins, 2013).
- Published studies indicated a concentration of immigrant health research to larger immigrant populations, neglecting minority immigrants from Africa (Venters & Gany, 2011). Thus, there is lack of understanding of MCH needs of African immigrants, making it hard to design effective policy interventions that benefit this population.

Theoretical Framework:

- Andersen's **behavioral model of health services use** (ABMHSU, Aday, & Andersen, 1974; Andersen, 1968, 1995; Andersen & Newman, 1973, 2005) provided the theoretical lenses used to guide this study.

Research Questions

RQ1: What are the access disparities in MCH care services experienced by recent African immigrant mothers?

RQ2: What are the circumstances leading to MCH access disparities experienced by recent African immigrant mothers?

RQ3: How do access disparities affect the overall experience and perceptions of recent African immigrant mothers towards seeking MCH care services?

Procedures

Research Design

- A descriptive phenomenological study,
- Purposive sampling

Participants:

- 11 recent legal African immigrant mothers aged 18 years and above with children aged between 6 – 24 months,
- Lived in the United States for less than 4 years
- Ability to communicate in English fluently.

Data Collection:

- Face-to-face, recorded interviews using semi-structured, open-ended, questions.

Data Analysis

Colaizzi's 7-step phenomenological data analysis technique.

Findings

All participants used one or more forms of MCH care services.

All participants understood what health care access disparities were,

91% reported access disparities in MCH care services

55% failed to access needed specialized care or diagnostic services

Over 90% attributed access disparities to socioeconomic status, 73% to racial/ethnic discrimination, 64% to immigration status, and 45% to insurance type.

All (100%) participants admitted that access disparities negatively impacted their MCH care experience.

Limitations

Study design – sampling strategy (purposive), study sample, and scope.

Resource constraints – especially time and resources

Conclusions

- Recent African immigrants suffer a disproportionate burden of disparities in (a) access to specialized care services and diagnoses; (b) care quality, (c) access to patient information, and (d) waiting times at providers' office. discrimination, variations in s
- Racial/ethnic, socioeconomic status, differences in insurance types, and immigration status are the major causes of access disparities in MCH services among recent African immigrants.
- Recent African immigrant who experienced access disparities suffered emotional distress which forced them to frequently switch providers, as well as to skip care/appointments.
- Overall, access disparities in MCH care services made participants to lose trust in the U.S.' health care delivery system.

Social Change Implications

The findings and insights may elicit action that will result into sustainable positive social change in form of improved health care outcomes for the study population and other minority immigrants in the United States and beyond.

These findings may help to increase awareness of the challenges in MCH care services faced by minority immigrant populations in the United States, and hopefully be utilized by policymakers to develop and implement evidence-based policy and program interventions to address identified access disparities.

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