Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

6-20-2024

Examining Psychosocial Stressors Among African American Women with Postpartum Depression

Audrey Rose Morris
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the Clinical Psychology Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

Audrey Rose Morris

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Melody Moore, Committee Chairperson, Psychology Faculty
Dr. Ja'net Howard, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Examining Psychosocial Stressors Among African American Women with Postpartum Depression

by

Audrey Rose Morris

MS, Walden University, 2018

BFA, American Musical and Dramatics Academy, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2024

Abstract

Psychosocial stressors are among the causative factors of postpartum depression (PPD) in African American women. This study was a qualitative meta-analysis examining the psychosocial stressors that contribute to PPD among African American women. The aim was to identify the psychosocial stressors among African American women with PPD by examining existing literature and identifying common themes. The integrative model (IM) by Fishbein and Yzer assisted in understanding the significance of psychosocial stressors in African American women with PPD. Thematic analysis was used to generate new, more substantive meanings than those taken from individual investigations. Ten research studies were selected and examined to identify common themes and to understand the psychosocial stressors among African American women with PPD. The findings of this qualitative meta-analysis indicated that racial discrimination, social support, single motherhood, financial instability, health care, and stigma were psychosocial stressors that contributed to PPD among African American women. There is a need for an increase in ethnic-specific programs that focus on assisting African American women with PPD who are experiencing and who have experienced psychosocial stressors. This qualitative meta-analysis contributes to positive social change by assisting in raising awareness regarding the impact of psychosocial stressors among African American women with PPD. It is hoped that professionals will use these findings to develop and implement evidence-based interventions to improve the outcomes of these women.

Examining Psychosocial Stressors Among African American Women with Postpartum Depression

by

Audrey Rose Morris

MS, Walden University, 2018

BFA, American Musical and Dramatics Academy, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2024

Dedication

To my loving husband, children, and mother, who reminded me daily to be mindful of the importance of patience, family, and self-care throughout this journey. I also want to thank my family for surrounding me with endless support, love, and encouragement. Without their endless support, I would not have had the strength to complete this journey. I have learned throughout this journey that accepting help and having support is a vital part of growth.

Acknowledgments

I want to thank Dr. Melody Moore for her support, encouragement, and positive contribution to my dissertation journey. She has asked many thought-provoking questions that challenged me to think innovatively and helped me understand how to navigate through the different steps of this dissertation process. I want to thank Dr. Brian Ragsdale for assisting me with the methods section of my dissertation and giving me food for thought. I also want to thank Dr. Ja'net Howard for joining my committee and assisting me with the future research section of my dissertation. Lastly, I want to thank my supervisor Dr. Geri Harris for her motivating words, encouragement, support, and guidance throughout my career.

Table of Contents

List of Tables v

List of Figures vi

Chapter 1: Introduction to the Study 1

Introduction 1

Background 2

Problem Statement 4

Purpose of the Study 5

Research Question 6

Nature of the Study 6

Definitions 7

Assumptions 8

Scope and Delimitations 9

Limitations 10

Significance 10

Significance to Practice 11

Summary 11

Chapter 2: Literature Review 13

Introduction 13

Literature Search Strategy 13

Theoretical Foundation 14

Literature Review Related to Key Variables and Concepts 15

Research Studies 15
Postpartum Depression 18
Postpartum Depression and African American women 21
Psychosocial Stressors 22
Mental Health Care 23
Health Care 24
Social Support 25
Financial Stability 26
Poverty and Neighborhood Crime 27
Summary and Conclusions 31
Chapter 3: Research Method 33
Introduction 33
Research Design and Rationale 33
Role of the Researcher 36
Methodology 37
Published Data Collection Instruments 38
Data Analysis Plan 43
Summary 45
Chapter 4: Results 47
Introduction 47
Setting 47
Demographics 48

Data Collection 48
Data Analysis 53
Evidence of Trustworthiness 54
Results 54
Theme 1: Racial Discrimination 60
Theme 2: Social Support 61
Theme 3: Single Motherhood 64
Theme 4: Financial Instability 66
Theme 5: Health Care 68
Theme 6: Stigma 70
Summary 72
Chapter 5: Discussion, Conclusions, and Recommendations 74
Introduction 74
Interpretation of the Findings 75
Theme 1: Racial Discrimination 75
Theme 2: Social Support 76
Theme 3: Single Motherhood 77
Theme 4: Financial Stability 77
Theme 5: Health Care 78
Theme 6: Stigma 79
Limitations of the Study 79
Recommendations 80

Implications....82

Conclusion....82

References....84

List of Tables

Table 1. Individual Study Settings 48

Table 2. List of Studies Included in Meta Analysis 52

Table 3. Themes: Amankwaa, L. C. (2003) 55

Table 4. Themes: Authaire et al. (2021) 55

Table 5. Themes: Babatunde & Leguizamon (2012) 56

Table 6. Themes: Dei-Anane et al. (2018) 56

Table 7. Themes: Dove et al. (2020) 57

Table 8. Themes: Dwarakanath et al. (2023) 57

Table 9. Themes: Edge & Rodgers (2005) 58

Table 10. Themes: Edge (2008) 58

Table 11. Themes: Gardner et al. (2014) 59

Table 12. Themes: Giurgescu et al. (2013) 59

Table 13. Themes: Kathree et al. (2014) 60

List of Figures

Figure 1. Psychosocial Stressors and African American women with Postpartum Depression 30

Figure 2. Psychosocial Stressors Contributing to Postpartum Depression in African American Women 31

Figure 3. Title 36

Figure 4. Prisma Flow Diagram 39

Figure 5. Identification and Selection of Studies (Inclusion and Exclusion) 40

Figure 6. Inclusion Criteria 41

Figure 7. Common Themes 44

Figure 8. Prisma Diagram Process for Data Collection 51

Chapter 1: Introduction to the Study

Introduction

In African American women, psychosocial stressors are one of the causative factors implicated in postpartum depression (PPD; Giurgescu et al., 2013). Although many African American women experience psychosocial stressors, there may be a lack of understanding of which stressors increase the risk of developing PPD. African American women are three times more likely to experience an increase in the risk of PPD than any other race due to psychosocial stressors (Dagher et al., 2021). The sequelae of PPD are severe and long-ranging. Slomian et al. (2019) found that the physical and psychological health of the mother; physical, motor, cognitive, language, emotional, social, and behavioral development of the child; and mother-child interactions, including bonding and breastfeeding, were among some of the factors resulting from PPD.

Women experience depression twice as often as men. Richards (2021) estimates that the likelihood of black women seeking and receiving medical care is about half that of white women. Maxwell et al. (2019) suggest that psychosocial stressors such as racial discrimination, inadequate health care, lack of maternal knowledge, social support, poor neighborhood environment, and financial stress may hinder African American women from seeking and receiving mental health treatment. In this qualitative meta-analysis, I examined and identified common themes in the literature on the psychosocial stressors contributing to PPD in African American women.

Background

In the DSM-V (Diagnostic Statistical Manual), peripartum depression (formally postpartum depression) is diagnosed as a major depression disorder with a peripartum onset (American Psychological Association, 2023). PPD is a major illness that impacts women globally; however, in the DSM-V, PPD is not acknowledged as its own disorder but as a part of major depression. This omission highlights the need for additional research in this area. PPD is more likely to occur in African American women and is characterized by symptoms such as fear of harming the baby, separation from the baby, tears, family isolation, anger, and guilt (Kilgore, 2021). Peterson et al. (2019) highlight a woman who gave birth and experienced severe depression and hopelessness due to stressors. Characteristics can include inadequate access to health facilities, systems, and initiatives at the community level (Sandoiu, 2020).

According to Mayo Clinic (2022), while baby blues can go away in a few days, post-partum depression lasts longer. Baby blues can result in feelings of anxiety and mood swings. Still, PPD can result in guilt about not being a good mother, intense anger, thoughts of suicide, and reduced contact with family. In some cases, women can even develop paranoid delusions and hallucinations during postpartum psychosis (Melnyk et al., 2020). Many African American women struggle socio-economically due to poverty, crime, and other factors, which affect their rates of PPD (Sandoiu, 2020).

According to the American Psychological Association (2017), low socioeconomic status primarily affects African Americans and Latinos in the United States. Taylor (2019) suggests that even though the Affordable Care Act (ACA) worked to assist

African Americans in accessing healthcare, disparities remain. It costs almost 20% of the average household income for African Americans to pay for health insurance. African American women rely on community healthcare rather than standard mental health providers. Prather et al. (2018) suggest racism has contributed to increased medical experimentation on African Americans throughout America‘s tenuous history. Racism is one contributor to African American women‘s health disparities when it comes to reproductive and sexual health. Narratives pushing theories of racial inferiority exacerbate healthcare practice discrimination. Sandoiu’s (2020) statistics show that racism and racial disparities apply to African American women‘s PPD rates.

Bauman et al. (2018) reported that PPD affects 11% of women in the United States. Howell et al. (2005) interviewed 655 participants through a phone survey and found that Hispanic women reported the highest rates of PPD at 46%, African American women reported 44%, and white women 31%. Social and household support and socioeconomic status were significant factors that contributed to PPD (Howell et al., 2005), which might explain why women of color have higher rates of PPD.

In addition, Sandoiu (2020) details that Latinas and African American women are less likely to seek treatment for PPD by 57%. Kozhimannil et al. (2011) conducted a study on 29,601 women, 13,416 black, delivering children between 2004 and 2007. Within 6 months after delivery, follow-up, and continued mental health care, the authors used logistic regression to examine racial-ethnic differences in antidepressant initiation and outpatient mental health visits. Only 4% of black women could access mental healthcare for PPD, versus 5% of Latinas and 9% of white women. There is literature

examining the accessibility of mental health services to women. I examined and identified common themes in the literature on the psychosocial stressors contributing to PPD in African American women.

Problem Statement

The problem that prompted me to search the literature is that African American women are more likely to develop postpartum depression than Latino and non-Latino women due to psychosocial stressors (Mehra et al., 2020). Many studies show different psychosocial stressors reported by African American women, such as racial discrimination (Keefe, 2016). Still, there is a paucity of research on what stressors contribute to PPD and if any of the stressors are more impactful than others. Further, there has not been a qualitative meta-analysis examining the psychosocial stressors that contribute to PPD among African American women. Stressors reported by researchers that may contribute to postpartum depression among African American women are unclear and have yet to be understood. Therefore, this research is overdue and needed to understand and identify the psychosocial stressors contributing to PPD among African American women.

Many African American women work through stressors that may lead to depression, such as a poor neighborhood environment (Knudson-Martin & Silverstein, 2009). For example, in Mehra et al., (2020), an African American woman in her third trimester explains that “she has to do everything herself without any help and that she does not feel in control of her life.“ The lack of control over one‘s life and the feeling of helplessness may have contributed to postpartum depression (Pao, 2019). Therefore,

African American women should be aware of how psychosocial stressors may contribute to PPD so they can seek proper mental health treatment before their illness becomes life-threatening (Knudson-Martin, & Silverstein, 2009).

PPD is an undertreated illness among African American women. Lui (2016) explains that there are data regarding the stressors among African American women; however, 50% of African American women unknowingly experience stressors that may increase their chances of developing PPD. The lack of understanding of the stressors that contribute to the risk of PPD will continue the annual increase of depression in African American women and the endless cycle of depression after pregnancy among this population (Lui, 2016). Overall, by understanding the psychosocial stressors that contribute to PPD among African American women, I hope to raise awareness among African American women about the damaging sequelae of psychosocial stressors and how to seek treatment before they become depressed.

Purpose of the Study

In this qualitative meta-analysis, I examined the psychosocial stressors contributing to PPD among African American women and identified common themes in the existing literature. According to Timulak (2009), qualitative meta-analysis aggregates studies to discover the essential elements and translates the results into a product that transforms the original results into a new conceptualization. Women may experience a variety of stressors during and after pregnancy; however, I sought to uncover the psychosocial stressors that contribute to postpartum depression in African American women. Researchers found that African American women experience psychological

stress during pregnancy (Lui et al., 2016). In contrast, African American women with PPD may not fully understand how psychosocial stressors impact their lives (Lui et al.,2016). This review of the literature aids in understanding the stressors that may contribute to PPD among African American women.

Research Question

RQ1: What psychosocial stressors contribute to PPD among African American women?

Nature of the Study

To address the research question in this qualitative study, I used a qualitative meta-analysis to explore qualitative, quantitative, and mixed-method research studies regarding the psychosocial stressors that contribute to PPD among African American women. This study aimed to identify common themes in the literature on the proposed research question.

I used a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta Analyses) Flow Diagram to assist with the screening process of the selected studies. The PRISMA Flow Diagram is a standard tool used in systematic reviews and meta-analyses for collecting and identifying salient sources (Parums, 2021). First, I examined the studies by searching databases such as ProQuest and PubMed for academic articles. The screening process excluded duplicate and nonrelated studies. Then, I screened for eligibility by looking at full-text studies. I included studies in the qualitative meta-analysis that meet the inclusion criteria (Timulak, 2009). The inclusion criteria included

African American women who experienced PPD after birth due to environmental stressors.

In this qualitative meta-analysis, I explored the literature on psychosocial stressors contributing to PPD among African American women to identify common themes. The literature was selected using the level of quality by Melnyk et al. (2020):

Level I: comprises the highest level of evidence in systematic reviews or meta-analyses.

Level II: comprises evidence found in multiple random control trials.

Level III: comprises evidence found from trials used without randomization.

Level IV: comprises evidence found by using a cohort or case-control study.

Level V: comprises evidence found by using a research question in a descriptive or qualitative study.

Level VI: comprises evidence found in a descriptive or qualitative study.

Level VII: comprises the lowest evidence of expert opinion or consensus.

Definitions

African American women: African American or black women are defined as women of Afro-diasporic, sub-Saharan, Melanesian, and Australian Aboriginal descent (Rooks, 2004). The expression black women are a racial classification for a group of people (Rooks, 2004). I used the terms African American and black women interchangeably throughout my study.

Psychosocial Stressors: Life situations that produce prominent levels of stress that may contribute to developing mental disorders, changed behavior, and illness (Hobel et al., 2008).

Postpartum Depression (PPD): PPD is known as an onset within four weeks postpartum and connected with a diagnosis such as (a) Major Depression, (b) Manic, (c) Bipolar I Disorder, (d) Bipolar II, and (e) Brief Psychotic Disorder (American Psychological Association, 2023).

Assumptions

I made assumptions about the phenomenon, the instrument for collecting data, the methodology, the analysis, the results, and the participants (Nkwake & Nkwake, 2013). Harvard (2022) suggests that African American women today still suffer from the effects of the Jim Crow laws and legalized segregation in the South. Segregation has led to wealth and income disparities, inadequate housing, food deserts, and poorer access to healthcare. The assumption is, that despite poorer access to healthcare, there are psychosocial stressors that cause PPD. Further, it is assumed that the pool of studies from which this research was drawn was conducted with integrity and captured the phenomenon I studied.

Below are qualitative studies‘ ontological, epistemological, axiological, methodological, and rhetorical assumptions. An ontological assumption for qualitative studies is that reality has multiple subjective components. This is true for this literature review in that the studies were conducted by multiple authors with different subjective perspectives. The ontological assumption within a literature review is important when

understanding conflicting ideas presented in the literature. Research presumes interaction with literature as data epistemologically. Epistemological assumptions about literature reviews are important to limit opinionated interpretations. Axiologically, there is an assumption that interpretations of data can remain biased and laden with value. While researching the literature, an axiological approach ensured that methods of gathered data achieved neutrality and objectivity. Values are also personal, so researchers need an acute understanding of social justice and equity ideologies to solve the problem. Methodological assumptions are that the study is inductive (i.e., meaningful data appears), and factors are simultaneously coming up in the research. While engaging in the literature review, a methodological assumption prompted how the data are collected and analyzed. In terms of rhetorical assumptions, there are evolving decisions and personal voices, particularly for a qualitative study. A rhetorical assumption aided in understanding the participants' experiences through the literature.

Scope and Delimitations

The delimitations of the study are as follows. The study does not cover other birth-related mental illnesses and only includes African American women. The study's objectives do not include anything beyond understanding psychosocial stressors contributing to PPD among African American women. I aimed to make the study narrow and focused rather than expanding it too broadly. Qualitative, quantitative, and mixed-method research studies completed in the US, AF, and UK were included in the qualitative meta-analysis. I used academic databases to locate and synthesize the

literature. I aimed for the research process to last approximately 2 months due to the literature serving as the data source.

Limitations

Secondary data analysis is prior research collected by someone other than the researcher (Vartanian, 2010). Secondary data assisted me in identifying psychosocial stressors among African American women with PPD and identify common themes in the existing literature. One limitation of secondary data analysis is that the study's timeline may not be current when the researcher is conducting new research (Tripathy, 2013). Data that are not current may have a different outcome than more recent data (Vartanian, 2010). In this study, I included research completed within the last 20 years. Another limitation is that the secondary data analysis may not fully answer the presented research question due to not having the specific information needed by the researcher (Tripathy, 2013). Inconsistencies may occur within the research if the data do not represent the questions or participants.

Significance

This study is significant because there is a paucity of literature on the topic of how psychosocial stressors contribute to PPD in African American women. The qualitative meta-analysis may provide an apperception of the point of view of African American women encountering psychosocial stressors during pregnancy. The outcome may assist in understanding psychosocial stressors among African American women with PPD.

Significance to Practice

Cultural competence is vital in understanding psychosocial stressors among African American women with PPD (Zhang, & Emory, 2015). Being culturally competent is engaging, appreciating, and understanding individuals from different belief systems and cultural backgrounds (Katz et al., 2008). Mental health providers who are not knowledgeable about various cultural backgrounds and belief systems are at risk of introducing biases that can hinder the therapeutic alliance and cause harm to the client (Ethical Principles of Psychologists and Code of Conduct, 2022). The field of psychology plays a significant role in ensuring mental health providers are culturally competent. Unfortunately, more than half of African American women with PPD do not seek mental health care, and one reason may be that they are not able to find culturally competent providers who understand their lived experiences. There is a need for more research to understand psychosocial stressors among African American women with PPD.

Summary

In society, many African American women are suffering in silence due to psychosocial stressors. There is a need to gain a greater understanding of the psychosocial stressors that contribute to PPD in African American women. Some studies explain how some stressors impact African American women with PPD. However, a qualitative meta-analysis has not been conducted to identify the common themes among these studies. In this chapter, I introduced the topic of psychosocial stressors and PPD among African American women. I discussed the study background, problem statement, purpose of study, research question, nature of the study, definitions, assumptions, scope

and delimitations, limitations, significance, the significance to practice, summary, and transition. In Chapter 2, I describe the literature search strategy, theoretical framework, literature review related to key concepts and variables, and summary and transition.

Chapter 2: Literature Review

Introduction

PPD among African American women is an underreported topic. The lack of understanding of psychosocial stressors among African American women leads to a yearly increase in PPD and adverse outcomes (Lui, 2016). This qualitative meta-analysis aimed to explore and identify common themes in the literature regarding the psychosocial stressors among African American women with PPD. The guiding clinical question for this project is as follows: "What are the psychosocial stressors contributing to PPD among African American women?" The literature review supports the project by describing the history and the significance of identifying psychosocial stressors among African American women with PPD.

Literature Search Strategy

I gathered research and identified common themes for this qualitative meta-analysis through existing data. The key search terms I used to locate evidence included *African American women, postpartum depression and African American women*, and *African American women and pregnancy*. I also used key terms/phrases such as *depression and African American women, Women of Color and Psychosocial pregnancy stressors and African American women*, and *Life stress and African American Women*. I searched for literature using PubMed, PubMed Central, Google Scholar, Walden University Library, Medline Plus, and BioMed Central.

The research articles collected were those reported in English between the years 2003 to 2023. The timeline includes all peer-reviewed articles from 2003 to the present.

My search intended to exhaust the available literature and gather the utmost studies to answer the proposed research question. A PRISMA flow diagram will assist in filtering and categorizing the relevant articles. The Joanna Briggs Institute (2020) and Melnyk et al. (2020) are tools for critically appraising evidence that helped measure the selected articles. The devices added validity to the results presented by this qualitative meta-analysis.

Theoretical Foundation

This study‘s theoretical foundation utilizes the integrative model (IM) by Fishbein and Yzer (2003). The three health theories that created the IM are the social cognitive theory (SCT; Bandura, 1999), the health belief model (HBM; Rosenstock, 1974), and the theory of reasoned action (Fishbein & Yzer, 2003). Albert Bandura developed the social learning theory (SLT) in 1960, which became the SCT in 1968 (Font et al., 2016). Albert Bandura believed one‘s feelings and thoughts could impact behavior and change the social environment (Font et al., 2016). The SCT describes the actions of other individuals, the influence of one‘s experiences, and environmental elements on an individual‘s health behavior (Schunk, 2012). The HBM comes from the behavioral and psychological theory with the foundation of two health elements of health-related behavior: (1) the belief that a particular health maneuver cure prevents an illness; and (2) the inclination to avoid illness or recover if already ill. HBM believes in the personal threat of illness and a person‘s belief. Green et al. (2020) explain that the primary use of the HBM is to assist in understanding health behaviors. The rationale for using the

integrative model is to assist in understanding how psychosocial stressors contribute to PPD among African American women.

Literature Review Related to Key Variables and Concepts

An exhaustive review of the current literature described the selected research studies, psychosocial stressors, PPD in African American women, and the critical concepts of the analysis. The literature chosen underwent review as follows:

Research Studies

Qualitative, quantitative, and mixed-method research studies are the types of research explored in this qualitative meta-analysis. Below are some of the selected mixed methods, as well as quantitative and qualitative studies.

Mixed Method Studies

Psychosocial stressors are high-stress situations that can contribute to the development of illness and mental disorders such as PPD (Katz, 2008). Giurgescu (2013) and Hobel et al. (2008) explain how single and multiple psychosocial stressors increase poor pregnancy outcomes among African American women. Knudson-Martin and Silverstein (2009) used a mixed-method analysis to explore postpartum depression among women between 1999 and 2005. There was a commonality among the participants; they reported not living up to their cultural standards of being a good mother. The authors explain that the lack of social connection and what the participant's family and friends thought of them determined if they were good mothers in their minds.

The results showed that not being in the women's support group negatively led to an increased risk of postpartum depression. When the women found a support group to

attend, they found a connection that helped them work through depression. Maxwell et al. (2019) explored mixed-method studies that surveyed women with PPD who reside in North American countries. A comparative analysis was conducted among the studies from January 2008-2018. Themes and codes identified included culture and postpartum depression, abuse and postpartum depression, and the pressures of being a mother. Maxwell et al. showed that many minority women keep their feelings to themselves without seeking help due to the fear of judgment. The research showed that PPD is higher among marginalized women due to abuse and judgment; these circumstances may hinder marginalized women from seeking assistance.

Giurgescu et al. (2015) explored African American women living in disadvantaged neighborhoods and how the stress of living in an unhealthy environment without social support can increase depressive symptoms. Robinson et al. (2016) compared psychosocial stress across pregnant women of different ethnicities. The outcome of the research showed that minorities such as pregnant African American and Latino Women experienced increased stress during pregnancy than other ethnicities. Pregnant African American women experienced more psychosocial stress than any other race.

Qualitative Studies

Qin et al. (2020) explored the literature to identify the factors contributing to higher rates of PPD among African American women compared to other races, such as Caucasian women. The research showed that PPD was higher among African American women due to stressors. The researchers explained that African American women with

PPD did not seek mental health services due to the cultural stigma surrounding mental illness.

Various psychosocial stressors impact African American women during pregnancy. Garfield and Watson (2021) found that seven out of 11 women experienced prominent levels of stress and depression due to psychosocial stressors such as perceived social support. Mehra et al. (2020) explored gendered racism among 24 African American women during pregnancy. Semi structured interviews were conducted regarding their experiences with gendered racism, being a mother of African American children, and their overall experience during pregnancy. The interview transcripts were coded and themed to understand the participants‘ knowledge. The results showed that many African American women experienced racial stigma daily during pregnancy. The authors explained that pregnant African American women used positive coping techniques and images to counteract daily racial stigma during pregnancy.

Quantitative Studies

Garfield and Watson (2021) used a quantitative method to explain how a decrease in stress among African American women is needed to improve health and decrease the risk of depression. Many African American women with PPD have challenges with psychosocial stressors such as racism and social support that increase stress levels (Katz, 2008). The increased stress and depression can lead to poor mental health, physical and, many times, death if left untreated (Garfield & Watson, 2021). Lui et al. (2016) explored prenatal life stress and postpartum depression among women. Lui et al. (2016) examined if prenatal life stress during pregnancy was determined by race. The participants

comprised 2,344 Hispanic, Island/ Pacific Islander, Caucasian, and African American women. All the participants were screened based on life stress domains.

The results showed that Hispanic and African American women had greater financial and relational stress than White and Island/ Pacific Islander Women. The authors also reported that minority women are more likely to encounter high-life stress domains during pregnancy than non-minority women. Pao et al. (2019) examined the relationship between social support and minority women. There were 1517 participants interviewed during a six-week postpartum visit at various facilities in North Carolina. Scales such as the Support Survey, the Baby's Farther Support Scale, and Medical Outcomes Social were utilized to measure social support. The study's outcome shows that the lack of social support correlates with postpartum depression among minority women.

Postpartum Depression

PPD is defined as onset within four weeks postpartum and connected with a diagnosis such as (a) Major Depressive, (b) Manic, (c) Bipolar I Disorder, (d) Bipolar II, and (e) Brief Psychotic Disorder (American Psychological Association, 2023). In many women, after birth, postpartum depression emerges from a complex combination of behavioral, emotional, and physical changes (Jackson et al., 2012). PPD is typically mistaken for baby blues; however, PPD is more intense and lasts longer.

Postpartum Depression and Women of All Races

Postpartum depression is a serious health condition that can impact women globally. Postpartum depression has been linked to hormonal shifts that occur after giving

delivery (Cannon, & Nasrallah, 2019). PPD can occur among any race; however, minorities are more prone to PPD due to stressors and cultural factors (Hobel, 2008).

Latino Women

Latino women are among the women who experience PPD. The risk of PPD is 40% higher in Latino women than in Caucasian women. Edwards and Garnier-Villarreal (2021) explain that some stressors that contribute to PPD in Latino women are immigrant status, socioeconomic status, and residence. Sampson et. al (2018) mentions that one major stressor among many Latino mothers is having to leave their children in another country due to the fear of death. There is a stigma among Latino women of meeting the "perfect mom" or "strong mom" standard, which prevents many Latino women from seeking assistance (Edwards & Garnier-Villarreal, 2021). PPD in Latino women may continue to rise due to the fear of immigration, the fear of losing their children, and the stigma of being seen as less than a perfect mom. Further research is needed.

American Indian/ Alaska Native women

There is minimal literature that explains PPD in American Indian and Alaska Native women (AI/AN). AI/AN women have a 14% -29.7% risk of PPD in comparison to other minority groups. Heck (2021) mentions that anxiety, financial matters, and stress are explained within the literature as being contributors to PPD in AI/AN women. While Ness et. al., (2017) explains that intimate partner violence, depression, and sexual assault are mentioned as common experienced stressors among AI/AN women. However, many of the contributors mentioned in the literature regarding AI/AN women are similar to other cultures (Ness et. al., 2017).

Heck (2021) explains acculturation as a reason for the continued considerable risk of PPD in AI/AN and the reason for similar stressors to other cultural groups. Nevertheless, there is a lack of exploration of potential associations between the above stressors and PPD in AI/AN women. Cultural factors that contribute to PPD in AI/AN are also unclear (Coser, Kominsky, & Garrett 2022).

Caucasian Women

Dagher et. al., (2021) mention that about 11% of Caucasian women experience PPD. Although there are Caucasian women who have experienced PPD, there is more research that explains minority women are more likely to have a higher risk for PPD due to cultural beliefs, financial status, support system, lack of health/ mental assistance, and place of residence. Caucasian women are more likely to have access to health and mental assistance without having to encounter racial disparities (Robinson et. al., 2016). One reason Caucasian women may have a lower risk of developing PPD is due to having more trust in mental and medical doctors (Dolbier et.al., 2013). Many Caucasian women are more likely to follow up with doctor appointments and receive interventions than other races such as African American women. Whereas many African American women are less likely to follow up with doctors' appointments due to stigma and may be more likely to experience visits from punitive agencies such as CPS (Blakey & Glaude, 2021).

All women can experience PPD. However, among minority women cultural factors such as rituals and belief systems can impact the severity of PPD (Robinson et. al., 2016). Although many cultures are different, there is a commonality in having a belief system which may influence the stigma on mental illness such as PPD (Adebayo, Parcell,

& Mkandawire-Valhmu, 2022). There are stigmas surrounding all races of women who experience PPD which can lead to adverse reactions and a lack of treatment sought (Adebayo, Parcell, & Mkandawire-Valhmu, 2022).

Postpartum Depression and African American women

Bauman et. al., (2018) reported that 1 in 8 women experience depressive symptoms after giving birth. However, African American women are 3 times more likely to develop PPD than Caucasian women due to different stressors such as stigma related to mental health challenges (Dagher et al., 2021). Although many African American women experience psychosocial stressors, they may not be aware that emotional and physical stressors can increase the risk of PPD (Dobier, 2013). About 41 in 100,000 African American women experience pregnancy-related death, while the number for white women is only 13, and for American Indians, it is 30 (Hobel, 2008). PPD is more likely to occur among African American women, however, over 44% of African American women with PPD do not report it (Dagher et al., 2021).

PPD that is left untreated can be critical. When PPD is untreated other mental health problems can arise ranging from anxiety to substance abuse disorder (Dagher et al., 2021). Many African Americans with PPD are more susceptible to comorbid mental health problems and exacerbating depression because of the lack of treatment. Leath et. al, (2022) explains that medical guidelines recommend women who are experiencing PPD seek counseling and if needed antidepressants.

However, this may be a challenge for African American women who do not seek or have access to assistance. Further, they are less likely to take medication. Early

detection and treatment of PPD can decrease the impact of the illness (Leath et. al, 2022). Adebayo, Parcell, & Mkandawire-Valhmu, (2022) mentions that over half of African American women who attend treatment for PPD, do not receive follow-up care or continued care in comparison to other races. This is just one factor that may contribute to PPD among African American women.

Some African American women are afraid to report PPD due to the fear of Child Protective Services (CPS) (Blakey & Glaude, 2021). Blakey & Glaude, (2021) explain that African American women are 20 % more likely to have cases opened by CPS and 77% more likely than Caucasian women to have their children removed from their homes. Nevertheless, the stressors that contribute to PPD among African American women are not fully understood. The risks of PPD among this population may continue to rise without understanding.

Psychosocial Stressors

Racial Discrimination

For over one hundred years, racism has occurred against African Americans (Mileski et al., 2021). Keefe et al. (2016) explained that racial discrimination impacts pregnant African American women's potential to be healthy physically and mentally. Racial discrimination is a stressor that may have a considerable influence on African American women with PPD. Many pregnant African American women live with the daily stress of racial discrimination such as stereotypes, microaggressions, maltreatment in the workplace, and housing discrimination. The ongoing daily stress of racial discrimination can lead to constant trauma which impacts psychological well-being

(Black, Johnson, & VanHoose, 2015). Qin et. al (2020) explored the long-term impacts of discrimination on symptoms of depression among African Americans, using social support as a moderator. In Qin et. al., (2020), Participants perceived racial discrimination to impact their wellbeing and increase depressive symptoms. The study relates to the present research because it provides a rationale for how racial discrimination can exacerbate mental health conditions.

Seawell et al. (2012) detail the impact of racism and discrimination on mental health. The study used a participant cohort of 590 African American women and studied the efficacy of social support programs. Substantial research identifies racial discrimination as a chronic, potent, and negative experience in many contexts. Seawell et al. (2012) surmise that racial discrimination can be so detrimental, if pervasive, to African American women‘s lives that it can lead to a permanent negative outlook, which reduces the overall quality of life.

Mental Health Care

Many African American women who experience PPD may not seek mental health treatment due to stressors such as cultural stigma lack of financial support and being un or underinsured. (Giscombe et al., 2005). Garfield and Watson-Singleton (2021) explain that many African American women with PPD may understand that they are experiencing increased stress; however, they may not seek mental assistance due to stigma. The stigma related to mental health is present within the African American community. (Adebayo, Parcell, & Mkandawire-Valhmu, 2022). Copper et. al, (2003) mentioned that seeking

counseling is an unacceptable way of coping, and religion is considered an acceptable way to cope in the African American community.

Religious coping relates to behaviors, cognitions, and practices used to regulate the occurrence, perception, and consequences of an unpleasant event or situation (Chatters et. al, 2008). Many African American women use religious coping efforts such as prayer, attending church services, congregation, and reading religious materials to situations cope. Coping efforts such as prayers are used to manage problematic life situations. These problematic life situations can range from acute and chronic health problems to bereavement and end-of-life issues (Chatters et. al, 2008). McCaffrey et. al, (2004) explained that over three-quarters of individuals who use prayer as a coping tool, prayed for better health and overall wellness. Overall, some African American women with PPD may veer more towards religious coping than mental health care to avoid being stigmatized due to growing up in a religious household.

Health Care

The healthcare system is oppressed with inequalities that have an inordinate impact on many African American communities (Mileski, et, al, 2021). African American women are less likely to be insured for health care in comparison to other races (Keefe et al., 2016). The lack of insurance for health care increases the chances of pregnancy-related death among African American women (Ceballos, 2017). Every year, many pregnant African American women have been turned away from healthcare due to racial stereotypes and not being financially able to afford perinatal care (Garfield &

Watson, 2021). Health care is an important part of ensuring the wellbeing of a mother and child before and after labor.

For health care to be retained, many African American women may have to seek Medicaid due to affordability (Ceballos, 2017). Many southern states have refused to expand access to Medicaid (Akinade, 2023). The lack of access to Medicaid can make accessing health care difficult for many unemployed and underemployed pregnant African American women. The geographic area matters regarding the quality of healthcare offered (Ward, 2013). African American communities are more likely to lack healthcare facilities and providers. Furthermore, there is lower quality care offered from the few available healthcare facilities (Akinade, 2023). A more progressive healthcare reform may be needed to combat the inequalities within today's healthcare system.

Social Support

Social support plays a complex part in pregnant women's lives (Pao et al., 2019). The lack of support from family, friends, co-workers, and society can lead to prolonged stress. Many African American women may receive less support from family members and friends; however, they may undergo socialization that stereotypes them as 'strong black women,' characterized by independence and self-restraint. These two factors would limit help-seeking behavior and increase adverse events associated with PPD (Knudson-Martin, 2009).

The concept known as the Strong Black Woman (SWB) role defines African American women as strong, independent, and not requiring support Knudson-Martin (2009). Nelson et al. (2020) found that African American women tend not to detect

depression as much as women from other racial groups. Several historical narratives depict African American women‘s strength within African American women‘s culture. Due to slavery and colonialism, strong and persevering African American women emerge as symbols of perseverance and resilience. As a result, some African American women may socialize their daughters to face racism, sexism, and stereotypes with personal and emotional strength (Nelson et al., 2020). Jones et al. (2020) iterate this stereotype as the internalization of qualities like self-restraint, independence, and sacrifice.

Knudson-Martin (2009) explained that pregnant African American women are less likely to receive support from family members due to circumstances such as the child‘s father not being in the home, family members having to work multiple jobs, without work, or being incarcerated or incapacitated. When there is a lack of support from family or friends, depression is more likely to occur (Knudson-Martin, 2009). Social support is a vital part of pregnant women‘s lives; social support is a protective factor for physical and mental stress among pregnant African American women (Pao et al., 2019).

Financial Stability

Financial stability is essential to decrease stress among pregnant women (Lui et al.,2016). Financial stability is necessary for healthcare, housing, healthy food, and the quality of life for women and their babies. Many pregnant African American women may have increased stress and depression due to the lack of financial support (Amankwaa, 2005). The lack of financial support or stability can cause stress in many areas of one‘s

life. Therefore, being in the lower-income SES bracket can cause significant stress and contribute to PPD among African American women (Dagher et al. 2021).

Maxwell et al. (2018) conducted a qualitative study about the experiences of postpartum depression in minority women, specifically focusing on understanding what factors contribute to PPD in minority women. Maxwell et al. (2018) used a constant comparative analysis method to find that financial issues were one of the main factors contributing to PPD. One respondent noted the following:

I went from a $ 40,000-a-year job to $8.50 an hour because my employer laid me off while I was on maternity leave. OK, am I going to go back to work and work 20…, be on call 24/7, and work six eight-hour days a week, or am I going to be a mom (Maxwell et al., 2018)?

Another participant was nervous about going to work soon after her baby was born but found it a financial necessity. Another prominent theme that emerged was stress from being unable to pay the rent or other utilities. One woman was on welfare and concerned it was insufficient to pay the bills (Maxwell et al., 2018).

Poverty and Neighborhood Crime

Pregnant African American women who reside in poor neighborhoods may face mental and physical challenges that may lead to PPD (Garfield & Watson-Singleton., 2021). In an indigent neighborhood, there is likely to be an increase in crime, poor air quality from nearby industrial sites, and a poor housing environment, which may consist of mold or pest infestations. Preterm congenital disabilities, low birth weight, and

premature birth are more likely to occur in indigent housing environments (Garfield & Watson-Singleton., 2021).

African American women living in impoverished environments may have a higher risk of being stressed and depressed due to environmental challenges out of their control (Maxwell et al., 2018). Living in impoverished is a stressor that may contribute immensely to PPD among African American women. There is an unequal distribution of victimization risk, with impoverished African Americans at the highest risk of community violence. McCrea et al. (2019) conducted a literature synthesis study on poverty and crime within African American neighborhoods.

In McCrea et al. (2019) there are highlights of themes within areas such as maltreatment, violence, trauma, racism, and poverty. For years, homicide has been the number one cause of death among black men, with a second leading cause for black women (McCrea et al., 2019). The literature paints a grim picture of the African American community suffering setbacks and poverty, negatively affecting African American women.

Mental Health Practitioners and African American Women

Mental health care providers with African American women clients‘ who suffer from PPD should have familiarity with the culture, condition, and sex when implementing cultural mindfulness interventions (Garfield & Watson-Singleton, 2021). In the case of African American women with PPD, mental health care providers should have a level of cultural awareness and understanding of how psychosocial stressors contribute to PPD among African American women. Van Gordon & Shonin (2020)

explain that mindful interventions have found that mental health care providers who are knowledgeable about mindfulness and cultures have created successful outcomes.

Therefore, mental health care providers can contribute to positive social change by educating African American women with PPD on the importance of being aware of psychosocial stressors and the benefits of behavioral and culturally mindful interventions. Garfield & Watson-Singleton (2021) discussed how cultural mindfulness intervention assists in decreasing anxiety and depression. Mindfulness-based interventions have been proven to reduce stress and improve various health outcomes during pregnancy, such as depression (Van Gordon & Shonin, 2020).

Internal Barriers

Internal barriers, such as beliefs about mental illness, prevent or hinder African American women from accessing mental healthcare (Ward & Heidrich, 2009). Ward & Heidrich (2009) explored African American women‘s representations and beliefs regarding mental illness, coping strategies they preferred when faced with mental illness, and the relationship between perceived stigma and treatment-seeking associated with beliefs and coping strategies. Ward & Heidrich (2009) identified stigma as the single most prevalent factor hindering or limiting black women from seeking mental health services. African American female respondents reported that they did not believe that women could quickly get depression but that it comes from a “weak mind, poor health, a troubled spirit, and lack of self-love“ (Ward & Heidrich, 2009). Having false beliefs about depression might make it less likely for them to seek support services.

External Barriers

There are external barriers that contribute to PPD among African American women. Various adverse outcomes are associated with mental health stigma, including discrimination in housing and employment, decreased mental services usage, and adverse effects (DeFreitas et al. 2018). African American women who already suffer from other types of discrimination may find these implications especially salient. DeFreitas et al. (2018) identified that stigma, including feeling judged by members of one's own ethnic and other communities, can contribute to lower help-seeking behaviors. There may be important implications for African American women, as they may not seek mental health treatment for PPD.

Figure 1

Psychosocial Stressors and African American women with Postpartum Depression

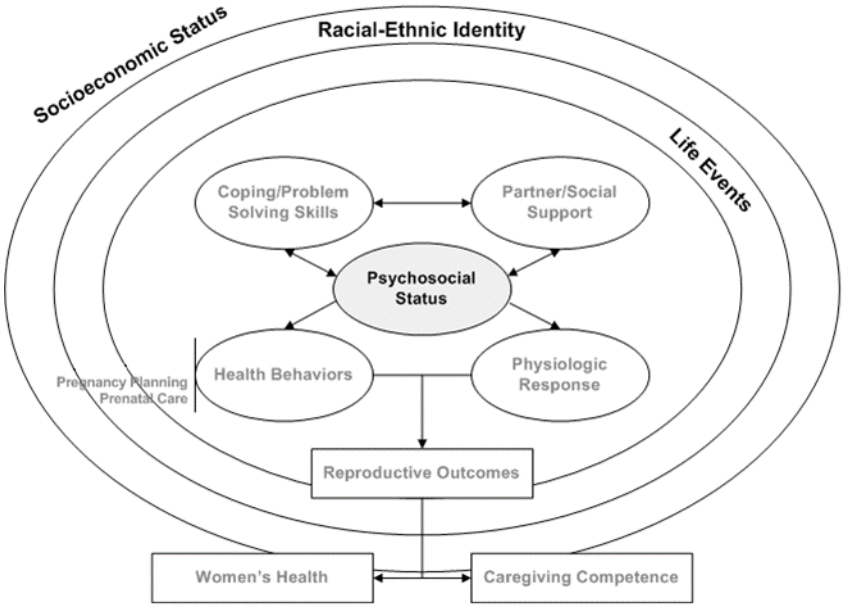
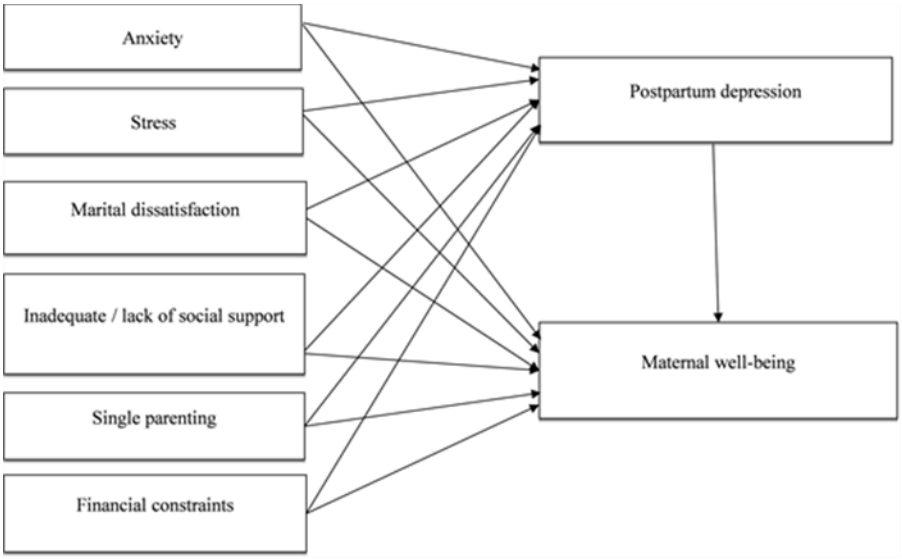


Figure 2

Psychosocial Stressors Contributing to Postpartum Depression in African American Women



Summary and Conclusions

The literature is a vital part of the continuation of research on understanding psychosocial stressors among African American women with PPD. PPD is a serious illness that impacts African American women three times more than any other race (Dobier, 2019). Although other races are impacted by PPD, African American women are more likely to encounter psychosocial stressors such as lack of social support, lack of financial support, racial discrimination, lack of mental and medical assistance, and stigma (Adebayo, Parcell, & Mkandawire-Valhmu, 2022). Internal and external barriers influence many African American women to not seek the mental and medical assistance needed to treat PPD (DeFreitas et al. 2018). The psychosocial stressors that contribute to

PPD among African American women are still not fully understood and more research is needed. In Chapter 2, I explained the literature search strategy, theoretical framework, literature review related key concepts and variables, and summary and transition. In Chapter 3, described methods of collecting data, analysis, synthesis, and evidence sources**.**

Chapter 3: Research Method

Introduction

In this qualitative meta-analysis, I examined and identified common themes in the literature on the psychosocial stressors contributing to PPD in African American women. I found qualitative research to be the best fit for this meta-analysis because it allowed me to examine the literature and look for common themes related to the phenomenon being studied. The qualitative meta-analysis gave more room to address the research question and enhanced a deeper understanding of phenomena, experiences, and contexts of PPD among African American women.

For this study, I focused on qualitative, quantitative, and mixed-method studies that examined psychosocial stressors among African American women with PPD and identified common themes. Field and Gillett (2010) note that the research question is paramount for a meta-analysis, as it guides both study collection and reporting of results. I sought to answer the following question:

RQ1: What psychosocial stressors contribute to PPD among African American women?

Research Design and Rationale

The research design chosen for the study is a qualitative meta-analysis, one of the gold standards for healthcare practice. Hansen et al. (2021) describe it as a synopsis of a particular field or research question. A meta-analysis provides a more profound understanding of how two variables interact. Further, it can test competing theoretical

assumptions against one another or identify essential moderators of differences between primary studies (Hansen et al., 2022).

The meta-analysis included creating a research question, validating it, developing criteria and search strategy, searching the databases, and importing results to the study. Next, data quality is assessed, and an analysis is conducted (Tawfiq et al., 2019). In contrast, meta-synthesis collects data to develop a theory. The difference between this and a quantitative meta-analysis is that the qualitative meta-analysis examined and synthesized qualitative data from secondary literature (i.e., studies).

Using meta-analysis, researchers may combine the findings of several studies into a unified framework. This procedure entails several stages, including formulating the research question, identifying appropriate studies, extracting relevant data, and synthesizing findings to provide novel insights into the research topic. To gain a more complete picture of the phenomenon, I used a qualitative meta-analysis since it allowed me to combine and examine data from numerous studies. Meta-analysis may also be used to locate unexplored study topics and gaps in the existing literature. However, there are limits to meta-analysis as well. For instance, it may be difficult to draw conclusive findings because of differences in study quality across the research.

To gain a deeper understanding of a phenomenon, a meta-analysis of existing quantitative, qualitative, and mixed-method research was a comprehensive means. In the context of PPD, the meta-synthesis methodology employed here can aid future studies and the development of novel hypotheses and therapies. However, to ensure the

reliability and validity of the results made, it is crucial to utilize rigorous methodologies to select research and analyze the quality of the data.

The systematic and quantifiable synthesis of several studies on this specific topic is made possible by meta-analysis, making it a significant tool in the context of this research process. Meta-analysis is a technique that combines the results of numerous research to get more robust and generalizable findings. Meta-analysis can also reveal similarities and differences across studies, which can guide future investigations and shed light on areas of agreement or debate. A meta-analysis may uncover sources of heterogeneity and modifiers of treatment effects, and it can synthesize research findings from many study designs, including randomized controlled trials and observational studies.

There are distinct benefits of systematic reviews, which tend to generate information clearly and precisely. Crowther et al. (2010) advocate systematic reviews to reduce bias through extensive literature searches and critical appraisals of individual studies. On the other hand, a systematic review poses a specific clinical question in contrast to a narrative review. Narrative reviews are more informal, and I decided not to use this method. A systematic literature review, nestled in the qualitative meta-analysis as a sub-branch of the methodology, has more rigid inclusion/exclusion criteria, which some would suggest is more reliable for finding objective information (Tawfik et al., 2019).

A systematic review also attempts to identify if certain evidence types are absent in the literature (Tawfik et al., 2019). The researcher can note publication bias, sometimes leading to false conclusions. One problem with narrative reviews is they fail

to take this action (Pae, 2015). In addition, systematic reviews typically use meta-analysis or statistical models to help generate assertions about the effects of specific variables. As the highest level of study quality, usually, only experienced researchers undertake systematic reviews, having a prominent level of credibility (Chen, 2017). The diagram below is from Haidich et al. (2010), illustrating various levels of credibility of research methodologies. As shown in the figure, the meta-analysis is at the top, primarily because this study draws information and evidence from a range of studies rather than relying on just one experiment, RCT, case report, and longitudinal study. In addition, meta-analysis appears most frequently in all clinical research studies (Timulak, 2009).

Figure 3

Levels of Credibility of Research Methodologies Diagram

Role of the Researcher

I had multiple roles within this qualitative meta-analysis. First, I collected pertinent data by analyzing exclusion/inclusion criteria to ensure the data were credible and relevant to the research. Next, I examined whether the data were salient and

practical, characterizing and coding them or using thematic analysis. In this case, I used a thematic analysis. My responsibilities as the researcher in this meta-analysis included a thorough and systematic analysis the identification of appropriate studies, the extraction of data, the evaluation of study quality, and the synthesis of findings relating to PPD in African American women. A thorough search for appropriate studies, data extraction from each study, and data synthesis leading to a summary estimate of impact size all fall under the researcher‘s purview. I evaluated the studies‘ quality and bias, as well as identify and investigate potential causes of heterogeneity. There is a need to provide an accurate interpretation of the results and convey them to the appropriate audiences, drawing attention to the study‘s practical and theoretical implications.

Methodology

I examined the literature using a qualitative meta-analysis to identify psychosocial stressors among African American women with PPD. An aggregate collection of studies will be displayed and interpreted to uncover themes related to the studied phenomenon (Timulak et al., 2009). This methodology assisted me in synthesizing the material to find common themes of stressors that contribute to PPD among African American women. Fingfeld explained that this method was “ a new and integrative interpretation of findings that is more substantive than those resulting from individual investigations “ (Timulak et al., 2009, p. 591).

The qualitative meta-analysis uncovers themes that relate to or are congruent with a central theory. The themes helped identify the psychosocial stressors contributing to PPD among African American women. I used qualitative data in the meta-analysis to

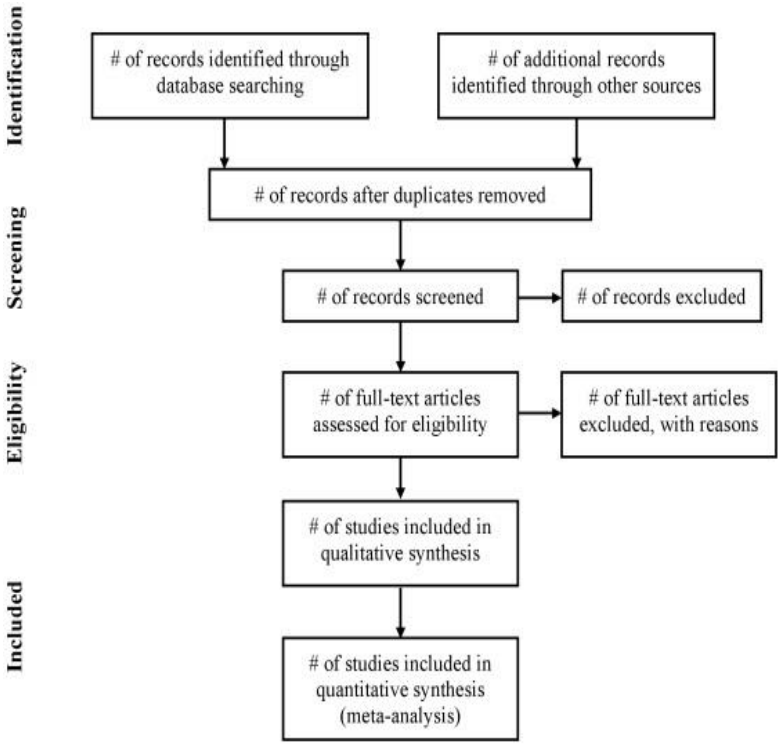
answer the research question by finding literature on psychosocial stressors and African American women and PPD. I will discuss the themes found in the literature regarding psychosocial stressors contributing to PPD among this population.

Published Data Collection Instruments

Zaza et al. (2000) conducted a study and detailed chief data collection instruments for a systematic review. These include screening the articles for inclusion, creating tables summarizing evidence from articles, and assessing the quality of the articles. According to Timulak (2009), primary studies are chosen based on the research questions that guide qualitative meta-analyses. I used keywords to search in databases. Timulak (2009) suggests meta-analyses can accommodate quantitative, qualitative, and mixed-method studies, which will be the case in this research study. I evaluated each researcher's sampling and research procedure, interpreting it rigorously for the next step. Next, I scanned each research study to ensure it meets inclusion criteria, using the Prisma Flow Diagram.

Figure 4

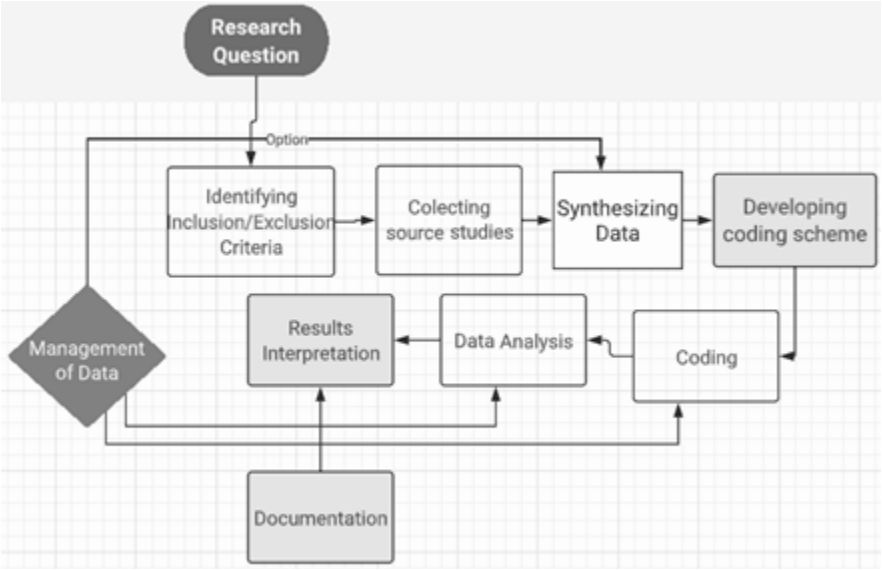
Prisma Flow Diagram



The Prisma diagram assisted in the discarding process of the selected articles. I began by locating the study after a keyword search and noting the research to see if it meets the inclusion criteria. There was an automatic discard of those not meeting the inclusion criteria. The diagram below shows the process I used for the entirety of the project. As with most meta-analyses, the research question guides the entire process, while data management entails coding (in this case, thematic analysis), data analysis, and synthesis.

Figure 5

Identification and Selection of Studies (Inclusion and Exclusion)



Credible inclusion/exclusion criteria are needed for each selected article (Levitt, 2018). Before beginning with the search and inputting search keyword, I determined which studies were credible and appropriate for the study. The following is a list of inclusion criteria for studies or articles in the qualitative meta-analysis. It is a checklist I used before incorporating each academic research into the study.

Figure 6

Inclusion Criteria

For Academic Studies	For Non-Academic Studies
Studies must be quantitative, qualitative, or mixed methods.	Study must be from a trade literature source, government website, or organization website (i.e., NGO); acceptable suffixes include .org, .edu, .gov, .uk, and .com, among others.
A study must take on the proper form of an academic article and have an introduction, methodology, results, discussion, conclusion, etc. The researcher will allow some exceptions to this given justification (i.e., in the case of narrative information)	Must not be a personal blog
Must be only African American women who have experienced PPD.	
Published within the last 20 years, preferably ten years.	
Published in peer-reviewed academic journals, universities, dissertations databases, etc.	

I interspersed the literature from trade and non-academic sources, primarily to derive data about existing studies or data regarding psychosocial stressors, PPD, and African American women. These sources offered information on how psychosocial stressors contribute to PPD among African American women. First, I examined the research on African American women and the psychosocial stressors that contribute to PPD. Next, I searched for emerging them and subsequently grouped the themes by commonalities. Then, I presented the common themes contributing to PPD in African American women in a user-friendly format. Finally, I discussed salient recommendations based on the psychosocial stressors explored in Chapter 5.

The research question forms the purpose of the study in the qualitative meta-analysis. Booth (2006) argues that prior knowledge of a topic often determines our questions. Background questions are generally similar to fact-finding questions (Booth,

2006). Booth (2006) notes exploration questions seek to provide answers to ‘why‘ something is the way it is and can involve a range of information. People‘s attitudes, opinions, feelings, thoughts, or behaviors often mediate the intended effects of a new service or course. Researchers ask exploration questions to satisfy “information needs“ (Booth, 2006, p. 361). In this case, the research question is open-ended and requires a careful analysis of a range of literature from academic and non-academic sources.

I divided the qualitative meta-analysis into two components for the research question by locating, synthesizing, and organizing relevant studies accordingly. Levitt (2018) suggest that the reviewer will select keywords to guide the search. I used various keywords for RQ1 to increase the chance of more meaningful results. Essential keyword suggestions for RQ1 include psychosocial stressors and postpartum depression among African American women and ‘postpartum depression among African American women‘ and social stressors. I used databases such as ProQuest, Google Scholar, and the Walden Library for deriving scholarly sources.

Examining the psychosocial stressors among African American women and how they contribute to PPD helped answer the research question. After exhausting the data databases, I found limited research in only searching in American. I broadened the search to include Africa and the United Kingdom. Therefore, the term African American women will be changed to Black women because I am not only researching for African women in America. The examination generated helpful information on how psychosocial stressors contribute to Black women with PPD and assisted in identifying common themes. The goal was to understand psychosocial stressors among Black women with PPD.

Data Analysis Plan

As noted above, the study involved a literature review of quant, qual, and mixed-method research regarding psychosocial stressors that may contribute to PPD among Black women. I explored and identified common themes in the research relating to psychosocial stressors among Black women with PPD, which helped me answer RQ1.

One way to analyze a literature review is through thematic coding. Thematic analysis and synthesis are popular methods in many qualitative studies, including literature reviews (Thomas & Harden, 2008). Thematic analysis is commonly used for discovering themes within a data set or literature (Delve, 2022).

The thematic analysis involves several steps. After familiarizing oneself with the data, the first step is to develop initial codes. These would be codes, and phrases, representing patterns and meanings observed in the data (Delve, 2022). Next, I digitally grouped the fragments by code by highlighting passages in the literature displaying similarities between studies.

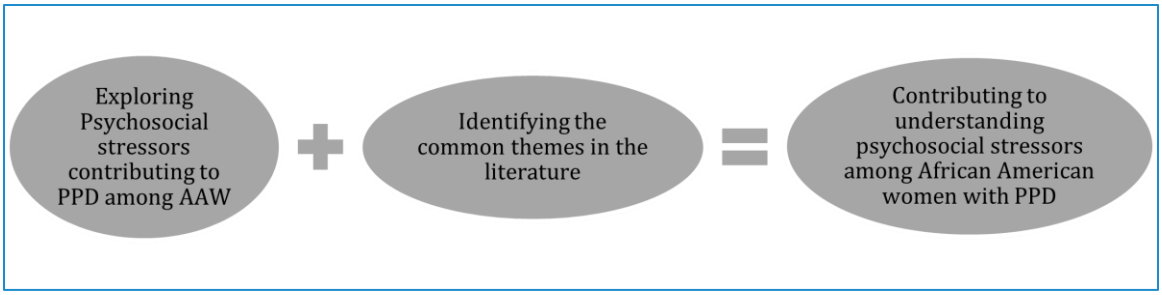
The themes allowed me to see patterns and connections between the studies and to understand psychosocial factors. I examined relevant articles with underlying codes pertaining to the themes. RQ1 had themes related to understanding psychosocial stressors and their importance in ranking. The themes were gathered through the literature on the stressors contributing to PPD in Black women.

Finally, I gathered what I had learned from exploring themes and codes in RQ1 and examined the data. Based on the psychosocial factors read, I presented the common

themes found in the data regarding the psychosocial stressors among Black women with PPD. The following diagram illustrates how this could occur.

Figure 7

Common Themes



The diagram above illustrates the steps I have taken in exploring psychosocial stressors contributing to PPD among Black women + Identifying the common themes in the literature = contributing to the understanding of psychosocial stressors among Black women with PPD. The findings and recommendations are presented in chapter 5. For instance, racial discrimination was an psychosocial stressor that contributed to PPD among Black women, I developed recommendations that providers could advise Black women with PPD to attend such as specialized, cultural, and contextualized care programs.

Trustworthiness involves confirmability, dependability, and credibility, which can be problematic in qualitative studies. Stahl & King (2020) note there is hardly any way that researchers can avoid adopting a certain level of bias toward the subject, typically facilitated by passion. Therefore, I conducted reflexive auditing (Stahl & King, 2020) to ensure that the reader understands potential biases. These might include biased political orientations or assumptions about Black women with PPD as an ethnocultural group.

Some would also suggest that transferability is a core concern of qualitative research. There is no reproducible content or experimental protocol (Stahl & King, 2020). Methodological descriptions should be as tight and accurate as possible. They involve delineating the time frame and key search words used for the literature review.

Two methods of fostering trustworthiness are to have peer reviews and triangulate data (Stahl & King, 2020), which means using data from diverse sources (i.e., primary interviews in combination with secondary literature). In the present study, I only used secondary data from academic literature derived from databases like ProQuest and Google Scholar. Therefore, triangulation will be impossible.

Confirmability is when researchers reach as close as they can get to objectivity. Researchers who want to present a solid, core foundation of research rely on accuracy and precision rather than the construction of knowledge and personal accounts (Stahl & King, 2020). The meta-analysis methodology has one advantage: it remains objective due to the rigorous data collection and analysis process. I ensured confirmability by including the reader‘s keyword search strategy and inclusion and exclusion criteria.

Summary

This qualitative meta-analysis intends to search qualitative, quantitative, and mixed methods research to identify psychosocial stressors that contribute to PPD among Black women. There is a need for continued research on this underreported topic due to the rise in PPD in Black women. In Chapter 3, I explained the method of collecting data, analysis, synthesis, evidence sources, and summary and transition**.** In Chapter 4, results of the study, including the sampling section, data collection procedures, collection and

conversion of data, data analysis, evidence of trustworthiness, findings, and summary and transition.

Chapter 4: Results

Introduction

I conducted a qualitative meta-analysis to examine the psychosocial stressors among Black women with PPD and identify common themes through existing literature. I aimed to synthesize findings from qualitative, quantitative, and mixed-method studies to identify common themes regarding psychosocial stressors among Black women with PPD. The following research question that guided this research study was, "What are the psychosocial stressors among Black women with postpartum depression?" In Chapter 4, I present the research study's results, including the setting, demographics, data collection, data analysis, evidence of trustworthiness, and findings.

Setting

I used a qualitative meta-analysis, which consisted of reviewing existing literature data were collected directly from human subjects. Only 11 studies met the exclusion criteria for this meta-analysis; the remaining studies were discarded using the Prisma Diagram. Therefore, no organizational or individual conditions occurred that influenced the analysis or collection of the results. The settings of the studies varied and consisted of the following: (a) hospitals, (b) virtual interviews, (c) health centers, (d) community centers, (e) children's centers, and (f) home interviews. The research studies in the table below were from the United States, the United Kingdom, and Africa.

Table 1

Individual Study Settings

Authors	Country	Settings
Amakwaa L.C. (2003)	US	Unspecified
Authaire et al. (2021)	AF	Hospital
Babatunde & Leguizamon (2012)	UK	Center
Dei-Anane et al. (2018)	UK	Home
Dwarakanath et al. (2023)	US	Virtual
Dove et al. (2020)	US	Center
Edge & Rodgers (2005)	UK	Home
Edge (2008)	UK	Center
Gardner et al. (2014)	UK	Center
Giurgescu et al. (2013)	US	Center
Kathree et al. (2014)	AF	Home

Demographics

The qualitative meta-analysis included 11 peer-reviewed studies with samples of Black women who have experienced PPD due to psychosocial stressors. I selected studies that consisted of Black women who were 16 years and older. The number of participants in each study ranged from seven Black women to 30 Black women. The methodology of each study included qualitative, quantitative, and mixed methods. The selected studies focused on exploring various stressors in Black women with PPD, such as (a) racial discrimination (b)social support, (c) financial status/ stability, (d) mental/medical health care, (e) spousal/ family support, (f) partner violence, and (g) neighborhood environment.

Data Collection

As stated in Chapter 3, the search terms used in this qualitative meta-analysis were *African American women, postpartum depression and African American women*, and *African American women and pregnancy*. I also used key terms/phrases such as

depression and African American women, Women of Color and Psychosocial pregnancy stressors and African American women, and *Life stress and African American Women*. During the search, I added key search terms to expand my search and gather relatable articles to address my research question. The additional key search terms included *Black Caribbean Women, stressors and pregnancy, Nigerian women and pregnancy, Black pregnant Caribbean Women in the UK, Stressors and pregnant Nigerian women, Black women, pregnancy and stressors in the UK, African American women, stressors and pregnancy*, and *environmental stressors, women of color and postpartum depression*. Furthermore, the inclusion criteria were Black women who experienced pregnancy and postpartum depression.

The selected studies were conducted within the United States, United Kingdom, and Africa. The studies were published over the last 5 to 10 years. I searched the following databases for potential exclusion studies: PubMed, PubMed Central, Google Scholar, Walden University Library, Medline Plus, and BioMed Central. Additionally, I added Science Direct to ensure that I thoroughly exhausted the literature. Overall, eight databases were used with specified keyword searches to identify articles to include in this qualitative meta-analysis.

To identify potential articles for this research study, I engaged in a thorough electronic search of each database. The use of keywords and limited identifiers yielded a total of 168 studies from 6 databases. Next, I reviewed the titles, abstracts, participants, and methods and found that of 168 studies, 60 were determined to be ineligible due to duplication for various reasons. Of the 108 studies that were screened, 60 studies were

excluded due to the population type, not including psychosocial stressors or postpartum depression. Further, 48 studies were sought for retrieval; of the 48 studies, 20 of the studies only provided the abstract, which was not consistent with the exclusion criteria. The remaining 28 studies were assessed thoroughly for eligibility; however, 12 were excluded due to being outside the scope of the study and not meeting the exclusion criteria. Finally, after extensive review, I determined that the remaining 11 studies were deemed eligible, as seen in Figure 8.

Figure 8

Prisma Diagram Process for Data Collection

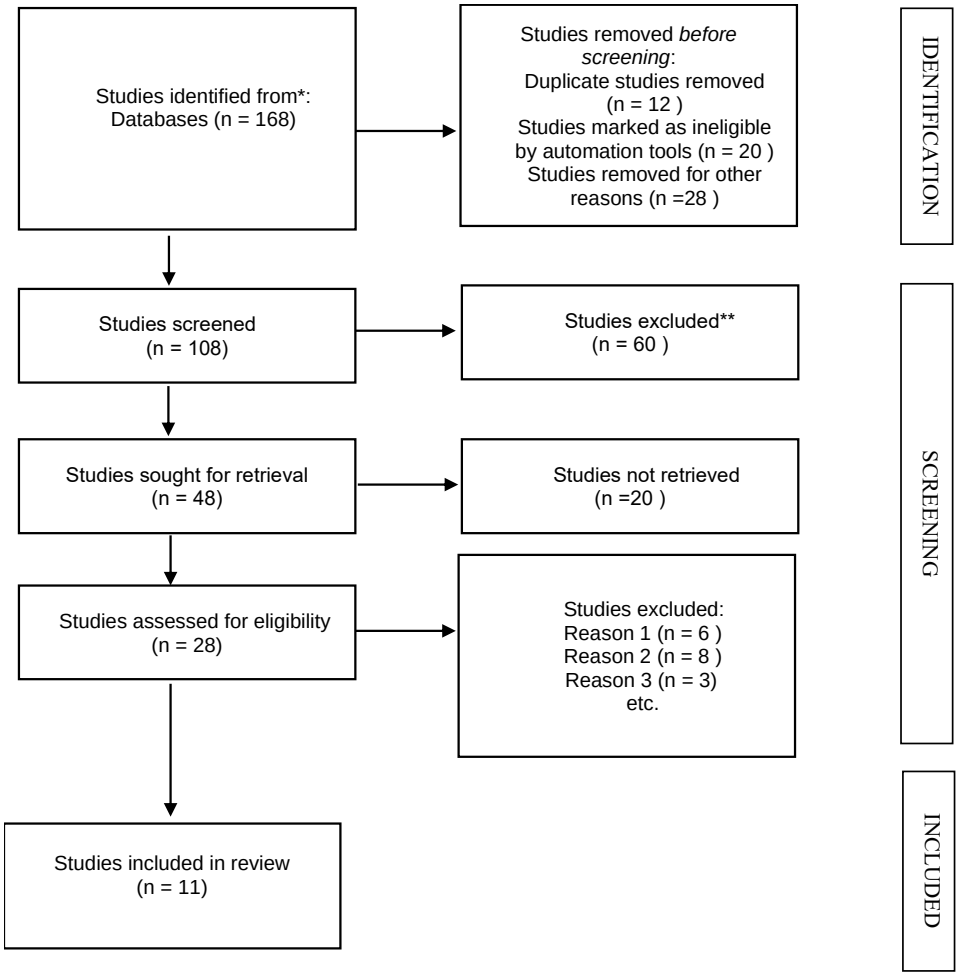


Table 2

List of Studies Included in Meta-Analysis

Authors	Title	Population	Method
Amakwaa L. C. (2003)	Postpartum Depression Among African American Women	12 African American American Women	Qualitative
Authaire et al. (2021)	Lived Experiences of Ugandan Women who had recovered from a clinical diagnosis of postpartum depression	30 Ugandan Women	Qualitative
Babatunde & Leguizamon (2012)	Daily Cultural Issues of Postnatal Depression in African Women Immigrants in Southeast London: Tips for Health Professionals	17 African Women	Qualitative
Dei-Anane et al. (2018)	Perceptions of Ghanaian Migrant Mothers Living in London towards Postnatal Depression during Postnatal Periods	25 Ghanaian Women	Qualitative
Dove et al. (2020)	Pregnant African American Perceptions of Neighborhood, Racial Discrimination, and Psychological Distress as Influences on Birth Outcomes	7 African American Women	Mixed Method
Dwarakanath et al. (2023)	Barriers to Diagnosis of Postpartum Depression among Young Black Mother	25 Black Women	Qualitative
Edge & Rodgers (2005)	Dealing with it: Black Caribbean Women's response to adversity psychological distress associated with pregnancy, childbirth and early motherhood	12 Black Caribbean Women	Qualitative
Edge (2008)	We don't see Black women here: an exploration of the absence of Black Caribbean women from clinical and epidemiological data on perinatal depression in the UK	12 Black Caribbean Women	Qualitative
Gardner et al. (2014)	The experiences of postnatal in West Africa in the United Kingdom: A qualitative Study	6 West African Women	Mixed Method
Giurgescu et al. (2013)	Stressors, Resources, and Stress Responses in Pregnant African American Women: A Mixed –Methods Pilot Study	11 African American Women	Mixed Method
Kathree et al. (2014)	Perceptions of Postnatal depression and healthcare needs in South African sample: the "mental" in maternal health care	10 African American Women	Qualitative

Data Analysis

While preparing for thematic coding, I first re-read the selected research studies and examined the direct quotes and statements regarding the psychosocial stressors discussed by the interviewed women. Next, I used Zotero to organize the collected articles. Then, I uploaded each research study into the Zotero program, manually went through each research study, and highlighted the quotes and statements voiced by the authors and interviewed women.

In Table 3, I noted in parentheses the statements by the authors of what was voiced by the interviewed women. Next, I gathered the quotes and statements from each research study and grouped them into themes of various psychosocial stressors. Then, I grouped each quote and statement under a psychosocial stressor or theme. Each theme listed in Table 3 was mentioned more than once across the 10 selected research studies. If a theme was not mentioned in one of the selected research studies by the interviewed women, then "none of the women experienced this stressor" was marked under the particular theme. Finally, I analyzed each of the themes to identify the commonalities.

In my initial round of coding, I found short quotes and statements that could be grouped under various stressors. To alleviate confusion, I searched for longer quotes and statements to give more clarification of which theme each quote and statement belonged under, as can be seen in Table 3. After my rounds of coding, I identified 70 quotes and statements and exported them into Microsoft Word where I could group them into their appropriate themes. Twenty of the statements and quotes were discarded due to being too

short, unclear, or having a statement or quote that better fit a theme. The themes found are below in Table 3.

Evidence of Trustworthiness

This qualitative meta-analysis only includes peer-reviewed research studies. I ensured each peer-reviewed study had an abstract, introduction, methods, results, discussion, and references. Each of the selected research studies was thoroughly examined to meet inclusion criteria. Walden University IRB has approved the data collection process of this study. My IRB approval number is 08-03-23-0670117.

Results

Psychosocial stressors are contributors to postpartum depression among Black women. Although Black women may experience different psychosocial stressors, there is an importance in understanding what and how psychosocial stressors contribute to postpartum depression among this population. During data collection, I examined each of the research studies through in-depth interviews. I found that racial discrimination, social support, single motherhood, financial instability, health care, and stigma were mentioned more than once across 10 of the selected research studies. Below are the themes found as the result of this qualitative meta-analysis.

Table 3

Themes: Amankwaa, L. C. (2003)

Theme	Data
Racial Discrimination	"If I were not African American and Christian, it wouldn't be so hard, because there are some things that I believe that are so unique to—well, see, that would be a whole, another story." Pg. 309
Social Support	"I just can't do it. So better for me to let that baby cry and hopefully, you know, God help her, because I can't… So finally, I broke, and I sob. And I said, Lord, Lord, Lord, Jesus, Jesus, what is it, why is this happening to me? I can't believe that you let me have three girls, and I am not going to be able to take care of them. Is it something that I have done? I put it in the altar, just please help me" Pg. 304
Single Motherhood	"For me. I had a lot to endure, and I did it alone, I didn't have any help. I didn't have any idea what to next." Pg. 301
Financial Instability	None of the women experienced this stressor.
Health Care	"I never got any help, really, I would just call people that I knew. I had received counselling, marriage counseling prior to birth of my second baby, And I would my – my—she was a psychiatrist. I would call her occasionally during the course of that first year." pg. 306
Stigma	"Okay. But so two things, in African- American culture, the idea of being able to handle your own problems and black women being strong and able to , you know, you do what you need to do and no time to talk about being depressed." Pg. 309

Table 4

Themes: Authaire et al. (2021)

Theme	Data
Racial Discrimination	None of the women mentioned experienced this stressor.
Social Support	"My husband lost his first wife leaving him with five children. I have given him three more children. My in-laws are just full of hate, they complain about me not taking good care of the children and all this just increases my stress and blood pressure". Pg. 4 "Otherwise, I do most of the work like washing, cooking, sweeping, mopping myself and when I feel tired and sometimes fail to eat. Yes, there is when I think that maybe I leave or that I sleep whole day but the baby's clothes need to be washed yet my husband can never support me not even hold the baby as I do the "Pg. 4
Single Motherhood	None of the women mentioned experienced this stressor.
Financial Instability	"I stopped working because I got challenges with my spinal cord. Right now, it is difficult to support myself and my children. My husband does not support us in any way. This driving me crazy." Pg. 4
Health Care	"Unfortunately, I didn't have enough money, instead I decided to get some local treatment by burning the boil at the traditional healer but the wounds from the burns never healed until now." Pg. 4
Stigma	None of the women mentioned experienced this stressor.

Table 5

Themes: Babatunde & Leguizamon (2012)

Theme	Data
Racial Discrimination	None of the women mentioned experienced this stressor.
Social Support	"Ok. For the first one, after I had the baby, I didn't have much help for the first one, and I felt really isolated, and even I had people around, but they were not helping me, I was doing things for them, even though they should have been doing things for me because pregnancy is difficult" Pg. 6
Single Motherhood	"With this baby I felt really depressed because I didn't want to have another child because I raised my other daughter on my own... I didn't want to do it all over again, so all the time I was up and down, some days I feel ok some days I feel really depressed". Pg. 8
Financial Instability	"I'm not that After my first baby I think my depression was caused because after the first child I wanted to get a job and to start working maybe". "Money, yeah, but I'm trying my best, you know, to do all I can do, you know, type of person that I want to wait for my husband to put the money on the table all the time, you know, whatever I think I can do I do get extra money" Pg. 7
Health Care	"but they didn't really give me some of the other information that as a new mother I would have found really useful, without me having to look on the internet or buy a book" "To me, the information given by the health visitor did not help me at all; I had to search the internet myself for answers to some of my questions" Pg. 8 "So the urge to want to speak and say Hey, I actually need help… you know, I'm not coping here, superwomen, you know, I can do this, but you're not. Inside you're not" Pg. 8
Stigma	"I don't know. "Maybe it's my culture, I don't know. It could be cultural. I can't imagine myself going to my mum or my mother-in law. probably I can say to my mum, but I still didn't, I just couldn't imagine saying to somebody, "Oh do you know what? I'm really struggling, I'm really down... "It just sounds odd. It's just not. It's not something that you do, you just. Everybody expects you to get on with it and you get on with it" Pg. 8

Table 6

Themes: Dei-Anane et al. (2018)

Theme	Data
Racial Discrimination	None of the women mentioned experienced this stressor.
Social Support	"Sometimes I watch movies to take my mind from some of these problems when I feel stressed up. You know I'm here all alone without any family members. So my only friend left to console me when I'm depressed is television" Pg. 6
Single Motherhood	"I was depressed before I gave birth. This was caused by husband abandoning us. He thought I will have another girl. I used to cry and I was always sad. Everybody including my midwife and church members knew my problems. My sadness increased when I remember how my husband and I used to care for my two-year old daughter" Pg. 7
Financial Instability	"My situation got worse when I gave birth and couldn't pay rent. My husband who was working and was paying the rent was nowhere to be found. I couldn't get immediate help from council so I only tried eat. I couldn't think right and I was very worried when the landlord came to eject us because we had not paid rent almost two months". Pg. 5
Health Care	"You know when you have the baby; they will come to the house and visit you for one or two times. They will just tell you, oh if you any worry, or you are depressed or if you need any advice just call us. But even if you call them, they will not bother, they won't even help you." Pg. 6
Stigma	none of the women mentioned experiencing this stressor

Table 7

Themes: Dove et al. (2020)

Theme	Data
Racial Discrimination	"Two officers they saw us. And they kind of just pulled up and asked us what we were doing out there... so, he ticketed me. Even after explaining to him that it wasn't my car... I feel really discriminated against." pg. 6-7
Social Support	"I think honesty, honestly, because; they have stuff going on at home. A lot of them don't really say, because it's something personal. I feel that some of them are fighting at home with their significant others." Pg. 8
Single Motherhood	"Tamara stated that there is stress of being a single parent and having certain jobs." Pg. 8. (a statement of what was voiced by one of the interviewees)
Financial Instability	"And there is a lot of stuff going on. And I tried to tell my general manager about it, but it's like she's not doing anything about it really. And I'm like so ready to walk away from this job because it's bad because you know what's going on, you see what's going on you see everything." Pg. 7
Health Care	None of the women mentioned experienced this stressor.
Stigma	None of the women mentioned experienced this stressor.

Table 8

Themes: Dwarakanath et al. (2023)

Theme	Data
Racial Discrimination	"Cuz- I don't know- I didn't want think we -usually, when some moms get depressed they think they're going to hurt your children and stuff like that, so it was just- I'mma be honest, because I'm black I thought that-, if I told them that I'm depressed that they will try to take my daughter from me and I didn't want that risk". Pg. 8.
Social Support	"He honestly didn't even know didn't even know I had post-partum just because I was crying so much by myself in the room. When he did find out I had it, he was more so, and "Why aren't you coming to me and confiding in me?" I just had to pull myself out of it because I just wanted to deal with that myself." Pg. 7
Single Motherhood	"I wasn't thinking about like killing myself or anything like that, but I would just feel down, think about like "am I good enough to be like my son's parent?" like his dad is not around so you know, I was just, I was just thinking about that too much in him having a good life with just having me so that would like put me down a little bit so that's what caused my postpartum." Pg. 7
Financial Instability	None of the women mentioned experienced this stressor.
Health Care	"Actually, because my sister, I had a lot of sibling, My {sister}, ended up doing it. But they like- they ended up putting her in like, what is it called like? Not a psych ward, but like basically where you go and they like it's like whenever you're dealing with depression basically and that's what they did to her I just don't know the name of the hospital or whatever, and they did that to her. Whenever she was writing on the paper with her baby. But that was about 2 years ago. I don't know if they've changed it. But I dealt with CYS my whole life and I'm just afraid of, you know that coming again. I can't deal with that. I'm scared. I'm just scared." Pg. 8
Stigma	"Just the type of person that I am- I-I am talking and working. I'm trying to learn how to be selfish and just tackle and do what I gotta handle and do, because I feel like I get overwhelmed when I'm taking on so much." Pg. 7

Table 9

Themes: Edge & Rodgers (2005)

Theme	Data
Racial Discrimination	"There is a breaking point, you know there is a total, total breaking point, where it is I don't know… I think the threshold for Black women and White women is totally, totally different." Pg. 19
Social Support	"We were in a small place, my husband, the baby and I; so I wanted a bigger place. I went to the council and was put on a waiting list. We had to be in the small place there was no space. I was very frustrated and stressed up." Pg. 6
Single Motherhood	None of the women mentioned experienced this stressor.
Financial Instability	"Everything was piling up on me. I had people ringing me about bills and stuff and I'd say I'll pay you tomorrow." Pg. 18
Health Care	"I don't want to be labelled ... I don't want them to label me, they treat you differently and I think that makes you worse. I think you live with that label." Pg. 21
Stigma	"I think it all relates back down to slavery when we had to be strong for our kids... we had to protect them, had to be strong for them. We couldn't show that we were… actually feeling inside and just basically had to hold the family together. And it's just been installed into the daughters... That you need to be strong , to hold your family together, You can't depend on man,, You need to be strong" Pg. 19 "I do think black people get depression, but I don't think were allowed to have depression. I think it's quite a matriarchal society and therefore you've got to cope. You've got to sort your family out, and so therefore you are not allowed to be depressed" Pg. 19

Table 10

Themes: Edge (2008)

Theme	Data
Racial Discrimination	None of the women mentioned experienced this stressor.
Social Support	"When I had the baby, it was just nappies, you know, cos I hadn't done it for a while --- my eldest is seven so I hadn't it for a long time, so it was nappies and everything. I think I was trying to do everything. And then everybody is {saying} "Have you done this for me? "Have you that for me?" you know it's too much"! Pg. 18
Single Motherhood	None of the women mentioned experienced this stressor.
Financial Instability	None of the women mentioned experienced this stressor.
Health Care	"You need someone who's on the same wavelength as you, who shares the same cultural experiences as you, which sometimes Isn't available… I wouldn't wanna particularly unburden myself to some White women, If I'm honest about it. And that's the bottom line. It's about having someone who you can chat to who understands. Where you're coming from... Pg. 385
Stigma	"I think there's a stigma as well... About failure and not being able to cope. The word "depression"... It's got such negative connotations... so perhaps that actually keeps us from going to ask for help ". Pg. 386 "He [GP] says you're not depressed'. He said "You're doing too much, you're doing far too much" Tis is after the split from [ex-husband. Because... I 'm thinking, "I'm going mad ". He said, you're not depressed". He said, "I will send you for counseling ... so you can talk, but you are not depressed" Pg. 385.

Table 11

Themes: Gardner et al. (2014)

Theme	Data
Racial Discrimination	None of the women mentioned experienced this stressor.
Social Support	"You have to have someone to look after your baby... So who am I going to get to look after [baby]? You know, my family aren't here... She's being breastfed as well." Pg. 385 "I think it is about the stress… and the [lack of] community…" Pg. 758 "Well I have nobody, it's just like you are an island on your own. I have got nobody to help me." Pg. 759
Single Motherhood	None of the women mentioned experienced this stressor.
Financial Instability	"Yeah I know help is at hand… but look at me! This house-I don't have landline. I have phone. I have no credit on that phone. Even if I am in trouble, who am I going to call?" pg. 759 And if you are late or anything, you get easily fired. And now I'm on a D-day (decision -day), so because I was late a couple of times…And then I have my own apartment and it's like I can, I'm at risk of losing everything. Pg. 6.
Health Care	"After you came back from the hospital you have visitors… you have midwife coming… oh that is good! Those are a good period but when everybody stop coming you are on your own. Then the door close and nobody comes again... Oh God… It feels very bad… So it's not nice. We need more support... Even if it is just once a week people come to your house to see you." Pg. 759
Stigma	I didn't just... Open up totally... to them. I wouldn't want to… To know African community and I felt you know... If one person knows about it, 2 people know about… 3 people knows about it… so I just cut off. Um… I know it's just the stigma... it's just you know oh… look at the girl... I think it's just, it's just that I don't want the stigma to just keep following me around." Pg. 760

Table 12

Themes: Giurgescu et al. (2013)

Theme	Data
Racial Discrimination	Both her fiancé and 2 sons have been arrested and then later released their perception was that police accused them unjustly in the basis of their race. Pg.9 (a statement of what was voiced by one of the interviewees) "The officer came and pushed my momma on the ground ... So she broke her rib. Somebody told them. She was raised zoo like a monkey. Like whoa, where did that come from?" pg. 6
Social Support	According to Shaneeka, her mother and sisters do not support her current pregnancy. Her partner is concerned about older sons who physically threaten her. He expressed doubts about how long he could tolerate the situation and reported that his mother disapproved of the relationship. Pg. 9 (a statement of what was voiced by one of the interviewees)
Single Motherhood	None of the women mentioned experienced this stressor.
Financial Instability	"And when you late or anything, you get easily fired. And now I am on D-day [decision-day], so because I was late a couple of times... And then I have my own apartment and it's like I can, I'm at risk of losing everything." pg. 6
Health Care	None of the women mentioned experienced this stressor.
Stigma	None of the women mentioned experienced this stressor.

Table 13

Themes: Kathree et al. (2014)

Theme	Data
Racial Discrimination	None of the women mentioned experienced this stressor.
Social Support	"When I report this matter to my family they would tell that he is my husband and he has paid the dowry therefore there is nothing they could do. I have told myself that I am all alone in this matter. There is no one who cares about me." Pg. 6
Single Motherhood	"Yes one thing that pains me the most is that the father of my child never comes to check on us. That's what I am always worried about. "He does make phone calls saying he would come over for the weekend, but he never does that. I would tell him about some of the child's needs that are lacking and he will ask me why I can't provide for the child's need with Zuma money; he will be referring to the grant money. Ever since the child was born he has never done anything for now." Pg. 5
Financial Instability	"If I could get a job and also continue with my studies, If I could make sure my children, mother and my siblings live a better life, where there is nothing to bring me pain; when there is no day in which we go to bed without having eaten. That's when I feel my life has really improved." pg. 4
Health Care	"I wonder, I think they can try to offer some little help but, I think someone who has had an experience of suffering from depression should be the leader of a support group." Pg. 7
Stigma	None of the women mentioned experienced this stressor.

Theme 1: Racial Discrimination

Racial discrimination is experienced by many pregnant Black women daily. In the interviews mentioned below, some women expressed that life would not be so challenging if it wasn't for being black. Some of the other interviewed women were afraid to ask for help due to being black and acknowledged the difference between being a White woman versus a Black woman. There were also mentions from the interviewed women of their family members experiencing racial discrimination by police officers and health care clinicians. Feeling discriminated against and not having equal opportunities, especially after having a child, can contribute to postpartum depression.

"If I were not African American and Christian, it wouldn't be so hard because there are some things that I believe that are so unique to—well, see, that would be a whole, another story" (Amankwaa, L. C., 2003, p. 309).

> "Cuz- I don't know- I didn't want them to think we…usually, when some moms get depressed they think they're going to hurt your children and stuff like that, so it was just- I'mma be honest, because I'am black I thought that-, if I told them that I'm depressed that they will try to take my daughter from me and I didn't want that risk" (Dwarakanath et al., 2023, p. 8).

"Two officers they saw us. And they kind of just pulled up and asked us what we were doing out there... so, he ticketed me even after explaining to him that it wasn't my car. I feel really discriminated against" (Dove et al., 2020, p. 6-7).

"There is a breaking point, you know there is a total, total breaking point, where it is I don't know… I think the threshold for black women and white women is totally, totally different" (Edge & Rodgers, 2005, p. 19).

Both her fiancé and 2 sons have been arrested and then later released. Their perception was that police accused them unjustly based on their race (Giurgescu et al., 2013, p. 6; a statement of what was voiced by one of the interviewees).

"The officer came and pushed my momma on the ground...So she broke her rib. Somebody told them…, she was raised in the zoo like a monkey. Like whoa, where did that come from." (Giurgescu et al., 2013)

Theme 2: Social Support

Social Support is one element that is needed throughout pregnancy. Social support consists of a network of individuals such as peers, family, and friends that provide an emotional support system. Many of the interviewed women mentioned not feeling supported, feeling alone, not receiving the right type of support, feeling lost, and not

knowing how they are going to take care of themselves and their children. The lack of support from the proper network can contribute to postpartum depression and lead to negative impacts.

"I just cant do it. So better for me to let that baby cry and hopefully, you know, God help her, because I can't… So finally, I broke, and I sobbed. And I said, Lord, Lord, Lord, Jesus, Jesus, what is it, why is this happening to me? I can't believe that you let me have three girls, and I am not going to be able to take care of them. Is it something that I have done? I put it in the altar, just please help me" (Amankwaa, L. C.,2003, p. 304).

"My husband lost his first wife leaving him with five children. I have given him three more children. My in-laws are just full of hate, they complain about me not taking good care of the children and all this just increases my stress and blood pressure" (Authaire et al., 2021, p. 4).

> "Otherwise, I do most of the work like washing, cooking, sweeping, mopping myself and when I feel tired and sometimes fail to eat. Yes, there is when I think that maybe I leave or that I sleep whole day, but the baby's clothes need to be washed yet my husband can never support me not even hold the baby as I do" (Authaire et al., 2021, p. 4).
>
> "Ok. For the first one, after I had the baby, I didn't have much help for the first one, and I felt really isolated, and even I had people around, but they were not helping me, I was doing things for them, even though they should have been doing things for me because pregnancy is difficult" (Babatunde & Leguizamon, 2012, p. 6)

> "He honestly didn't even know didn't even know I had post-partum just because I was crying so much by myself in the room. When he did find out I had it, he was more so, "Why aren't you coming to me and confiding in me?" I just had to pull myself out of it because I just wanted to deal with that myself" (Dwarakanath et al., 2023, p. 7).

"I think honesty, honestly, because; they have stuff going on at home. A lot of them don't really say, because it's something personal. I feel that some of them are fighting at home with their significant others" (Dove et al., 2020, p. 8).

> "When I had the baby, it was just nappies, you know, cause I hadn't done it for a while ---my eldest is seven so I hadn't done it for a long time, so it was nappies and everything. I think I was trying to do everything. And then everybody is [saying] "Have you done this for me? "Have you done that for me?" You know it's too much! (Edge & Rodgers, 2005, p. 18)

"You have to have someone to look after your baby. so, who am I going to get to look after [baby]? You know, my family isn't here... she's being breastfed as well" (Edge, 2008, p. 385).

> "Sometimes I watch movies to take my mind from some of these problems when I feel stressed. You know I'm here all alone without any family members. So, my only friend left to console me when I'm depressed is television" (Dei-Anane et al., 2018, p. 6).

"We were in a small place, my husband, the baby and I; so I wanted a bigger place. I went to the council and was put on a waiting list. We had to be in the small place there was no space. I was very frustrated and stressed up" (Dei-Anane et al., 2018, p. 6).

"I think it is about the stress… and the [lack of] community" (Gardner et al., 2014, p. 758).

"Well, I have nobody, it's just like you are on an island on your own. I have got nobody to help me"(Gardner et al., 2014, p. 759).

According to Shaneeka, her mother and sisters do not support her current pregnancy. Her partner is concerned about older sons who physically threaten her. He expressed doubts about how long he could tolerate the situation and reported that his mother disapproved of the relationship (Giurgescu et al., 2013, p. 9).

> "When I report this matter to my family, they would tell that he is my husband and he has paid the dowry therefore there is nothing they could do. I have told myself that I am all alone in this matter. There is no one who cares about me" (Kathree et al., 2014, p. 6).

Theme 3: Single Motherhood

Single motherhood impacts many Black women and can contribute to postpartum depression. The interviewed women mentioned feeling suicidal, unworthy, fearful of having a child, and fearful of being left alone to care for a child without any help. Other women expressed feeling exhausted with taking care of daily tasks such as washing, cleaning, and caring for their children and not having time for self-care such as sleeping. To endure means to experience something and not give up, typically because you cannot

(Hofweber & Velleman 2011). The interviewed women mentioned having to endure the struggle of single motherhood and being depressed due to a lack of support from their spouse.

"For me. I had a lot to endure, and I did it alone, I didn't have any help. I didn't have any idea what to next" (Amankwaa, L. C., 2003, p. 301).

> "With this baby I felt really depressed because I didn't want to have another child because I raised my other daughter on my own. I didn't want to do it all over again, so all the time I was up and down, some days I feel ok some days I feel really depressed" (Babatunde & Leguizamon, 2012, p. 8).
>
> "I wasn't thinking about like killing myself or anything like that, but I would just feel down, think about like "am I good enough to be like my son's parent?" like his dad is not around so you know, I was just, I was just thinking about that too much in him having a good life with just having me so that would like put me down a little bit so that's what caused my postpartum" (Dwarakanath et al., 2023, p. 7).

Tamara stated that there is stress of being a single parent and having certain jobs (Dove et al., 2020, p. 8).

> "I was depressed before I gave birth. This was caused by husband abandoning us. He thought I will have another girl. I used to cry and I was always sad. Everybody including my midwife and church members knew my problems. My sadness increased when I remember how my husband and I used to care for my two-year old daughter"(Edith et al., 2018, p. 7).

> "Yes, one thing that pains me the most is that the father of my child never comes to check on us. That's what I am always worried about. He does make phone calls saying he would come over for the weekend, but he never does that. I would tell him about some of the childs needs that are lacking and he will ask me why I can't provide for the childs need with Zuma money; he will be referring to the grant money. Ever since the child was born, he has never done anything for now" (Kathree et al., 2014, p. 5).

Theme 4: Financial Instability

Financial stability was mentioned among the interviewed women as necessary for health, housing, school, and paying bills. However, finding a job and being physically and mentally able to sustain a job is challenging, as some of the interviewed women voiced. Many women voiced that having a stable income is needed to support themselves and their families. The fear of losing everything and not being able to care for themselves and family can contribute to the development of postpartum depression.

"I stopped working because I got challenges with my spinal cord. Right now, it is difficult to support myself and my children. My husband does not support us in any way. This driving me crazy" (Authaire et al., 2021, p. 4).

> "I'm not that after my first baby I think my depression was caused by because after the first child I wanted to get a job and to start working maybe…Money, yeah, but I'm trying my best, you know, to do all I can do, you know, type of person that I want to wait for my husband to put the money on the table all the

time, you know, whatever I think I can do I do get extra money" (Babatunde & Leguizamon, 2012, p. 7).

"And there is a lot of stuff going on. And I tried to tell my general manager about it, but its like she's not doing anything about it really. And I'm like so ready to walk away from this job because its bad because you know what's going on, you see what's going on you see everything" (Dove et al., 2020, p. 7).

"Everything was piling up on me. I had people ringing me about bills and stuff and I'd say I'll pay you tomorrow" (Edge & Rodgers, 2005, p. 18).

"My situation got worse when I gave birth and couldn't pay rent. My husband who was working and was paying the rent was nowhere to be found. I couldn't get immediate help from council, so I only tried eat. I couldn't think right and I was very worried when the landlord came to eject us because we had not paid rent almost two months" (Edith et al., 2018, p. 5)

"Yeah I know help is at hand…but look at me! This house-I don't have landline. I have phone. I have no credit on that phone. Even if I am in trouble, who am I going to call" (Gardner et al. ,2014, p. 759).

"And if you are late or anything, you get easily fired. And now I'm on a d-day (decision -day), so because I was late a couple of times…And then I have my own apartment and its like I can, I'm at risk of losing everything" (Giurgescu et al., 2013, p. 6).

"If I could get a job and also continue with my studies, If I could make sure my children, mother and my siblings live a better life, where there is nothing to bring

> me pain; when there is no day in which we go to bed without having eaten. That's when I feel my life has really improved" (Kathree et al., 2014, p. 4).

Theme 5: Health Care

When the interviewed women mentioned health care, the terms of misunderstood, dismissed, lack of being informed, not having enough money, and fearful came about. The women expressed not receiving the help needed and feeling unsafe sharing that they feel depressed with healthcare providers due to the possibility of losing their children. Other women expressed how meeting with a health care provider did not help and were reluctant to share their experiences with a culturally incompetent provider. Seeking care is one essential part of healing postpartum depression. However, the interviewed mentioned several barriers that have hindered them from receiving health care or adequate health such as lack of information which may contribute to postpartum depression.

> "I never got any help I would just call people that I knew. I had received counseling, marriage counseling prior to the birth of my second baby, And I would my –my—she was a psychiatrist. I would call her occasionally during the course of that first year" (Amankwaa, L. C., 2003, p. 306).

> "Unfortunately, I didn't have enough money, instead I decided to get some local treatment by burning the boil at the traditional healer but the wounds from the burns never healed until now" (Authaire et al., 2021, p. 4).

> But they didn't really give me some of the other information that as a new mother I would have found really useful, without me having to look on the internet or buy

> a book“ “To me, the information given by the health visitor did not help me at all; I had to search the internet myself for answers to some of my questions (Babatunde & Leguizamon , 2012, p. 8).

“So the urge to want to speak and say Hey, I actually need help… you know, I’m not coping here, superwomen, you know, I can do this, but you’re not. Inside you’re not“ (Babatunde & Leguizamon , 2012, pg. 8).

> Actually, because my sister, I had a lot of siblings, My {sister}, ended up doing it. but they like- they ended up putting her in like, what is it called like? Not a psych ward, but like basically where you go and they like it’s like whenever you’re dealing with depression basically and that’s what they did to her I just don’t know the name of the hospital or whatever, and they did that to her. Whenever she was writing on the paper with her baby. But that was about 2 years ago. I don’t know if they’ve changed it. But I dealt with CYS my whole life and I’m just afraid of, you know that coming again. I can’t deal with that. I’m scared. I’m just scared. (Dwarakanath et al., 2023, p. 8).

“I don’t want to be labelled. I don’t want them to label me, they treat you differently and I think that makes you worse. I think you live with that label” (Edge & Rodgers, 2005, p. 21).

> “You need someone who’s on the same wavelength as you, who shares the same cultural experiences as you, which sometimes I’snt available… I wouldn’t wanna particularly unburden myself to some White women If I’m honest about it. And

> that's the bottom line. It's about having someone who you can chat to who understands. where you're coming from" (Edge, 2008, p. 385).
>
> "You know when you have the baby; they will come to the house and visit you for one or two times. They will just tell you, oh if you any worry, or you are depressed or if you need any advice just call us. But even if you call them, they will not bother, they wont even help you"(Edith et al., 2018, p. 6).
>
> "After you came back from the hospital you have visitors… you have midwife coming…oh that is good! Those are a good period but when everybody stop coming you are on your own. Then the door close and nobody comes again.. Oh God… It feels very bad… So its not nice. We need more support... Even if it is just once a week people come to your house to see you" (Gardner et al., 2014, p. 759).

"I wonder, I think they can try to offer some little help but, I think someone who has had an experience of suffering from depression should be the leader of a support group" (Kathree et al., 2014, p. 7).

Theme 6: Stigma

There was stigma voiced by many of the interviewed women. The stigma is that Black women do not seek help due to culture. The women explained that culturally many Black women endure and do not ask for help due to being strong. Many Black women spoke about believing in depression, however, not feeling able to be depressed. The fear of not being able to seek assistance or even neglecting the feelings of depression due to stigma can contribute to postpartum depression.

"Okay. But so two things, in African-American culture, the idea of being able to handle your own problems and black women being strong and able to, you know, you do what you need to do and no time to talk about being depressed" (Amankwaa, L. C., 2003, p. 309).

"I don't know. "Maybe it's my culture, I don't know. It could be cultural. I cant imagine myself going to my mum or my mother-in law... probably I can say to my mum, but I still didn't, I just couldn't imagine saying to somebody, 'Oh, do you know what? I'm really struggling, I'm really down... it just sounds odd. It's just not. It's not something that you do, you just. Everybody expects you to get on with it and you get on with it" (Babatunde & Leguizamon, 2012, p 8).

"Just the type of person that I am- I-I am talking and working. I'm trying to learn how to be selfish and just tackle and do what I gotta handle and do, because I feel like I get overwhelmed when I'm taking on so much" (Babatunde & Leguizamon, 2012, pg. 8).

"I think it all relates back down to slavery when we had to be strong for our kids. We had to protect them, had to be strong for them. We couldn't show that we were… actually feeling inside and just basically had to hold the family together. And it's just been installed into the daughters ... That you need to be strong, to hold your family together, You can't depend on on man, You need to be strong" (Edge & Rodgers, 2005, p. 19). .

"I do think Black people get depression, but I don't think were allowed to have depression. I think its quite a matriarchal society and therefore you've got to cope.

> You've got to sort your family out, and so therefore you are not allowed to be depressed" (Edge & Rodgers, 2005, p. 19).

"I think there's a stigma as well about failure and not being able to cope. The word "depression". It's got such negative connotations. so perhaps that actually keeps us from going to ask for help" (Edge ,2008, p. 386).

> "He [GP] says you're not depressed'. He said " you're doing too much, you're doing far too much" Tis is after the split from [ex husband] . Because.. I 'm thinking, "I'm going mad ". He said, you're not depressed". He said, " I will send you for counseling .. so you can talk, but you are not depressed"(Edge, 2008, p. 385).

> "I didn't just.. open up totally.. to them. I wouldn't want to…you know African community and I felt you know. If one person knows about it, 2 people know about… 3 people knows about it… so I just cut off. Um… I know it's just the stigma.. its just you know oh… look at the girl. I think its just, it's just that I don't want the stigma to just keep following me around" (Gardner et al.,2014, p. 760).

Summary

Overall, there is a lack of understanding of what psychosocial stressors contribute to PPD among Black women. The themes presented above in Tables 3 through 13 assisted in contributing to the understanding of psychosocial stressors among Black women with PPD. Racial discrimination, social support, single motherhood, financial instability, lack of health care, and stigma were the common themes identified in this qualitative meta-analysis. Although all the women did not experience each stressor, each

of these stressors was acknowledged more than once by the interviewed women across the 10 selected research studies. In this chapter, I discussed the setting, demographics, data collection, data analysis, evidence of trustworthiness, and findings. In Chapter 5, I described the Interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Many Black women with PPD are suffering in silence due to the lack of understanding of psychosocial stressors. Over 44% of Black women have experienced PPD; however, few reported Black women have sought mental health services or have been properly diagnosed with PPD (Dagher et al., 2021). Due to there being limited but existing literature on psychosocial stressors and Black women with PPD, I was able to exhaust the literature and examine the perceptions of Black women who experienced PPD due to psychosocial stressors through in-depth interviews.

The purpose of this qualitative meta-analysis was to examine psychosocial stressors among Black women with PPD and identify common themes through existing literature. The data provided by this study may contribute to the understanding of psychosocial stressors that contribute to PPD in Black women. The data may also raise awareness regarding the impacts of psychosocial stressors and PPD among this population.

Data were collected through secondary data analysis to answer the research question exploring what psychosocial stressors contribute to PPD among Black women. The data analysis conducted from the interviews produced themes of racial discrimination, social support, single motherhood, financial instability, health care, and stigma. Under each of the themes, the perceptions of Black women who suffer from PPD and have experienced these stressors were documented. In Chapter 5, I present the

interpretations of the findings, limitations of the study, recommendations, implications, and conclusions.

Interpretation of the Findings

The findings within the literature revealed multiple stressors that contributed to PPD among Black women. It is important to note that despite race, a lot of women may not experience the same psychosocial stressors that contribute to their PPD (Adebayo et al., 2022). The documented themes that were mentioned more than once by the interviewed women across the selected 10 articles were racial discrimination, social support, single motherhood, financial instability, mental health care, and stigma (Delve, 2022). The findings from the literature informed the results of this meta-analysis. The findings in the meta-analysis differed from the literature due to the incorporation of all psychosocial stressors mentioned more than once across the literature. Whereas in each research study, I was only able to identify one to two psychosocial stressors that contribute to PPD among Black women, I identified six common themes in my study across 10 selected articles and was able to gather in-depth interviews from the selected studies on the psychosocial stressors experienced by Black women with PPD. The results of this qualitative meta-analysis showed that psychosocial stressors are contributors to the rise of PPD among Black women.

Theme 1: Racial Discrimination

Racial discrimination is noted as one of the stressors experienced across multiple research studies in Black women with PPD. Racial discrimination was found to be one of the prevalent stressors in existing literature among the Black women community that has

created a divide within society. Black women with PPD have expressed experiencing racial discrimination within areas within support systems such as health care, which has contributed to stigma within the African community.

One interviewee within the meta-analysis mentioned that life would not be so difficult if she was not black. Another interviewee mentioned not trusting the health care system and being afraid of having her child taken away due to being a black woman. Another one mentioned noticing the difference in the threshold of being a black woman versus a white woman. Racial discrimination is again a prevalent stressor that contributes to psychosocial stressors among Black women with PPD. My findings were consistent with the literature regarding how racial discrimination has hindered many Black women with PPD from seeking mental, medical, and overall social support.

Theme 2: Social Support

Social support is defined as having support from family, spouse, friends, and health care systems. Social support has been found to be a necessity, especially for pregnant women. Many Black women do not have the best support system, which leads to higher stress levels (Babatunde & Leguizamon, 2012). Many Black women with PPD must figure out how to balance self-care, work, household duties, and childcare without any support. One of the interviewees from the meta-analysis expressed that she did not have social support from family members and had to do everything herself. Another interviewee mentioned being highly stressed and having a lack of community support. The lack of social support among pregnant women can increase feelings of loneliness,

sadness, and the risk of depression (Giurgescu et al., 2015). My findings were consistent with what other researchers have found within previous literature.

Theme 3: Single Motherhood

Single motherhood among Black women with PPD is a multilayered situation that combines tenacity and challenges. However, there are poor conditions that lead to negative aspects of single motherhood, for example, lack of support, low income, unemployment, and culture, which serve as presumptive measures (Chen, 2017). Many single households are led primarily by women. Single parenting among many Black women with PPD is occurring more frequently, as well as the negative stigma surrounding single parenting (Authaire et al., 2021). A commonality among the interviewees regarding being a single mother was not having any social support and fearing not being able to take care of their kids and themselves efficiently. Although there are different stressors experienced by single Black mothers with PPD, there is a need for a support system that does not judge based on stigma but assists, uplifts, and encourages growth. In this qualitative meta-analysis, my findings were consistent with the literature regarding the need to increase social support efforts within society.

Theme 4: Financial Stability

Financial stability is a prominent stressor in the lives of many Black women suffering from PPD. In Booth (2000), the participant group consisted of 111 Black women aged between 18 to 44 who showed constantly a significantly high level of stress, specifically financial worries. The participants disclosed core personal financial issues, such as bill payments, borrowing, savings, and mortgage costs. Also, two kinds of

support such as practice and financial know-how as important sources arose during hard times. In this qualitative metanalysis, many of the interviewees mentioned not being able to work, maintain employment, or have low-paying jobs which inhibits them from being able to pay bills and support the household. My findings were consistent with the literature due to the need for an increase in support for single Black women with PPD who are unable to provide for themselves and their families financially.

Theme 5: Health Care

The lack of health care is a stressor that contributes to PPD among many Black women. Disproportions in accessibility to culturally equipped health care are a fact of life among many Black women with PPD (Giscombé & Lobel, 2005). The recommendations for women who suffer from PPD is to seek counseling and to receive antidepressants if applicable (Giscombé & Lobel, 2005). However, Many Black women suffering from PPD are less likely to seek or receive treatment due to stigma and fear of the healthcare system (Bauman et. al., 2018).

A few of the interviewees from this qualitative meta-analysis mentioned not trusting the healthcare system and being afraid that their children would be taken away from them. Some of the other women expressed not being able to financially afford healthcare or connect with someone who understands their background culturally. There is a barrier of fear that has been established between the Black community and the healthcare system. This barrier may lead to many Black women with PPD not reaching for assistance and the continuance of the rise of PPD among this population. My findings were consistent with the literature due to their being an overwhelming need for culturally

competent providers who are willing to assist in dissolving the barrier of fear surrounding the health system among Black women with PPD.

Theme 6: Stigma

There are serious implications regarding stigma on the acceptance of treatment among Black women with PPD. Garfield and Watson-Singleton (2021) explain that Black women with PPD tend to turn more to spiritual counseling due to the fears surrounded by stigma. Some of the reasons why Black women and Caucasian women have different acceptance of treatments could be explained by stigma; however, the phenomenon does not fully explain this gap (Amankwaa, 2005).

In this qualitative meta-analysis, some of the interviewees discussed believing in depression but feeling as if they must be strong and cannot be depressed. Another interviewee discussed not wanting everyone, such as family, to know about her being depressed and fearing that stigma may follow her around. This research not only helps to discover more about why effective treatment for PPD has not been readily available for Black women with PPD, but it is of extreme importance in the decision-making process for the development of strategies to improve access. The existing literature is consistent with my findings due to the amount of stigma that hinders many Black women with PPD from seeking assistance. Stigma promotes an unhealthy lifestyle of facing mental illness without support.

Limitations of the Study

Although the literature was exhausted for this qualitative meta-analysis, there are still some limitations. One limitation is that the study only explored countries such as the

United States of America, Africa, and the United Kingdom. A broader search may expand on the amount of literature that contributes to this topic. Another limitation is the explorations of the women within the black community that were searched such as African American women, Black Caribbean women, and Nigerian women. Although they are all considered to be African or Black women, there are various names that they are called depending on their location (Daley, 2020). Moreover, the past periods may also uncover the stressors experienced by Black women with PPD.

Recommendations

Many Black women suffering from PPD due to psychosocial stressors need specialized, cultural, and contextualized care. Such programs should be tailored to fit cultural differences, include specific language options, especially for non-English speakers, and consider the socio-cultural context of the location. It is also crucial to offer the kind of assistance that caters to the psychosocial stressors among Black women in this critical postpartum time frame. Moreover, emphasizing family engagement, instigating close-knit community networks and support circles, and collaborating with local childcare services are beneficial for Black mothers after childbirth to build social support networks (Mehra, 2020). This can be manifested by developing an extensive network of different types of connections to mothers who will provide, at least in some way, emotional, practical, and informational assistance. This will ultimately be beneficial to them since they will be made more buoyant and resilient. In addition to this, stakeholders should lobby against the stigmatization and racial discrimination against Black women, use integrated care models, prioritize financial literacy, and assist them in taking care of

themselves to effectively deal with this critical maternal health challenge. A deeper exploration of the psychosocial stressors among Black women with PPD universally and across decades would further contribute to research.

The COVID-19 pandemic has also led to the worsening of anxiety and the rise of PPD in Black women (Wheeler & Giurgescu, 2021). Pregnant Black women were more likely to be infected and to die of COVID-19 than any other ethnicity (Wheeler & Giurgescu, 2021). During the pandemic, Black women were not able to access postpartum care and faced systematic racism (Dwarakanath et al., 2023). The lack of care during the postpartum period caused increased emergency visits, disproportionate hospitalizations, and misdiagnosed PPD (Dwarakanath et al., 2023). There is a need for further research regarding the impacts of COVID-19 among Black women with PPD.

There is also a clinical difference between the presentation of PPD among Black women than White women (House et al., 2020). The PPD screening tools that are used by physicians are primarily based on White women which leads to the misdiagnosis in Black women with PPD (House et al., 2020). The standard clinical symptoms for PPD in White women are excessive crying, eating too much or too little, and feeling disconnected (Bodnar-Deren et al., 2017). However, the PPD symptoms in Black women may present as fatigue, high blood pressure, insomnia, and body pain (Bodnar-Deren et al., 2017). Due to cultural differences, there should be culturally competent instruments developed to detect PPD and to assist in proper diagnosis among Black women. Further, research regarding the clinical differences in the presentation of PPD among Black women versus White women is warranted.

Implications

Specialized interventions are needed to address psychosocial stressors among Black women with PPD. Specialized interventions are absent and are needed to reemphasize the critical role of specific programs that must be provided during this vulnerable time (Black et al., 2015). In addition, cultural issues are highly relevant and should be regarded along with distinct features, terminology, and community settings in the design of treatment coordinators. Although some methods encourage optimism regarding research there are holes in the picture that ought to be considered to determine the successful ones. Public health advocacy is equally important in the development of complete support systems in the areas of mental health, single motherhood, social support, racial discrimination, fiscal education, financial support, and stigma alleviation for Black women who suffer from PPD due to psychosocial stressors and for those who are at risk.

Conclusion

In conclusion, apart from the inadequate number of ethnic-specific programs, the critical role of culturally specific services during the postpartum stage is needed. Culturally specific services are especially important for Black women experiencing PPD due to psychosocial stressors due to the lack of trust in the healthcare system and stigma. Research indicates that Black women have a higher chance of developing PPD, compared to other races (Dagher et al., 2021). The need for change, as well as an increase in awareness among society and within this community, is needed. Therefore, this study

contributes immensely to the general body of knowledge concerning the unique difficulties of Black women suffering from PPD due to psychosocial stressors.

Overall, by acknowledging the intricate web among social factors of health and psychological conditions, the development of specific programs can lead to early identification of the root cause of PPD among Black women. Furthermore, support from social circles, health care, support for single mothers, racial equality, financial stability, and the combating of stigma will help to decrease the impact of psychosocial stressors among Black women with PPD. More distinctive research is needed to know the most influential measures.

References

Akinade, T., Kheyfets, A., Piverger, N., Layne, T. M., Howell, E. A., & Janevic, T. (2023). The influence of racial-ethnic discrimination on women's health care outcomes: A mixed methods systematic review. *Social Science & Medicine, 316*, 114983. https://doi.org/10.1016/j.socscimed.2022.114983

Adebayo, C. T., Parcell, E. S., Mkandawire-Valhmu, L., & Olukotun, O. (2022). African American Women's maternal healthcare experiences: A critical race theory perspective. *Health Communication, 37*(9), 1135–1146. https://doi.org/10.1080/10410236.2021.1888453

Amankwaa, L. C. (2003). Postpartum depression among African-American women. *Issues in mental health nursing*, *24*(3), 297–316. https://doi.org/10.1080/01612840305283

Amankwaa, L. C. (2005). Maternal postpartum role collapse as a theory of postpartum depression. *The Qualitative Report*, *10*(1), 21-38. Retrieved February 2, 2022, from http://www.nova.edu/ssss/QR/QR10-1/amankwaa.pdf

American Psychological Association. (2017). Ethnic and racial minorities & socioeconomic status. *American Psychological Association*. Retrieved March 10, 2023, from: https://www.apa.org/pi/ses/resources/publications/minorities

American Psychological Association. (2023). Publication manual of the American Psychological Association. *American Psychological Association, 428*. Retrieved March 6, 2023, from: https://apastyle.apa.org/products/publication-manual-7th-edition

Atuhaire, C., Rukundo, G. Z., Brennaman, L., Cumber, S. N., & Nambozi, G. (2021). Lived experiences of Ugandan women who had recovered from a clinical diagnosis of postpartum depression: a phenomenological study. *BMC pregnancy and childbirth*, *21*(1), 826. https://doi.org/10.1186/s12884-021-04287-2

Babatunde, T., & Moreno-Leguizamon, C. J. (2012). Daily and cultural issues of postnatal depression in African women immigrants in South East London: tips for health professionals. Nursing Research and Practice, 2012. doi:10.1155/2012/18164

Bauman, B., Ko, J., Cox, S., D'Angelo, D., Warner, L., Folger, S., Tevendale, H., Coy, K., Harrison, L., Barfield, W., (2018). Vital signs: postpartum depressive symptoms and provider discussions about perinatal depression — United States, 2018. *MMWR Morb Mortal Wkly Rep 2020*; *69*, 575–581. http://dx.doi.org/10.15585/mmwr.mm6919a2external icon

Black, L. L., Johnson, R., & VanHoose, L. (2015). The relationship between perceived racism/discrimination and health among black American women: A review of the literature from 2003 to 2013. *Journal of Racial and Ethnic Health Disparities, 2*, 11–20. https://doi.org/10.1007/s40615-014-0043-1

Blakey, J. M., & Glaude, M. W. (2021). Complex trauma among African American mothers in child protective services. *Traumatology*, *27*(2), 215. http://dx.doi.org/10.1037/trm0000288

Bandura, A., Freeman, W. H., & Lightsey, R. (1999). Self-efficacy: The exercise of control. 158-166 *Journal of Cognitive Psychotherapy*

Vol 13 Issue 2 doi: 10.1891/0889-8391.13.2.158

Bodnar-Deren, S., Benn, E. K. T., Balbierz, A., & Howell, E. A. (2017). Stigma and postpartum depression treatment acceptability among black and white women in the first six-months postpartum. *Maternal and child health journal, 21*, 1457-1468. https://doi.org/10.1007/s10995-017-2263-6

Booth, A. (2006). Clear and present questions: formulating questions for evidence-based practice. *Library Hi Tech*, *24*(3), 355–368. https://doi.org/10.1108/07378830610692127

Cannon, C., & Nasrallah, H. A. (2019). A focus on postpartum depression among African American women: A literature review. *Annals of clinical psychiatry : official journal of the American Academy of Clinical Psychiatrists*, *31*(2), 138–143 PMID: 31046035.

Ceballos, M., Wallace, G., & Goodwin, G. (2017). Postpartum depression among African-American and Latina mothers living in small cities, towns, and rural communities. *Journal of racial and ethnic health disparities*, *4*, 916-927. doi:10.1007/s40615-016-0295-z

Chatters, L. M., Taylor, R. J., Jackson, J. S., & Lincoln, K. D. (2008). Religious coping among African Americans, Caribbean Blacks, and Non-Hispanic Whites. *Journal of Community Psychology 36*(3), 371–386. https://doi.org/10.1002/jcop.20202

Chen, C. (2017). Science mapping: a systematic review of the literature. *Journal of data information science*, *2*(2), 1–40. https://doi.org/10.1515/jdis-2017-0006

Coser, A. D., Kominsky, T. K., & Garrett, B. A. (2022). Postpartum Depression in a

Community Sample of American Indian Mothers. *Journal of Clinical Psychology in Medical Settings, 30*(2), 310-317. https://doi.org/10.1007/s10880-022-09912-6

Cooper, L. A., Gonzales, J. J., Gallo, J. J., Rost, K. M., Meredith, L. S., Rubenstein, L.., . & V Ford, D. E. (2003). The acceptability of treatment for depression among African-American, Hispanic, and white primary care patients. *Medical care*, *41*(4), 479–489. doi: 10.1097/01.MLR.0000053228.58042.E4

Crowther, M., Lim, W., & Crowther, M. A. (2010). Systematic review and meta-analysis methodology. *Blood*, *116*(17), 3140–3146. https://doi.org/10.1182/blood-2010-05-280883

Daley, P. (2020). Lives lived differently: Geography and the study of black women. *Area*, *52*(4), 794-800. doi: 10.1111/area.12655

Dagher, R. K., Bruckheim, H. E., Colpe, L. J., Edwards, E., & White, D. B. (2021). Perinatal depression: Challenges and opportunities. *Journal of Women's Health, 30*(2), 154-159. https://doi.org/10.1089/jwh.2020.8862

DeFreitas, S. C., Crone, T., DeLeon, M., & Ajayi, A. (2018). Perceived and personal mental health stigma in Latino and African American college students. *Frontiers in Public Health, 6*(49). https://doi.org/10.3389/fpubh.2018.00049

Dei-Anane, E., Poku, A. A., Boateng, S., Poku, K. O., Amankwa, E., & Adasa, A. N. (2018). Perceptions of Ghanaian Migrant Mothers Living in London towards Postnatal Depression during Postnatal Periods. *American Journal of Geographical Research and Reviews, 1*(7). doi:10.28933/AJGRR

Delve. (2022). *How to do thematic analysis*. Delve.

https://delvetool.com/blog/thematicanalysis

Dolbier, C. L., Rush, T. E., Sahadeo, L. S., Shaffer, M. L., Thorp, J., & Community Child Health Network Investigators. (2013). Relationships of race and socioeconomic status to postpartum depressive symptoms in rural African American and non-Hispanic white women. *Maternal and Child Health Journal, 17*, 1277-1287 doi: 10.1007/s10995-012-1123-7

Dominguez, T. P., Schetter, C. D., Mancuso, R., Rini, C. M., & Hobel, C. (2005). Stress in African American pregnancies: testing the roles of various stress concepts in the prediction of birth outcomes. *Annals of Behavioral Medicine, 29*(1), 12–21. https://doi.org/10.1207/s15324796abm2901_3

Dove-Medows, E., Deriemacker, A., Dailey, R., Nolan, T. S., Walker, D. S., Misra, D. P., & Giurgescu, C. (2020). Pregnant African American women's perceptions of neighborhood, racial discrimination, and psychological distress as influences on birth outcomes. *MCN: The American Journal of Maternal/Child Nursing*, *45*(1), 49-56. doi:10.1097/NMC.0000000000000589

Dwarakanath, M., Hossain, F., Balascio, P., Moore, M. C., Hill, A. V., & De Genna, N. M. (2023). Barriers to diagnosis of postpartum depression among younger black mothers. *Research Square*. 215-225 doi:10.21203/rs.3.rs-2500330/v1

Dwarakanath, M., Hossain, F., Balascio, P., Moore, M. C., Hill, A. V., & De Genna, N. M. (2023). Experiences of postpartum mental health sequelae among black and biracial women during the COVID-19 pandemic. *BMC Pregnancy and Childbirth, 23*(1), 636. doi: https://doi.org/10.1186/s12884-023-05929-3

Edwards, L. M., Le, H. N., & Garnier-Villarreal, M. (2021). A systematic review and meta-analysis of risk factors for postpartum depression among Latinas. *Maternal and child health journal, 25*, 554-564. doi:10.1007/s10995-020-03104-0

Edge, D., & Rogers, A. (2005). Dealing with it: Black Caribbean women's response to adversity and psychological distress associated with pregnancy, childbirth, and early motherhood. *Social science & medicine*, *61*(1), 15-25. https://doi.org/10.1016/j.socscimed.2004.11.047

Edge, D. (2008). 'We don't see Black women here': an exploration of the absence of Black Caribbean women from clinical and epidemiological data on perinatal depression in the UK. *Midwifery*, *24*(4), 379-389. https://doi.org/10.1016/j.midw.2007.01.007

Ethical principles of psychologists and code of conduct. (2022). Retrieved 11 July 2022, https://www.apa.org/ethics/code

Field, A. P., & Gillett, R. (2010). How to do a meta-analysis. *British Journal of Mathematical and Statistical Psychology*, *63*(3), 665-694. doi:10.1348/000711010X502733

Font, X., Garay, L., & Jones, S. (2016). A social cognitive theory of sustainability empathy. *Annals of Tourism Research, 58*, 65-80. https://doi.org/10.1111/j.1468-2885.2003.tb00287

Gardner, P. L., Bunton, P., Edge, D., & Wittkowski, A. (2014). The experience of postnatal depression in West African mothers living in the United Kingdom: a qualitative study. *Midwifery*, *30*(6), 756-763.

https://doi.org/10.1016/j.midw.2013.08.001

Garfield, L., & Watson-Singleton, N. (2021). Culturally responsive mindfulness interventions for perinatal African-American women: A call for action. *Western Journal of Nursing Research*, *43*(3), 219-226. https://doi.org/10.1177/0193945920950336

Giscombé, C. L., & Lobel, M. (2005). Explaining disproportionately high rates of adverse birth outcomes among African Americans: the impact of stress, racism, and related factors in pregnancy. *Psychological Bulletin*, *131*(5), 662–683. https://doi.org/10.1037/0033-2909.131.5.662

Giurgescu, C., Kavanaugh, K., Norr, K. F., Dancy, B. L., Twigg, N., McFarlin, B. L., Engeland, C. G., Hennessy, M. D., & White-Traut, R. C. (2013). Stressors, Resources, and Stress Responses in Pregnant African American Women. *The Journal of Perinatal & Neonatal Nursing*, *27*(1), 81–96. https://doi.org/10.1097/jpn.0b013e31828363c3

Giurgescu, C., Misra, D. P., Sealy-Jefferson, S., Caldwell, C. H., Templin, T. N., Slaughter- Acey, J. C., & Osypuk, T. L. (2015). The impact of neighborhood quality, perceived stress, and social support on depressive symptoms during pregnancy in African American women. *Social Science & Medicine*, *130*, 172–180. https://doi.org/10.1016/j.socscimed.2015.02.006

Green, E. C., Murphy, E. M., & Gryboski, K. (2020). The health belief model. *The Wiley encyclopedia of health psychology*, 211-214. https://doi.org/10.1002/9781119057840.ch68

Haidich, A. B. (2010). Meta-analysis in medical research. *Hippokratia*, *14*(Suppl 1), 29–37. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3049418/

Hansen, C., Steinmetz, H., & Block, J. (2021). How to conduct a meta-analysis in eight steps: a practical guide. *Management Review Quarterly*, *72*, 1–19. https://doi.org/10.1007/s11301-021-00247-4

Harvard. (2022). *How discrimination can harm black women's health*. News. Retrieved October 15, 2023, from: https://www.hsph.harvard.edu/news/hsph-in-the-news/discrimination-black-womens_health

Heck, J. L. (2021). Postpartum depression in American Indian/Alaska native women: A scoping review. *MCN: The American Journal of Maternal/Child Nursing*, *46*(1), 6-13. doi*:* 10.1097/NMC.0000000000000671

Hobel, C. J., Goldstein, A., & Barrett, E. S. (2008). Psychosocial Stress and Pregnancy Outcome. *Clinical Obstetrics and Gynecology*, *51*(2), 333–348. https://doi.org/10.1097/grf.0b013e31816f2709

Hofweber, T., & Velleman, J. D. (2011). How to endure. *The Philosophical Quarterly, 61*(242), 37-57. https://doi.org/10.1111/j.1467-9213.2010.671.x

House, T. S., Alnajjar, E., Mulekar, M., & Spiryda, L. B. (2020). Mommy meltdown: understanding racial differences between black and white women in attitudes about postpartum depression and treatment modalities. *Journal of clinical gynecology and obstetrics*, *9*(3), 37. doi: 10.14740/jcgo664

Howell, E. A., Mora, P. A., Horowitz, C. R., & Leventhal, H. (2005). Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms.

Obstetrics & Gynecology, *105*(6), 1442–1450. https://doi.org/10.1097/01.aog.0000164050.34126.37

Jackson, F. M., Rowley, D. L., & Curry Owens, T. (2012). Contextualized Stress, Global Stress, and Depression in Well-Educated, Pregnant, African-American Women. *Women's Health Issues*, *22*(3), e329–e336. https://doi.org/10.1016/j.whi.2012.01.003

Joanna Briggs Institute, & Joanna Briggs Institute. (2020). Critical appraisal tools. https://jbi.global/critical-appraisal-tools

Jones, M. K., Harris, K. J., & Reynolds, A. A. (2021). In their own words: The meaning of the strong black woman schema among black U.S. college women. *Sex Roles, 84*(5-6), 347-359. https://doi.org/10.1007/s11199-020-01170-w

Kathree, T., Selohilwe, O. M., Bhana, A., & Petersen, I. (2014). Perceptions of postnatal depression and health care needs in a South African sample: the "mental" in maternal health care. *BMC Women's Health*, *14*, 1-11. https://doi.org/10.1186/s12905-014-0140-7

Katz, K. S., Blake, S. M., Milligan, R. A., Sharps, P. W., White, D. B., Rodan, M. F., Rossi, M., & Murray, K. B. (2008). The design, implementation and acceptability of an integrated intervention to address multiple behavioral and psychosocial risk factors among pregnant African American women. *BMC Pregnancy and Childbirth*, *8*(1). https://doi.org/10.1186/1471-2393-8-22

Keefe, R. H., Brownstein-Evans, C., & Rouland Polmanteer, R. (2016). "I find peace there": how faith, church, and spirituality help mothers of colour cope with

postpartum depression. *Mental Health, Religion & Culture*, *19*(7), 722–733. https://doi.org/10.1080/13674676.2016.1244663

Kilgore (2021) *Addressing the Increased Risk of Postpartum Depression for Black Women | NAMI: National Alliance on Mental Illness*. Retrieved January 6, 2022, from: https://www.nami.org/Blogs/NAMI-Blog/July-2021/Addressing-the-Increased-Risk-of-Postpartum-Depression-for-Black-Women

Knudson-Martin, C., & Silverstein, R. (2009). Suffering in Silence: A qualitative meta-data-analysis of postpartum depression. *Journal of marital and family therapy*, *35*(2), 145-158. https://doi.org/10.1111/j.1752-0606.2009.00112.x

Kozhimannil, K. B., Trinacty, C. M., Busch, A. B., Huskamp, H. A., & Adams, A. S. (2011). Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women. *Psychiatric Services*, *62*(6), 619–625. https://doi.org/10.1176/ps.62.6.pss6206_0619

Leath, S., Wright, P., Charity-Parker, B., & Stephens, E. (2022). Exploring Black women's pathways to motherhood within a reproductive justice framework. *Qualitative Health Research*, *32*(4), 694-709. https://doi.org/10.1177/10497323211066869

Levitt, H. M. (2018). How to conduct a qualitative meta-analysis: Tailoring methods to enhance methodological integrity. *Psychotherapy Research*, *28*(3), 367-378. https://doi.org/10.1080/10503307.2018.1447708

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA

statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: Explanation and elaboration. *PLoS medicine, 6*(7), e1000100. https://doi.org/10.1371/journal.pmed.1000100

Lui, C. H., Giallo, R., Doan, S. N., Seidman, L. J., & Tronick, E. (2016). Racial and Maxwell, D., Robinson, S. R., & Rogers, K. (2018). "I keep it to myself": A qualitative meta-interpretive synthesis of experiences of postpartum depression among marginalized women. *Health & Social Care in the Community*, *27*(3), e23–e36. https://doi.org/10.1111/hsc.12645

Mayo Clinic. (2022). *Postpartum depression - Symptoms and Causes*. Mayo Clinic. Retrieved from: https://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617

McCaffrey, A. M., Eisenberg, D. M., Legedza, A. T., Davis, R. B., & Phillips, R. S. (2004). Prayer for health concerns: results of a national survey on prevalence and patterns of use. *Archives of internal medicine*, *164*(8), 858–862. https://doi.org/10.1001/archinte.164.8.858

McCrea, K. T., Richards, M., Quimby, D., Scott, D., Davis, L., Hart, S., Thomas, A., & Hopson, S. (2019). Understanding violence and developing resilience with African American youth in high-poverty, high-crime communities. *Children and Youth Services Review*, *99*(99), 296–307. https://doi.org/10.1016/j.childyouth.2018.12.018

Melnyk, B. M., Fineout-Overholt, E., Stillwell, S. B., & Williamson, K. M. (2020). The methods pilot study. *The Journal of perinatal & neonatal nursing, 27*(1), 81–96.

doi:10.1097/01.NAJ.0000366056.06605.d2

Mehra, R. (2020). Black Pregnant Women "Get the Most Judgment": A Qualitative Study 172–180. https://doi.org/10.1016/j.socscimed.2015.02.0062016). 436

Mileski, M. R., Shirey, M. R., Patrician, P. A., & Childs, G. (2021). Perceived Racial Discrimination in the Pregnant African American Population. *Advances in Nursing Science*, *44*(4). https://doi.org/10.1097/ans.0000000000000392

Nelson, T., Shahid, N. N., & Cardemil, E. V. (2020). Do I Really Need to Go and See Somebody? Black Women's Perceptions of Help-Seeking for Depression. *Journal of Black Psychology*, *46*(4), 263–286. https://doi.org/10.1177/0095798420931644

Ness, M. N., Rosenberg, K. D., Abrahamson-Richards, T., Sandoval, A. P., Weiser, T. M., & Warren-Mears, V. (2017). Stressful Life Events and Self-Reported Postpartum Depressive Symptoms 13-24 Months After Live Birth Among Non-Hispanic American Indian/Alaska Native Mothers in Oregon: Results from a Population-Based Survey. *American Indian & Alaska Native Mental Health Research: The Journal of the National Center*, *24*(2). 76-98 doi: 10.1097/NMC.0000000000000671

Nkwake, A. M., & Nkwake, A. M. (2013). Why are Assumptions Important?. *Working with Assumptions in International Development Program Evaluation: With a Foreword by Michael Bamberger*, 93-111. https://doi.org/10.1007/978-1-4614-4797-9_7

Pae, C. U. (2015). Why systematic review rather than narrative review? *Psychiatry investigation*, *12*(3), 417. doi: 10.4306/pi.2015.12.3.417

Pao, C., Guintivano, J., Santos, H., & Meltzer-Brody, S. (2019). Postpartum depression

and social support in a racially and ethnically diverse population of women. *Archives of Women's Mental Health*, *22*(1), 105–114. https://doi.org/10.1007/s00737-018-0882-6

Parums, D. V. (2021). review articles, systematic reviews, meta-analysis, and the updated preferred reporting items for systematic reviews and meta-analyses (PRISMA) 2020 guidelines. *Medical science monitor: international medical journal of experimental and clinical research*, *27*, e934475-1. doi: 10.12659/MSM.934475

Petersen, E. E., Davis, N. L., Goodman, D., Cox, S., Syverson, C., Seed, K., Shapiro-Mendoza, C., Callaghan, W. M., & Barfield, W. (2019). Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *MMWR. Morbidity and Mortality Weekly Report*,*68*(35), 762–765. https://doi.org/10.15585/mmwr.mm6835a3

Prather, C., Fuller, T. R., Jeffries, W. L., Marshall, K. J., Howell, A. V., Belyue-Umole, A., & King, W. (2018). Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity. *Health Equity*, *2*(1), 249–259. https://doi.org/10.1089/heq.2017.0045

Qin, W., Nguyen, A. W., Mouzon, D. M., Hamler, T. C., & Wang, F. (2020). Social Support, Everyday Discrimination, and Depressive Symptoms Among Older African Americans: A Longitudinal Study. *Innovation in Aging*, *4*(5). https://doi.org/10.1093/geroni/igaa032

Richards, E. (2021). *The State of Mental Health of Black Women: Clinical Considerations*. Psychiatric Times. Retrieved May 15, 2023 from: https://www.psychiatrictimes.com/view/the-state-of-mental-health-of-black-women-clinical-considerations

Robinson, A. M., Benzies, K. M., Cairns, S. L., Fung, T., & Tough, S. C. (2016). Who is distressed? A comparison of psychosocial stress in pregnancy across seven ethnicities. *BMC Pregnancy and Childbirth*, *16*(1). https://doi.org/10.1186/s12884-016-1015-8

Rooks, N. M. (2004). *Ladies' pages: African American women's magazines and the culture that made them*. Rutgers University Press. 1-175. doi:10.36019/9780813542522

Rosenstock, I. M. (1974). Historical origins of the health belief model. *Health education monographs*, *2*(4), 328-335. https://doi.org/10.1177/109019817400200403

Sampson, M., Torres, M. I., Duron, J., & Davidson, M. (2018). Latina immigrants' cultural beliefs about postpartum depression. *Affilia*, *33*(2), 208-220. https://doi.org/10.1177/0886109917738745

Sandoiu, A. (2020). *Postpartum depression in women of color: "More work needs to be done."* Retrieved from: https://www.medicalnewstoday.com/articles/postpartum-depression-in-women-of-color-more-work-needs-to-be-done#1

Schunk, D. H. (2012). Social cognitive theory. https://doi.org/10.1037/13273-005

Seawell, A. H., Cutrona, C. E., & Russell, D. W. (2012). The Effects of General Social Support and Social Support for Racial Discrimination on African American

Women's Well-Being. *Journal of Black Psychology*, *40*(1), 3–26. https://doi.org/10.1177/0095798412469227

Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*, *15*, 1745506519844044. https://doi.org/10.1177/1745506519844044

Stahl, N. A., & King, J. R. (2020). Expanding Approaches for Research: Understanding and Using Trustworthiness in Qualitative Research. *JOURNAL of DEVELOPMENTAL EDUCATION*, 26-28. Retrieved August 9, 2022, from https://files.eric.ed.gov/fulltext/EJ1320570.pdf

Tawfik, G. M., Dila, K. A. S., Mohamed, M. Y. F., Tam, D. N. H., Kien, N. D., Ahmed, A. M., & Huy, N. T. (2019). A step by step guide for conducting a systematic review and meta-analysis with simulation data. *Tropical Medicine and Health*, *47*(1), 1–9. https://doi.org/10.1186/s41182-019-0165-6

Taylor, J. (2019). *Racism, Inequality, and Health Care for African Americans*. The Century Foundation. Retrieved March 3, 2022, from: https://tcf.org/content/report/racism-inequality-health-care-african-americans/?agreed=1

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(45). https://doi.org/10.1186/1471-2288-8-45

Timulak, L. (2009). Meta-analysis of qualitative studies: A tool for reviewing qualitative

research findings in psychotherapy. *Psychotherapy Research*, *19*(4-5), 591–600. https://doi.org/10.1080/10503300802477989

Tripathy, J. P. (2013). Secondary data analysis: Ethical issues and challenges. *Iranian journal of public health*, *42*(12), 1478. PMID: 26060652; PMCID: PMC 4441947.

USC Libraries. (2022). *Research Guides: Organizing Your Social Sciences Research Paper: 5. The Literature Review*. Retrieved April 10, 2023, from: Libguides.usc.edu.

Van Gordon, W., & Shonin, E. (2019). Second-Generation Mindfulness-Based Interventions: Toward More Authentic Mindfulness Practice and Teaching. *Mindfulness*. https://doi.org/10.1007/s12671-019-01252-1

Vartanian, T. P. (2010). *Secondary data analysis*. Oxford University Press. 1-216. ISBN: 9780195388817, 019538881X

Ward, E. C., & Heidrich, S. M. (2009). African American women's beliefs about mental illness, stigma, and preferred coping behaviors. *Research in Nursing & Health*, *32*(5), 480–492. https://doi.org/10.1002/nur.20344

Ward, E., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing research*, *62*(3), 185-194. doi:0.1097/NNR.0b013e31827bf533

Wheeler, J. M., Misra, D. P., & Giurgescu, C. (2021). Stress and coping among pregnant black women during the COVID-19 pandemic. *Public Health Nursing*, *38*(4), 596-602.https://doi.org/10.1111/phn.12909

Woods-Giscombé, C. L. (2010). Superwoman Schema: African American Women's Views on Stress, Strength, and Health. *Qualitative Health Research*, *20*(5), 668–683. https://doi.org/10.1177/1049732310361892

Zaza, S., Wright-De Agüero, L. K., Briss, P. A., Truman, B. I., Hopkins, D. P., Hennessy, M. H., Sosin, D. M., Anderson, L., Carande-Kulis, V. G., Teutsch, S. M., & Pappaioanou, M. (2000). Data collection instrument and procedure for systematic reviews in the guide to community preventive services. The names and affiliations of the Task Force members are listed on page v of this supplement and at http://www.thecommunityguide.org. *American Journal of Preventive Medicine*, *18*(1), 44–74. https://doi.org/10.1016/s0749-3797(99)00122-1

Zhang, H., & Emory, E. K. (2015). A mindfulness-based intervention for pregnant African-American women. *Mindfulness, 6*, 663-674. https://doi.org/10.1007/s12671-014-0304-4