INTRODUCTION

African American women have nearly twice the rate of preterm birth (PTB) and low birth weight (LBW) compared to European American women and twice the infant mortality rate. According to the Institute of Medicine, the cost of preterm birth exceeds $26 billion annually. Research suggests that the ways in which African American women experience and cope with stress and psychological distress may, partially, explain the disproportionately high rate of adverse birth outcomes in this group.

Complementary health approaches could contribute to an intervention aimed at changing perceptions and coping mechanisms of stress as well as reducing psychological distress-related adverse birth outcomes in African American women. Integration of mindfulness-based stress reduction with self-compassion may effectively improve stress-related biopsychosocial processes as well as enhance engagement in healthy self-care behaviors critical for preventing adverse birth outcomes in African American women.

SIGNIFICANCE

The disproportionate rate of adverse birth outcomes in perinatal, African American women persists despite controlling for factors such as maternal education, socioeconomic status (SES) and prenatal care and health behaviors. The experience of stress for African American women is hallmarked by the intersectionality of race, gender and socioeconomic status.

Superwoman Schema (SWS) and Network Stress (NS) are culture bound factors that have been proposed as contributors to psychological distress and may help to explain this disparity.

While the views of African American women regarding SWS and stress have been examined in the past, this is the first study to examine the experiences of stress in perinatal, African American American women and how those experiences may guide the development of a culturally relevant mindfulness based intervention targeted at stress.

PURPOSE

Utilizing the Superwoman Schema (SWS) conceptual framework and Network Stress (NS), the purpose of this study was to examine the experiences of stress and psychological distress in perinatal, African American women. Also, the study aimed to identify specific factors that could enhance the overall cultural relevance and feasibility of an intervention designed to target the links among stress, SWS, and self-care behaviors in perinatal, African American women.

METHODS

Thematic analysis of the data was performed utilizing Atlas.ti® analysis software. Transcripts were read and reread to get a sense of the essential features of the interviews and served as an opportunity to get a sense of the whole. Initial codes were generated then refined and combined as themes were identified.

RESULTS

Analysis of twenty-one qualitative interviews with perinatal, African American women confirmed the hallmark characteristics of SWS as explicated in Giscombe’s 2010 study.

One hundred percent of interviewed participants either “agreed” or “strongly agreed” with the statement “I believe that complementary health approaches are/would be an acceptable way to manage and cope with my stress”

The vast majority of participants admitted that they were not compassionate towards themselves and neglected their own self-care to the detriment of their own health.

This study also elucidated unique findings regarding the essential components that should be considered when developing a mindfulness based intervention aimed at targeting stress in perinatal, African American women. The following key themes emerged.

1) Location: Invoking Nature in a “Safe”, “Sacred”, “Calm” Space

“Well, what I was thinking was about nature. And for some reason, I think because there is something that’s so primal about pregnancy and birth. I’m real kind of drawn to the idea of doing something that, during pregnancy specifically, or maybe early postpartum, that connects to that natural framework, because pregnancy is a very natural process.”

2) Interventionist: Trustworthy Instructor

“I just would want to see an instructor or somebody that really cared or seemed like they cared about the women and that they understood all the stress that we go through. Like I wouldn’t want an instructor that’s just there, just because that’s what they have to do. I want somebody there, that when I got off work, I’d be ready to go see them...A nice environment. You know like a fun environment. Maybe like a place with bright colors. Something that would be cheerful and grab everyone’s attention. Like, as soon as you walked in the room, you just felt calm immediately. You felt like you could just leave all your worries at the door as soon as you come in.”

3) Classes/Programming: Breaking the cycle

I think the question that should be asked is how do I teach my daughter how to deal with stress? Or how will I teach my daughter what stress - or what will I tell her stress feels like? Or if she - you know—that would be the question to ask. Because, yes, I’m dealing with it, but she’s the next generation, I mean, that’s going to be the one interpreting it, so I need to know how to do it. I want somebody there, that when I got off work, I’d be ready to go see them...A nice environment. You know like a fun environment. Maybe like a place with bright colors. Something that would be cheerful and grab everyone’s attention. Like, as soon as you walked in the room, you just felt calm immediately. You felt like you could just leave all your worries at the door as soon as you come in.”

CONCLUSIONS

This is the first study of its kind to examine how SWS and NS shapes views of stress in African American women within the context of their pregnancy.

This study elucidated the acceptability of complementary health approaches as a way to manage stress for this population.

Additionally, this study explicated the essential components to consider when developing a mindfulness based intervention targeting stress in perinatal, African American women.

IMPLICATIONS

When developing a culturally relevant mindfulness-based stress management intervention, researchers must consider the unique perspectives of stress for perinatal, African American women and should give special consideration to location, interventionist as well as classes and programming.

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Superwoman Schema Conceptual Framework: Five Characteristics

1. Obligation to manifest an image strength
2. Obligation to suppress emotions
3. Resistance to being vulnerable or dependent
4. Determination to succeed despite limited resources
5. Obligation to help others.

References