

# Study explores how low-income mothers of color cope with depression

September 8 2021, by Bert Gambini

---



Credit: Pixabay/CC0 Public Domain

Social workers, clinicians and other health and human services professionals must recognize the inner strengths of low-income mothers of color when working with clients experiencing peripartum depression

(PPD), according to a newly published study led by a University at Buffalo social work researcher.

The reality of often having to carry the burden of their situation alone was one of three dominant themes to emerge from a narrative analysis that followed detailed interviews with 30 participants living with PPD (often called [postpartum depression](#)) to determine how they cope with daily stressors while caring for themselves and their children.

"Although the mothers indicate they love their children, the lack of resources and positive relationships with friends and [family](#) contribute to their perception of mothering as a burden," says Robert Keefe, Ph.D., an associate professor in the UB School of Social Work and the paper's lead author.

"Most of the mothers, however, accepted their situations as ways to push themselves forward in their lives with a fierce determination that was echoed by many of the study participants."

While many studies have examined the effects of maternal [depression](#), this paper instead looked at coping to reveal how forcefully some mothers push themselves forward to become good mothers and carry on throughout the day while living in underserved and often violent neighborhoods.

Study participants also reported feeling alone, isolated and overwhelmed, as well as misunderstood, betrayed and judged.

They coped with stress and depression by striving to become independent, and by taking responsibility for their families. One of the study's participants summarized her situation by saying, "I gotta carry the burden by myself."

That statement became the title of Keefe's paper published in the journal *Advances in Social Work*.

Roughly 10–23% of the four million women who give birth each year in the United States will develop PPD. That's as many as 900,000 cases of depression and its associated symptoms of sadness, hopelessness and loss of interest or pleasure in many activities. Low [socioeconomic status](#), trauma, unplanned pregnancy and inconsistent support from a child's father further predict depression.

Black women are also disproportionately affected; yet, most studies on maternal depression focus on married, white, [middle-class women](#) with supportive relationships and access to services.

"That we see so little research in this area is due partly to the problem itself," says Keefe, an expert in health disparities and health access.

"The mothers we spoke with often find it difficult to schedule the types of interviews a researcher would need to involve them in research studies. Unlike mothers who are of [higher incomes](#) who tend to have the necessary resources including family and friendship networks to help them out if they get into a bind, mothers of lower incomes are juggling the same tasks of new motherhood but have little margin for error. They often have to miss a medical appointment or a job interview because one of their other children gets sick, or their car or other form of transportation fails," Keefe adds.

"These feelings of loneliness and isolation are interesting because these mothers live in bustling neighborhoods; they frequently come from large families; and are often coupled with people who are also from large families, but they still felt isolated."

Depression is an isolating emotion, Keefe says. Feeling alone and

isolated, as reported in nearly 1,000 pages of interview transcripts, relates largely to the participants' perception that they were in relationships with partners who did not want to be around them. Family support, meanwhile, was not available, often because family members were as busy as the mothers in the study. Isolation, regardless of family size and busy neighborhoods, is about feeling disconnected from family, friends and neighbors.

Even the professional help available through agencies didn't moderate the isolation, because the agencies are not able to meet the type of help the mothers need, like a ride to work, an appointment, babysitting or job training.

"What the agencies can do in these cases is help broker the contact and facilitate a supportive network among the mothers themselves," says Keefe. "The mothers in our study weren't acquainted, but they could actually be a source of support for one another."

Health care professionals can help by fostering and supporting opportunities for mothers to form their own communities.

"Developing strong engagement skills, setting safe parameters such as confidentiality and professionalism, and engaging in conflict resolution among parents can help new [mothers](#) of color not only carry the burden of new motherhood, but lead fuller and more engaged lives," says Keefe.

**More information:** Robert H. Keefe et al, "I Gotta Carry The Burden By Myself", *Advances in Social Work* (2021). [DOI: 10.18060/23937](https://doi.org/10.18060/23937)

Provided by University at Buffalo

Citation: Study explores how low-income mothers of color cope with depression (2021, September 8) retrieved 3 May 2024 from <https://medicalxpress.com/news/2021-09-explores-low-income-mothers-cope-depression.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.