

“I Gotta Carry the Burden by Myself:” Experiences of Peripartum Depression among Low-Income Mothers of Color

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Abstract: *Despite prevalence estimates indicating that upwards to 38% of new mothers of color will experience perinatal depression, little research has been published that investigates how they cope with the stressors in their daily lives. This article presents the findings of semi-structured in-depth interviews with 30 low-income new mothers of color about parenting their children despite the burden of ongoing depression. Narrative analyses revealed three themes: feeling alone, isolated, and overwhelmed; feeling misunderstood, betrayed, and judged by others; and having to carry their burden alone. Despite having depression, the mothers spoke of ways they were able to persevere even with the enormous burden of raising their children while living in high-crime, low-income neighborhoods. Recommendations include the need for social workers to recognize low-income mothers' inner strengths; recognize why mothers may not trust professionals to be of help; and take the time to build strong therapeutic relationships with mothers who perceive their families, friends, partners, and often social service professionals as being of little help.*

Keywords: *poverty, mothers of color, postpartum depression*

The National Institutes of Health (NIH) have identified depression as being an important public health priority (NIH, 2010a, 2010b). While 6.7% of the adult population in the United States suffers from depression, the percentage among women is 8.5% (National Institute of Mental Health, 2017). African American women are disproportionately affected: in aggregated samples, 24.0% to 39.0% have been found to have depressive symptoms (Abel et al., 2014; Bronder et al., 2014). Mothers living with depression have poorer health and are less likely to participate in healthy behaviors (Roshanaei-Moghaddam et al., 2014; Yu et al., 2014).

Approximately four million women give birth in the United States each year (Centers for Disease Control & Prevention [CDC], 2017) and of the new mothers, between 9.7% and 23.5% will develop peripartum depression (PPD; Bauman et al., 2020; commonly

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known as postpartum depression). New mothers living with PPD experience dominant symptoms of sadness, hopelessness, and loss of interest or pleasure in activities previously enjoyed (American Psychiatric Association [APA], 2013). Under the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013), PPD is considered a form of major depression that develops during pregnancy or within one month after childbirth.

Although many mothers experience a period of sadness after giving birth (often referred to as the “baby blues”), PPD is far more debilitating and can have long-lasting effects on new mothers and their babies (Langan & Goodbred, 2016). Low-income mothers (Goyal et al., 2010; Gress-Smith et al., 2012; Hutto et al., 2011) and mothers of color experience significantly higher rates of PPD than middle- or upper-class and White mothers (Ertel et al., 2011). While the prevalence estimates indicate that upwards to 38% of new low-income mothers and mothers of color will develop PPD (Gress-Smith et al., 2012), they are far less likely to receive formal support services than White mothers (Kozhimannil et al., 2011). Consequently, the needs of new mothers of color and mothers of low incomes are less likely to be considered in the research and support recommendations (Keefe et al., 2015).

Predictors of PPD

Lower socio-economic status has been shown to be one of the biggest predictors of PPD (Lara et al., 2015). Other stressors predicting PPD which are highly correlated with lower socio-economic status include having limited employment and educational opportunities, residing in insufficient housing and in high-crime neighborhoods, being unemployed, having lower levels of education, job-related stress, and being food insecure (Goyal et al., 2010, Zekeri, 2019).

Trauma, particularly from physical, psychological, or sexual abuse or community violence has been shown to have a cumulative effect on the development of PPD (Gaillard et al., 2014). Additional risk factors include an unplanned or unwanted pregnancy and a contentious or inconsistent relationship with the child’s father (Fellenzer & Cibula, 2014; Grote & Bledsoe, 2007). Psychological factors affecting PPD include having a history of depression, anxiety and other mood, personality, panic, bipolar, obsessive-compulsive, and post-traumatic stress disorders (Bayrampour et al., 2016; Johansen et al., 2020). See Table 1 for a comprehensive review of the predictors of PPD.

Gap in the Literature

Most of the studies on maternal depression focus largely on White, heterosexually married women who have access to services, live in middle-class neighborhoods, and have supportive relationships with service providers (Keefe et al., 2015). Much less research has been conducted on low-income mothers of color using the mothers’ own voices (Keefe et al., 2015, 2019). To help fill this gap in the literature, the authors interviewed 30 low-income new mothers of color living with PPD who receive services at an inner-city federally qualified health center (FQHC). Some of the issues we identified in previous

analyses generated questions that led to this particular analysis (Keefe et al., 2016b, 2018a, 2018b, 2019). Specifically, this analysis examined the question: How do mothers cope with the daily stressors of caring for their children and themselves while living in impoverished, under-served, and often violent neighborhoods?

Table 1. *Literature on Predictors of PPD*

Predictor	Literature
Lower socio-economic status	Ahmed et al., 2012; Dennis et al., 2012; Dolbier et al., 2013; Eastwood et al., 2011; Goyal et al., 2010; Hayes et al., 2010; Lara et al., 2015; Munger et al., 2016; Pooler et al., 2013
Limited employment & educational opportunities, residing in insufficient housing & in high-crime neighborhoods	CDC, 2008; Choi et al., 2012; Dolbier et al., 2013; Ertel et al., 2011; Ghosh & Goswami, 2011; Goyal et al., 2010; Gress-Smith et al., 2012; Sidebottom et al., 2014
Being unemployed	Goyal et al., 2010; Lara et al., 2015; Woolhouse et al., 2012
Having lower levels of education	CDC, 2008; Choi et al., 2012; Ertel et al., 2011; Goyal et al., 2010; Lara et al., 2015; Pooler et al., 2013; Savarimuthu et al., 2010; Wisner et al., 2013
Job-related stress & being food insecure	Zekeri, 2019
Trauma, particularly from physical, psychological, or sexual abuse	Ahmed et al., 2012; Bayrampour et al., 2016; CDC, 2008; Cerulli et al., 2011; Dennis et al., 2012; Gaillard et al., 2014; Ghosh & Goswami, 2011; Pooler et al., 2013; Savarimuthu et al., 2010; Sidebottom et al., 2014; Woolhouse et al., 2012
Community violence	Dennis et al., 2012; Ertel et al., 2011; Guintivano et al., 2018
Unplanned or unwanted pregnancy	Fellenzer & Cibula, 2014
Contentious or inconsistent relationship w/the child's father	Grote & Bledsoe, 2007
Psychological factors	
History of depression	Batmaz et al., 2015; Dennis et al., 2018; Dennis et al., 2012; Ertel et al., 2011; Gaillard et al., 2014; Guintivano et al., 2018; Jobst et al., 2016; Johansen et al., 2020; Woolhouse et al., 2012
History of anxiety	Guintivano et al., 2018; Johansen et al., 2020
Other mood & personality disorders	Ahmed et al., 2012; Bayrampour et al., 2016; Ghosh & Goswami, 2011; Turkcapar et al., 2015; Viguera et al., 2011
Panic, bipolar, obsessive-compulsive, & post-traumatic stress disorders	Johansen et al., 2020

Methods

This descriptive qualitative study was conducted at the main office of a FQHC in Rochester, NY and is among the first FQHCs to be developed in the United States. The center has 10 locations throughout the area and serves residents of the lowest income census tracts in the city. Institutional review board approval was granted by the first author's institution.

Conceptual Model/Framework

A phenomenological approach was used to understand the lived experiences of the mothers. We used in-depth, semi-structured interviews and frequently went on walks around the neighborhoods and visited local businesses; stores; and women, infant, and children (WIC) clinics to help us gain a more nuanced understanding of the community in which the mothers live.

Two of the researchers (RHK and CBE) who interviewed the mothers have a long-standing interest in the needs of mothers and children from traditionally oppressed backgrounds. Both of the researchers have worked in maternal and child health settings for five or more years prior to completing their doctoral degrees. Each is a White, non-Hispanic, middle-class professor, one of whom is male. To address the potential obstacles of being of different backgrounds than the mothers, we asked for input from the FQHC staff who agreed that the project was important and were very willing to discuss it with new mothers. We also engaged in ongoing communication with our fellow co-authors, consulted with minority health researchers, and participated in ongoing training in qualitative methods held at various professional conferences.

The interview guide questions were based on our previous research including the effects of food deserts on low birthweight babies, paternal incarceration on post-neonatal mortality, and community-based gun violence on post-traumatic stress disorder among new mothers. We then met with professional nurses, social workers, public health administrators, and attorneys who work with low-income mothers of color to seek their input on the interview guide. After incorporating the feedback, we met with 11 research assistants from diverse backgrounds who provided additional feedback. Three of the research assistants (two female and one male) self-identified as Latinx, three (all female) as African American, four (all female) as White, and one (female) as bi-racial. Mock interviews with the research assistants and other colleagues were conducted and additional feedback was obtained on the actual interview guide, the clarity of the questions asked, and the overall flow of the interview process. Each research assistant participated in one interview with one of the mothers conducted by one of the researchers and could ask questions if they wished.

Flyers were hung in the center's waiting room – where one of the authors (LP) is a practicing physician – inviting mothers who gave birth within the past 24 months and who met the inclusion criteria of being 18 years of age or older; self-identifying as Black/African American or Hispanic; parenting at least one child residing with them; and experiencing sadness, fatigue, or difficulty concentrating or sleeping since the birth of their most recent child. The researchers sat at a table in the waiting room, frequently speaking with new mothers about the project. Some of the mothers spoke of their own experiences with depression two or three times before agreeing to be interviewed. The interviews were held in a private conference room next to the waiting room.

Data Collection

The interviews were conducted between 2013 and 2015. At the beginning of each interview, we handed the informed consent form to the mother, offering to read the form to her if she wished. Each mother read and signed the consent form. The mothers were then given a pen to complete the paper version of the 10-item, self-administered Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987 – a screening tool for maternal depression that asks the mother to report her mood state during the past week). Scores on the EPDS range from 0 to 30 with a score of 12 or above indicating increased likelihood of depression (Cox et al., 1987). The EPDS has been validated across cultures and languages with acceptable internal reliability ($\alpha = .84$ for both African American and Latina mothers; Hartley et al., 2014). In the current study, the mean score of the EPDS for the mothers was 17.6 with a range from 14.0 to 29.0, indicating each mother was experiencing depression.

Table 2. *Interview Guide*

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|---|
| <ol style="list-style-type: none"> 1. How has having a baby affected your overall wellbeing? 2. Please describe the feelings you experienced after having your baby. 3. How has being African American or Latina played a role in your transitioning into caring for a new baby? 4. What was most stressful for you during your pregnancy? 5. What was most stressful for after your pregnancy? 6. Who has been the most helpful to you during your pregnancy? 7. Who has been the most helpful to you after your pregnancy? 8. Describe your neighborhood. 9. How do you feel living in your neighborhood/community? 10. What are some of the challenges you face living in your neighborhood/community? 11. When you were feeling _____ how comfortable were you reaching out to different people? 12. How did these feelings affect your relationship with family members? 13. How did you cope with your feelings? 14. What is <i>postpartum depression</i> and how do you describe it? 15. What do you want health providers to know about your experiences with your pregnancy? 16. What are your thoughts on going to counseling or professional help during pregnancy of after pregnancy? 17. How do you cope with difficult feelings while trying to be a mother? |
|---|

After the mothers completed the EPDS, a digitally recorded, semi-structured, face-to-face interviews were conducted, lasting between 60 and 95 minutes (see Table 2 for the final interview guide). The recorded interviews were then transcribed verbatim by a research staff person employed by the second author's college and then coded by three of the authors (RHK, RSR, and CBE). For their participation, each mother received a \$20 gift card to a large grocery store and a referral sheet listing additional agencies providing mental health and other services to new mothers. We explained that the mother could stop the

interview at any time and meet with her social worker at the FQHC if she wished. None of the mothers indicated they wanted to stop the interview or requested to meet with their social worker. All mothers completed the interview and reported feeling positively about the process. To protect the mothers' anonymity, at the end of the interview the mothers selected a pseudonym. See Table 3 for the demographic profile of study participants.

Data Analysis

Data Analysis Plan

Line-by-line coding was used to analyze the data, relying on the constant comparative method, including breaking down the responses to each question into conceptual units that were compared to each other and then coded into related categories (Corbin & Strauss, 2008; Glaser, 1965; Walker & Myrick, 2006). We continued the analysis by exploring emerging themes in responses and between fragments of the interviews (Corbin & Strauss, 2008; Walker & Myrick, 2006), looking for similarities in perspectives, attitudes, experiences, actions, and explanations of behavior (Walker & Myrick, 2006). Categories and themes were refined by making comparisons between older and newer data.

As we examined what living with postpartum depression was like for each mother, descriptions emerged about "carrying the burden alone" as they coped with depression while carrying on with their daily responsibilities. We then compared the mothers' descriptions of carrying the burden and how they see themselves meeting their maternal responsibilities to their children. We continuously re-read the data to identify subcategories within each of the themes to understand each emerging category and its relationship to the larger themes as well as subcategories.

Trustworthiness and Credibility

Trustworthiness was achieved through a seven-phase process. First, two of the authors (RHK and CBE) familiarized themselves with the data by reviewing the interview transcripts, conducting ongoing meetings to discuss the data and emerging themes, and discussing notes collected after each interview (Walker & Myrick, 2006). Second, the same two authors developed a coding framework by immersing themselves in the interview transcripts to discover emergent themes. Third, diagrams were made to code themes from the transcripts (Glaser, 1965). Fourth, a third researcher (RSR) joined the team to help vet themes and subthemes that emerged from the data (Corbin & Strauss, 2008). Fifth, consensus was achieved during face-to-face team meetings and emails to name the themes. Sixth, the researchers met periodically to discuss additional thoughts, hunches, and reflections on the data (Walker & Myrick, 2006). Seventh, the researchers engaged in negative case analysis by searching for quotes that contradicted emergent themes.

Findings

Sample

A purposive sample of 30 low-income new mothers of color, including 19 who self-identified as black/African American and 11 who self-identified as Hispanic/Latina, participated in individual interviews. Their ages ranged from 19 to 44 (mean = 28.6). The mothers had between one and seven children (mean = 3.1, mean age of youngest child = 1.6 years), and 11 were currently pregnant. All but one of the mothers was a Medicaid recipient. All 11 of the Hispanic mothers were also fluent in English and did not wish to have an interpreter present during the interviews (see Table 3 for a profile of study participants).

Table 3. *Demographic Profile of Study Participants (n=30)*

Participant's name	Age	Race/Ethnicity	Number of children	Pregnant	EPDS score*
Alexia	19	Latina/Puerto Rican	1	N	18
Anjelica	25	Latina/Puerto Rican	4	N	19
Ariisa	31	Latina/Jamaican	3	Y	14
Cortney	19	African American	1	N	14
Dena	28	Latina/El Salvadoran	2	N	18
Fatima	29	African American	2	Y	18
Felicia	39	African American	7	Y	14
Gloria	27	Latina	3	N	17
Gwen	31	African American	3	Y	18
Jacqueline	19	African American	1	N	18
Jezel	27	African American	1	N	19
Latoya	29	African American	3	N	15
Marta	27	Latina/Puerto Rican	2	N	19
Nadia	44	Latina/Puerto Rican	2	Y	21
Raquel	27	African American	2	Y	18
Rhesa	36	African American	3	Y	20
Roberta	32	African American	4	N	18
Rochelle	29	African American	5	N	19
Selena	22	Latina/Puerto Rican	2	N	21
Shameeka	24	African American	1	N	14
Sophia	27	Latina/Puerto Rican/Cuban	4	Y	29
Tabitha	34	African American	5	Y	15
Tamara	30	African American	7	N	16
Tamika	23	Latina/Puerto Rican	1	N	15
Tammy	38	African American	4	N	13
Tanisha	26	African American	4	Y	19
Tonya	35	African American	5	N	16
Yamina	27	Latina/Puerto Rican	4	Y	18
Yolanda	35	African American	7	N	20
Yvonne	20	African American	1	N	15

*Scores of 12 and above indicate an increased likelihood of depression

Themes and Categories

The mothers discussed their experiences of living with depression. Each mother reported that having limited support from others, including their child(ren)'s father, family of origin, community, and service professionals worsened their depression. The main themes included: (a) feeling alone, isolated, and overwhelmed; (b) feeling misunderstood, betrayed, and judged by others including service providers, their child(ren)'s father, and their friends; and (c) needing to carry the burden by themselves.

Feeling Alone, Isolated, and Overwhelmed

Despite having large families and living in crowded neighborhoods, all 30 mothers discussed how alone, isolated, and overwhelmed they felt while living in poverty and taking care of their children. We offer quotes from 10 mothers who provided rich detail about their experiences. In terms of physical space, most mothers lived in crowded neighborhoods where despite their location, they felt disconnected from neighbors. For example, Dena, a 28-year-old El Salvadoran mother of two reported, "I did not really know the neighborhood... You have to have transportation, or a car, and I didn't have money to take transportation. There was nothing nearby but houses in the neighborhood, and I didn't know any of the neighbors."

The situation is much the same for Raquel, a 27-year-old African American mother of two. She stated, "You need a vehicle, you need transportation. And I didn't have money to take transportation... I didn't know anybody in the neighborhood... it was just me... depressed, and... overwhelmed with four kids."

Rochelle, a 29-year-old African American mother of five stated that she felt similarly: "I don't have any friends. Neighbors no." Yolanda, a 35-year-old African American mother of seven added, "I don't really know too much about the neighborhood, because I really try not to socialize too much with the people."

These feelings of isolation and loneliness even applied to friends and family. Cortney, a 19-year-old African American mother of one stated, "I know it's a lot, like going to school, living on your own, and have your child. 'Cause all I feel like is being alone." Similarly, Gwen, a 31-year-old, African American mother of three said, "I don't have friends."

In some cases, feelings of abandonment in other personal relationships further contributed to loneliness and isolation. Of her partner who left her, Raquel noted, "he went back to New York. And I felt alone, devastated. I don't think any words could explain how I felt. And that got me to a point where I was like 'I can't anymore.'" For Gwen, the sense of isolation reaches back to her childhood: "when I was 16, my mom died and the year after that, my dad died. ...and all my family is still in Texas."

Although other mothers had extended family living nearby, some mothers such as Marta, a 27-year-old Puerto Rican mother of two, reported her husband's family kept her at a distance.

His family is...not as welcoming ...like I had went to some of their gatherings, and I would sit at the table by myself, and they wouldn't say hi to me or look at me or anything like that. But I did it anyways, just so I can try to make him happy. So, after two years, I was like... I shouldn't go no more, because nobody really tries to even interact with me, or I ... try to make conversation and they turn away.

Yamina, a 27-year-old, Puerto Rican mother of four reported she has felt isolated from her own family of origin, "I have sisters; they have their own lives. You really don't wanna be involved with them, because sometimes they tend to criticize you rather than listen to you. And that just makes your depression worse."

This sense of isolation seemed to further exacerbate some of the mothers' depression, which worsened their isolation. Tonya, a 35-year-old African American mother of five shared, "Well, I don't really have no support here. I'm basically by myself. I don't wanna be around nobody. I stay to myself; I mind my business." Rhesa, a 36-year-old African American mother of three stated, "I can't sleep. I just don't wanna be around people ... I feel nervous, and I wanna like shut away, in my house, I don't ever wanna go outside." Yolanda shared that she too chooses to avoid people, even close friends. She recalled a friend trying to contact her saying,

'Why girl, I was trying to call you, where you was at?' And I be saying to myself, 'I've been sitting here all alone. I just looked over at the phone and I see your phone call, 'I don't say it to people because you don't wanna be, oh, I've been sitting here ...I just didn't wanna be bothered.'

Despite each of the 30 mothers describing similar feelings of isolation, some mothers found one or two friends. Felicia, a 39-year-old African American mother of seven reported, "I have neighbors that I sit there and talk. Just sit there and joke." Likewise, Tabitha, a 34-year-old African American mother of five stated, "I have a few friends that I talk to from time to time. ...so I do have a few people, but I'm...kind of a private person... but...push come to shove, if I did need them I can call and they're there." She goes on to say, "my neighborhood [has] neighborhood watch...and it's a kid-friendly neighborhood.

Feeling Misunderstood, Betrayed, and Judged by Others

All but three of the mothers reported feeling misunderstood and even betrayed by various individuals including the professionals they saw for services, their child(ren)'s father, and their friends and coworkers. Quotes from the following eight mothers substantiate this point. Speaking generally, Sophia, a 27-year-old Puerto Rican/Cuban mother of four, summed up the sentiment of many of the mothers reporting, "I don't ask nobody for anything. I will go with nothing before I have my hand out to call anybody. I just don't ask people for nothing. They throw stuff in your face." Likewise, Roberta, a 32-year-old African American mother of four added, "You have to find somebody that you trust, and I have a big trust issue. I don't trust anybody."

Feeling Misunderstood and Judged by Professionals. Among the mothers, Gloria, a 27-year-old, Latina mother of three described an incident involving her social worker:

I've known [her] forever and a day...I talk to her all the time. I told her one day that I was overwhelmed...And that I need help because I'm a new mom and I really don't know everything. And next thing you know...I got people at my house, knocking on the door, that said that I...don't want my daughter, that I can't handle her, that I have such a hard time with her that I can't cope for myself. And I looked at them. I bugged out bad. And I was like, 'Where and how and in what words did I tell you that? I never, not once, said anything like that.'

She went on to say, "I feel that if I say something, when I'm only trying...to get the right help that I need, professional-wise...why bother? If...I'm gonna end up getting railroaded, the person's gonna make it seem a lot uglier than it needed to be." Finally, she indicated, "You know, when you talk to somebody...[t]hat's supposed to be... 'confidential' nobody outside of there is supposed to hear anything."

After a group session at another agency, Tabitha echoed this suspicion saying,

I'm not about to sit up and talk around...No. Because people judge you, they always judge you, and got something to say. They could say 'Oh, it's confidentiality,' but in the long run, you see that they know your whole life history now, or they judge you now. Because you're not gonna feel comfortable sitting in a group and sharing your life story with a group. Because you're not gonna wanna share.

Jacqueline, a 19-year-old, African American mother of one reported feeling guarded around professionals stating there is "a lady at my school that do it all the time. I be telling her like, 'Why you being so nosy?'" Gwen says simply, "You have a lot of people you go and talk to, and...all they wanna do is judge you." These mothers expressed feelings of mistrust of professionals when the information they shared was passed on to others. They found that by sharing personal information with professionals, they risked being labeled as a "bad" mother.

These same sentiments were shared by the mothers who reported their concerns are not only for themselves, but for their children as well. Alexia, a 19-year-old, Puerto Rican mother of one is fearful of professionals who are hired to take care of children. She states, "I don't trust anybody. 'Cause of videos you see [on the television shows] all over." Selena, a 22-year-old Puerto Rican mother of two stated similarly, "I don't need nobody take my son and my daughter. I gotta have time for me, but I still keep them with me at all times." The lack of trust in childcare professionals is related to concerns about inadequate physical or emotional care, as well as the risk of child abuse or neglect as depicted in television shows.

This is not to say that all mothers felt the professionals they saw for services were unhelpful. Fatima, a 29-year-old, African American mother of two said of her social worker, "I've seen her tear up before, like her eyes got watery, and that said a lot, like she felt me, she felt what I was saying, she didn't just listen, like yeah, yeah, yeah you feel like that because you need to...you know, she felt more what I was saying. I feel like she cares." Of her primary care physician who moved to another healthcare facility, Tabitha stated, "I miss her so much...she understood me. She left. So that's bothering me. So, I'm gonna try to go to [the hospital] where she [works now]. Because I just I gotta have this connection

back with her.” Sophia reported child protective services “they’re helping you so you don’t get your kids taken. There’s a lot of help you can actually get from them.”

Feeling Disrespected by Their Child(ren)’s Father or Male Partner. Twenty-five of the mothers spoke of how their current or former partners, including their child(ren)’s father, present as untrustworthy. The following quotes from 10 of the mothers provide examples of untrustworthiness. Jazel, a 27-year-old African American mother of one, reported that her baby’s father, “was [at home] a lot. Until everything changed...Then he found another girl and...had another baby.”

At times, the mother’s partner was described as controlling, which contributed to distrust and isolation. Gloria shared that her babies’ father “don’t like me to have friends. He don’t like me to talk to nobody. He don’t like me to go nowhere. He wants me to stay in the house all the time, cook, clean, [do] laundry, do the baths, do this, and do that.” Raquel reported, “You know, a man has a lot of pride. And I’m very prideful too - we bump heads. Because I don’t think that I could ask him for the help.”

Many of the mothers considered their partners to be unhelpful. Reflecting on initial motherhood, Tonya shared, “You happy you got your baby, you bring your baby home. And then what triggers it off? The man. Not being there...so now you frustrated, and you mad at him...‘cause now the baby’s crying. I don’t wanna do this by myself. I don’t want the baby. ‘Cause you worrying about the man.”

Of her babies’ father, Tanisha, a 26-year-old African American mother of four stated,

They were there when my kids were first born. But it was more of like, just their bodies were present. It wasn’t too much of helping, or too much of doing anything but what they wanted to do.

Tabitha reported,

So, it seemed like I was always by myself to begin with, so, it was just like...he knows what needs to be done, but he just chooses not to. ‘Cause I feel like most men, they don’t feel obligated to be in that parental role. Because they feel [when] push come to shove the mother’s just not gonna abandon and leave their child. You know, so, I feel like most men need to own up to that.

Arissa, a 31-year-old Jamaican mother of three, added, “I mean, imagine having two kids at one time at the age of 19, and...the father’s there, but he’s not physically there to help get up throughout the middle of the night, fix two bottles, and do this, do that.”

Unfortunately, experiences of being disrespected, controlled, ignored, and left by the child(ren)’s father to manage alone seemed to exacerbate symptoms of depression for many of the mothers. Anjelica, a 25-year-old Puerto Rican mother of four, similarly stated, “[My baby’s father] he’s no help. He makes me even more crazy.” Gloria added, “I would just rather you go, you do your thing, you wanna see the kids, I have no problem with that. But there’s no point of you sitting around, underneath me stressing and struggling, and you’re not trying to do nothing to help.” She added, “you’re just becoming more of a headache, ‘cause now I gotta hear your complaints, and what you need, and what you want, when I got babies to worry about.” Rhesa said nearly the same, “he comes around. And I don’t

wanna be bothered with him either. Even when I tell him not to come over, he still comes over. But when he feel like he don't wanna come over, he don't come over."

The unhelpfulness of many fathers left mothers feeling frustrated and down. Although they did not want to care for their children alone, they reported that being alone was preferable to dealing with the father's unpredictability and lack of support.

Despite feeling their child(ren)'s father was disconnected, most mothers chose to focus on themselves and their children. Shameeka, a 24-year-old African American mother of one, said of her babies' father, "I didn't harass him, 'Oh, why you don't know your daughter?' Like, no. I didn't do none of that. I moved on. I didn't wanna turn to welfare, but I did that. But...she's taken care of; I can tell you that much. I didn't even...put him on child support. I didn't even do that, because...I'm not gonna force anyone to take care of her, who doesn't want to."

Some of the mothers report their baby's fathers were helpful. Anjelica stated, "I'm not gonna lie--he helped out a little bit with the kids, changing pampers and stuff like that." Jezel reports feeling better because "I was happy but then sometimes I was sad, I'm happier right now that he's here." Dena added that her husband has helped her feel less overwhelmed, "he is the one who will take initiative now to do things around the house, before I feel overwhelmed. Latoya, a 29-year-old African American mother of three, acknowledged the father of her baby is trying to help her and her child by "looking to move out to [the suburbs] right now, to get out of the inner-city life and give us a better start at life."

Being Betrayed and Disrespected by Friends. While several of the mothers discussed how their friends betrayed them, other mothers simply had no time for existing friends or to develop new friendships. Of the 30 mothers, 22 stated specifically that they do not have any friends. Cortney stated, "Sometimes your business get out to the whole world...You shouldn't tell nobody nothing about her or her business unless she tells me that it's okay." Furthermore, "you've gotta be careful. Some people just be in it to get information and put it out there. I've been through that before."

Gloria shared her experience of being betrayed by a close friend:

Me and my kids' father went to one of my friends, and she accused us of stealing money from her. She went out to my mom's and told her me and my boyfriend were on crack, and...just a lot of stupid stuff...none of it was true. [Later, she said] 'I'm so sorry ...that I accused you. I found my money. I put it in one of my old purses and threw it in a closet. And when I was going through stuff, I found my purse, I found every dollar.'

Tanisha reported that to avoid such stress, she stays away from people by claiming "I don't really do the friend thing. I'd rather it just me and my kids. And I don't really have time for females. They wanna party, drink, club, you know. Or men, I just don't have time for it. I'd rather all my time go for my kids." Similarly, Sophia said, "I have, maybe, four or three people that I'll consider friends, but I don't even talk to them. I don't like to tell people my...business, because when you tell people your business, most of the time, it turns out they try to use it against you."

Some of the mothers felt having friends was important. Crystal, a 27-year-old, African American mother of two acknowledged, “there’s a lot of mothers out there that don’t have friends, or don’t have people to associate with. They wanna get out of their circle. I think [that] would be the perfect way for them to meet other people...hear stories and try to better themselves.” Arissa stated her friendships are important to her. “[W]hen I do need to do something for myself...I’ll hang out with some friends, just, you know, try to get your mind off of things.” Some mothers reported they wished they had friends. Tabitha states “because you can’t really call people your friends. I have a few friends that I grewed up with...but they ain’t around. I wish I did have friends like other people have.”

I Gotta Carry the Burden by Myself

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. Most of the mothers, however, accepted their situations as ways to push themselves forward in their lives. Their fierce determination was echoed by 12 of the mothers who spoke of their ability to carry the burden by themselves.

As Tabitha shared:

It’s only the mom...that’s what those kids have to depend on...ninety percent of the time, the father’s not there. So, that mother has to play both roles. She has to be a mom, and then she also has to be that father figure...it’s a hard role to play. But I see a lot of African American, Latina women, they hold that role, and really carry it well. So...it’s more mothers in the homes...without the fathers, so it’s kind of stressful...for any mother in my shoes.

Similarly, Tamika, a 23-year-old Puerto Rican mother of one, shared:

When [my son] ended up in the hospital for five months...that was a lot of stress...I did really everything by myself, ‘cause his father, he was there, but he wasn’t like a person that I could just sit there and count on to help me, and stay overnight with him, ‘cause he wouldn’t. He’ll leave the hospital and go out to parties, with other guys, and other girls, and so I had to deal with it on my own.

The mothers spoke strongly about the strides they took to become self-sustaining. Tonya pointed out, “I know I’m gonna have to cook dinner, I know I’m gonna have to do this and that.’ I’m used to cleaning up. I’m used to taking care of the kids by myself.” Jacqueline added, “The hard part is raising them by ourselves.”

Some of the mothers described how they exhausted themselves while trying to be independent. Tamara, a 30-year-old African American mother of seven, stated, “I just ran myself ‘till I was tired exhausted at the end of the night...It was just like a whole bunch going on at the time...I just...was go, go, go, from the time I opened my eyes...I [was] just basically...speeding all the time.” Raquel added, “it was very difficult...and at times I feel like I...fall down again. But I...pick myself back up.” Arissa reflected, “I gotta keep pushing, and do what I have to do.”

Several of the mothers strove to become independent and take responsibility for themselves and their children. Tammy, a 38-year-old, African American mother of four shared, “Do it for you...you don’t need a man to go forward. You don’t need a man for backbone. You got your own backbone. You got your kids, and they need your support.” Rochelle likewise added, “I have no choice. I brought my kids into this world so now I have to take care of them. That’s how I look at it like it’s not their fault they’re here. I made wrong choices and I have kids by one man and he’s not much help at all. I don’t want anyone else taking care of my kids.” Of their own independence, Jezeel said, “I’m not gonna depend on nobody” while Gloria echoes this point by stating, “You’ve gotta count on yourself.” Latoya concluded by saying, “Like when I was pregnant, I had that mindset that we’re gonna...raise them, you’re going to help me. But neither one of them did that and it’s always like I gotta carry the burden by myself.”

Discussion and Implications for Practice

The findings from this study help to fill a gap in the research on the experiences of PPD among low-income mothers of color. Although the research on mothers of color with peripartum depression is growing, this study specifically asked low-income mothers of color how they carry on throughout the day while living in challenging environments. Most of the research on depressed low-income mothers of color focuses largely on how the mothers are affected by their depression, but not on how forcefully some mothers push themselves forward to become good mothers. The findings from this study revealed a dominant theme of “I gotta carry the burden by myself” with additional themes of feeling alone, isolated, overwhelmed, and feeling disrespected and betrayed by various individuals in their lives. Throughout their experiences, many of the mothers reported becoming more determined to persevere and to be good mothers despite ongoing burdens.

Although the mothers discussed the difficulties, they described their tenacity to be independent. This finding is reinforced by Maxwell et al.’s (2018) meta-analysis, which indicated that low-income mothers do their best to cope with the pressures of mothering despite often feeling isolated and alone. Keefe et al. (2018a, 2018b) concluded that low-income mothers of color strive to be excellent mothers while only rarely giving themselves credit for handling the ongoing difficulties of living in poverty. When working with mothers of color, the strengths and resiliency of these individuals should be acknowledged and celebrated.

All the mothers tested within the depressed range on the EPDS, yet most did not acknowledge having depression. Given that many new mothers are frequently unable to take time for themselves, particularly when faced with multiple psychosocial stressors (Alloy et al., 2010; Gallo et al., 2005; Shih et al., 2011), and may be unable to acknowledge having depression (Keefe et al., 2019), they should be given the space to process their feelings in a warm and caring environment (Atkins et al., 2020). Because women of color are less likely than White women to access mental health services (Kozhimannil et al., 2011), health professionals should address access barriers to services and engage in rapport and trust-building to link mothers with professionals. Furthermore, practitioners,

particularly social workers, are encouraged to screen mothers for PPD and receive education on best screening practices with mothers of color (Polmanteer et al., 2016).

Some of the mothers in this study report wanting connection and friendship with other adults including other mothers. Having a strong support system has been shown to positively affect the well-being of new mothers of color (O'Neill et al., 2019; Stana & Miller, 2019), while isolation contributes to PPD (Ganann et al., 2016; Hahn-Holbrook & Hastleton, 2014). Offering peer-support groups can enhance mental health well-being among mothers with PPD (Prevatt et al., 2018). As limited support, childcare responsibilities, and other stressors can negatively affect relationship-building among mothers, including mothers of color (Carter & Butler, 2008; Jordan & Zitek, 2012), online support groups or text messaging can promote engagement and decrease feelings of depression and isolation (Broom et al., 2015).

Many of the mothers in this study reflected on strained or stressful relationships with their partner or child(ren)'s father. Although the partners were not interviewed, and therefore their perspective is unknown, research supports that mothers who perceive their relationships with their baby's father to be negative had worse depression (Cheng et al., 2016; Grote & Bledsoe, 2007), particularly in non-co-habiting couples (Garfield et al., 2015). As positive relationships with their baby's father contributes to lower levels of depression (Easterbrooks et al., 2016), promoting trust, communication, and respect within the couple or coparenting relationship is important. Low-income mothers in other studies report the fathers of their babies remained involved despite living apart often due to incarceration (Keefe et al., 2017). Implementing evidence-based co-parenting programs may assist parents in developing the necessary skills to address relationship conflicts that arise from parenting (Florsheim et al., 2012).

Limitations

This study is not without limitations. Given the sampling approach and small sample size, the findings cannot be generalized to other mothers. Likewise, given the research on use of the EPDS among various groups is quite plentiful, we did not calculate the internal consistency of our sample. It is possible that the internal consistency for our sample is not as strong as others have reported. Furthermore, the researchers were of different backgrounds than the mothers in the study. Despite having support from the agency staff as well as taking time to form relationships with several of the mothers before the interviews, the researchers caution that the study findings must be considered in light of these differences. Although the mothers reported feeling positively about the interviews, many were often exhausted and overwhelmed with their daily stressors which likely affected how they responded during the interviews. Finally, the interviews on which this analysis is based were conducted between 2013 and 2015. It is possible that mothers in 2021 might provide different responses to our questions than we got from the mothers in this study. In our more recent research, conducted in another city, mothers reported their babies' fathers were more supportive (Keefe et al., 2019). However, those interviews were conducted with non-service seeking mothers who had closer bonds with their babies' fathers.

Recommendations

Social workers who work with low-income new mothers must recognize the mothers' inner strengths and capacities to become self-sustaining despite the mothers' social location. Mothers often feel judged and misunderstood by providers (Humphries & McDonald, 2012) and many low-income mothers are reluctant to reach out for help (Keefe et al., 2018b; Loudon et al., 2016; Moore et al., 2016). Social workers should focus on developing a trusting relationship by clearly communicating the limits of confidentiality while bearing in mind that the mothers may distrust service providers.

Additionally, social workers should help mothers to broker appropriate social services including financial and job training resources (Atkins et al., 2020). Additional interventions should focus on enhancing positive coping skills to assertively deal with daily stressors. As this study has supported, low-income mothers of color experiencing depression want to build their independence while focusing on their children's needs. Social workers can encourage mothers to develop relationships by reaching out to informal support services such as faith-based organizations the mothers may already access (Keefe et al., 2016b), and advocating for more flexible hours of operation among formal service organizations to help facilitate new mothers' entry into various programs (Keefe et al., 2016a, 2018b). Supporting opportunities for women and mothers to come together, 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.

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