

A Qualitative Study of Depression among Black African Immigrant Women: “It is just madness”

Earlise C. Ward, Sherrill L. Sellers and David Pate, University of Wisconsin-Madison

Abstract

Over 2.25 million Africans reside in the U.S. today, yet research focusing on African immigrants is sparse; research on African immigrant women in the U.S. is nearly non-existent. This study examined major health and wellbeing concerns experienced by African immigrant women residing in the U.S. We found depression to be a major health concern for these African immigrant women. Depression among these women was influenced by their cultural perceptions, contextual situations, symptom manifestation, and cultural coping, all of which influenced their perceptions of culturally appropriate treatment and receptiveness to treatment. Implications for future research are discussed.

Introduction

Between 1965 and 1992 over 2.25 million people emigrated from Africa to the U.S.; they currently comprise 2.8% of the U.S. immigrant population (US Census, 2000). Yet research focusing on African immigrants is sparse. In fact, African immigrants “have been largely excluded from research on issues confronting immigrants” (Hugo 1997, p. 154). Furthermore, research on African immigrant women in the U.S. is nearly non-existent. The exclusion of African immigrants, in particular African immigrant women, from the scientific and clinical community can have significant consequences. This brief report summarizes findings drawn from the Study of African Immigrant Children and Families (AICF), focusing on the qualitative analysis of the African immigrant women health and well-being component of the study.

Review of the Literature

A central issue across immigrant groups is the promise and problems of immigration (Saldana, 1995; Waters, 1999; Zhou, 1997). Immigrants are confronted with a wide range of concerns such as cultural displacement, housing difficulties, language and communication barriers, and problems negotiating medical and educational systems. Although these issues may affect all immigrants, women may be at greater risk because of changing gender role expectations and conflicts, race and new minority status, decreased assistance from extended family members, and increases in socio-relational responsibilities such as working outside the home and managing family resources in the U.S. and their native country. The convergence of immigration, changing gender roles, and race-related issues create a unique set of risk factors for health problems among African immigrant women.

Although there is anecdotal evidence to support difficulties Black African immigrant women experience in the U.S., no empirical studies in this area could be found, while only two studies could be found on Black immigrant mental health. According to Puritt (1978) and Hugo (1997) African international students experienced communication difficulties, poor adaptation to the weather, difficulties negotiating educational and employment systems, and were at risk for social isolation and depression. Both of these studies, however, found that spiritual well-being was

correlated with lower stress levels, greater hardiness and self-esteem, and improved health among African immigrants. Although these two studies provide important information they are both limited in providing information specific to women. For instance, although Hugo (1997) separated the sample by gender, neither Hugo (1997) nor Puritt (1978) separately analyzed immigrant men and women. Thus, whether Hugo and Puritt's findings are applicable to African immigrant women is questionable.

Research Question

Due to the gaps in the limited body of available literature, the following question became important to examine: What are the major health and well-being concerns experienced by African immigrant women residing in the U.S.?

Methods

Constellation of the Focus Groups

Three focus groups were conducted with African immigrant women. One group (N=8) requested that the discussion not be taped and were excluded from the current analysis. The data used in this analysis consisted of five adult women from two focus groups (Group 1, N=3 and Group 2, N=2). The women were from Nigeria (1), Cameroon (1), Ghana (2), and a woman who stated she was from the U.S. but "spent some time in Malawi", she was married to an African immigrant man. The participants' ages ranged from late thirties to early fifties; all of them were married and had children.

Instruments

Demographic questionnaire. A brief demographic questionnaire was used to obtain background information. The questions asked participants' age, marital status, country of origin, and number of children.

Focus groups. Focus groups were selected as the method of inquiry because of the depth of data they provide and because they allow for a thorough understanding of participants' qualitative experiences. Although participants were free to talk about any aspects of their experiences, five topics were provided to initiate conversation: a) immigrant experience, (b) physical health, (c) well-being, (d) social resources, and (e) race and nationality.

Procedures

Participants were recruited through two major African associations in the Midwest. The focus groups were held on a Saturday afternoon to encourage participation. The focus group sessions lasted 90 minutes. The sessions were audio taped for the purpose of transcription and analysis. Each participant received a compensation of twenty dollars for their participation.

Data Analysis

Data analysis processes were guided by the dimensional analysis method of Kools, McCarthy, Durham, and Robrecht (1996) and Schatzman (1991). The objective of dimensional analysis is

to understand all the elements involved in the social phenomenon being studied (Schatzman, 1991, p.304). According to Kools et al., (1996), the key process in the analysis is to “construct and understand the components of a complex multidimensional social phenomenon (p.316)” from the participants’ perspectives. This construction and comprehension is achieved by conducting a line-by-line analysis of the transcripts with the goal of identifying the parts of the phenomenon and the interrelation among the parts (Kools et al., 1996). The line-by-line analysis of transcripts allows the researcher to discover and describe the salient dimensions of the phenomenon from the participants’ perspective (Bowers, 1999).

Once the data analysis was completed the final manuscript was sent to an external auditor who was instructed to review the manuscript and provide feedback about her perceptions of the findings as an African immigrant woman.

Results

Depression emerged as the major health and well-being concern experienced by the participants in the study. We found that for this group of African immigrant women depression is associated with the following four dimensions: perceptions of depression, contextual situations associated with the emergence of depression, symptom manifestation, and cultural coping strategy. These four dimensions appeared to be interconnected such that participants’ perceptions of depression influenced the manifestation of their symptoms and utilization of cultural coping skills. These four dimensions in turn influenced participants’ views of culturally appropriate mental health treatment. The following section describes in detail the four dimensions associated with depression for the participants, and their perceptions of culturally appropriate treatment.

African Immigrant Women’s Perceptions of Depression

Although the participants in this study reported that depression does exist in the African immigrant community, they also stated that people do not talk about mental illness. One participant stated:

African people don’t actually come out to say depression as such, but most of the ailment or most of the complaints all kind of stem from depression.

Participants reported that in some of their languages there is no word for depression. Interestingly, one participant reported that:

The word in a lot of our languages for depression is madness, and madness is actually the extreme stage of depression, I think.

The women reported that individuals who might be experiencing “depression-like” symptoms do not openly verbalize their concerns for fear of negative consequences. One participant noted:

Back home, people who are mad, they’re outcast. And nobody wants to reveal any depression they are going through and I think because they’re afraid it’s going to be considered madness.

The women's perceptions of depression appear to be influenced by their symptom expression and coping strategy.

Symptom Manifestation

The words the participants used to describe symptoms of depression appeared to be somatic in nature such as body aches, physical tiredness, and headaches. One participant explained symptoms of depression in the following manner:

They might say, well my whole body is heavy, feeling down, don't feel like getting up, frequent tiredness, and feelings of sadness. As you talk more and more, you will realize that they're very depressed.

Contextual Situations Associated with the Emergence of Depression

Analyses revealed seven contextual situations associated with the emergence of depression: change and expectation; parenting and academic responsibilities; family structure and gender role strain; difficulties navigating and negotiating social systems; financial concerns; racism, discrimination, and stereotyping; and social isolation. These contextual situations appear to be interrelated. That is, the contextual situations appear to impact the emergence of depression independently and in conjunction with other contextual situations. For instance, change can be an independent situation, but in the present study change seemed to be interrelated with expectation. We briefly report on three of the contextual situations: change and expectation, family structure and gender role strain, and racism and discrimination.

Change and expectations. Change refers to emigrating from Africa to the U.S. and adapting to a new environment, culture, people and language. Participants reported their perceptions of life in the U.S. did not match the reality upon arrival to the U.S. One participant stated:

With the change for most people coming here, sometimes the reality does not match the expectations and that might contribute to depression.

Family Structure and gender role strain. Participants reported that their struggles in the U.S. are intensified because they no longer have extended family members in their household and their role within the family changed such that they became the primary caregiver to their spouse and children. Although women's role changed, values related to division of labor were maintained. As a result, immigrant women continued to do most of the domestic tasks. These changes in family structure and gender roles placed a strain on these African immigrant women. The level of stress is clearly reflected in the following comment by a participant:

It is unusual to have a father, mother, kids living in a household in Africa exclusively. There are younger cousins, nephews, nieces, you know maids, servants, and whatever. Especially if you are middle class, you may have 3, 4 servants even if you are not working. So to then live there, and come here and then you have to do all your cooking, your cleaning, your shopping, your laundry and everything – still do school and have a job – it's a lot. These are significant stress factors.

Racism, discrimination, and stereotyping. Racism, discrimination, and negative stereotyping towards African immigrant women appeared to influence their mood. One woman talked about acts of racism directed toward her by a sales clerk at a department store and its impact on her mood, in the following statement:

So I went back to her and I said, do you assume that every Black person that walks in is going to shoplift or they're going to wear the things and bring them back? So we had a talk [with the manager] and they gave us some gift cards. I was still really upset.

It appeared that the participants' experienced racism directly and indirectly. For instance, these women are not only victims of racist acts directed toward them, but they are also victims of racism indirectly when their spouse and children are affected by racism. One woman talked about the indirect impact of racism as it affects her daughter at school in the following statement:

There is a good example of when my girls said, "Mommy, in our class, we're the only two Blacks in our classes and they never call us to do anything – when we offer, she [teacher] kind of doesn't even listen, or doesn't really care."

Analysis also indicated that African immigrant women experience dual racism. That is, they experience racism as a result of being Black and also because they are foreigners. The participants' reported that having to deal with this dual racism is an added stressor in their lives.

Cultural Coping Strategy

Participants seemed to cope with depression indirectly or perhaps culturally. For instance, participants stated that no one openly talks about depression in their community. Their reluctance to talk about depression and other mental health issues is related to their perception of depression and fear of being labeled "mad" or "crazy." Consequently, immigrant women cope with depression through silence. The following is a statement from a woman who describes coping strategies immigrants in the U.S. use from "back home":

A lot of them have to do with this feeling of we come here in search for a better life. And somehow I think a lot of us, and most of us, I generalize, by coming out with some of these health issues, especially mental [issues] it is as if you-you declaring that I am not succeeding. Back home people who are mad, they are outcasts. And nobody wants to reveal any of the depression they are going through and I think because they're afraid it's going to be considered madness.

Culturally Appropriate Treatment

African immigrant women's perceptions of depression, combined with the manner in which their symptoms manifested and the cultural coping strategies they employed, influenced the type of treatment they thought would be appropriate. More specifically, the participants identified counseling with a clinician of African descent (African American or African) and non-traditional treatment approaches (herbs) as most culturally appropriate. One participant expressed her interest in counseling by stating:

When people have depression, if it's possible for the medical field to go a little bit further to try and maybe add some counseling to the Prozac that is usually prescribed..... actually have something in place maybe a group or something you can recommend as therapy for whosoever is complaining of depression because there is always a reason why people are depressed. There is an outlet when you see some help at the end of the tunnel. And also be able to follow up with a real solution for that problem. I believe it will go a long way to help people deal with their health problems.

Directions for Future Research

It is important to note that this study was exploratory. However, it is our hope that the findings of the present study will inform future research in this area. The results of this study provide evidence that Black African immigrant women are concerned with and are affected by depression. This study provides information about dimensions that are associated with depression for this group of African immigrant women. Studies that seek to further investigate mental health among African immigrant women, men and children are greatly needed. One possible extension of the present study is a larger-scale qualitative study of depression among immigrant women of African descent. Such a study would enhance our understanding of the unique factors that place Black African immigrant women at risk for depression. In addition, such a study would aid in the development a theory of depression grounded in these women's life experiences and assist health care clinicians in providing a culturally competent network of mental health services to this group of women.

Conclusions

This study highlights the multidimensionality and complexity of depression for African immigrant women and suggests the need for a more comprehensive system of mental health services to effectively meet the needs of this group of women. We found that depression among African immigrant women was influenced by cultural perceptions, contextual situations, symptom manifestation, and cultural coping, all of which influenced perceptions of culturally appropriate treatment and receptiveness to treatment. Knowledge of these dimensions can inform methods of practice, training, and research to support culturally competent health care for African immigrant women. Finally, the findings from this study may have implications for other immigrant women, and African American women, due to the convergence of immigration, racial discrimination, and changing gender role expectations and their impact on depression.

Please direct all correspondence to Earlise Ward, Ph.D. Center for Women's Health and Research, Medical School, University of Wisconsin at Madison, 6 W. Meriter-Park, 202 S. Park St., Madison, Wisconsin 53715, Phone(608) 438-4069, email ecward@wisc.edu.

Data was drawn from "The Health and Well-Being of African Immigrant Children and their Families: Pilot." Sherrill L. Sellers, Ph.D. Principal Investigator. UW-Madison Health & Society Research Competition, sponsored by the RWJ Health & Society Scholars Program at the University of Wisconsin-Madison. We acknowledge the support of Dr. Gloria Johnson-Powell and thank all of the families who graciously and generously participated in the study. We also want to thank Chimnonso Njokanma and Joy Newmann for their insightful feedback on the manuscript.

References

- Bowers, B., Esmond, S., & Canales, M. (1999). Approaches to case management supervision. *Administration in Social Work, 23*, 29-48.
- Hugo, K. A. (1997). African immigrants in the United States: The challenge for research and practice. *Social Work, 42*, 154-166.
- Kools, S., McCarthy, M., Durham, R., & Robrecht, L. (1996). Dimensional analysis: Broadening the conception of grounded theory. *Qualitative Health Research, 6*, 312-330.
- Puritt, F.J. (1978). The adaptation of African students in American society. *The International Journal of Intercultural Relations, 21*, 90-118.
- Saldana, D. (1995). Acculturative stress: Minority status and distress. In A. M. Padilla (Eds). *Hispanic psychology: Critical issues in theory and research* (pp. 43-56). Thousand Oaks, CA: Sage.
- Schatzman, L. (1991). Dimensional analysis: Notes on an alternative approach to the grounding of theory in qualitative research. In D. R. Maines (Ed.), *Social organization and social process* (pp.303-314). New York: Aldine De Gruyter.
- U.S. Census Bureau, information & research services (2002). *Census 2000*. Retrieved 2/10/04. <http://www.census.gov/main/www/cen2000.html>.
- Waters, M. (1999). *Black identities*. Cambridge, MA: Harvard University.
- Zhou, M. (1997). Growing up American: The challenges confronting immigrant children and children of immigrants. *Annual Review of Sociology, 23*, 63-93.