NURTURING MATERNAL HEALTH IN THE MIDST OF DIFFICULT LIFE CIRCUMSTANCES: A qualitative study of women and providers connected to a community based perinatal program

BACKGROUND

Many socioecological and structural factors affect women’s diets, physical activity, and her access and receptivity to perinatal care. Research with low-income, pregnant women suggests that they perceive “hardships” (e.g., custody issues, child care, lack of social support, etc.) as factors that increase their stress and decrease their overall self-efficacy for healthy behaviors in relation to diet and physical activity throughout the prenatal period.

THE STUDY

This study explored how difficult life circumstances shaped pregnant and postpartum women’s perceptions and experience on health, as well as how the difficult circumstances were intertwined/intensified because of pregnancy, postpartum and “rurality” (women’s residence in rural Alberta). In this study, we refer to life hardships that negatively affect women’s experiences as “difficult life circumstances”. The study included pregnant and postpartum women connected through the Healthy Moms Healthy Babies (HMHB) program across five rural communities in Southern Alberta. The study followed the principles of community-based participatory research in which five focus groups were conducted with a total of 28 women, eight one-on-one interviews with program providers and observations of program activities. Of these women, 25 were postpartum and three were pregnant, four were immigrants (three from Southeast Asia and one from South America), and they had an average of two children.

FINDINGS

Women described what they perceived as being healthy during pregnancy and postpartum (emotional well-being, being physically active, smoking cessation, eating healthily, and taking prenatal vitamins). Difficult life circumstances prevented them to be healthy, whereas the HMHB services and supports commonly enabled them to be healthier during pregnancy. Altogether, these factors formed a web of factors women had to thread during pregnancy and postpartum in rural areas.

CONCLUSION

Women’s perceptions of health, and examples of how they tried to achieve such, showed they wanted to do best for their and baby’s health but faced numerous difficult life circumstances during pregnancy and postpartum. Programs, such as HMHB, can play a critical role in helping women to mediate some of these difficult circumstances. Women who participated in the program received much needed additional health and social support from providers who understood their life contexts in a non-judgmental way. When community-based programs show such potential, they should be well supported through policies and expanded to other locations to increase reach.