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The Lived Experience of Latina Women Giving Birth in the United States

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THE LIVED EXPERIENCE OF LATINA WOMEN GIVING BIRTH IN THE UNITED STATES

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Abstract

The Lived Experience of Latina Women Giving Birth in the United States

As the Latino community continues to grow in the United States, it is essential that cultural considerations be addressed, particularly in health care. Cultural assessment is of the utmost importance when trying to understand the phenomena of childbirth. Childbirth is one of the most significant events in a woman's life. It is complicated when giving birth in a country other than one's own. Therefore, it is crucial to comprehend and appreciate how culture influences the birth experience. Nurses play an essential role in assisting women of diverse cultures to fulfill their expectations regarding traditions, beliefs, and practices regarding childbirth. The purpose of this phenomenological study was to explore the meaning of the lived experience of childbirth of Latina women giving birth in the United States.

The inclusion criteria consisted of Latina women vaginally delivering their first child. A purposive sample of 12 participants was selected until the point of redundancy. Participants were approached within 48 hours after delivery. Interviews were audio taped-recorded and then transcribed. Observational notes and demographic data were recorded. Each mother was asked to verbally respond to the following statement/questions: (a) *Tell me about your recent childbirth experience*, (b) *What did the childbirth experience mean to you?(c) What did it mean to you giving birth in the United States*? Further probing questions emerged as the interviews progressed. van Manen's phenomenonological method was used as the framework for data analysis.

Transcripts were coded and reviewed for themes and patterns. All interviews were conducted in Spanish and analyzed in both Spanish and English. In addition, findings

were validated across respondents through member validation conducted at the end of the data collection phase. Analysis resulted in three essential themes, *Cultural Adaptation*, *The Unfamiliar Journey in a Foreign Land*, and *Confirmation of Choice*. Significant to the essential themes are the seven incidental themes of *Cultural Differences, La Familia (Support based on culture), Spirituality, Emotions of Labor, Timeliness of Labor, The Ultimate Reward, and Realization of Motherhood.* The meaning of the Latina woman's experience of giving birth in the United States involved the dimensions of adapting to the North American culture and living through the process of labor, which culminated with the affirmation of her choice of giving birth in the United States.

Resumen

La experiencia que la mujer latina vive al dar a luz en los Estados Unidos

Debido a que la comunidad latina sigue creciendo en los Estados Unidos, es esencial que se tomen en consideración los aspectos culturales, en particular en el área de la atención médica. La evaluación cultural es de suma importancia cuando se trata de entender el fenómeno del alumbramiento. Dar a luz es uno de los eventos más importantes en la vida de una mujer y es un evento complicado cuando se da a luz en un país que no es el propio. Por lo tanto, es crítico entender y valorar cómo la cultura influencia la experiencia del nacimiento. Las enfermeras juegan un papel fundamental al ayudar a las mujeres de diversas culturas para que puedan ejercer sus tradiciones, creencias y practicas referentes al nacimiento. El objetivo de este estudio fenomenológico tuvo el propósito de explorar el significado de la experiencia que la mujer latina vive al dar a luz en los Estados Unidos.

El criterio de inclusión consistió en la mujer latina que dio a luz vaginalmente a su primer niño. Una muestra de 12 participantes fueron seleccionadas para ser entrevistadas hasta el punto de la redundancia. Las participantes fueron abordadas dentro de las 48 horas después del alumbramiento. Las entrevistas fueron grabadas en una cinta las cuales después fueron transcritas; se grabaron notas de observaciones y datos demográficos. A cada madre se le pidió que respondiera a los siguientes enunciados/preguntas: (a) *Platíqueme acerca de su reciente experiencia al dar a luz*, (b) *¿Qué importancia tuvo para usted la experiencia de dar a luz?(c) ¿Qué significó para usted dar a luz en los Estados Unidos*? Más preguntas exploratorias fueron surgiendo al avanzar las entrevistas. El método de fenomenología de Van Manen se utilizó como el

marco para análisis de los datos. A las transcripciones se les asignó un código y fueron revisadas por temas y patrones. Todas las entrevistas fueron conducidas en español y analizadas tanto en español como en inglés. Además, en la fase de recopilación de datos, las personas entrevistadas confirmaron los resultados a través de la técnica de validación de los participantes. Los resultados de los análisis arrojaron tres temas esenciales: *Adaptación cultural, El viaje desconocido en tierras ajenas y Confirmación de selección.* Lo significante a los temas esenciales son los siete temas incidentales de *Diferencias culturales*, *La Familia (apoyo basado en la cultura), Espiritualidad, Las impresiones del alumbramiento, El momento del alumbramiento, La recompensa última y La realización de la maternidad.* El significado de la experiencia de la mujer latina al dar a luz en los Estados Unidos abarcó dimensiones de adaptación en la cultura norteamericana y de vivir a través del proceso del alumbramiento, el cual culminó con la afirmación de su opción de dar a luz en los Estados Unidos.

Dedication

I would like to dedicate this dissertation to my inspiring parents Rodolfo and Josefina Torres whom from an early age proudly taught all their children the importance and value of our Puerto Rican and Mexican heritage and most of all the significance of our family and the love of family.

To my sisters Maria, Rosana and Mercedes who from the beginning; encouraged and supported me, and believed in my dreams.

And finally to my husband Ed, and my precious Murphy, who demonstrated patience, understanding and love throughout my doctoral program.

To my family, thank you for your love and support; I couldn't have done it without all of you. I love you all.

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I wish to express my deep appreciation to the women who participated in this study. Their honest and open sharing of their childbirth experiences made an important contribution towards the understanding of Latina Women giving birth in the U.S.

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CHAPTER 1

INTRODUCTION

The childbirth experience has been studied by many disciplines because of its complexity and life altering effects. Childbirth has been considered one of the most significant, crucial, and life altering events in a woman's life (Scopesi & Zanobini, 1997). It consists of both physiological and psychological changes, occurring in a relativity short period of time (nine months of gestation). Memories of this experience are vivid, accurate, emotional and life long (Hodnett, 1996; Simkin, 1996). The childbirth experience has such a powerful effect on the woman that it has the potential for a permanent or long-term positive or negative impact (Simkin, 1991). A woman's feelings regarding her childbirth experience may influence her feelings about and performance of her maternal role (Fawcett, Pollio, & Tully, 1992). This chapter will provide the purpose of the study. The significance of this study, the rationale for the study and underlying assumptions will also be discussed.

Problem

Each year a large number of diverse cultural groups immigrate to the United States (U.S.), with the Hispanic population being the fastest growing group. The U.S. Hispanic population increased from 22.4 million in 1990 to 32.8 million in 2000 or 12 % of the total United States population (Therrien & Ramirez, 2000a). It is projected that the number of Hispanics will increase to 51 million by 2020, 63 million by 2030, and 88 million by 2050 (Campbell, 2000). In California, Latinos have grown to become the majority (50.1 %) of the total population for the first time since 1860 (Verdin, 2000).

As Latinos immigrate into the United States, they bring their culture, traditions, and expectations with them. Cities which border the United States and Mexico experience a diverse mixture of Hispanic and Anglo-American cultures. Until recently, little has been done in the United States to foster an understanding of the complex nature of family and nationality within the context of cultures that exist in this mingled population (Weiss, 1992). A better understanding of Hispanic cultures is needed to provide optimum health care to this population. Due to the significance of the birth of a child, it is crucial to comprehend and appreciate how culture influences the events of the birth experience.

Purpose of Study

The aim of this study was to explore the meaning of the Latina woman's giving birth in the United States. This was done through examination of the meaning of the phenomenon of giving birth in the United States for primiparous Latina women .

Ultimately, the goal is to assist maternal-child nurses to deliver culturally sensitive care to Latina women and their families.

Phenomenon of Interest: Childbirth Experience in the United States

The experience of childbirth encompasses physiological responses, which include severe pain, exhaustion, and the possibility of physical injury or death. It also consists of psychological responses such as sexuality, emotional stress, vulnerability, empowerment, belittlement, spirituality, humiliation, joy, and fear (Hodnett, 1996; Rothman, 1996; Simkin, 1991). Many disciplines have conducted studies and continue inquiry into this phenomenon. Scopesi and Zanobini (1997) recognized that due to the biological and cultural nature of the event, the birth of the child represented a crucial experience in women's life cycle. In general, the physiological and biological aspects of giving birth are similar in women. Perceptions of the childbirth experience are linked to the attitudes and beliefs held by a culture, thus making the experience different for each culture (Brown, 1976). The meaning of the individual childbirth experience is therefore rooted in and influenced by strong beliefs and traditions of the woman's own culture. It is this meaning that the woman places on the childbirth experience that makes the experience unique for her. Consequently, the expectation of the culture she gives birth in will alter the experiences from which she is most familiar with. Therefore, the phenomenon of interest is the meaning of the childbirth experience for the Latina woman giving birth in the United States.

Research Question

The specific research question is: What is the meaning for the Latina woman of giving birth in the United States? Each mother was asked to verbally respond to the following statement/questions: (a) *Tell me about your recent childbirth experience*, (b) *What did the childbirth experience mean to you?(c) What did it mean to you giving birth in the United States*?

Definitions

In 1970, upon recommendation from the Office of Management and Budget (OMB), the United States Census Bureau put into practice the term, *Hispanic* (Hayes-Bautista & Chapa, 1987). The name Hispanic is derived from the Latin word for Spain or *Hispania*, which directly translated to Spanish (Yankauder, 1987). Operationally, the term Hispanic has been used to identify persons whose origins were of Mexican, Puerto Rican, Cuban, Central and South American or any other Spanish descent (United States Census Bureau, 1999). This clustering of countries under one name was perceived to diminish the uniqueness of each group's culture, traditions, ancestry, and country of origin (Yankauder, 1987). As an alternative, the term *Latino* was proposed for the first time by Hayes-Bautista & Chapa (1987) in a *Los Angeles Times* article. Latino has been used to include all people of Latin American origin or descent, irrespective of language, race or culture. Hayes-Bautista & Chapa (1987) announced that "the term Latino, is offered as the term that best reflects both the diverse national origins and the nearly unitary treatment of Latinos in the United States" (p. 61). Operationally, the term Latino referred to a person residing in the United States whose nationality group, or nationality

of their ancestries, were of Latin America decent. Sensitive to the request and aware of the cultural diversity across the country, the OMB recommended a change. In October 1997, OMB accepted the recommendation to modify the term Hispanic to *Hispanic* or *Latino*. The recommendation to adopt both names, instead of replacing Hispanic, was due to the varied regional usages of the terms. According to the OMB, the phrase Hispanic was commonly used in the eastern portion of the U.S., whereas Latino was commonly used in the western portion of the country. The term Hispanic or Latino is to be used for persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or country of origin, regardless of race. In addition, the term *Spanish origin*, was also introduced and may be used as an alternative to Hispanic or Latino. For clarity and for the remainder of this paper, the term Latino will be used to describe this population, and Latina will be used to describe the female gender.

Methodology Selection: Phenomenology, The Lived Experience

Qualitative or interpretive inquiry allows the researcher to describe a human life experience, understand a phenomenon, and explicate meaning through a systematic subjective holistic approach (Boyd, 2002a; Boyd, 2002b; Burns & Grove, 1995). The qualitative methodology chosen for this study was phenomenology. Phenomenology is used to explore and understand human phenomena as a "lived experience" (van Manen, 1990). The purpose of phenomenology is to describe experiences as they are lived by the participants (Burns & Grove, 1995). It aims to gain a deeper understanding of the nature or meaning of our everyday experience (van Manen, 1990).

Phenomenology was selected as the method for this study after careful consideration of other methodologies such as grounded theory, ethnography and ethnonursing. Phenomenology is used to answer questions of meaning and the understanding of an experience (LoBiondo-Wood & Haber, 2002), which differs from the generation of theory from identification of social processes, such as with Grounded Theory (Holloway & Wheeler, 2002). The meaning of the lived experience of childbirth among Latina women giving birth in the United States can best be captured through a phenomenological methodology. Phenomenology was preferred, because rather than being concerned with more than the main cultural patterns or social processes of birthing this study was concerned with the Latina woman's experience of this process in a foreign country. This study goes beyond the basic cultural understanding of Latina women's birth experience.

Phenomenology explicates the meaning of a human lived experience, such as the experience of childbirth for the Latina woman in the United States (van, Manen, 1990). Although this study examined Latino women, it was the meaning of the cross-cultural experience of her giving birth in the United States that was the focus of this study. Phenomenology was selected for this study because it sought to understand a phenomenon, the birth experience for the Latina woman of their first born in the United States.

Rationale for the Selected Methodology

The philosophical underpinning of phenomenology evolved with the contribution of philosophers such as Franz Bretano (1838-1917), Carl Stumpf (1848-1936), Edmund Husserl (1889-1976), Martin Heidegger (1889-1976), Gabriel Macrcel (1889-1973),

Jean-Paul Satre (1905-1980) and Maurice Merleau-Ponty (1908-1961). With the focus on human experience and the search to understand events through the perception of the individual, there were several basic assumptions that directed the philosophy of phenomenology. Objects in the world are not of primary interest; instead, their importance lay in how these objects appeared (Oilver, 1982). In phenomenology, reality is a matter of appearance or perception. Reality is based on subjectivity and perception. Meaning is derived through subjective method as well as traditional objective measures. In phenomenology, there is no separation between the *subjective* mind and the *objective* world (Omery & Mack, 1995). It is through the understanding of the lived experience that knowledge is derived. Central to phenomenology is the notion of *being in the world,* which comes only through interaction with the world. The focus is on the experience. The understanding of the world is shaped by the individual's perspective. Awareness of the perception and its meaning could only be known through the understanding of the experience (Beck, 1994). To comprehend a lived experience one must understand the individual's perception of that experience. Reality is based on the individual's perception and it is accessed through verbalization of the subjective experience.

Phenomenology focuses on the meaning of human experience and seeks to understand events through the perception of the individual. The notion of understanding the lived experience is the essence of humanity. With these philosophical underpinnings phenomenology is the appropriate methodology for this study. The meaning of the Latina woman's childbirth experience was obtained through the examination of her statements about the phenomenon of her childbirth in the United States.

Assumptions

To reveal the meaning of the Latina woman's lived childbirth experience, preconceived assumptions must be suspended. The investigator's personal assumptions and biases in this study came from personal experience as a Latina woman and professional experience with childbirth as a labor and delivery nurse. Additional, assumptions were identified based on literature review, regarding culture and childbirth. Assumption underlying this study included:

(a) The assumption that cultural groups have specific attitudes towards childbirth and the meaning of the experience.

(b) The assumption that cultural groups have specific folk beliefs and taboos associated with childbirth.

(c) The assumption that cultural groups adheres to gender-related roles during childbirth.

(d) The assumption that childbirth pains are viewed as negative and need to be relieved.

(e) The assumption that childbirth satisfaction is related to perceived control of the childbirth experience.

(f) The assumption that the childbirth perceptions are related to the type of delivery (vaginal delivery or cesarean delivery).

(g) The assumption that the family's emotional and physical support is central to the childbirth experience.

By deliberately acknowledging these assumptions, attempts are made to put aside and allow for the experience to be discovered anew. In addition their influences can be

examined for in the analysis. It was the purpose of this study to explore the meaning of the lived experience of childbirth among Latina women giving birth in the United States.

Significance to Nursing

The United States is the most culturally diverse nation in the world (Shah, 2001). Statistics from the 2000 U.S. Census showed a dramatic increase in all cultures and particularly the Latino population. As the Latino community continued to grow in the border cities, it became apparent that cultural considerations needed to be addressed in health care and particularly in the perinatal period. Ironically, the fastest growing cultural group has been called the *silent or invisible minority* because few research studies have been conducted in this population (Caudle, 1993). Further quantitative and qualitative studies are recommended because of the limited information available about health and social needs, health beliefs, health behaviors and family roles for the Latino population. The increase in the Latino population in the United States has provided opportunities, as well as the need, to learn more about this diverse culture through research. Information gained will assist in theory development, consequently assisting nurses to provide competent relevant care to the Latino population.

Cultural assessments are of the utmost importance when trying to understand the phenomena surrounding an event such as childbirth. The birth of a child is a momentous event in many cultures (Shah, 2001). How a patient perceives their childbirth experience is influenced by the woman's own culture (Callister, 1995). How the patient remembers her birth experience is influenced by the involvement, interaction and the care provided by the attending nurse (Simkin, 1991, 1996). Nurses play an essential role in assisting

women of diverse cultures to fulfill their expectations regarding traditions, beliefs, and practices about their childbirth. Providing culturally relevant care is essential for nursing practice. An appreciation of the culture would enable the nurse to recognize, acknowledge, and respect specific cultural practices related to childbearing. As a result of the knowledge the nurse can anticipate, modify, and incorporate cultural beliefs into the plan of care. Callister (1995) stated that the "nurses [sic] who are willing to learn about their client's culture by giving women the opportunity to share their perceptions of the meaning of childbirth may be more successful in promoting positive physiological and psychosocial outcomes" (p. 293).

The identification of common characteristic of cultures provides a starting point for cultural awareness. Awareness of the culture can lead to culturally relevant care. One purpose in endeavoring to understand a particular culture, ultimately, is to provide culturally relevant care. Culturally relevant care begins with respect and acceptance of the individual, establishing rapport. Through interactive communication, the nurse could anticipate health problems, which are common in that particular population. In addition, particular customs and beliefs that dictate activity and behaviors could be identified, such as those that surround pregnancy and childbirth. Ideally, modification in the plan of care would occur based on the individual's cultural beliefs and practices thus providing culturally relevant care (Andrews & Boyle, 1999).

This study took that awareness to another level by examining the cross-cultural birthing experience. This study provided insight into the Latina woman's meaning of childbirth through the interpretation of her lived experience as she gave birth in the United States. The knowledge gained will add to the body of nursing research by

providing insight to nursing regarding the experience of giving birth in a foreign culture. Eventually this will assist nurses to provide culturally relevant care to the Latina woman and her family during the birth of their child. The importance of understanding the meaning of childbirth for the Latina woman is that this knowledge can assist nursing in promoting positive physiological and psychosocial outcome as they give birth in the United States as findings from this study are incorporated in the labor and delivery units were Latino population are most prominent.

Summary

This chapter has provided the backdrop for this qualitative study. The phenomenon of childbirth is a significant event. In the United States, the Latino population continues to rise, resulting in questions on how best to serve the childbearing Latino family. Phenomenology was selected as the most appropriate methodology to gain an understanding of the meaning of the Latina woman's experience of childbirth. Assumptions regarding childbirth and culture were explicated and were suspended for the study. Information gained will add to the body of nursing knowledge, and in time with further research, will assist nurses to provide sensitive care to Latina women and their families. Findings from this study can serve as a foundation for future study, which can contribute to the development of nursing theories, psychometric tools, and eventually implementation of concepts into clinical practice thus changing the culture of labor and delivery unit.

CHAPTER 2

REVIEW OF LITERATURE

This chapter includes a review of the literature related to the experience of childbirth and culture. The intent of the review is to provide the background of the phenomena of childbirth to assist in understanding the need for the proposed study. The chapter will begin with a brief overview of the history of childbirth and then proceed to the review of literature. In compliance with the phenomenological methodology (Swenson, 1996) a more in-depth analysis of the literature related to emergent themes was conducted after the data was collected and analyzed and is included in the discussion section.

Historical Overview of Childbirth

Simply stated "The history of maternity care is the history of midwifery" (Rothman, 1982, p. 50). Through understanding the history of midwifery one can comprehend the evolution of the childbirth experience from it's beginning as a natural process to where it has become a medical procedure.

Women have shared their experiences and supported each other in the process of childbirth since the start of civilization (Lefèber & Voorhoeve, 1998). In a community, women with known birthing skills became known as the lay midwives. References to midwives have been documented as early as biblical times, and throughout the colonial period (Litoff, 1978; Rothman, 1982). In time, quality and safety to the laboring mother became a primary concern. Issues regarding morbidity and mortality for both mother and infant served as an impetus to change the practice of midwifery.

Childbirth was considered to be a natural process and part of the woman's domain (Tyndal, 1978). Prior to the 1800s, a large percentage of births in America, were attended by midwives (Kalisch & Kalisch, 1995; Wertz & Wertz, 1989). Deliveries by female midwives, rather than male physicians, were the result of traditional birth customs and social status at the time. Societal culture dictated that the use of a male physician at the time of delivery was inappropriate. Female family and friends provided support and comfort to women during the time of labor (Litoff, 1978). This feminine social event was also implied in the term *midwife*. The name *midwife* literally means *with-woman*, a woman who was with a mother at birth (Wertz &Wertz, 1989, p. 6). Male physicians were allowed only when a complication arose during the delivery and surgical or instrument assistance was required (Litoff, 1978). In time, the use of male physicians resulted in a change in how childbirth would be viewed.

The Medicalization of Childbirth

In 1810, as a result of English influences, midwifery in America began to change (Wertz & Wertz, 1989). In England, midwifery programs were well developed, lowering morbidity and mortality rates for both mothers and infants. American physicians began to

study abroad and developed their obstetrical skills. Upon their return, the better-trained male physicians began to replace female midwives in the U.S. Consequently, a shift towards a more interventional (e.g. forceps deliveries, oxytocin agents, and surgical procedures) births ensued (Rothman, 1982; Wertz & Wertz, 1989).

As the rise of obstetricians continued, the fall of midwifery occurred. The result of this transformation was the "women's loss of control over their childbirth to men's hands and to men's tools" (Rothman, 1982, p. 50). Women went from an active participant in the process of giving birth to a passive patient in a medical event of delivering a fetus (Rothman, 1989). It wasn't until the 1950s that women began to realize the medical model of childbirth had taken away the very essence of the experience. The natural process of giving birth had changed to the medical management of the disease known as pregnancy. Rothman (1982) explained that childbirth was seen as a surgical procedure performed by an obstetrician on the pelvic regions of women, involving the removal of a fetus and a placenta, as opposed to an event in the lives of women and their families (p. 181). Giving birth to a child was something that a woman could do with the emotional support and participation of her family. This natural event has been shared among women, bonding mother to daughter. An excerpt from Rothman's (1982) prologue described this bond.

> ... my mother walked me to the shower. As much as I had needed my husband's support before, I felt the need for mothering then. I got the shakes-part physical, part emotional reaction, I guess. She bundled me up so that I was warm and helped me put on a sanitary pad napkin-it was like the first time I got my period and was initiated into all the mysteries (p. 22).

The experience of the birth has been seen as a right of passage from womanhood into motherhood. It is an experience only a woman could understand when she herself travels the same path. Although each woman experienced birth differently, another woman could understand what she had experienced. The experience however, changed when the woman was placed in a hospital gown, bound to a hospital bed, and the medical management of childbirth adhered to (Rothman, 1982). Consequently, the image of a *patient* with an illness emerged. Familial feminine support was lost in the medical model. The holistic, healthy, natural condition of childbirth was obscured by the surgical and/or interventional procedures, which happened to laboring women. As a result, the experience of childbirth was altered.

Literature Overview of Childbirth

The occasion of the birth of a child has captured the curiosity of humankind from the beginning of time to the present day. The childbirth experience has been studied by a multitude of disciplines, focusing on both the physiological and psychological aspect of the phenomenon. It is understandable that the nature of this phenomenon inspired both quantitative and qualitative investigative inquiries. Research studies have explored various aspects of childbirth, which will briefly be discussed. Recently, studies have emerged to include cultural considerations and centered on the behaviors and cultural meanings of birth. However, few have focused specifically on the childbearing Latina woman, while none have focused on the Latina woman's childbirth experience.

Perception of the Childbirth Experience

Childbirth, especially the birth of the first child, has a tremendous long-term impact on a woman's life (Simkin, 1991). The potential for psychological benefits or risks are present at every birth. A significant number of the initial studies are aimed at exploring a woman's perception of her childbirth experience (Butani & Hodnett, 1980; Collins, 1986; Manogin, Gregory, & Rami, 2000; Mercer, Hackley, & Bostrom 1983; Schultz, Bridgham, Smith, & Higgins, 1998). During these initial studies focus was placed on the on the woman's perception on whether they delivered vaginally or by cesarean section.

Research has shown that the type of delivery considerably influenced the woman's perception of childbirth (Cranley, Hedahl, & Pegg, 1983; Fawcett, et al., 1992; Marut & Mercer, 1979; Mercer, Hackley, & Bostrom, 1983). In a study conducted by Marut & Mercer (1979), women who had delivered either vaginally or by cesarean section were studied to determine the differences in their perception of the birth experience. The findings of the study indicated that women who delivered by cesarean section had a more negative perception of their labor and delivery experience than those who had delivered vaginally. Only English speaking women participated in their study. Variables such as types of anesthesia and the presence of support persons in the surgical suite were indicative of a more positive experience. Analysis for ethnicity, Asian, Black, Caucasian, Latino, and others, revealed no differences among the groups. No other mention was made regarding the number of women from each ethnic group. It was questionable, whether the findings would have differed if less acculturated women would have been included in the study.

Studies have also compared perception of multigravida and primigravida women who had vaginal, emergency cesarean, and planned cesarean deliveries (Cranley, Hedahl, & Pegg, 1983). The degree of participation in decision-making was also a variable that influenced the woman's perception among the three study groups. Decision-making issues such as presence of support person, type of anesthesia, immediately seeing and touching the baby and continuous contact for the first hour were viewed as having control over the situation and thus perceived as a positive experience. Still ethnic groups other than Caucasian were not included.

The perception of primiparous women who experienced vaginal deliveries and cesarean deliveries were compared in a study conducted by Fawcett, et al., (1992). Caucasian women were asked to describe their perception of unplanned cesarean, planned cesarean and vaginal deliveries. The findings indicated that women who had a vaginal delivery had a more positive perception of their delivery than did the women who had an unplanned cesarean delivery. There were no significant differences in the perceptions among the other groups of unplanned cesarean, planned cesarean or vaginal deliveries. Other findings suggested that the type of anesthesia (e.g. epidural versus general anesthesia), pain intensity (i.e. a high pain rating scale), and physical distress negatively correlated with the women's perceptions of their birth experience. The researchers cautioned that the findings might not be generalized beyond the predominately white middle-class population of childbearing women.

The relationship between maternal age (adolescents and adult women), maternal prenatal attachment, maternal role attainment, and the perception of the birth experience among Blacks and Caucasians has also been studied (Kemp, Sibley, & Pond, 1990). The

findings indicated no significant differences between the two age groups in prenatal attachment or maternal-infant attachment. The differences were found in the perception of the birth experience. Adolescents perceived the pregnancy as easier and that they were more prepared to be mothers. While the adults perceived the overall pregnancy experience as good but the labor difficult and with an overall negative experience.

Fawcett and Weiss (1993) studied the cultural influences on adaptation to a cesarean delivery. The study compared the perceptions of and responses to cesarean birth of Caucasian, Hispanic, and Asian women. Overall, the women reported a moderate level of adaptation and no significant differences in adaptation to cesarean births among the three groups were found.

Specific studies focusing on a specific focus group began to appear. Cummins, Scrimshaw, & Engle (1988), focused on the Mexican women's knowledge and perception of their vaginal or cesarean deliveries. The findings indicated that cultural beliefs and attitudes affected the perception about their childbirth experience. Contrary to previous studies, Latina women did not perceive a cesarean birth as a negative childbirth experience when compared to their Caucasian counter-parts.

Additional factors have emerged, which have been shown to influence the women's perception of their childbirth experiences. These factors included the maintenance of control, realization of expectations, and maintenance of self-esteem (Butani & Hodnett, 1980; Crowe & von Bareyer, 1989; Green, Coupland, & Kitzinger, 1990; Hart & Foster, 1997). Women's feelings regarding their childbirth experience might have influenced their feelings about their maternal role (Fawcett, et al., 1992). The participant's performance whether they perceived being in control during the labor was

the most important component of the childbirth experience (Mackey, 1995). Women who perceived to maintain control during their labor were most likely to remember it as favorable and a successful event as opposed to women who had a perceived loss of control. How the participants evaluated their performance determined how they felt about their birth experience and ultimately their family life. The woman's perception of her childbirth experience was not attributed to one single factor. However, the importance of striving for a favorable experience could not be stressed enough.

Satisfaction with the Childbirth Experience

With the introduction of managed care, the quality of patient care has become the impetus for many patient satisfaction surveys. In measuring satisfaction, the patient's perception about their care can be obtained (Avis, Bond, & Arthur, 1995; McCrea & Wright, 1999). Evaluating the patient's perception of their childbirth experience is not new in obstetrics. Personal evaluation of the experience of the birth has been a natural part of the process of maternal adaptation (Lowdermilk, Perry, & Bobak, 2000). During the first few days, women are able to recount the events of their labor and delivery. Remembering the details, evaluating their performance and describing to others their childbirth experience is innate to the childbearing phenomenon. It is during this time period that women begin to regard their childbirth experience as favorable or not.

Multitudes of studies have been conducted focusing on childbirth satisfaction. Attention has been placed on expectations, perceptions, and other factors that contributed to the childbirth experience. Maternal satisfaction has been associated with the emotional care received during labor (Collins, 1986; Green, et al,. 1990; Hodnett & Osborn, 1989; Manogin, et al., 2000; Simkin, 1991, 1996; Tumblin & Simkin, 2001). Caregivers had a

considerable influence on how each woman remembered their experience. More importantly, the woman's perception of control before, during, and after the childbirth experience considerably influenced maternal satisfaction (Green et al., 1990; Knapp, 1996; Knauth & Fawcett, 1993; Marut & Mercer, 1979; McCrea & Wright, 1999; Schroeder, 1985; Scopesi & Zanobini, 1997; Sinclair & O'Boyle, 1999; Slade, MacPherson, Hume, & Maresh, 1993; Too, 1996; Willmuth, 1975).

Control During the Childbirth Experience

Researchers agreed that the issue of control is a significant factor in the perception of the childbirth experience and satisfaction. The woman's ability to remain in control during labor has been a dominant finding that is equated with satisfaction in many studies. Women who felt that they were in control and participated in their decision-making during the labor had a more positive experience with childbirth (Green et al., 1990; Knapp, 1996; Knauth & Fawcett, 1993; Marut & Mercer, 1979; McCrea & Wright, 1999; Schroeder, 1985; Scopesi & Zanobini, 1997; Sinclair & O'Boyle, 1999; Slade et al., 1993; Too, 1996; Willmuth, 1975).

In a study by Hodnett and Osborn (1989) the concept of perceived control was first introduced. Perceived control during childbirth was attributed to the expectation of personal control, presence of continuous professional support, and pain medication usage. Another definition of perceived control included the ability of gaining and/or maintaining control over an adverse event, such as pain (Pellino & Ward, 1998).

Women's feelings of being well informed and having a feeling of being in control during her delivery result in a positive psychological outcomes (Green, et al., 1992). The women least satisfied with their childbirth experience were the women who had the least

sense of control of either themselves (control of their own behavior) or their environment (what the staff was doing to them). Another study reported a positive correlation between the feelings of personal control and the women's satisfaction with their pain relief during labor (McCrea and Wright, 1999).

The effects of both perceived control and internality on childbirth satisfaction have also been studied (Knapp,1996). Personal control was defined as the perception of personal ability to shape or influence a specific stressful person-environment relationship. Internality referred to the extent to which outcomes were perceived to be determined by one's personal behavior. The findings indicated a significant positive correlation between perceived control during childbirth and childbirth satisfaction. However, no correlation was found between internality and childbirth satisfaction. Other findings showed that women who did not receive medication had a higher level of perceived control than did women who were medicated. Perceived control for women who did not receive anesthesia approached a statistical level of significance, while those who did receive anesthesia were not significant.

To examine factors associated with satisfaction within the childbirth experience and with participation in a childbirth preparation program, Willmuth (1975) found that the perception of maintaining control was closely associated with satisfaction. During analysis, Willmuth found that *to maintain in control* had three distinct connotations. The first meaning was associated with the interpersonal relationship with the staff. The ability to make decisions and to be an active participant in labor and delivery resulted in the perception of being in control. Davenport-Slack and Boylan (1974) agreed that women who actively participated in decision-making were more satisfied with their birth

experience than those who relied on the physicians or medications. The ability to maintain control over one's emotions and actions was the second factor associated with control. Participants in the Lamaze Method of childbirth preparation subscribed to the premise that the woman was conditioned to maintain control over her own behavior and when she did she perceived herself to be more in control (Green et al., 1990). Accomplishing self-control resulted in a positive birth experience. The final meaning of control was the perception of the control of pain. The ability to reduce perceived pain was seen as being in control. Attaining any of the three forms of control as described by Willmuth (1975), suggested a positive outcome.

Willmuth's (1975) findings and definitions of control served as the bases for several research studies (Knauth & Fawcett, 1993; Mackey, 1990, 1995; McCrea & Wright, 1999; Nichols, 1996; Sinclair & O'Boyle, 1999). Over time and with continued research, the meaning of control evolved to include new dimensions. In a study where the focus was placed on the woman's preparation for the childbirth experience and the evaluation of their childbirth performance, the women participants defined control as being aware, appropriately and effectively using Lamaze techniques, and avoiding undesirable behavior (Mackey, 1990, 1995). The ability to maintain control over one's behaviors has been frequently seen in the literature. Kitzinger (1984) supplemented the definition by adding that a woman's ability to flow with the rhythm of her body rather than to restrict her behavior was seen as being in control.

Often the connotation of control was the same but the terms varied slightly. In research done by Knapp (1996), the term personal control was introduced. However, the definition was similar in that the woman perceived herself to be in control as opposed to

the staff, particularly when faced with the decision of pain management. To provide clarity to the definition of perceived control, McCrea and Wright (1999) defined perceived control as (a) the woman's feeling of being in control as opposed to staff being in control, (b) the woman's input into decision-making governing her pain medication, and (c) use of personal coping resources to cope with labor pain (p. 878).

However varied the definition of control, researchers have found it to be the link to the perception and satisfaction of the childbirth experience. Women who participated in decision-making and perceived themselves to be in control during their labor had a more positive experience during their childbirth. In whatever manner control was manifested in the woman's view, it was the professional staff's responsibility to foster and empower the childbearing woman to remain in control.

Thus far, research studies on the experience of childbirth have focused on the perception, satisfaction and perceived control of the childbirth experience. The types of delivery, the woman's age, number of pregnancies, and number of children born past the age of viability have been examined for their influence with the maternal perception. In addition, the mother's evaluations of her birth performance and perceived control exhibited during labor have been studied.

Culture

Though these studies have increased the body of obstetrical knowledge, cultural considerations have seldom been addressed. Cummins et al. (1988) agreed and stated, "Culture is rarely explicitly mentioned in the majority of studies. Failure to consider this can be taken to mean that either culture is irrelevant or that everyone believes and

behaves in accordance with the dominant Anglo culture, which tends to be viewed as the norm." (p. 165). Cultural aspects must be taken into consideration for cultural context defines the norms that influence knowledge, attitudes, beliefs, expectations, and perceptions about the childbirth experience (Cummins et al., 1988). Attempts have been made to consider groups from different ethnic backgrounds (Kelly, 1996; Faller, 1992; Choi, 1986; Berry, 1999; Callister & Vega, 1998; Domain, 2001; Engle, Scrimshaw, Zambrana, & Dunkel-Schetter, 1990; Enriquez, 1982; Khazoyan & Anderson, 1994). Except for the few studies that specifically focused on cultural differences, most findings cannot be generalized to all populations.

Culture and Nursing

The study of culture arose within the western disciplines of anthropology and sociology. Culture has been studied for hundreds of years. Anthropologist Clifford Geertz (1968, 1995) described culture as both a model "of" and "for" reality. It has only been in the last half century that research about cultures has been seen in the discipline of nursing (Andrews, 1999). Although cultural considerations emerged during the Nightingale era, Madeline Leininger (1976) formally introduced cultural awareness to nursing practice. In 1950, Leininger (1995) established the first cultural nursing theory, *Culture Care Theory*. Leininger defined culture, "as the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guide their thinking, decisions and actions in patterned ways" (p. 60).

Other nursing scholars attempted to understand and redefine culture. Giger & Davidhizer (1999) described culture as a patterned behavioral response that developed over time as a result of imprinting the mind through social and religious structure and

intellectual and artistic manifestations. Culture is primarily affected by internal and external environmental forces, which are shaped by the society's values, beliefs, norms, and practices that are shared by members of the same group. Cultural beliefs affect behavior in diet, language, religion, history, family life, social group's interactive patterns, healing beliefs and practices (Barnes, 1996; Andrews, 1999). Other nursing scholars enhanced these definitions and offered their own interpretations, however, all concurred that culture is the guide for perception, behaviors, and life's interpretation (Mead & Wolfenstein, 1955; Mendyka & Bloom 1997; Suominen, Kovasin, & Ketola, 1997). The definitions of culture served as guidelines for nurses to explore different cultural groups.

Leininger's life research (1976, 1995, 2001) focused on the notion of culture and transcultural nursing. She found that cultures contained six features, which facilitate an understanding of a culture. First, cultures reflect shared values, ideals, and meanings that are learned and guide human behavior, decisions, and actions. The second feature is that cultures contain rules of behavior and expectations that are manifest and implicit. Third, cultures have material items or concrete goods such as artifacts that give meaning and are special symbols of the culture. The fourth feature is that traditional ceremonial practices, such as religious rites, and social feasts, are transmitted from one generation to another to increase the solidarity and unity of that culture. The fifth feature is that cultures have local knowledge about their culture, which is extremely important to discover and understand. Lastly, human cultures have intercultural variations between two or more cultures as well as the intra-cultural variations within a particular culture. It is the

knowledge of these features, which assisted in the understanding of a culture that results in cultural sensitivity.

Although no two cultures are alike, common characteristics have been identified in all cultures (Clark, 1999). *Universality* implies that all human beings are governed by culture. Culture dictates all areas of life, such as family, marriage, parenting, health, and modes of communication. *Subliminality* suggests that cultural expression and behavior is subconscious. *Uniqueness* states that no two cultures are alike although similarities might exist. *Stability* acknowledges that cultural beliefs and values are passed from one generation to the next generation. *Changeability* implies that, although cultural values are lasting and endure across generations, not all aspects remain the same thus it changes over time. *Variability,* describes how the cultural adherence to beliefs depend on the individual and might vary according to different factors such as acculturation.

It may be impossible for nurses to be aware of and appreciate all cultures. The aim is to become culturally competent. *Cultural competency* is seen as the process in which the nurse continuously endeavors to work effectively within the cultural context of an individual, family, or community from diverse cultural background (Andrews & Boyle, 1999). Cultural competency components include sharpening skills and knowledge through cultural assessment and through learned cultural dimensions of care for the groups most frequently encountered. According to Andrews & Boyle (1999), in-depth knowledge of several cultures in the community is a reasonable goal.

The Latino Culture & their Views of Childbirth

Latinos comprise the largest cultural group in the United States (United States Census Bureau, 2000). The percentage of childbearing Latinos in the United States has

increased as well. Latina women have the highest fertility rate among all races, estimated at 95 births per 1,000 women ages 15 to 44 years old, compared to 65 births per 1,000 for the general population (Bachu & O'Connell, 2001). This number represented 19% of all births in the United States in the year 2000 (Therrien, & Ramirez, 2000b).

In 2000, Latinos made up 27% of the population in San Diego, California (Therrien & Ramirez, 2000a) and are projected to become the majority in San Diego region by 2018 (Verdin, 2000). Hispanics of childbearing age made up 78% of the Latino population with an average mean age of 26 years (Therrien & Ramirez, 2000b). The average family size for Latinos was 4.08 people, higher than the average family size of 3.29 among non-Latinos people in San Diego. The Hispanic population was comprised of Mexican Americans, Puerto Ricans, Cubans, and Central and South Americans. In 2000, Mexicans were the largest of the Hispanics groups, representing 66.1%, followed by Central and South Americans at 14.5%, Puerto Ricans at 9%, Cubans at 4% and finally 6.4% in the category of other Hispanic origins (U.S. Census, 2000).

The American Hispanic population consists of both U.S. citizens and immigrants. Hispanics born in the U.S., or who have U.S. citizenship, made up half of the Hispanic population. According to the 1997 U.S. Census data, 51.8 % of the Hispanics were foreign-born residents from Latin America.

Latino cultures are rich in folklore, beliefs, and traditions. The people are as diverse as their cultural origin, but with a common thread of ancestry and native language, Spanish (McCready, 1985). Due to the heterogeneity of the Latino population, it would be impossible to discuss all childbirth beliefs, practices and traditions in the Hispanic culture. There exists broad diversity among Latinos, which is influenced by

country of origin, health behaviors, level of education, socioeconomic status, generation, time spent in the U.S., and the degree of affinity for their culture (De Paula, Lagana, & Gonzales-Ramirez, 1996).

The notion of *familismo* or *familialism* is the essence and foundation of the Latino people. Above all, the family came first with focus on the traditional nuclear and extended family (Gannon, 2001; Purnell, 1998; Marin & Marin, 1991). The cultural value of familismo provided strength, loyalty, and cohesiveness among members of the same family. The importance of adding to the nuclear family is primary. Because of the importance of family, couples are encouraged to become pregnant as soon as possible after marriage. The role of the mother is highly respected. Being a mother is the ultimate sacrifice dedicating herself to her family (Olmos, Ybarra,, & Monterrey, 1999; Purnell, 1998).

Although the traditional Latino family is patriarchal in structure, it is the women's role to maintain the health status of the family members (Leininger, 200, Olmos et.al., 1999). The announcement of pregnancy is a significant event. During the pregnancy, the woman is well supported, respected, and cared for by the extended family network. Pregnancy is viewed as a natural condition and therefore prenatal care is often not sought or is viewed as unnecessary. Frequently, older female family members give advice to the woman before the young woman ever sought medical advice. However, some seek prenatal care to promote fetal well-being. Of those who seek prenatal care, barriers are encountered which made access and follow-up difficult. Barriers included fear of health care system, financial constraints, and lack of transportation for prenatal office visits, (Giachello, 1985,) language, and time orientation (Marin & Marin, 1991; Spector, 1991).

Ironically, studies have shown that immigrant Hispanic women with no or limited prenatal care, experienced healthy birth outcomes (De Paula et al., 1996; Guendelman & Jasis, 1990; Magana & Clark, 1995).

As with many cultures, Latinos have folklore beliefs that are passed from mother to daughter and from generation to generation. These beliefs might be true or false, but if followed serve as a way to increase control over the outcome of the pregnancy (Brown, 1976). Often, these beliefs provide a sense of security for the new mother (Andrews & Boyle, 1999). It is not uncommon for an expectant mother to be protected from folklore illnesses such as the *Mal de ojo* (the evil eye), *susto* (fright), and *antojos* (cravings). It is believed that *Mal de ojo* occurs when a jealous person with special powers admired, but did not touch the child, causing a sudden deterioration in physical or the emotional condition of the infant or child. Latina women attempt to avoid extreme emotions such as *susto* (fright) because of the belief that fear has an adverse effect on the unborn child. It is a common belief that all *antojos* (cravings) should be satisfied because failure to do so would cause a defect or injury to the fetus (Cafferty & McCready, 1985; Clark, 1978; De Paula et al.1996; Jimenez, 1995; Kuipers, 1999; Poma, 1987; Purnell, 1998; Spector, 1991). Other folk beliefs and taboos, such as dietary restrictions, physical activity, exercise, and rest, are taught to the mother in early pregnancy by the females of the extended family. Such beliefs continue to be perpetuated and provide challenges for the healthcare provider such as late, or no prenatal care.

At the time of delivery, each family member's roles are well defined. It is common for the grandmother to move into the family's home during the last weeks of pregnancy and for several weeks following delivery. The father generally plays a passive

role and is not typically present at the time of delivery. Female family members present are strong and extremely supportive during the labor (De Paula, et al., 1996).

The Latino culture has strong roots in lay midwifery that are very similar to the evolutional history of midwifery in the United States. The women who assisted at the delivery of babies were called *partera*. Until 1950, Latina women gave birth at home attended by the partera. The move to hospital deliveries occurred gradually as the government began to build hospitals with maternity wards. Although the medical model exists in the Spanish countries, obstetrical interventions are not as pronounced as in the U.S. This is because of the belief that childbirth is a natural condition and a woman's domain remains strong. To date, rural and border Latin cities, continue the use of trained parteras (Clark, 1978; Spector, 1991; Lefèber & Voorhoeve, 1998).

To become a partera was a sacred calling, having the ability to heal. Spector (1991) stated that some parteras believed that the mothers have more confidence in them than in the doctors because they spoke Spanish, understood modesty, and worked within the mother's cultural and religious context (p. 283). The partera worked closely with the expectant mother and her family, prior to the delivery and up to several weeks after the delivery. Many of the folk beliefs and practices are perpetuated from partera to mother.

After the delivery, female family members assume domestic roles and assist the new mother during the postpartum period. During the 40 days after delivery called the *La Cuarentena,* the new mother is seen as weak and vulnerable to illness. The woman is encouraged to remain on bed rest, to avoid exposure to cold air or cold liquids, lifting of heavy objects or doing housework (Jimenez, 1995; Kuipers, 1999; Poma, 1987; Purnell,

1998; Spector, 1991). During this time period, female family members assume all domestic care activities.

Beliefs, practices, and traditions are what make a culture unique. Andrews & Boyle (1999) stated that, "All cultures recognize pregnancy as a transitional period, and many have particular customs and beliefs that dictate activity and behaviors during pregnancy" (p. 31). What causes the childbirth experience to be different for the Latino population is the strong traditional beliefs and values that color the experience. These beliefs are so strongly imbedded in their culture that decisions are made according to these beliefs. It is the healthcare provider's responsibility to respect and understand childbirth beliefs to better serve the Latino population.

Diverse Cultures and their Childbirth Experience

Until recently, most of the studies in the United States have focused on the childbirth experience of Caucasian women and their families. Considering the importance and significance of the phenomenon of childbirth, culturally focused articles and research studies regarding childbirth have begun to emerge. Efforts have been made to examine the characteristics, attitudes, beliefs, practices, meaning and perception of childbearing women from other cultures. Ethnic groups such as Cambodian (Kelly, 1996), Hmong (Faller, 1992), Korean (Choi, 1986), and Latina (Berry, 1999; Callister & Vega, 1998; Domain, 2001; Engle, et al., 1990; Enriquez, 1982; Khazoyan & Anderson, 1994) have recently been studied to better understand the childbirth experience.

In a study to explore whether or not Korean mothers continued cultural practices (related to pregnancy, birth and postpartum) in the United States, Choi (1986) conducted a study on Korean beliefs and attitudes towards pregnancy. The findings indicated that

Korean mothers do continue cultural practices in the United States. The belief of *Tae Mong* (mother's dream before conception) and the practice of *Tae Kyo* (the observance of various taboos) continued in various degrees. Contrary to the review of literature, childbirth satisfaction for the Korean mother was related to whether or not the pregnancy was planned, not with issues of control, type of anesthesia or presence of support person at delivery. A practice that differed from traditional belief was the practice of bottle-feeding. Although the Korean mothers believed that breastfeeding was a better practice and felt guilty for not doing so, the majority of the mothers planned to return to work, which necessitated bottle-feeding. Other cultural findings were discussed as well as nursing implication for the childbearing Korean mother.

Faller (1992) documented the demographic characteristics and pregnancy outcomes of Hmong women in the United States. Findings indicated that the lack of perinatal care was due to sociocultural factors rather than medical issues. Although health caregivers expressed concerns regarding the multiparity of the women, the Hmong women had healthy pregnancies and deliveries. Cultural beliefs from the actual Hmong population were not explored.

Exploration of the childbearing practices and beliefs of the Cambodian refugees was the focus for Kelly's (1996) study. Religion, family values, and the hierarchical family structure were the three themes that emerged from the interviews. An understanding of Buddhism was primary to understanding the Cambodian people. All cultural actions and beliefs emanate from their religion. Consequently, the family was *the* most important structure in the life and identity for the Cambodian people. Hierarchical family structure was of great importance thus childrearing practices were set to teach and

reinforce those beliefs. The researcher cautioned that without an understanding of cultural beliefs and values, nurses could misinterpret a client's behavior. Misunderstanding led to ineffective or inappropriate nursing care, leaving the childbearing mother and her family with a negative perception of the birth experience.

An increase in the Latino population in the United States has provided opportunities to learn more about this diverse culture. As with the Asian studies previously mentioned, appreciation of the childbirth experience came from an understanding of the beliefs, values, and practices demonstrated by that culture (Callister, 1995).

To gain an understanding of the cultural meaning of giving birth for Guatemalan women, Callister & Vega (1998) conducted an ethnographic study. The following three themes emerged: a sense of sacredness of giving birth; the need to rely on religion during the pregnancy, childbirth and childrearing; and the paradox of childbirth as *bittersweet* (an extremely painful experience but at the same time a joyous experience). Although the study was conducted in Guatemala, the researchers argued that the increase numbers of childbearing Central American refugees and immigrants women in of the United States warranted the study. The study's findings were relevant for nurses that care for the Central American population in the United States.

In a study by Engle, et al., (1990), Mexican (96% born in Mexico) women giving birth to their first child were examined for psychosocial factors related to prenatal and postnatal anxiety. The quantitative longitudinal study hypothesized that the less acculturated the women, the higher her prenatal anxiety about labor and delivery. Prenatal and postnatal interviews focused on topics such as anxiety levels, acculturation,

and knowledge regarding childbirth, social support, and the desire for control. The findings indicated that the level of acculturation was not associated with prenatal or postnatal anxiety. Decreased levels of prenatal or postnatal anxiety were associated with assertiveness, desire for control during labor and delivery, and social support from family and friends. The desire for control during labor and delivery, and the need for social support from family reiterated findings from the previously mentioned studies (Green et al., 1990; Knapp, 1996; Knauth & Fawcett, 1993; Marut & Mercer, 1979; McCrea & Wright, 1999; Schroeder, 1985; Scopesi & Zanobini, 1997; Sinclair & O'Boyle, 1999; Slade et al., 1993; Too, 1996; Willmuth, 1975).

In keeping with the theme of the role of the support person at delivery, Khazoyan & Anderson (1994) explored Latina women's expectation of their partners during childbirth. Cultural beliefs such as labor support, dictated behavior during labor. Healthcare professionals often misunderstood the level (quality and quantity) of partner involvement based on their own personal views on how partners should participate during childbirth. Three themes emerged during the prenatal interviews about the desire of having the partner present at the bedside: the importance of supportive verbal communication; and the showing of affection by the partner by way of holding hands, touching, and using affectionate words. The postpartum interview revealed that all partners met the women's expectation at delivery. The women described how their partners empowered them, enhanced their inner strength, and gave them a feeling to be able to endure the labor. These findings indicated that although the partners did not behave in the traditional western societal views of a partner's role in labor (e.g. coaching or assisting with pushing), the Latina women's expectations of their partners were met.

Berry (1999) examined the views of the Mexican American pregnant women and their families' regarding childbearing. Six themes emerged from the interviews; a) a protection of the mother and fetus by older Mexican American women which were greatly influenced by religion and family beliefs and practices; b) a family obligation for provision of filial (family) succorance, sharing of self, and being with the childbearing mother; c) respect for familial caring role in relation to age and gender; d) the Mexican American women viewed culturally sensitive care by professionals as a concern about professional knowledge, protection, being attentive to and explaining of information; e) the importance for using the Spanish language in caring interactions; and f) the value of professional prenatal care which was influenced by legal, economic, and technological factors in the social structure. The finding suggested that an understanding of these themes by healthcare professionals could comprise of culturally congruent care.

Studies in the United States have shown that although Hispanics have lower levels of prenatal care than non-Hispanics, they have the same or lower infant mortality rates, and have as a favorable birth weight distribution, despite their lower socioeconomic status (Becerra, Hogue, Atrash, & Perez, 1991). This was known as the *epidemiologic paradox*, which only held true for current and first generation immigrants. Suggestions have been made that perhaps the familial social support contributed to this positive perinatal outcome. Domian (2001) questioned the importance of the cultural meaning of social support for Hispanic mothers in a Northern New Mexico community. Four themes emerged from the interviews; a) cultural preservation through specific shared lived experiences, b) family perpetuation through generational bonding, c) stability amid

change through community sustenance, and d) integration of health care beliefs through shared dialogue between one culture and another over time.

Cultural beliefs and behaviors not only differed between cultures but within cultures. In a pilot study conducted by Enriquez, (1982), cultural variation in the process of maternal-infant attachment was explored among Mexican Americans. A variety of behavioral patterns (e.g. fingertip touching, caressing the trunk and eye-to-eye contact) were observed among the Mexican American mothers.

Human lived experience can best be examined through phenomenological methodology. In spite of that, few childbirth studies have been conducted using this methodology. Halldorsdottir & Karlsdottir (1996) conducted a phenomenological study that explored the lived experience of childbearing among the Akureyri and Ryjavik women in Iceland. The researcher's used the metaphor of a journey to describe their findings. Before the journey's commencement, sense of self during the journey, the journey itself, and the end of the journey were the categories that the women traveled. Themes such a sense of being in a private world, the sense of control and the need for sense of security were described. The researchers suggested that the findings had implication for midwives, nurses and support persons.

While Halldorsdottir & Karlsdottir (1996) explored the meaning of the childbirth experience to Icelandic women, Bondas-Salonen (1998), phenomenological study focused on the postpartum period of Finnish women. The goal of the study was to explore and describe the new mother's experience of care. The four categories that emerged were sharing, learning, being in peace and quiet, and the absence of care. The researcher proceeded to suggest three important challenges in postpartum care: (a) healthcare

professionals must understand the meaning of care; (b) consciously involve the family and mother in care and; (c) see the mother as a person to care and to be cared for.

Through these phenomenological studies, Halldorsdottir & Karlsdottir (1996) and Bondas-Salonen (1998) offered an insight into the lived experience of childbirth of European women. Unlike the United States, in both studies the women were cared for by midwives. It was also apparent that these European institutions had not adopted the philosophy of *family centered care.* In addition, the length of hospital stay differed from four to seven days in Finland to the two to three days in the United States. These differences might influence the childbirth experience.

Summary

This chapter provided a preliminary overview of the literature related to the experience of childbirth. Literature on this phenomenon was abundant. Research reviewed focused on the women's perception, satisfaction, and control during the childbirth experience. Published research on childbirth in diverse cultures and particularly the Latino culture began to emerge during these past ten years. Thus far, studies on the Latina population have included both quantitative and qualitative studies concentrating on psychosocial factors, cultural meaning of social and partner support, maternal adaptation and the Latina women's and families' view of childbearing. Perception of the childbirth experience by the Latina woman had yet to be examined through a phenomenological approach. This phenomenological exploration of the meaning of the Latina woman's experience as she gave birth in the United States will fill this gap in knowledge.

CHAPTER 3

METHODOLOGY

This chapter will describe the design process of conducting the study on the Latina woman's lived experience of giving birth in the United States. The discussion will focus on the sampling procedure, interview site, data collection, and data analysis procedure.

Heideggerian Hermeneutical Philosophy

van Manen's (1990) methodological approach and Heideggerian hermeneutical philosophy were the theoretical foundations chosen to guide the study. Heidegger questioned the being of man. Heidegger centered his views on the understanding of the experience. Two universal concepts essential to this approach were *Being* and *Temporality*. Being refers to the presencing of persons or way in which a person manifests themselves (Omery & Mack, 1995). Temporality indicated that

time does not exist apart from being, but being is essentially temporal. Both Being and Temporality are keys to understanding of being in the world.

Another concept introduced by Heidegger is based on the German word *Dasein*. There is no word in the English language that can translate the meaning Dasein. The best translation would be, "being already in the world" (van Manen, 1990, p. 176). In other words, it is our humanness which is capable of wondering about its own existence and inquiring into its own being (van Manen, 1990). The understanding of *being* represents the existential distinction of Dasein.

Essential to Heideggerian hermeneutical phenomenology is the notion of *historical understanding* and the *Hermeneutic Circle*. Historical understanding consisted of *background*, *pre-understanding*, *co-constitution*, and *interpretation*. Background, includes memories and information, which are handed down and exist as a way of understanding the world. Information received from birth through the end of life is considered to be a source of informational background (Koch, 1995). Pre-understanding described the meaning and organization of a culture (including language and practices) (Koch, 1995). Human beings come to a situation with a story or pre-understanding. These stories are already within our common background of understanding and are brought into focus in order to understand the current situation. Co-constitution is the philosophical assumption of an indissoluble unity. A Being is constructed by the world in which one lives and at the same time is constructing the world from one's own experience and background (Koch, 1995). Lastly, interpretation is based on the person's background and pre-understanding thus resulting in a persons' interpretation of reality.

The Hermeneutic Circle refers to the notion that gaining of knowledge is not when one understands the phenomena, but when one understands the interpretation of the phenomena. The understanding of this interpretation is accomplished only when the researcher corrects and modifies one's own pre-understanding of the phenomena. In Heideggerian phenomenology, knowledge is derived from the interpretation of the historical understanding and the Hermeneutic Circle of the phenomena.

Phenomenology as a Human Science Method

The actual method of phenomenological analysis focuses on five significant analytic techniques: *bracketing*, *reduction*, *free variation*, *intuiting*, *description* or *transforming* (Lauterbach, 1993; Mariano, 2001; Sokolowski, 2000; van Manen, 1990). Essential to phenomenology is the methodological technique of *bracketing,* as introduced by Husserl. Bracketing means one must clearly examine and specify his or her assumptions, biases, intuitions, and perceptions in order to be able to view the phenomenon as if looking at it for the first time (Lauterbach, 1993; Mariano, 2001; Sokolowski, 2000; van Manen, 1990). Baker, Wuest, & Stern (1992) explained that the researcher must identify and suspend what is already known about the experience being studied. Data must be approached without prejudgment. Researchers recommended that assumptions and personal knowledge are to be made explicit during proposal development and held in abeyance in data collection, analysis, interpretation and writing (Bergum, 2000; Lauterbach, 1993; Mariano, 2001; Sokolowski, 2000; van Manen, 1990).

Another important methodological technique is the concept of *reduction.* Reduction is the attempt to concentrate on the phenomenon for the first time. Reduction

is achieved through bracketing (Husserl, 1962). The phenomenological methodology is based on the notion that the essence of phenomena could be discovered by reduction and bracketing.

Free variation or imaginative variation is the third methodological technique that is key to this methodology. The meaning of the phenomenon is determined by free variation, which is to freely associate the experience with those of self and others. It allows one to imagine the appearance of the phenomenon in a variety of contexts (Husserl, 1962).

The fourth essential methodological technique in phenomenology is the idea of *intuiting*. Intuiting, also known as *grasping*, refers to an awareness and process involved in that approach. It is a process that involves awareness and involves bracketing, reduction and free variation (Husserl, 1962).

The final methodological technique used in phenomenology is the notion of *description* or *transforming*. This is the analytical process, which involves exploring the meaning as it unfolded for the participant, as it emerge, and described by the researcher (Husserl, 1962).

As variations and interpretations of the philosophical phenomenology began to appear, so too did the variations of phenomenological methodology. Colaizzi (1978), Giorgi (1970), and van Manen (1990) are researchers who developed methodological modifications (Rose, Beeby, & Parker, 1995). The modified methodologies however, continue to hold the basic assumption of the philosophy of phenomenology. For the purpose of this study van Manen's hermeneutical phenomenological or *the lived experience approach* was used.

Methodological Structure of Hermeneutical Phenomenology

van Manen (1990), described his understanding of hermeneutic phenomenology and the steps of human science inquiry. van Manen believed that there was no set procedure for the interpretation of a lived experience, but that there is an interplay of six research activities (p. 30-31).

(a) Turning to a phenomenon which seriously interested us and committed us to the world;

(b) Investigating experience as it was lived rather than as it was conceptualized;

(c) Reflection on the essential themes which characterized the phenomenon;

(d) Describing the phenomenon through the art of writing and rewriting;

(e) Maintaining a strong and oriented pedagogical relation to the phenomenon;

(f) Balancing the research context by considering both the parts and the whole.

These steps were followed for conducting, analyzing, and the writing of this study. The goal of this study was to add to the knowledge and understanding of the phenomenon of the Latina woman giving birth in the United States.

Methodology

It was the purpose of this study to explore the meaning of the lived experience of childbirth among Latina women giving birth in the United States in using phenomenological methodology. The primary focus was placed on the actual event of childbirth, which was defined as the woman's labor and birth process. According to van

Manen (1990), focusing on a particular incident of the experience produced a lived experience description.

Sampling Procedure

A purposive sample of women from a Southern California healthcare system were asked to participate in the study. Participants were selected for this study until the point of redundancy was reached (Lincoln & Guba, 1985). Sampling was terminated when no new information or themes were obtained, with the final sample being 12 participants. Inclusion criteria consisted of: Latina women, 18-35 years of age; born in Latin America and, delivering their first child at term (gestational age > 37 weeks) by a vaginal delivery. The women had to be able to communicate in either English or Spanish. Women with cesarean deliveries and mothers whose newborn had gone to the neonatal intensive care unit shortly after birth were excluded from the study.

The hospital system through which participants were identified was a non-profit, regional health care delivery system serving Southern California. The system operates seven hospitals, three of which have obstetrical services. Hospital A was the largest and most comprehensive health care facility in the East County. The women's center delivered approximately 250 babies per month. Hospital B was the most comprehensive medical center in the South County. Their maternity floor delivered approximately 350 babies per month. Hospital C was a tertiary, freestanding women's hospital, centrally located in the county. Unlike the other two facilities, Hospital C provided a full-range of women's health care services that covered every stage of a woman's life. Compared to the other two hospitals, more babies are born at this facility; approximately 600 babies were delivered per month.

This particular healthcare system was chosen for its ease of access to the researcher and for the multiple facilities' strategically located throughout the county. In addition to obtaining approval of the research protocols from the University of San Diego Committee for Protection of Human Subjects, the proposal also was submitted to the Hospital's Institutional Review Board and their Women's and Children's Perinatal Research Forum (Appendix A).

Data Collection

Access to the delivery log was granted by the labor and delivery managers once approvals were obtained from the University of San Diego Committee for the Protection Human Subjects, the Hospital Institutional Review Board, and the Women's and Children's Perinatal Research Forum. Labor and delivery logs were reviewed to identify eligible participants.

Medical records of primiparous women with Spanish-surnames were reviewed for place of birth. Eligible participants were approached during the postpartum period, within 24 to 48 hours after delivery and asked to participate in the study. The investigator explained the nature and purpose of the study. All participants were given the opportunity to ask any additional questions and have them answered before signing the consent form (Appendix B & C). Participants were given the option of being interviewed in their home or in a quiet location convenient to them away from the hospital. Arrangements were made to interview the participant within 48 hours after discharge (Appendix D). Interviews were audio tape-recorded and then transcribed. The investigator, a bilingual Latina Spanish-speaking nurse, conducted the interviews in Spanish to overcome any language barriers. Marin & Marin (1991) stated that interviewers and researchers of the

same ethnicity as the respondent benefit from enhanced rapport, which increases the willingness to disclose and, results in enhanced validity and the reliability of the data. Observational notes, which included notes on the participants, activities, interactions, conversations (phrases and single words), nonverbal communication and the physical setting were recorded (Merriam, 1998). Demographic data was collected during the time of the interview (Appendix E). Information collected included: age, place of birth, years of education, occupation, marital status, number of years living in the United States, and support persons present at the delivery. Finally, information was obtained from the medical record about type of delivery, delivery information, and type of anesthesia.

Once informed consent was obtained, mothers were asked to verbally respond to the stimulus questions about their recent childbirth experience. Each participant was asked to describe her childbirth as she lived through it. Instructions were given to the participants to avoid causal explanations, generalization, or abstract interpretations. In addition, the women were asked to describe feelings, moods, and emotions, smells and sounds about the experience. Further probing questions emerged based on the previous interviews. Shortly after the interviews, observational notes were written and the demographic information gathered and placed into a statistical program, SPSS for frequency distribution only (Appendix F).

Human Subjects Considerations

Although the potential risk was minimal, there was the possibility for the participant to experience physical or psychological discomfort as a result of recollecting (re-living) their birth experience. To minimize the risk during the study, all participants were provided with an explanation of the nature and purpose of the study. The

participants were provided with an informed consent written in Spanish. All participants could read the consent without difficulty. Referral to a qualified Spanish speaking social worker was available should a participant experience psychological discomfort as the result of reliving an unfavorable delivery. None of the participants experienced such distress.

Participants were asked if she had any additional questions and those were answered before having her sign the consent. Participants received a copy of the signed consent form and the original was placed in the participant's medical record. The questions that were asked required recollection of their childbirth experience. The women were told that if the questions were too sensitive they could refuse to answer them or terminate the session at any time.

Confidentiality was assured by using participant numbers on transcripts. All responses were kept confidential and were available only to the study personnel. There was no information on the demographic form that identified the participant. All study materials were kept in a locked filing cabinet. Transcripts will be shredded and audiotapes destroyed 5 years after completion of the study.

The anticipated benefit of this study was the increased understanding of the meaning of the Latina woman giving birth in the United States. The benefits to the participants were the opportunity to review their childbirth experience and express their emotions and concerns regarding the birth.

Data Analysis

Spanish was the primary language for all the participants. Consequently, all of the interviews were conducted in Spanish. It is important to note that in interpretive research the meaning of words stands for the real world. The principal task of language is to convey accurate information (Gubrium & Holstein, 2000). Language shapes and gives meaning to the experience. According to Schwandt (2000, p. 195), "understanding is something that is *produced* in that dialogue, not something *reproduced* by an interpreter through an analysis of that which he or she seeks to understand". To capture the true meaning of the experience of the Latina women, the interviews, and analysis of the data was conducted in their native language of Spanish. To validate that the essential themes were not lost as a result of the translation from Spanish to English an additional step was added to the analysis process. Spanish transcripts were delivered to a certified translator to be translated into English.

To validate the accuracy of each translation from Spanish to English, the investigator translated random passages from each interview and compared them with that of the translator's. English transcripts were then entered into Atlas.ti, coded and compared with the original codes. In addition, coding from the first three translated interviews, were sent to a committee member who independently coded the translated transcripts. The committee member was not aware of the original Spanish codes. The investigator's codes were compared to those of the committee member's to search for similarities and differences. The independent coding provided similar themes. The purpose of this step was to validate that codes were not being lost in the translation into English.

To isolate thematic statements van Manen (1990) identifies three approaches toward uncovering the phenomenon, *the wholistic or sententious approach* (where the reader attends to the text as a whole and expresses a meaning by formulating a phase), the *selective or highlighting approach* (where the reader highlights essential statements or phrases about the phenomenon being described) and the *detailed or line-by-line approach* (where every sentence or cluster of sentences are queried about the experience being described). Both the wholistic and selective approaches were used for this study. The process of analysis is outlined in Figure 1.

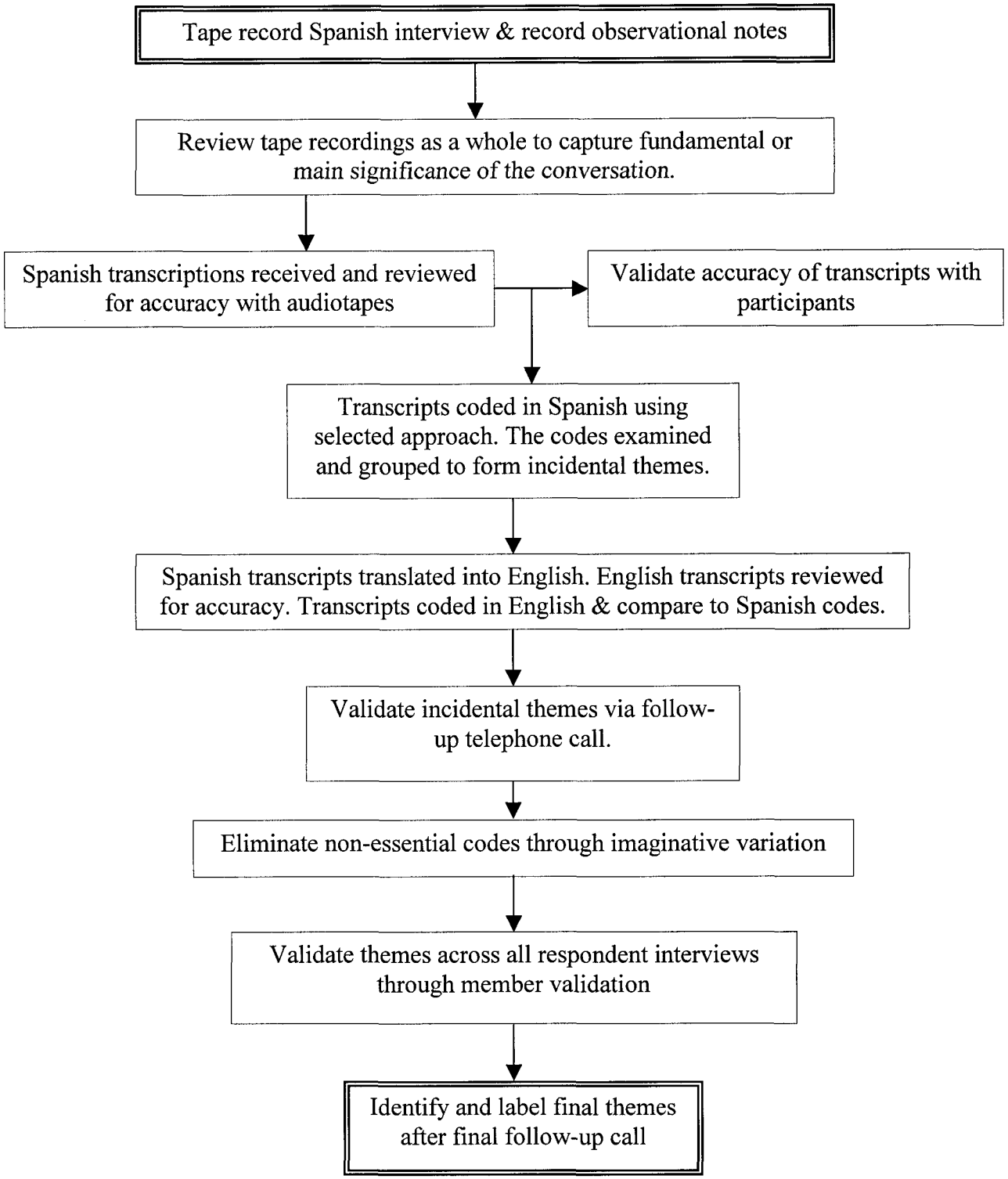
During the first phase, each tape-recorded Spanish interview was listened to in its entirety to capture fundamental or main significance of the conversation as a whole. Key phrases were noted. In addition, observational notes were reviewed.

Each Spanish transcript was reviewed in its entirety for accuracy with the audiotape. The transcript was edited to clarify phrases that the transcriptionist had difficulty understanding. A copy of the transcript was then sent to the participant for her review and validation. The transcript was formatted and entered into the Atlas.ti program. Atlas.ti is a computer assisted qualitative data analysis software (CAQDAS) program. Atlas allowed for organization, management, extraction, comparison, and exploration of the data.

The transcript was then coded using the *selected approach,* identifying essential phrases. Phrases from the previous step (*wholistic approach*) were incorporated into the codes. The codes were examined and grouped to form the incidental themes. van Manen states that once a researcher identifies themes, the themes become objects of reflection in interviews resulting in an interpretive conversation. The incidental themes were then used

Figure 1

Analysis Process of the Latina Woman's Childbirth Experience



in the subsequent interviews as well as the research questions.

The second phase involved the validation of the incidental themes. A follow-up telephone call was made to each participant to clarify and verify the incidental themes that were identified (Guba & Lincoln, 1981; Sandelowski, 1986). It was suggested by Guba and Lincoln (1981), that credibility, rather than internal validity, be the criterion for evaluation. Creditably is the conscious effort to establish confidence in an accurate interpretation of the meaning of the data. The follow-up telephone calls to the participants validated the information found.

Themes were compared and contrasted among the participants. To eliminate redundancy, and for a deeper understanding of the phenomenon, a process called *imaginative variation* was used. Imaginative variation is a technique used by Giorgi (1985), which involves identifying and removing non-essential codes from results of essential codes similar to all respondents. After review of the codes, non-essential codes were removed. Non-essential codes were codes that were not present across all respondents.

Validation Process

Finally, data across respondents were validated through *member validation* conducted at the end of the data collection phase (Lincoln & Guba, 1985). The purpose of member validation are; a) to find out whether the reality of the participants is presented, b) to provide opportunities for the participants to change mistakes which they feel they might have made, c) to assess the researcher's understanding and interpretation of the data and finally d) to give the participants the opportunities to challenge the idea of the

researcher's (Holloway & Wheeler, 2002). The validation of the themes through member validation ensures the trustworthiness of the research (Lincoln & Guba, 1985).

All participants were mailed invitations to attend the member validation group interview. One invitation was returned with "return to sender-no such number" stamped on the envelope. Attempts to contact that participant via telephone to obtain the correct address were unsuccessful. Response cards were returned by six of the participants indicating that they would attend. Five participants attended the group interview along with three spouses and four infants.

The group interview was held in a large conference room in one of the study hospitals. As part of the group interview, brunch was served with traditional Mexican foods. The two-hour group discussion was conducted in Spanish and audio-tape recorded. Sufficient time was allotted for socializing and discussion of the discovered themes. The group socialized for approximately 30 minutes before the discussion of themes was started. The primary discussions during the time period focused on their labor and the delivery of the baby.

The principal investigator served as the facilitator for the group with two Latina bilingual professionals (a BSN prepared nurse and a social worker) as moderators. The primary role of the moderators was to observe and record the participants' activities, interactions, conversations (phases and single words), and nonverbal communication. Focus was placed on the participants' responses to the introduction of themes.

Each incidental theme was introduced and the participants were given the opportunity to discuss, validate, or refute the findings. Although the content was directed toward the participant, in some instances the spouse provided additional information.

Upon completion of the group interview, three couples remained and socialized for approximately 30 additional minutes. Primary discussions during this time period focused on infant care. In addition to audio-taping, observational notes were recorded before, during, and after the group interview. The notes provided by the moderators were reviewed and discussed shortly after the group interview was concluded. The audiotapes, transcripts and codes were compared and contrasted one final time and verified with the information learned at the group interview. Final themes were identified and labeled after a final follow-up phone call to the participants to confirm the final themes.

Thematic Structure

The final phase of analysis results in integration of the data. Once identified, the themes are integrated into an overall structure of the phenomenon. For the purpose of this study, van Manen's thematic approach was used as a generative guide for writing the findings of the Latina woman's experience of childbirth in the United States. This involved the use of emerging themes to serve as a guide for the writing the research finding. The themes described the essential aspect of the phenomena and the themes themselves will serve as chapters, parts, or section heading (van Manen, 1990). The findings and the resultant structure are presented in Chapter 5.

Summary

Utilizing the principle of Heideggerian Hermeneutical philosophy and van Manen's methodological approach for conducting phenomenological research, the data from interviews were analyzed. This chapter described the actual process of conducting the study and analyzing interviews on the Latina woman's lived experience of giving

birth in the United States. Unique to this study was the opportunity to conduct the interviews in Spanish with analysis of data conducted in both Spanish and English. Additional steps were taken to assure that essential cultural differences reflected by language were not lost when the themes were translated into English.

CHAPTER 4

FINDINGS

Data from 12 participant interviews were analyzed to identify the essential meaning of the Latina woman's experience of giving birth in the United States. This chapter includes a description of the participants, results and the emergence of themes. The following are the themes that emerge to describe the phenomenon of interest of the Latina woman's childbirth experience in the United States.

Description of Participants

Participants ranged from 18 years old to 30 years of age, with a mean age of 23.33 years. All the women were born in Mexico. Years of living in the U.S. ranged from 1 to 15 years with an average length of 3.58 years. Although two of the participants lived in the U.S. for more than 10 years, little evidence was shown of acculturation into mainstream American culture. Language of preference was Spanish, but five of the participants spoke some English. Level of education varied among participants with a majority having less than a high school diploma (6 high school or less, 1 high school

graduate, 2 technical/trade school graduates, 1 some college, 2 college graduates in Mexican institutions). The occupation of the majority of the participants was homemaker, while two were fulltime students, and one worked outside the home as a cook. The annual income level for 10 participants was under $15,000.00 per year. One participant did not know her annual income, and one chose not to answer. Martial status among the participants was equally divided, with six being single and six married. All except one partner will be involved in the child's life.

The average gestational age was 39 weeks, indicating term gestation. All participants delivered vaginally. All but two participants experienced spontaneous contractions. Labor was induced for the other two participants. Only four participants attended childbirth preparation classes. All chose to have at least one family member with them at the time of birth. All but two participants received various types of anesthesia (two local anesthesia, eight epidural anesthesia). Hours the participants were in labor ranged from 8 to18 hours, with an average length of labor of 13.58 hours.

All but one participant chose to be interviewed at home within 48 hours after discharge. One participant requested to be interviewed at the hospital shortly prior to discharge. We had no interruptions. She verbalized her experience without hesitation. Although arrangements were made to interview the participant in private, five respondents chose to have their spouse or family member(s) present during the interview. Therefore, this was not seen as a barrier to data collection.

Results

Data collection provided a total of 337 minutes (5.6 hours) of audio-taped interviews with eleven participants. One 30-minute interview was recorded and reviewed but, due to user error, the interview was accidentally erased prior to transcription and not included in the analysis. The Spanish transcribed interviews yielded 207 pages of single-spaced, narrative write-ups. A total of 11 Spanish primary documents were entered into the computer-assisted qualitative data analysis software program, Atlas.ti.. The entire data set was coded. Upon completion of the coding process, a total of 1268 quotations and 69 codes were noted. The quotations and codes were reread one final time and elimination of non-essential codes was done through imaginative variation. The quotations from the eliminated codes were incorporated into similar codes. This process resulted in 45 codes, with the emergence of three essential themes and seven incidental themes.

Emergence of Themes

Analysis of the interviews resulted in three essential themes, *Cultural Adaptation, The Unfamiliar Journey in a Foreign Land, and Confirmation of Choice*. Significant to the themes are the seven incidental themes of *Cultural Distinction, La Familia (support based on culture)*, *Spirituality*, *Emotions of Labor*, *Timeliness of Labor*, *Ultimate Reward*, and *Realization of Motherhood*. Emergent themes are outlined in Table 1. All quotations are first presented in Spanish as recorded during the interviews and then the English translation of the quotes will follow.

Table 1

Emergence of Themes

Of Latina Women's Experiences of Giving Birth in the United States

Essential Themes	Incidental Themes	Codes	
Cultural Adaptation	Cultural Differences	Cultural Medical Care Folk Care Language: Communication	
"The Unfamiliar Journey in a Foreign Land"	La Familia (Support based on culture)	Family Presence Family Responsibility Support: Family Support: Spouse Knowledge: Family Advice: Family Advice: Spouse	
	Spirituality	Personal Will/Determination Calm/Relax Fate Spiritual Faith	
	Emotions of Labor	<u>Unfavorable</u> Confusion Disappointment Fear-Afraid Nervousness Uncertainty Worry Undecided	<u>Favorable</u> Anticipation Beautiful Bonding Control Confidence Emotional Happiness Hopeful Joy Relief
	Timeliness of Labor	Time	
Confirmation of Choice	The Ultimate Reward	Suffering Pain Desperate Death-fatal Tolerate/endure Reward/Worth it	
	Realization of Motherhood	Life Altering Event Change in focus Disbelief Satisfied Unforgettable Unimaginable	

Cultural Adaptation

All of the Latina women in this study made the choice to stay and give birth in the United States (U.S.) instead of returning to Mexico. The women had spent a mean of 3.58 years living in the United States (only 1.8 years if the two outliners are eliminated). The ties to their culture and extended families back home were still very strong. Many of the women had not yet established meaningful support systems in this country. The participants decided to remain in the U.S., altering the beliefs and familiarity of their own culture regarding their perceived understanding of the birth experience. The loss of giving birth in their native country was insignificant compared to the inherit value of the child being born in the U.S. This theme of *cultural adaptation* was a fundamental theme for all the participants. Recognizing that by giving birth in the U.S. the child will inherit opportunities in areas such as health, security, education, and language. Essential to the understanding of cultural adaptation was the incidental theme of *cultural differences.*

Cultural Differences

The incidental theme of *cultural differences* demonstrated the diversity between the two cultures and how the participants perceived the differences in the cultures. The respondents focused on differences in medical interventions (i.e., induction of labor, artificial rupture of membrane, epidural), folk care (herbal baths and cuarentena), and language.

Perception of Medical Interventions. Financial concerns affected the women's perception of the care they received. One woman had the perception that she was less able to control the type of care she received. She felt that her care was dictated by the

insurance company and that she could not get some of the interventions she wanted because the insurance company would not support it. She said:

> "Si en México. Y luego pues era diferente porque allá era como... como, tu pagas y tu vas gastando lo que quieras en tu embarazo y aquí es diferente porque te van dando lo que tu aseguranza cubre, entonces hay veces tu tienes temores y pides un ultrasonido y no la puedes tener porque no las cubre tu aseguranza, esto también como que lo hace más impersonal... allá era diferente porque si yo lo quería yo lo pagaba y ya lo tenía."

> "Yes, in Mexico. And it was different because over there it was like... since I was self-pay, you control the expenses that you need during your pregnancy and here is different because here you get what the insurance wants. So there are times that just for assurance you want an ultrasound and you can't have one because the insurance doesn't cover that, and all these make it more impersonal... over there it was different because if I wanted I would get it."

However, another woman felt that she received more medical interventions that were beneficial to her:

> "O sea, ponen mas, mas tratamiento, mas tratamiento, mas como suero, que lo ayudan a no y él suero lo ayuda a uno a, entonces a, pues, a tenerlos mas rápido [UI - unintelligible] luego ya, con las anestesias esas de atrás pues luego, luego le calma el dolor y eso es una ventaja, ya no le dan a uno el dolor fuerte que tiene y en México no, pues hasta a horita yo, sabe, no se si lo pondrán a horita en México, no sabría decirle pero [UI] ya, con el dolor que [UI]...."

> "That is, they give you more treatment, more treatment, more like an I.V., they help you and the I.V. helps you then to have them more quickly [UI-unintelligible] and then, with the anesthesia in the back the pain calms down right away and that's an advantage, you don't get that strong pain but not in Mexico, well, until now I don't, I don't know if they give it to you in Mexico, I couldn't tell you but [UI] with the pain that [UI]...."

The women's perception of the treatment they received from their physicians also differed. This woman felt that the care in Mexico was more personal.

> "Bueno que el cuidado allá es más personal...aunque igual la doctora pueda tener mil pacientes, sentía que te daba una atención especial, o sea, que en el momento que te iba a atender se concentraba en ti y te atendía de una manera más como cálida."

> "Well, that the care over there is more personal... even if the doctor there have thousand of patients, I felt I received more of a special attention, I mean, when I was with her I felt she listened to me more, she was warmer in a sense with me."

A second woman voiced concern over the availability of her physician, yet she was grateful that her husband and her mother could be with her during her labor and delivery. She said:

> "Fue muy diferente a lo que a lo mejor yo tenía en mente... o sea, yo tenía en mente nada más lo que vi y aquí es muy diferente de que en México, que estuvo mi mamá aquí, que estuvo mi marido... es diferente porque allá en México hasta el cuarto se siente diferente... este, y los doctores aquí son como que más, un poco más fríos, digamos así... porque en México como que se siente más el apoyo de ellos... aquí como que... digo esta uno con el mismo doctor para que en el momento cualquier persona venga a estar contigo en el parto... como que es muy... como que hay cosas que... digo no me... fue, pues muy diferente a lo que tenía... O sea, bueno porque si, digo... pude compartir la experiencia con mi esposo y mi mamá... este y... en cierta forma, o sea, no estoy muy conforme con eso los doctores aquí... o sea, casi no están contigo cuando... todo el tiempo confiando estar con ellos, porque no están contigo porque a la mera hora el doctor tampoco llegó...."

> "Different from what I had in mind... I mean, in my mind I had what I've seen and here is very different from Mexico... my mom was here, my husband was here... is different because in Mexico even the room is different... eh, and the doctors here are more... a little more distant, let's say... because in Mexico you feel more their support... here is like... here you are with the same doctor and at the very moment you can have another one at the delivery... is like... there are things... I mean, it was different to what I had... I mean, good because... I could share the experience with my husband and my mom... eh, and... in a way, I mean, I was not very pleased with the doctors here... I mean, they almost never see you... you're confident that they are going to be there, and right when you need them, they are not there either..."

However, another woman felt that the staff had a different presence in Mexico. She perceived the staff in the United States to be more available and caring, while the staff in Mexico paid less attention to the patient's needs. She said:

> "Porque allá son un poquito más... este... se puede decir menos considerados... en la forma que aquí te están checando cada mes te están diciendo... como por ejemplo... te están dando una idea de lo que va a ser. Y allá nada más van y... a lo

> que yo se... y nada mas les dicen que todo esta bien, y vuelven a ir y todo esta bien... o sea que no es la misma orientación, se me hace mejor acá que allá ..."
>
> "Because there.... eh... they aren't as considerate... here they are checking more at you.... For example.... explaining you what is going to happen at each step... there they just go... from what I heard... and only tell you that everything is fine, they leave and they come again saying that everything is fine... I mean, is not the same attention, for me is better here than there...."

Language. The women expressed a concern about how they perceived they would be treated because they did not speak English. They did not anticipate that their nurses might speak Spanish. This woman was relieved that her care did not suffer because she only spoke Spanish. She stated:

> "...al contrario yo pensaba que iba ser mas difícil. O sea mas como le diré...[UI] mejor porque.. a la mejor me va a dar mal atención porque no habla ingles..o algo..o sea a la mejor me hacen a un lado y me van a dejar al ultimo por que no hablo ingles..[UI] no fue así por miraba que los cuidaba igual."
>
> "...on the contrary, I thought that it went easier. How can I explain...[UI] easier because... maybe the care I was going to get was not the best because I don't speak English... or something like that... or maybe they would leave me aside and take care of me the last because I don't speak English [UI] but it didn't happen that way and my care was like the others."

This woman expressed a feeling of inferiority because she could not understand English. She stated that she might have been more at ease if she could have understood what was being said. She expressed her feeling this way:

> "....a veces me sentía no como inferior pero me sentía como chistoso pues decía si yo supiera hablar inglés fuera más a gusto pues cualquier pregunta puedo hacerlo bien... y decir lo que sentía y pues hablar... eso fue lo único que se me hizo difícil..."
>
> "....sometimes I felt kind of inferior, it was a strange feeling, I would said to myself, if I only knew how to speak English I would feel more at ease and that way I would be able to answer all the questions... be able to express my feelings... that was the only thing that I found difficult...."

This woman expressed a lack of understanding that resulted from the language barrier created when the staff did not speak Spanish and she did not speak English. She also reported how important an understanding of English was:

> "yo [UI] decía come deseo que en es momento saber que estaba diciendo el ...porque no es lo miso tu oigás que te lo diga otra gente...aunque sea tu mejor confianza... por eso digo saber [UI] el ingles por que si te hace mucha falta."
>
> "Sometimes I felt when the nurse or the doctor came in ... I [UI] say to myself, I wished I knew what they're talking about right now...because is not the same when you understanding what they are saying than somebody explaining it to you...even if you trust that person... that's why knowing [UI] English, because English is very useful.

"The Unfamiliar Journey in a Foreign Land"

The Latina women in this study viewed labor as a process or a journey traveled through. This was a journey in which the participants had limited understanding regarding the birthing process. In addition to the limited understanding of labor, all of the participants had limited knowledge regarding obstetrical procedures and processes in the United States. Crucial to the successfully completion of this journey were the incidental themes of *La Familia (support based on culture), Spirituality, Emotions of Labor*, and the *Timeliness of Labor.*

La Familia (support based on culture)

All 12 participants indicated a vital connection to family in their birth experience. The family presence and support was essential to the respondent. The family presence in the delivery room provided a sense of comfort and calmness. The family also provided physical, verbal, moral, and spiritual support. The support provided by the family made the participant feel, safe, confident and gave them strength and courage. However, all participants did differentiate the support provided by the female family (mother, sister,

and sister-in-law) from that provided by their spouse. Although similar in approach (physical, verbal, and moral support), the participants felt that their female relatives were more sympathetic and understanding when providing support. For those women that did not speak English, the family members served as translators, assisting them in communicating with hospital staff.

One respondent stated:

> "Mi cuñada me dijo respira profundo... que cuando tengas el dolor y que respira y luego ya relájate para que aproveches en el tiempo en que no tienes dolor de relajarte y luego va a estar el estrés otra vez. Por que ella me dijo... ella ya tenia un hijo."
>
> "My sister-in-law told me to breath deeply... that when I would be having the pain to breath and then to relax during the time that you don't have the pain and then you will have stress again. Because she told me..."

Another participant explained the value of her family this way:

> "Porque ellos me estaban dando ánimos, me decían que le echara ganas, que pujara, porque los doctores estaba hablando puro inglés, pues yo no entendía lo que me estaban diciendo, entonces era su cuñado de él y su hermana que tiene experiencia y ya me decían, pues los doctores me estaban diciendo en ingles pero yo no entendía nada, entonces ellas me decían, 'cuando sientas el dolor, tu puja' y este... ellas me decían 'puja y otra' y me estaban muchos apoyo."
>
> "They were giving me courage, they were telling me to do my best, to push, because the doctors were talking in English and I didn't understand what they were saying, so his brother-in-law and his sister, that went already through this, they were telling me, 'When you start feeling the pain, push' and, eh... they told me to push, 'One more time' and this way they supported me."

Another woman told how her family helped her feel confident:

> "Más que nada yo creo que fue el apoyo de ellos y pues me hicieron sentir un poco más segura, más tranquila..."
>
> "I think mainly because of the help that they gave me that made me feel a little more assured and at ease..."

This feeling of confidence was promoted by the family, which was expressed by another woman this way:

> "Yo creo que me sentía más que nada confiada, o sea, en el apoyo de que allá estaba ellos... mi familia... más que nada yo creo que fue eso"
>
> "I believe.... because I felt... more than anything else... very self confident, I mean, because all the help that I was getting... from my family... I believe because of that...."

Husbands played a slightly different role, than that of the extended family. This woman told of the role that her husband played during her labor:

> "mi esposo me ayudó muchísimo, muchísimo durante el tiempo de las contracciones más fuertes. Me hacía masaje en el brazo, en la pierna... me ayudaba a respirar y él me ayudó mucho todo este tiempo."
>
> "My husband helped me a lot, really a lot during all the time that I had the strong contractions. He would massage my arms and my legs... he helped me to breath and really helped me a lot during all this time."

Spirituality

Essential to the journey was the incidental theme of spirituality. All of the participants believed that without their faith their journey would not have been possible. Their faith was a source of strength, protection, direction, encouragement, and a faithful and familiar companion. Their personal will and determination in labor was based on their belief in their faith that everything was going to be fine. All the participants believed that their pregnancies were a blessing and a gift from God.

Spirituality was so embedded in the lives of the participants that one couple discussed naming their baby after Jesus:

> "Si porque estabas de cómo le íbamos a poner, siempre queríamos que se llamara Carlos Jesús, Jesús por Jesús Cristo y Carlos por el, y al último estábamos que si que no, por sus papas que no [UI] por el papa del se llama José...y en es momento Jesús porque nosotros siempre planeamos así...[UI] y pero eso se llama Jesús..."

> "Yes, we were thinking about names, we always wanted to name him Carlos Jesus, Jesus for Jesus Christ and Carlos for him and at the end we were thinking yes or no, for his father no [UI] for his father of Jose...and at that moment because we were already planning it ... [UI] and that why his name is Jesus..."

One woman expressed the belief in prayer and its impact on pregnancy and delivery:

> "La oración es de la Santa Cruz y este... y se pide cuando hay enfermedades y dice también de que cuando, cuando una mujer embarazada que lea esta oración y que iba a salir de sus cuidados e iba ser tierna madre y con esa oración a su bebé lo libraría de accidentes"

> "The prayer is the "Santa Cruz" and eh...and you read it whenever there is an illness and also when one is pregnant, when a women is pregnant that she should read this prayer and that she would be without worries and that she will be a tender mother and with that prayer the baby will be protected from accidents... and that's the one I was reading"

The woman went on to say:

> "Cuando me ponía a rezarla tenía mucha fe en la oración, el lo que decía porque cuando empezaba a leer, y donde decía esa parte de que las mujeres encinta, así como dice, "cuando una mujer encinta" o sea lo de a mero abajo... cuando empezaba a leer eso lo rezaba con mucha fe y sentía que todo eso me estaba ayudando, y cada vez que lo repetía en ese pedacito, este le pedía más a Dios y este sentí que me ayudó mucho."

> "When I would read it, I had a lot of faith in the prayer, when I read it and in the part that talks about pregnant women, it reads, "when a pregnant woman" I mean, right in the bottom [of the page] when I started reading all that and read it with a lot of faith and I was feeling that it was helping me, and every time I repeated that part, I asked God with more eagerness and I felt that this help me a lot."

The participant shared with me, a prayer that she kept repeating during her pregnancy and during her labor. She showed me a small matchbook size laminated booklet with a prayer.

Another participant talked about her practices and the lighting of candles:

> "Si yo me invoque a la virgen y le rogué a la virgen que todo saliera bien, que ni le he prendido la veladora... se la voy a comparar, mi esposo también es católico y le ofrecimos una veladora que todo saliera bien, desde antes mi mamá también me dijo lo mismo que me invocara a ella y le pidiera que todo saliera bien, que

> porque ella también fue madre y todo eso... y si le pedí cuando venían los dolores, ay Dios mío ayúdame y a la virgen también le pedía yo que me ayudara."
>
> "Yes I prayed to the Virgin and I begged her that everything will come out well, I haven't even light a candle.... I have to buy one. My husband is also catholic and we offered her to kindle a candle if everything came out fine. My mom also told me to put myself in her hands and beg her so everything will come out well, that she was also a mother and all that... and I prayed when I felt the pain, oh God help me and I also asked the virgin for help."

Prayer was a vital component of the labor and delivery experience of many of the women. One woman related the following story:

> "Te voy a contar una experiencia que pasamos ahí... [UI] tenia seis y medio y luego se salió una enfermera y al poco rato, como a la media hora vino otra enfermera y la checo porque la venían muy desesperada ya con ganas de pushar y todo y ya eran como las cinco y estaba mi esposo y mi mamá y yo... y ya la miramos con ganas de pushaba pero ya no tenía ganas de pushar mas... y oramos por ella porque somos católicos... y rezamos junto con ella y se tranquilizo, se le calmaron los dolores y este... si tenía dolores pero ya estuvo estable... mi mamá se acostó y nos fuimos a descansar un ratito y como a las 7:30 o a las 8:00 que llegó el doctor... la encontró tranquila y la checo y nos dijo que ya tiene nueve... pero dije de los seis y medio a los nueve era lo más difícil..."
>
> "I'm going to tell you an experience that we had...[UI] she had six and a half and then the nurse left and a little while, like half an hour later another nurse came and checked her because she saw her very desperate and wanting to push and all and it was almost five o'clock and there was my husband and my mom and I... and she was pushing but didn't want to push any longer... and we prayed for her, because we are Catholics... and we prayed along with her and she calmed down, the pain got less and eh... she had some pain but the pain was stable... my mom just laid down and we went to rest for a while and like at 7:30 or 8:00 that the doctor came... he found her very relaxed and he examined her and told us that she had nine...but, I thought, from six and a half to nine that was the toughest time..."

This woman related how they prayed to the Lord and the Virgin Mary:

> "Si... le pedimos al Señor que la ayudara... a la Virgen santísima que la ayudara, que ella como mujer que también tuvo dolores de parto... y bueno empezamos a hacer la oración y esto...y esto paso."
>
> "Yes... we asked the Lord for help... to the Holy Virgin for help, since she's also a woman that also went through labor pains... and then we started saying a pray and... eh... this is what happened."

Emotions of Labor

As the women in the study progressed through their journey, all the participants experienced a multitude of emotions. Among these emotions were distinct dichotomies of favorable and unfavorable feelings. The participants experienced anticipation, beauty, bonding, control, confidence, and the emotions of happiness, hopefulness, joy, and relief. In contrast to these emotions the participants also experienced confusion, disappointment, fear, nervousness, uncertainty, worry, and indecisiveness. The participants expressed a variety of emotions marked by the different phases and timing of their labor journey. In the early labor period, and shortly prior to the birth, there was a feeling of anticipation. Disappointment would quickly set in when the labor would not progress as they had anticipated. A myriad of emotions would follow from fear, nervousness, and uncertainty of the unknown to confidence and control of the situation. Finally, emotions at the time of the birth of the baby were difficult to articulate by the participants. All focused on the beauty, happiness, and joy of the experience. All participants completed their journeys with a great deal of relief and gratitude.

One participant expressed these feelings of disbelief about the delivery of her daughter this way:

> "Uhm , no sé digo que no lo podía cree que fuera mía... le digo a JR...'puedes creerlo' y como que tampoco... a pesar de tanto dolor y todo pero nace y mira uno su bebito... y no sé... es algo que no se puede explicar mucho, a lo mejor... pero es lo más lindo del mundo yo creo..."

> "Hum... I don't know... I couldn't believe that she was mine... I told JA – 'can you believe it' - and, like, he couldn't either...even though all that pain and all, when your baby is born and after you see your baby...I don't know... is something that is hard to explain... maybe... Is the most beautiful thing in the world... I really think so..."

Nervousness was an emotion expressed by the following participant:

> "Nerviosa, pues... porque es mi primer bebita... no sabía ni que iba a sentir, ni que iba a pasar, ni... ni cómo iba a ser...pues no tenía idea para nada... y... nerviosa de que algo fuera a pasar ... no sé... nervios de que era el primer bebito... que iba a tener..."

> "Yes, nervous... because it was my first baby... I didn't know what I was going to feel, or what was going to happen... or what I was going to do ... well. I didn't have an idea about anything... nervous because that something would happen...I don't know... just nervous because it was my first baby... that I was going to have..."

Fear and uncertainty were the emotions expressed by the following women:

> "Pues tenia miedo que algo fuera pasar... mas bien tenia miedo que la niña que iba nacer mala o no se yo..con a algún defecto no sé.. es lo que le tenia miedo.."

> "I was afraid that something was going to go wrong.... I was fearful for the baby that she might be born with something bad or I don't know... with some defect, I don't know... this is what I was fearful of..."

and:

> "cuando me comenzaron los dolores estaba preocupado por que yo no sabia que lo que estaba pasando"

> "Well...eh... when the pains started, I was worried because I didn't know what was going on."

And a third stated:

> "No sabes en realidad que hacer, no sabe si callarte, aguantate, llorá gritar, arrullarte, pegar...no se sabe."

> "The truth is that you don't know what to do. You don't know whether to be silent, control it, cry, and scream, rock yourself, hit... you don't know."

Another woman simply said:

> "Oh hasta cuando, dios mía hasta cuando"

> "Oh, when is it going to be, my God when..."

One woman described the loss of control during her labor:

> "te preocupas por las cosas que valen la pena y no sé, pero en el momento que estaba sintiendo el dolor, no tenía la capacidad para pensar en riesgos o en otras cosas, no lo estaba controlando nada más lo estaba viendo, estaba perdiendo el control, o sea... en ese momento no tenía la capacidad de decir, no importa que me duela más nada que el niño salga bien, creo que si lo pensé pero no era mi prioridad, o sea estas viviendo el dolor..."

> "Everything that you worry about during the pregnancy... that you can't control your feelings, you worry about things that are important and I don't know, but when you are feeling the pain, I didn't have the capacity to think about the risks or other things, I was not controlling anything, my mind was only in what I was going through, I was loosing control, I mean... in that moment I didn't have the capacity to say, "it doesn't matter if it's painful, I only wish the baby to come out fine". I think that it crossed my mind but it wasn't my priority, I mean, you are living the moment of bearing the pain..."

Methods for dealing with labor were described this way by one woman:

> "y yo misma, este pues yo también me decía que me gano con estar gritando, con estar... incómoda a lo mejor los iba a desesperar y a lo mejor... y trate de calmarme mejor...y además nerviosa no iba... así como para decir " mi primer parto" ay no, no iba nerviosa..."

> "I think I also tried to remain calm telling to myself that I was not going to gain anything by screaming, or with... being uncomfortable... I could make them more nervous and maybe... and so I tried to relax... besides getting nervous I was... like during my pregnancy.... I didn't want to get nervous..."

Another woman talked about the wonder of giving birth:

> "Ah precioso, precioso... fue una sensación que no la pueda ni explicar... me solté llorando, lloré mucho cuando me la trajeron..."

> "Oh it was wonderful, wonderful...It's a feeling hard to explain... I started to cry, I cried a lot when they handed her to me..."

And finally this woman reported her feelings of birth this way:

> "sentí... fue lo más hermoso que ha pasado, entonces que no tenía porque ponerme... llegar a la histeria, desesperarme demasiado, porque es una experiencia muy bonita que... y no la quería recordar como algo terrible"

> "I felt... it was the most awesome thing that happened to me, I felt that there was no reason for me to become hysterical, losing control, because, it is a wonderful experience and I did not want to remember it as something horrible..."

Timeliness of Labor

During the journey of labor all the participant were acutely aware of time. Time, however, varied in the perception according to the phase of labor. Although the average length of labor was 13.58 hours, all respondents felt that their labors were long and became disappointed with their perceived lack of progress. All the participants verbalized that the actual birth of the baby was surprisingly fast. Each of the women were able to articulate the exact time of their births.

Two women describe time during their birth as the following:

> "...ya casi cuando me aliviaba miraba el reloj y decía qué horas ira a salir... a qué horas irá a salir..."

> "...almost towards the end... I kept watching the clock thinking when is this going to end... when is the baby coming out..."

and:

> "...y se tardó como unos cinco minutos más o menos... y en cuanto entró pues yo ya estaba queriendo pujar y... y fue en ese momento que ya salió... o sea que nació lueguito... todo fue rápido. Yo, o sea yo conté más o menos conté mi tiempo porque el reloj estaba enfrente... como de unos cinco, diez minutos... todo fue rápido...."

> "...I don't know... and it took her five more minutes, more or less... and while she was coming out, I was pushing and... and it was in that moment that the baby came out... she was born almost immediately after that... everything happened very quickly. I, I mean... I was watching the clock... because it was in front of me... and it took like five or ten minutes... everything happened very fast."

Time was a factor that determined when the participant could receive anesthesia. It was the desire of five of the 12 participants not to have anesthesia during labor. As a result of a perceived longer labor, two of the five participants changed their minds and

were disappointed that they needed to request an epidural. One participant, who didn't want an epidural, changed her mind when she was told that she might have a cesarean section and needed one anyway. This is what she had to say:

> "Este, dije yo, pues lo voy a llevar normal todo a ver como me va y ya, este, me pegaban, me empezaron a dar las contracciones muy fuertes y ya, este, dijo, dijo la muchacha, de todos modos, si no abres te vamos a tener que hacer cesárea y te vamos a tener que ponértela de todos modos, es lo mismo, le hace, o te la pones a horita, o te la pongo al rato, le hace ... y tenemos la esperanza de que con la, con la epidural abras y si no te vamos a tener que hacerte la cesárea, [UI] yo te recomendaría que te la pusieras, me dijo, y ya, pues ... ya vamos a ... me la puso y ya .... todo ya de ahí, desde ese momento que me la puso para adelante ya todo funciono diferente pues, porque ya no sentía tanto la presión de los dolores ..."

> "Well, I said, I'm going to do everything normally, let's see how it goes with me, and then, they gave me ... the contractions started very strong and so, well, the girl, the girl said, 'Anyhow, if you don't dilate we'll have to do a cesarean section, and we'll have to give it to you anyway, it's the same thing, she said, either you have it right now or I'll give it to you later ... and we hope that with the, with the epidural you dilate, if not, we will have to do a cesarean section [UI], I would recommend that you get it', she told me, and so, then ... we are going to ...she gave it to me and that was that ...everything since then, since that moment that she gave it to me on, everything worked differently then, because I wasn't feeling so much pressure from pain ..."

One participant received an epidural only after being in labor for what appeared to be a long time. She said:

> "Empezaron los dolores a las tres y media de la mañana y duraron hasta las dos de la tarde del día siguiente... del mismo día más bien y fue cuando me pusieron la epidural. Cuando tenía cuatro centímetros."

> "The pain started at three thirty in the morning and lasted till two in the afternoon of the following day... I mean, of the same day and it was then when they gave me the epidural. When I had four centimeters."

Confirmation of Choice

As the Latina women in this study became pregnant, a strong sense of responsibility for this unknown child began to grow. Although all the participants enjoyed their pregnancies, it was a time of many uncertainties and unknowns. The

unfamiliar journey that she traveled during the labor, the uncertainty of a child she did not know, and the vagueness of the role of being a mother influenced her experience. In a brief moment in time, the culmination of the journey, the unknown child and the role of being a mother, fused together as one reality, the confirmation of choice. Vital to the understanding of the choice she made to deliver in the United States were the two incidental themes of the *Ultimate Reward* and *Realization of Motherhood.*

The Ultimate Reward

All of the participants indicated that the labor experience was a time of great physical and emotional suffering. In addition to the physical pain, a sense of desperation and fatality were also experienced. Despite the suffering the participants endured, actually seeing the baby for the first time was a miraculous event as stated by the participants. All agreed that the time spent suffering was a small price to pay for the reward of having a child in their arms.

This participant did not anticipate the severity of labor. She expressed her feelings this way:

> "Yo si, porque nada más... porque el proceso del parto es de diez de dilatación, y yo nada más sufrí hasta cuatro... y fue horrible... horrible, yo no sé como llegan hasta el diez..."
>
> "Yes, I did. Because just... because the whole delivery process you have to be ten of dilatation, and I only suffer until I was four... and it was horrible... horrible, I don't know how one can go all the way till ten..."

One woman was surprised that she did not suffer as much as she thought she would:

> "...sentía, pensé que iba a sufrir más, este, ya después de pasó todo que pensé con todo cuando llegué al hospital, este cuando me alivié, sentí que no sufrí mucho."
>
> "...I thought that I was going to suffer more at the delivery, eh... once everything was over thought back when I arrived at the hospital, until the I had the baby, I didn't suffer much."

This woman's husband shed important light on suffering. His opinion helped her to accept an epidural. Her story was framed this way:

> "....como dice mi esposo que ya no estamos en le tiempo de antes de que vamos a sufrir, esos tiempos se acabaron, y para eso yo pienso se inventó eso para que la mujer ya no sufra tanto y si hay esa posibilidad ya no sufrir, pues porque no tomarla."
>
> "....like my husband says, we are not in the time of age to suffer, those times are over and I think that this is the reason that we have anesthesia so the women don't have to suffer that much and if you have that possibility of not suffering, why not take it."

A third woman put her suffering into perspective. Her perception of labor was altered by the joy of having her baby.

> "No en ese momento, se me borró todo...por la felicidad, la parte de dolores ya es nada... definitivamente comparado con lo... digo con los dolores que tuve antes ya era..."
>
> "No, not at that moment I erased everything from my mind... because of the happiness, the pain got reduced to nothing... definitely compared to... with the pains that I was having before it was... with the.... with the anesthesia, I wasn't feeling anything anymore..."

The baby was seen as a reward for the suffering experienced during labor. The following are the stories of the women:

> "Pero [UI] siento los dolores que siente que te vas a morir a veces. Oh a si lo sentía yo, pero ya que el bebe ya se le olvida todo, todo lo que paso, los dolores y cuando uno ojeé y mira las primera ves su bebe se le quita todo...si es muy bonito."
>
> "But [UI] sometimes the pain felt like you're going to die. At least that's what I felt, but once you are with the baby, you forget everything, everything what happened, the pain. And when you see your baby the first time, you don't feel any pain anymore... yes, it's very pretty."

and:

> "...la vi y pues todo el dolor que tuve pues... fue recompensado con este pedacito de nosotros."

> "I saw her and all the pain that I felt, well... I had my reward with this small piece of our."

The realization of well-being was expressed by this participant:

> "Como le diré... no puede crear que un pedacito así sale de uno, que se parte de uno, [UI] al momento que estas con los dolores miras esto y se te oliva todo, todo. Lo sufrimientos que pasaste se te olvidad. Ya mira y dice ya esta bien, esta bien ella, estoy bien yo y ya...."

> "How can I say... I couldn't believe that this little body came from you, that is part of you [UI] with just looking at her, you forget all the pains, everything. All the suffering that you just went through, you forget. Then you see her and realize that she is fine and that you are also fine..."

Another woman expressed the beauty of her birth this way:

> "Pues era algo como a la ves sentía mucha alegría a pesar que sentía muchas de los dolores, yo me decía no, no tengo que aguantar porque la recompensa va a ser muy bonita."

> "Well it was like...I was very happy even though I was felt a lot of pain. I said to myself that I had to hold on because the reward was going to be beautiful."

This participant expressed her change of feeling and her willingness to have another child in this manner:

> "...pero en el momento que paso todo ya que nació, ya los dolores se te olvidan y es como si... a mi el mismo día se me olvidó lo fuerte, fuerte... bueno no se me ha olvidado pero, pero no te importa pues ya y si creo que paso otra vez por eso."

> "...but the moment that is over and the baby is out, you forget about the pain and it's like... the same day I forgot about how strong they were... well not really but.... It doesn't matter and now I feel that I can go again through the same."

Life changed for all the women at the moment of birth. One woman expressed it this way:

> "No en ese momento, se me borró todo... por la felicidad, la parte de dolores ya es nada... definitivamente comparado con lo... digo con los dolores que tuve antes ya era...con la... aparte con la anestesia como que ya no se sentía más..."

> "No, at that moment everything becomes erased... because of the happiness, the part of the pain becomes nothing... definitely compared to... with the pains that I

> was having before it was... with the.... with the anesthesia, I wasn't feeling anything anymore.

Realization of Motherhood

All of the participants desired to become mothers and were ready for this next stage in their lives. Realization of motherhood did not occur until the baby was actually born, visualized, and held. The instant the baby was born, the focus changed from her suffering to the miraculous occasion of the birth of *her* child. The participants viewed this childbirth experience as a life-altering event, yet they found it difficult to articulate their experience. Realizing the significance and responsibility of being a mother, they realized that the decision to give birth in the United States was the correct one.

The confirmation of their decision to deliver in the United States started with the realization of their experience of becoming a mother. One of the participants expressed her feelings this way:

> "Fue lo mejor que me ha pasado a mi en mi vida. Más que el día de mi boda, más que el día [UI], más que ningún cumpleaños, más que ninguna experiencia fuerte, esta ha sido la más fuerte y la más bonita y la más increíble y si por eso digo que si lo volvería hacer a pesar que duele, bueno pero es una recompensa increíble ya cuando vez al bebé contigo... es algo que no se puede explicar bien, lo que se siente, muy bonito."

> "It has been the best thing that ever happened to me in my life. Better that than my wedding day, better that the day that [UI], better than my birthday, better than any big experience, this has been the most intense and the most beautiful, the most incredible experience. And yes it is painful but the reward is incredible when you have your baby with you... is something hard to explain."

One woman told of her disbelief and joy:

> "Por la emoción no pensé que ya... pues fue de emoción y de gusto no podía creer que ya estaba y que ya lo tenía, que lo que tenía en mi panza ya estaba afuera, que era mío, que... una emoción que... no tenía... hasta como que se me fue la... como que me puse a pensar y no creía que era mi bebé que ya lo tenía... tenía mucha emoción y a la vez no lo creía. Y ya después cuando me lo pusieron que ya lo tenía conmigo ya bien contenta."

> "I was full of emotions and I didn't think that already... well it was the emotion and the joy that I couldn't believe that I had my baby, that before was in my belly and now he was mine, that... it's a feeling like... I didn't have... until it went away and... I started to think but I couldn't believe that he was with me...I was full of emotion and at the same time couldn't believe it. It was after when they handed him to me that I was very happy.

One woman expressed her thankfulness and joy at the birth of her child this way:

> "Pues yo dije.. pues cuando la vi me dio tanda emoción.. pensé tantas cosa como ... dios mío gracias por esta bendición.. y luego dije esta va ser mi luz de mi vida."

> "Well I said... when I saw her I was full of emotion, so many things went through my mind like... thank you God for this blessing... and then I said to myself, she is going to be the light of my life."

Giving birth lead to the understanding of her new responsibilities and gave a better

understanding of her and her mother's behaviors:

> "Pues algo que... feliz, pero se siente algo que no se puede explicar... la verdad. Te da gusto muchas cosas pero esto es algo que no te puedes explicar, es algo que tu sientes pero que, no se, solo las que son madres saben, las que tienen hijos, porque, pues yo hasta que, como le dijera, hasta que la tuve ya comprendí a mi mamá y muchas cosas, comprende uno muchas cosas... y sientes más que nada, sientes tu, se te viene muchas cosas a la mente de cómo es la vida, como le dijera, dar la vida a un ser... no se algo inexplicable... algo bonito."

> "Well, something that... happiness, you feel something that you can't explain.... really. You are happy for a number of things, but this is something that you can't explain. It's something that you are feeling, but I don't know, only when you become a mother you know, those who have children, because... until you, how can I say this, until I have her I understood my mom and many other things. You get to understand many things... but mainly, you feel... many things come to your mind about life itself... how can I put it, giving birth.... it's something hard to explain... something pretty.

Another woman simply expressed her feelings this way:

> "...sentía... como las cambia a uno... cambia tu manera de pensar, ahora tengo que ser fuerza por ella por el ser ese por la parte de uno por su bebe."

> "...I felt... everything changes... your way of thinking changes because now I have to be strong for her, for my baby."

Another mother stated:

> "Y yo lo veo como lo más bonito que me ha pasado…y siempre voy a ver por ella… para que no pase por lo mismo que yo pase…"
>
> "And to me this is the most beautiful thing that has ever happened to me... and I'm always going to look after her... so she doesn't have to go through what I had..."

Summary

Latina women were interviewed about their experience of giving birth in the United States. Analysis of the interviews revealed that the meaning of this phenomenon was three fold, the adaptation of the American culture, the experience of the process of labor and the rewards of motherhood. Introduced in this chapter were the essential themes that emerged from the data, *Cultural Adaptation, "The Unfamiliar Journey in a Foreign Land",* and *Confirmation of Choice.* Along with the essential themes, the incidental themes of *Cultural Difference, La Familia (Support based on culture), Spirituality, Emotions of Labor, Timeliness of Labor, The Ultimate Reward,* and the *Realization of Motherhood* were also introduced. The meaning of the Latina woman's experience of giving birth in the United States involved the dimensions of adapting to the North American culture and living through the process of labor, which culminated with the affirmation of her choice of giving birth in the United States.

CHAPTER 5

DISCUSSION OF FINDINGS

This chapter includes a discussion of the findings of the study regarding the experience of Latina woman giving birth in the United States. The intent of this overview is to consider the findings with regard to the existing research studies. Consistent with the phenomenological methodology, an in-depth analysis of the literature related to emergent themes was conducted after the data was collected and analyzed. The three essential themes of *Cultural Adaptation, "The Unfamiliar Journey in a Foreign Land", and Confirmation of Choice* will be discussed, along with the incidental themes of *Cultural Differences, La Familia (Support based on culture), Spirituality, Emotions of Labor, Timeliness of Labor, The Ultimate Reward, and Realization of Motherhood.*

Cultural Adaptation

The decision to stay and give birth in the United States did not come lightly to these Latina women. Many decisions were made which focused on cultural differences.

The essential theme of cultural adaptation can best be understood after the discussion of the incidental theme of cultural differences.

Cultural Differences

Cultural differences, as identified in this study, were the cultural distinctions experienced by the Latina women. The women in the interviews focused primarily on three specific areas, medical interventions, folk care, and language. Since all of the participants were first time mothers, their point of reference regarding the labor process came from the information provided by their female family members. The four women who had the opportunity to take prenatal classes had a better understanding of the process of labor in U.S. hospitals. The perception of medical care and interventions among the Latina women varied according to the individual. Some of the participants welcomed the medical interventions and saw them as advantageous to her and her unborn child. Others saw the medical interventions as intrusive and interfering with the normal process of labor. However, all of the Latina women desired a normal vaginal delivery and feared an unnecessary cesarean delivery. All of the participants expressed a sense of relief that they had delivered vaginally.

During the interviews, the Latina women mention several folk care beliefs, values, and traditions practiced during pregnancy and labor. Two specific practices that were found with all participants were the suggestion of a bath when labor began and the practice of *La Cuarentena* post delivery. Baths in the Latina culture are considered to be healing and medicinal rituals for the mind, body and soul (Guzmán, 2002). The baths are associated with spirituality and faith. The women took showers instead of baths for a variety of reasons prior to going to the hospital. The temperature of the water also had

some significance to the shower. The Latino community believes that hot showers, foods, and teas are necessary to restore the body to health.

A folk care that was practiced by all the new mothers was the 40-day recovery period called *La Cuarentena*. Since the activities and dietary requirements are strict, most of the women modified the activities and time allotted for the recovery period. Although the women did not follow the traditional 40-days of care, they felt it was important enough to follow the major principles of this folk care of rest and recovery.

Language, above all else, appeared to be the largest barrier that faced most of the women. Of the ones who did not speak English, family member served as translators. Unfortunately, the family members did not stay for the entire time that the participants w-were in the hospital. During these absences, the women felt a sense of loss, disconnected, and sometimes inferior due to the inability to communicate in English.

The essential theme of cultural adaptation emerged out of the incidental theme of cultural difference. Once the decision was made to stay and give birth in the United States, it was understood by the participant that she would enter a culture of uncertainties in which she would need to adapt. The medicalization of labor in the U.S., the exposure to unwanted medical procedures and interventions and the inability to understand and communicate in the English language were just some of the uncertainties that she faced in her adaptation. Still, as the role of the mother began to evolve, the Latina woman focused on the unborn child instead of personal needs (the comfort of the familiarity of her culture). Additionally, contrary to the Latino present-orientation towards time, she began to plan for her unborn child's future. Considering the security (inherent citizenship) that the unborn child would have if she delivered in the United States, she took the risk to stay

and give birth in the U.S. One of the meanings of the Latina woman's childbirth experience was the act of cultural adaptation for the sake of the unborn child.

The Unfamiliar Journey in a Foreign Land

Several emergent themes were consistent with the existing literature regarding childbirth. An abundance of literature focused on the women's perception, satisfaction, and control during the childbirth experience, which paralleled the incidental themes (La Familia (support based on culture), Spirituality, Emotion of Labor, and Timeliness of Labor) found in the essential theme of The Unfamiliar Journey in a Foreign Land. The essential theme of the unknown journey will be discussed after the discussion of the incidental themes of La Familia (support), Spirituality, Emotion of Labor, and Timeliness of Labor.

La Familia (Support based on culture)

La familia, as identified in this study was consistent with the writings about the Latino culture (De Paula et al., 1996; Olmos et.al., 1999; Purnell, 1998) and the notion of *familismo* or *familialism*. Primary to the woman's role is the maintenance of the health status of the family members (Caudle, 1993; Leininger, 2001), folk beliefs and taboos, such as dietary restrictions, physical activity, exercise, rest, and labor information were taught to the mother during the pregnancy by the female family members (Berry, 1999). The preference for female support (sister, mother, mother-in-law, and grandmother) during the labor was apparent in this study. The family provided essential support during the pregnancy, labor, and delivery as evidenced by their presence.

Traditionally, men are not present at the birth of their child, however, more acculturated couples choose to have the father present in the delivery room. Although this study did not address the level of acculturation of the participants, all but one father was present during the birth. As reported by Khazoyan & Anderson (1994), Latina women desired the presence of their partners in the delivery room for verbal support and the showing of affection.

More acculturated couples have chosen to attend prenatal classes (De Paula et al., 1996; Purnell, 1998). This was not the case in this study, as eight of the 12 women did not attend prenatal classes. Lack of transportation, limited financial resources, and the feeling that they did not need any additional information were the primary reasons for not attending prenatal classes. Advice received from their female relatives was preferred.

Contrary to the findings of Purnell (1998) and Giachello's, (1985) that the Latina women did not seek prenatal care, prenatal care was obtained by each of the mothers in this study, in addition to familial advice. The women in the study viewed the pregnancy as a natural condition and sought prenatal care as an adjunct to familial advice during their pregnancy. By choosing to abide by "western medicine" (in the way of prenatal care) and respecting traditional folk medicine (in the way of familial advice), the mother begins to straddle two cultures as her role of the responsible mother begins to emerge.

Spirituality

Spirituality, as revealed in this study, was consistent with the notion of religiosity found in literature. Religiosity refers to attitudinal dimensions such as belief in God, religious orthodoxy, commitment to a faith and seeing one's religion as a source of strength (Magana & Clark, 1995). Researchers suggest that improved health outcomes

are attributed to religiosity and nondenominational spirituality (Magana & Clark, 1995). As the mothers become more acculturated, both religion and religiosity begin to decline. The women in this study expressed strong faith during the pregnancy and labor, suggesting that the women continued to find this cultural observance significant to their lives. In this study, the Latina women's religiosity surrounding childbearing appeared to be particularly strong and was evident by the women's connection to the Virgin of Guadalupe (Virgin Mary), a religious symbol unique to Mexico. Although Catholicism is the primary religion (80 – 90%) of Latinos, the Virgin of Guadalupe is an unofficial symbol of the church and a symbol of popular religiosity. As discovered in this study, prayer to the Virgin for strength, endurance, patience, or compassion were common among the Latina women. The Virgin of Guadalupe was perceived as the model of motherhood. While the image of the Virgin Mary was seen as essential during childbirth, other spiritual images were also vital to the Latino culture. As demonstrated in this study, the participants found inner strength through their prayers to saints and Christ. Latina women prayed more for their unborn child then any other ethnic group of women (Levin, 1991). Callister & Vega (1998) also identified a sense of the sacredness of giving birth and the need to rely on religion during the pregnancy and childbirth among Guatemalan women. Berry (1999) concurred that protection of the mother and fetus by older women, was greatly influenced by religion, family beliefs, and practices.

In the Latino population, religion and culture are linked. Consistent with Geertz's (1968, 1995) description of culture as both a model "of" and "for" reality, so too is religion (the model "of" and "for") in the Latino population. Latina women's sense of religiosity is closely integrated with the women in their families. The connection they feel

for the female family members emanate from the Virgin of Guadalupe as woman-to-woman and mother-to-mother. It is this combination of the female family's presence during the labor and at the time of delivery that the presence of the Virgin of Guadalupe provides comfort, strength, optimism, and hope to the Latina women during childbirth.

Emotions of Labor

Emotions of labor, as evident by this study, were found to be consistent with the findings regarding women's perception, satisfaction, and their control during the childbirth experience. In contrast to the literature, emotions of the Latina mothers were focused on the suffering during labor and beauty during the experience of birth. Although the design of this study did not focus on the Latina women's perception, satisfaction, or control during the childbirth experience, statements emerged from the interviews that suggest these variables were also present in this population.

As previously stated, research has shown that, the type of delivery significantly influenced the woman's perception of childbirth (Cranley, Hedahl, & Pegg, 1983; Fawcett, et al., 1992; Marut & Mercer, 1979; Mercer, Hackley, & Bostrom, 1983). Although the women in the study delivered vaginally, all the participants stated that they desired a vaginal delivery rather than a cesarean section. The resulting vaginal deliveries provided a positive perception of their delivery. These findings paralleled Marut & Mercer (1979) and Fawcett, et al., (1992) findings that women who delivered by cesarean section had a more negative perception of their labor and delivery experience than those who delivered vaginally. However, these findings are in contrast to Cummins, et al., (1988) who found that Latina women did not perceive a cesarean birth as a negative

childbirth experience. The Latina women in this study feared a cesarean section and viewed it as an abnormal birth.

Studies have shown that maternal satisfaction with the childbirth experience was associated with the emotional care received during labor, both professionally and personally (Collins, 1986; Green, et al., 1990; Hodnett & Osborn, 1989; Manogin, et al., 2000; Simkin, 1991, 1996; Tumblin & Simkin, 2001). Although the women in this study appreciated the professional support and advice given by the healthcare provider, support by the family members in the room was preferred. As previously stated the importance of the family's interaction at the time of birth cannot be stressed enough.

Control during the childbirth experience is reported to influence maternal satisfaction (Green et al., 1990; Knapp, 1996; Knauth & Fawcett, 1993; Marut & Mercer, 1979; McCrea & Wright, 1999; Schroeder, 1985; Scopesi & Zanobini, 1997; Sinclair & O'Boyle, 1999; Slade, et al., 1993; Too, 1996; Willmuth, 1975). Based on the several connotations of control, which were seen in the literature, pain medication usage (Hodnett & Osborn, 1989; Knapp, 1996; McCrea & Wright, 1999) and the avoidance of undesirable behavior (Mackey, 1990, 1995; Willmuth, 1975) were primary concerns for the Latina women in this study. Loss of control was perceived by two of the participants as a result of receiving an epidural in spite of previous desires not to have an anesthetic. All the other women reported they were satisfied with their decision of pain medication option.

The participants in this study desired to maintain control through appropriate behaviors as indicated by Mackey (1990, 1995) and Willmuth (1975). Appropriate behaviors defined by the participants were calm, relaxed, not screaming, crying, or

hysterical behavior or inappropriate language. Several found it difficult, but maintained that their family's support was crucial to them remaining in control.

The experience of the actual process of childbirth was filled with a multitude of emotions. The literature however, focused mostly on the women's perception, satisfaction, and control during the childbirth experience. Not only did the women in the interviews express a variety of emotions (e.g., joy, suffering, and fear) experienced during the childbirth process but also described the key factors (perceptions of vaginal versus cesarean delivery, satisfaction of childbirth, and control of labor) found in the literature.

Timeliness of Labor

Timeliness of labor is consistent with what van Manen (1990) called *temporality*. As opposed to clock time or objective time, temporality is subjective time. Temporality is the time that moves quickly when one is positively distracted or moves slowly when the person is negatively distracted (van Manen, 1990). According to van Manen (1990), this temporality dimension of past, present, and future constitutes the horizons of a person's temporal landscape (p. 104). The Latino population is present oriented (De Paula et. al., 1996; Jimenez, 1995; Kuiper, 1999; Purnell, 1998). To live in the here and now is more important than to plan to the future, for tomorrow cannot be predicted or guaranteed (Purnell, 1998). According to Purnell (1998), Latinos see time as relative to the situation. The notion of time, contrasted to what was demonstrated in this study. The Latina women's acute account of time suggests that temporality, as described by van Manen (1990), supercedes the traditional concept of time for Latina women. This is evident by their personal accounts of the delivery process (long labor and short delivery). All of the

participant's expectation of the timing of labor is a result of the information received from family members and thought that their labors would be fast. With the combination of the pain experienced and the apparent slow progress, the participants perceived a long labor.

The essential theme of *The Unfamiliar Journey in a Foreign Land* is the culmination of the incidental themes of La Familia (Support), Spirituality, Emotions of Labor and the Timeliness of Labor. Without family and spiritual faith, the Latina women could not have successfully completed the timely journey of the childbirth experience. Similar to the journey that the Latina women traveled, Halldorsdottir & Karlsdottir (1996) used the metaphor of a journey to describe their findings of the lived experience of childbearing among the Akureyri and Ryjavik women in Iceland. However, their journey indicated the following categories of the women's journey: before the journey's commencement, sense of self during the journey, the journey itself, and the end of the journey. The themes that emerged from that study included a sense of being in a private world, the sense of control, and the need for sense of security. Unlike the Akureyri and Ryjavik women's journey, the incidental themes here summarized the experience of the process of labor for the Latina childbearing experience. The Latina women's journey was synthesized from the statement of, "Tell me about your recent childbirth experience". The Latina women in this study described the process of the childbirth experience. Paramount to their journey was their family, spiritual faith, the experience of emotions and the acknowledgement of time.

Confirmation of Choice

Confirmation of choice is the final phase of the journey and is the composed of the incidental theme of Ultimate Reward and Realization of Motherhood. The birth of the baby marked the tangible conclusion of the long journey.

The Ultimate Reward

The ultimate reward has been described as the bittersweet paradox of giving birth (Callister & Vega, 1998). Historically Latina women were depicted as *La Sufrida* (The Sufferer), and were expected to suffer in silence and deliver a child to her husband (De Paula et. al., 1996). This antiquated stereotype is no longer correct however, the word; *suffering* is still used today by the Latina woman during labor. In this context, suffering is the synonym for pain. All of the participants in the study stated they had suffered tremendously during the labor. However, the amount of suffering was insignificant to the reward of having a baby in their arms.

Realization of Motherhood

Realization of motherhood has been seen by Latina women as the most important social role a woman can achieve (De Paula et. al., 1996). All cultures recognize pregnancy as a transitional period, where a woman becomes a mother. All of the participants in this study verbalized the significance of this event and the impact that it already had made on their lives.

The meaning of the Latina woman's experience of giving birth in the United States is addressed in the essential theme *Confirmation of Choice*. Both the birth of the child and the desire to become a mother is not realized until the infant is actually born. The realization of being a mother and the attachments that are created at the first sight of

the infant, confirms the sacrifices made regarding laboring in an unfamiliar land were valid and correct.

The final theme of confirmation of choice was a theme that emerged later in the study. Although the incidental themes of the ultimate reward and the realization of motherhood were apparent at the time of delivery, it was not until the mother had the chance to bond with the newborn child that the confirmation of giving birth in the United States was expressed. The reactions and emotions at the time of the birth may have obstructed the realization of the decision of giving birth in the United States. The initial interviews took place approximately 24 to 48 hours after being discharge from the hospital. Due to the proximity of the event, the mothers continued to vividly recall the birth experience. During the initial interview, the participants focused on their recent birth experience, the reward as a result of their suffering and their new feelings of motherhood. This was apparent when the women had difficulty articulating a response to the question; what is the meaning of giving birth in the United States? The women were able to verbalize a response during the group interview and the final follow-up telephone calls. Neither of these two exchanges was transcribed, but sufficient notes were recorded to identify this as a final theme.

The conversations focused on advantages that the child has as a result of giving birth in the United States. The meaning of giving birth in the Unites States was seen as an "opportunity" and "endless possibilities" for the child. Better opportunities in life, health, nutrition, education, security, and above all dual citizenship. Several women expressed as a gift or an inheritance they gave their child. Another woman mentioned the security her newborn would have in the United States because of better child protection laws that

exist in this country as compared to Mexico. All the women expressed that they made the right decision and were relieve to have given birth in the United States, all for the sake of their child.

Summary

The Latina woman has the desire and need to become a mother. Once the blessing of a pregnancy has occurred, the woman is faced with decisions including whether or not to give birth in her native country or stay in the United States. The Latina woman weighs her options of the familiarity of her culture with that of the advantages and disadvantages of delivering in the United States. Considering the security (inherent citizenship) that the unborn child will have if she delivers in the United States, the Latina woman chooses to risk the familiarity of culture, and makes a decision to delivery in the U.S.

As the labor process begins, with the support of her family and her strong spiritual faith, the woman proceeds through an unknown journey. The lack of knowledge regarding labor, the exposure to medical procedures and interventions, the timeliness of labor and inability to communicate or the lack of understanding of the English language; were some of the uncertainties or barriers she faces giving birth in the U.S.

The time of the birth has come and within seconds, the suffering of labor disappears and is replaced with a "miraculous joy" – the birth of her child. As she first lays eyes on the newborn, the clarity of her decision is revealed with the realization of becoming a mother. In that very moment, her decision to give birth in the United States became clearer as she sees the newborn's endless opportunities.

CHAPTER 6

SUMMARY, IMPLICATIONS AND CONCLUSION

In this chapter, the study is summarized, implications for nursing are discussed, and strengths and limitations will also be discussed. The chapter will conclude with recommendations for future studies for the meaning of the Latina Woman giving birth in the United States is only the commencement for other explorations.

Summary

The Latino population is the fasting growing ethnic group in the United States reaching 32.8 million in 2000. As the Latino community continues to grow, it is vital that cultural considerations be addressed in health care and particularly in the perinatal period. Latina women of childbearing age have also increased. Childbirth is one of the most significant events in a woman's life. Therefore, it is crucial to comprehend and appreciate how culture influences the birth experience, particularly those giving birth in a country other than their homeland.

The aim in this phenomenological study was to explore the meaning of the childbirth experience of Latina women giving birth in the United States. This was done through the examination of the meaning of the phenomenon of the childbirth experience. The specific research questions were (a) *Tell me about your recent childbirth experience, (b) What did the childbirth experience mean to you? (c) What did it mean to you giving birth in the United States?*

van Manen's phenomenonological method was used as the framework for data analysis. Data from 12 participants' interviews were analyzed. Analysis of the participants resulted in three essential themes, *Cultural Adaptation, The Unfamiliar Journey in a Foreign Land, Confirmation of Choice.* Significant to the essential themes, seven incidental themes were also noted: *Cultural Differences, La Familia (Support based on culture), Spirituality, Emotions of Labor, Timeliness of Labor, The Ultimate Reward, and Realization of Motherhood.* Knowledge gained from this study will assist maternal-child health nurses to deliver culturally sensitive care to Latina women and their families.

Implications for Nursing

This study showed that the childbirth experience for the Latino population is strongly influenced by traditional beliefs, and values embedded in their culture. Decisions are made according to these beliefs. Nevertheless, the Latina woman may set aside traditional beliefs and values if the choices are believed to result in improved outcomes or in advantages for her offspring. In the light of these findings, healthcare professionals are challenged to provide culturally sensitive care. Although it is not possible to understand

all traditional beliefs and values of a culture, familiarity with the culture can be very useful. Understanding the circumstances with which the Latina woman is faced, healthcare professionals should be sensitive to and respectful of the choice she has made to give birth in the United States. Sympathetic that the woman is now straddling two different cultures, healthcare professionals should address barriers (lack of knowledge regarding labor, medical procedures and interventions, and the inability to communicate in English) as learning opportunities and not mistake them as noncompliant behavior. All attempts should be made to incorporate traditional health beliefs during the pregnancy and childbirth. Above all, family members, especially the female members should be considered an extension of the patient and should be included as an adjunct to the team.

Strengths

The strength of this study lies in the timeliness of this research topic. With the increased number of Latino's giving birth in the United States, a better understanding of the childbirth experience was needed to improve services to the community. Culture has been identified as one of the most significant factors that influence a woman's perception of the childbirth experience (Callister, 1995). This study was essential to shed light to this distinct situation of Latina women giving birth away from their native land.

The methodology chosen for this study was also considered a strength of the study. Phenomenological inquiry is concerned with the phenomena of a lived experience (Baker et al., 1992). With the use of phenomenological methodology, one explores the essence of a given phenomenon through the individuals who lived the experienced

(Baker, et al., 1992). Meaning of the lived experience is uncovered when the phenomenological method is used (Banonis, 1989).

Another strength of this study is the bilingual analysis of the data. Richer data was obtained as the result of the interviews conducted and analyzed in Spanish, the primary language of the respondents. The true experience could be captured as the women expressed their experiences in their native language. The meaning of the Latina woman giving birth in the United State was best captured through this method. The essential theme found in this study can serve as the foundation for theory development, psychometric tool development and provide more thought for other research studies.

Limitations

Perhaps the diversity within the Latino population may be one of the study's identified limitations. Although all the participants were born in Mexico, caution should be taken not to generalize these finding for all of the Latino population, such as Puerto Ricans, Cubans, and Central and South Americans.

Medical records of primiparous women with Spanish-surnames were reviewed for place of birth. This selection process omitted Latina women with Anglo surnames because of marriage, thus noted as a limitation.

Another limitation noted was the presence of spouses and or family members during the interview and focus group. It is important that interviews be private and confidential for the participants to be able to express themselves without reservation. Having the family member present may have influenced the woman's participation in this study. However, after several interviews and in light of the findings regarding family, this

was most likely the norm for this culture. Thus, the participants appeared to respond freely without reservation despite the family member's presence.

Lastly, the timing of the interview may be considered a limitation. The initial interviews were schedule 24 to 48 hours after delivery. Most participants found it very difficult to articulate the meaning of the experience. All were able to account in detail the process of the labor. However, the actual meaning of the experience was difficult for the participants to express in part due to the proximity of the event. Moving the interview to a later date or scheduling a follow-up interview several weeks after the birth is recommended for future study.

Recommendations for Future Studies

The exploration of the meaning of the Latina woman's childbirth experience giving birth in the United States is the first of many opportunities to learn about cultural influences of giving birth in a foreign country. To continue in this research trajectory, future studies should include replication of this study with different cultural groups (i.e. Asian or Middle Eastern) to determine whether the essential themes emerge with other populations. A follow-up study of the exploration of the meaning of the Latina woman's experience giving birth in the United States after the birth of their first child in Mexico could be conducted. These women could compare their experiences and may be more conscious of their choice. Lastly, contribution to a midrange theory about giving birth in a foreign country is a possibility. The opportunities for both qualitative and quantitative research exist among this *silent or invisible minority.*

Conclusion

Andrews & Boyle (1999) stated that, "All cultures recognize pregnancy as a transitional period, and many have particular customs and beliefs that dictate activity and behaviors during pregnancy" (p. 31). Considering that childbirth is the most significant event in a woman's life, attempts should be made to make this a positive and memorable experience for the woman and her family. It was the attempt of this phenomenological study to explore the meaning of the childbirth experience of the Latina woman giving birth in the United States. Expanding the body of knowledge regarding the Latina's birth experience, maternal-child nurses can better serve the Latina woman and her family. Nursing care and nursing interventions should be sensitive to the needs of the patient to promote positive outcomes and experiences for women and their families from different ethnic backgrounds. Studies such as this one provide useful information to assist in this attempt. This new insight into the Latina woman's meaning of her childbirth experience has added to nursing's knowledge by providing a foundation for future research for theory development and nursing practice models. In time, obstetrical healthcare practitioners will revise practices and future Latina mothers will be provided with culturally relevant care.

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Appendix B

Consent Form (English)

PATIENT INFORMED CONSENT

The Latina Women' s Childbirth Experience: The Lived Experience

IRB# 011185

PRINCIPAL INVESTIGATOR:

Ana-Maria Gallo, PhD(candidate) CNS RNC
Perinatal Clinical Nurse Specialist
3003 Health Center Drive
San Diego, CA.92123
(858) 541-4274

SPONSOR: None

The Latina Women's Childbirth Experience: The Lived Experience

Participation in a Research Study

You are being asked to participate in this research study because you are of Latin origin and delivering your first baby. Please read this consent form and ask the researcher any questions you may have about the study. Please take your time to make your decision. Discuss it with your family and friends. The Sharp HealthCare Institutional Review Board, a group dedicated to protecting the rights of patients involved in research studies, has reviewed and approved this study. In addition, approval has been obtained by the University of San Diego's Committee for Protection of Human Subjects.

Why is this Study Being Done?

The purpose of this study is to gain an understanding of the meaning of giving birth for Latina woman. You are being asked to participate because you have delivered your first baby vaginally at term (gestational age >37 weeks). You are also between the ages of 18 to 35 years of old and are of Latin American descent.

How Many People Will Take Part in this Study?

About 10 women will participate in this study in three different hospitals within the Sharp Healthcare system in San Diego.

What is Involved in the Study?

Should you choose to participate, an interview will be conducted regarding your childbirth experience. You will be given the option to be interviewed in your own homes or a convenient location away from the hospital. The interview will be conducted within 24- 48 hours from discharge and take approximately 2 hours. The interviews will be audio taped-recorded and then transcribed. Observational notes will also be recorded. Demographic data will be completed during the time of the interview. Information collected will include: age, place of birth, years of education, occupation, marital status, and number of years living in the United States. In addition, to demographic information, the medical record will be reviewed for type of delivery, delivery information, and type of anesthesia.

Approximately one week after the interview, you will receive a copy of the written transcript. A follow up telephone call will be made to you to ask you to clarify and verify the preliminary findings. During the final phase of the

interviews, you may be asked to participate in a second interview with 3 to 4 other women. The participant in the follow up interview will be selected at random (like a flip of a coin) from the women who have been previously interviewed from this study. The purpose of the follow up interview is to confirm the final information.

How Long Will I Be in the Study?

You will be in the study until the all interviews (approximately10) are conducted and verification of the data has been confirmed.

What Are the Risks of the Study?

While in the study, there is the potential for minimal risk. You may experience physical or psychological discomfort as a result of the interview. Although no formal assessment will be made, should the need arise; you will receive a referral to contact a qualified social worker or therapist. The questions that will be asked of you will require recollection of your birth experience. The questions may be sensitive for some individuals and you may choose not to answer any further questions or wish to withdraw from the study at any time.

Are There Benefits to Taking Part in the Study?

There are no direct benefits to you for participating in this study. However, you will have the opportunity to relive you childbirth experience and express your emotions and concerns regarding the birth. In addition, questions regarding self-care or newborn care can be addressed. The interviewer will be a bilingual nurse, qualified to answer your obstetrical and/or newborn questions.

An indirect anticipated benefit of this study is the understanding of the meaning of the Latina woman giving birth in the United States. The information learned will assist maternal-child nurses to deliver culturally sensitive care to Hispanic women and her family.

What Other Options Are There?

You have the right to not participate or to withdraw from the study at any time without jeopardizing your medical or nursing care at this institution.

What About Confidentiality?

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Organizations that may inspect and/or copy your research records for quality assurance and data analysis include the following groups: the

United States Food and Drug Administration (FDA), Sharp HealthCare Institutional Review Board (IRB), and the University of San Diego.

What are the Costs?

There will be no direct expenses to you. You will be asked to volunteer approximately two hours of your time.

What are My Rights as a Participant?

Taking part in this study is voluntary. You may choose not to take part or may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Any new study information regarding your health, welfare, or willingness to participate will be made available to you.

Whom Do I Call If I Have Questions or Problems?

For questions about the study or a research related injury, contact the researcher Ana-Maria Gallo at (858) 541-4274 or Dr. Mary Ann Thurkettle, Associate Professor of Nursing at the University of San Diego at (619) 260-4563.

For questions about your rights as a research participant, contact Richard O'Connor, M.D., Chairperson of the Sharp HealthCare Institutional Review Board (IRB) at:

Sharp HealthCare Institutional Review Board Office
8695 Spectrum Center Court
San Diego, California 92123-1489
Phone: (858) 499-4836

Signature

Your signature below indicates that you have read the above about the Latina woman childbirth experience and have had a chance to ask questions to help you understand what your participation will involve. You agree to participate in the study until you decide otherwise. You are not waiving any of your legal rights by signing this consent form.

Signature of Patient (or Legally Authorized Representative)	**Printed Name**	**Date**

Signature of Witness (if necessary)	**Printed Name**	**Date**

I _____ attest that the requirements for informed consent for the medical research project described in this form have been satisfied that the participant has been provided with a copy of the Experimental Subject's Bill of Rights, that I have discussed the research project with the participant and explained to him or her in nontechnical terms all of the information contained in this informed consent form, including any risks and adverse reactions that may reasonably be expected to occur. I further certify that I encouraged the participant to ask questions and that all questions asked were answered.

Signature of Investigator (or Person Obtaining Consent)	**Printed Name**	**Date**

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

You have been asked to participate in an experimental procedure. Before you decide whether you want to participate in the experimental procedure, you have a right to:

1. Be informed of the nature and purpose of the experiment;

2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized;

3. Be given a description of any discomforts and risks reasonably to be expected from the experiment;

4. Be given an explanation of any benefits reasonably to be expected from your participation in the experiment;

5. Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to you, and their relative risks and benefits;

6. Be informed of the avenues of medical treatment, if any, available to you after the experiment, if complications arise;

7. Be given an opportunity to ask any questions concerning the medical experiment or the procedures involved;

8. Be instructed that consent to participate in the experimental procedure may be withdrawn at any time, and the subject may discontinue participation in the medical experiment without prejudice;

9. Be given a copy of this form and the signed and dated written consent form.

10. Be given the opportunity to decide to consent or not to consent to the medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion or undue influence on your decision.

I have carefully read the information contained above in the "Experimental Subject's Bill of Rights" and I understand fully my rights as a potential subject in a medical experiment involving people as subjects.

_____ _____

Patient Signature Witness Signature

_____ _____

Date Date

Appendix C

Consent Form (Spanish)

SHARP
HEALTH CARE

CONSENTIMIENTO INFORMADO DEL PACIENTE

La experiencia del parto en mujeres latinas: La experiencia vivida

IRB# 011185

INVESTIGADORA PRINCIPAL:

Ana-Maria Gallo, PhD (candidata) CNS RNC
Enfermera clínica especializada en la fase perinatal
3003 Health Center Drive
San Diego, CA.92123
(858) 541-4274

PATROCINADOR: Ninguno

La experiencia del parto en mujeres latinas: La experiencia vivida

Participación en un estudio de investigación

A usted se le pide participar en este estudio de investigación porque es de origen hispano y dio a luz a su primer bebé. Lea por favor este formulario de consentimiento y dirija a la investigadora cualquier pregunta que usted pueda tener acerca de este estudio. Tómese todo el tiempo que considere necesario para su decisión. Consúltela con sus familiares y amigos. Este estudio ha sido revisado y aprobado por la Junta Institucional de Revisión de Sharp HealthCare, un grupo dedicado a proteger los derechos de los pacientes que participan en estudios de investigación. Además, sé a aprobado por la Junta de protección de ser humano súbdito de la Universidad de San Diego.

¿Por qué se lleva a cabo este estudio?

La finalidad de este estudio consiste en comprender mejor lo que significa el parto para las mujeres latinas. Le pedimos que participe en este estudio porque usted ha dado a luz a su primer bebé de gestación completa (37 o más semanas de edad gestacional) en un parto vaginal. Usted también está entre los 18 y 35 años de edad y desciende de latinoamericanos.

¿Cuántas personas participarán en este estudio?

En este estudio participarán cerca de 10 mujeres en tres hospitales diferentes dentro del sistema Sharp Healthcare en San Diego.

¿En qué consiste el estudio?

Si usted decide participar, se realizará una entrevista respecto a su experiencia en el parto. Le daremos la opción de ser entrevistada en su propio hogar o en un lugar que le resulte conveniente fuera del hospital. La entrevista se realizará entre 24 y 48 horas después de su salida del hospital y durará cerca de 2 horas. Las entrevistas se grabarán en una cinta de audio y luego se transcribirán. También se llevará un registro de las notas de observación. Se reunirán los datos demográficos durante la entrevista. Entre los datos que debemos reunir están los siguientes: edad, lugar de nacimiento, años de educación, ocupación, estado civil y el número de años que ha vivido en los Estados Unidos. Además de la información demográfica, se revisará la historia clínica para reunir datos como el tipo de parto, información sobre el parto y el tipo de anestesia empleada.

¿Durante cuánto tiempo formaré parte del estudio?

Usted formará parte del estudio hasta que se hayan realizado las 10 entrevistas y se haya confirmado la verificación de los datos.

¿Cuáles son los riesgos del estudio?

Mientras participe en el estudio, hay posibilidades de riesgos mínimos. Usted puede experimentar cierto malestar físico o psicológico como resultado de su entrevista. Aunque no-avaluación formal se hará, si es necesario, recibirá una recomendación para que se comunique con un trabajador social o un terapeuta calificado. Las preguntas que se le harán requerirán que usted se acuerde de su experiencia durante el parto. Es posible que las preguntas puedan herir la sensibilidad de algunas personas, por tanto usted puede rehusarse a contestar el resto de las preguntas o retirarse del estudio en cualquier momento.

¿Hay algún beneficio para mí por formar parte del estudio?

Usted no obtiene beneficios directos por participar en este estudio. Sin embargo, tendrá la oportunidad de volver a vivir la experiencia del parto y expresar sus sentimientos e inquietudes concernientes a esta experiencia. Además, usted podrá hacer preguntas y obtener respuestas respecto al cuidado personal o al cuidado del recién nacido. La persona a cargo de la entrevista será una enfermera calificada para responder las preguntas que usted tenga en relación con el parto o con su bebé recién nacido.

Un beneficio indirecto anticipado de este estudio es en comprender mejor lo que significa el parto para las mujeres latinas dando a luz en los estados unidos. La información ayudara enfermeras maternal-infantil dar cuidado cultural sensible a la mujer hispana y su familia.

¿Tengo alguna otra opción?

Usted tiene el derecho de negarse a participar o salirse del estudio en cualquier momento sin poner en riesgo sus cuidados médicos o sus cuidados de enfermería en esta institución.

¿Qué ocurre con la confidencialidad?

Nos esforzaremos en preservar la confidencialidad de su información personal. No podemos garantizar una confidencialidad absoluta. Su información personal puede ser revelada si así lo exige la ley. Entre las organizaciones que pueden inspeccionar y/o copiar los datos relacionados con su participación en este estudio con fines de control de calidad y análisis de datos se incluyen los siguientes grupos: La Administración de alimentos y medicamentos de los Estados Unidos

(FDA, por sus siglas en inglés), la Junta Institucional de Revisión de Sharp HealthCare (IRB, por sus siglas en inglés) y la Universidad de San Diego.

¿Cuáles son los costos?

Como participante no tendrá gastos directos. Se pedirá que usted dedique de manera voluntaria aproximadamente dos horas de su tiempo.

¿Cuáles son mis derechos como participante?

La participación en este estudio es voluntaria. Usted puede decidir no participar o puede dejar el estudio en cualquier momento. Dejar el estudio no acarreará ninguna sanción ni la pérdida de beneficios a los que usted tenga derecho. Usted recibirá cualquier nueva información del estudio relacionada con su salud, bienestar o deseos de participar.

¿A quién debo llamar si tengo alguna pregunta o problema?

Si tiene alguna pregunta acerca del estudio o acerca de algún perjuicio relacionado con esta investigación, comuníquese con la investigadora Ana-Maria Gallo llamando al
(858) 541-4274 o con Dr. Mary Ann Thurkettle, Profesor asociado de enfermería de la Universidad de San Diego llamando al (619) 260-4563.

Si tiene alguna pregunta acerca de sus derechos como participante en un estudio de investigación, comuníquese con el Dr. Richard O'Connor, Presidente de la Junta Institucional de Revisión de Sharp HealthCare (IRB), escribiendo a:

Sharp HealthCare Institutional Review Board Office
8695 Spectrum Center Court
San Diego, California 92123-1489
Teléfono: (858) 499-4836

Firma

Su firma a continuación indica que usted leyó el texto anterior referente al estudio sobre la *Experiencia del parto en mujeres latinas* y que tuvo oportunidad de hacer preguntas para comprender mejor lo que implicará su participación. Usted está de acuerdo en participar en el estudio hasta que usted decida lo contrario. Usted no renuncia a ninguno de sus derechos legales al firmar este formulario de consentimiento.

Firma del paciente (o Representante autorizado legalmente)	**Nombre en letra de imprenta**	**Fecha**

Firma del testigo (en caso necesario)	**Nombre en letra de imprenta**	**Fecha**

Yo, _____ afirmo que se han cumplido los requisitos para el consentimiento informado en relación con el proyecto de investigación médica descrito en este formulario; que la participante ha recibido una copia de la *Declaración de derechos de los participantes en experimentos médicos*, que he hablado sobre el proyecto de investigación con la persona participante y le he explicado en términos fáciles de comprender toda la información contenida en este formulario de consentimiento informado, incluyendo cualquier riesgo o reacciones adversas que, dentro de lo concebible, podrían ocurrir. Asimismo, certifico que he animado a las participantes a plantear preguntas y que todas sus preguntas fueron respondidas.

Firma de la investigadora (o Persona que obtiene el consentimiento)	**Nombre en letra de imprenta**	**Fecha**

DECLARACIÓN DE DERECHOS DEL PARTICIPANTE EN UN EXPERIMENTO MÉDICO EN EL ESTADO DE CALIFORNIA

Cualquier persona a quien se le pida su consentimiento para participar en un estudio de investigación que implique experimentos médicos, o a quien se le pida su consentimiento a nombre de otra persona, tiene el derecho a:

1. Recibir información sobre la naturaleza y el propósito del experimento.

2. Recibir una explicación sobre los procedimientos que se seguirán en el experimento médico y cualquier fármaco o dispositivos que se utilizarán.

3. Recibir una descripción de cualquier incomodidad y de los riesgos razonables que el participante pueda sufrir a causa del experimento, si corresponde.

4. Recibir una explicación sobre cualquier beneficio para el participante que razonablemente pueda obtenerse del experimento, si corresponde.

5. Recibir información sobre cualquier procedimiento, fármaco o dispositivos alternativos y adecuados que podrían ser ventajosos para el participante, y sobre sus riesgos y beneficios relativos.

6. Recibir información sobre las posibilidades de tratamiento médico, de haber alguna, disponibles para el participante después del experimento, en caso de surgir alguna complicación.

7. Tener la oportunidad de hacer preguntas referentes al experimento o a los procedimientos implicados.

8. Saber que el consentimiento para participar en el experimento médico puede suprimirse en cualquier momento, y que puede abandonar su participación en el experimento médico sin ningún perjuicio.

9. Recibir una copia del consentimiento informado por escrito, firmado y fechado siempre que así se solicite.

10. Dar su consentimiento o negarse a participar en un experimento médico sin intervención de ningún elemento de fuerza, fraude, engaño, coacción, coerción o influencia indebida en la decisión del participante.

Si tiene alguna pregunta referente al estudio de investigación, el investigador la responderá con gusto.

Reconozco que he recibido, fechado y firmado una copia de esta Declaración de derechos del participante en un experimento médico antes de dar mi consentimiento para participar en cualquier experimento médico.

_____ _____

Firma del paciente Firma del testigo

Fecha:_____ Fecha: _____

Appendix D

Interview Guide

University of San Diego
"The Latina Woman's Childbirth Experience: A Live Experience"
Interview Guide

I. **Introductions** (15 minutes)

Thank you for allowing me to come to your home and agreeing to participant in my study. My name is Ana-Maria, I am a student at the University of San Diego, school of nursing. Before we begin, would you like to share with me how you and the baby are doing since you last left the hospital. How are you feeling? Have you been able to rest? How is the baby? Is he/she feeding well? [This time of socialization will allow the mother to feel comfortable and establish a rapport. This is extremely important in the Latina Culture. I will also allow for time for the mother to introduce members of her family that are present. After exchanging pleasantries, I will begin the interview]

II. **The Process** (5 minutes)

As we discussed in the hospital, the purpose of this study is to gain an understanding of the meaning of giving birth for Latina woman. I asked you if you were willing to participate because you are of Hispanic origin that delivered vaginally. Would you still like to continue with the interview?

I will be asking you several questions about your childbirth experience. You may choose to answer or not, it is entirely up to you. Please know that your have the right to end the interview at anytime.

I would like to remind you that I will be recording this interview with an audio tape. Will this be acceptable to you? I will also be taking some notes and would like to ask you some additional demographic questions. [Complete Demographic Data at this time]

Before I start with the interview can I suggest the following:

- Describe the experience simply as you lived through it. Try to avoid as much as possible causal explanations, generalizations, or interpretation.
- Describe your experience through feelings and emotions and through your senses (smell, touch feel and taste)
- Focus on the actual experience of childbirth

III. The Interview (30 minutes)

Let's begin, 1)"Tell me about your recent childbirth experience". [Should the respondent have difficulty focusing on a particular time period of the childbirth experience] How about focusing on a particular incident of the experience. "Tell me about your labor and delivery experience".
2) What did the childbirth experience mean to you?
3) What did it mean to you giving birth in the United States?

IV. Closure (10 minutes)

Thank you for sharing your childbirth experience. [And comment about her delivery]. Although we may not meet again for another interview, may I call on the telephone and review some of my findings? [Re-confirm telephone number and best time to reach her. Departing pleasantry with her and her family].

Appendix E

Demographic Data Form

Demographic Data Form

Please complete the following demographics.

Your current age:_____

Your Martial Status:_____

What is your ethnic background?

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central American ☐ South American

☐ Other:_____

Number of years living in the United States:_____

Did you take any childbirth classes during your pregnancy or previous pregnancy?

☐ Yes ☐ No

What is your current occupation? ☐ Homemaker ☐ Student ☐ Other:_____

_____

Which family members attended your birth? (Check all who attended)

☐ Father of the baby ☐ Mother/Mother-in-law ☐ Sister
☐ Aunt ☐ Other Female relatives ☐ Other Male relative
☐ Friend ☐ No one attended

Fluent in English? ☐Yes ☐No

Your education? (Mark the highest level completed)

☐ Some high school or less ☐ Technical/trade school graduate ☐ College graduate

☐ High school graduate ☐ Some College ☐ Post-college graduate

What is your current annual income level?

☐ Under $15,000 ☐ $15,000 - $29,999 ☐ $30,000 – 49,999 ☐ $50,000 - $69,999

☐ More than $70,000 ☐ Do not wish to answer

Medical Record Information

Type of Delivery: ☐ Vaginal ☐ Forceps Delivery ☐ Vacuum

Type of Anesthesia Used: ☐None ☐Local Anesthesia ☐Epidural ☐Spinal

Hours in of labor:_____

APPENDIX F

Demographic Profile

Demographic Profile

Age	Martial status	Place of Birth	Years in the US	Fluent in English	Level of education	Occupation	Annual income level
18	Married	Nayari, Mexico	10	Yes	High school or less	Student	Under $15,000
20	Single	Durango, Mexico	2	No	High school or less	Homemaker	Under $15,000
20	Single	Jalisco, Mexico	1	No	High school graduate	Homemaker	Under $15,000
19	Single	Chihuahua, Mexican	4	No	High school or less	Homemaker	Under $15,000
30	Married	Tijuana, Mexico	1	Yes	Technical/trade school graduate	Homemaker	Under $15,000
26	Married	Guerreo, Mexico	3	No	Some College	Cook	Under $15,000
29	Married	Sonora, Mexico	1	Yes	College graduate	Homemaker	Under $15,000
28	Married	Guadalajara, Mexico	3	Yes	College graduate	Homemaker	No response
22	Single	Tijuana, Mexico	15	Yes	High school or less	Homemaker	Unknown
21	Married	Michoacán, Mexico	1	No	Technical/trade school graduate	Homemaker	Under $15,000
21	Single	Tijuana, Mexico	1	No	High school or less	Student	Under $15,000
26	Single	León Guanajuato, Mexico	1	No	High school or less	Homemaker	Under $15,000

Demographic Profile Continues

Childbirth preparation classes	Family attended birth	Type of Anesthesia	Hours in of labor
Yes	Father of baby, mother	Epidural	13
No	Father of baby, mother in law, sister and other male relative	Epidural	8
No	Mother, sister, brother in law	Local	24
No	Father of baby	Epidural	12
Yes	Father of baby, mother and sister	Epidural	16
No	Father of baby	Epidural	13
No	Father of baby and sister in law	Epidural	18
Yes	Father of baby and mother	Epidural	12
Yes	Father of baby	None	11
No	Father of baby, sister, other female relative	None	14
No	Step mother	Epidural	14
No	Father of baby and other female relative	Local	8