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THE REPRODUCTIVE RIGHTS OF LATINX WOMEN AND HOW IT AFFECTS THEIR MENTAL HEALTH

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A capstone project submitted for Graduation with University Honors

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ABSTRACT

Background: Latinx women in the U.S. contribute to a portion of the population that is experiencing high rates of sexually transmitted diseases (STDs), teen childbearing, unintended pregnancy, issues of broad societal concern, and more. Evidence shows that there are reproductive health disparities between young adult Latinx and white women and access to reproductive health care an unfortunate reality for Latinx women. This brings up the question: Does lack of reproductive care affects Latinx women's mental health? This study aims to develop common themes between the reproductive health and the mental health of Latinx women in the United States.

Methods: This study involves an analysis of in-depth interviews of 11 Latina-identifying women with Medicaid insurance who have obtained or attempted to obtain sterilization. With the interviews, researchers determined if there are common themes between mental and reproductive health. Based on the analysis, researchers determined that reproductive health decisions does affect the mental health and well-being of Latinx women.

Results: Analysis of in-depth interviews demonstrated that Latinx women do show symptoms of anxiety when it comes to reproductive healthcare decision making. The participants also face common themes when obtaining sterilization: assuming responsibility, delay or denial of sterilization, and forms of anxiety.

Conclusion: It is critical to address factors that shape reproductive healthcare decisions making for Latina-identifying women including delay of sterilization, assuming responsibility, and forms of anxiety in Latina women when it comes to the sterilization process. Given the important aspects that literature offers about Latina mental and reproductive health, this study is beneficial to the growth of these areas for Latina women.

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Introduction

Among Latina-identifying women there are high rates of sexually transmitted diseases (STDs) and unintended pregnancy, along with low rates of consistent and effective contraceptive use (Child Trends, 2012). Approximately 34% of Hispanic/Latinx identifying adults with mental illness receive treatment each year in comparison to the United States (U.S.) average of 45% (NAMI, 2021).

Latina women who request the sterilization procedure are often denied and dismissed as patients able to make competent decisions (Batra et al., 2020). These women are denied regardless of the many factors that may lead to their decision; whether it be for financial reasons, personal reasons, or health reasons (Arora, Kavita Shah et al., 2020). The delay of sterilization and the denial of sterilization becomes a factor in shaping their ability to become sterilized. Latina patients experience challenges to being sterilized, and they may also experience signs of declining emotional and psychological well-being. When faced with the inability to gain sterilization, Latina-identifying women may experience poor mental health symptoms such as anxiety, stress, and depression (Gdańska, Paulina et al., 2017).

This capstone project examines how delay or denial of sterilization are barriers that Latina women face when obtaining sterilization, which combined together may contribute to the decline of emotional and psychological well-being. This project will examine these issues by conducting an analysis of in-depth interviews from an existing study that focused on low-income women's experiences of the sterilization process and decision making with Medicaid insurance (Batra et al., 2020).

Methods

Given the history of reproductive barriers Latina-identifying women face in the United States, the study focuses on identifying the factors that may contribute to barriers to reproductive health, specifically sterilization. When identifying the factors that may contribute to the barriers, the study will also focus on the effects that these barriers create on women's mental health. It is important to note that this study was possible because of the findings from the parent study done by P. Batra et al. (2020) and funded by the Society for Reproductive Health. The study presented in this capstone project is an analysis of interviews with women in the parent study who identified as Latina. The data were collected via in-depth interviews and a brief survey to obtain sociodemographic characteristics of the women. The interviews with women were audio recorded and transcribed. The socio-demographic data were analyzed for frequency.

Setting

This study was conducted with intentions of working with the results from its parent study. The main purpose of the parent study was about the Medicaid restrictions in receiving reproductive health care for low-income women. Undergraduate researcher, Melissa Hernandez at the public academic institution, University of California, Riverside (UCR), under the supervision of Dr. Ann Cheney in the UCR School of Medicine researcher, obtained de-identified data from the parent study. The researchers then identified all data from Latina-identifying participants; researchers used the sociodemographic characteristics from the parent study in order to identify all women who self-identified as Latina.

Data Analysis

This study was focused on the analysis of Latina-identifying participants' in-depth interviews from the parent study. The first phase of the study involved identifying the characteristics of each woman in the analysis. Interviews from the parent study were done in the language preference that the participant preferred, whether it be Spanish or English. Once they were identified, the undergraduate researcher then carefully read through the qualitative data and reviewed the socio-demographic data. Then, the main themes of the in-depth interviews were identified and categorized. The main themes focused on the sterilization decision-making process, counseling and consent process, sterilization procedure (pre- and post-surgery), overall sterilization experience, and different sterilization processes. Once themes and exemplar quotes were identified, analytic thoughts were noted in relation to the barriers in receiving reproductive healthcare and their relationship to poor mental health among Latina-identifying women were identified.

Results

In-Depth Interviews

A total of 11 women participated in the in-depth interviews. Their sociodemographic characteristics are described in **Table 1.** The sociodemographic chart describes many characteristics such as age, preferred language, marital status, and education level. As described from the table, on average, 70% of women were aged 20-34, with the other 20% being older than 35. 90% of the participants preferred to speak English in comparison to Spanish. 80% of Latina women were married and 30% of the Latina women were members of an unmarried couple. More details are listed in Table 1 below. All participants had attempted to obtain sterilization with Medicaid insurance; 10 of 11 succeeded. The racial/ethnic composition and language

preferences of the sample of interviewees are specific to low-income Latina mothers with Medicaid as their insurance. Participants were either English, bilingual, or monolingual Spanish speakers.

Table 1
Sample Characteristics: In-Depth Interviews (*N*=11)

Characteristic	Frequency (*n*)	Percent
Age (y)		
20-34	7	70%
>35	4	40%
English language preferred (vs. Spanish)	9	90%
Race/Ethnicity		
Hispanic/Latina	11	100%
Marital Status		
Married	8	80%
Member of an unmarried couple	3	30%
Separated	0	0%
No response	0	0%
Highest level of education completed		
Grades 9–12 (some high school)	2	20%
Grade 12 or equivalent (high school graduate)	1	10%
Some college or technical school	6	60%
College graduate	2	20%
Graduate school or advanced degree	0	0%

Assuming responsibility

Nearly all women described their experience with the sterilization process to be their responsibility in terms of who was to be sterilized. Most of these responses stemmed from them wanting to get the procedure done instead of their partners along with the societal pressures in their decision-making process. This is seen by the following participant, a 44-year-old mother of four:

> He had it, the vasectomy but he didn't want it. Fear, indecision and well, while he said, I was not going to be waiting and since I exercise a lot, I am very fertile. So I didn't want to see myself 50 years old with another six-year-old, no. No.

Participants who expressed this opinion gave the impression that they felt obligated to be sterilized due to the immense pressure from family, friends, and even their own partners. However, despite these Latina-identifying women assuming responsibility amongst themselves, many of the participants found that social pressures were one of the main contributors to deciding to get sterilized. Another participant of the study commented:

> But I still get a lot of backlash from people that know about it. They kinda look at me, and they're like, 'Oh, well, now you can get pregnant.' So, they kind of make me feel guilty for it. And it's kind of infuriating because it's not something that I'm gonna go and do. I don't want kids. I don't ever want to be – have a pregnancy in the future.

Table 2 provides more quotes that fully capture these women's experiences and their perspectives on assuming responsibility towards sterilization.

Table 2
In-Depth Interviews: Women's instances of assuming responsibility

Prompt: Women make it their responsibility to gain sterilization due to the outside parties and societal pressures they face.

Theme	Subtheme	Illustrative quote	Interpretation
Assuming responsibility	The role of outside parties	"Yeah, just my friend that said she did it when she was 27. And – but then, my sister, she – she has like seven kids, and she won't do it, and she never took care of none of her kids. And she's like: "Oh, I don't believe in it religiously, and I don't believe in birth control religiously," but she has these kids and they get taken away, I don't get it. Why wouldn't she, you know, I don't – I don't know. But her – I talked to her about doing it: "Will you please do it? You know, I done it, it's not –" Oh, and then I had other people tell me – that's another thing people were scaring about because everybody was saying: "Oh, you're gonna get hormonal – the change after you do that." And which, I was told you're not [inaudible], they're not gonna remove your ovaries, so you're not gonna, you know, get a hormonal change like that."	The opinions of other people when it comes to shaping sterilization decisions, therefore leading the women to believe that they are responsible for sterilization.

	Toxic masculinity in reproductive healthcare/double standards	"'So, that was kind of hard because, as a man, he feels like he should be able to reproduce whenever he wants to or whatever it may be for him. And I don't want that chance. So, he had to go through the process of getting sterilized….' 'But I still get a lot of backlash from people that know about it. They kinda look at me, and they're like, "Oh, well, now you can get pregnant." So, they kind of make me feel guilty for it. And it's kind of infuriating because it's not something that I'm gonna go and do. I don't want kids. I don't ever want to be – have a pregnancy in the future. I do love my kid and everything, but I don't think I would've had my kid because I knew that I didn't want kids.'"	The sentiments that are exclusive, but not limited to, women's partners when discussing sterilization. The belief that the women counterparts are to be responsible for the sterilization process; this demonstrates the masculinity that is present within men when it comes to reproductive healthcare. The masculinity leads women to be responsible towards becoming sterilized.
	Toxic masculinity in reproductive healthcare/double standards	"As far as him getting a vasectomy, he was less supportive about that, so that was unfortunate, because I think – Maybe it's just the impression I get, but I think men have an easier time requesting it than women do. But, that wasn't a conversation that went very hard – for him to get sterilized. But, he was totally supportive of me."	Women oftentimes expected to obtain sterilization when it comes to their male counterparts. The inequality between men and women in the reproductive healthcare system is present when conversations of sterilization are present.
	Toxic masculinity in reproductive	"So, that's why I made that decision where I need to	Women are left to be responsible for

	healthcare/double standards	stop. And my husband won't do it. And I'm not gonna make someone do something that they don't wanna do. So, as a woman and it's my responsibility to take care of my family and myself, so that's what I decided.”	sterilization. Demonstrates the inequality women face against their male counterparts when it involves reproductive healthcare in a relationship.
	Societal pressures	“It was for financial reasons and because when I got pregnant with my third child, I found out that my first child had autism, and my second child was showing a lot of signs for autism. He’s still too young to be diagnosed, but they got a lot of therapy and I didn’t want to take the chance, because – they told me that they can’t attribute autism to genetics, but that’s most likely what it is, and I was like I can’t do this anymore.”	Women are left to be responsible for obtaining sterilization as a result of societal pressures they are faced with.
	Double Standards	“And well, my husband doesn’t like to use protection and birth control is just that risk. So, that’s why we were like no. We’ll just do that, and that’s when I had asked her, does she recommend it? And that’s when she said yeah.”	Women are expected to be the more “careful” individuals when participating in sexual intercourse. Men leave the risks to women to be responsible for when it comes to safe reproductive decisions.

Delay of Sterilization

All the Latina-identified women, regardless of sterilization or not, experienced a delay when wanting to get sterilized. This general sensation of a delay in sterilization was not limited to race, preference of language, age, or other socio-demographic characteristics. Most importantly, this sensation was not limited to whether these women already had children. This is seen in the following participant when she was discouraged to get sterilized:

> That particular doctor was not comfortable doing it because I didn't have children, and that was when I was around 35. That was the last time I inquired into getting a tubal ligation, and instead, I just got another IUD.

Table 3 provides more quotes that go into more detail regarding the numerous times that these Latina-identifying women had to delay their sterilization process due to other's decisions. It is also a common theme among these quotes in **Table 3** that the delaying of sterilization process is not limited to access to the procedure. These findings suggested that there are many other factors resulting in the delay of sterilization such as providers, family, responsibilities and more.

Table 3
In-Depth Interviews: Women's Delay of Sterilization

Prompt: Women wanting to obtain sterilization experience a delay in the process, which at times, had prevented them from getting sterilized. This led to them being sterilized at a different point in time or not at all.

Theme	Subtheme	Illustrative quote	Interpretation
Delay of Sterilization	Providers make it seem like women are unsure of their	"No, they just said: "Read this, and then sign this," they – they kept asking me if I was sure, you know? They'd	The amount of times that women are asked if they are sure that they want to get sterilized creates a

	decision to get sterilized.	ask me almost every visit, the doctor asked me. But I already signed it, and it was – I can't even remember what it looks like but – it was – they asked me a question on there about if I was for sure wanting to do that."	delay in the process and often belittles the woman that is requesting the sterilization.
	Providers delaying the process of getting sterilized, often using many excuses in order for there to be a delay in the process.	"My main thing is if a person decides that they wanted to get sterilized soon and you have to wait, your lives happen. In six months, anything can happen. You can move. You can have new things happen. I don't feel like it's fine to wait. You can get pregnant in six months. Anything can happen in six months or a few days or a few months before you're scheduled."	Due to providers having a long waiting period, this can allow for many things to happen in a woman's life. The waiting period is seen as something that is only there to create an excuse for the delay of sterilization.
	Providers telling women that they cannot get sterilized for no apparent reason.	"It was not an option. I was never told it was an option by any doctor, or nurse practitioner, or anyone I spoke with."	By providers denying women the option of getting sterilized, it can only be seen as a delay of sterilization. Denying women their right to their reproductive choices.
	Providers making women second-guess their decision or making them not confident in their decision, often leading to their delay of sterilization.	"So, I pretty much – the reaction I received from any doctor when I questioned, "I would like to be sterilized in some manner" was "You're going to change your mind as you get older," but I never have changed my mind."	Providers assuming the emotions and sentiments of women, regardless of the provider's gender, takes away the autonomy the women have of their bodies and their reproductive choices.
	The long waiting period that women must face in order to get the procedure	"Hmm, I think the long waiting period to get the appointment for the surgery seemed to be a lot to me. It	The long period of time that providers create to get the procedure done is in itself, a delay of

	done, often resulting in extended periods of time.	was a lot of worries for such a long time, but I know that's how it is."	sterilization. Therefore, not being seen as a priority to the providers.
	The long waiting period that women must face in order to get the procedure done, often resulting in extended periods of time.	"We had to start the waiting game, it took over a month for me to get an appointment. Things like that always take forever, and all I could do was survive till the day of my surgery, not get pregnant."	The long period of time that providers create to get the procedure done is in itself, a delay of sterilization. Therefore, not being seen as a priority to the providers.

Anxiety

The findings of this study suggest that many, if not all, of the Latina-identifying women exhibited signs of a form of anxiety when referencing their emotions during the entirety of the sterilization process. Whether the sign of anxiety is demonstrated directly or indirectly, participants in the study demonstrated anxiety in their own way. For instance, one participant explained her feelings of guiltiness and feeling regret because of her not wanting anymore children. Also, when given more information at the time of signing the consent form, she chose not to read these brochures because of how much it scared her, triggering her anxiety during the process. More quotes from the other interviews are available in **Table 4** demonstrating the anxiety that patients went through during the sterilization process. This phenomenon that patients face is not limited to a certain step in the sterilization process, seeing as all of the women in this study reacted differently to different aspects of the process due to their personal experiences, familial values, career choices, and more.

Table 4
In-Depth Interviews: Anxiety

Prompt: Women face signs of anxiety at some point of the sterilization process. The feeling of anxiety is not limited to a single step of the sterilization process but varies in different parts of the sterilization process.

Theme	Subtheme	Illustrative quote	Interpretation
Anxiety	Common symptoms of anxiety on both mental and physical state	"So, I just wanted – I just didn't want any, you know – having anymore at all, and I'd be worried about being pregnant again. It's very hard to be pregnant, mentally, physically, everything, so – especially the older you get. So, that was my reasoning for that."	Women demonstrate symptoms of anxiety, regardless of it being mental or physical. The process of sterilization, regardless of getting the procedure done or not, elicits the many symptoms of anxiety.
	Feeling nervous, restless, or tense. Having a sense of impending danger, panic, or doom.	"The scare, I mean, all this – pregnancy to me is just – as you get older, just more scarier, and more risk when you think of it. The more risk, it's risk you're taking. I mean, even if you have [inaudible] [00:06:09], you know, delivery and actually things can go wrong. So, the anxiety of that just – I just don't wanna – I never will do that again."	The uncertainty of not knowing if sterilization will be an option for these women creates feelings of anxiety. This gives them a sense of pending doom over something that they cannot control.
	Feeling nervous, restless, or tense.	"What they're talking about, when people would tell me that, and that kinda scared me too."	Outside parties give these women the sense of uncertainty and fear in order to persuade their decisions. This leads to many signs of anxiety during the process of sterilization.
	Feeling nervous, restless, or tense.	"I guess the big question is, surgery is – it's always scary. There are always risks."	The amount of uncertainty and the lack of knowledge that some women are given

	Having difficulty controlling worry.		when it comes to the sterilization process creates forms of anxiety.
	Trouble concentrating or thinking about anything other than the present worry. Worrying too much that it starts interfering with relationships or other parts of personal life.	"And that was hard to do because it kinda is – I knew I didn't want kids. And he was kind of on my side, but it's like, do you really – was he really okay with it, or was he just doing it because he didn't wanna upset me? I don't really know."	The anxiety women feel when it comes to worrying about outside parties and their stance on their reproductive choices and wishes. This phenomenon often leads to women feeling worried that it affects their mental state and personal decisions.
	Feeling nervous, restless, or tense. Trouble concentrating or thinking about anything other than the present worry.	"I had my next appointment in beginning of August. And I was so afraid that it was gonna hurt that way again. I kinda had a panic attack about it."	The past experiences that women may experience when trying to get sterilized may have created traumatic memories. With traumatic memories that were created because of wanting to be permanently sterilized, this demonstrates the long lasting effects. When thinking about new experiences of sterilization, they may be triggered with forms of anxiety.
	Fear, worry, or anxiety is upsetting and difficult to control. Feeling of being depressed or having other mental health concerns along with anxiety. Seeking medical attention immediately for anxiety.	"Before I was diagnosed as bipolar, it just really seemed to exacerbate my depression, and that's actually how I was diagnosed bipolar, is because I was taking –I forget which one it was, but it was a birth control pill, and I had such a major depressive episode that one of my friends drove me to the doctor, to the hospital, and was like, "You need help. That's how I became diagnosed. I'm not sure exactly how the combination was causing these depression	The lengths that women go through to attempt to be permanently sterilized can be at times dangerous. Contraceptives as a method of becoming permanently sterilized elicits underlying mental health issues, more than just anxiety. This is dangerous for women because it leads them to choose between their mental health or their reproductive health.

		symptoms to be so much work, but I looked back at my history, and it just really seemed to coincide with whenever I was taking oral contraceptives that I was having depressive episodes – crying, feeling hopeless, fatigued, weight gain – pretty much every side effect they say you can have.”	
	Feeling like a burden, not wanting to worry others. Felt like they had to deal with their emotions on their own.	“I guess I was kind of dealing with the whole emotional part by myself. Because I didn’t even want to bring it up to my husband either because what if I tell him oh, what if I want to have more kids? Then I didn’t want to leave him with a question like okay well forget it then. Let’s not do it then. So, I kinda just did it myself. Yeah, no I didn’t [want to put a burden on him]. No. I would’ve wished I would’ve known and stuff because like I said, at the end, I was like man, I can give them another child, you know what I mean? That’s like what kind of woman would that be? And the emotional part too so. But then dealing with it? I’m like no, I’m glad. I’m glad that I’ve done it.	Women are forced to face their emotions during the difficult process of sterilization by themselves. Women must also appear to be strong and confident during the process. Women do not want to concern anyone with their feelings so they keep their emotions to themselves. The action of bottling up their emotions and going through their emotions by themselves suggest signs of anxiety due to the worry of hurting others.
	Feeling like they could go to no one. Wanted to avoid stressful situations and had to deal with emotions on their own.	“I had to make sure I was as “discrete as I could, I wanted to make sure I didn’t add any stress to my plate. That’s why they were not that helpful.”	Women felt as if they needed to be secretive in order to avoid stressful situations. The act of avoiding stressful situations is an indicator that these women are trying to not trigger their anxiety. Also,

			this gives these women the feeling that they cannot go to anyone when navigating through the sterilization process.

Discussion

The ability to obtain sterilization must be revised in order to make the process of sterilization more effective and obtainable, which will result in better mental health outcomes of Latina women. To our knowledge, no other study has considered the women-centered challenges of obtaining the procedure and its affect in the mental health of Latina women. The Latinx population is also among one of the main racial/ethnic groups that suffers from declining mental health in the U.S. due to the disparities they face in access and quality of care. Some of the disparities that this population faces when obtaining care include language barriers, health coverage, lack of cultural competence, legal status, acculturation, and stigma (NAMI, 2021).

These disparities are not limited to reproductive or mental healthcare seeing as the Latina population continues to face these barriers regardless of the healthcare setting. The inequality in both reproductive healthcare and mental healthcare puts communities such as the Latina community at a higher risk for more severe and persistent forms of conditions and problems, because without treatment, conditions often worsen or become undiagnosed (Fabrega, 1990). The findings from this study are important. This study contributes to understanding this issue through analysis of in-depth interviews which identified themes in relation to the barriers of receiving reproductive healthcare that contribute to poor mental health among Latina-identifying women.

Conclusion

After synthesizing the experiences of the Latina-identifying women and their emotions during the sterilization process, researchers used the analysis of in-depth interviews to be able to understand and recognize the common themes present within this issue. Motivated by the desire to promote equal experiences in the healthcare system, there is a dire need for the acknowledgment of the effects that the difficulty of the sterilization process has on the mental health and wellness of Latina women. There were many references to the Latina-identifying women assuming responsibility, a delay in sterilization, and forms of anxiety. These results- which reflect a lack of sensitivity or urgency towards these aspects of healthcare for Latina women- are aligned with those of previous qualitative studies (NAMI, 2021).

It is critical to emphasize the delay of sterilization, assuming responsibility, and forms of anxiety in Latina women when it comes to the sterilization process. These common themes that were recognized in the study were also acknowledged by the participants of the study with the caveat that it influences their decisions regarding the procedure all the while effecting their emotional and psychological well-being. Current literature suggests that there is a disconnect between physician and patient when it comes to healthcare, regardless of the type of healthcare that is being offered (Escarce & Kapur, 2006). The disconnect is often disregarded or not acknowledged within the medical setting, especially towards vulnerable populations. Therefore, from this study it is important that we suggest that providers with Latina-identifying patients become more aware of the culture that they are serving in order to tailor their services to their patients. Cultural humility in healthcare settings is necessary to provide quality care.

Current literature also suggests that there are some Latina patients that face language barriers when it comes to reproductive and mental healthcare (Baker & Sarver, 2000). Language

barriers for Latina patients can make communicating with providers difficult, or even impossible, particularly when a person is seeking counseling or medical attention for sensitive or personal issues. With this issue being present, it is then helpful for providers to ask what the patient and families' preferred language is before beginning care and to use interpreters when necessary.

Currently, literature suggests that the ability to obtain health insurance for the Latina population becomes difficult because of the circumstances that this population faces (Doty & Holmgren, 2006). According to the Kaiser Family Foundation, in 2018, 19% of Latinx-identifying people had no form of health insurance. In addition to not having health insurance, they face a limited selection of providers due to language barriers. It is important to note that Latinx people have even fewer options when they are uninsured. This situation is also exclusive to Latinas that are undocumented in the United States as well. For this specific population, the fear of deportation can prevent them from seeking any type of reproductive and mental health help. Regardless of undocumented individuals being able to be eligible for health insurance due to the Affordable Care Act, many individuals either may not know about the eligibility or be afraid to register due to fear of separation or deportation.

There have been previous studies that focus on the idea of there being a stigma present in the reproductive and mental health care environment for Latinas (DeFreitas, Stacie Craft et al., 2018). The Latinx community can often be very private and may not want to talk publicly about challenges at home or means of sexual reproduction. This can lead to a lack of information and continued stigma about reproductive and mental health within the community, as talking about it can be viewed as not acceptable. It is important that providers use a compassionate and collaborative approach to engage individuals when giving treatment. Providers can do so by incorporating education, symptom monitoring, and engagement with community resources. This

can be crucial to supporting an individual's decision to seek treatment in the given fields of medicine.

Given the important aspects that literature offers about Latina mental and reproductive health, this study is beneficial to the growth of these areas for Latina women. Findings from this study indicate that there are many elements from current literature that are present for Latina women that include the lack of sensitivity, cultural competency, language barriers, status of citizenship, ability to obtain health insurance, and the stigma present. These factors that were listed as common themes from current literature fail to acknowledge the need for emphasis on specific aspects of these fields of medicine.

Future work should focus on the delay of sterilization and assuming responsibility in terms of reproductive health. Once these aspects are recognized and better understood, the field can better understand the effects of delay of sterilization and assuming of responsibility on anxiety and other forms of mental health symptoms among Latina women undergoing sterilization. These findings suggest that these concepts play a role in affecting one another, meaning that they are all interconnected. Participants in this study were also involved in the analysis and interpretation of themes because of the commonalities within data being based on their personal experiences and emotions. At the same time, research findings must be understood in the context of the study's limitations. Findings of in-depth interviews are limited in these subjects, as is the case with all qualitative research which are not generalized to populations.

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