

# Lessons learned from Latinas/Hispanas regarding health beliefs and behaviors

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The Sage Colleges

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Community Cradle

Working With Hispanic/Latino Women and Families



## ***This Talk will Cover:***

**A brief history of a lifetime of work on  
Latino women's health  
Best practices when working with  
Latino women and families**



# ***History***

- **Raised in Guatemala age 3-16**
- **Anthropology/Latin American Studies**
  - **Worked in Guatemala, Bolivia, Ecuador, Colombia, Barbados, Haiti, Chile, Honduras, Mexico, Panama, Costa Rica, Peru, Brazil, New York City, Los Angeles, Chicago**



## ***History: Topics***

- **Reproductive decision making, contraceptive use, etc.**
  - **Childbirth**
- **Improving pregnancy outcomes**
  - **Asthma**
  - **Seizures (epilepsy)**
  - **Violence prevention**
- **Health disparities/access to care**
  - **Health literacy**

## **A Sequence of Research on Culture, Pregnancy, and Childbirth**

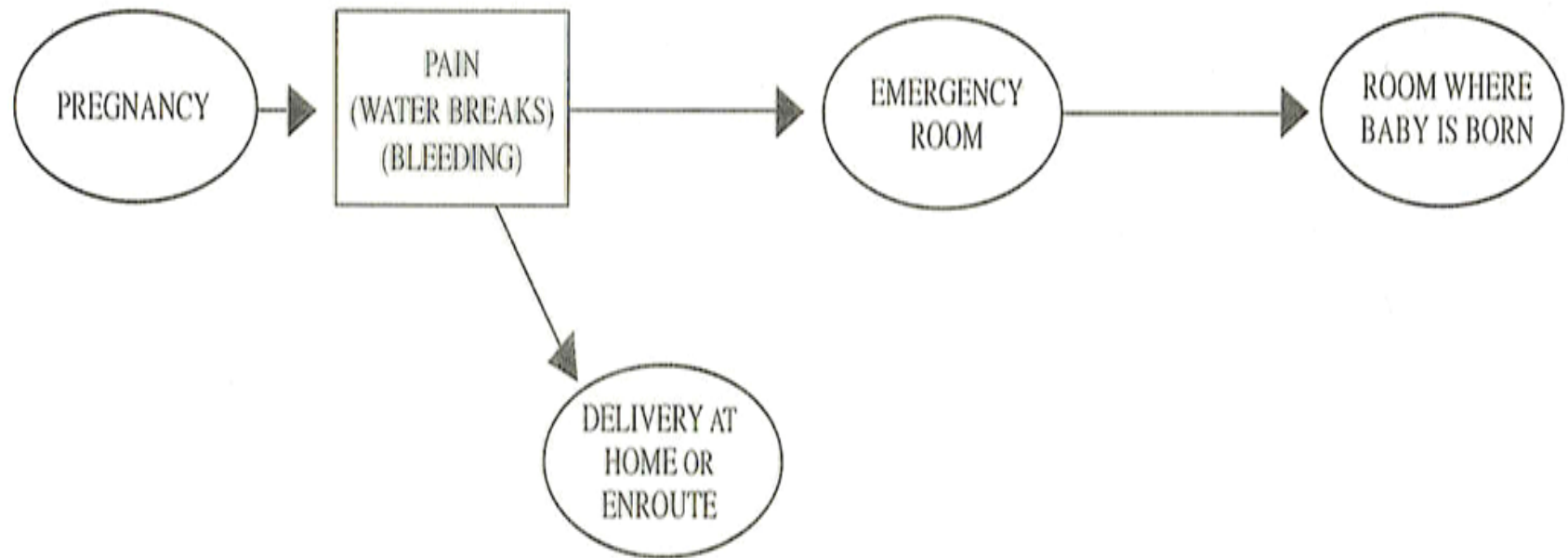
1. **Observations of Medical Students and Residents in New York (1973-1975)**
2. **Cultural/Medical Contexts of Birth in Women of Mexican Origin and Descent in Los Angeles (1979-1984)** With Patrice Engle
3. **Psychosocial Mediators of Prematurity and its Prevention (1984-1986)** With Christine Dunkel-Schetter
4. **Mediators of Birth Outcome in Three Ethnic Groups (1987-1991)** With Ruth Zambrana and Christine Dunkel-Schetter
5. **Prenatal Health Behaviors in Mexico (1987-1989)** With Ruth Zambrana
6. **The Content of Prenatal Care for African American and Latino Women in Los Angeles (1992-1993)** With Deidre Gifford
7. **Healthy African American Families Project (on Pregnancy in African American Women in Los Angeles) (1992-1995)** With Nadine Peacock, Deidre Gifford, and Marcyliena Morgan

## **A Sequence of Research on Culture, Pregnancy, and Childbirth**

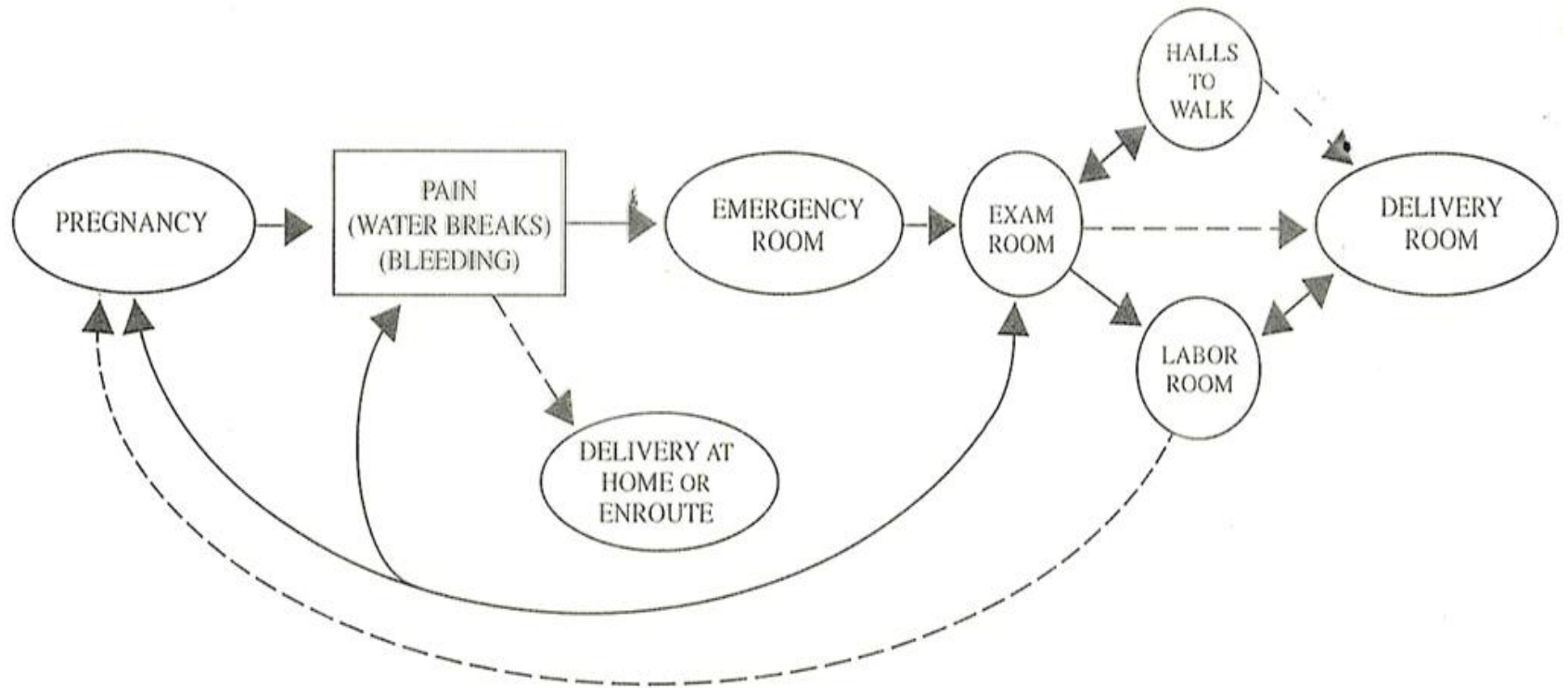


# Cultural/Medical Contexts of Birth in Women of Mexican Origin and Descent in Los Angeles (1979-1984) With Patrice Engle

# Common Perceptions held by Primiparous Latino Women of the Sequence of Places and Events in Intended Hospital Births



# Actual Places, Events and their Interrelationships in Intended Hospital Births



RARELY OCCURS - - - - -

# Provider's Taxonomy Birth (for primiparous women)

Birth										
Labor							Delivery			
False		True					Baby born (end of 2nd stage)	Placenta born (3rd stage)	Repair and Observation (4th stage)	
Braxton-Hicks contractions	Long latent first phase	First stage (Cervical Dilation)			Second stage (Pushing)					
		Early	Middle	Late						
		Cervix dilated 2-4 cm	Cervix dilated 4-8 cm	Cervix dilated 8-10 cm	Baby moves through birth canal	Baby's head crowns				
		Contractions 15-5 min apart	Contractions 5-3 min apart	Contractions 2-3 min apart						
		Cervical effacement varies	Cervical effacement varies but over 40%	Cervical effacement 100%						
		Contractions weak to moderate	Contractions moderate strong	Contractions strong						
Days or weeks	Days	Varies 4-10 hr	4-6 hr	0.5-2 hr	0.5-2 hr	5-20 min	1-2 min	5-30 min	0.5-1 hr	
Average for primiparous women 15-20 hours										

Time →

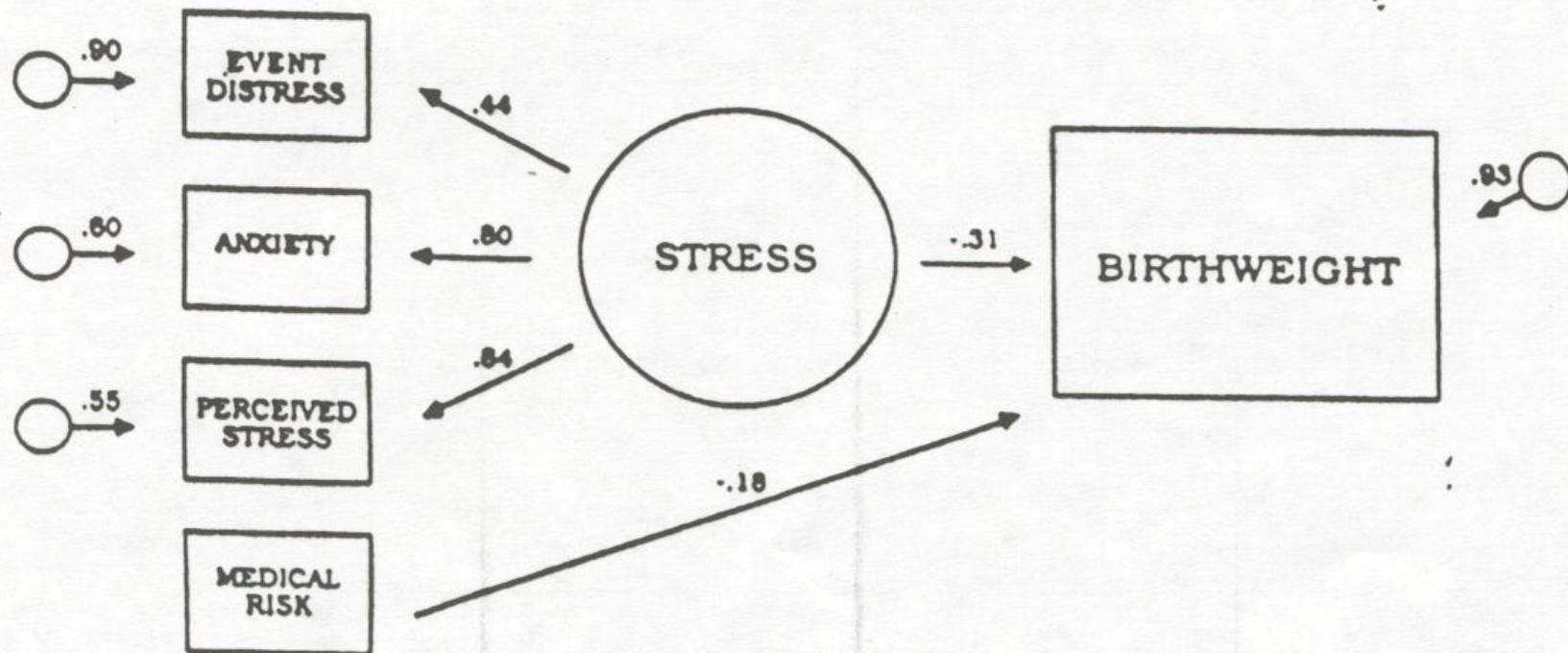


# Psychosocial Mediators of Prematurity and its Prevention (1984-1986)

With Christine Dunkel-Schetter

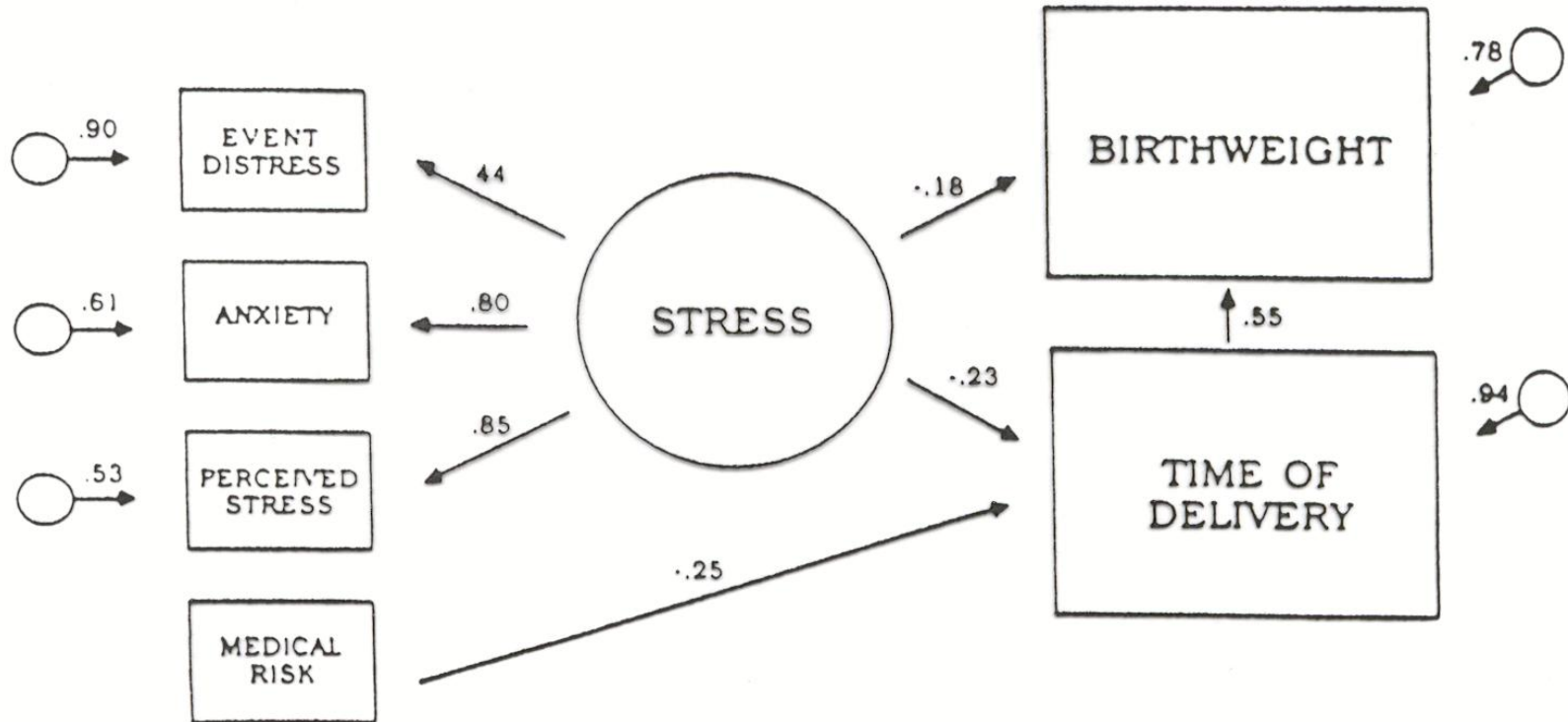
# Model of Birth Weight

LOBEL, DUNKEL-SCHETTER, SCRIMSHAW



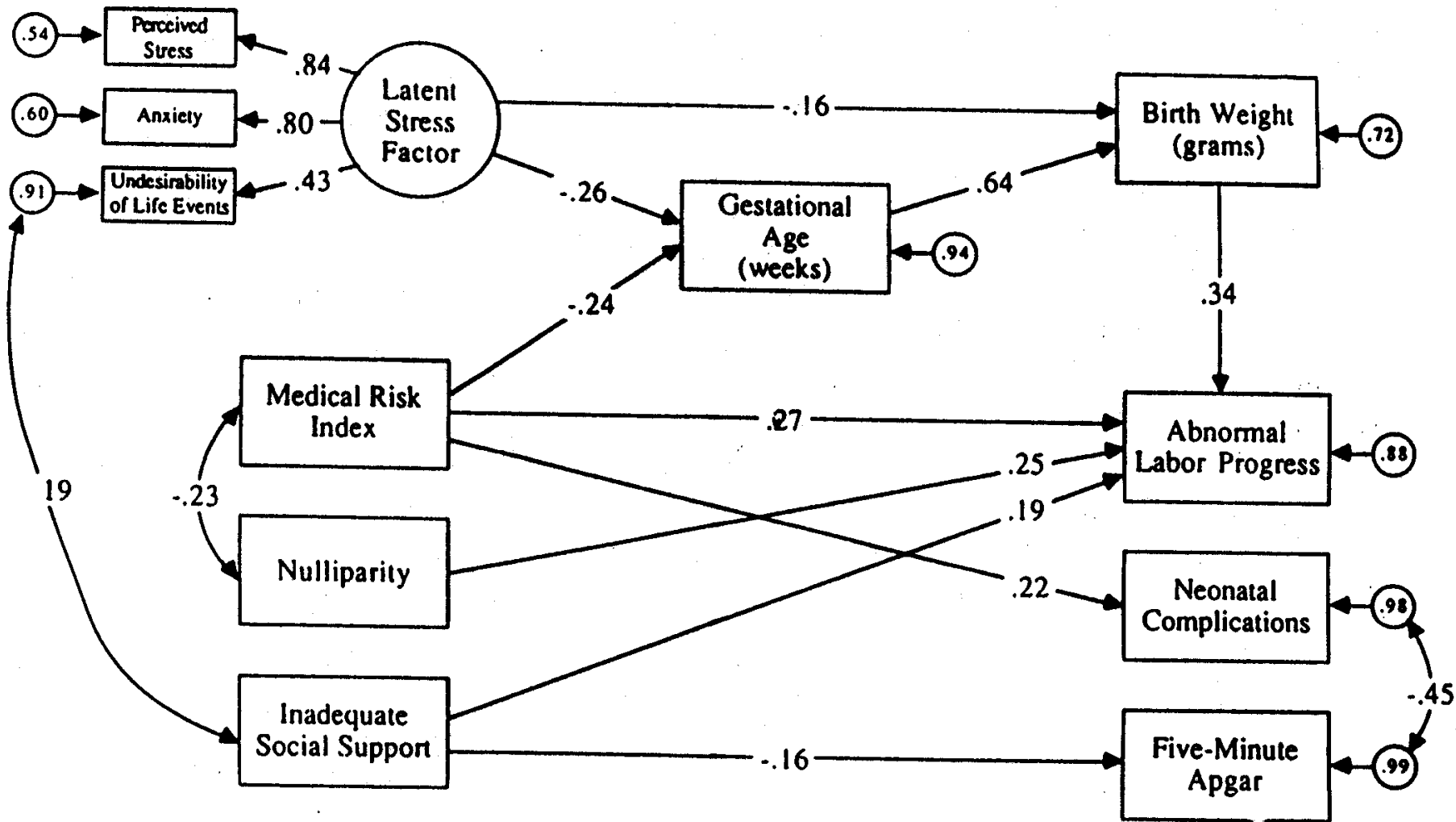
1992

# Model of Birth Weight and Time of Delivery



Dunkel, Schetter, Lobel, and Scrimshaw

# Birth Weight, Time of Delivery and Complications



# Structural Support on Pregnancy

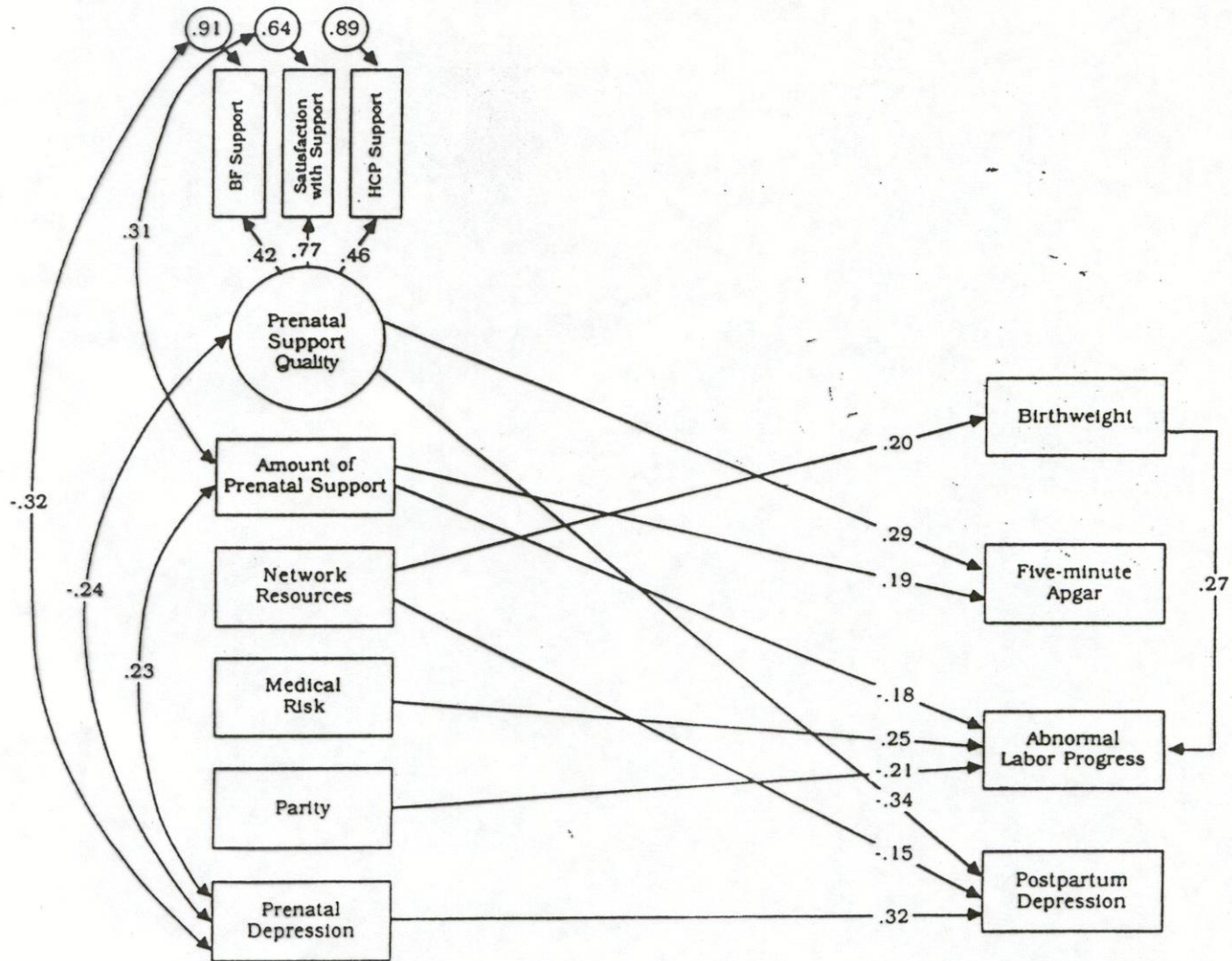


Figure 1. Multivariate model of social support, biomedical risk factors, and birth outcomes. ( $\chi^2[49, N = 129] = 41.40, p = .77$ ; Comparative Fit Index = 1.0; all paths significant at  $p < .05$  or less. BF = baby's father; HCP = health care provider.)



With Christine Dunkel-Schetter



# Mediators of Birth Outcome in Three Ethnic Groups (1987- 1991)

With Ruth Zambrana and Christine Dunkel-  
Schetter



# Prenatal Health Behaviors in Mexico (1987-1989)

With Ruth Zambrana



# Pregnancy in Tijuana

- Trimesters vs beginning, middle, end
- Weight gain: What baby should weigh (2 kilos)
- Intervention: Risk signs, 3 prenatal visits, diet, no medications, etc.
- Communication materials developed with the women
- Poster, calendar, songs



# What Underlies Health Disparities?

Disparate access to prevention and treatment services:  
broadly defined

Differences in behaviors in response to illness

Different environmental and occupational risks

Differences in health promotion and disease prevention  
behaviors

Differences in community factors such as stress, societal  
support, community cohesion

Genetic factors come into play for individuals, but seldom  
for groups



# Issues

Undocumented status a threat to health on multiple levels, especially access to care and worker safety

Health behavior change a threat to health, many positive behaviors are lost e.g. diet, exercise, social support, attention to mothers and children, low alcohol/tobacco use for women



# Assets


Women less likely to smoke (only 10%)

Better birth outcomes

Rate of low birth weight infants is lower for the total Hispanic population compared with that of whites

Better social support

Better self care during pregnancy



Health literacy is much more than reading levels, or even vocabulary.

It is about communication and understanding.




**Insider view**

**Outsider view**




# Anyone can misunderstand health communications

Health literacy is about more than literacy levels for individuals-it is about how health care providers communicate and about people's understanding of health concepts, regardless of literacy or educational levels.

- 
- Recent study in CA found an average of 31 errors per pediatric clinic visit.
  - 2/3 had clinical consequences.
  - Included dose and duration of prescribed drugs, missed information on patient allergies
  - Errors were most common with untrained interpreters.

*(Source: Flores et al, Pediatrics 111(1) Jan. 2003)*

- 
- Once in the ER
  - The meaning of trauma
  - My heart hurts.



# Meaning Centered Approach to Clinical Practice

**Groups vary in the specificity of their medical complaints.**

**Groups vary in their style of medical complaining.**

**Groups vary in the nature of their anxiety about the meaning of symptoms.**

**Groups vary in their focus on organ systems.**

**Groups vary in their response to therapeutic strategies.**

**Human illness is fundamentally semantic or meaningful.  
(It may have a biological base, but is a human experience)**



# ***Meaning Centered Approach to Clinical Practice***

**Corollary - Clinical practice is inherently interpretive.**



# ***Meaning Centered Approach to***

## ***Clinical Practice***

**Practitioners must:**

**elicit patients' requests, etc.**

**elicit and decode patients' semantic networks**

**Distinguish disease and illness and develop plans  
for managing problems**

**Elicit explanatory modes of patients and families,  
analyze conflict with biomedical model and  
negotiate alternatives.**



# Implications

Know where people are coming from

Know the perceived meanings of health and illness

Listen and observe



# ***Advice***

- **Respect: Dignidad de persona**
  - **Attention to person, family**
    - **Hands on clinical care**
      - **Listen, listen, listen**
- **Communicate appropriately**
  - **Privacy/modesty**
  - **Give concrete action**
    - **Involve (empower)**

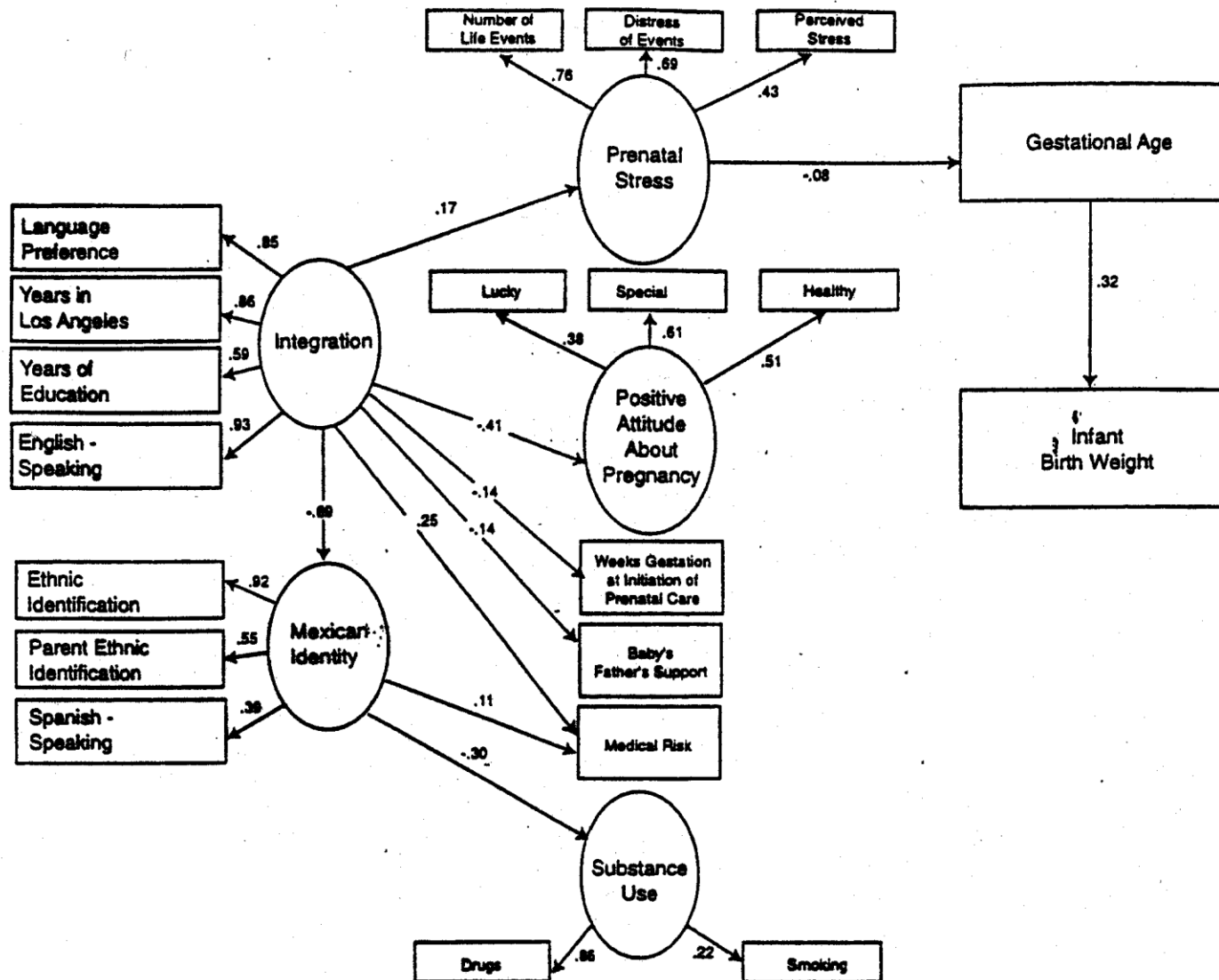


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Additional information not covered in presentation can be found on the following slides.

# Structural Equation Model: Latinas




Note. Standardized coefficients are shown: all paths are significant at  $P \leq .05$  ( $\chi^2 = 347$ ,  $df = 151$ ,  $n = 911$ ).



# ***Disease vs Illness***

**Disease: Undesirable deviation from a measurable norm**

**Illness: Not feeling well**



Most surveys are too structured to capture meanings and misunderstandings

Large community meetings are useful to share information and engage people, but less useful for detailed diagnosis of the problem



# Handbook

## Rapid Assessment Procedures for Nutrition and Primary Health Care: Anthropological Approaches to Improving Program Effectiveness

Scrimshaw, Susan C. and Elena Hurtado, UNICEF, UNU, UCLA 1987. Available in English, Spanish and French, UCLA Latin American Center, UCLA, CA, 90024)



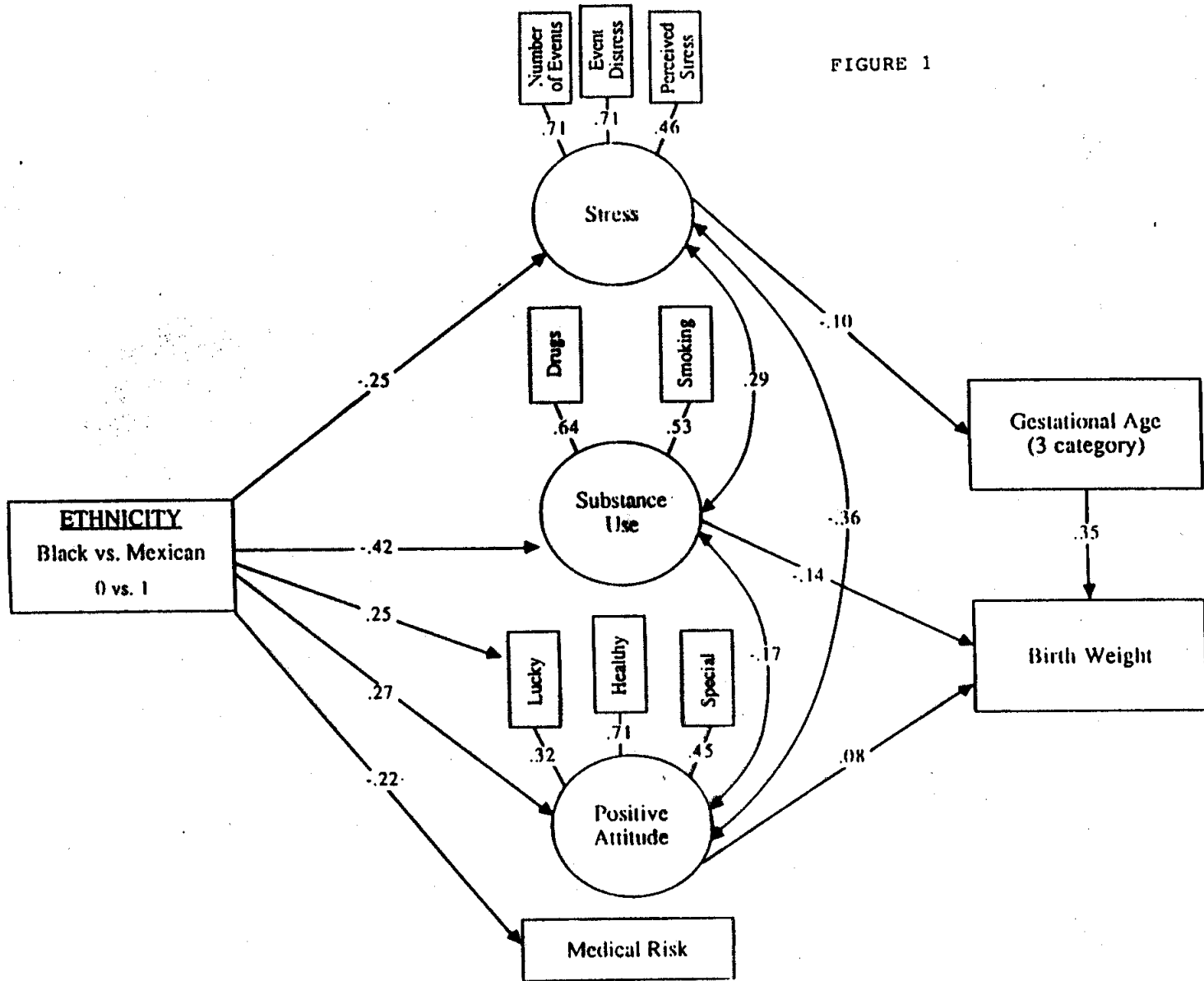
CULTURAL RELATIVISM



ETHNOCENTRISM



FIGURE 1





# Issues

Language, clear health communication, health literacy and culturally appropriate care need to be improved

Worker safety a major issue for both countries

AIDS/STD prevention a major issue for both countries