Social Epidemiology

Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent

Kim Harley, Brenda Eskenazi*

University of California, Berkeley, Berkeley, CA, USA

Available online 5 January 2006

Abstract

Among women of Mexican descent, increased acculturation in the US has been associated with poorer health behaviors during pregnancy. This study examined a population of low-income women of Mexican descent in an agricultural community to determine: whether social support patterns were associated with age at arrival in the US; whether social support was associated with pregnancy behaviors; and whether increased social support could prevent some of the negative pregnancy behaviors that accompany acculturation. Participants were 568 pregnant women enrolled in prenatal care in the Salinas Valley, California. Participants were predominantly Spanish speaking, born in Mexico, and from farmworker families. Information on social networks, social support, age at arrival in the US, and pregnancy health behaviors was gathered during interviews conducted during pregnancy and immediately after delivery. Poorer health behaviors were observed among women who had come to the US at a younger age. Social support during pregnancy was lowest among women who had come to the US at an older age. High parity, low education, and low income were also associated with low social support. Higher social support was associated with better quality of diet, increased likelihood of using prenatal vitamins, and decreased likelihood of smoking during pregnancy. High social support also appeared to prevent the negative impact of life in the US on diet quality. Women with intermediate or low levels of social support who had spent their childhoods in the US had significantly poorer diet quality than women who had spent their childhoods in Mexico. However, among women with high social support, there was no difference in diet quality according to country of childhood. Thus, in the case of diet quality, increased social support appears to prevent some of the negative pregnancy behaviors that accompany time in the US among women of Mexican descent.
© 2005 Elsevier Ltd. All rights reserved.

Keywords: Pregnancy; Social support; Diet; Health behaviors; Mexican–Americans; Mexican immigrants; USA

Introduction

The social stressors for immigrant women are considerable. Many face language barriers, discrimination, and separation from family, friends, and social resources. For Mexican immigrant women in

California's agricultural communities, these problems are often compounded by poverty, substandard housing conditions, and a migrant lifestyle (Bradman et al., 2005). Because of their mobility and, often, undocumented immigration status, pregnant women of Mexican descent in farmworker communities are a difficult-to-study population, with little known about their pregnancy health, health behaviors, and resources for social support.

*Corresponding author. Tel.: +1 510 642 3496.

E-mail addresses: kharley@berkeley.edu (K. Harley), eskenazi@berkeley.edu (B. Eskenazi).

Studies have shown low levels of social support among recent immigrants (Vega & Kolody, 1985). With increasing time in the US, many Mexican immigrant women become more socially integrated and begin to develop social networks to replace those left behind in Mexico. Traditional Mexican culture places strong value on the extended family as a source of emotional support and assistance (Clark, 2001; Dunkel-Schetter, Sagrestano, Feldman, & Killingsworth, 1996). Relative to US-born women of Mexican descent, Mexican immigrants to the US are more likely to be married and to receive support from their partner but are less likely to have access to an established network of family and friends (Dunkel-Schetter et al., 1996).

With increasing time in the US, immigrant women tend to become more acculturated into US society and to adopt poorer, ''Americanized'' health behaviors during pregnancy. Studies of the effect of acculturation on pregnancy health have found that Mexican–American women born in the US are more likely to use cigarettes, alcohol, or illicit drugs during pregnancy (Vega, Kolody, Hwang, Noble, & Porter, 1997; Wolff & Portis, 1996) and to have poorer nutrition (Harley, Eskenazi, & Block, 2005) than immigrant women born in Mexico.

US-born Mexican–American women are at higher risk of delivering a low birth weight (Collins & Shay, 1994; Fuentes-Afflick & Lurie, 1997; Guendelman, Gould, Hudes, & Eskenazi, 1990; Singh & Yu, 1996; Ventura & Taffel, 1985; Zambrana, Scrimshaw, Collins, & Dunkel-Schetter, 1997) or preterm infant (Crump, Lipsky, & Mueller, 1999; Singh & Yu, 1996; Ventura & Taffel, 1985; Zambrana et al., 1997) than their Mexico-born counterparts. Poorer health behaviors and increased risk of preterm delivery have also been observed over a much shorter time frame: one study found increases in preterm delivery among Mexican women who had lived in the US for 5 years or more, compared to more recent immigrants (Guendelman & English, 1995).

Conceptual framework

Acculturation and the agricultural context

Acculturation has been described as ''a multi-dimensional process in which individuals whose primary learning has been in one culture (e.g., the Mexican or Mexican–American culture) take over characteristic ways of living from another culture

(e.g., the mainstream, non-Hispanic white culture)'' (Hazuda, Haffner, Stern, & Eifler, 1988). Acculturation encompasses changes in all cultural realms. Elements of acculturation that may affect pregnancy health include changes in diet, smoking and drinking patterns, family structures and social support, and access to health care.

Several multi-item acculturation scales (Cuellar, Harris, & Jasso, 1980; Deyo, Diehl, Hazuda, & Stern, 1985; Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987) have been developed to quantify acculturation among people of Mexican decent. Most of the variability in these scales is dominated by language variables, leading some investigators to develop shortened versions of their scales which use language variables only (Deyo et al., 1985; Marin et al., 1987), or a combination of language, ethnic identity, and nativity (Heilemann, Lee, Stinson, Koshar, & Goss, 2000; Scribner & Dwyer, 1989). Many studies of the effect of acculturation on health simply use country of birth as a proxy for acculturation into US society (Collins & Shay, 1994; Crump et al., 1999; Guendelman et al., 1990; Singh & Yu, 1996; Ventura & Taffel, 1985; Zambrana et al., 1997).

Acculturation levels may be particularly low in farmworker communities (Mehta et al., 2000). Many migrant and seasonal farmworkers maintain strong ties with Mexico and families often return to their homes in Mexico during the winter when there is little work to be had in agriculture. Spanish is the main language of many of California's agricultural communities, with even US-born people reporting that Spanish is their primary language (Harley, Eskenazi, & Block, 2005).

Social support

Social support is defined as the resources provided by others (Cohen & Syme, 1985), particularly family and friends. Social support is often divided into sub-types such as emotional, informational, and instrumental support (Dunkel-Schetter et al., 1996). Emotional support encompasses love and affection, often from a spouse, family member, or close confidante. Informational support is related to the provision of advice, information, or guidance (Berkman, Glass, Brissette, & Seeman, 2000). Instrumental support is tangible assistance with concrete needs, such as lending money, helping with childcare, or providing help when someone is sick (Wills, 1985).