Readings on Latino Paradox

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Health People 2010 Objectives
Ch #16 Maternal, Infant and Child Health

- Fetal, Infant, Child, and Adolescent Deaths
- Maternal Deaths and Illnesses
- Prenatal Care
- Obstetrical Care
- Risk Factors
- Developmental Disabilities and Neural Tube Defects
- Prenatal Substance Exposure
- Breastfeeding, Newborn Screening, and Service Systems
Adverse Birth Outcomes

- Miscarriage & Fetal Death (≥ 20wks gestation)
- Preterm/Premature Birth
- Low Birth Weight (<2500gm)
- Small for Gestational Age (SGA)
- Infant Mortality
  - Perinatal
  - Neo-natal
  - Post-neonatal
Adverse Birth Outcomes
Risk Factors

- Psycho-Social
  - **STRESS**
- Behavioral
  - **Diet**
    - Alcohol, Tobacco & Drug Use
- Environmental Exposures
  - Heavy Metals (i.e. Lead)
- Physiological/Biomedical
  - **STRESS**
  - **Reproductive Tract Infection**
    - Bacterial Vaginosis
    - Pre-existing health conditions
      - obesity (BMI ≥ 30), type II diabetes, hypertension
  - Obstetrical complications
    - Pre-eclampsia & eclampsia, pregnancy induced hypertension, gestational diabetes, kidney disorders
What is the Latino Paradox?

“The tendency for Hispanic people to have lower than average rates of some chronic illnesses despite the fact that many of them live in relatively poor social or economic conditions.”
Latina Paradox: Birth Outcomes

- **1st generation***
  - Low SES
  - Low educational attainment
  - Low utilization of health care.
  - Birth outcomes similar to non-Hispanic White women

- **2nd and later generation**
  - Low SES
  - Low educational attainment
  - Better utilization of health care
  - Higher rates of adverse reproductive outcomes


*Except for Puerto Rican Latinas.
Latina Paradox: Birth Outcomes

Hypothesis

1\textsuperscript{st} generation Latinas differ from 2\textsuperscript{nd} and higher-generation Latinas with respect to risk factors for adverse reproductive outcomes.

\textit{~ Risk Exposure Change ~}
Traditional Mexican Pregnancy Practices

Dictates of traditional pregnancy practices,
“Come bien (eat right), camina (walk) y no se preocupe (don’t worry)”

• Diet/Nutrition
• Alcohol, drug and tobacco use
• Physical activity
• Social Support (familism)
• Psychological
Traditional Mexican Pregnancy Practices

Diet/Nutrition

• Focus on healthy eating and adequate weight gain
• Avoid canned & processed foods
• Low fat, high protein diet
  – Increase *sopa* - meat + vegetable broth
  – Lower fat intake (prevent *empacho*) via smaller portion size of high fat foods
  – Increase dairy intake
  – Increase fruit and vegetable intake
Traditional Mexican Pregnancy Practices

Substance Use

• Alcohol, drugs, tobacco and use of any other addictive substances is \textit{strictly verboten}

  – This is true for both pregnant and non-pregnant women especially of child-bearing age
Traditional Mexican Pregnancy Practices
Physical Activity

• Focus on remaining active and moving around so baby won’t “get stuck” (se pega)
  – Avoid sitting or lying down for prolonged periods of time
  – Walk regularly
  – Perform all normal household activities except heavy lifting

• Other adult female Latinas reinforce physical activity
Traditional Mexican Pregnancy Practices

Social Support

Spouse, family and extended family members

- Primary social support system
- Value on the role of motherhood and the pregnant woman’s choice to be a mother
- Value, support and reinforce need for pregnant woman to adhere to traditional pregnancy practices

*La Cuarantena* – post partum period in which new mother & baby are to focus on bonding & healing
Traditional Mexican Pregnancy Practices

Psychological

- Strong emotions such as worry, fright (*susto*) and intense anger (*hacer coraje*) are believed to have a negative impact on pregnancy
  - Pregnant women are supposed to avoid worry, fright and intense anger
  - Extended family reinforce the need for the pregnant woman to avoid extreme emotions
    - Family members keep upsetting news from pregnant woman
    - Family members who upset pregnant woman are censured.
Traditional Mexican Pregnancy Practices
Psychological

Personal Identity/ Sense of Personal Worth
• Role of mother is valuable and worthwhile
  – Pregnant women value themselves in their role as mother/mother-to-be
    • Latina women believe it is important to always maintain their bodies in a healthy state preparatory for pregnancy and caring for family
  – Family, friends and spouse also value motherhood.
Health Related Changes Among Mexican Women

• **Negative Changes**
  – Poorer dietary practices
    • More fast food
    • Decrease in fruit & vegetable consumption
  – Alcohol, drug, and tobacco use
  – Social support
    • Decrease
    • Seek emotional support from informal support network not Family
  – Change in values associated with worth of motherhood role
  – More stress
  – Increase in morbidity

• **Positive Changes**
  – Increase in health care utilization
Conclusion

• Reproductive outcomes are affected by several factors:
  – Psych-Social, Health Related Behaviors, Physiological, Environmental Exposures,…

• Risk factor profile for adverse reproductive outcomes
  – Traditional Mexican cultural pregnancy practices
    • Low risk
    – 2nd or more generation Mexican-American Women
    • Higher risk