



research in action

The Importance of Acculturation on Latina Women's Health

From *Acculturation and health care utilization among Mexican heritage women in the United States* by Mónica Bermúdez-Parsai, Jennifer L. Mullins Geiger, Flavio F. Marsiglia, and Dean V. Coonrod

A study to evaluate the relationship between acculturation level and postpartum visit compliance among Mexican heritage women, found that Latina women who identified as bicultural participated more actively in their own healthcare. Bicultural group members drew on cultural assets that have a positive influence on informal health practices, such as healthy eating and refraining from drug use. They could also use the formal skills related to language and knowledge of the dominant culture to help them navigate the healthcare system.

Introduction

Foreign born Latinas tend to have the lowest rates of prenatal and interconception care utilization in the United States. The postpartum visit is especially important because it often begins interconception care and is an ideal time to discuss women's medical and psychosocial needs, and to develop a plan for continuing care.

Cultural values have a marked effect on practices related to health. Latina patients often find incompatibility between their cultural and societal values and norms and those of the health care system, provider, and programs available to them. This can lead to patients' misunderstandings about health-related information and recommendations.

Acculturation, the process by which an individual moves away from the culture of origin and begins to adopt a new cultural orientation, has been shown to influence health care utilization and treatment. Considering the growing Latino population and the importance of interception care, there is a need to examine the influence of interception care utilization among Latinas.

The SIRC Study

Familias Sanas was a culturally grounded intervention that provided women with health information with a focus on the importance of attending all of their prenatal and postpartum appointments. This study explored how participants' acculturation level may have influenced their decision to attend postpartum visits during the intervention.

The SIRC team hypothesized that the more acculturated mothers would be more likely to make postpartum visits than less acculturated ones. The study followed a randomized control-group design. The intervention consisted of education, empowerment, and social support in order to increase patients postpartum care utilization. The 400 female participants were patients at the Women's Care Clinic at Maricopa Medical Center in Phoenix, Arizona.

Intervention group participants met with a prenatal partner, "promotora" (trained bilingual/bicultural MSW student) each time they came for a prenatal appointment. If a woman missed a medical appointment, the prenatal partner called her to find out what happened and to encourage the woman to reschedule the appointment. Control group participants received prenatal care as usual but did not have contact with a promotora prenatal partner.

Acculturation was measured with the Bicultural Involvement Questionnaire. Scores from this questionnaire were used to calculate five levels of acculturation: assimilation, separation, alienation, moderation, and biculturalism.

Acculturation group	The person in this group is...
Assimilation	Completely involved in the new culture
Separation	Only involved in their culture of origin
Bicultural	Equally and actively involved in both cultures
Alienation	Not involved in either culture
Moderation	Moderately involved in each culture

Results

- The average age of the participants was 27 years, most of them were of Mexican heritage (81%) and first generation immigrants (84%).
- Patients who received the intervention (Familias Sanas) were more than twice as likely to attend Postpartum visits (PPV) than patients in the control group.
- Acculturation status influenced the probabilities of participating in PPV. Bicultural patients had a higher probability of attending PPV than any other acculturation group.
- Women in the separation group (low acculturated) were almost two times less likely to attend PPV than bicultural women.
- Women in the assimilation group (highly acculturated) were three times less likely to attend than bicultural women.
- The results controlled for age, education and income.

Implications for Practitioners

Results suggest there is a relationship between acculturation and the decision to attend the postpartum visit, with more favorable results for the group of women who identified as bicultural. Women in this group may have learned to live in two worlds. Biculturalism can enhance experiences that allow a patient to feel more confident and prepared to work within the United States health care system while drawing on assets from their culture of origin (values, norms, and social support systems) that promote positive health behaviors and health-decision making.

In order to increase women's confidence to feel competent and motivated to be proactive with their own health, it is important to examine resources and assets throughout the intervention, including those related to culture. The effects of cultural practices related to health should be incorporated into intervention planning and health care practice. Immigrant populations with low acculturation levels are often unfamiliar with the rationale for certain medical procedures, may not feel comfortable speaking the language of the dominant society, and consequently may be less likely to ask questions related to their health or the health care system. In addition, ingrained cultural beliefs that sometimes differ from those of the dominant culture may be strong factors in their health-related decisions. Providers need to consider those cultural beliefs during treatment.

Assessing a patient's acculturation level may provide practitioners with information that can lead to the development of more culturally sensitive interventions and medical care to ensure optimal treatment outcomes. When patients feel their medical provider is listening, cares, and is providing them the best treatment, they will develop trust

be more likely to follow advice and be proactive about their own health in the future. These positive experiences can lead to better overall health maintenance and confidence in the health-care system.

According to Dean Coonrod, M.D, Chair, Department of OB/GYN at Maricopa Incorporated Health Systems/DMG University of Arizona College of Medicine, Phoenix: "The valuable lessons we learned in this study have been applied to patient centered medical homes in women's health".

Flavio F. Marsiglia, Ph.D, Director of SIRC, notes "The promotoras did a magnificent job in relating to mainly Spanish speaking Latina patients. Patients in this group increased their use of interconception care and were better able to navigate the healthcare system. This model has implications for higher education as well as for the roles paraprofessionals and professionals can play in increasing access and quality of care for Latina and other ethnic minority mothers".



Original article: Bermúdez-Parsai, M., Mullins-Geiger, J., Marsiglia, F. F., & Coonrod, D. (2012). Acculturation and health care utilization among Mexican heritage women in the United States. *Maternal and Child Health Journal*, 16, 1173-1179. doi:10.1007/s10995-011-0841-6 Read full article PMID:PM21725624

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If you have questions about the original article or the *Familias Sanas* study, please contact Stephanie Ayers, Ph.D., SIRC Associate Director of Research, at Stephanie.L.Ayers@asu.edu or (602)496-0700.

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