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Adaptation to Pregnancy in Three Different Ethnic Groups: Latin-American, African-American, and Anglo-American

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Des entrevues portant sur l'adaptation à la grossesse ont été faites auprès de femmes enceintes d'origines latino-américaine (N = 30), afro-américaine (N = 34) et anglo-américaine (N = 30), à l'étape correspondant à la deuxième moitié de leur grossesse. La plupart des femmes étaient âgées de 18 à 27 ans, étaient célibataires, possédaient 12 ans de scolarité ou moins et affichaient une parité de 0 ou 1. Les mesures psychosociales utilisées pour évaluer l'adaptation à la grossesse incluaient l'acceptation de la grossesse, l'identification au rôle de mère, la relation avec la mère et le conjoint/partenaire, ainsi que la préparation au travail de l'accouchement. Les données ont été analysées à l'aide du khi-carré pour déterminer les différences entre les groupes. Les résultats indiquent que chez les trois groupes, la grossesse était imprévue mais toutefois désirée. Les Afro-américaines étaient celles qui envisageaient le moins de changements de vie à la suite de leur grossesse, qui trouvaient le moins d'aspects gratifiants à leur état et qui étaient les moins intéressées à demeurer au foyer avec leur enfant. Dans la plupart des groupes ethniques, les femmes réfléchissaient sur leur rôle en tant que mère, mais les Latino-américaines ont le plus souvent exprimé leur désir d'être comme leur propre mère, qu'elles consultaient pour des questions de grossesse et de rôle parental. Les Afro-américaines étaient celles qui s'attendaient le moins à être aidées du partenaire dans la gestion du foyer. Toutefois, elles s'attendaient le plus à recevoir de l'aide des autres membres de la famille. Quant aux relations intimes avec le conjoint/partenaire, tous les groupes ont signalé une diminution des rapports sexuels au cours de la grossesse. Les Anglo-américaines étaient les moins nombreuses à signaler des problèmes/un inconfort concernant les rapports sexuels, contrairement aux Latino-américaines qui en rapportaient le plus. Les Anglo-américaines étaient les plus nombreuses à trouver d'autres méthodes pour satisfaire leur partenaire sur le plan sexuel, alors que les Afro-américaines étaient les moins nombreuses. Les résultats de cette étude exploratoire soulèvent des questions sur les différences en ce qui a trait aux prestations de soins de santé destinés à ces trois groupes ethniques et doivent faire l'objet d'une étude plus approfondie.

Interview assessments on adaptation to pregnancy were made of Latin-American (N = 30), African-American (N = 34), and Anglo-American (N = 30) women in the latter half of their pregnancy. Most subjects were 18–27 years old, single, had 12 years or less education, and had a parity of 0 or 1. Psychosocial measures of adaptation to pregnancy included Acceptance of Pregnancy, Identification with Motherhood Role, Relationship

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with Mother and with Husband/Partner, and Preparation for Labour. Data were analyzed using chi-square for group differences. The results indicate that in all 3 groups pregnancy was unplanned but wanted. African Americans least often anticipated life changes as a result of pregnancy, cited fewest aspects of pregnancy that were gratifying to them, and least often chose to stay home with their infant. Most women in all ethnic groups reflected on their role as mother, but Latin Americans most often indicated that they wanted to be like their own mother and that they consulted with their mother about pregnancy and parenting. African Americans least often anticipated domestic help from their partner and most often expected help from other family members. Regarding intimate relationships with husband/partner, for all groups sexual intercourse decreased during pregnancy. Anglo-Americans reported the least number of problems/discomforts with intercourse, Latin Americans the most. Anglo-Americans most often found alternative methods of sexually satisfying their partner, African Americans least often. The results of this exploratory study have significance for differences in the delivery of health care to the 3 ethnic groups and warrant further research.

Introduction

The literature often cites the importance of access to prenatal care, particularly for indigent women and women at risk for health problems. However, it infrequently cites the importance of sensitivity to differences in the health-care and counselling needs of women from different cultures and ethnic groups. Cultural or ethnic sensitivity should be a primary consideration in both the decision to retain women in the health-care-delivery system and the health outcomes of pregnant women. For example, reports in the literature on the lower incidence of low birthweight and infant mortality in Latin Americans compared to African Americans (Becerra, Hogue, Atrash, & Perez, 1991) suggest that cultural practices, particularly those pertaining to social support (Balcazar, Aoyama, & Cai, 1991; Bolla, De Joseph, Norbeck, & Smith, 1996; Edwards et al., 1994; Mason, 1991; Norbeck & Anderson, 1989a, 1989b; Norbeck & Tilden, 1983; Norbeck, De Joseph, & Smith, 1996), may have relevance to perinatal health outcomes. In addition, factors pertaining to economic circumstances, gender, and race (Murrell, Smith, Gill, & Oxley, 1996) may affect access to, extent of, and dignity of care. Recognizing these factors as important, the March of Dimes (1993) states that improving pregnancy outcomes requires special efforts to reach women who are isolated from the perinatal-care system due to cultural bias and discrimination, conflicting personal priorities, personal attitudes or fears, and other psychosocial factors.

Significant differences in pregnancy outcomes for women experiencing high prenatal anxiety and psychosocial or developmental conflict also have been reported in the literature (Aarts & Vingerhoets, 1993; Lederman, 1984, 1986, 1995a, 1995b; Lederman, Harrison, & Worsham, 1992; Lederman, Lederman, Work, & McCann, 1978, 1979,

1981; Pagel, Smilkstein, Regen, & Montano, 1990). McEwen (1998) sheds light on the significance of short- versus long-term intense stress or anxiety and on patterns of long-term stress and their sequelae, which also may have relevance for patterns of anxiety during pregnancy. Differences also have been reported (Lederman, Harrison, & Worsham, 1994) in prenatal anxiety and developmental conflict across the three trimesters of pregnancy for a large sample of gravid subjects ($N = 689$) from different ethnic groups. For example, Hispanic women report more anxiety than African-American and Anglo-American women in the first and second trimesters pertaining to identification with motherhood role and the well-being of the fetus and oneself during labour. In Latin-American families the mother has a responsibility to provide a nurturing, stable environment for the family and to maintain the health of the family, sacrificing her own needs if necessary (Lipson, 1996). The emphasis on maternal role obligations may account for the anxiety that Hispanic expectant mothers sometimes experience. Anxiety regarding maternal role adequacy also may increase when paternal support is decreased. A study with pregnant women of Mexican origin (Zambrana, Scrimshaw, Collins, & Dunkel-Schetter, 1997) found that those who reported more stress also reported less support from the father and had higher medical risks. Emerging literature on the role of culture suggests that other key cultural factors, such as the religiosity and spirituality of many Latin Americans, may serve to protect mother and infant throughout the prenatal period (Magaña & Clark, 1995).

Ethnic or cultural beliefs and values influence people's perceptions and guide their interactions with each other and with the health-care system (Lipson, 1996). "Culturally competent" nursing refers to care that is sensitive to issues related not only to culture, but also to race, social class, and economic concerns (Lipson & Meleis, 1985). It also refers to health care that is appropriately and effectively tailored to the sociocultural characteristics of a particular patient or group. The cultural elements that affect psychological, social, and emotional behaviour may account for health-status differences among ethnic groups (Betancourt & Lopes, 1993). These elements have been poorly addressed in both research and prenatal care (Magaña & Clark, 1995). Continued failure to address them may abnegate the effects of the current emphasis on increasing early consistency of care and access to care (Goss, Lee, Koshar, Heilemann, & Stinson, 1997). A comprehensive and culturally sensitive program of prenatal care, on the other hand, has been demonstrated to have favourable effects on the well-being of the gravidas and on birth outcomes (Pearce et al., 1996). Substantial individual and group variation often exists in cultural-group patterns

(Lipson). Scribner (1996), in reporting on a study with Mexican Americans, suggests that group-level effect for cultural orientation is more important in determining health risk than factors operating at the individual level.

The current study utilized prenatal interview schedules to investigate prenatal adaptational differences in psychosocial dimensions for women of three ethnic groups — Latin-American, African-American, and Anglo-American. This project was undertaken to better inform prenatal health care and counselling of women from different ethnic or cultural groups. The goal was to create a survey that would target differences in groups in order to enhance the success of future interventions. The question we hoped to answer with this exploratory study was: *Do psychosocial differences exist in adaptation to pregnancy for Latin-American, African-American, and Anglo-American ethnic groups?* This paper will focus on overall and subgroup patterns, but not individual uniqueness or variation.

Methods

Interview assessments on adaptation to pregnancy were made of Latin-American ($N = 30$), African-American ($N = 34$), and Anglo-American ($N = 30$) women in the latter half of pregnancy (most in the last trimester). Subjects were low-income patients attending a low-risk prenatal clinic at a university medical centre in the Southwestern United States. Subjects were approached in the waiting room by an interviewer and asked to participate in a survey to evaluate adaptation to pregnancy. Of the subjects who were approved, 10% refused to participate. The majority of Latin-American subjects had been born in Mexico. Table 1 presents characteristics for the different ethnic groups and the entire sample. Most subjects were 18–27 years old, single, had 12 years or less of education, and had a parity of 0 or 1. All subjects had an uneventful prenatal course.

Subjects were interviewed face to face once in the latter half of pregnancy by trained interviewers. Their responses to open-ended questions were written down and clarified before the interviewer went on to the next question. The interviews took place in a private space and subjects were assured that their answers would be kept confidential. These procedures decreased bias. Interviewers were generally women with psychosocial backgrounds who came from the same ethnic group as the subject being interviewed. They were trained and supervised for the study by the first author. The prenatal interview schedule was derived from the following five dimensions, focusing on

normal or expected developmental psychosocial changes as listed (Lederman, 1996):

- *Acceptance of Pregnancy:* planning and wanting the pregnancy, happiness, tolerance of discomforts, ambivalence
- *Identification with Motherhood Role:* motivation and preparation for parenthood
- *Relationship with Mother:* availability of gravida's mother — reactions to the pregnancy, respect for gravida's autonomy, willingness to reminisce; gravida's empathy with her mother
- *Relationship with Husband or Partner:* husband's concern for the needs of his expectant wife, wife's concern for the needs of her husband as an expectant father, effect of the pregnancy on the marital bond
- *Preparation for Labour:* planning for labour — practical steps, maternal thought processes

Table 1 *Sample Characteristics*

	Ethnicity			
Background Variables	**Anglo-American (*N* = 29–30) *n* (%)**	**African-American (*N* = 34) *n* (%)**	**Latin-American (*N* = 29–30) *n* (%)**	**Total (*N* = 93–94) *n* (%)**
Marital Status (*N* = 93)				
Married	16 (53)	3 (9)	10 (34)	29 (31)
Single	14 (47)	31 (91)	19 (66)	64 (69)
Age (*N* = 94)				
13–17	1 (3)	6 (18)	2 (7)	9 (10)
18–22	12 (40)	17 (50)	15 (50)	44 (47)
23–27	9 (30)	8 (24)	8 (27)	25 (26)
28 or older	8 (27)	3 (8)	5 (16)	16 (17)
Education (*N* = 93)				
Less than high school	8 (28)	13 (38)	13 (43)	34 (37)
High school degree	8 (28)	11 (32)	8 (27)	27 (29)
Post-secondary education	8 (28)	9 (26)	7 (23)	24 (26)
Post-secondary degree	5 (16)	1 (3)	2 (7)	8 (8)
Parity (*N* = 93)				
0	16 (53)	16 (47)	14 (48)	46 (49)
1	9 (30)	5 (15)	6 (21)	20 (22)
2 or more	5 (17)	13 (38)	9 (31)	27 (29)
Gravidity (*N* = 94)				
1	14 (47)	17 (50)	12 (40)	43 (46)
2	7 (23)	5 (15)	10 (33)	22 (23)
3 or more	9 (30)	12 (35)	8 (27)	29 (31)

The validity of these interview-item scales is discussed in detail in Lederman (1996). Results reported indicate that the prenatal interview scales were predictive of duration of labour, uterine contractility in labour, fetal heart rate evaluation and Apgar scores, and maternal post-partum = adaptation.

Face-to-face interviews were conducted in the prenatal clinic rooms before and/or after the subject's scheduled prenatal appointment. All subjects signed informed consent forms. The prenatal records of participants were reviewed prior to obtaining consent to ensure that all subjects had had a normal medical and obstetric course. Interview schedules were translated into Spanish using a forward-and-backward method of translation. The interviewers of the Latin-American subjects were fluent in Spanish; most interviews, however, were conducted in English. Interviews were of 45–90 minutes' duration and followed an open-ended format.

Since this study was exploratory and had as its goal the creation of a psychosocial adaptation questionnaire for different cultural populations, response categories were prepared for all questions after the interviews were completed, by creating mutually exclusive categories based on subject responses. Response categories that were used to determine classification are discussed in detail elsewhere (Lederman, 1996). This coding was reviewed and discussed repeatedly by both authors to ensure that valid categories and groupings were completed. Opinions from members of the community and from experts were also sought, to determine appropriate groupings for response categories. In designing questionnaires, this method has been shown to be appropriate in determining the questions that need to be asked and the best format for asking them (Weller & Romney, 1988). The results were then subjected to chi-square analysis to determine significant differences. When subjects chose not to respond to an item, the item tables show fewer responses than the total number of subjects, $N = 94$. The number of subjects responding to an item is reported in the item tables.

Results

The results show that subjects in all ethnic groups were generally happy about the pregnancy, even though most women reported that it was a difficult time for them to be pregnant and the pregnancy interrupted their life plans. Only 12–30% of all women planned their pregnancy. However, while unplanned, most of the pregnancies, in all ethnic groups, were wanted. This finding could be due to the fact that most interviews were conducted in the third trimester, by which time

the gravida may have come to terms with her pregnancy. Many subjects stated that upon first learning of the pregnancy they were unhappy and did not want to have the child but that their views changed as pregnancy progressed.

Most women made advance arrangements for help with child care, either with family and friends or with a daycare centre. Latin-American subjects were found to have less family help than reported in the literature, perhaps because many were first-generation Americans and their families were still living in their country of origin and were not in close proximity.

In terms of aspects of pregnancy that were pleasing or gratifying, the Latin-American women stated more often than women in the other two groups that they were happy to be a mother and that their family was happy. Anglo-American women stated more often than women in the other two groups that they valued and liked children. African-American women did not comment specifically in this area.

Table 2 *Identification with Motherhood Role*

Response Category	Ethnicity: Anglo-American *n* (%)	Ethnicity: African-American *n* (%)	Ethnicity: Latin-American *n* (%)	χ^2
Plans for child care	**(*N* = 29)**	**(*N* = 34)**	**(*N* = 29)**	
Will stay home	16 (55)	6 (18)	9 (31)	
Will not stay home	13 (45)	28 (82)	20 (69)	8.6*
Life changes envisioned	**(*N* = 29)**	**(*N* = 32)**	**(*N* = 29)**	
Will not change life	5 (17)	14 (44)	4 (14)	
Will change life	24 (83)	25 (86)	25 (86)	8.7*
Expectation of help from partner	**(*N* = 29)**	**(*N* = 34)**	**(*N* = 30)**	
Expect help	23 (80)	13 (38)	22 (73)	
Do not expect help	6 (20)	21 (62)	8 (27)	14.0*
Reported thinking about motherhood role	**(*N* = 30)**	**(*N* = 34)**	**(*N* = 30)**	
Do not think about	2 (70)	8 (24)	11 (37)	
Do think about	28 (93)	26 (76)	19 (63)	7.8†

* $p < .01$ † $p < .05$

Table 2 presents results pertaining to identification with motherhood role. The results for gravidas' child-care plans show that Anglo-Americans more often than African Americans planned to stay home

and care for the child. Anglo- and Latin-American women reported more often than African-American women that having a baby would change their lives. Also, these two groups reported more often that they expected to receive domestic help from their partner, while African-American women more often expected to receive help from their extended family and other family members. Latin-American women reported least often that they thought about the kind of mother they wanted to be.

Table 3 *Relationship with Mother*

	Ethnicity			
Response Category	**Anglo-American** *n* (%)	**African-American** *n* (%)	**Latin-American** *n* (%)	χ^2
Extent want to be like own mother	**(N = 29)**	**(N = 32)**	**(N = 29)**	
Want to be like own mother	19 (67)	22 (69)	26 (90)	
Do not want to be like own mother	10 (34)	10 (31)	3 (10)	5.2†
Parents help make decisions	**(N = 30)**	**(N = 32)**	**(N = 28)**	
Yes	13 (43)	12 (38)	19 (68)	
No	17 (57)	20 (63)	9 (32)	6.0†
Turned for help as child to:	**(N = 30)**	**(N = 33)**	**(N = 28)**	
Mother	11 (37)	10 (30)	16 (57)	
Father	6 (20)	2 (6)	2 (7)	
Both parents	6 (20)	13 (39)	3 (11)	
Other	0	3 (9)	1 (4)	
No one	7 (23)	5 (15)	6 (21)	15.2†

† $p < .05$

Table 3 presents results pertaining to the gravida's relationship with her mother. In comparison to the other two groups, Latin Americans cited more ways in which they wanted to be like their own mother and stated more often that they sought their parents' help in making decisions. When they were children, the Latin American subjects had more often turned to their mothers for help, Anglo-American to their fathers, and African-American to other family members.

Table 4 presents results pertaining to the gravida's relationship with her husband or partner. Sexual intercourse decreased for all ethnic groups, but an increase occurred for a small number of African- and Anglo-American women. Frequency of intercourse was most satisfactory for Anglo-Americans, while African and Latin Americans would have preferred a further decrease. Alternative methods of sexual gratification were sought most often by Anglo-Americans.

Table 4 *Relationship with Partner*

Response Category	Ethnicity: Anglo-American *n* (%)	Ethnicity: African-American *n* (%)	Ethnicity: Latin-American *n* (%)	χ^2
Changes in intercourse during pregnancy	**(N = 27)**	**(N = 31)**	**(N = 24)**	
Decreased frequency	20 (74)	25 (81)	18 (75)	
Increased frequency	4 (15)	5 (16)	0	
No change	3 (11)	1 (3)	6 (25)	9.1†
Gravida's satisfaction with intercourse frequency	**(N = 27)**	**(N = 31)**	**(N = 23)**	
Satisfied	18 (67)	14 (45)	7 (30)	
Would like less	9 (33)	17 (55)	16 (70)	6.7†
Sought alternative methods of sexual satisfaction	**(N = 23)**	**(N = 23)**	**(N = 21)**	
Yes	13 (57)	2 (8)	9 (43)	
No	10 (43)	21 (91)	12 (57)	12.1*

* $p < .01$ † $p < .05$

Conclusions and Discussion

Regarding aspects of pregnancy found to be gratifying, Latin Americans said most often that they were happy to be mothers and that their families were also happy. Anglo-Americans said most often that they valued and liked children. African Americans did not comment in these areas. It is of interest that African Americans also reported experiencing fewer of the discomforts of pregnancy than Anglo-Americans and Latin Americans, and perceived the discomforts as being less severe (not previously reported); these results are significant at $p = .1$ but not at $p < .05$. In addition, the results show that African Americans anticipated their lives would not change as a result of pregnancy. Taken together, these results suggest that for expectant African-American women pregnancy is more readily accepted and not perceived to be a change stimulus. The results also provide some support for the notion that pregnancy is perceived and experienced as a normal development rather than as a crisis (Andersen, 1984). Over half of all subjects, in all groups, reported that the timing of the pregnancy was difficult; reasons cited for difficulty mostly revolved around the financial demands of caring for another person or a new child.

Latin Americans least often reported that they thought about the kind of mother they wanted to be, perhaps suggesting that this ethnic

group has clearer role models and perceptions of their role. This interpretation is supported by the fact that Latin-American women most often said they wanted to be like their own mother and consulted with their mother as a pregnancy and parenting resource. It is interesting to note that over 70% of African- and Anglo-American women did not want to be like their own mother. Pertinent to the findings for Anglo-Americans in our study, Norbeck and Anderson (1989b) report that high social support from the gravida's mother in the White group studied was predictive of specific labour complications, including long labour, while for women in the Black group it was low social support, particularly from the mother, that accounted for all gestation and labour complications. These findings suggest that there may be more strain in Anglo-American mother-daughter relationships than in the other two ethnic groups.

Mexican-American families are characterized by familism — an interdependent, cooperative network of nuclear and extended family members who are closely connected for the good of the family (Burk, Wiesner, & Keegan, 1995). A strong sense of family loyalty, reciprocity, and solidarity prevails (Burk et al.; Lipson, 1996). Emphasis is placed on fostering interpersonal relationships that are caring, nurturing, loving, supportive, and respectful. Familism is also typified by the presence in the family of the father, as well as the mother, and a high regard for parental roles. However, clinicians have cautioned that paternal presence and commitment do not necessarily mean involvement. This may partially explain our finding that the Latin-American gravida turns to her mother for support and guidance in making decisions about pregnancy and parenthood. Overall, familism does not appear to change with acculturation (Sabogal, Marin, Otero-Sabogal, Marin, & Perez-Stable, 1987). The gravida's mother, grandmother, and other female family members serve as role models in matters of pregnancy, child care, and motherhood (Burk et al.; Lipson). They provide a firm foundation of emotional support for the pregnant woman (Brattan-Wolff & Portis, 1996).

African Americans least often planned to stay home with their infant. They also anticipated least domestic help from their partner and most often expected help from other family members. In this group the absence of the father in the home may be readily accepted or even expected. The expectation of not remaining home with the child and of receiving help from family members may explicate the responses by African Americans pertaining to anticipation of limited change in their lives with the advent of pregnancy and motherhood. The African-American expectant woman may also be replicating a pattern experi-

enced in childhood, wherein the mother worked and the grandmother or other family members reared the children to a moderate or great extent and were more available to them than the mother. This would also help to explain why the African-American gravida turns more to family members other than her mother for help and support. Although the sample of African-American expectant mothers in this study did not report a lack of social support, the literature does indicate that unplanned pregnancy, isolation and lack of social support, limited and unstable income, high stress, and the need to effectively manage stress are pressing problems encountered by researchers studying African-American cohorts (Bolla et al., 1996; Gonzalez-Calvo, Jackson, Hansford, Woodman, & Remington, 1997).

With regard to husband or partner relationships in the different ethnic groups, the importance of validation from a partner is underscored by Bolla et al. (1996), who cite emotional nourishment of the mother and maintaining a connection with the child as important aspects of the relationship. However, with regard to intimacy with partner or spouse, there exists a dearth of information in the literature. In this study, sexual intercourse decreased over the course of the pregnancy for all ethnic groups, yet pertinent differences were found for *aspects* of intimacy. Anglo-Americans reported the fewest problems/discomforts with intercourse, Latin Americans the most. Fear of harming the baby or concern for fetal well-being in the later stages of pregnancy may also have been a reason for decreased sexual intercourse. Anglo-Americans most often found alternative methods of sexually satisfying their partner, African Americans least often. These results, which suggest differences in women's expectations of their relationships after conception has occurred, have important implications for prenatal counselling.

One limitation of this study is that inquiry was directed to the relationship of the gravida with her husband/partner at the time of the interview, but not to whether the current husband/partner was the father of the fetus-child, or to whether there were other partners for either the gravida or her husband/partner. Cultural and subcultural variation may exist in this domain and may have a significant impact on relationship expectations and the quality of the relationship, as well as on health risks. Future inquiry could elaborate on these relationship issues and patterns. Other limitations include a small sample size and the use of a predominately low-income group of women that may limit generalizability of the findings.

Overall, the results have implications for counselling and delivering health care for gravid women in the three ethnic groups studied.

The literature documents that the reproductive concerns of minority ethnic groups, especially, have been understudied. Addressing these concerns through the provision of culturally competent care could reduce anxiety and stress for pregnant women. Future research on ethnic and cultural differences relevant to prenatal care should address representative samples of populations at risk and prominent psychosocial and health problems, and should use related assessment and intervention approaches to produce culturally informed data for research development, policy decisions, and program implementation (Steinberg, 1996).

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