HEALTH BEHAVIOR IN PREGNANT LOW-INCOME AFRICAN AMERICAN WOMEN

Acknowledgement: Undergraduate Research Fellowship, University of Texas-Austin

Maxine Ogbaa, UTSN[1]; Robin Fleschler, PhD, RNC, CNS[2]
[1]University of Texas at Austin School of Nursing, Austin TX; [2]University of Texas Medical Branch Galveston

Key Words: African American, Pregnancy, Health Behavior

PURPOSE: Perinatal outcomes, particularly low birth weight (LBW), are key indicators of the health status of populations. When anomalies incompatible with life are excluded, preterm birth—the largest contributor to LBW—is responsible for over 80% of perinatal mortality. For instance, smoking and lack of prenatal care account for 20% and 35% of LBW infants, respectively. Racial and ethic disparities in birth weight and infant survival have complicated the goal to decrease the rate of preterm births as well (USDHHS, 2002). The current incidence of preterm delivery in African American (AA) women is 17.6% compared to 11.4% in Hispanic women and 10.6% in Caucasian women. Adverse perinatal outcomes are now being considered in light of social factors (family relationships, discrimination, income) (Hogan & Ferre, 2001). Therefore, the ***purpose*** of this study was to explore the health promoting behaviors of low income African American pregnant women.

METHOD: Individual interviews and administration of the Prenatal Health Inventory of Behavior, a measure of health behaviors during pregnancy, were administered to 10 pregnant women. During each interview, open-ended questions about health behaviors were asked: What have their mothers and friends told them are healthy behaviors during pregnancy, in what kinds of behaviors does the participant engage, and what is the role of race/ethnicity in having a healthy baby? Interviews were audiotaped; and the PHI-B was scored and evaluated for cultural sensitivity by participants. Surveys for pregnancy and birth outcome data were completed after delivery. ***Sampling and Setting***: Subjects were pregnant women between 12 and 32 weeks gestation with a mean age of 22 years (range 18 to 27). Seven out of 10 women had a gross income less than $15,000. After informed consent, they were interviewed individually at a prenatal care clinic in the southwestern US.

FINDINGS: Three themes (importance of diet, lack of exercise, rest/relaxation) were evident from the interviews. The women reported the need for more food, the lack of exercise, and the desire to minimize stress/increase rest. Several of the women admitted that they did not value advice offered by their mothers or girlfriends. Most participants reported that the questionnaire was culturally sensitive and pertained to "any pregnant woman." Risky lifestyle behaviors included smoking, ingesting clay, and prolonged standing at work. Regarding the role of race in being healthy during pregnancy, women reported that pregnant AA women ate greasy foods; had more problems in their personal lives and with their families; and sought AA doctors for attentive prenatal care. Being employed was significantly associated with lower scores of healthy behavior.

DISCUSSION: Behaviors reported by pregnant low-income AA women provide support Rubin's Construct of Maternal Tasks: 1) Ensuring safe passage-taking vitamins, eating healthier, managing stress and getting rest; 2) Assuring acceptance of the child by significant others-positively dealing with an abusive mother; 3) Binding-in of mother to child-reading and talking to one's future baby; and 4) Giving of oneself- "trying to do everything right [for the baby]". The results of this pilot study contribute to the limited knowledge about health behaviors in pregnant AA women; and suggests that the PHI-B is culturally sensitive and may prove to be a valuable tool to assess the relationships between healthy behavior and birth outcomes in this vulnerable population.