

HEALTH BEHAVIOR IN PREGNANT IMMIGRANT MEXICAN AMERICANS
Acknowledgement: P20 NR08348 (D. L. Rew) NIH-NINR, Southwest Partnership Center

Robin Fleschler, PhD, RNC, CNS, Perinatal NP
The University of Texas at Austin School of Nursing, Austin TX
Key Words: Mexican 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. Despite social disadvantage and lack of prenatal care, the rate of LBW in Mexican immigrants is similar to non-Hispanic whites. It appears that over time, as MA women become more acculturated in the US, high-risk behaviors are embraced and protective cultural practices diminish, weakening the perinatal advantage in these women. Highlighting the significant relevance of this work is the fact that Hispanic women will comprise 16% of US females by 2020 and 24% by 2050. Therefore, the **purpose** of this study was to develop a culturally valid and reliable instrument—the Prenatal Health Inventory of Behavior-Spanish—that measures health behavior in Mexican immigrant pregnant women. **METHOD:** A correlational design is being used to conduct a psychometric analysis of the PHI-B Spanish. *Phase I* consisted of translation into Spanish, testing the inventory for cultural validity—meaning, clarity, understanding of concepts, rating scales, and cultural sensitivity—of the PHI-B; and back translation is completed. Certified translators translated the PHI-B and two focus groups analyzed the new inventory. During this phase, the Marlowe-Crowne Social Desirability Scale (M-C SDS) was also translated and validated in Spanish language. *Phase II* is currently being completed and consists of estimating the reliability and validity of the PHI-B-Spanish. Reliability analyses consist of item analysis, test-retest reliability and coefficient alpha. Psychometric analyses of the PHI-B-Spanish for convergent validity with general health (HPLPII) (Spanish), concurrent validity for depression (CES-D-Spanish); and divergent validity with regard to social desirability (M-C SDS) are being completed. Examination of the relationship between demographic factors, level of acculturation (ARSMA-II), health behaviors and perceived social support (PRQ) are being explored. **Sampling and Setting:** Subjects are 1) pregnant women between 12 and 32 weeks gestation, 2) born in Mexico, but currently living in the US, 3) ability to understand or speak Spanish, and 4) agreement to participate in the study. Two focus groups consisted of a total of 13 (n=6, n=7) immigrant pregnant women. The second phase consists of 200 subjects being recruited at a prenatal clinic providing care to underserved women in the southwestern US. **FINDINGS:** Phase I: The translation process was found to be an iterative process—resulting in a multitude of word and sentence alterations as the Spanish version was born. Focus group participants understood the questions; and reported that the content and format were appropriate. Confusing statements were clarified; and wording was simplified to decrease the readability level and to reflect unique Mexican Spanish language. Examples of additions included: Contact with chemicals/toxins in the home, singing as a mode of stress management, and exposure to emotional/physical abuse. Six dichotomous statements and three Likert-style statements were added. A statement about the ill effects of teas was added. **DISCUSSION:** Compared to other available instruments that measure health behaviors in pregnancy, the PHI-B (English) is conceptually comprehensive and methodologically sound. This study highlighted the unique nature of measurement of health behavior and necessity of adapting readability to these vulnerable women. Cultural values are present at an unconscious level and “have a pervasive and profound influence on the individual” (Giger & Davidhizar, 1999, p. 118). The PHI-B-Spanish reflected Mexican immigrant women’s similar (to non-Hispanic whites) and distinctive health behavior during pregnancy. Social support was reported to be a central part of promoting health behavior during pregnancy in this vulnerable population.