

*Pacific Islander Perspectives*  
Birth Outcomes and Prenatal Care



Utah Department of Health  
Office of Health Disparities

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# *Pacific Islander Perspectives: Birth Outcomes and Prenatal Care*

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## Project Overview

Birth outcomes (including infant mortality, maternal health, and inadequate prenatal care) are significant health concerns among Pacific Islanders (PIs) in the state of Utah. While prevalence data has demonstrated elevated rates of poor birth outcomes and inadequate prenatal care for this population,<sup>1</sup> no formal studies of the possible causes and determinants of these disparities have been noted to date.

The Utah Department of Health Office of Health Disparities and Community Health Centers, Inc. collaborated to conduct four focus groups with Pacific Islander women, five interviews with Pacific Islander couples, and two gender-specific online surveys to gain insight into three topics: (1) awareness of maternal health guidelines, (2) breastfeeding, and (3) health care preferences. A total of 40 Pacific Islanders between the ages of 18 and 45 participated in face-to-face discussions, and 104 online survey responses were collected. This project was conducted between May and July 2012.

All discussions were hosted by Pacific Islander community organizations in Salt Lake City, Midvale, and Provo, Utah. All discussions and interviews were conducted in English without need for interpretation and all participants were compensated for their time.

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<sup>1</sup>Additional information regarding Native Hawaiian and Pacific Islander health status in Utah can be found in the Office of Health Disparities report, *Utah Pacific Islanders 2011*, currently accepted for peer-reviewed publication and presently available online (<http://health.utah.gov/disparities/data/PacificIslanderReport2011.pdf>).

## Summary of Findings

### Awareness of Prenatal/Maternal Health Guidelines

- Awareness of specific maternal health guidelines is widespread.
- Compliance with health guidelines is inconsistent.
- Counsel and advice from female relatives and cultural elders is commonly sought out and seriously considered.
- It is not generally considered culturally appropriate for younger individuals to advise elders on health-related issues unless input is requested.
- Involvement of the baby's father during pregnancy is welcomed and expected.
- Couples discuss medical decisions together but the mother makes the final decisions.

### Breastfeeding

- Nursing is considered the ideal for infant nutrition and understood to be beneficial for mother and baby.
- Weaning from breast milk is expected when babies' teeth grow in, or before.
- Breastfeeding in public is considered normal in the Islands and ideal in Utah.
- Risk of being seen exposed is a significant barrier to breastfeeding in Utah.

### Health Care Preferences

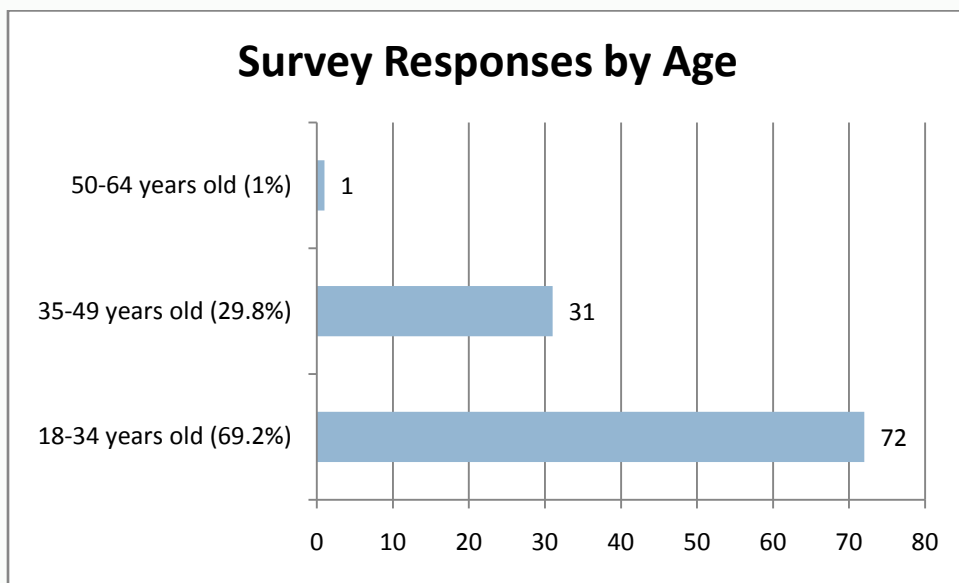
- Providers are largely chosen and sought out based on personal recommendations.
- Convenient location of facilities within/near PI communities is a major deciding factor.
- Facilities that accept varied insurance plans are favored.
- Ethnicity and gender of provider and staff are not significant criteria for choosing a clinic.
- PIs prefer providers who are familiar with PI cultures/communities and can relate to PIs.
- Friendliness and interpersonal approach of reception and nursing staff is a significant factor for facility choice.

## Preliminary Surveys

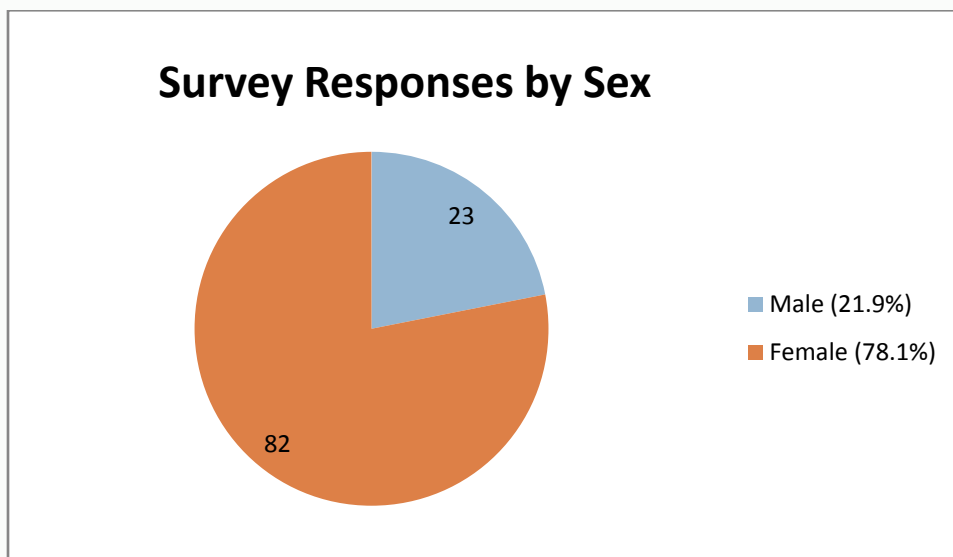
Gender-specific questionnaires disseminated and collected online received 82 responses by women and 23 by men. The preliminary responses were compared with other data sources (including the Behavioral Risk Factor Surveillance System [BRFSS] and the Office of Health Disparities [OHD] Utah PI Study 2011), and used to guide the development of focus group topics.

### Overview

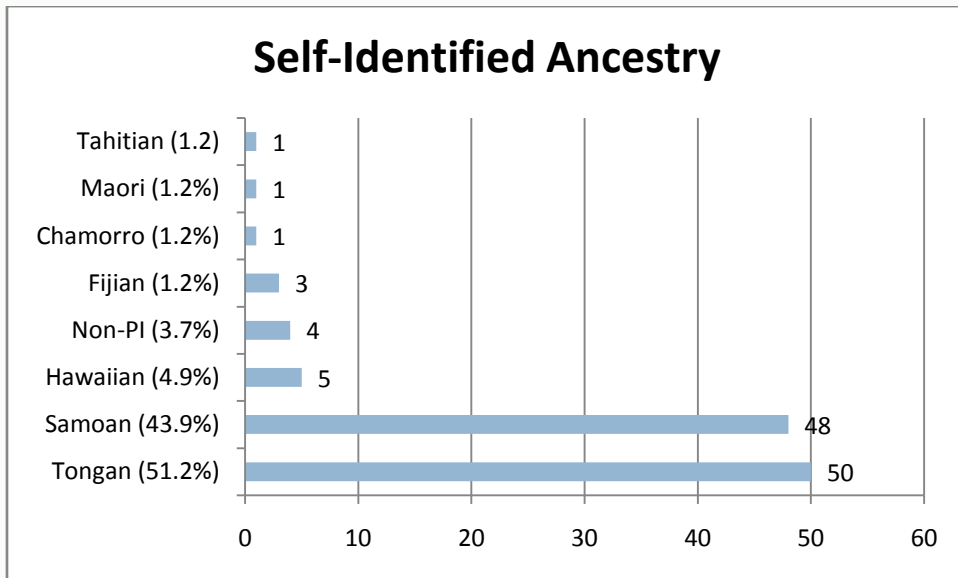
#### (1) Age:



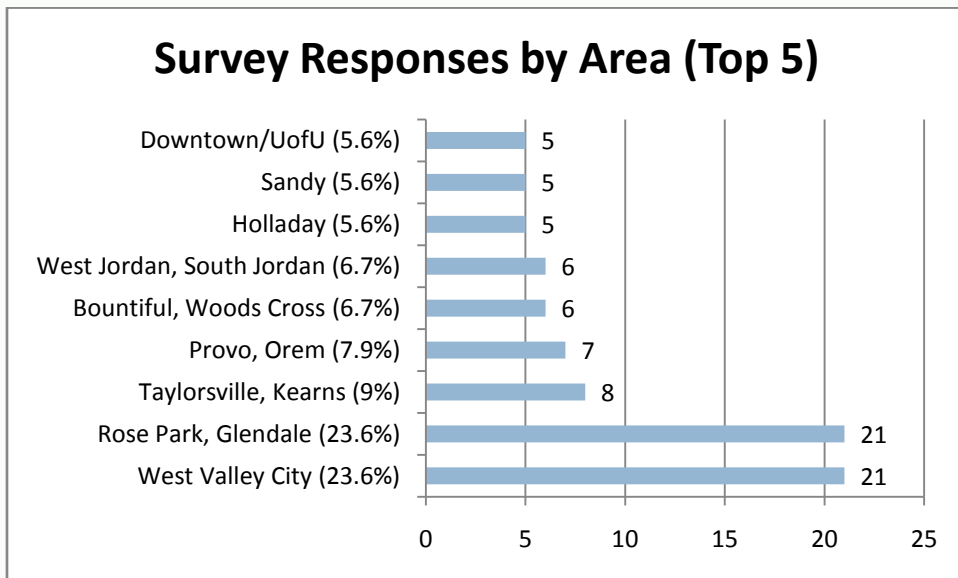
#### (2) Sex:



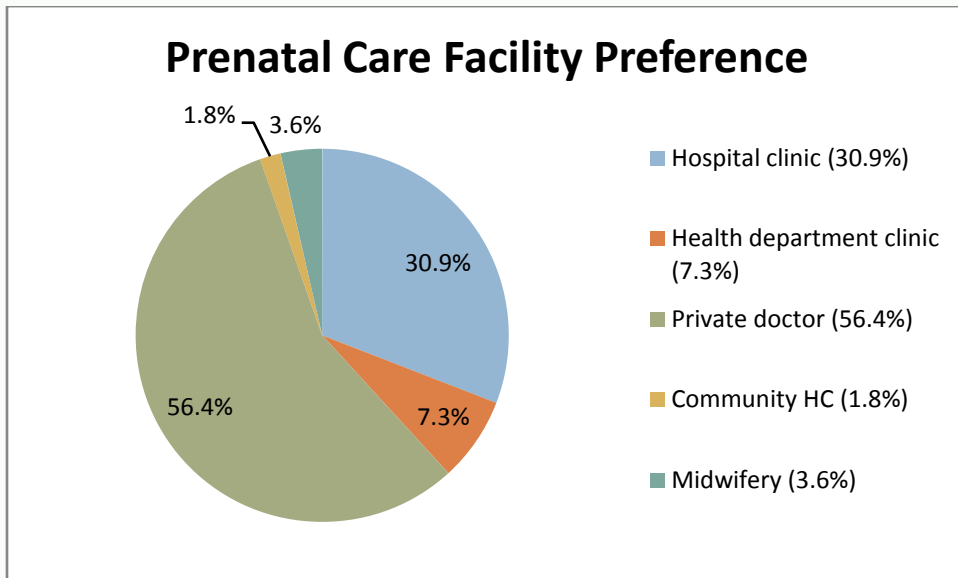
**(3) Ancestry/Self-identification:**



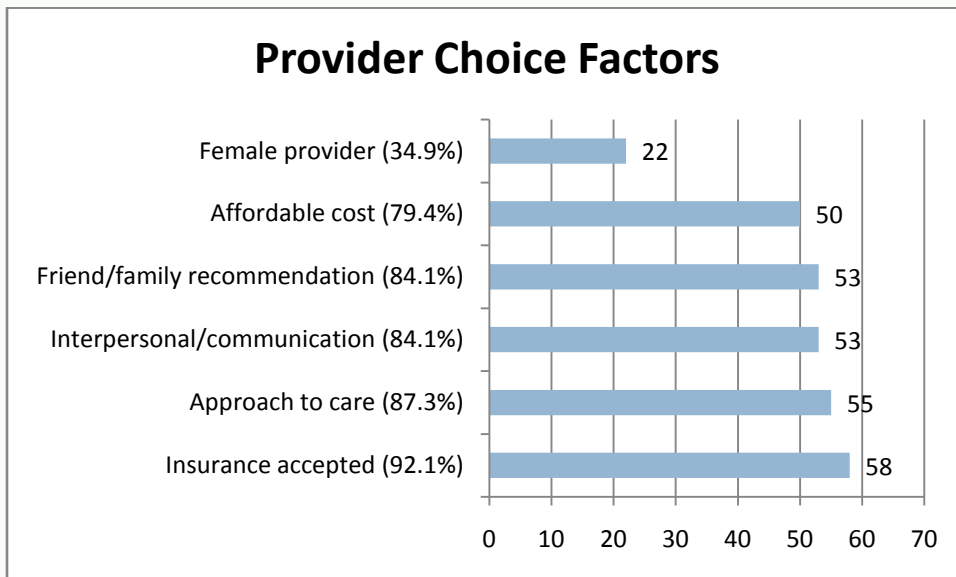
**(4) Geographic Location (5 most frequently reported ZIP code areas):**



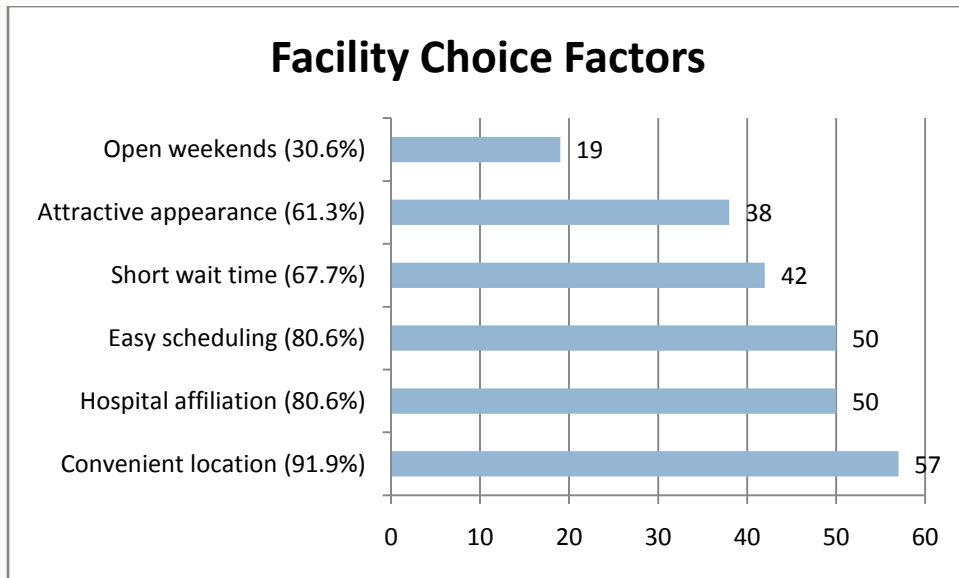
**(5) Where did you go most of the time for your prenatal visits?**



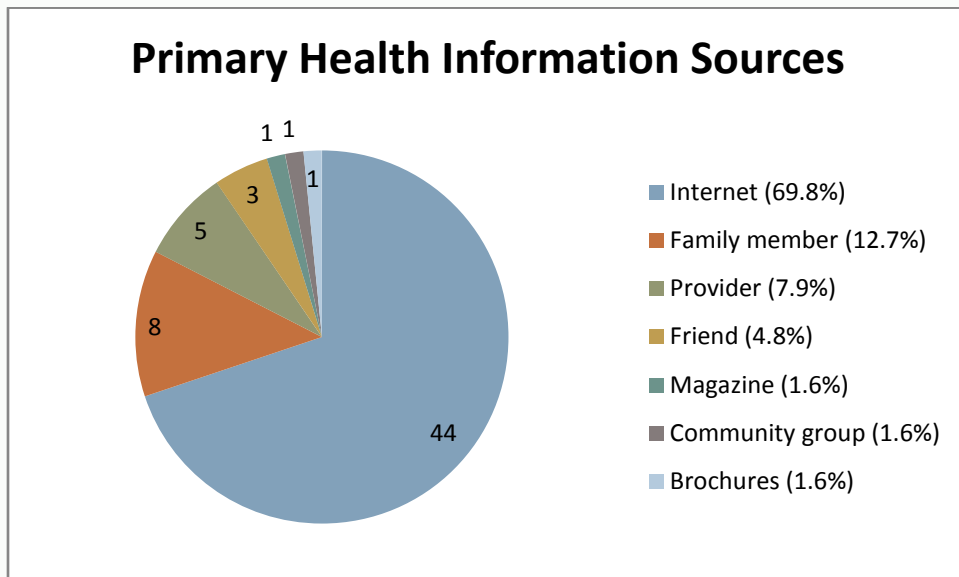
**(6) Please check the *five* criteria that are most important to you when you choose a health care provider:**



(7) Please check the *five* criteria that are most important to you when you choose a clinic:

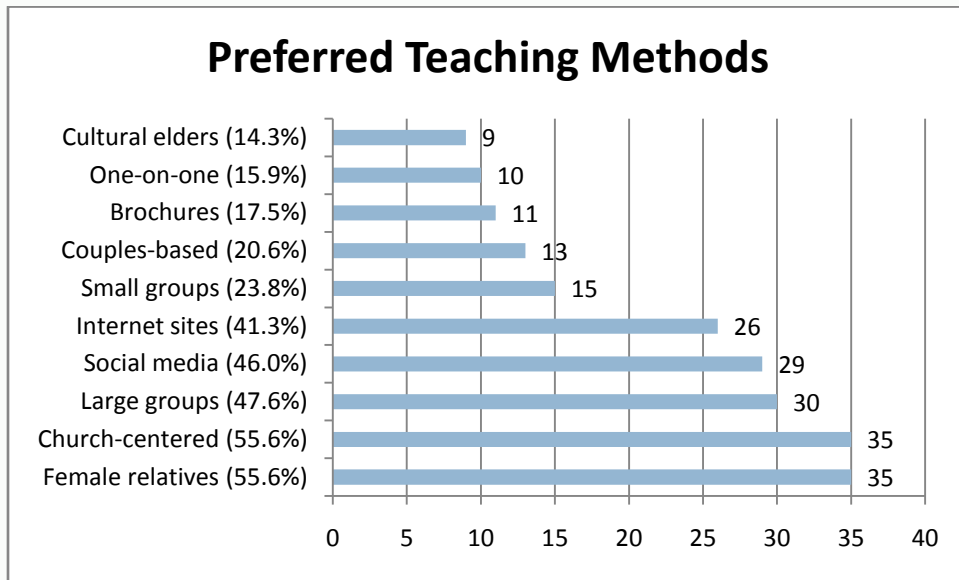


(8) The last time you looked for information about health or medical topics, where did you go FIRST?





**(9) What are the THREE best ways to teach Pacific Islander women about healthy pregnancies?**



## Recommendations

- Maximize promotional reach by focusing awareness efforts on the west side of the Salt Lake Valley, Rose Park and Glendale neighborhoods, Provo and Orem municipalities, and the Bountiful and North Salt Lake areas.
- Emphasize development and improvement of interpersonal communication and rapport by providers and staff in order to encourage word-of-mouth referrals.
- Incentivize the development and improvement of procedural policies that effectively reduce waiting times and facilitate convenient appointment scheduling.
- Utilize the Internet as promotional and educational media by engaging PI audiences through social networking.
- Identify culturally-and linguistically-appropriate methods and venues, such as cultural arts groups, informal discussion groups, *kupuna*/elders organizations, and native language radio/television/periodicals to engage and educate older PI women about current health guidelines.
- Collaborate with local faith-based women’s committees, choirs, and LDS Relief Societies to reach a broader PI audience through established, culturally-appropriate institutions.

## Discussions with Pacific Islander Women with Children

### Awareness of Health Guidelines

- Many women are not proactively preparing themselves physically for pregnancy and childbirth.
- Preventive measures to improve maternal health became more common and intentional when difficulties to conceive or carry a pregnancy were encountered.
- Maternal health advice is commonly sought and obtained from female relatives who have had children, especially older women (mothers, grandmothers, aunts, sisters, cousins).
- With the exception of a few cultural food restrictions, mothers are encouraged to eat as much and as frequently as they wish in order to promote maternal and infant health and happiness.
- Intentional spacing of subsequent pregnancies through contraceptive measures is commonplace, though often inconsistent in practice.
- Perception exists that spacing pregnancies more than 12 months apart may decrease likelihood of successful conception.

### Breastfeeding

- Commonly stated barriers to breastfeeding include: employment, difficulties producing breast milk, pain/discomfort, and inability of baby to latch on to the breast.
- Commonly stated benefits to breastfeeding include: mother-infant bonding, natural human behavior, infant nutrition, economical.
- Weaning from breast milk most commonly occurred when babies' teeth grew in, or when nursing became inconvenient or awkward in public.
- Breastfeeding in public is considered normal in the Islands and ideal in Utah.
- Risk of being seen exposed is a significant barrier to public breastfeeding in Utah.

### Health Care Preferences

- Providers are sought out based on personal recommendations from relatives and friends.
- Commonly stated factors in choosing a provider or facility include convenient location, ease of transportation, and acceptance of insurance.
- There is a preference for both physician and midwife providers.
- Ethnicity and gender of provider and staff are not significant criteria when choosing a clinic.

- PIs prefer providers who are familiar with PI cultures/communities and can relate to PIs.
- Friendliness and interpersonal approach of reception and nursing staff is a significant factor.

## **Discussions with Pacific Islander Women without Children**

### **Awareness of Health Guidelines**

- Many women feel emotionally prepared for motherhood but are not intentionally preparing physically for pregnancy.
- Commonly stated sources for pregnancy-related advice include cultural health practitioners and older female relatives.
- Cultural elders and female relatives provide culturally-based herbal remedies and encourage holistic, non-pharmaceutical approaches to maternal health, sometimes in opposition to (or substitute for) Western clinical care.
- Basic pregnancy guidelines, such as sufficient nutrition and exercise, abstinence from drugs and alcohol, supplementation of prenatal vitamins/folic acid, and adequate inter-pregnancy intervals, are common knowledge but inconsistently practiced.

### **Breastfeeding**

- Breastfeeding up to, but not beyond, the age of one year is considered ideal.
- Commonly stated benefits to breastfeeding include: maternal-infant bonding, natural human behavior, infant nutrition, economical.
- Breastfeeding in public may be awkward but can be accommodated if secluded spaces are available for nursing.

### **Health Care Preferences**

- Providers are sought out based on personal recommendations.
- Commonly stated factors in choosing a provider or facility include convenient location and acceptance of insurance.
- Ethnicity and gender of provider and staff are not significant factors in selecting health care providers.
- Preference for providers who are familiar with PIs.
- Barriers to prenatal care include lack of awareness of the need for early prenatal care, fear of going against parental/cultural advice, and lack of open communication within families in regard to sex and pregnancy.

## Interviews with Pacific Islander Parents

### Awareness of Health Guidelines

- Family elders and older female relatives are influential sources of advice and instruction.
- Female relatives encourage expectant mothers to exercise, follow cultural practices, eat fruit, and avoid excessive work.
- Women are encouraged by elders to bear children frequently and with short inter-pregnancy intervals.
- Contraceptive measures are commonly utilized to space pregnancies, though outcomes are reportedly inconsistent.
- Families are far more likely to make conscious preparations and lifestyle changes (financial, physical health, family planning, etc.) after the birth of their first child and in anticipation of subsequent pregnancies.
- Husbands typically attend prenatal appointments when work schedules permit.

### Health Care Preferences

- Commonly stated factors in choosing a provider or facility included convenient location, interpersonal rapport, and acceptance of insurance.
- Cleanliness, organization and pleasing atmosphere of a facility are highly valued.
- Study participants emphasized a preference for providers who are familiar with Pacific Islander culture.
- Indifference and discrimination by providers and nursing staff were commonly reported.
- Barriers to prenatal care include: lack of awareness of the need for early prenatal care, fear of being chastised for cultural practices, reluctance to discuss pregnancy topics that are considered sacred/private, and a mistrust of providers perceived as disinterested or culturally insensitive.

### Pregnancy-related Health Decisions

- Both parents discuss and consult on major decisions.
- Mothers have the definitive decision-making power in regard to pregnancy-related choices.
- Friends who have had children and female relatives are influential in pregnancy-related health decisions.

## Recommendations for Intervention and Further Inquiry

### Awareness of Health Guidelines

- Maximize promotion by focusing awareness efforts on the west side of the Salt Lake Valley, Rose Park and Glendale neighborhoods, Provo-Orem, and Bountiful-North Salt Lake.
- Engage faith-based communities, clergy, and women's religious groups in promotional campaigns.
- Develop incentivizing programs/methods to improve compliance with health guidelines.
- Utilize culturally and linguistically appropriate ways to educate and empower older females and cultural elders by clarifying clinical approaches and pregnancy health guidelines.
- Utilize the Internet and social networking as promotional and educational mediums.
- Identify and validate cultural practices that are compatible with women's health guidelines for pregnancy.
- Increase awareness of PI birth outcomes disparities among health care providers and increase detection of potentially-related conditions such as polycystic ovarian syndrome.

### Breastfeeding

- Facilitate breastfeeding by providing comfortable, secluded places to nurse.
- Incentivize mothers to breastfeed through practical training and assistance.
- Utilize church-centered activities and venues to promote events or programs related to pregnancy and breastfeeding.
- Identify and validate cultural practices that are compatible with women's health guidelines for breastfeeding.

### Health Care Preferences

- Target marketing and patient recruitment toward families that reside within immediate vicinity of the clinic.
- Incentivize word-of-mouth referrals from satisfied patients (especially new patients).
- Provide awareness/training for providers and staff to increase familiarity with and relativity to Pacific Islanders' worldview and approach to health care and pregnancy.
- Emphasize development and improvement of interpersonal communication by providers and staff to encourage word-of-mouth referrals.
- Incentivize the development/improvement of procedural policies to reduce wait times and facilitate appointment scheduling.

- Ensure cleanliness, organization, and welcoming/pleasing atmosphere within facilities.

### **Pregnancy-related Health Decisions**

- Provide faith-based groups and female elders with resources and education to improve likelihood that clinical guidelines for women's health are passed on to young women along with congruent cultural practices/advice.
- Utilize faith-based groups, social media, and men's cultural/athletic organizations as disseminating channels to promote paternal involvement and increase awareness among men.
- Because negative birth outcomes are commonly attributed to spiritual/cultural causes, do not use real-life personal anecdotes or identifiable images of individuals when publicly addressing negative birth outcomes (brochures, etc.).

## Acknowledgments

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