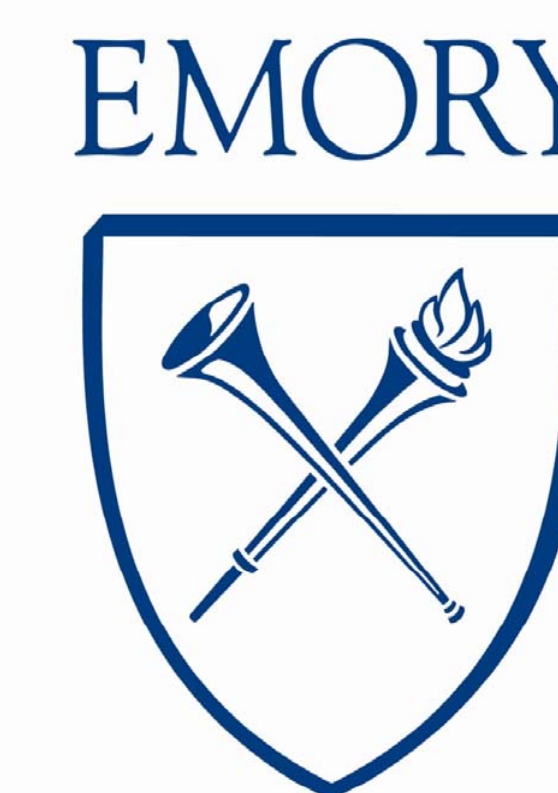


Spirituality, Social Capital, and Maternal-Infant Outcomes in Pregnant Latinas



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Introduction and Aims

- ❖ There is a global urgency to reduce maternal mortality by 75% and newborn and child mortality by 66% by 2015 in 2 of the 8 UN Millennium Goals (United Nations, 2005).
- ❖ Research suggest that in spite of their general social disadvantage, Mexican born immigrants have better birth outcomes than African Americans who have comparable social and economic status and birth outcomes that are comparable to non-Hispanic whites.
- ❖ This is described as the "Latin paradox" or the "epidemiologic paradox," and several theories exist to help explain this phenomenon, which are subsumed under the term "social capital":
 - ❖ Selective migration, strong families, and supportive community network
 - ❖ Religious/spiritual beliefs and practices
- ❖ The aims of this study are to examine:
 - ❖ Direct and indirect relationships among spiritual, religious, and psychosocial factors and various emotional and birth outcomes.
 - ❖ The amount of variance in selected maternal and infant outcomes explained by spiritual factors and social support, beyond what is explained by education, income, and prenatal care.

Background

- ❖ Low socioeconomic status has been associated with low birth weight (LBW) and high infant mortality rates.
- ❖ Prenatal care has been associated with better birth outcomes. Mexican Americans are less likely to seek prenatal care, and if they do so, they do it in the last trimester. However, they still have birth weights comparable to non-Hispanic whites.
- ❖ Religion plays a central role in influencing maternal health behaviors and attitudes.
- ❖ Prayer was noted as a useful tool in maintaining emotional balance in times of stress and helping create an empowered view of self within the context of a spiritual life.
- ❖ "Mujerista Theology" and Hispanic/ Latino Theology (Diaz, 1996; Diaz & Segovia, 1996) guides this research.
 - ❖ Deep spirituality of Latina women who have a special understanding of "la palabra de Dios" (the word of God), and use the Bible to enable/enhance their moral agency and to help build community.
 - ❖ Hebrews 4:12: "La palabra de Dios tiene fuerzas y da vida" (God's word has strength and gives life), indicating that God is with them in their daily struggle. According to Diaz (1996), this spirituality out of which Latina women act and live is anchored in notions of love, and "being with others."

Methodology

DESIGN

- ❖ This study is an ongoing community-based longitudinal study of the impact of spiritual and psychosocial factors on maternal-infant outcomes among Latina mothers in Georgia to help explain the "Latin Paradox."
- ❖ The study uses mixed (qualitative and quantitative) methods to examine the role of spiritual, religious, and psychosocial factors in explaining pregnancy outcomes in this population, beyond what is explained by education, income, and prenatal care alone.

SAMPLING AND RECRUITMENT

- ❖ Women are recruited from 6 community clinics in metro Atlanta that serve pregnant Latinas.
- ❖ Women interested in the study are screened in person or via telephone by the project staff, using a brief screening questionnaire. To be eligible women must:
 1. self-identify as Latina
 2. be at least 28 weeks pregnant
 3. be 18 years or older
 4. be willing to participate in the study and complete baseline questionnaires and follow-up questions.

❖ Informed consent obtained from each woman

DATA COLLECTION

- ❖ Qualitative questions and reliable Spanish-version questionnaires entered into the Questionnaire Development System (QDS) and administered by project staff using Computerized Personal Interviews (CAPI) on laptop computers.
- ❖ Interviews last 45-75 minutes and data is collected at 2 time points: 1) baseline & 2) 1-12 weeks after delivery
- ❖ Women are asked about pregnancy history, gestational age at first prenatal visit, pregnancy-relevant health behaviors, mental health and depressive symptoms, quality of life, and about their spiritual and non-spiritual views regarding motherhood.

Instruments and Analysis

STUDY INSTRUMENTS/MEASURES

Baseline Interview:

- ❖ Demographic questionnaire: age, race, education, income level, marital status, living arrangements, country of origin, and length of time in the United States, etc.
- ❖ Pregnancy History Questionnaire
- ❖ Pregnancy-Relevant Health Behaviors
- ❖ The Daily Spiritual Experiences Scale (15-item)
- ❖ The Santa Clara Strength of Religious Faith (SCSRF) questionnaire (10-item scale)
- ❖ The 3-item Religious Coping Index
- ❖ Modified Brief Multidimensional Measure of Religiousness/ Spirituality (BMMRS) (14 items)
- ❖ Center for Epidemiological Studies Depression Scale
- ❖ Perceived Stress Scale (PSS) (10-item scale)
- ❖ Global self-esteem scale (10-item)
- ❖ The Interpersonal Support Evaluation List (ISEL) scale (40 items)
- ❖ RAND-36-Item Health Survey 1.0 (36 items)

Follow-up Interview

Follow-up (Delivery) Questionnaire

DATA ANALYSIS

Data analyzed using the SPSS 17.0 statistical software package. Two-sided Alphas used and set at a $p < .05$.

Descriptive statistics, Pearson correlations, and multiple linear regression and hierarchical regression statistics used.

Results: Sample Characteristics (N=18)

Variable	Frequency (n)	Variable	Frequency (n)
Education			
Less than High School	22.2% (4)	Religious Attendance	
High School/ GED	33.3% (6)	Weekly or >	27.8% (5)
College/ Technical	33.3% (6)	Twice/month	38.9% (7)
Grad/ Prof School	11.2% (2)	Never	22.2% (4)
Employment			
Unemployed	66.7% (12)	Moderately	55.6% (10)
Full-time/Part-time	33.3% (6)	Slightly	33.3% (6)
Income			
Income/yr <\$20 K	66.7% (12)	Very	16.7% (3)
Income/yr \$20-30K	22.2% (4)	Moderately	61.1% (11)
Country of Origin			
Mexico	83.3% (15)	Slightly	16.7% (3)
Marital Status			
Married	44.4% (8)	Prayer	
Single/Living w/Partner	50.0% (9)	Once daily	66.7% (12)
Deliveries (n=9/18)			
Vaginal	44.4% (4)	Meditation	
Cesarean	22.2% (2)	Once daily	44.4% (8)
		1/week or >	16.7% (3)
		Religious Denomination	
		Catholic	83.3% (15)
		Christian (NS)	11.2% (2)

Results (continued)

Variable	Range	Mean	(SD)
Age	22-37	27.7	(5.13)
Gestational wks @ delivery	38-41	40.1	(1.0)
Length hospital stay (days)			
Mom/Baby	2-4	2.7	(.76)
Birth weight			
Grams	3061-4309	3470.9	(372.8)
Pounds	6-9	7.1	(.93)
Number of Pregnancies	0-5	1.6	(1.34)
Number of Children	0-4	1.3	(1.22)
Depression	0-80	11.9	(12.69)
Social Support	44-112	86.6	(16.96)

Correlations	r	p-value
Spirituality/Religion & Stress : DSES & Stress		
	(.76)	p=.0001
Age: DSES & age		
	(-.62)	p=.006
QOL: DSES & Energy/Fatigue		
	(-.49)	p=.037
DSES & Emotional Wellbeing		
	(-.69)	p=.001
Religious Faith & EWB		
	(.56)	p=.015
Depression: DSES & Depression		
	(.68)	p=.002
Depression & Social Support:		
Depression & Soc Supp (Belonging)	(-.47)	p=.047
Depression & Perceived Stress:		
	(.90)	p=.0001

* Only Significant correlations reported

Conclusion

- ❖ More than half of the sample identified as being moderately "spiritual" or "religious."
- ❖ These preliminary findings show the importance of spirituality and/or religion among pregnant Latinas & their association with stress, depression, and QOL outcomes.

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