Cultural issues during pregnancy

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Culture and Pregnancy

- Cultural themes for pregnancy in “modern societies”
- Cultural themes for pregnancy in “traditional societies”
- Cultural themes for immigrants, usually from traditional to modern societies.
Culture and pregnancy

- Little empirical evidence of problems or adaptive capacities is available
- Cultural themes of pregnancy in modern societies have received little attention
- Few studies in traditional societies, lack of resources
- Some studies of immigrants, theme of “acculturation”
Culture and pregnancy in general

- Pregnancy is a “vulnerable period”
- Pregnancy is embedded in a cultural context
- Pregnancy elicits responses (culturally based) from the future parents and from surrounding persons
Culture and pregnancy: common concerns

- Fear of negative outcome of pregnancy is universal
- Fear of damage to the baby or the mother, to be prevented by maneuvers (diet, care, etc.)
- Wish for the baby to be healthy and to thrive is universal.
Culture and pregnancy

- The pregnant woman is in a special state and needs psychosocial assistance (if possible).
- Transition to parenthood is a challenge for new parents, with each child.
- The baby (in utero and after birth) and the mother may suffer unique negative consequences from stress during this time.
Intention to become pregnant?

How does the pregnancy come about?
Pregnancy and intendedness

- How did the pregnancy come about?
- Is it a blessing or a burden?
- What degree of control is possible about whether one becomes pregnant?
- What is the reaction of other people to the pregnancy?
Abma et al, 1997

- In US about 31% of pregnancies are unintended (unwanted or wrong time)
- In unmarried women 60% of pregnancies are unintended
- If unwanted pregnancy greater risks for the health of the mother and the baby...
Peacock et al, 2000

- Group studied by Peacock, USA, 83% of African American women reported the pregnancy was unintended
- 39% of Latino immigrant women reported the pregnancy was unintended
Unintended pregnancy

- Delay in seeking prenatal care and having a premature baby (Orr et al, 2001)
- Higher risk of domestic violence
- Higher level of stress and frequency of depression (Leathers and Kelly, 2000)
Traditional

- Little control is expected over one’s body
- Almost no fore-planning
- Pregnancy is a natural consequence
- Higher powers may decide on whether pregnancy or not
- Pregnancy is the duty of women, particularly if married, crowing of “womanhood”
- Need of offspring
Traditional

- The pregnancy is embedded in highly visible social matrix. Rituals around pregnancy
- Consequences for the woman and her family
- Socially prescribed ways of dealing with it, rules re. Eating, work, sexuality, need of support, hygiene, etc.
Modern

- Pregnancy may or may not fit with the woman’s plans, separation between sexuality and pregnancy
- Pregnancy is an individual’s responsibility
- High degree of control is expected of one’s body
- Social disapproval and special burdens for pregnancy out of wedlock and teenager
Pregnancy may be perceived as a physiological process with little need of special precautions.

A woman may be encouraged to face pregnancy alone and make plans by herself.

High degree of independence and self-sufficiency is expected.
Immigrant woman or couple

- There may be difficulty to carry out certain culturally prescribed practices (e.g. dietary, massages, baths, etc.)
- Maybe conflict over: abiding by cultural prescriptions or adopting a more modern attitude
- Issues of betrayal, loss, nostalgia, or letting go of “old superstitions”.
How does one know if one is pregnant?

How does one find out? And Who does one tell?
Traditional

- One finds out through a number of culturally prescribed “signs”
- Cravings, cessation of menstruation, mood changes, a special feeling or look
- One can be “partially pregnant” and pregnancy is not only a physiological state, but a continuum
Modern

- Ostensibly a physiological phenomenon
- “all or nothing” state
- Pregnancy tests, urine tests, etc. are emphasized

- Still magical beliefs can underlie modern beliefs.
Cultural response to pregnancy

- NEWS OF BEING PREGNANT
- When is one pregnant?
- Can a woman be “partially pregnant”? 
- Some women report to have “the beginning “ of a pregnancy
- Does she/he rely on pregnancy tests of missed periods
- Who does she tell first and what does that mean?
Some Latino women “do not believe” pregnancy tests
Latino women tend to rely more on signs and symptoms rather than tests
More Afroamerican women experience others discovering the pregnancy
Delay in recognition

- Many women to avoid pressures to get married or to face negative consequences
- Avoid pressure to have abortion or to give up baby for adoption
How should the baby be delivered?

What are the best conditions for delivery?
Traditional

- Delivery is an affair mostly of women
- Experienced woman, midwife or relative assists in the birth
- Men do not participate
- Delivery may be dangerous and compared to an heroic act
Deliveries (Latinamerica): “epidemic” of C sections

- Comparatively high rate of C sections
- Usual proportion in the world is 15% of deliveries
- In Brazil it is around 30% and in some centers 50%
- Middle and higher social class
- Intolerance for pain, inconvenience, screaming etc.?
Cesarean sections

- Osis et al, 2001. Women say they prefer vaginal deliveries
- Role of medical establishment in prescribing C sections
- Avoid complications and litigation, conflicts with schedule
What are the dangers for a pregnant woman/couple and the baby?

Culturally based prescriptions during pregnancy
Traditional

- Damage from multiple external causes
- Less distinction between mind and body
- Threats to the progression and survival
- Reality of high infant mortality and of mortality due to complications of delivery and pregnancy
- Numerous extraneous dangers (supernatural, invisible, spiritual)
- Pervasive influence of envy
Traditional

- Danger of eclipses, lead to malformations

- Danger of penetration by spirits, of ancestors or of animals, damaging the baby

- Danger of witchcraft, evil influences from other persons (envy, evil eye, wish for a bad outcome)

- Danger of bringing on bad luck, bragging, talking about infant prematurely, transgressing taboos
Dangers and concerns.

- Avoid going to funerals (Vietnamese?)
- Avoid reaching over one’s head (cord around neck)
- Avoiding drafts of air (Haiti, Latinamerica, Asian)
- Avoid sexual intercourse (several Asian cultures and Latinamerican)
Dangers and concerns

- Walking at certain times of day (penetration by spirits)
- Avoid certain people who have powers
- Not talk about the baby before the birth, a certain time, or not to mention the name
- Not to have picture taken
- FEAR of transgressing taboos
Traditional

- Pregnancy is a special state, unlike any other: e.g.

- In some cultures a hot state, eating “hot” foods, or avoid them (India?)

- Obey “cravings”, avoid frustrations or baby will have certain characteristics
Cravings and Pica

- **Women expect to have cravings.**
- **In Saudi Arabia** (Kanhal, 1995) salty, milk products, sour foods,
- **Pica. In Afroamerican**, eat corn starch, clay (Boyle and Mackey, 1999)

**In US up to 65% of women may experience some pica** (freezer ice, dirt, baking soda, cigarette butts. (Rumsey Coocksey, 1995)
Traditional

- **Alleviate work if possible**
- **Not talking about the baby, not eliciting envy or bringing on bad luck**
- **Avoid “what people will say”, danger of “people talking”** (Glass Coffin, 1991). “image management”
- **Using special protections, e.g. metal against eclipses, cord or red against evil eye, envy**
Traditional

- Avoiding frustrations and frightening experiences, e.g. “susto”
- Being cared for by older women, e.g. mother in law or mother
- Pregnancy is mostly a fortune and a blessing for the woman and her family
  (a loss or a negative outcome may be a sign of punishment or inability to carry pregnancy successfully)
Modern

- Danger of toxic waste, radiation, chemical substances, hormones in the food, etc.
- Danger of use of substances (alcohol, cocaine, marijuana, etc.)
- Danger of infections, malformations caused genetically or through mutations congenitally
- Dangers mostly preventable and avoidable
Modern

- Concerns related to access to health care
- Affordability
- Who will care for the baby?
- Day care of staying home?
- Value of motherhood vs. career and other achievements are in conflict
- Modern fears. E.g. Fear of aliens.
Modern

- Taking vitamins and preventing some malformations
- Testing to determine if baby is normal
- Ultrasound if possible to observe baby in utero and possibly determining gender
- Other tests to determine if baby under stress or developing normally
Modern

- Sexuality is independent of outcome (mostly)
- Exercise, healthy diet, some degree of work are healthy
- No smoking and avoiding man other substances
Pregnancy and gender issues

Women’s issues
Gender of the baby
Gender of child

- In many traditional cultures wish for a boy (India, China, Latinamerica) for various reasons (Patel et al, 2002)
- Affirmation of masculinity, issue of dowry, tradition, carrying the name, etc.
- In Cambodia may be opposite
Domestic violence during pregnancy

- **In an Indian study, 30% of women may be abused during pregnancy** (Jejeebhoy 1998)

- **Also a high rate in Latinamerica** (Lartigue, 1998)

- **In the US and UK estimated 20 to 25% of pregnant women are abused** (Mezey & Bewley, 1997) (Petersebm 1997)
Pregnancy and depression

- A study in Goa, 23% of women (270) had postnatal depression (Patel et al, 2000)
- A majority had depression even before the pregnancy. Only 22% of them developed the depression in the puerperium
- Gender of the baby was a risk factor, as well as domestic violence and other well known factors.
- In a study in South Africa (Cooper et al) also many women were depressed before pregnancy
- Role of women in society?
Pregnancy and depression

- In industrialized countries, risk factors, social isolation and unsupportive husband
- History of loss and deprivation, abuse
- In some samples in inner cities depression may reach 60% or more of women
- “war zones” in cities in US (Garbarino) with high levels of violence, losses
Pregnancy and Migration

Issues of Acculturation and Transculturation
Pregnancy and health system

Old and new practices
Modern society

- Issues of access to food and to health care in the US
- Cost of prenatal care and of delivery
- Quick discharge after delivery
- Technological nature of pregnancy care
Traditional society

- Experienced woman or “curandero” to tend to pregnancy
- In a survey in Denver (Padilla et al, 2001) suggests 30% of people have consulted a curandero. 95% know what it is.
- Washington state survey, with foreign born women (434), 21% have been to curandero (Skaer, 1996)
MIGRATION AND PREGNANCY

- Traditional belief is that immigrants are at higher risk of mental health problems.
- This is thought to be due to the effects of migration, economic deprivation and loss (Escobar et al, 2000).
- At times, they have been thought to be “defective” or backwards.
- Industrialized countries are increasingly “multicultural”.
Migration and pregnancy

- In the US Latinos are increasing in number steadily
- By 2050 they will be 25% of the US population
- The majority of Hispanics in the US are of Mexican origin
- In some states they reach 25 to 30% of the population
Migration and pregnancy

- Degree of “acculturation”
- Embracing new values, new language, new costumes and ways of behaving
- For Mexican immigrant women, more “acculturation” means worse outcomes in terms of health and mental health (substance use, alcohol abuse, etc.)
Acculturation

- Measuring degree of acculturation in Latinos (Burnam et al. 1987)
- Epidemiological Catchment Area study, of rates of psychopathology in US. Related to Latinos:
  - Less acculturated people, less prevalence of alcohol and drug abuse, phobia, antisocial personality
- Is there a selective effect of migrants?
Acculturation. National Comorbidity Study

- Rates of mood disorder in Latino population
- Rates lower in Mexican born people vs. US born Latino persons (Kessler et al, 1994)
- Lower prevalence of substance abuse in the Mexican born population
Mexican American Prevalence Survey (Vega et al, 1998)

- 3000 adults in California
- CIDI instrument (Composite Int. Diag. Interv.)
- Rates of psychopathology are twice for US born individuals
- For women rates of alcohol and drug abuse are 7x for US born women
Acculturation

- Adoption of “new ways”, language, beliefs, practices, while abandoning the old or traditional ones.
- Is acculturation adaptive? Is acculturation beneficial for the health of pregnant women?
Acculturation problems

- In US Latino women who adhere to their traditional culture have more “positive health behaviors” (Ventura et al, 1997)
- Less use of drugs and alcohol
- Less complications during childbirth
- Better perinatal health outcomes compared with more acculturated Latino women, diabetes, hypertension
US-Mexico Border study of adolescents (Pumariega et al, 1992)

- **4000 adolescents, 11 to 18 years old**
- **Rates of depression and distress** (Panamerican Youth Inventory and Center for Epidemiologic Studies Depressive Scale)
- **Rate of drug abuse was 4x higher in US born adolescents (21% vs 5%)**
- **Higher levels of distress and suicidal ideation in US born teenagers.**
US Border...

- Risk factors: More time watching television
- Less time spent in family activities
- Less involvement with friends
- Less involvement in sports
U.California Irvine Mental Disorders in Primary Care (Escobar et al, 1998)

- 1500 adolescents several groups
- Mexican and Central American born:
  - Lower levels of posttraumatic disorder, depression, panic disorder
  - Better levels of physical functioning
  - Higher rates of “somatization”
Pregnant Latina Women (Matson and Rodriguez, 1999)

- 150 women, immigrant and US Born, rural and urban
- Highest rate of domestic violence in US born rural Latina (highest level of acculturation)
Latina women

- More acculturated young Latina women
- Start intercourse earlier in age
- Higher rate of non-marital births (Loue, 1987)
Less acculturated Latino women...

- Tend to enter later into health care system in the US
- Do not have a higher rate of premature births
- Do not have a higher rate of perinatal mortality
Positive effect of traditional culture?

- Support network of extended family, traditional roles, use of cultural markers and language (Escobar et al, 2000)
- Social control exerted over health related behaviors such as drug and alcohol use
- Less isolation during pregnancy and delivery