Negative Consequences of Acculturation on Health Behaviour, Social Support and Stress among Pregnant Southeast Asian Immigrant Women in Montreal: An Exploratory Study

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Acculturation, the process of incorporating new values, attitudes and behaviours, provides a conceptual bridge for understanding the relationship between migration and low birthweight (LBW). Psychosocial and behavioural risk factors for LBW were explored using semi-structured interviews with 17 pregnant Southeast Asian women who represented different levels of acculturation. Findings suggested that acculturation had negative consequences for immigrant women. Higher levels of acculturation were associated with dieting during pregnancy, inadequate social support and stressful life experiences.

METHOD

The study population consisted of a group of 17 pregnant Southeast Asian women (Vietnamese, Cambodian, Laotian) living in Montreal, Canada. Southeast Asian women were selected because this group experienced a significantly higher rate of term LBW than native Quebecers (4.0% vs. 3.4%), particularly among the more acculturated members of this group.3

Subjects were identified from an interpretation and orientation agency serving the Southeast Asian community of Montreal (SIARI), community health departments (CLSCs), obstetricians, Southeast Asian cultural and religious organizations, Southeast Asian health professionals and word of mouth. Informed consent was obtained prior to the interview sessions.

Qualitative techniques were used to identify the range of health and migration weight gain and caloric intake, cigarette smoking and alcohol consumption.16-21 Other researchers have examined the role of social support22-25 and stress26-29 to explain differences in pregnancy outcome.

Few studies have examined the consequences of acculturation in terms of psychosocial and behavioural risk factors that impact on term LBW. The purpose of the current study is to explore health behaviours (e.g., smoking, alcohol, diet), social support and stress, in a group of pregnant Southeast Asian immigrant women displaying different levels of acculturation.

ABSTRACT

It is frequently assumed that migrant status constitutes a health risk because migration is inevitably associated with a period of significant adjustment and stress. This paper describes the role of acculturation in understanding the relationship between migration and low birthweight (LBW). Psychosocial and behavioural risk factors for LBW were explored using semi-structured interviews with 17 pregnant Southeast Asian women who represented different levels of acculturation. Findings suggested that acculturation had negative consequences for immigrant women. Higher levels of acculturation were associated with dieting during pregnancy, inadequate social support and stressful life experiences.

ABRÉGÉ

On présume souvent que l’immigration pose un risque pour la santé en raison du stress intense et de l’adaptation énorme qu’elle implique. Cet article examine le rôle de l’acculturation dans l’incidence des cas d’insuffisance de poids à la naissance chez les immigrants. À l’aide d’entrevues semi-structurées auprès de 17 femmes enceintes ayant immigré de l’Asie du Sud-Est et ayant atteint divers niveaux d’acculturation, on y explore les facteurs de risques psychosociaux et comportementaux associés à l’insuffisance de poids à la naissance. Les conclusions suggèrent que l’acculturation nuit à la situation des femmes immunisantes. On a observé un lien entre les niveaux élevés d’acculturation et l’alimentation durant la grossesse, le manque de soutien social et les expériences stressantes de la vie quotidienne.
experiences encountered by the study population. Data collection, in the form of semi-structured interviews, lasted between one and two and a half hours. Vietnamese, Cambodian and Laotian interpreters were used in cases where the subject’s comprehension of English or French was poor. During each interview, subjects were asked about their migration history and resettlement experiences in Canada as well as about their current pregnancy. Acculturation was assessed using two proxy variables, length of stay\textsuperscript{30,31} and host country language fluency.\textsuperscript{32,33} Pregnancy-related questions focused on health behaviours, social support and stress. All of the interviews were recorded with the permission of the participants. The transcripts were subsequently reviewed and coded into predetermined study themes: acculturation, health behaviour, social support and stress.

RESULTS

Among the 17 women who were interviewed, two distinct patterns of migration and acculturation were observed. These corresponded to the two major waves of Southeast Asian refugee migration to Canada. After the fall of Saigon to North Vietnam in 1975, the first wave of refugees, a predominantly rural, middle class, and well-educated group, were relocated to the United States, and about 9,000 resettled in Canada, primarily in Montreal and Quebec City. During the height of the ‘Vietnamese boat people crisis’ which erupted in 1978, Canada provided haven to 60,000 second wave SEA refugees. Compared to the first wave group, second wave refugees came from a wider socioeconomic spectrum, were less well-educated and had less previous exposure to the West.\textsuperscript{34}

Subjects in our study population were equally split between the two waves, corresponding to our pre-defined acculturation criteria. Compared to the more acculturated group who were members of the first wave, the less acculturated group consisted of more recent arrivals and individuals who were not fluent in English and/or French. There were also sharp contrasts between the two groups with respect to socioeconomic status. All spouses and some of the subjects who arrived during the first wave were employed, whereas most of the families of the second wave (six out of the eight) were receiving social assistance. The age range of respondents (from 26 to 37) and the high proportion of women who were married were similar in both groups.

Health behaviours during pregnancy

Subjects were questioned about cigarette smoking, alcohol consumption and diet. None of the women in our study population smoked, either before or during their pregnancies, or used alcohol during pregnancy. Most of the women reported that their diets in Canada were similar to the diets they followed in Southeast Asia. However, several subjects had observed that the longer SEA women were in Canada, the more preoccupied they were with thinness, even during pregnancy. As one 27-year-old Vietnamese subject claimed,

"In my country, women ate well to have a healthy baby, but here, many women I know are on diets, even when they are pregnant, they don’t eat a lot."

A 35-year-old Vietnamese subject commented,

"Women who have been here a long time, from wealthy classes, are very obsessed with their weight. Perhaps they ate less during their pregnancy because they wanted to maintain their figures."

Social support during pregnancy

During the in-depth interviews, each subject was asked about her social support networks including the availability and adequacy of different types of support (informational, instrumental and emotional). In the more acculturated group, we found that most of the women included many family members in their social support networks. In spite of this, many subjects confided that they had no one to share their problems or worries with. Sometimes this appeared to be due to an individual’s nature (“not interested in making friends”, “doesn’t like to discuss worries with people”) but in other cases, women explained that they didn’t have enough time to see or talk with friends and family.

In the less acculturated group, we found surprising differences between the availability of family member support and perceived levels of social support. For example, although at least six subjects had no close family in Montreal, they named friends and neighbours upon whom they called for assistance. Furthermore, the vast majority expressed satisfaction with the availability and adequacy of social support they received.

Stress during pregnancy

Subjects were questioned about sources of stress, symptoms and methods of coping. We discovered that the more acculturated group of women were much more likely than their counterparts to report that they were experiencing a great deal of stress. Financial pressures were the most frequently cited source of stress, even though this group was much better off economically than the second group. As one 34-year-old Vietnamese subject explained, "If somebody lives here a long time, more is necessary. When I came here I didn’t know about fashion and hair. I lived like I did in Vietnam. Now, when you know about that, you want to buy, you need a lot of money. People have more problems and worries when they want everything."

It also became evident during the interviews that the subjects shared the belief that Southeast Asian women in Canada were obligated to work and often continued to perform stressful and strenuous work, even during pregnancy. As one 34-year-old Laotian subject described her sister,

"She works very hard for a manufacturer. She is always standing. I encouraged her to apply for maternity leave but she worked until the end of her pregnancy. She was afraid to ask, but also didn’t want to go to the CLSC, even if she was sick."

Another 34-year-old Laotian subject summarized the experiences of immigrant women in this way,

"The women who are here longer are more preoccupied with work. Their lives are more stressful."

Not surprisingly, the second most frequently mentioned source of stress was inadequate social support. Women felt that they were forced to assume more than their
share of responsibility for looking after children, household chores and decision making. They also worried about not having enough assistance at home after the baby was born, especially since they did not feel as though there were many family members or friends upon whom they could rely for help.

Among the less acculturated group of women, the inability to speak and comprehend French was the most frequently reported source of stress. However, many women felt that they were able to rely on their partners, friends or SIARI to act as interpreters. Surprisingly, financial concerns were only expressed by two subjects. More commonly, subjects shared the belief that their incomes were adequate, if only they could save a little money or economize (“On arrive juste, juste.”). Pregnancy did not appear to represent a great deal of stress to this group as women expressed great confidence in the Western medical system.

**DISCUSSION**

The findings of this study suggest that acculturation had negative consequences for immigrant women. Study respondents reported that it was associated with unhealthy behaviours and with different types of acculturative stress believed to impact on term LBW. Although the study population did not smoke or consume alcohol during pregnancy, the respondents suggested that more acculturated women were more likely to be concerned with thinness and to limit their weight gain. The importance of behavioural changes following migration to explain differences in LBW has been proposed by other authors.\(^{35-38}\)

In our study women in the less acculturated group expressed fewer psychosocial concerns about social support and stress than women in the more acculturated group. This may have been because these women felt secure within their established social networks. Unlike the women in the more acculturated group, all of the less acculturated women lived in immigrant neighbourhoods, in close proximity to other members of their ethnic community. Other studies have examined the role of neighbourhood social environment and LBW.\(^{39}\) For example, Kieffer et al.\(^{40}\) attributed the lower rates of LBW observed in geographical areas of high ethnic homogeneity in Hawaii to the wider accessibility of social support.

The finding that life may become more stressful with increasing length of stay in a host country is supported by other literature describing the acculturation experience of refugees.\(^{41}\) It has been documented that refugees’ successful escape from disaster results in an initial stage of relief. However, as these refugees become less dependent on agencies for social services, or when their cash assistance runs out, their level and rate of behavioural acculturation may diminish or vacillate.\(^{42}\) There is an extensive literature which supports the observation that levels of psychological distress may be higher among more acculturated immigrants who find that their attempts to achieve social and economic status fall short of their expectations and aspirations due to discriminatory barriers and practices related to employment and advancement.\(^{30,43-46}\)

Study limitations include the classification of the study population into two groups, assuming that the process of acculturation is linear and unidirectional. For example, one may falsely conclude that an immigrant who speaks, reads and writes English is highly acculturated.\(^{47}\) Dichotomizing acculturation may have also led one to suspect that the negative consequences described could be attributed to socioeconomic status (SES) rather than acculturation. Although it has been suggested that these two constructs need to be examined as separate variables which independently and interactively impact on health,\(^{48}\) this could not be done in our qualitative study.

The results of this study have implications for the organization of health and social services and future research. It has frequently been assumed that new immigrants and refugees constitute a higher risk group than other more established members of their communities but our findings imply that it is not the recentness of immigrant status that contributes to this risk. Rather, other factors related to the consequences of acculturation need to be considered (in addition to conventional factors) in perinatal and other health risk identification systems. Findings also suggest the need for culturally appropriate services that address both physical and emotional needs (e.g., health education, stress management) and for peer support and other community-based help networks for immigrant women. Furthermore, even though Southeast Asian women may not exhibit many behavioural risk factors at present, this may be changing. Klatsky & Armstrong\(^{49}\) reported that U.S.-born Asian American women were more likely to smoke than their foreign-born counterparts. Mitchell and Mackerra\(^{50}\) found that only 57% of pregnant Vietnamese American women continue to follow traditional food habits.

Most immigrant studies focus on the early years of resettlement. However, the later periods during which time there may be delayed reactions to earlier traumas, and distress over changes in life and status, have received less attention. Future research is needed to explore the long-term consequences of acculturation, particularly with respect to changes in health behaviours and reactions to stress.

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**REFERENCES**

7. Cardoso MA, Hamada GS, de Souza JM, et al. Dietary patterns in Japanese migrants to south-