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Ethnicity or cultural group identity of pregnant women in Sydney, Australia: Is country of birth a reliable proxy measure?☆

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ABSTRACT

Background: Australia has one of the most ethnically and culturally diverse maternal populations in the world. Routinely few variables are recorded in clinical data or health research to capture this diversity. This paper explores how pregnant women, Australian-born and overseas-born, respond to survey questions on ethnicity or cultural group identity, and whether country of birth is a reliable proxy measure.

Methods: As part of a larger study, pregnant women attending public antenatal clinics in Sydney, Australia, completed a survey about their knowledge and expectations of pregnancy duration. The survey included two questions on country of birth, and identification with an ethnicity or cultural group. Country of birth data were analysed using frequency tabulations. Responses to ethnicity or cultural group were analysed using inductive coding to identify thematic categories.

Results: Among the 762 with 75 individual cultural groups or ethnicities and 68 countries of birth reported. For Australian-born women ($n = 293$), 23% identified with a cultural group or ethnicity, and 77% did not. For overseas-born women ($n = 469$), 44% identified with a cultural group or ethnicity and 56% did not. Responses were coded under five thematic categories.

Conclusions: Ethnicity and cultural group identity are complex concepts; women across and within countries of birth identified differently, indicating country of birth is not a reliable measure. To better understand the identities of the women receiving maternity care, midwives, clinicians and researchers have an ethical responsibility to challenge practices that quantify cultural group or ethnicity, or use country of birth as a convenient proxy measure.

1. Background

Associations between country of birth and poor maternal, foetal and infant health outcomes are well documented.[1–3] In Australia, reports of lower rates of service uptake by pregnant migrant and refugee women, Aboriginal and Torres Strait Islander women and Australian-born women of non-English speaking backgrounds, has been cause for concern in policy and maternal health services,[4–6] given the maternal population is growing in cultural and linguistic diversity, particularly in major cities such as Sydney.[7,8] In response, government policies have demanded identification of issues specific to culturally and linguistically diverse women,[9,10] in an effort to ameliorate health inequalities and to provide more culturally sensitive, woman-centred, maternal and child health services.[11,12]

1.1. International ethnicity data collection

Internationally, how health care providers and researchers collect, interpret and use ethnicity data of patient populations is widely debated. In the United States, federal health data collection includes race and ethnic group categories with continued debate over the use of ethnic labels, race classifications and racial stereotyping,[13,14] as well as the utility of these data.[15,16] Canada routinely collects ethnic origin data at a population level, and more recently at the clinical level; a practice that has drawn local criticism over possible harms to ethnic minorities and Indigenous people.[17] In the United Kingdom (UK), the National Health Service

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(NHS) collects ethnicity data to identify health risks and provide equity of service for patients. An audit of the accuracy of coding in English NHS hospital records, found 39–43% of ethnicity data for ethnic minorities was incorrect.[18] The population census in the UK captures multiple ethnic identities and cultural affiliations, as well 'national identity' (British). Recent data collected in England found established ethnic minority groups, regularly categorised in policy and health literature as "Asian" (Bangladeshi, Pakistani, Indian), and those of non-Christian religions, were more likely to identify as 'British' than 'English' or with their ancestral homeland.[19] This research highlights identity and relationships to a host country for migrant families, can change over time and across generations.

1.2. Ethnicity data collection and the Australian maternal population

The Australian Bureau of Statistics (ABS), responsible for population census data collection, defines ethnicity as a multi-dimensional concept that may include cultural traditions and customs, shared history, geography, language, religion, and/or identification with a minority group.[20] The collection of ethnicity data relies on self-perception, and responses are coded using hundreds of categories.[20] Beyond census data collection, very few variables are used to capture ethnicity or cultural identity, with 'country of birth' routinely used as a proxy measure, particularly in clinical settings. To create a profile of Australia's birthing women, the Australian Institute for Health and Welfare (AIHW) uses maternal country of birth and Aboriginal and or Torres Strait Islander status as the two mandatory 'ethnicity related' items to be collected across all maternity facilities.[21] While some argue for the benefits of using country of birth; as easily collected and the most consistently reported,[22] others have demonstrated variation in reporting and recording accuracy of these data.[23,24]

1.3. Single variable measures of ethnicity and aggregating data to report health outcomes

Researchers have routinely used the concept of ethnicity and the variable country of birth interchangeably when reporting associations between different ethnic groups and health outcomes. This has been the subject of criticism as country of birth and ethnicity, are not equivalent measures.[25,26] Ethnicity and cultural identity are complex, dynamic, and multi-layered concepts referring to an individual's sense of identity, their relationship to the collective identity of a group and the wider social setting, which can change over time and across generations.[20,25,26] Alternatively, country of birth indicates one's geographical place of origin, which may or may not be a reliable indicator of associated factors such as diet, language, socioeconomic and migration status, and culture, especially at the individual level. Many users of country of birth and ethnicity information also commonly aggregate or transform data into more statistically manageable units, for example the widely used practice of combining countries of birth or ethnicities into collective groups such as "Asian" or "English speaking", that represent such heterogeneity as to be of questionable utility.[8,27,28] Omitting methodological details such as criteria for assigning research participants to an ethnicity, such as "Asian", in published results, is also common practice across disciplines in health research and is rarely questioned.

The population of Greater Sydney has been described as one of the most ethnically diverse in Australia with over two million residents reporting both parents were born overseas. However, little is known about how pregnant women living in Sydney identify with culture or ethnicity, or how they respond to these concepts in survey questions. In this paper we report on this issue, using open-response data extracted from a larger survey study. These data provided an opportunity to describe the relationship between women's country of birth and self-reported cultural group or ethnicity.

2. Methods

As part of a broader study investigating pregnant women's knowledge and expectations of pregnancy and birth, women attending antenatal clinics in four public hospitals servicing ethnically diverse populations in Sydney, Australia, were invited to complete a short anonymous survey (~5 min). Pregnant women of any gestation, who could read English and had not completed the survey previously, were eligible to participate. Women were recruited by research midwives and a medical student researcher on random days between July and December 2013. Further details of the study are reported elsewhere.[30]

The survey included the following two questions which are the focus of this paper:

Where were you born?

- In Australia
- Overseas (Please tell us where?)

Do you identify with any cultural group or ethnicity?

- No
- Yes (Please write the name of this group)

2.1. Data analysis

Responses to the two questions and basic demographic data were extracted from the larger survey data set, and uploaded to a separate spread sheet for analysis. Responses to the country of birth and demographic questions were initially summarised using frequency tabulations. The *cultural group or ethnicity* question elicited textual responses, so an inductive analytical approach was employed to code this data; identifying meaning units and developing thematic codes from emerging cultural categories.[31,32] The open-ended responses were coded independently by two researchers (MP, AT). Ethics approval for the study was granted by the Northern Sydney Local Health District Human Research Ethics Committee.

3. Results

Of the 850 women invited to participate, 784 completed the survey (response rate 92%). Women declined to participate due to English language difficulties, not being interested in the study, or were busy caring for child/ren. The majority of women were 25 years of age or over (95%) with a median age of 32 years, and 62% held a University degree or higher.[30] A small number of women ($n = 22$, 3%) did not answer the cultural group/ethnicity question, leaving responses from 762 women for analysis.

Among the 762 women, 469 (61.5%) were born overseas and 293 (38.5%) were born in Australia. Women nominated 68 countries of birth (including Australia) and 74 cultural groups or ethnicities. Of the 469 women born overseas, 208 (44%) identified with a cultural group or ethnicity, and 261 (56%) answered 'no' to this question. The frequency with which overseas-born women identified with a cultural group or ethnicity differed across countries of birth, for example 36% of women born in India, 48% of women born in China, and 66% of women born in Nepal. Among the 293 Australian-born women, 63 (22%) nominated a cultural group or ethnicity and 230 (78%) answered 'no' to this question. Nine women nominated 'Australian' as their cultural group or ethnicity.