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Reproductive habitus, psychosocial health, and birth weight variation in Mexican immigrant and Mexican American women in south Texas

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ABSTRACT

The Latina Paradox, or persistent, unexplained variation in low birth weight rates in recently immigrated Mexican women and the trend toward higher rates in subsequent generations of Mexican American women, is most often attributed to unidentified sociocultural causes. We suggest herein that different disciplinary approaches can be synthesized under the constructs of *reproductive habitus* and *subjective social status* to identify influences of sociocultural processes on birth weight. Reproductive habitus are "modes of living the reproductive body, bodily practices, and the creation of new subjects through interactions between people and structures" (Smith-Oka, 2012: 2276). Subjective social status infers comparison of self to others based on community definitions of status or socioeconomic status (Adler 2007). We present results from a prospective study of low-income Mexican immigrant and Mexican American women from south Texas that tested the ability of reproductive habitus and subjective social status to elucidate the Latina Paradox. We hypothesized that reproductive habitus between Mexican immigrant women and Mexican American women inform different subjective social statuses during pregnancy, and different subjective social statuses mediate responses to psychosocial stressors known to correlate with low birth weight. Six hundred thirty-one women were surveyed for psychosocial health, subjective social status, and reproductive histories between 2011 and 2013. Eighty-three women were interviewed between 2012 and 2013 for status during pregnancy, prenatal care practices, and pregnancy narratives and associations. Birth weight was extracted from medical records. Results were mixed. Subjective social status and pregnancy-related anxiety predicted low birth weight in Mexican immigrant but not Mexican American women. Mexican immigrant women had significantly lower subjective social status scores but a distinct reproductive habitus that could explain improved psychosocial health during pregnancy. Results underscore the importance of a biopsychosocial, mixed methods approach that integrates anthropology, psychology, and epidemiology in the effort to understand the complex dynamic between sociocultural processes and birth weight.

1. Introduction

The Latina Paradox, or persistent, unexplained variation in low birth weight rates in recently immigrated Mexican women and the trend toward higher rates in subsequent generations of Mexican American women are most often attributed to unidentified sociocultural causes (McGlade et al., 2004; Goss et al., 1997). Epidemiological and anthropological research has identified possibilities, including different normative practices of social support (Harley and Eskenazi, 2006 but see Fleuriet, 2009a), attitudes toward pregnancy (Fleuriet, 2009b; Zambrana et al., 1997), and constructions of responsibility and risk (Gálvez, 2011, 2012). Such contextual data have yet to be tied to actual birth weight, in part because a theoretical framework has not been tested that can link different disciplinary approaches in a biopsychosocial research design. In this article, we use the anthropological framework of *reproductive habitus* (Smith-Oka, 2012, 2013) and the psychological construct of *subjective social status* (Adler and Stewart, 2007) to integrate different disciplinary approaches to help explain the Latina Paradox. Reproductive habitus are "modes of living the

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reproductive body, bodily practices, and the creation of new subjects through interactions between people and structures" (Smith-Oka, 2012: 2276). Reproductive habitus are largely unconscious bodily practice and orientations that reflect structural relations of categorical inequalities, such as class, ethnicity, and gender (Smith-Oka, 2012, 2013). Subjective social status measures one's sense of self in comparison with community definitions of high status or external definitions of high socioeconomic status (Adler and Stewart, 2007). We suggest that Mexican immigrant women's experiences of living in the United States catalyze a significant shift in reproductive habitus. Novel, emergent constructions of class, ethnicity and gender result in lower subjective social status and psychosocial health during pregnancy and, subsequently, lower infant birth weights.

The use of reproductive habitus and subjective social status necessarily entails a mixed methods research design. Our project draws from the epidemiology of low birth weight, health and social psychology, and the anthropology of reproduction. Below, we detail contributions from each discipline to the understanding of the low birth weight and/or the Latina Paradox. Then, we present results from a prospective, mixed methods project with 631 low-income Mexican immigrant and Mexican American women that tested the ability of the construct of subjective social status to elucidate the relationship among reproductive habitus, psychosocial health variables in birth weight, and birth weight.

Throughout, we treat pregnancy as a biopsychosocial experience. Our use of *biopsychosocial* intentionally invokes: Engel's (1980) early call for biomedical research and practice to recognize multiple levels of influences on health; Paul Rabinow's theoretical discourse on biosociality (1996) emphasizing social relations which emerge from diagnostic categories; and more recent psychological work on birth outcomes explicitly calling for incorporation of cultural process as a variable of analysis (e.g., Dunkel Schetter and Lobel, 2012). *Biopsychosocial* will thus refer herein to the relationship between sociocultural environments and relations, culturally mediated psychological responses, and individual experience as well as to the pathways by which this relationship could influence birth outcomes.

1.1. Contributions from epidemiology: the Latina Paradox

Epidemiologists were the first to identify the Hispanic Paradox, which refers to physical and mental health outcomes of recent, low-income immigrants from Latin America that are significantly more robust than anticipated, given immigrants' epidemiological profile (Franzini et al., 2001). A distinct subset of the Hispanic Paradox, the Latina Paradox is the lower incidence of low birth weight among recently immigrated Mexican and Central American women (Flores et al., 2012), despite less prenatal care, lower socioeconomic status, and lower levels of formal education (McGlade et al., 2004; Acevedo-Garcia et al., 2007). Standard risk variables of advanced age, smoking, drug use, poor diet, and higher number of children cannot fully explain the Latina Paradox (McGlade et al., 2004 for review).

1.2. Contributions from psychology: prenatal stress and anxiety, subjective social status

Health psychologists have connected psychosocial health and birth outcomes, leading to calls for biopsychosocial work on unexplained birth weight variation (Dunkel Schetter and Glynn, 2011). Social environments can act as stressors to influence psychosocial and psychological stress responses, including perceived social stress, pregnancy-related anxiety, and depression, known to correlate with low birth weight due to small-for-gestational-age infants or pre-term delivery (Dunkel Schetter and Glynn, 2011 for review). For example, higher levels of perceived stress correlate with higher levels of cortisol, a biological stress response, which, in turn, correlate with lower birth weights (Diego et al., 2006; Ruiz et al., 2006; Bolten et al., 2011). Pregnant Mexican immigrant women have lower levels of perceived social stress, depressive symptoms, and cortisol levels than pregnant Mexican American women (D'Anna-Hernandez et al., 2012; Rini et al., 1999). However, Mexican immigrant women have higher levels of pregnancy-related anxiety (PRA) than Mexican American women, though PRA does not appear to correlate with birth weight (Zambrana et al., 1997) as in other populations (Dunkel Schetter and Glynn, 2011). It is unknown why pregnant Mexican immigrant women have this particular psychosocial health profile during pregnancy.

What also remains unanswered is the mechanism(s) that could differentially mediate the relationship between similar stressors and birth weight in Mexican immigrant and Mexican American women. Pulling from social psychology, we suggest the mechanism may be subjective social status. The perception of one's social status in relation to either one's local community or country independently correlates with mental and physical health (reviewed in Nobles et al., 2013; Dressler, 2010). It correlates with levels of perceived social stress and depressive symptoms (Hamad et al., 2008; Demakakos et al., 2008; Adler et al., 2008). Subjective social status is influenced by cultural referents that can change with age, health condition, or immigration (Nobles et al., 2013; Franzini and Fernandez-Esquer, 2006). The relationship between subjective social status and birth weight has not been tested.

1.3. Contributions from anthropology: reproduction, reproductive habitus

Anthropological research links the individual's experience of health inequality to surrounding sociocultural environments and power dynamics, such as gender roles, authoritative biomedical knowledge, and other forms of institutionalized inequality. Anthropological approaches privilege contextual data to explain health inequalities. Anthropologists have demonstrated that pregnancy is a key cultural symbol for social and biological production (Jordan, 1993/1978; Davis-Floyd and Sargent, 1997; Rapp, 2001; Han, 2013; Inhorn, 2003). Pregnancy as a symbol is multivalent, carrying other culturally specific meanings, such as socioeconomic status (Lazarus, 1994; Inhorn, 2003; Han, 2013), religious affiliation (Gerber, 2002), ethnic identity (Smith-Oka, 2012); political affiliations (Ginsburg, 1989; Sargent 2006), citizenship (Chávez, 2001, 2004; Sargent, 2006) and national identity (Van Hollen, 2003; Ivry, 2010). The way a woman experiences and values her pregnancy is thus a direct response to culturally informed statuses, but this has yet to be measured or tested with actual birth outcomes. Our project employs reproductive habitus as way to understand how a woman makes sense of her pregnancy in ways that could inform her social status while pregnant.

A newly coined concept by Smith-Oka (2012, 2013), *reproductive habitus* capture women's orientations to reproductive experiences that "links the larger structure of power to the intimate ways the women lives their bodies" (Smith-Oka, 2013:78), a "continual interaction between their dispositions, constraints and possibilities of reality" (82). Reproductive habitus include both unique aspects due to personal experience and shared aspects of women's orientations to reproduction tied to motherhood, biomedicine, nation-building and other larger socializing forces (Jordan, 1993; Davis-Floyd and Sargent, 1997; Gálvez, 2012; Ivry, 2010; Smith-Oka, 2013; Van Hollen, 2003). Reproductive habitus' utility for the present argument is its ability to contextualize and explain pregnant women's understandings of themselves in relation to others