



ELSEVIER

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi



Original Research - Qualitative

Conceptions of pregnancy health and motivations for healthful behavior change among women in American Samoa

Erica L. Kocher^a, Jeanette M. Sternberg Lamb^b, Stephen T. McGarvey^c, Mata'uitafa Faiai^d, Bethel T. Muasau-Howard^e, Nicola L. Hawley^{f,*}

^a Sociology Department, Yale University, New Haven, CT, USA

^b Development Studies Department, Brown University, Providence, RI, USA

^c International Health Institute, Department of Epidemiology, School of Public Health, Brown University, Providence, RI, USA

^d Division of Natural Science and Mathematics, Chaminade University, Honolulu, HI, USA

^e Department of Obstetrics and Gynecology, Lyndon B Johnson Tropical Medical Center, Pago Pago, American Samoa

^f Department of Chronic Disease Epidemiology, Yale School of Public Health, 60 College Street, New Haven, CT 06520-8034, USA

ARTICLE INFO

Article history:

Received 15 December 2016

Received in revised form 22 May 2017

Accepted 6 June 2017

Available online xxx

Keywords:

Pregnancy

Behavior change

Stages of change

Motivation

American Samoa

ABSTRACT

Background: American Samoan women are particularly at risk of obesity-related non-communicable disease (NCD), requiring efficacious interventions to protect their health and that of their infants. Prior studies have identified pregnancy as an ideal time for behavior change interventions related to NCD.

Aim: This study aimed to understand American Samoan women's conceptions of health during pregnancy, their motivations for pregnancy behavior change, and the role of their family in both enabling and preventing these changes.

Methods: Eighteen women (2–19 weeks post-partum) completed semi-structured interviews that explored their experiences of pregnancy-related behavior change and social support. A thematic analysis identified prominent themes. A stages of change framework was used to describe the sample's readiness for behavior change.

Findings: Participants expressed a Westernized conception of health during pregnancy that focused on eating a balanced diet and exercising regularly; behaviors that would usually be stigmatized outside of pregnancy. Many were in the contemplative/pre-contemplative stages of change, although some reported initiating healthful behaviors in pregnancy. Participants overwhelmingly described external motivations for adopting healthy behaviors, most notably the perceived benefit to their baby. During pregnancy, women reported protective treatment from their families as a result of communal ownership over the baby that is potentially limiting for women's agency over their health.

Conclusions: This study confirmed pregnancy as an opportune moment for health behavior intervention, especially within the context of Samoan culture. Future efforts should capitalize on external motivations for behavior change but also encourage the development of internal motivators to sustain changes initiated in pregnancy post-partum.

© 2017 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.

Statement of significance

Problem

Little is known about American Samoan women's understanding of pregnancy health or their motivations for healthful behavior change during this period, which is

important information for designing behavior change interventions.

What is already known

Pregnant women in other settings are motivated to adopt healthy behaviors during pregnancy because of the perceived benefit to their baby.

What this paper adds

Pregnancy is an opportune moment for health behavior intervention in American Samoa. External motivations,

* Corresponding author.

E-mail address: nicola.hawley@yale.edu (N.L. Hawley).

most notably the baby's health, may be capitalized upon during pregnancy to promote healthful behavior change, but internal motivators must also be identified for longer-term sustainability.

1. Introduction

In 2012, 68% of global deaths were attributable to non-communicable diseases (NCDs), an increase from 65% in 2008. 1,2 NCD attributable deaths are projected to continue to increase by 15% between 2010 and 2020, with this burden disproportionately affecting low and middle income countries.¹ Women's health behaviors during pregnancy can have serious long term effects on their health and likelihood of developing NCDs. Increased gestational weight gain during pregnancy is associated with increased risk of developing gestational diabetes.³ Women who have gestational diabetes are also at greater risk of developing Type 2 diabetes post-partum.⁴ Excess gestational weight gain increases a woman's risk for weight retention post-partum, putting her at higher risk of developing NCDs including cardiovascular and metabolic disorders.^{5–7} Ill health of pregnant women and the associated behaviors during pregnancy can also negatively impact their children's health and increase their risk of developing NCDs into their adult lives. Women who are overweight during pregnancy are more likely to give birth to babies who are large for gestational age. These babies are more likely to be overweight throughout their lives, as well as being more likely to develop high blood pressure and metabolic syndrome.^{8–12}

Pregnancy has, however, been identified as a time in the life course where NCD prevention could be particularly effective.¹³ Phelan describes pregnancy as an 'opportune moment' for behavior change because women's concern for the health of their baby makes them more open to altering their diet and exercise habits.¹³ Additionally, for many women, pregnancy is a period during which they have increased interaction with the medical system, providing an opportunity for education about NCDs, screening for risk factors, and monitoring and reinforcement of behavioral changes. Prior studies in China and Norway have found that focusing on the diet and exercise habits of pregnant women is an effective approach for reducing the prevalence of gestational diabetes, macrosomia, and excessive gestational weight gain.^{14,15}

American Samoa, a U.S. territory in Polynesia, faces an unusually high burden of overweight and obesity, which are both risk factors for and consequences of NCDs. As of 2002, which is the most recent data available, 95% of adults in American Samoa were either overweight or obese.¹⁶ A study of prenatal care records spanning 2001–2008 found that 52% of women were obese and 34% were overweight going into pregnancy based on early pregnancy BMI, calculated at 13 weeks.¹⁷ This significant burden of obesity and the intergenerational impacts of maternal health make interventions during pregnancy particularly important in the population of American Samoa.

The continued importance of *Fa'aSamoa*, "the Samoan way" of living, represents both an asset and potential barrier that must be uniquely accounted for in designing interventions to improve the health of pregnant women in American Samoa. Health is central to *Fa'aSamoa*, and adherence to this way of living is believed to lead to good health.¹⁸ However, Samoan culture traditionally valued heavier body weights as representing strength and good health and large community feasts are a regular occurrence and an important part of cultural life.^{19–23} Additionally, exercise was not traditionally considered a part of *Fa'aSamoa*, with activities like walking or jogging regarded as disruptive to village life and perceived to be symbolic of low

socioeconomic status or not being able to afford other transportation.²⁴ Contrary to these traditional views, there has been more recent acceptance of the connection between health and physical activity, with exercise increasingly viewed as a way to lose weight and become healthier.²⁵

Like many societies in the Pacific, American Samoa is collectivist, meaning that individual decisions are undertaken by the family or community group and with this larger group's interests in mind.²⁶ Although American Samoa has become increasingly westernized, extended family networks remain central to life and health in American Samoa. Wellbeing has been generally defined as the "optimal state for the individual, community, society and world as a whole."²⁷ In the context of Samoan culture, family, or *aiga*, is therefore considered one of the components of wellbeing and is central to health decisions and the decision making process.^{28–30} As pregnancy is one of the most important times for a woman's health, a woman's family is necessarily involved in her health and decisions. As with *Fa'aSamoa* more broadly, the important role of family in Samoan culture has the potential to be both an asset and a barrier in terms of health interventions during pregnancy: while the collective mentality provides women with a number of people in their lives trying to look after their health and needs, the collectivist family structure may also limit women's freedom to make choices that contradict what her family believes is best.

To inform future interventions and better enable providers to care for Samoan women, this study aimed to understand women's conceptions of health and a healthy lifestyle during pregnancy, their motivations for and barriers to behavior change, and the role of their family as both enabling and preventing these healthy behaviors.

2. Methods

2.1. Study design

Individual in-depth interviews were used to elucidate women's attitudes towards health, behavior, and the role of family during pregnancy. Data were collected over a twelve-week period between June and August 2014. Individual interviews were preferred for this investigation, over focus groups, based on prior experience in the Samoan setting which suggested that the Samoan culture promotes conformity to group norms in a focus group setting.^{29,31}

2.2. Study sample

A convenience sample of 18 women who had given birth to a child in the past 12 months (Samoan ethnicity, ≥ 18 years old at the time of recruitment) were recruited into the study during their visits to the Well Baby Clinic at the Tafuna Family Health Center in Tafuna, American Samoa. Located in the Western District of American Samoa, the Tafuna Family Health Center operates under the Department of Health and provides primary care services, including prenatal care and well baby/immunization visits, to the urban population in Tafuna and the surrounding area. Participant demographic information is presented in Table 1.

Participants were approached in person in the waiting room of the Well Baby Clinic by a study research assistant, and invited to participate. Interested and eligible participants received a description of the study purpose and procedures. The research assistants described the goals of the study, stressed the voluntary nature of participation, and explained clearly that women's care at the clinic was not dependent on their participation in this independent research study. Written informed consent was obtained from all participants.

Download English Version:

<https://daneshyari.com/en/article/8566132>

Download Persian Version:

<https://daneshyari.com/article/8566132>

[Daneshyari.com](https://daneshyari.com)