

Living in ethnic enclaves may improve pregnancy outcomes for Asian/Pacific islanders

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Among Asian/Pacific Islander women living in the United States, those who reside in ethnic enclaves—areas with a high concentration of residents of a similar ancestry—are less likely to have pregnancy or birth complications than those living in other areas, suggests a study by researchers at the National Institutes of Health and other institutions. The findings appear in the *Journal of Racial and Ethnic Health Disparities*.

Women in enclaves were less likely to have [gestational diabetes](#), to deliver preterm, or to have an infant who was small for gestational age (a possible indicator of failure to grow adequately in the uterus). The researchers theorize that living in ethnic enclaves may improve health by offering easier access to health professionals of similar ancestry, access to traditional diets that are healthier than typical U.S. diets, and less incentive to engage in unhealthy habits like smoking and [alcohol abuse](#).

"Our findings suggest that providing Asian/Pacific Islanders with culturally appropriate health care resources may be a key factor in overcoming disparities," said the study's senior author, Pauline Mendola, Ph.D., of the Epidemiology Branch at NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

The U.S. Census Bureau defines "Asian" as a person having origins in the original peoples of the Far East, South East Asia or the Indian

Subcontinent. Pacific Islanders have origins among the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

To conduct the study, researchers analyzed data from more than 8,400 women of Asian/Pacific Islander heritage who took part in a study on labor and delivery at 19 hospitals throughout the United States. They estimated the ethnic makeup of the women's communities from Census data and the American Community Survey from the National Historical Geographic Information System, which is supported in part by NICHD.

Compared to Asian/Pacific Islander women who lived in other areas, those who lived in ethnic enclaves were 39% less likely to develop gestational diabetes, 26% less likely to deliver preterm, and 32% less likely to have an infant small for gestational age.

The researchers noted that residents of ethnic enclaves often have stronger social networks than ethnic minorities who live elsewhere. They theorized that these social ties may ease the stress of discrimination and reduce the likelihood of resorting to unhealthy coping mechanisms, such as smoking and alcohol use. Moreover, residents of ethnic enclaves may have more access to health-relevant goods and services. For example, access to ethnic grocery stores make it possible to maintain traditional diets, which are healthier than a typical U.S. diet. Similarly, residents of ethnic enclaves may have access to health care providers of similar ancestry, who can provide culturally relevant health care information in a native language.

The authors concluded that their results suggest that improving access to culturally appropriate resources among Asian/Pacific Islander communities may improve [health](#) promotion efforts in these populations. They noted that the records they analyzed did not include information on the women's ancestry or immigration history. For this reason, they could not detect differences in pregnancy outcomes between Asian or Pacific

Islander ancestry groups.

Provided by NIH/Eunice Kennedy Shriver National Institute of Child Health and Human Development

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