Un Comienzo Sano: A Model Prenatal Education Project

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Abstract: A prenatal education intervention for low income, Hispanic women living in the farmworker communities of Arizona was developed with three major elements: 1. A delivery system utilizing a group of mature Hispanic women recruited from the target communities and trained as "Comienzo Sano" (healthy beginning) Promotoras. The Promotoras helped design a prenatal curriculum, recruited participants for the classes, and facilitated classes and field trips and made home visits during and after pregnancy. Comienzo Sano groups meet two hours weekly for twelve weeks. 2. A Spanish language prenatal education teacher's guide was developed for teaching by nonprofessionals to be used especially among women seeking are late in pregnancy. 3. A support network of local health professionals was organized. This group participated in Promotora training; arranged for field trips to their agencies; acted as guest experts at the Comienzo Sano groups,and planned to adapt and continue the project beyond its initial funding. This approach to prenatal education is culturally and linguistically appropriate. It is grounded in a social network likely to persist beyond the formal intervention. It trains community leaders likely to remain active after the intervention. It creates a knowledgeable community.

Introduction

A recent study by the Arizona Department of Health Services contains startling statistics on prenatal care, low birthweight, and infant mortality in Arizona (1). Among the important findings are that Arizona has experienced a dramatic increase in the number of births since 1975; the rate of women receiving no prenatal care has increased since 1979; Black, Hispanic and American Indian women are four times more likely than Anglos (non-Hispanic whites) to receive no prenatal care; women who receive no prenatal care have five times the rate of very low birthweight babies and almost three times the rate of low birthweight babies as women with adequate care.

In 1984 Yuma County, the site of our project, had a birth rate (20.4/100,000) substantially above that of Arizona (17.9) and the U.S.(15.7). In 1985, 48% of the births in Yuma County were to Hispanic mothers, whereas only 33.2% of the population was Hispanic. Moreover, Yuma County has the second highest rate in Arizona of women who receive inadequate prenatal care. Yuma County lies on the U.S.-Mexico border at

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the southwest corner of the state, adjoining California to the west and Mexico to the south.

The overall goal of the Comienzo Sano intervention was to develop a model prenatal education program for low income Hispanic women living in the migrant and seasonal farmworker communities of Somerton, San Luis, and Yuma, in the southwestern border area of Arizona. This program includes three major elements:

1. A delivery system utilizing indigenous leadership, namely a cadre of mature Hispanic women, known as "Promotoras," (literally, promoters; in the context of this project, a term commonly used in Mexico for lay health workers) who are recruited from the target communities and trained by the project staff and local health professionals. The Promotoras in turn recruit participants from among the pregnant women in their communities and facilitate the group meetings, discussions, and field trips during which the curriculum is presented.

2. A Spanish language prenatal education guide, Un Comienzo Sano.

3. A support network of local health professionals in Yuma County.

Recent studies and other innovative projects tend to validate our intervention model. The Centro de Estudios Fronterizos del Norte de Mexico, a prestigious research institute located in Tijuana, Baja California, found that maternal role models are the most important source of information about pregnancy and childbirth to pregnant women and that medical providers are generally not sought out for care other than delivery itself (2). The July, 1988 issue of Migrant Health Newsline reports on two successful projects using lay health advisers, one in Michigan and the other in North Carolina. Both programs train migrant women, but neither program focuses on prenatal education except as a subtopic of women's health.

Comienzo Sano uses a peer counseling/support group model. Although there is a paucity of research on mutual support groups for Hispanic women, there are some studies that have examined the short-term treatment of small groups of Hispanic

women and that find group therapy an effective means of treatment (3,4,5). In another study, a small group approach was implemented to meet the educational and emotional needs of a Hispanic prenatal hospital population which the staff had characterized as "hysterical" and "hard to manage" during labor and delivery. Group sessions revealed that this behavior was due principally to lack of preparation and emotional support. Staff-patient communication improved, and the quality of care was enhanced (6).

The importance of maternal role models (mothers, aunts, comadres) to young Hispanic women is a key to our model. In a recent study conducted in Maricopa County, Arizona, only 21.6% of all mothers with babies under one year of age identified a formal health care provider as having been their most helpful source of information during pregnancy. 70.8% of the mothers identified their own mothers, sisters, partners, relatives, or friends as the main source of information (7). Warrick estimates that the percentages of mother, aunt, or comadre identified as the most helpful source by Hispanic respondents may be as high as 80% (8). Jasis confirms these findings in her border area study (2).

Health care providers and others working with pregnant Hispanic women in the southwestern U.S. have noted anecdotally that the acculturation of second and third generation Hispanic women may have a detrimental effect on behaviors such as diet and substance abuse (including smoking). Hence, educational intervention during pregnancy may be more critical for them. In addition, changes occurring in the second or third generation Hispanic family may leave some women without the strong family ties that may afford some protection of their health.

Methods

A Spanish language prenatal curriculum, Un Comienzo Sano, (A Healthy Beginning) was developed by professional consultants and a group including project staff and medical students who were working at a prenatal clinic in Tucson. It was pilot tested and then revised by the project director. The curriculum was designed as a

quasi-script to make it easier for lay teachers to use. After pilot-testing, the original six classes were expanded to twelve (the original intent had been to reach women late in their pregnancies when only a few classes could be provided. Figure 1 displays the contents.

Figure 1

(Note: This revised preliminary draft incorporates new topics as well as the change from six to twelve classes, each class approximately two hours in length.)

CURSO PRENATAL: UN COMIENZO SANO

CONTENIDO

CLASE 1

Introducción y Registración (1)**
Investigación y discusión (1)
Programas publicas para la atención medica prenatal*
Cómo ocurre el embarazo (1)
Introducción a los ejercicios*

CLASE 2

Desarrollo del feto - ¿cómo parece mi bebé ahorita? (1)
Cambios en la mujer - primer trimestre (1)
Programa de exámenes prenatales (2)
Recursos de la comunidad - AHCCCS, SOBRA, etc.*
Ejercicios y relajación (1,2, etc.)

CLASE 3

Nutrición para la mujer (1)
El alcohol, el cigarro, las drogas (1)
Ejercicios y relajación

CLASE 4

Introducción (2)
Desarrollo del feto - segundo y tercer trimestres (2)
Cambios en la mujer - segundo y tercer trimestres (2)
Cambios emocionales durante el segundo trimestre (2)
Señales de peligro (2)
Indicaciones del comienzo del parto (2)
Ejercicios y relajación

*New material, not yet incorporated into text of curriculum
**Numbers in parentheses refer to the class number in the original, six-class curriculum.

CLASE 5

Introducción a la preparación para el parto (2)
El parto*
Las tres etapas del parto*
Indicaciones de que comienza el parto (4)

Cuando la fuente se rompe*
Escuchando al corazón del feto*
Las inyecciones I.V.*
Relajación

Respiración
La participación del acompañante(4)
Ejercicios

CLASE 6

Repaso del parto*
Otros procedimientos que se usan durante el parto (4)
Complicaciones (4)
Anormalidades*
Operación cesarea (4)
Dificultad del feto*
Ejercicios

CLASE 7

Apariencia de un recién nacido (3)
El lazo o vínculo (3)
Nutrición para el bebé (3)
Asientos infantiles de seguridad (3)
Cuidado del bebé (3)
Circuncisión (3)
Adaptando la responsibilidad de padre de familia (3)
Relajación y respiración (3)
Ejercicios

CLASE 8

Relaciones sexuales (2)
La planificación familiar (6)

CLASE 9

Repaso de las relaciones sexuales*
Repaso de la planificación familiar*
Discusión*
Dar pecho (con el video "Dar Pecho") (3)

CLASE 10

Repaso de dar pecho*
Cuidado de la madre después del parto*
Incomodidades (5)
Aspectos sociales, culturales y familiares (5)
Remedios caseros y tradicionales - los que sirven y los que no sirven*
Ejercicios

CLASE 11

La atención pediátrica*
Registración al hospital*
Cuidado del bebé (6)
Ejercicios

CLASE 12

Repaso del curso: preguntas, discusión*
Otros recursos de la comunidad (nombres, direcciones, teléfonos)*
Evaluación (6)
Ceremonia de graduación*

A halftime program trainer/coordinator was recruited. The coordinator, who was a nurse midwife, was partially bilingual and was reasonably familiar with Mexican culture. We also recruited, as a consultant, a Mexican-American woman who worked in the county WIC program. She was completely bilingual and bicultural, knew the Hispanic community, and had been a farmworker herself. She and the coordinator then recruited nine women to train as promotoras. Eight of them were paid (which stretched the budget to its limit), and the ninth asked to volunteer.

The Promotoras received two months of training, meeting for at least two hours each week, completing homework assignments and class presentations and conducting a gala graduation ceremony and dinner at the completion of training. Certificates of completion were awarded by the University of Arizona's Rural Health Office. During the training the promotoras began to market the Comienzo Sano classes by advertising on the radio, through posters and flyers, and by word of mouth. Each promotora was to recruit up to ten women for her class.

Classes were planned in the three communities of Yuma, San Luis, and Somerton. In San Luis, which is directly on the border, many participants came from the Mexican side, just as many of Yuma's farmworkers do, crossing each day to work in the fields and returning to Mexico in the evening.

Women were welcome to the classes regardless of their stage of pregnancy. There was no charge for the classes. The Promotoras asked for a commitment to attend and spent considerable time on the telephone and, later, making home visits, to ensure attendance and deal with any problems that arose.

At the end of the twelve weeks cycle the participants and the promotoras evaluated the classes, took a one week break, and began the next cycle.

Results

The response of the community to the Comienzo Sano classes has been nearly overwhelming. As a result of word-of-mouth, radio, and poster advertising, the first cycle enrolled over 80 women, whereas plans had called for a maximum of fifty. Three additional promotoras were recruited and trained, and a ninth volunteered when the project budget reached its limit. The second cycle, which was taught during the summer when many farmworker families are in California working in the lettuce fields, reached approximately fifty women. The third cycle begins November 15, 1988, and enrollment has been heavy to date.

The high degree of family involvement in the classes was unexpected and very welcome. Husbands, boy friends, mothers, aunts, and grandmothers have attended many of the classes. Special projects, such as making toys and cradles, have been developed especially for fathers. Another surprise has been the attendance of multiparous women. Interviews with the participants and the promotoras indicate that a high level of felt need for information has motivated the women. Many of them knew little about fetal development, changes in the mother during pregnancy, good nutrition or exercise, or

about labor and delivery. For some, their hope that the project would also facilitate their obtaining clinical care was an important factor.

Comienzo Sano has, in fact, aided several women in securing clinical care. The promotoras have provided information on local providers, including obstetricians and midwives, the regional medical center, and the state and county's indigent health care system. More important, the promotoras have assumed the role of advocate for those women having difficulties in securing care.

Comienzo Sano quickly became more than a prenatal education program. Largely because of the extent of need of the participants and the intense commitment of the promotoras, it has become a family support system, focused on but not limited to issues of pregnancy and infancy. It is not surprising that the families of participants typically have multiple needs related to health, employment, living conditions, and education and, in several cases, residency status in the U.S. In the absence of other social agencies with the staff or the mandate to address this range of problems, the promotoras have tried to meet the needs for support and advocacy. Home visits have become a regular, if nevertheless informal, part of the Comienzo Sano project. Warrick, in her preliminary evaluation, called the promotoras a "lifeline" to the participants (9).

The program has made a significant impact on the lives of the promotoras. They were originally selected on the basis of interest, local reputability, familiarity with the community, and assessment of potential teaching and leadership skills. They have an average sixth grade educational level, and most of them work part-time at another job. Interviews conducted during the project's first year indicate considerable enhancement of self-esteem and sense of efficacy. The promotoras have come to identify themselves as educators, which they have indeed become, and as people of value and influence within the community -- which they are, too.

In addition to the qualitative changes measured through extensive, ethnographic interviews, program evaluation will also focus on specific behavioral changes. These include diet, exercise, use of alcohol, tobacco and other drugs, and patterns of use of perinatal clinical care. As the numbers of women served increase, it will be possible to compare birth outcomes, as measured primarily by birthweight, to those of a control group.

Discussion

Un Comienzo Sano has exceeded our expectations, both in extent and enthusiasm of response and in its ability to deliver an educational support program. The project design, emphasizing the use of community-based lay educators, an approach frequently encountered in the Third World, obviously works in the Hispanic farmworker communities of Arizona. Will it work in other kinds of communities? Public health nurses in Pinal County, Arizona, have adapted the program for a Black farmworker community. The state health department is considering implementing the program in other English-speaking communities as well.

Comienzo Sano appears to be cost-effective compared to other prenatal intervention programs. The cost is approximately $200/participant. If the project is shown to contribute to improved birth outcomes and the prevention of birth complications it will be even more financially attractive. Now entering its second year, Comienzo Sano has become a joint project of the Yuma County Health Department and the Western Arizona Area Health Education Center, with partial funding from the March of Dimes.

The importance of the advocacy role of the promotoras has become more apparent over time. Although included in the initial training and curriculum, advocacy has come to play an important role in helping participants learn and manage the "bureaucratics" of the health care system. Because of the multiple barriers to prenatal

care and the relative lack of interest among some local providers, the promotoras have experienced frustrations for which neither they nor we were well prepared.

If, in addition to these frustrations, one recognizes the pressures of being a "lifeline" to many women in need, then the potential "burn-out" of the promotoras becomes a salient issue which the project must address. Additional, specialized training is needed. The support of a local network of health professionals also needs to be made a more integral part of the program. The promotoras have asked for more ongoing training than was originally provided, to help them deal with the numerous questions they cannot answer during classes as well as to enable them to increase their expertise. They also need time off from the classes, and this has been built into the program during the slow summer months.

Participants are encouraged to continue to attend classes post-partum. Among other benefits, this provides a natural and lively situation in which to deal with infant care and parenting issues. A parenting education program, such as Avance in San Antonio, Texas, would be an appropriate follow-up to Comienzo Sano.

Finally, barriers to prenatal care remain and must be addressed politically if these women are to have what should be theirs -- comprehensive prenatal care -- by right. Between the labyrinth of AHCCCS (Arizona's alternative to medicaid), the insularity of the state's Department of Economic Security, the impoverishment of the counties, the inscrutability of the Immigration and Naturalization Service, and the indifference of some of the medical community, it is no wonder that we do so poorly by these mothers and their infants.

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References

1. Arizona Department of Health Services, Division of Family Health Services. A report on prenatal care, low birthweight and infant mortality. Phoenix, Az., 1987.
2. Jasis, M. Creencias y tradiciones sobre salud prenatal, Tijuana Baja California Centro de Estudios Fronterizos del Norte de Mexico, 1985.
3. Boulette, T.R. Assertive training with low income Mexican American women. Psychotherapy with the Spanish Speaking, Los Angeles, SSMHRC, 1976.
4. Comas-Diaz, L. Effects of cognitive and behavioral group treatment on the depressive symptomatology of Puerto Rican women. J. consulting and Clinical Psychology 1981; 49(5): 627-32.
5. Hynes, K. and Werbin, J. Group psychotherapy for Spanish-speaking women. Psychiatric Annals 1977; 7(12): 52-63.
6. Cooper, E.J. and Cento, M.H. Group and the hispanic prenatal patient. Am. J. Orthopsychiatry 1977; 47(4): 689-700.
7. Warrick, L. Barriers to prenatal care, Maricopa County. Unpubl, 1986.
8. . Personal communication.
9. . Evaluation of Un Comienzo Sano: program implementation and families served. Unpubl, 1988.

Addendum

The passage of Proposition 106 -- "English Only" -- in Arizona places Un Comienzo Sano and other programs, such as the state's new pregnancy hotline, in jeopardy.