Resilience During Pregnancy by Race, Ethnicity and Nativity: Evidence of a Hispanic Immigrant Advantage

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The similar socioeconomic position of black and Hispanic women coupled with better birth outcomes among Hispanic women is termed the "Hispanic Paradox." However, birth outcome disparities among Hispanic women exist by maternal nativity. Persistent unequal exposure over time to stressors contributes to these disparities. We hypothesized that variation in maternal resilience to stressors also exists by race, ethnicity, and nativity. We utilized data from the Spontaneous Prematurity and Epigenetics of the Cervix study in Boston, MA (n = 771) where resilience was measured mid-pregnancy using the Connor Davidson Resilience Scale 25. We assessed resilience differences by race/ethnicity, by nativity then by race, ethnicity, and nativity together. We also assessed the risk of low resilience among foreign-born women by region of origin. We used Poisson regression to calculate risk ratios for low resilience, adjusting for maternal age, education, and insurance. Resilience did not differ significantly across race/ethnicity or by foreign-born status in the overall cohort. US-born Hispanic women were more likely to be in the low resilience tertile compared with their foreign-born Hispanic counterparts (adjusted RR 3.52, 95% CI 1.18-10.49). Foreign-born Hispanic women also had the lowest risk of being in the low resilience tertile compared with US-born non-Hispanic white women (aRR 0.33, 95% CI 0.11-0.98). Resilience did not differ significantly among immigrant women by continent of birth. Overall, foreign-born Hispanic women appear to possess a resilience advantage. Given that this group often exhibits the lowest rates of adverse birth outcomes, our findings suggest a deeper exploration of resilience among immigrant Hispanic women.

Journal:

Journal of Racial and Ethnic Health Disparities
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