

Understanding Health Priorities, Behaviors and Service Utilization among Brazilian Immigrant Women: Implications for Designing Community-Based Interventions

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ABSTRACT

Brazilians represent a large, growing proportion of immigrants in the United States. Little is known about their health priorities, behaviors or use of healthcare. We sought to gather formative data to understand the needs of Brazilian immigrant women to guide public health interventions.

We conducted five focus groups (n=47) with Brazilian women. We also conducted 13 key informant interviews with representatives from Brazilian-serving health and social service organizations in the area.

Most reported good access to healthcare and perceived the quality of services to be superior to those available in Brazil. However, many participants also reported challenges with interpersonal communication with providers, dissatisfaction with a perceived unwillingness from providers to order medical tests or prescribe treatment, and limited access to mental health services. Mental health, occupational health and safety, and domestic violence were health concerns. Interventions to address these issues are needed. Potential venues for future interventions include faith-based settings and those that employ social media.

METHODS

Data Collection

Key Informant Interviews

- Semi-structured, 30-45 minutes, snowball sampling
- Broad range of multiple community sectors

Focus Groups

- *Eligibility:* Women, over 18, born in Brazil
- Moderated by bicultural + bilingual RAs
- *Semi-structured guide assessing:* 1) priority health concerns, 2) factors impacting physical and mental health, 3) barriers to access and receipt of healthcare services, 4) cultural and linguistic factors to be considered in interventions

Analysis

13 Key Informant Interviews

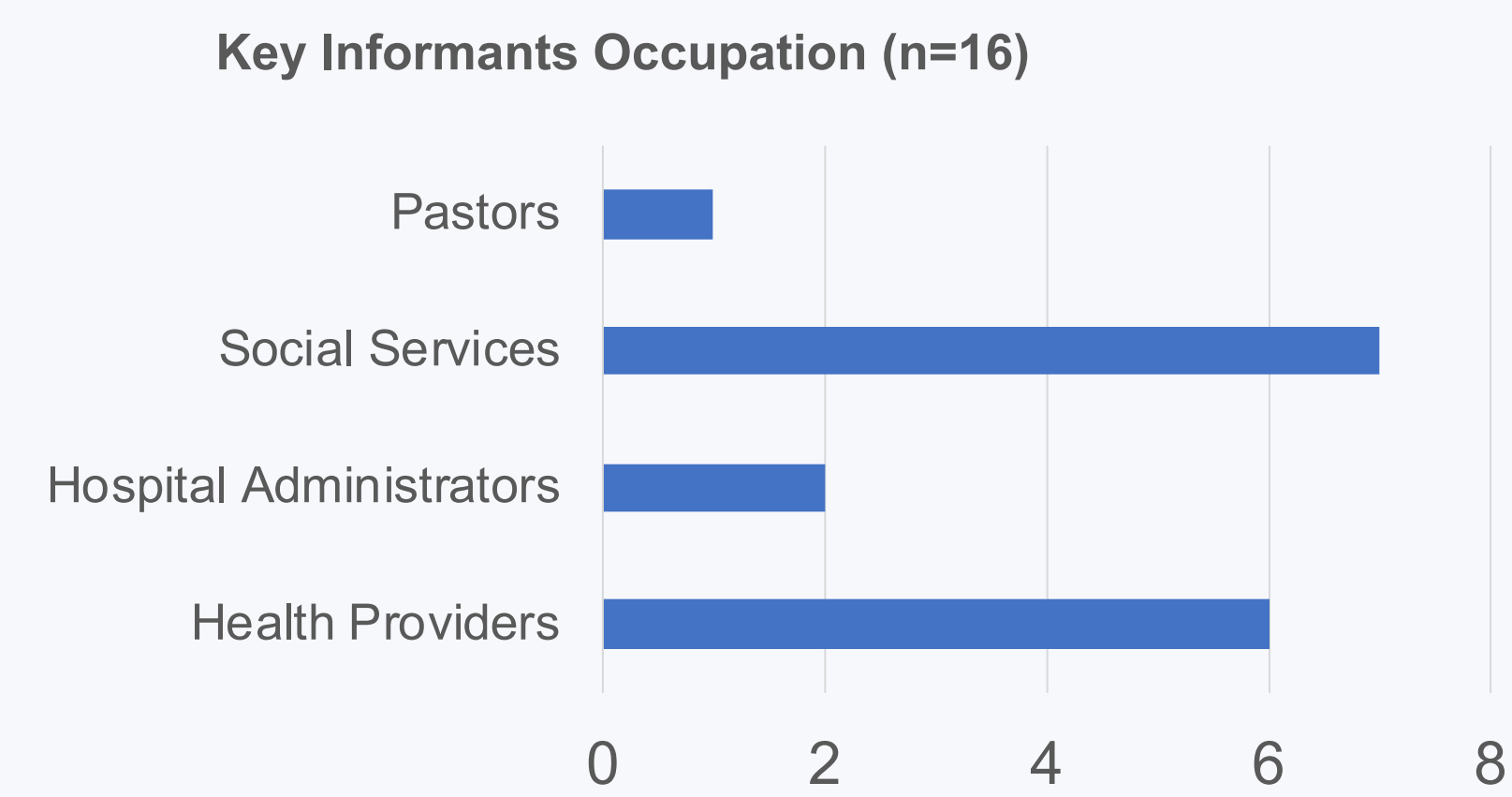
- Semi-structured, 30-45 minutes
- Team members reviewed tapes and notes
- Identified initial themes, discussed interpretations

5 Focus Groups

- Audio-recorded, transcribed, translated
- Deductive coding for major themes
- Hierarchical database indexing + descriptives

RESULTS

Participants

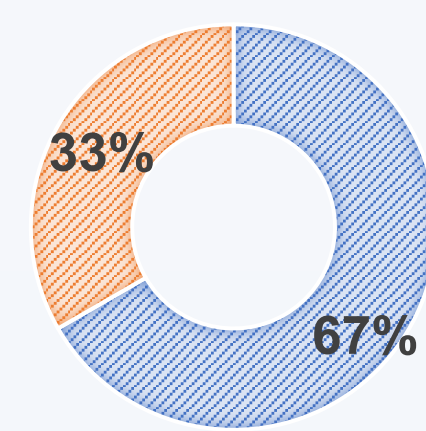


47 focus group participants

- Age: 22 to 74 years (mean=47.04, SD= 12.53)
- Time in U.S: 0.5 to 33 years, 70% for over 10 years

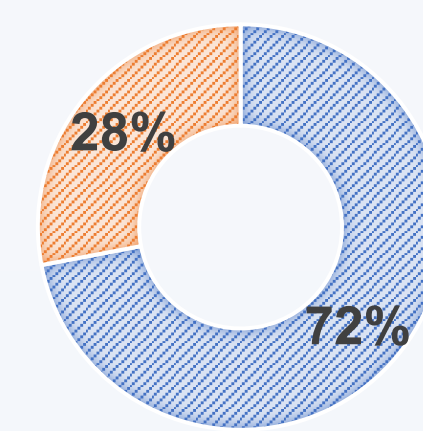
EDUCATION

- High School degree or lower (33%)
- Higher than High school (67%)



MARITAL STATUS

- Married/ Living as Married (72%)
- Not Married (28%)



Major Themes

Priority Health Concerns

Mental Health

- "Depression, anxiety, PTSD...related to immigration stressors, fear of deportation and family separation and difficulties with adapting to life in the U.S."
- "... women suffer much more from anxiety and depression here. We're lonely, we have no family."

Occupational Health & Safety

- "...people who work with cleaning, clean three, four, five, six houses... it's a fatigue that cannot be explained."
- "I don't know if it's still the same term, R.S.I. Repetitive Strain Injury. Many women... they are not legal [immigrants], need to go house-cleaning... I see many people who have financial assets and have **back injury, sciatic nerve problems, pelvic, pain in the shoulders and legs...**"

Domestic Violence

- "For years I was afraid to ask for help, afraid of being deported ... I suffered domestic violence. I endured it for years, afraid of asking for help, because I was going to be deported."
- "...even if the woman is the main breadwinner, the man is still head of household. **Gender constructions are very strong.**"

Preventative Healthcare and Barriers

"I do cleaning.... **I get so tired that I can't exercise.** There are also some days that you don't have much time to eat ..."

"How can women take care of their body when they work 10, 12, 14-hour days and have to **take care of their families** and the house? **They are not going to prioritize healthy nutrition or exercise.** They just won't – they can't."

Healthcare Access & Utilization

Satisfaction with Care

"...There may be issues at first, with language or getting used to the culture of medicine here. **But once they are treated or seen by doctors, the women are happy.**"

Lack of Connection to Provider

"What they **miss the most is their personal interactions**, so they feel comfortable sharing all of their symptoms and problems. The issues with seeking care are **primarily around language** and with the **doctors having less time** and interactions that are different from Brazil...."

Reluctance for Testing

"In Brazil, the doctor says you need it [exam or test] and you're done. Here, **sometimes you must ask the doctor 'I want the examinations.'**" I understand that it is cultural, but all over the world, they learn to do a complete physical examination, from head to toe."

Faith & the Importance of Church

"In a church, the spiritual part helps a lot. ... I'll tell you something, this group that I'm part of in the choir, I feel like I have a father, a mother, a sister. **We get together, it's a family. This is very important.**"

"...importance of the church and the faith community. It's a paramount in this community. A lot of people here are away from their families. That connection with family, which is a very strong one is severed because the family is not here**The faith community, in a lot of times, they can fill that gap. They become the family that is not here.**"

Community Strengths & Assets

"The Brazilian culture, we are very close... Brazilians are very **social and warm**, which is a protective factor."

"...It's word of mouth, social media... It's hard at first for people to create networks but once they do, especially in the church, then those **networks are strong and word spreads like fire.**"

Recommendations for Community-Based Interventions

"When the person is needy, most of them go to **church to hear a word of comfort** that can cheer them up..."

"...We have lots of **Facebook pages in Portuguese** like Negócio Fechado (Done Deal), and they [Brazilian women] really interact with those channels."

"**Radio is a very important media** for immigrants. So, if we had 10 minutes or so, every week, of official and trusted information that the broadcasters could divulge..."

DISCUSSION

Limitations

- Small sample size, limited generalizability
- Overrepresentation of the same social networks
- Social desirability bias in focus groups

Strengths

- Comparisons of key informant interviews to focus groups, little discrepancies
- Exploratory study, not meant to be representative but to gather in-depth information on specific group

Implications for Public Health

- Addresses gap in literature for this population
- Faith-based organizations cited as potentially effective venues for health interventions
- Strengths within communities need to be leveraged for effective interventions
 - Example: Tight knit family structures

Next Steps & Future Areas for Research

- Larger, more representative sample of Brazilian immigrant women is necessary
- Quantitative data collection – online survey
 - Exploration of health concerns such as mental health, occupational health, and domestic violence
 - Comparison to other themes that emerged
- In light of the COVID-19 pandemic, the vulnerabilities highlighted in this study are likely heightened and we must study the effects
- Implementation and adaptation to address issues and leverage existing community strengths in future interventions

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