# MAHINA Pilot Program:

## Raising Awareness About Birth Outcomes Disparities Among Pacific Islander Communities in Utah

## Summary Report, 2015

UTAH DEPARTMENT OF HEALTH
Office of Health Disparities

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# Project Overview

## MAHINA Pilot Program

In spring 2015, the Utah Department of Health, Office of Health Disparities in collaboration with the MAHINA (Maternal Health & Infant Advocates) Task Force conducted a pilot project to raise awareness about birth outcomes disparities among Native Hawaiian and Pacific Islander (NHPI) communities.

The pilot program consisted of six weekly sessions. The sessions began with a pre-questionnaire survey. Two facilitators were present at each session to provide support and direction for implementation of the curriculum. The program curriculum focused on the community's definition of health, norms and practices surrounding birth outcomes, preconception health in the family setting, the mental and emotional wellness for mothers and babies, and making a difference in the community. Guest presenters attended many of the sessions to offer specialized knowledge, skills, and activities. Some of the sessions also included a physical activity component such as zumba or hot hula. The program concluded with a final presentation by participants about what they learned as well as a post-questionnaire.

A total of 23 people participated in the program which grew to more than 40 participants. Each of the original participants signed consent forms agreeing to program participation and evaluation. Sessions lasted 90 minutes each and were held from March to April at a faith-based organization in Salt Lake County.

# Qualitative Data

## Weekly Sessions

The results presented in this report concern the six weekly sessions held during the program.

The six weekly sessions lasted 90 minutes each and were held between March and April at a faith-based organization in Salt Lake County. The sessions began with a pre-questionnaire and included discussions, activities, guest presenters and application assignments. The curriculum focused on a variety of topics surrounding healthy pregnancy. The sessions concluded with group presentations and a post-questionnaire.

The program began with 23 participants (12 females and 11 males), but grew to over 40 participants by the last two sessions. Participants' ages ranged from 16-48 years old with parental permission for the two minor participants. Facilitators observed that male participants talked more often than females, were more expressive, and more willing to elaborate on their answers. However, facilitators also noted that overall participants were engaged and attentive during the sessions.

# Key Findings

- No participants identified birth outcomes as an issue in the Pacific Islander community.
- Participants were unsure about what prenatal care is, but interested to learn that many Pacific Islanders do not receive prenatal care, and participants confirmed that this was a new topic for them.
- Participants identified lack of insurance and lack of knowledge/understanding as reasons for why NHPI mothers choose not to seek prenatal care.

# Key Findings Continued

- Participants identified exercise, diet, stress, support or encouragement, and resources as influential factors at many levels that can affect birth outcomes, but did not identify prenatal care.

- Misunderstandings existed about breastfeeding including the belief that formula was better than breastmilk. Participants identified work, time, and misconceptions about formula as barriers to breastfeeding.

- Participants were skeptical about folic acid and birth spacing guidelines. However, participants were more receptive to birth spacing after learning that their ancestors practiced birth intervals.

- Participants said that talking about pregnancy and maternal practices is difficult. Two male participants expressed how difficult it is for this type of conversation to occur between parents and youth and explained that the youth talk to their peers or find other resources.

- Participants identified sex, sneaking out, and relationships as topics that are uncomfortable to talk about with parents. However, participants were very interested in advice on how to effectively communicate with children about difficult topics.

- Participants identified cleft lip as a common occurrence in their communities.

- For many, the free screenings were their first time having a screening, and many participants commented that it was a wakeup call about their current state of health.

# Recommendations from Facilitators

- Question 13 on the pre-questionnaire was unclear.
- The pre-questionnaire should include the option "other" in the gender category in order to include fa'afafine (third-gender individuals).
- Older children could watch younger children during the session to encourage more participation.
- A sign-up sheet is needed for participants who come late.
- A Facebook page can be created or pastors can remind participants about the *Real Life* assignments so they can better prepare.
- The acronym NHPI confused many participants. The meaning should be clarified at each session or usage should be limited when possible.
- Breaking into groups is more effective.
- Zumba classes were popular and requested by many participants.
- When guest presenters don't attend there needs to be a way to encourage a good discussion.

# Weekly Session #1

Attendance: 23 participants (12 females and 11 males), ages ranged from 16-48 years; the two minors had parental consent.

## What is health? How do you define health?

Participants expressed various beliefs and opinions. These included exercising, eating healthy, adequate rest, mental condition, knowledge, happiness, being debt-free, and being stress-free. Males focused on exercising, mental health, knowledge, and being debt and stress-free. Females focused on eating healthy, adequate rest, and happiness.

After watching the video "For Me, For Us", participants shared what they learned. Two men expressed that they had thought formula was better than breastmilk. Two men also said that they have no health insurance, but now better know their options and where to find free care. One female said she hadn't known about the number to find resources in Utah, and another female didn't know that interpreters for Samoan and Tongan were available.

for Me, for Us

Videos promoting healthy weight, access to health care and healthy births to diverse communities

Overall participants felt that the food guidelines from the video were unrealistic. One male commented that "we don't eat green foods". Both a male and a female explained that the portion sizes are too small. Another female stated "it's realistic, but it depends if we want to do it".

# Observations from Facilitators

Facilitators recorded observations during the video. They observed that "one woman had a surprised reaction on her face when she heard how many PIs are overweight or obese." Other observations included smiling and giggling at the recommended portion sizes, shock at the amount of sugar in soda, and laughter at the recommendation for a certified interpreter rather than a friend for hospital visits. Facilitators also noted that participants enjoyed learning about 211 as a resource.

Overall participants were engaged and attentive. They seemed to be comfortable with the facilitators and group. Participants were willing to ask questions and make comments, and everyone was able to participate. They were eager to "continue dialogue and participate in upcoming sessions."

# Recommendations from Facilitators

Regarding the pre-questionnaire, it was unclear whether question 13 was "asking PIs to rank health concerns in general or to rank health concerns affecting PIs."

Additionally the pre-questionnaire "only [included] options for male and female, but there are three genders in Polynesian culture." One of the pilot project participants was fa'afafine (third-gender individual). Adding the option "other" would be all-inclusive for gender.

# Weekly Session #2

Attendance: 23 participants (12 females and 11 males), ages ranged from 16-48 years; the two minors had parental consent.
Guest Presenter

## Real Life Discussion

How do you feel when someone in your family is pregnant?

Overall, the general consensus was strong emotions that ranged from mad to happy depending on the circumstances. Both males and females expressed anger about teenage pregnancy or out-of-wedlock pregnancy. Females expressed that they can feel worry about the future, providing, and care giving. One female said that she worried about her daughter getting pregnant as a teen. One female also noted pain. One male also explained that sometimes the pregnancy comes as a surprise.

Participants were shown what they listed as the biggest issues in the Pacific Islander community.

*No participants identified birth outcomes as an issue in the Pacific Islander community.*

# Who knows what prenatal care is?

Participants were unsure. When the guest presenter defined prenatal care and explained that many Pacific Islanders don't receive prenatal care, facilitators noted that "the participants were listening intently and [seemed] very interested." Participants confirmed that this was a new topic for them.

**Discussion Activity: Identify the factors that affect birth outcomes at three different levels: individual, family & friends, and community.**

## Individual

- Diet & Exercise
- Financial Situation
- Drugs & Alcohol
- Stress
- Health Insurance

* One female group said prenatal care and abuse.

## Family & Friends

- Drama
- Financial Problems
- Spousal Support
- Family Tragedies
- Stress
- Family Health
- Habits & Tradition

## Community

- Mental Health & Tradition
- Family & Friends' Advice
- Secondhand smoke
- Fast Food
- Health Insurance

"Culture. Even though the woman is pregnant she is still doing feaus (chores), still cleaning dishes, washing clothes. Women still have the mentality she needs to work and clean the home."

– Male Participant

"Women might think there is no problem [not] taking any medicine (prenatal) because she is still having babies."

– Male Participant

We take advice from our Pacific Islander friends and family. They might say 'I never go to the doctor and I have six kids' so we might think we don't need to either. We think if they are okay then I will be okay too."

– Female Participant

# Observations from Facilitators

During this session the facilitators noted that children were noisy and distracting while playing in the gym. Also one of the participants could not participate as much because she was caring for her child. In addition, facilitators observed that the male participants talked more often than females, were more expressive, and more willing to elaborate on their answers.

# Recommendations from Facilitators

Facilitators suggested that in the next session older children watch younger children to enable more participation. The need for a sign-up sheet was also expressed because some participants come late without notice. Facilitators recommended that a Facebook page be created or that pastors remind participants about the *Real Life* assignments so they can better prepare.

# Weekly Session #3

Attendance: 23 participants (12 females and 11 males), ages ranged from 16-48 years; the two minors had parental consent.
Guest Presenter

## Follow-up Activity

Think about 2 activities at the family and community level that could help promote a healthy pregnancy.

At the family level all groups agreed on a healthy diet and exercise. Encouragement was also mentioned like giving rides to doctor appointments or meetings with friends; family time or activities; sleep or rest; and religion.

At the community level common themes were resources like workshops on pregnancy and exercise activities like swimming, yoga, or zumba. Support, company, gentle attitudes, church and communication were also mentioned.

Almost all groups identified lack of insurance as a barrier as well as lack of knowledge and understanding. One group stated that financial issues, not wanting to be exposed, and culture or tradition are factors. Another group said that mothers think they are already healthy enough. The final group explained that mothers are afraid to ask about prenatal care and don't know where to get help.

**Address reasons why NHPI mothers choose not to seek prenatal care.**

## Real Life Discussion

List realistic ways that you can help support the pregnant women you know to be healthier.

All but one group identified eating healthy and exercising together. Most groups thought that providing support and encouragement for women to get prenatal care was important.

One group specifically mentioned helping these women find free clinics for prenatal care as well as making sure they take their vitamins.

# Observations from Facilitators

Facilitators noted that the acronym NHPI confused many participants.

A zumba class was held at the end of this session. Zumba was new to many participants, but the older males requested that it be a part of every session. One male expressed that "having discussions are good, but we need to put it into action."

# Recommendations from Facilitators

They suggested clarifying the meaning of NHPI at each session or limiting the use of acronyms when possible.

Because the medical provider was not able to attend the session, the discussion on clinical prenatal care was limited. As a result facilitators requested that more robust *Real Life* discussion be provided.

# Weekly Session #4

Attendance: 23 participants (12 females and 11 males), ages ranged from 16-48 years; the two minors had parental consent.
Guest Presenter

Q: When do pregnant women need to see the doctor?

A: Many participants said right away.

Q: We talked about folic acid and birth spacing, do you agree with these guidelines? Who has practiced this?

A: No response. After sharing about birth spacing and the recommendation that a woman wait 18 months before her next delivery, one person asked who said that. They were curious about the source of the recommendations.

## PowerPoint Presentation on Healthy Maternal Practices and Q & A Session

Q: Do you find it easy to talk about pregnancy and maternal practices?

A: The general response was that it is not easy. One male stated that he thinks "there is a cultural barrier that makes it hard to talk about these things." Two male participants expressed how difficult it is for this type of conversation to occur between parents and youth and explained that the youth talk to their peers or find other resources. One female participant said that Polynesians are not proactive.

The group presenter led a discussion, starting with an ice-breaker activity where participants threw a ball on which random questions were written and shared answers to the questions. At first participants were shy and reluctant to respond, but everyone participated and began to open up. It was an effective lead-in to the discussion.

During the discussion, participants identified sex, sneaking out, and relationships as topics that are uncomfortable to talk about with parents. Participants were silent when asked if they were comfortable talking about relationships with their children. Next, the presenter helped participants to practice reactive listening. Overall, participants were very shy and struggled to open up. At the conclusion of the discussion the presenter shared advice on how to effectively communicate with children about difficult topics. Participants were very attentive and interested.

*"They laughed and were amused with the story of how [the guest presenter's] daughter [was raised] to be open and unafraid to [ask…] questions about topics that would typically make parents feel uncomfortable to talk about, such as periods and where do babies come from."*

*- Facilitator*

# Observations from Facilitators

Facilitators noticed that breaking into groups was effective as well as the physical activity at the end of the sessions. They also observed that there was more discussion in week 2.

# Weekly Session #5

**Attendance: 40 participants (22 females and 18 males)**
**Guest Presenter**

## Follow-up Activity

What have you learned from your experience applying reactive listening in your home?

**Only five people remembered to do the activity. When asked what they had learned many giggled or shrugged their shoulders.**

It was hard to remember but I had to remind myself. I would try and restate the question. It was different to have to make an effort to let my kids know I hear them. I'm used to telling them what to do and they better catch what I'm saying. No questions about it.

– Male Participant

I did it a few times but I would have to practice more to make it a normal thing.

– Female Participant

I wish my parents did this. Because, growing up I didn't think what I had to say is important. It wasn't my place to question what adults do and why.

– Female Participant

Participants explained that it is much easier for and more likely that women will talk in a group of their own gender. Two participants explained that family or big groups can help open people up.

Sometimes women don't want to talk if their husbands are there. Also, talking about these subjects is probably easier when your kids and brothers aren't around.

– Male Participant

## How can social networks like women's groups, youth groups or church groups benefit mothers?

## Presentation: How Native Hawaiian and Pacific Islander Cultural Elements and Western Clinical Approaches can be Integrated to Benefit Mothers and Infants.

Old Polynesian history teaches that ancestors practiced birth intervals. Modern and ancient science and culture agree that it's in the best interest of mothers to give themselves at least 18 months before giving birth again.

Our ancestors are wise. I think most people now-a-days don't know about the risks to the mom and baby.

– Female Participant

**Breastfeeding can be effective in preventing pregnancy.**

Wow! I never knew that.
-Female Participant

Most looked surprised at this fact. One female participant shared that most women she knows don't breastfeed. When asked why, participants identified work, time, and misconception about formula as reasons.

Most participants said they knew. After, pictures of children with a cleft lip and spina bifida were passed around.

**Do you remember what folic acid is?**

Is that what causes cleft lip? [I] knew a lot of kids growing up that had that. (The whole group agreed that they have seen this many times.)
-Male Participant

The session concluded with a *Real Life* activity where participants were divided into groups and asked to prepare a skit, poster, or radio commercial, etc. about what they have learned that they can present at the final session.

# Observations from Facilitators

During this session the guest presenters provided free screenings. Facilitators noted that for many, this was their first time having a screening and many participants commented that it was a wakeup call about their current state of health.

# Weekly Session #6

**Attendance: 43 participants (24 females and 19 males)**

The first 15 minutes, participants were asked to fill out a post-intervention questionnaire, including those who were not present at the first session. However, notes were made for participants who attended the first session.

Five different groups presented what they had learned during the previous sessions.

- All male group: Designed a poster on ways that PIs can improve their health at the personal, family, community, and church levels.
- All female group: Designed a poster targeting mothers, and inviting them to think about the factors that influence their babies' health.
- All youth group: Spoke about topic points they remembered including the 2-1-1 resource line, folic acid and eating healthy as a family.
- All female group: Discussed maternal health guidelines including birth spacing, breastfeeding, prenatal care visits, and folic acid.
- All female group: Presented on health statistics that stood out in their minds and some family-based activities to address bad health habits.

Congratulatory comments were offered. A final presentation was given on main topics that participants should have learned from the program. Participants commented that the program was very interesting, appropriate for all age groups, and contained new information. They also indicated that it was nice to have PIs teaching the lessons, good to emphasize action as well as awareness, and good to integrate learning and physical activity. The session concluded with a 45-minute zumba class.

# Quantitative Data

## Pre- & Post-Questionnaire Surveys

The results presented in this section of the report relate to the pre- and post-questionnaires administered at the beginning and end of the program.

The pre-questionnaire survey collected information about demographic characteristics (gender, age, marital status, race/ethnicity, etc.) of program participants as well as information about participants' experiences with pregnancy, children, and birth outcomes. The survey also asked opinions about health problems and tested knowledge about prenatal care and birth outcomes. Participants were asked to rate their confidence in various activities such as going to doctor's appointments, exercising at least three times a week, learning about community resources, etc. The post-questionnaire was identical to the pre-questionnaire minus demographic characteristics and instead of asking participants what they wanted to learn, it asked what they liked most and least about the program as well as whether they would recommend the program to other Pacific Islanders.

Overall, 23 participants completed the surveys. Pre-questionnaire results showed that participants were unaware of birth outcome disparities among the Pacific Islander/Native Hawaiian population. Data also suggested that there are gaps in knowledge about prenatal care and healthy pregnancy practices. The post-questionnaire data showed an increase in knowledge regarding birth outcome disparities in the Pacific Islander/Native Hawaiian community, healthy pregnancy practices, and breastfeeding. After the program, participants were also more confident regarding individual and family activities.

# Key Findings

- **Before the program, no participants identified birth outcomes as an important health problem for Utah Pacific Islanders and few identified Pacific Islanders/Native Hawaiians as one of the racial/ethnic groups with the highest infant mortality in Utah.**

# Key Findings Continued

- Before the program, most participants did not know:
  - What prenatal care is
  - Which trimester of pregnancy a woman should start seeing a doctor
  - The effects of gestational diabetes on baby size
  - Exercise recommendations for pregnant women
  - What folic acid is or who should take it
  - Safe birthing practices

- Before the program, misconceptions existed about breastfeeding.

- Before the program, males tended to be more unsure or not know answers to questions than females.

- Before the program, females were generally more confident in their responses about certain activities.

- After the program, all but four participants identified birth outcomes as an important health problem for Utah Pacific Islanders and all but one participant chose Pacific Islanders/Native Hawaiians as one of the racial/ethnic groups with the highest infant mortality in Utah.

- After the program, participants better understood all areas, except how to define prenatal care.

- After the program some participants still struggled to understand:
  - What prenatal care is
  - The effects of gestational diabetes on baby size
  - Who should take folic acid

- Before and after the program, exercise and eating healthy were the most common choices for things to help with a healthy pregnancy, but after the program, four participants listed folic acid and six chose doctor check-ups.

- After the program, participants were, on average, more confident about individual and family activities.

- All participants would recommend this program to other Pacific Islanders.

# Before and After Program Summary

| Before Program | After Program |
| --- | --- |
| • No participants identified birth outcomes as an important health problem for Utah Pacific Islanders. | • All but four participants identified birth outcomes as an important health problem for Utah Pacific Islanders. |
| • Only four participants chose Pacific Islanders/Native Hawaiians as one of the racial/ethnic groups with the highest infant mortality in Utah. | • All but one participant chose Pacific Islanders/Native Hawaiians as one of the racial/ethnic groups with the highest infant mortality in Utah. |
| • 12 participants did not know what prenatal care is. | • 17 participants incorrectly identified what prenatal care is and two were unsure or did not know. |
| • 10 participants knew which trimester of pregnancy that a woman should start seeing a doctor. | • 20 participants knew women should start seeing a doctor in the first trimester of pregnancy. |
| • 14 participants were unsure or did not know the birthweight of babies that women with gestational diabetes usually have. | • 12 participants correctly identified the birthweight of babies that women with gestational diabetes usually have. |
| • 11 participants were unsure or did not know exercise recommendations for pregnant women. | • 20 participants knew the recommendations. |

| | |
|---|---|
| • 15 participants did not know what folic acid is. | • 20 participants knew folic acid is a vitamin to prevent birth defects. |
| • 17 participants did not know who should take folic acid. | • 11 participants correctly identified that any woman between 18-45 years of age should take folic acid. |
| • 18 participants did not understand safe birth spacing practices. | • All but two participants knew that women should wait at least 18 months before becoming pregnant again. |
| • 13 participants knew breast milk helps build the defenses of the baby, but eight were unsure or did not know. | • All 23 participants answered correctly. |
| • 14 participants knew breastfeeding is recommended until the baby is at least one year old. | • 20 participants knew this recommendation. Only two thought it was false and one was unsure or did not know. |
| • 11 participants were unsure or did not know if breastfeeding helps mothers to burn more calories and lost weight faster. | • 19 participants answered correctly and only four thought it was false. |

| | |
|---|---|
| • 11 participants thought formula is better than breast milk and nine were unsure or did not know. | • 20 participants knew that breast milk is better than formula and only two thought formula is better than breastmilk. |
| • Exercise and eating healthy were the most common choices for things to help with a healthy pregnancy. | • Exercise and eating healthy were the most common choices for things to help with a healthy pregnancy, but four participants identified folic acid and six participants chose doctor check-ups. |
| • On average, participants were individually 65 % confident about activities. | • On average, participants were individually 76% confident about activities. |
| • On average, participants were (as a family) 71 % confident about activities. | • On average, participants were (as a family) 83 % confident about activities. |

According to the demographic data from the pre-questionnaire survey, 48% of the participants were male and 52% were female. Ages ranged from 16 to 45 years of age. Most of the participants were single (65%) and 35% were married or engaged. Overall, participants represented three ethnicities and were from at least seven different zip codes. The majority of participants' highest level of education completed was a high school diploma/GED (52%), 26% had some college, 13% had less than high school, 4.5% had a master/doctoral degree, and 4.5% left this portion of the questionnaire blank. The average annual household income (husband and wife together) was approximately $27,000 and 48% of participants declined to answer this question. Additionally, 61% of the participants did not have health insurance.

Have you (or your partner ever been pregnant?

| | Male | Female | All |
|---|---|---|---|
| Yes | 3 | 4 | 7 |
| No | 8 | 8 | 16 |

Do you have children?

| | Male | Female | All |
|---|---|---|---|
| Yes | 5 | 5 | 10 |
| No | 6 | 7 | 13 |

Have you (or your partner) experienced any of the following (pregnancy/birth outcomes)?

| | Male | Female | All |
|---|---|---|---|
| Death of an infant before 1st birthday | 1 | 0 | 1 |
| Miscarriage | 0 | 1 | 1 |
| None of these | 9 | 10 | 19 |
| Blank | 1 | 1 | 2 |

If yes, how many?

| | Male | Female | All |
|---|---|---|---|
| 1 | 1 | 1 | 2 |
| 2 | 1 | 1 | 2 |
| 3 | 1 | 1 | 2 |
| 4 | 0 | 0 | 0 |
| 5 | 1 | 1 | 2 |
| 6 | 1 | 1 | 2 |

# Pre-Questionnaire

**Three most important health problems of Utah Pacific Islanders**

**(as identified by participants)**

Heart Disease (12)

Diabetes (12)

Asthma (10)

Allergies (5) were also chosen and 9 participants weren't sure or did not know.

# Post-Questionnaire

**Three most important health problems of Utah Pacific Islanders**

**(as identified by participants)**

Diabetes (22)

Infant Mortality (19)

Heart Disease (16)

Asthma (9) was also chosen and 1 participant was not sure or did not know.

# Pre-Questionnaire

## According to participants, the racial/ethnic groups with the highest infant mortality in Utah are ...

Not sure/Don't know (12)

Hispanics/Latinos (6)

Participants equally identified Pacific Islanders/Hawaiian Natives and White Caucasians (4 each).

# Post-Questionnaire

## According to participants, the racial/ethnic groups with the highest infant mortality in Utah are ...

Pacific Islanders/Native Hawaiians (22)

African Americans (8)

Hispanics/Latinos (6)

Two participants chose Asians, one chose White Caucasian, and one was unsure or did not know.

## Prenatal care refers to ...

**Pre:** Most participants (12; 9 male, 3 female) were not sure or did not know. Most women (7) chose that it is health care that a pregnant woman receives from an obstetrician or a midwife.

**Post:** Most participants (15) chose that it is health care a baby receives from a pediatrician and health care that a pregnant woman receives form an obstetrician or a midwife. Six participants chose either one or the other and two were unsure or did not know.

## In what trimester of pregnancy should a woman start seeing a doctor?

**Pre:** Ten participants said in the first trimester and nine were not sure or did not know. Most men (6) were unsure or did not know and most females (8) chose in the first trimester.

**Post:** A majority of participants (20) said in the first trimester. Only one participant said in the second semester and two said in the third trimester.

## Women with gestational diabetes usually have babies ...

Pre: Most participants did not know the typical birthweight of babies these women usually have (8 male and 6 female). Five chose smaller than normal and only two chose larger than normal.

Post: Most participants (12) chose larger than normal. Five chose smaller than normal, four chose average size, and two were unsure or did not know.

## Is it recommended that most pregnant women get at least 30 miniutes of moderate exercise on most, if not all, days of the week?

**Pre:** About half of the participants (10) knew about this recommendation for pregnant women; however, the other half (11) were not sure or did not know.

**Post:** Almost all participants (20) said true. Only one participant said false and two participants were unsure or did not know.

## What is folic acid?

**Pre:** Almost all participants (15) were not sure or did not know. Only four (2 male and 2 female) chose a vitamin to prevent birth defects.

**Post:** Almost all participants (20) knew it was a vitamin to prevent birth defects. Only one thought it was an antibiotic and two were unsure or did not know.

## Who should take folic acid?

**Pre:** Almost all (17) participants were unsure or did not know. Only two (1 male and 1 female) chose any woman between 18-45.

**Post:** Most participants (11) chose any woman between 18-45. Seven chose pregnant women starting the second trimester, one chose anyone with pneumonia and the others were not sure or did not know.

## After having a baby, a woman has a better chance of having a healthy pregnancy and a healthy baby if she waits __ months before becoming pregnant again.

**Pre:** About half of the participants were unsure or did not know (6 male and 5 female). Five chose six months (all of whom were female) and four chose 18 months (2 male and 2 female).

**Post:** Almost all participants (21) chose 18 months. One participant chose three months and one chose six months.

## Does breast milk help to build the defenses (immune system) of the baby?

**Pre:** Thirteen participants knew this was true (9 female and 4 male. However eight were unsure or did not know (5 male and 3 female).

**Post:** All participants (23) knew this is true.

## It is recommended to breastfeed until the baby is at least one (1) year old.

**Pre:** Most participants (14) knew this is a true statement (5 male and 9 female). Seven were unsure or did not know (4 male and 3 female).

**Post:** Almost all participants (20) knew this is true. Only two said it is false and one was unsure or did not know.

## Breastfeeding helps mothers burn calories and lose weight faster.

**Pre:** Most participants (11) were unsure or did not know (6 male and 5 female). Seven female participants knew it was true and three male participants thought it was false.

**Post:** Almost all participants (19) knew this is true. Only four said it is false.

## Formula is better than breast milk.

**Pre:** Most participants (11) knew this was false (3 male and 8 female). However, nine were unsure or did not know (5 male and 4 female). Two male participants thought it was true.

**Post:** Almost all participants (20) said this is false. Only two said it is true and one was unsure or did not know.

# Pre-Questionnaire

**List two things that could help with a healthy pregnancy.**

- Exercise (11)
- Eat healthy (13)
- Not sure/Don't know (4)
- Blank (4)
- No Drugs/Smoking (2)
- Take recommended vitamins (2)
- Doctor (1)
- Eat fast food (1)

# Post-Questionnaire

**List two things that could help with a healthy pregnancy.**

- Exercise (16)
- Eat healthy (16)
- Doctor Check-ups (6)
- Folic Acid (4)
- Blank (2)

| Rate how certain you are that you can commit to each of the activities below. Circle the number on the scale (0-100) below that shows how confident you are about each activity.* | | | | |
|---|---|---|---|---|
| | Pre-Questionnaire | | | Post-Questionnaire |
| Activity | Male | Female | All | All |
| **I feel confident going to a doctor's appointment by myself** | | | | |
| Average | 60.91 | 69.17 | 65.22 | 77.39 |
| Range | 0-100 | 0-100 | 0-100 | 10-100 |
| Mode | 50 | 100 | 50 & 100 | 100 |
| **I can exercise at least three times a week** | | | | |
| Average | 60 | 66.67 | 63.48 | 85 |
| Range | 20-100 | 0-100 | 0-100 | 50-100 |
| Mode | 50 & 100 | 50 | 50 & 100 | 80 & 100 |
| **I feel confident expressing opinions to others who may disagree with me** | | | | |
| Average | 47.27 | 70 | 59.13 | 66.52 |
| Range | 0-100 | 50-100 | 0-100 | 10-100 |
| Mode | 20 | 50 | 50 | 100 |
| **I keep tough problems from getting me down** | | | | |
| Average | 66.36 | 69.17 | 67.83 | 73.91 |
| Range | 0-100 | 0-100 | 0-100 | 10-100 |
| Mode | 100 | 70 & 100 | 100 | 100 |
| **I bounce back after I tried my best and failed** | | | | |
| Average | 70 | 60 | 64.78 | 70.43 |
| Range | 0-100 | 0-100 | 0-100 | 0-100 |
| Mode | 100 | 80 | 80 & 100 | 100 |
| **I figure out what choices to make when I face important decisions** | | | | |
| Average | 69.09 | 71.25 | 70.22 | 85.22 |
| Range | 0-100 | 0-100 | 0-100 | 30-100 |
| Mode | 50 & 100 | 50,80 & 100 | 50 & 100 | 90 & 100 |

| Please rate how certain you are that you and your family working together as a whole, can manage the following situations effectively.* | | | | |
|---|---|---|---|---|
| | Pre-Questionnaire | | | Post-Questionnaire |
| Activity | Male | Female | All | All |
| **My family and I agree to decisions that require giving up personal interest** | | | | |
| Average | 62.73 | 60.83 | 61.74 | 72.17 |
| Range | 0-100 | 0-100 | 0-100 | 10-100 |
| Mode | 70 | 50 | 50 | 80 |
| **My family and I bounce back quickly from difficult experiences** | | | | |
| Average | 60 | 74.17 | 67.73 | 78.70 |
| Range | 0-100 | 0-100 | 0-100 | 0-100 |
| Mode | 50 & 90 | 100 | 100 | 90 & 100 |
| **My family and I build respect for each other's particular interests** | | | | |
| Average | 74.55 | 83.64 | 79.09 | 90.87 |
| Range | 0-100 | 50-100 | 0-100 | 50-100 |
| Mode | 200 | 100 | 100 | 100 |
| **My family and I figure out what choices to make when we face important decisions** | | | | |
| Average | 75 | 79.17 | 77.27 | 89.13 |
| Range | 0-100 | 0-100 | 0-100 | 40-100 |
| Mode | 100 | 100 | 100 | 100 |
| **My family and I find out community resources and make good use of them** | | | | |
| Average | 64 | 71.67 | 68.18 | 80.87 |
| Range | 0-100 | 30-100 | 0-100 | 20-100 |
| Mode | 80 | 100 | 80 | 90 & 100 |
| **My family and I serve as a good example for other families in our community** | | | | |
| Average | 61 | 82.5 | 72.73 | 85.22 |
| Range | 0-100 | 50-100 | 0-100 | 50-100 |
| Mode | 50 | 100 | 50 & 100 | 100 |

* Adapted from Bandura, A. (2006). Guide for constructing self efficacy scales. *Self-Efficacy Beliefs of Adolescents/Edited by Frank Pajares and Tim Urdan (307-337). Greenwich, CT:IAP*

# Pre-Questionnaire

**List two or three things that you really want to learn from this program.**

- Diabetes ( 2)
- Exercise (2)
- Eat healthy (2)
- Health (4)
- Heart disease (1)
- Weight loss (1)
- Family finances (1)
- Learn tips (1)
- Mental conditions (1)
- Pregnancy (1)
- Vitamins (1)
- Exercise for families (1)
- To listen and learn (1)
- Unsure of purpose of program (1)
- Purpose of the program (1)
- Not sure/Don't know (3)
- Blank (8)

# Post-Questionnaire

## What did you like THE MOST about the program?

- Physical Activities (8)
- Health-Related Information (6)
- Informative (5)
- Resources (3)
- Getting Involved (1)
- Family Building (1)
- Blank (2)

## What did you like THE LEAST about the program?

- Nothing (14)
- Not enough physical activities (2)
- Folic Acid (1)
- Talking in front of group members (1)
- Participants not committed (1)
- Food (1)
- Zumba (1)
- Presenters not showing up (1)

## Would you recommend this program to other Pacific Islanders?

Yes (14) Definitely Yes (9) No (0)

# Acknowledgements


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