“I have to do what I believe”: Sudanese women’s beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada[1]

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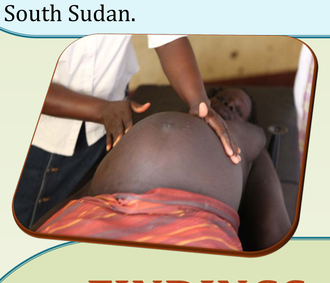
BACKGROUND

- Evidence suggests that immigrant women having different ethno-cultural backgrounds than those dominant in the host country have difficulty during their access to and reception of maternity care services.
- Amongst immigrant populations in Canada, refugee women are one of the most vulnerable groups, and pregnant women with immediate needs for health care services may be at higher risk of health problems.
- The focus of this presentation is to **present research findings on the maternity experiences of women of Sudanese origin in an urban Canadian city**.
- Decades of civil war in Sudan forced many to leave the country or live in refugee camps located mostly in neighbouring countries.
- According to the 2006 census, approximately 13,000 Sudanese live in Canada [2]. Almost 30% of the immigrants from Sudan live in Alberta and the Sudanese living in Edmonton are mostly from South Sudan.



STUDY DESIGN

This presentation reports on findings of a sub-group of participants in a large mixed-methodology study which employed a focused ethnography for its qualitative dimension, using purposive sampling and semi-structured individual and focus group interviews.

Focused Ethnography to explore distinct groups of people within complex societies and uncover underlying power relationships within a culture which may influence health care practices, opportunities and care related decisions [3,4]. Key features include a) focus on discrete community or social phenomena, b) problem focused and context specific, c) limited number of participants, d) participants usually hold specific knowledge, and e) episodic or no participant observation [3,4].

Sampling & Data collection for sub-group of Sudanese participants

Purposive sampling was used to select women of Sudanese origin who had immigrated to Canada within the last 5 years and who were either pregnant and using health care services, or in the postnatal period up to one year following birth.

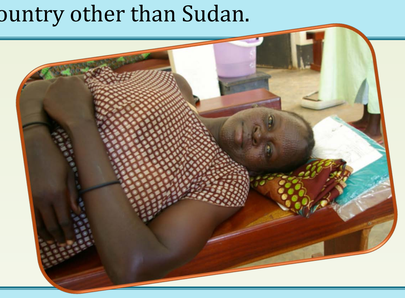
Focus group interviews (FGIs) were conducted by the first author in a community setting familiar to the women. A community researcher assisted with recruitment and interpreted the interviews.

Analysis

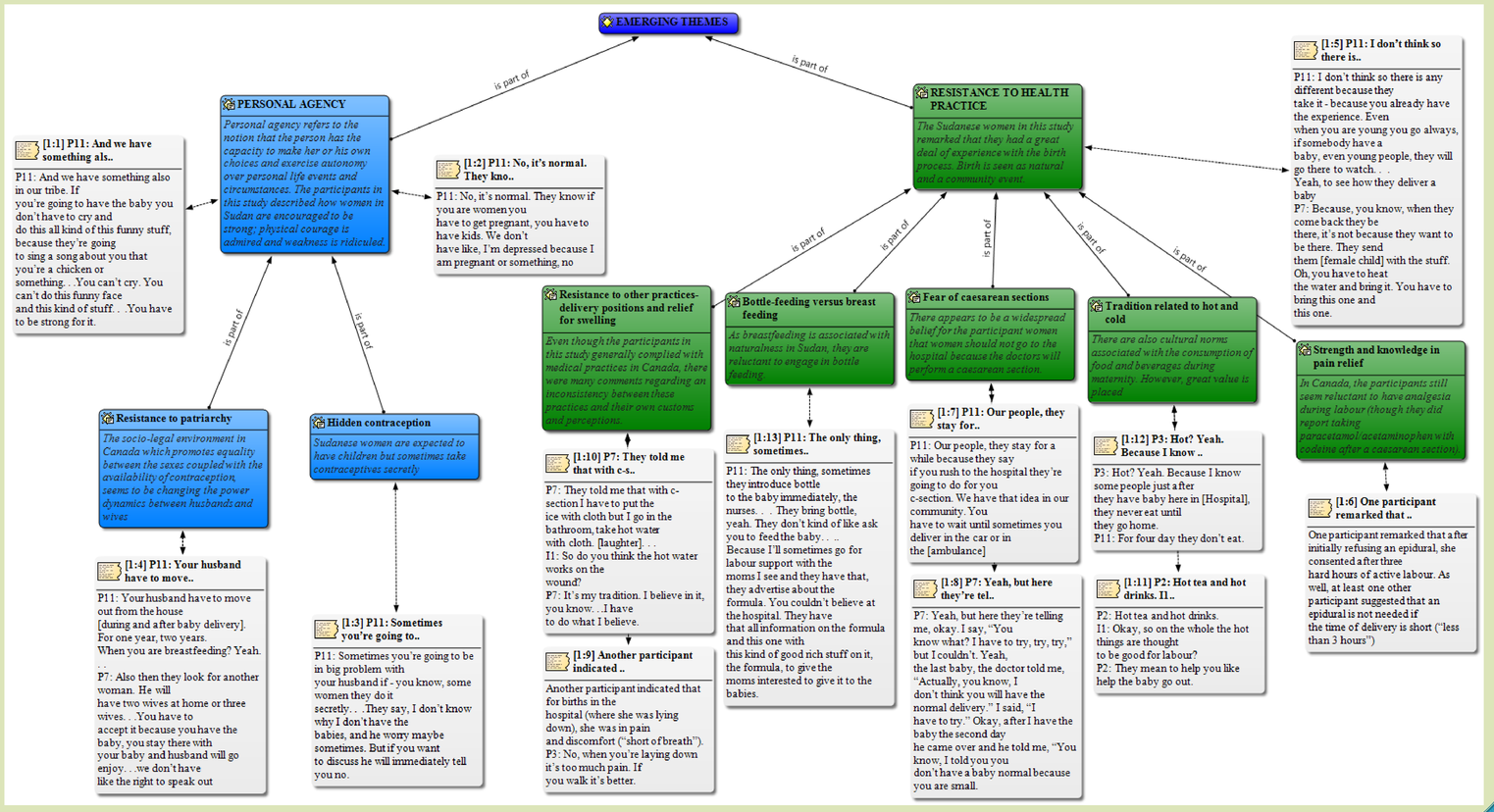
Data were managed and analyzed with the aid of ATLAS.ti qualitative data analysis software (ATLAS.ti Scientific Software Development GmbH, Germany). Analytical steps included: i) coding for descriptive labels, ii) sorting for patterns, iii) identification of outliers or negative cases, iv) generation of themes, v) generalizing with constructs and theories, and vi) memoing and reflective remarks [5].

Participants

In total, 12 immigrant Sudanese women (mean age 36.6) participated in two FGIs. The length of residence in Canada for the women was between a few months to 5 years and many had migrated from a country other than Sudan.



FINDINGS –THEMES, COMMENTS, AND VERBATIM COMMENTS



CONCLUSION

- The findings revealed that there are many beliefs among Sudanese women that impact upon behaviours and perceptions during the prenatal period.
- Traditionally, the women mostly avoid anything that they believe could harm themselves or their babies.
- Pregnancy and delivery were strongly believed to be natural events without need for special attention or intervention. Furthermore, the sub-Saharan culture supports the dominance of the family by males and the ideology of patriarchy.
- Pregnancy and birth are events reflecting a certain empowerment for women, and the women tend to exert control in ways that may or may not be respected by their husbands.
- Individual choices are often made to foster self- and outward-perceptions of managing one’s affairs with strength.

In today’s multicultural society there is a strong need to avert misunderstandings, and perhaps harm, through facilitating cultural awareness and competency of care rather than misinterpretations of resistance to care.

References

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This research was funded through an Emerging Team Grant from the Faculty of Medicine & Dentistry (University of Alberta), Alberta Health Services & the Women and Children’s Health Research Institute.

This work was funded in part by GH’s Canada Research Chair (http://www.chairs-chaires.gc.ca/)