My Journey of Carrying a Baby: South Asian Women's Perspectives About Pregnancy Needs and Use of Canadian Prenatal Health Services.

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Acknowledgments

- Professors Barbara Davies, Elizabeth Diem, & Denise Spitzer
- Family and friends
- South Asian women who agreed to participate in the study

Definition

Traditional South Asian Cultures:

- Men are the sole decision makers and breadwinners in the family and do not participate in household chores (Guruge, et al., 2009).
- Female support is very important (Hoskins, 2004).
- Value customs and traditions, such as holidays, celebrations, food, clothing, and art (Tran, Kaddatz, & Allard, 2005).

Demographics & Prenatal Health Challenges

- The 2006 Census found that close to 20% of the population (over six million) were foreign-born (Statistics Canada, 2007).
- In Ontario, the foreign-born population increased by 12.2%, nearly three times faster than the Canadian-born population (Ontario Ministry of Finance, 2008).
- South Asians represent the largest single immigrant group in Ontario, accounting for 28.9% of the immigrant population compared to Chinese at 21% and Blacks at 17.3% (Ontario Ministry of Finance, 2008).
- Low attendance rates at prenatal classes, irregular visits to the doctors, and lack of social support (Ny, Dykes, Molin, & Dejin-Karlson, 2007; Grewal et al., 2008; Brar et. Al, 2009).

Research Purpose

- To explore and understand South Asian women's pregnancy needs and their experiences in utilizing prenatal health services in Ottawa, Canada.

Literature Review

- Lack of accessible prenatal education and resources (Best Start, n.d; Sword, 2003)
- Importance of social support (Hoskins, 2004; Assanand et al., 2005; Steward et al., 2008;)
- Cultural and linguistic differences (Sherraden & Barrera, 1996; Herrel et al., 2004; Spitzer, 2007; Stewart et al., 2008)

Antiracism Analytical Lens

- In the literature, it is well documented that individual racism ("involves thinking and acting based on the belief that one's own racial group has superior values, customs, and norms" (McGibbon & Etowa, 2009 pg. 214)) occurs when accessing and using of health services for immigrants (McGibbon & McGibbon, 2009; Spitzer, 2004; Spitzer, 2007; Stewart et al., 2008; Visandjee et al., 2007).
- Indirect discrimination ("involves when exactly the same services are provided to everybody but when for cultural, religious, linguistic, or other reasons it is not possible for members of minority ethnic groups to benefit equally from them" (Henley & Schott, 1999, pg. 47)) also hinders use of prenatal health services.
- Provides guidance for looking beyond the biomedical framework, and traditional health and social perspectives that can have an impact on utilization of health services.

Design, Recruitment, & Method

- Descriptive exploratory qualitative design
- Ten women recruited:
  - Tejaswini: An Indo Canadian Women's Organization
  - Catholic Immigration Center
  - Temple
  - Mosque
  - AND snowballing
- Method - 1:1 semi-structured interviews done in English and Urdu

Results

- Characteristics of the sample:
  - Immigrated to Canada within 3 – 10 years
  India (4) , Pakistan (4) , Afghanistan (1) , Nepal (1)
  - Other languages: Hindi, Urdu, Gujarati, Bengali, Persian, Nepali, Sindhi, and Hindko
  - 3 primiparous and 7 multiparous
  - All married
  - Bachelor's degree (5) , high school (5)
  - Majority were housewives and only four were employed

Positive Experiences

- Support systems – constant care and nurturance
  - Important role played by husbands

"my husband, when he was here (Ottawa) he would come from work or on the weekends, he would help me with what he could do. He doesn't know much about cooking so he would take care of my daughter and that was a big help too; because the first three months I don't feel like going out or walking or doing anything, just lying down on the bed. So he took care of my daughter by taking her out and helping with household chores" (P#9).

- Help from South Asian women (family, friends, & neighbours)

"Well I have a few friends who at least in the last two months or so, they started providing me with food on a rotational basis. They would cook something and drop it off for me because I was working which was making me really tired by the end of the day. Every three or four days, they would drop off a couple of things for me. So that really helped a lot . . . so that's the support I got from friends" (P#10).

- Learning about pregnancy and community resources
  - Family & South Asian women
  - Using internet & books

"I did lots of 'googling'. Two websites, baby centre and another I forgot in which I registered in order to receive information every week like what will be happening this week. So I used to read and how the baby will be, how I will feel . . . I like to read . . . I like internet because it's always up to date. It says this week your doctor will order this kind of tests, so I knew before hand that this will be done" (P#5).

Limited Access to Primary Prenatal Services

- Lack of awareness of community resources and failure of organizations reaching out to these women
  - Only one woman attended prenatal classes
  - None of the women knew about any preventive programs offered by community health centers during pregnancy
  - None of the women knew about prenatal services offered by other providers, such as midwives or doulas in providing support

- Indirect discrimination
  - Negative attitude towards women with language difficulties

"The main problem I faced was my language as I couldn't understand her (doctor) and my husband would help me, but they said in order to save their time from being wasted as we didn't know anything, let's quickly go through the question and answers, and call in the next patient. That's why I used to get frustrated, because my husband would happen to ask them some questions, but they would reply something else to him. Even he got frustrated, I could tell from his facial expressions, and he felt confused whether he should ask more questions fearing their cold responses. He would get scared and say let's not ask further questions, because they will get angry. My concern was why would they behave like that with us?" (P#8).

- Indirect discrimination
  - Ignorance of religious and cultural beliefs

" *I don't think the nurses understood my cultural and religious beliefs. They are very cut and dry about certain things. For example, we wear this religious thread around our wrist . . . and before they were taking me into the operation room, they were like 'no you have to cut it off'. It's a religious thread . . . In our religion, like whenever you go for something big you go to the temple and they tie this thread to protect you . . . but they (nurses) were like 'no you can't' and they made me cut it off. So it's such a big moment for me – like stepping into something that is little scary and maybe scientifically it makes no sense but it does provide emotional comfort and assurance*" (P# 2).

- Individual racism
  - Differential treatment

"I felt that there was a difference of care provided to immigrants and Canadians. I don't like to say this but there was discrimination as Canadian pregnant women spent more time in the room perhaps the doctor gives them more information and with me the doctor would only spend two to three minutes. That's why I hate to go to the doctor" (P#4).

- Individual racism
  - Perceived rudeness from health professionals and staff

"Over here, everyone is generally good, but some of them are rude. Like once, I went to the clinic and handed my ultrasound paper to the lady at the counter, who kept it on her desk, and didn't put it forward. The patients that came in after me were being attended first and I asked her that I gave you my paper for ultrasound you didn't forward the paper and she didn't reply . . . . Another lady who was there waiting asked me as to why I was still waiting considering four to six clients who came after me had already left and I was still waiting. I told her that she (receptionist) didn't forward my paper and wasted my time" (P#6).

Discussion

- Situating myself
- Need for health equity (equality & fairness)
- Importance of social support
- Need for structural and educational changes for nurses' and other staff

Recommendations For Practice

- Understand support system
- A need to change
- Create an online resource on pregnancy and related information
- Collaborate with Indo-Canadian organizations

Limitations & Conclusion

Limitations:

- Most of women had lived in Canada for more than five years.
- All women were educated with high income level
- All women used obstetricians' services.

Conclusion:

- Utilization of prenatal health services must be viewed in the context of women's lives.
- A need to enhance mutual understanding, respect, and humanistic care is important between the South Asian women and health care providers.

"Mothers, the newborn and children represent the well-being of a society and its potential for the future. Their health needs cannot be left unmet without harming the whole of society"

Lee-Jong-wook, Director General
World Health Organization, 2005

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Thank You!

Questions?

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