

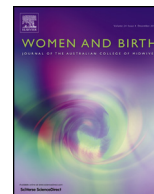


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Maternity health care: The experiences of Sub-Saharan African women in Sub-Saharan Africa and Australia

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ABSTRACT

Background: Increasing global migration is resulting in a culturally diverse population in the receiving countries. In Australia, it is estimated that at least four thousand Sub-Saharan African women give birth each year. To respond appropriately to the needs of these women, it is important to understand their experiences of maternity care.

Objective: The study aimed to examine the maternity experiences of Sub-Saharan African women who had given birth in both Sub-Saharan Africa and in Australia.

Design: Using a qualitative approach, 14 semi-structured interviews with Sub-Saharan African women now living in Australia were conducted. Data was analysed using Braun and Clark's approach to thematic analysis.

Findings: Four themes were identified; access to services including health education; birth environment and support; pain management; and perceptions of care. The participants experienced issues with access to maternity care whether they were located in Sub-Saharan Africa or Australia. The study draws on an existing conceptual framework on access to care to discuss the findings on how these women experienced maternity care.

Conclusion: The study provides an understanding of Sub-Saharan African women's experiences of maternity care across countries. The findings indicate that these women have maternity health needs shaped by their sociocultural norms and beliefs related to pregnancy and childbirth. It is therefore arguable that enhancing maternity care can be achieved by improving women's health literacy through health education, having an affordable health care system, providing respectful and high quality midwifery care, using effective communication, and showing cultural sensitivity including family support for labouring women.

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Statement of significance

Problem or issue

Access to maternity care may be problematic in any context. The maternity experience of Sub-Saharan African women in Australia is poorly understood.

What is already known

African women's experiences of maternity care in Africa and western countries are influenced by cultural beliefs and

traditional practices, the attitudes of health care workers, and access to care.

What this paper adds

This paper shows that regardless of how well a health care service is resourced, issues which can hinder a woman's access to care always exist. The key messages are the importance of: health literacy, affordable health care systems, respectful and high quality midwifery care, clear and effective communication, and cultural sensitivity including family support for labouring women.

1. Introduction

Cultural and ethnic diversity has been shown to pose challenges for the delivery of health care services, especially maternity care.¹

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In recent years, Australia has experienced a rise in the number of immigrants from Africa, with approximately 70% of asylum seekers being from Sub-Saharan Africa.² Moreover, about one-third of refugee and humanitarian entrants to Australia are women of childbearing age.³ Using the Australian Bureau of Statistics migration statistics,⁴ and the Australian crude birth rate, it is estimated that at least four thousand Sub-Saharan African women give birth each year in Australia.

Maternity health outcomes in Sub-Saharan African countries are vastly different to those in Australia and are related to health service provision and access. Sub-Saharan African maternal mortality is on average 500 per 100,000 live births,⁵ compared to 6.8 per 100,000 live births in Australia.⁶ It is possible that the different rates of uptake of antenatal and postnatal care is the cause of (or contributes to) differing mortality rates between countries. Research has shown that in Sub-Saharan Africa 71% of pregnant women attend at least one antenatal visit, 46% gave birth with a skilled birth attendant, and 31% received postnatal care within 2 days.⁷ This fails to meet the World Health Organization's recommended minimum standards for maternity care.^{8,9} In comparison, recent statistics show that in South Australia, over 99% of women attended at least one antenatal visit, 91% had seven or more antenatal visits, 99.95% gave birth with a skilled health care professional in attendance, and all received postnatal care.¹⁰

Despite greater availability of maternity health services in western countries, including Australia, Canada and the United Kingdom, research has found that African women experience problems accessing these services.^{11,12} Therefore, as the number of African women in Australia increases, it is important to recognise the issues they may face in experiencing maternity care in this context. This paper presents the findings of a study which examined the experiences of Sub-Saharan African women in relation to maternity care in their home Sub-Saharan Africa countries and in Australia. In order to understand the findings, we draw upon an existing conceptual framework of dimensions of access to care. This study highlights that past experiences influence women's perceptions and subsequent care seeking behaviours. Recommendations for ways to improve access to maternity services for Sub-Saharan African woman are presented.

2. Review of the literature

An integrative literature review of Sub-Saharan African women's experiences of maternity care in Africa and western countries was conducted using the following databases: Medline, Cumulative Index to Nursing and Allied Health (CINAHL), PsychInfo, and Google Scholar. Five themes describing the women's experiences were identified: cultural beliefs and traditional practices; attitudes of health care workers; access to care; experiences of childbirth; and support and postnatal experiences.

The first theme describes cultural beliefs and practices and how these influence maternity care. Brighton et al.¹³ and Murray et al.¹⁴ identified culture and beliefs as barriers for African women to access maternity care services in Sub-Saharan Africa and Australia respectively. In these studies, women associated pregnancy complications with evil spirits, immorality, and witchcraft. Hence, the women would not seek medical help because they believed that the complications could not be cured medically. Carolan and Cassar¹⁵ have shown that as African women settle in Australia they undergo a cultural shift from perceiving pregnancy as a natural process which requires no particular attention from health professionals, to valuing continuous professional antenatal care. Evidence also suggests that women's beliefs about the health care system affect their utilisation of services.¹⁶ Traditional beliefs have been identified as challenging in Australia, with Renzaho and

Oldroyd¹⁷ highlighting a rise in tensions in health care staff when family members performed traditional practices which did not align with western based health care philosophies.

The second theme relates to the attitudes of health care workers and, in particular, of midwives. Negative attitudes of staff towards African women have been identified as a barrier to accessing health care services.^{13,18,19} In one study on barriers to the utilisation of maternity services in Uganda it was reported that the poor relationship between health care providers and the community, and disrespect demonstrated by staff, affected uptake of health services.¹⁹ Conversely, positive experiences of maternity care were enhanced when women were treated with respect and kindness.^{14,20}

The third theme is Sub-Saharan African women's access to maternity care. The research evidence suggests that uptake of care is influenced not only by the availability of the facilities in the community but also the specific resources, communication and knowledge about services. Some of the hindrances to accessing maternity care for African women relate to physical, sociocultural, emotional, and financial barriers.^{16,21,22} The physical barriers faced by women in Africa when accessing maternity services include travelling long distances to health care facilities, transport, and lack of equipment.^{13,19} A number of studies have found that language difficulties hinder good communication and understanding between African women and their caregivers in western countries.^{11,14} Furthermore, language difficulties and lack of information about available services have been found to increase the difficulty in accessing maternity services.^{14,23} Indeed, in a study of migrant mothers in Australia, Renzaho and Oldroyd¹⁷ established that a lack of understanding of the health care system resulted in confusion about where to access services. Similarly, understanding the health system and having knowledge of available services were identified as essential factors influencing Sub-Saharan African women's access to care in the United Kingdom.¹¹

The fourth theme evident in the literature exploring Sub-Saharan African women's experiences of maternity care was their previous childbirth experiences. Previous research has established that migrant women's expectations of pregnancy and childbirth in western countries are shaped by their previous experiences in their country of origin.^{14,21} Research has identified that it is common for African women to perceive labour pain as natural and that they prefer giving birth naturally.^{23,24} Negative birth experiences of Sub-Saharan African women have been shown to result from negative interpersonal relationships with caregivers, lack of information, and neglect and abandonment by healthcare professionals during labour.^{25,26} Consequently, the quality of services provided in western countries is appreciated by migrant women.^{20,21}

The final theme of the literature review is related to social support and, in particular, support during labour and in the postnatal period. Whilst support during labour is known to enhance the physiology of labour and the woman's feelings of control and competence throughout childbirth,²⁷ labour support is not routine in African countries. Chadwick et al.²⁶ found that the women who had no support person at birth expressed feeling neglected, abandoned, and unsafe throughout the process of labour. Similarly, migrant women giving birth in western countries experience isolation, loneliness, and depression due to a lack of support from their extended family.^{11,21}

It has been noted that despite the increase in the Sub-Saharan African population in Australia, there is a lack of research that explores the experiences of maternity care from the perspective of these women. Most of the literature that explores the experiences of African-born women receiving maternity care is from the United Kingdom, North America, and Europe.^{11,12,18} Furthermore, the few

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