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A qualitative study on how Muslim women of Moroccan descent approach antenatal anomaly screening

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ARTICLE INFO

Article history:

Received 14 July 2014

Received in revised form

20 October 2014

Accepted 22 December 2014

Keywords:

Islam

Immigrants

Antenatal diagnosis

Congenital anomalies

Decision-making

Motherhood

ABSTRACT

Objective: to extend the knowledge on Muslim women's approach of antenatal anomaly screening.

Design: qualitative interview study with pregnant Muslim women from Moroccan origin.

Setting: one midwifery practice in a medium-sized city near Amsterdam participated in the study.

Participants: twelve pregnant Muslim women who live in a high density immigrant area and who attended primary midwives for antenatal care were included in the study.

Data collection and data analyses: we conducted open interviews with pregnant Moroccan Muslim women for the purpose of studying how they made decisions about antenatal anomaly screening. We used a thematic analysis approach.

Findings: women experienced the combined test as 'a test' that could identify potentially anomalous infants, and could result in being offered termination of the pregnancy; a fact that resulted in their extensive deliberations and hesitation about the test uptake. Only two women had the combined test. Conversely, women opted for the Fetal Anomaly Scan and saw it as 'only an ultrasound to see the baby'. Above all, women emphasised that whether or not to participate in antenatal anomaly tests was their own, individual decision as ultimately they were accountable for their choices. All women, including nulliparous women, viewed becoming pregnant as the point of becoming a mother – and considered antenatal screening through the lens of motherhood.

Key conclusions: motherhood was the lens through which the decision to participate in antenatal anomaly screening was approached. Religious beliefs influenced values on termination and disability and were influential in the deliberations for antenatal testing. Combined test but not Fetal Anomaly Scan was considered to be a antenatal screening test.

Implications for practice: counsellors should have knowledge of the different Islamic beliefs about – the latest possible day for – termination and an awareness that Muslim women make their own conscious choices, also beyond Islamic rulings.

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Introduction

The aim of counselling for antenatal anomaly screening is to engage pregnant women or couples in making reproductive, informed choices (RIVM, 2011). Informed choices are based on relevant knowledge, consistent with the decision-maker's values and behaviourally implemented (O'Connor and O'Brien Pallas, 1989; Marteau et al., 2001). Research into the practice of antenatal screening shows that lower rates of informed choice were found among women of non-western ethnic minority groups and socio-economically disadvantaged women; this is partly because of

Abbreviations: CT, combined test; FAS, Fetal Anomaly Scan

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<http://dx.doi.org/10.1016/j.midw.2014.12.007>

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insufficient knowledge, and partly because their choices did not reflect their attitudes towards screening (Dormandy et al., 2005; Fransen et al., 2010a). Women's attitudes and values towards termination are based on their philosophy of life and in particular of disabled life and play a role in their decision-making around antenatal screening and termination of pregnancy. Several studies underline the importance of religion on these decisions (Van den Berg et al., 2005; Neter et al., 2005; Ahmed et al., 2006; Fransen et al., 2007; Garcia et al., 2008a; Fransen et al., 2010b; Gitsels-van der Wal et al., 2014a). For example, Muslim women's view on termination seems to weigh heavily regarding the decision of whether or not to participate in antenatal anomaly screening (Neter et al., 2005; Fransen et al., 2007, 2010b; Gitsels-van der Wal et al., 2014a). See the appendix for detailed information about antenatal anomaly screening.

Research into the practice of antenatal counselling shows that a substantial proportion of women and partners prefer to get decision-making support during counselling (Dormandy et al., 2005; Garcia et al., 2008b; Fransen et al., 2010a; Ahmed et al., 2014; Aune and Moller, 2012; Martin et al., 2013) and that they do not perceive this to be in conflict with making an autonomous choice (Garcia et al., 2008b; Ahmed et al., 2014; Aune and Moller, 2012; Martin et al., 2013). However, a recent study showed that clients perceived a lack of decision-making support (Martin et al., 2013). To better enable pregnant women to make informed choices about antenatal screening, counsellors should explore clients' deliberations. Within these deliberations counsellors should explore the role of clients' religion or philosophy of life regarding decision-making (Pivetti et al., 2012; Crombag et al., 2013). Women with a Muslim background constitute a substantial, growing part of the population of pregnant women in many western countries. A year after antenatal anomaly screening was implemented in the Netherlands, we conducted an exploratory qualitative study among pregnant Muslim women of Turkish origin. This study focussed on the role of religious beliefs in decisions around whether or not to participate in antenatal anomaly screening and demonstrates that women's religious beliefs played an important role in decision-making on the combined test (CT), but played a limited role in decision-making on the Fetal Anomaly Screening (FAS). Their views on termination and disability, based on religious convictions, were key in their decision-making on CT. Most women would not consider termination if an anomaly was diagnosed, and most women were unaware of the possibility of termination within Islamic tradition should their fetus be diagnosed with a serious anomaly (Gitsels-van der Wal et al., 2014a).

In the Netherlands, migrants from Turkey and Morocco are the two largest Islamic minorities (Statline). The Turkish and Moroccan populations belong to different Islamic schools, respectively the Hanifi school and the Mâlikî school (Atighetchi, 2007; Ghaly, 2008). These two Islamic schools have small differences in opinions about termination; the most important difference is the latest possible day of termination if a fetal anomaly is diagnosed (Atighetchi, 2007). In general, scholars from the Hanifi school permit a termination till 120 days after conception, whereas most scholars of the Maliki school permit a termination till 40 days after conception (Atighetchi, 2007). From the obstetrical perspective, which typically calculates pregnancy duration starting from the first day of the last menstrual period that means two weeks before conception, 120 days after conception is a gestational age of 19 weeks plus one day; 40 days after conception corresponds with seven weeks and five days of gestation. More detailed information about the Islamic schools and Islamic bioethics is provided in our previous work (Gitsels-van der Wal et al., 2014a).

Women have become increasing familiar with antenatal screening tests in the five years since testing was first

implemented. The aim of this study was to extend the knowledge on Muslim women who belong to different Islamic schools in terms of their approach to antenatal anomaly screening. Therefore, we undertook to study the views of Muslim women of Moroccan origin in terms of antenatal screening and to compare our findings with our prior research on Muslim women of Turkish origin.

Method and recruitment

Data collection

We conducted open interviews in Dutch with pregnant Muslim women of Moroccan descent between December 2011 and May 2012 for the purpose of studying how they made decisions about antenatal anomaly screening. Informed (written) consent was obtained from all participants. The Medical Ethics Committee of the VU University Medical Centre, Amsterdam approved the study.

Participants

Participants were recruited using a purposive sample from a population of pregnant women from a medium-sized city near Amsterdam; the participants received antenatal care at a midwifery practice, with a relatively large proportion of clients from ethnic minorities. The interviewees were selected according to three inclusion criteria: women, who were born in Morocco or whose parents were born there, and who had a reasonable command of Dutch. To ensure that the interviews could not influence the women's decision-making about antenatal screening we only included women who were past the cut-off time for the FAS. We planned to interview until saturation was reached, which in a homogeneous population typically requires a small number of 12 or so (Guest et al., 2006).

Procedure

Eligible participants were informed about the study by their midwives. Next, one of the researchers called the women to ask whether they agreed to be interviewed on the topic, and when consent was provided an appointment was made. The interviews took place without other family members present, so that the women could speak openly. The interviewer was a midwife in the recruiting practice; independence of the interviewer was ensured because she was on study leave at the time of the interviews and the participants were not her direct clients. With permission of the interviewees, the interviews were digitally recorded and transcribed verbatim.

Instruments

We used the same topic list as used for our previous study among Turkish pregnant women (Gitsels-van der Wal et al., 2014a) but focused on only three topics on the list (Table 1):

1. Women's approach to antenatal anomaly screening.
2. The value of life including unborn life and disabled life.
3. Women's views on termination of pregnancy.

Analysis plan

The transcripts were coded and analysed using Thematic Analysis as described by Braun and Clarke (2006). In order to reach inter-subjectivity of the results, two researchers independently coded text fragments of the first seven interviews and

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