



Perceptions and experiences of parenthood and maternal health care among Latin American women living in Spain: A qualitative study

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ABSTRACT

Objective: to explore the experiences and perceptions of parenthood and maternal health care among Latin American women living in Spain.

Design: an exploratory qualitative research using focus groups and thematic analysis of the discussion. **Setting and participants:** three focus groups with 26 women from Bolivia and Ecuador and three focus groups with 24 midwives were performed in three towns in the Valencian Community receiving a large influx of immigrants.

Findings: the women interpreted motherhood as the role through which they achieve fulfilment and assumed that they were the ones who could best take care of their children. They perceived that men usually make decisions about sex and pregnancy and recognised a poor or inadequate use of contraceptive methods in planning their pregnancies. Women reported that it was not necessary to go as soon and as frequently for health examinations during pregnancy as the midwives suggested. The main barriers identified to health-care services were linked to insecure or illegal employment status, inflexible appointment timetables for prenatal checkups and sometimes to ignorance about how public services worked.

Key conclusions and implications for practice: empowering immigrant women is essential to having a long-term positive effect on their reproductive health. Antenatal care providers should be trained to build maternity care that is culturally sensitive and responds better to the health needs of different pregnant women and their newborns.

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Introduction

In the last decade Spain has begun a gradual recovery of the birth rate, parallel to the increase in immigrant populations from developing countries. In 2009, around 23% of births belonged to immigrant mothers, with the largest group (31%) coming from Latin America (Spanish National Institute of Statistics, 2010).

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Research on perinatal health in industrialised countries shows that being a female immigrant is not a consistent risk indicator for pregnancy-related problems, given the discrepancy among findings (Gissler et al., 2009; Gagnon et al., 2009). It has been found that Latin American mothers living in Spain have higher birth rates (Luque Fernández and Bueno-Cavanillas, 2009), are younger and present indicators of preterm birth and low birth weight babies that are no different (Pérez Cuadrado et al., 2004; Rio et al., 2010) or are indeed more favourable (Agudelo-Suarez et al., 2009; García-Subirats et al., 2011) than those of native women. However, they are at a higher risk of perinatal mortality (Rio Sanchez et al., 2009) and are in a more unfavourable situation with respect to employment and social support (Pérez Cuadrado et al., 2004).

Differences have also been detected in the use of contraceptives. In the majority of Latin American countries,

contraceptive protection used by single women in their sexual activity seems to be insufficient (Ali and Cleland, 2005). Maintaining unsafe practices after their migration (Wolff et al., 2005; Llácer Gil de Rames et al., 2006) has as the main consequence unwanted pregnancies that may end up in induced abortions (Marston and Cleland, 2003; Helström et al., 2006; Rasch et al., 2007; Sedgh et al., 2007). Recent research in Spain has found a higher risk of induced abortion among immigrants, independent of their countries of origin (Malmusi and Pérez, 2009; Zurriaga et al., 2009).

Research comparing the perinatal and reproductive health of native and immigrant women in Spain is recent and has mostly used quantitative methodological approaches. However, in order to facilitate the interpretation of some of these results, it seems convenient to use qualitative approaches that bring us closer to the origin of these socio-cultural models (Simkhada et al., 2007). Through this methodology, it will be possible to make enquiries about the effect that gender roles and female autonomy have (IGWG and WHO, 2005; Llácer et al., 2007) in females' expectations and wishes about parenthood and in their experiences of the health-care system during pregnancy, childbirth and the puerperium period (Liamputtong and Naksook, 2003; Ny et al., 2007). The objective of this study was to explore the perceptions, attitudes and experiences of Ecuadorian and Bolivian women with regard to motherhood, fatherhood, pregnancy and their experiences of the health-care system.

Methods

Design and setting

A qualitative, descriptive and exploratory study was conducted using focus groups (FG), a particularly valuable technique for understanding individuals' and groups' subjective experiences with regard to health, disease and other sensitive issues (Kitzinger, 1995; Pope and Mays, 1995). The main reason for choosing this technique was the insight and data produced by the interaction between participants (Kitzinger, 1995) which makes FG more than simply the sum of separate individual interviews (Krueger and Kasey, 2000). Identifying shared and common knowledge, FG becomes a data collection technique particularly sensitive to assess issues from culturally diverse perspectives (Kitzinger, 1995; Halcomb et al., 2007).

The study was performed under the responsibilities of the regional Health Department in the Valencian Community, a region to the east of Spain with about 5 million inhabitants. It is the third Spanish autonomous community with the largest concentration of immigrants who have settled in Spain during the last decade.

Participants

The study focused on mothers from Bolivia and Ecuador, the most representative groups of new Latin American foreign mothers in Spain. The inclusion criteria were that the women had become mothers while living in Spain in the past 2 years; or they had had a child born in the mother's country of origin. They also needed to belong to a first-generation group of migrants. In order to recruit participants to the study, the Health Department asked the midwives from two primary health-care centres of the Valencian urban area, to invite those women conducted in postpartum checkups who satisfied the inclusion criteria. The other source of recruitment was a local association of Latin Americans which had previously collaborated in other health promotion activities with the Health Department. A total of 26 women met at the headquarters of that association to participate in three FGs (A–C).

In Spain, midwives are responsible for antenatal care, the delivery of low-risk pregnancies and prenatal and postnatal health education. Free health care is offered during pregnancy and until 40

days after delivery. The aim of including midwife FG was to complement the range of issues raised by the women. The narratives generated from professionals working in maternal and perinatal health could contribute to a better understanding on the health-care conceptions during pregnancy and delivery among the studied women (Rabiee, 2004). Three FGs (D–F) consisting of a total of 24 midwives met at the main health-care centres of three different towns with a large influx of immigrants (Vila-Real, Valencia and Elx) during working hours. They were asked to participate and were called in by their directors at a mutually agreed time.

Data collection and analysis

The data collection took place in 2007. Each FG was conducted in Spanish because it was the participants' native language, and lasted between two and 3 hrs. A semi-structured script was used, using a review of scientific literature and the research aims. Discussions in the mothers' FGs explored migratory and reproductive experience and their experience of the Spanish health-care system. The issues explored are shown in Table 1. The same topic guide was used in the midwives' FG in order to explore their perception of the women's experiences.

The research purpose was explained both orally and in writing, and the participants' consent was obtained. Each FG was directed by two researchers who had previous experience of carrying out qualitative studies (AG, JG). They presented each topic at the meetings in the way and at the time which they considered most appropriate. At the beginning of each FG, they asked for permission from the participants to record the session, also ensuring them of anonymity and full confidentiality of the results.

Each group's discussions were transcribed in full for detailed analysis. Field notes contributed to the interpretation of particular aspects of the discussions. The text was analysed according to content analysis and divided into codes, sub-categories and categories (Pope et al., 2000). Quotes reflecting the different sub-categories are presented. After reading the transcripts in their entirety several times and reading the observational notes, the researchers (CB, RM) got a sense of the whole. During this process the major themes began to emerge. Thereafter, codes were attributed to the meaning units referring to the same content, thereafter gathered into sub-categories and categories. Finally the authors, taking the study purpose into consideration, discussed the findings and agreed the four main categories of texts with their own sub-categories: the cultural significance of parenthood, planning for motherhood, maternity and health care and support networks during maternity.

Table 1

Content of the semi-structured script used in focus groups with Ecuadorian and Bolivian immigrant mothers and midwives.

Theme/issue	Categories
Migratory process	Characteristics of the migratory process Prior expectations Future prospects
Reproductive project	Reproductive background in country of origin Reproductive experience in Spain Knowledge and use of contraceptives Ideas on motherhood and childrearing
Maternity and health	Perceived needs of prenatal care Perceived barriers in the access to health care
Maternity and social context	Close social networks: partner, relatives and friends Employment Working conditions

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