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The value of grounded theory for disentangling inequalities in maternal-child healthcare in contexts of diversity: A psycho-sociopolitical approach

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ABSTRACT

Adopting a psycho-sociopolitical approach, the present paper describes the results of a community-based participatory needs assessment focusing on the perceived needs of women of reproductive age as users of primary healthcare in contexts of migration-driven diversity and socioeconomic vulnerability in the Metropolitan Area of Lisbon. The investigation comprised 64 in-depth interviews with women, including natives and immigrants to Portugal from the main origin countries in the context under study (Brazil, Cape Verde, and other Portuguese- speaking African countries) and a survey of 125 women, again natives and immigrants from these countries. The central role of qualitative methodology and grounded theory, in the framework of a multi-method research, allowed understanding the needs of women as embedded in contexts characterized by asymmetrical power relations, in terms of unequal opportunities and resources, at multiple interrelated ecological levels (personal, relational, organizational, community, socioeconomic, health system/policy, cultural/migration). The priority perceived needs of women were primarily related to socioeconomic disadvantage, severely aggravated in the current contexts of crisis; and factors at the health system level, mainly unequal access to family doctors, excessive waiting lists, and increases in the direct costs of healthcare. Results allow questioning the adequacy of cultural competence approaches for the reduction of inequalities in maternal-child healthcare in the context under study, showing the critical and innovative value of qualitative methodology and grounded theory in research on social justice and health in contexts of diversity characterized by unequal power dynamics.

La importancia de la Teoría Fundamentada para la investigación sobre la desigualdad en salud materno-Infantil en contextos de diversidad: una aproximación psicosociopolítica

Palabras clave
Desigualdades
Salud materno-infantil
Inmigración
Justicia social
Teoría Fundamentada

RESUMEN

Adoptando una aproximación psico-sociopolítica, en el presente trabajo se describen los resultados de una evaluación de necesidades percibidas por las mujeres en edad reproductiva como usuarias de cuidados de salud primarios en contextos de diversidad asociada a la inmigración y vulnerabilidad socio-económica, en el área metropolitana de Lisboa. Se llevaron a cabo 64 entrevistas en profundidad a mujeres, tanto autóctonas como inmigrantes, de los principales países de origen en el contexto analizado (Brasil, Cabo Verde y otros países africanos de lengua oficial portuguesa) y una encuesta en la que participaron 125 mujeres, tanto autóctonas como inmigrantes, procedentes de los mencionados países. El papel central de la metodología cualitativa y la Teoría Fundamentada, en el marco de una investigación multimétodo, permitió comprender cómo las necesidades de las mujeres se insertan en contextos caracterizados por relaciones de poder asimétricas, basadas en el acceso desigual a los recursos y oportunidades, a múltiples niveles ecológicos, interrelacionados entre sí (personal, relacional, organizacional, comunitario, socioeconómico, sistema/políticas de salud, cultura/migración). Las necesidades prioritarias identificadas se relacionan principalmente con la situación de desventaja socio-económica en la que se encuentran las mujeres, agravada en el actual contexto de crisis, y con factores a nivel de sistema de salud, tales como el acceso desigual al médico de familia, las elevadas listas de espera, o los costes cada vez mayores de la atención sanitaria. En este sentido, los resultados obtenidos permiten cuestionar la adecuación de la competencia cultural como estrategia para reducir las desigualdades en salud materno-infantil en el contexto objeto de estudio, mostrando el valor de la metodología cualitativa y la teoría fundamentada en la investigación sobre justicia social y salud en contextos de diversidad y dinámicas de poder asimétricas.

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In the current context of crisis, uncertainty, and progressive impoverishment of an increasing part of the population in Portugal and other Southern European countries, some of the greatest risks are the deterioration of health, increased health inequalities, the decrease of life expectancy, and the rise of mortality rates, particularly in populations living under conditions of socioeconomic vulnerability (Karanikolos et al., 2013; Kentikelenis, Karanikolos, Reeves, McKee, & Stuckler, 2014; Kentikelenis et al., 2011; Legido-Quigley, Otero et al., 2013; Legido-Quigley, Urdoneta et al., 2013). In this turbulent context of crisis, people cope with changes and uncertainty from asymmetrical positions of power and the ability to mobilize different kinds of resources. Some of the most vulnerable populations are pregnant women, newborns, and mothers, particularly those suffering with more strength the consequences of the financial crisis as a result of unemployment, economic instability, and the general precariousness of working and living conditions.

Although there is still very scarce research on the health consequences of the financial crisis, the limited empirical evidence available shows a devastating image. Most empirical evidence comes from Greece, where an overwhelming report recently published by the *Lancet* (Kentikelenis et al., 2014) describes a 43% rise in infant mortality rates between 2008 and 2010, with increases in both neonatal and post-neonatal deaths. It is suggested that this increase is associated with barriers in access to timely and effective care in pregnancy and early life together with worsening socioeconomic circumstances. In addition, this report describes a 19% increase in the number of low-birth-weight babies between 2008 and 2010 and a 21% rise in stillbirths between 2008 and 2011, all attributed to reduced access to prenatal health services for pregnant women.

In contexts of migration-driven diversity, the impact of the financial crisis may be even more pernicious, taking into consideration wide empirical evidence showing that immigrants and ethnic minorities tend to have worse health and more limited access to quality healthcare when compared to the broader general population (Ingleby, Chiarenza, Devillé, & Kotsioni, 2012; Ingleby, Krasnik, Lorant, & Razum, 2012; World Health Organization [WHO] Regional Office for Europe, 2010). In the particular case of maternal-child health, research conducted in a variety of European countries has shown that immigrant women tend to suffer higher infant and maternal morbidity and mortality rates, increased premature births, higher rates of postpartum depression, and more frequent complications during pregnancy and childbirth (Almeida, Caldas, Ayres-de-Campos, Salcedo-Barrientos, & Dias, 2013; Luque, Bueno, & de Mateo, 2010; Luque, Gutiérrez, & Bueno, 2010; Minsart, Englert, & Buekens, 2012; Zwart et al., 2010). The same pattern has been observed in the specific case of Portugal, where immigrant women tend to have increased premature childbirths, more health problems during pregnancy, and higher rates of fetal and neonatal mortality (Machado, 2008; Machado et al., 2007).

Maternal-child health inequalities in contexts of migration-driven diversity may be explained by two interrelated sets of factors: (1) disadvantaged socioeconomic conditions based on the less favourable social position that immigrants tend to occupy in the host societies (Ingleby, 2012), often with conditions of social exclusion as a major cause of health inequities among migrants and ethnic minorities (CSDH, 2008); and (2) inequities in terms of less accessible and inferior quality healthcare for migrant populations, including pregnant women and mothers (Ingleby et al., 2012; Machado et al., 2009; Padilla et al., 2013; WHO Regional Office for Europe, 2010). In Portugal, both sets of factors may be contributing to increased maternal-child health inequities in the current context of crisis, due to growing unemployment, precarious living conditions, and the retrenchment of the welfare state in terms of increasing cuts in public expenditure on healthcare and rising direct costs for users when public resources are most needed.

One of the most well-known strategies for reducing disparities in health and healthcare in contexts of migration-driven diversity is the promotion of cultural competence among professionals and healthcare organizations. Cultural competence has been defined as "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations" (Cross, Bazron, Dennis, & Isaac, 1989, p. 13). However, lessons learned from research and experiences of implementing "cultural competence" programmes have led to profound debates and criticism about this concept (Balcazar, Suarez-Balcazar, Willis, & Alvarado, 2010; Chiarenza, 2012; Ingleby, 2011), and the need to look for innovative and more comprehensive approaches.

In line with this, the main aim of this paper is to critically examine the adequacy of cultural competence as a strategy to reduce healthcare inequalities in contexts of migration-driven diversity and socioeconomic vulnerability with a special focus on the health of women in reproductive age. This critical examination is based on the perceived needs, views, and experiences of women as primary healthcare users, paying particular attention to those suffering conditions of socioeconomic disadvantage in a specific local context, the Metropolitan Area of Lisbon, severely struck by the financial crisis and the subsequent austerity measures.

The Value of Qualitative Methodology and Grounded Theory

The central role of qualitative methodology and grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1998) in the framework of a multi-method research allowed us to:

(1) Emphasize the role of the context, adopting a psycho-sociopolitical (Albar et al., 2010; García-Ramírez, de la Mata, Paloma, & Hernández-Plaza, 2011; Hernández-Plaza, 2013; Hernández-Plaza, García-Ramírez, Camacho, & Paloma, 2010; Martín Baró, 1986, 1996; Prilleltensky, 2011, 2008a, 2008b), and ecological (Trickett, 2009) view of the human being, embedded in multiple contexts characterized by unequal power dynamics at diverse ecological levels (personal, relational, cultural, organizational, community, socioeconomic, and health system/policy).

(2) Apprehend the dynamic nature of psychosocial phenomena in rapidly changing times of crisis in order to identify emergent conditions, themes, concepts, and relations as a basis for enforcing, redefining, or questioning the adequacy of cultural competence as a strategy for the reduction of health inequalities in each specific context: socioeconomic, political, historic, cultural, and local.

(3) Inductively examine the needs and experiences of women, giving voice and prominence to the most disadvantaged groups in the analysis of the barriers, inequities, and injustices they face in using healthcare services as central for the critical examination of cultural competence in contexts of severe socioeconomic vulnerability.

(4) Merge the perspectives of community psychology, sociology, public policy, and anthropology through an interdisciplinary dialogue that emphasizes multiple interconnected levels of analysis, grounded on the needs, experiences, and views of women.

The emphasis on qualitative methodology was also central in the community-based participatory approach adopted, emphasizing collaborative work through a community coalition composed of an interdisciplinary group of researchers with a background in community psychology, sociology, public policy, and anthropology and diverse stakeholders in the field of migration and health (e.g., health professionals, social workers, intercultural mediators in health centres and municipalities, governmental agencies, non-governmental organizations in the field of immigration, and health community organizations).