What are the perceptions of Somali migrant women in the UK about the factors influencing their access to preconception and maternity care?

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INTRODUCTION

- ✓ Migrants of Somali origin constitute one of the largest and most established communities within black African minority groups in the UK. Most Somali immigrants have experienced various traumas as refugees as well as discrimination in their host country[1].
- ✓ Like most migrants they face socio–cultural and religious differences, racism, negative stereotypes, and inequality in health care provision as they try to integrate into existing communities[2]. These factors have impacted on their health, healthcare and health outcomes.
- ✓ Most Somali women have compromised health status due to their past and present experiences.
- ✓ Pregnancy outcomes among this group are known to be poorer than those of the indigenous population[3,4].
- ✓ Maternity, and more recently preconception care, have been shown to have a significant influence on maternal health and pregnancy outcomes[5].
- ✓ Access to both is therefore vital, and several studies have examined access to maternity care among migrants but few have focused on preconception care.
- ✓ This study examined factors that influenced knowledge about, and access to, preconception and maternity care.

AIMS

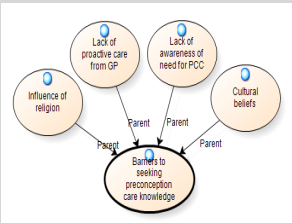
- ✓ To explore and describe the views and experiences of Somali migrant women about accessing preconception and maternity care in the UK;
- ✓ To examine their perceptions about the factors that influence their access to care before and during pregnancy.

SUBJECTS AND METHODS

- ✓ Migrant Somali women between the ages of 22yrs and 37 yrs, based in Leicester who had recently accessed either women's health or maternity services, and were currently pregnant or had a baby in the UK within the last 2yrs.
- ✓ A qualitative approach underpinned by grounded theory[6], was used.
- ✓ Two audiotaped focus group discussions made up of five to six women and five one-to-one interviews of English and non-English speaking Somali women were conducted.
- ✓ The data collected were transcribed and analysed using a constant comparison method.
- ✓ Coding was used to identify categories and themes throughout the process of data collection and analysis.
- ✓ The software package Nvivo 10 was used to organise the themes and verbatim quotes were used to demonstrate the results.

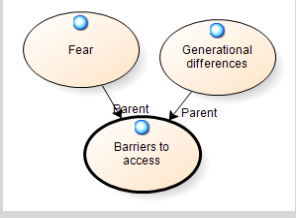
RESULTS: Key Themes

1. Lack of knowledge and barriers to accessing preconception care (PCC)



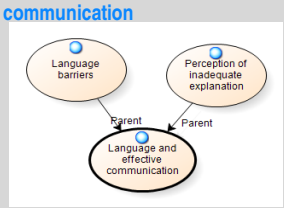
" I have no idea/knowledge about taking care of health before pregnancy "(Participant 4, FG1)

2. Barriers to accessing contraception



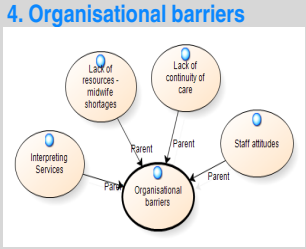
"I worry if I use any contraceptive it may damage to me... that's why me I don't like but its good for children they get good care "(Interview01).

3. Language and ineffective communication

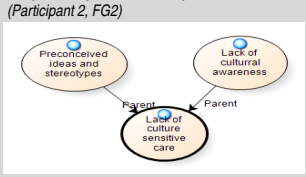


"How will I deal with the midwife if we do not understand each other? What is the point of going there if she doesn't speak my language" (Participant 4 FG1).

4. Organisational barriers

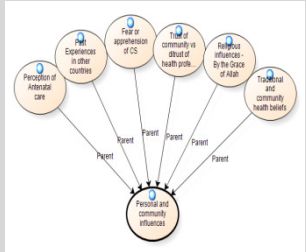


"Maybe because of our colour, culture, religion or some reason they think they are better than us. The worst thing she said was I probably will see you next year… it makes you feel worthless" (Participant 2, FG2)



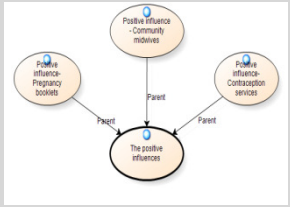
"A lot of midwives they do not know about our culture and when they see it (circumcision) for the first time I think they are shocked" (Participant 5, FG2)

5. Personal and community influences



"Whether it is disable or whether it has Downs Syndrome or if the kid is going to be healthy or not healthy, most of the Somali women refuse (tests) because they think whatever is inside Allah already created and they have to appreciate it as a gift". (Participant1, FG1).

POSITIVE INFLUENCES



SUGGESTIONS TO IMPROVE PRECONCEPTION AND MATERNITY CARE

Health promotion and publicity

✓Information provided in appropriate language

✓Proactive health promotion by GPs

✓Organization of community groups with peer support

Acess to care and services

✓Training for staff to improve attitudes and cultural awareness

✓Building relationships to enable continuity of care

✓Access to interpreters and better communication

CONCLUSION

✓Knowledge about what preconception care entails is very limited or lacking among Somali migrant women. Health professionals and the community need to invest more time and effort to improve awareness.

✓Improved access to maternity care is needed for Somali women in particular and black African migrant women in general.

✓Although personal and community beliefs/attitudes hinder access, issues of inequality such as lack of resources, cultural insensitivity, poor staff attitudes, language barriers and ineffective communication make migrant women more vulnerable to poor pregnancy care.

Key references

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