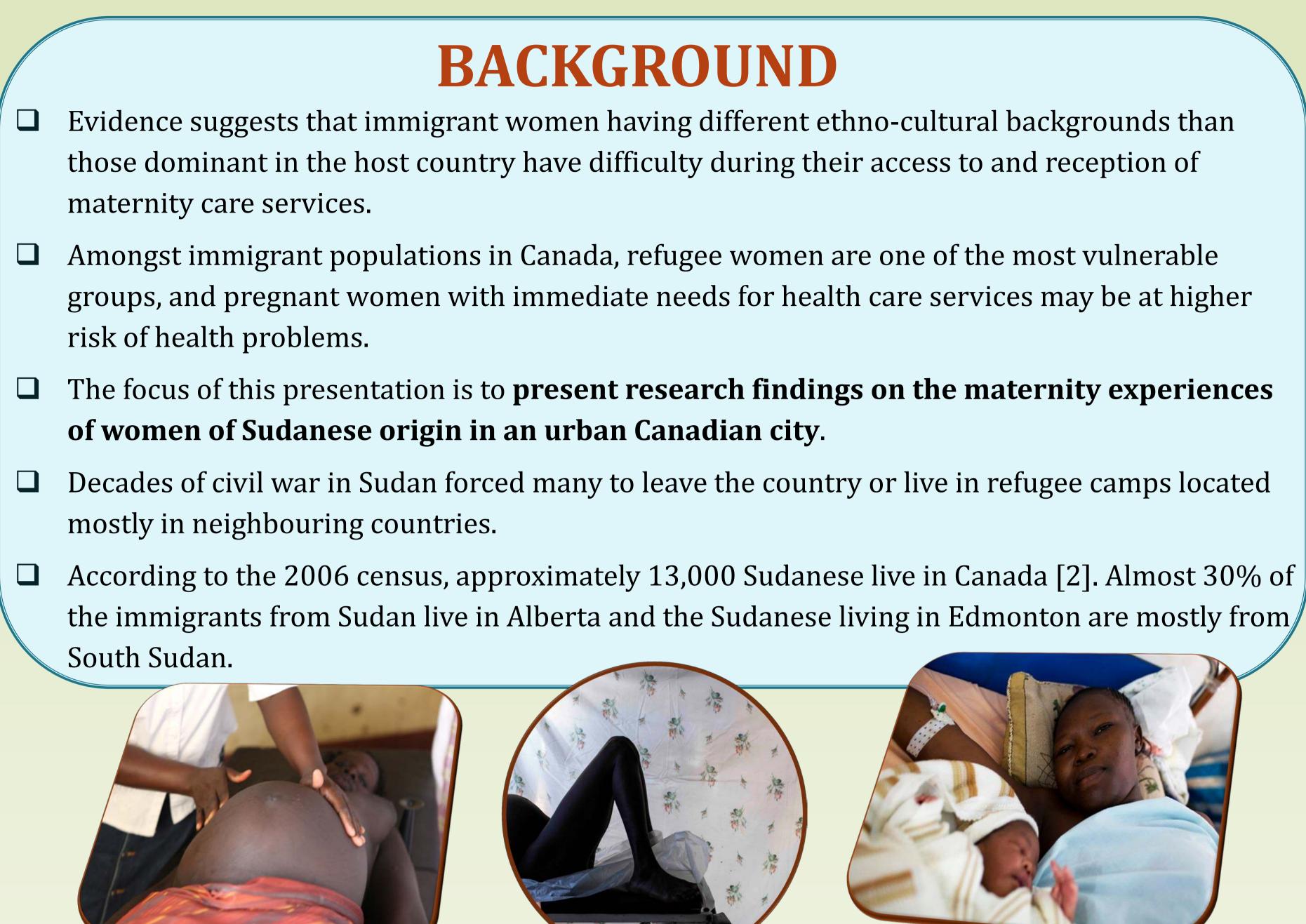
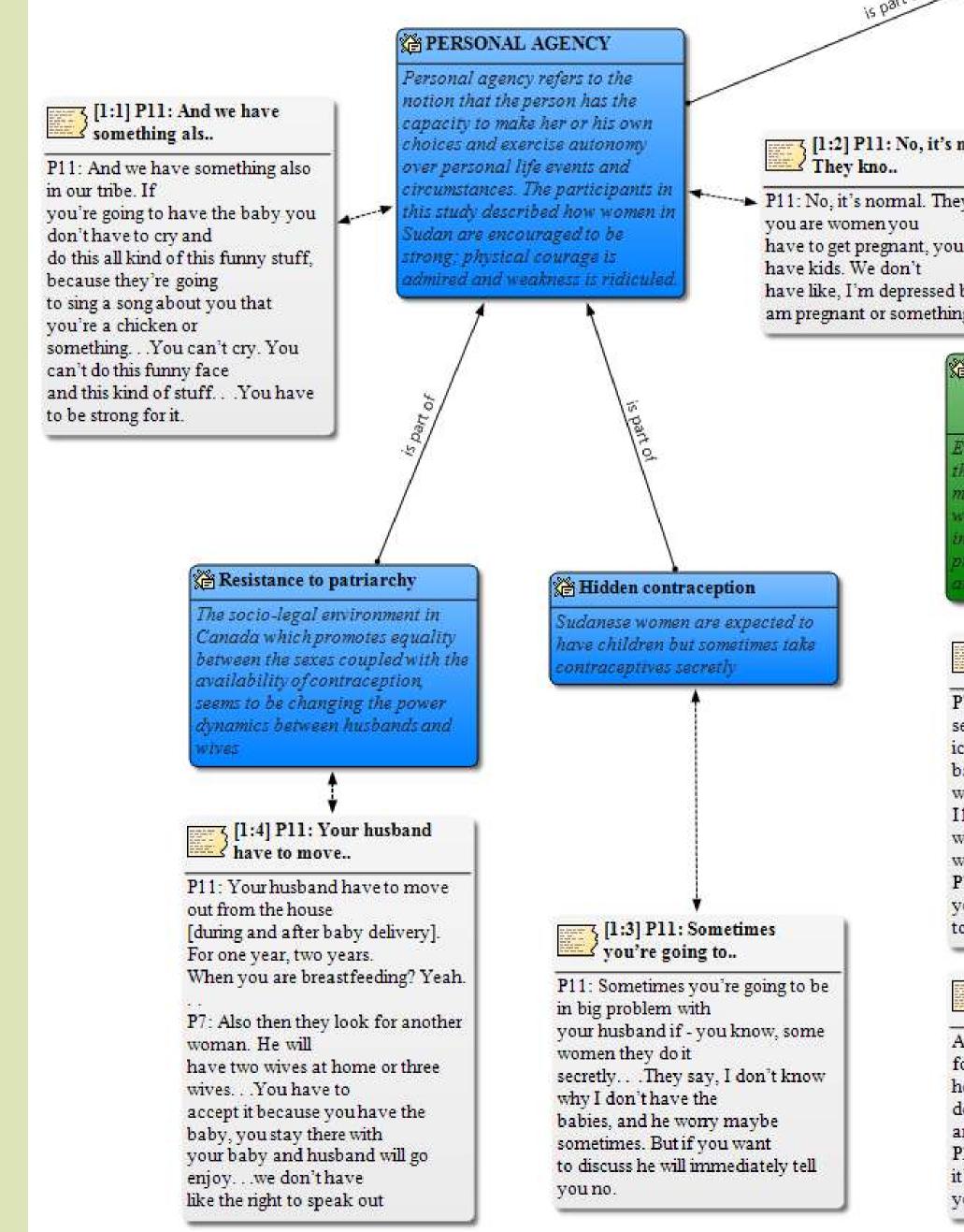


# "I have to do what I believe": Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada[1]







References Higginbottom, G., Safipour, J., Mumtaz, Z., Chiu, Y., Paton, P., & Pillay, J. (2013). "I have to do what I believe": Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada. BMC Pregnancy and Childbirth, 13, 51. Statistics Canada. (2007). Census of population. Topic-based population : ethnic origin , single and multiple ethnic origin responses. Sudanese ethnic origin. Statistics Canada catalogue no 97-562-XCB2006006 Wood, M.J, & Ross-Kerr, J.C. (2011). Focused Ethnography, Basic Steps in Planning Nursing Research From Question to Proposal (7th ed.). Jones & Bartlelt Publishers, Canada, p. 310-327. Higginbottom, G., Pillay, J., & Boadu, N. (2013). Guidance on performing focused ethnographies with an emphasis on healthcare research. *The Qualitative Report, 18*(17), 1-16. Roper, J., & Shapira, J. (2000). Ethnography in Nursing Research: MNR Methods in Nursing Research. London: SAGE.

Gina MA Higginbottom<sup>1</sup>, Beverley O'Brien<sup>1</sup>, Zubia Mumtaz<sup>2</sup>, Sophie Yohani<sup>3</sup>, Philomina Okeke<sup>4</sup>, Patricia Paton<sup>5</sup>, Yvonne Chiu<sup>6</sup> I. Faculty of Nursing, University of Alberta; 3. Department of Educational Psychology, University of Alberta; 3. Department of Women's & Gender Studies, University of Alberta; 5. Alberta Health Services; 6. Multicultural Health Brokers Co-operative, Edmonton, Canada.

Focused Ethnography to explore distinct groups of people within complex societies and uncover underlying power relationships within a culture which may influence health care practices, opportunities and care related decisions [3,4]. Key features include a) focus on discrete community or social phenomena, b) problem focused and context specific, c) limited number of participants, d) participants usually hold specific knowledge, and e) episodic or no participant observation [3,4].

Purposive sampling was used to select women of Sudanese origin who had immigrated to Canada within the last 5 years and who were either pregnant and using health care services, or in the postnatal period up to one year following birth. Focus group interviews (FGIs) were conducted by the first author in a community setting familiar to the women. A community researcher assisted with recruitment and interpreted the interviews.

### Analysis

Data were managed and analyzed with the aid of ATLAS.ti qualitative data analysis software (ATLAS.ti Scientific Software Development GmbH, Germany). Analytical steps included: i) coding for descriptive labels, ii) sorting for patterns, iii) identification of outliers or negative cases, iv) generation of themes, v) generalizing with constructs and theories, and vi) memoing and reflective remarks [5].

### **Participants**

In total, 12 immigrant Sudanese women (mean age 36.6) participated in two FGIs. The length of residence in Canada for the women was between a few months to 5 years and many had migrated from a country other than Sudan.

## FINDINGS -THEMES, COMMENTS, AND VERBATIM COMMENTS

EMERGING THEM	ES		
	is part of		
		RESISTANCE TO HEALTH PRACTICE The Sudanese women in this study	
s normal.		remarked that they had a great deal of experience with the birth process. Birth is seen as natural and a community event.	<b>4</b>
ney know if			
ou have to	is part of spa	bart of	Car is a
d because I ing, no	/ /	<u>.</u>	or is part or
Resistance to other practices- delivery positions and relief for swelling Even though the participants in this study generally complied with medical practices in Canada, there were many comments regarding an inconsistency between these	Bottle-feeding versus breast feeding As breastfeeding is associated with naturalness in Sudan, they are reluctant to engage in bottle feeding.	Fear of caesarean sections There appears to be a widespread belief for the participant women that women should not go to the hospital because the doctors will perform a caesarean section.	Tradition related to ho cold There are also cultural no associated with the consum food and beverages during maternity. However, great placed
practices and their own customs and perceptions		[1:7] P11: Our people, they stay for	\$
[1:10] P7: They told me that with c-s P7: They told me that with c-section I have to put the ice with cloth but I go in the bathroom, take hot water with cloth. [laughter] I1: So do you think the hot water works on the wound? P7: It's my tradition. I believe in it, you knowI have to do what I believe. [1:9] Another participant indicated	[1:13] P11: The only thing, sometimes P11: The only thing, sometimes they introduce bottle to the baby immediately, the nurses They bring bottle, yeah. They don't kind of like ask you to feed the baby Because I'll sometimes go for labour support with the moms I see and they have that, they advertise about the formula. You couldn't believe at the hospital. They have that all information on the formula and this one with this kind of good rich stuff on it, the formula, to give the moms interested to give it to the	P11: Our people, they stay for a while because they say if you rush to the hospital they're going to do for you c-section. We have that idea in our community. You have to wait until sometimes you deliver in the car or in the [ambulance] [1:8] P7: Yeah, but here they're tel P7: Yeah, but here they're telling me, okay. I say, "You know what? I have to try, try, try," but I couldn't. Yeah, the last baby, the doctor told me, "Actually, you know, I	<ul> <li>[1:12] P3: Hot? Yes Because I know</li> <li>P3: Hot? Yeah. Because I some people just after they have baby here in [H they never eat until they go home.</li> <li>P11: For four day they do</li> <li>[1:11] P2: Hot tea : drinks. II</li> <li>P2: Hot tea and hot drink I1: Okay, so on the whole things are thought to be good for labour?</li> <li>P2: They mean to help yo help the baby go out.</li> </ul>
Another participant indicated that for births in the hospital (where she was lying down), she was in pain and discomfort ("short of breath"). P3: No, when you're laying down it's too much pain. If you walk it's better.	babies.	don't think you will have the normal delivery." I said, "I have to try." Okay, after I have the baby the second day he came over and he told me, "You know, I told you you don't have a baby normal because you are small.	

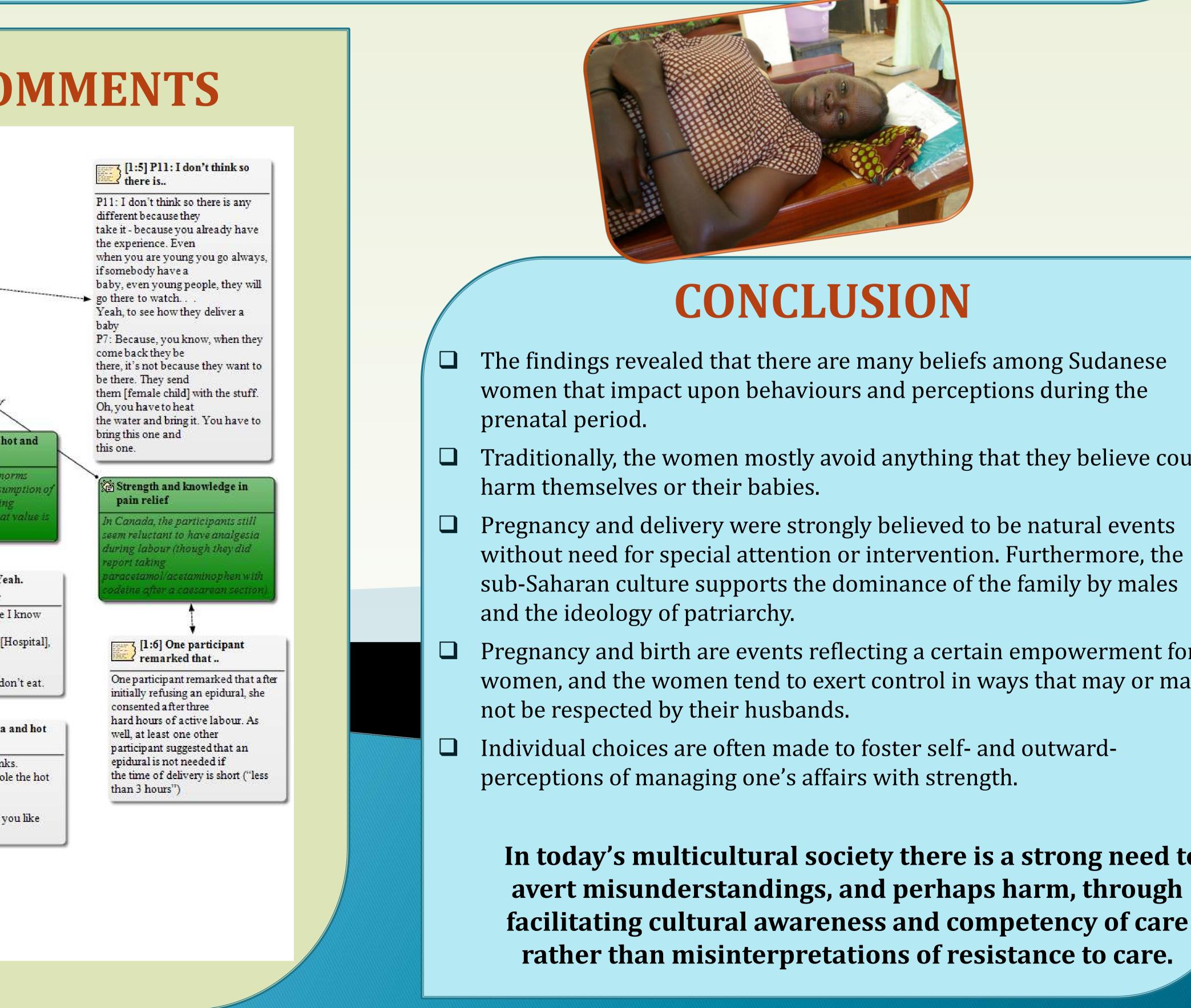
This research was funded through an Emerging Team Grant from the Faculty of Medicine & Dentistry (University of Alberta), Alberta Health Services & the Women and Children's Health Research Institute.

This work was funded in part by GH's Canada Research Chair (http://www.chairs-chaires.gc.ca/)

## **STUDY DESIGN**

This presentation reports on findings of a sub-group of participants in a large mixed-methodology study which employed a focused ethnography for its qualitative dimension, using purposive sampling and semi-structured individual and focus group interviews.

### **Sampling & Data collection for sub-group of Sudanese participants**





Traditionally, the women mostly avoid anything that they believe could

Pregnancy and birth are events reflecting a certain empowerment for women, and the women tend to exert control in ways that may or may

In today's multicultural society there is a strong need to avert misunderstandings, and perhaps harm, through facilitating cultural awareness and competency of care rather than misinterpretations of resistance to care.

> Canada Research Chaires de recherche Chairs du Canada

Canada





