

They get a c-section... they gonna die

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Background

- Pregnancy higher risk in Somalia
- Pre war Somali health care system mix of western and traditional
- Received crisis care as a result of the war, refugee camps
- Somalis experience language, culture and medical conflict in US system



Goal

Explore Somali women's attitudes and beliefs

- Cesarean section
- Obstetrical practices
- Resistance to interventions

Methods

- 34 Adult Somali women in Rochester, NY
 - Primary care referrals, snowball
 - Key informants, word of mouth
 - Female Interpreters
- In depth audiorecorded interviews
- Professional interpreter reviewed transcripts by lay interpreters

Two Phase Analysis

General Qualitative Analysis

- Multidisciplinary team
- Grounded theory
- Systematically coded by 3 experts
- Six Somalis as key informants
- Focus group conducted

Focus on birth experiences and obstetrical data

- Transcripts were coded by 3 new individuals, compared with prior team schema
- Second focus group convened

Demographic data

- Participant characteristics
 - 34 women
 - Mean age 27 (Range 18-53)
 - 44% Somali Bantu, 56% non-Bantu Somali
- Education
(Any)
 - 13% Somali Bantu, 79% non Bantu Somali
- Use of interpreter
 - 87% Somali Bantu, 53% non-Bantu Somali

Results - US experiences

- Frustrated with timing and pacing of obstetrical interventions
- Time pressure (N=12)
 - Rush labor
 - Induce labor
 - Recommend c-section for prolonged labor

“Back home with a midwife, if the kid has a big head and he can't come out [midwife] makes a cut and the kid comes out. [Somali women] believe here that [doctors just want to do surgery. They don't want to help the baby to come out. Back home if women are in labor, even for two days, they still have to wait until the baby comes out. But over here [doctors] think its an emergency and they just do the c-section. They don't wait until the baby come out.”

-A 23 year old Somali Bantu woman, speaking in Maay Maay through an interpreter, resettled in US 2 years

Results – US Experiences

- Delay entry to hospital (N=5)
 - Wait until Rupture of membranes
 - Strong labor
 - Opposed to Induction (N=7)
 - Prolonged gestation
 - Change LMP to change EDC

Results - Religion

- Belief in God affects decisions regarding obstetrical interventions (N=8)
- C-sections represented not waiting for God to help (N=7)
- “ But I think that [doctors] should wait because we believe everything will come in its time. God is number one to us. [Don't] rush us and do an induction. We don't believe in it. We just want natural birth without using medication. Give us time.”
 - A 20 year old non-Bantu Somali woman speaking in English, resettled in the US for 4 years

Aversion to Interventions

- Aversion to c-section, evenly distributed among Somali Bantu and non-Bantu Somali, range of resettlement periods (N=25)
- 22 participants fear of c-section
- 14 women believed died from c-sections

Fear of cesarean sections

“ Sometimes people have a c-section [and] they die. That's what I think. Here in the US and even in Africa some people die.”

-An 18 year old Somali Bantu woman speaking in Maay Maay, through an interpreter, resettled in the US for 2 years

“ Most of people who get c-section they die”

-A 23 year old Somali Bantu woman speaking in Maay Maay through an interpreter, resettled in the US for 2 years

Specific fears of C-Section

- Future infertility
- Persistent disability
- Inability to function as home/caregiver role

“ If you have a c-section you never, ever [can get] pregnant again. You can't lift up your child or do heavy things. You can't run or do anything that other women do.”

-A 26 year old Somali Bantu woman speaking in Maay Maay, through an interpreter, resettled in the US for 2 months

Specific fears of C-Section

“ When you have your baby natural birth in 10 days there's lots of things you can do. When you have cesarean section more than 4 months.”

-A 21 year old non-Bantu Somali woman speaking in English, resettled in the US for 5 years

Strengths

- Robust Sample
- Community Involvement
- Iterative Analysis process

Limitations

- Interviewers were health care professionals
- Self referral bias
- Primary questions not focused on obstetric interventions

Conclusion

- Somali women of many ages, resettlement times revealed common concerns about C-sections and obstetric interventions
- Aversion to timing and decisions about obstetrical interventions
- Fear of c-sections because of fear of death

Future Areas of study

- Evaluate sources of fears
- Implication of educational level
- Elicit Somali women's expectation regarding obstetrical interventions
- Length of time in refugee camps, resettlement in US may shift perspectives
- Do community collaborative programs work?
- Use or encourage Somali traditional techniques

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■ Mahad Sanit!