PERCEIVED ACCESSIBILITY AND FITTING OF MATERNITY CARE AND MATERNAL HEALTH PROMOTION ACTIVITIES AMONG REFUGEE WOMEN FROM ARABIC ORIGINS IN THE NETHERLANDS

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• Background and problem statement
• Methodology
• Results
• Discussion and Conclusions
• Recommendations
BACKGROUND & PROBLEM STATEMENT

• **The Refugees’ Problem:** 67.75 million people displaced from their own homes (1)

• **Refugees in the Netherlands:**
  • 101,744 refugees by the end of 2016 (1)
  • 44% asylum seekers were from Syria, Morocco, Algeria and Iraq alone (2).
  • 2014 - 2016, around 41,000 Syrians had a legal residency status in the Netherlands.
  • In 2011, 30% were women (3).
  • A study in 2011 has shown that asylum seeking women in the Netherlands have four times more risk of Severe Acute Maternal Morbidity (SAMM), (4)
• Maternity care in Arab Countries of Origin:
  • Maternity care services are loosely regulated
  • Private sector is dominating the service provision (5)
  • In Syria, in 2005, the private sector provided 80% of the antenatal care. (6)
  • In 2006, 75.3% of Syrian women had received antenatal care from trained doctors, while only 8% received it from midwives (6)
  • In 2005, 65.8% of the Syrian women preferred to give birth at hospital (7)
  • 85% of those women preferred to be seen by a female obstetrician (7)
STUDY AIM & OBJECTIVES

This study aimed to **explore** the perceived **accessibility and fitting** of **maternity care services** among **refugee women from Arabic origins**, who have interacted with maternity care services within one year before the study, and are legally settled in the Netherlands.

Objectives

- Explore the **perceptions and experiences** of pregnant and recently pregnant refugee women of Arabic origin legally settled in the Netherlands regarding **access to maternity care services** in the Dutch healthcare system.

- Explore the available **knowledge and sources of information** on the maternity care services

- Propose **suggestions** to health providers aiming to **improve access and appropriateness of maternity care services** for pregnant women from Arabic origins legally settled in the Netherlands.
METHODOLOGY

- An exploratory qualitative study and narrative analysis (8)
- Levesque’s health access model (9)
- Target group
- Recruitment
- Semi-structured interviews
- Analysis
- Ethical considerations
## RESULTS AND DISCUSSION

<table>
<thead>
<tr>
<th>Respondent Code</th>
<th>Pregnant (P), or New mother (NM)</th>
<th>Age</th>
<th>Origin</th>
<th>Dutch and English levels: Advanced (A), Intermediate (I), Beginner (B), Non (N)</th>
<th>Level of education</th>
<th>Location</th>
<th>Deliveries in the Netherlands/ Number of kids</th>
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<td>28</td>
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<td>NM</td>
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<td>Bunnik/ Utrecht</td>
<td>1/1</td>
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<td>(B) Dutch, (I) English</td>
<td>University</td>
<td>Maartensdijk</td>
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<td>P*</td>
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<td>29</td>
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<td>33</td>
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<td>(A) Dutch, (I) English</td>
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<td>21</td>
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<td>(B) Dutch, (I) English</td>
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<td>Utrecht (Phone)</td>
<td>2/2</td>
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<table>
<thead>
<tr>
<th>Respondent Code</th>
<th>Function</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>VU</td>
<td>Volunteer at the refugees camp</td>
<td>Refugees camp, Utrecht</td>
</tr>
<tr>
<td>GA</td>
<td>Gynaecologist</td>
<td>Rijnstate hospital, Arnhem</td>
</tr>
<tr>
<td>GE</td>
<td>Gynaecologist</td>
<td>Ziekenhuis Gelderse Vallei, Ede</td>
</tr>
<tr>
<td>DU</td>
<td>Doctor at JGZ</td>
<td>CJG Geuzenveste, Utrecht</td>
</tr>
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</table>
RESULTS AND DISCUSSION

1. Approachability and the Ability to Perceived

• Available Information

• Information are available **but in Dutch**
• Differences between camp residents and refugees settled outside
• Information are shared between refugees,
• Lack of explanation and the need for guidance,
• Knowledge gaps:
  • insurance system and its coverage.
  • where she would give birth or what would happen after she gave birth.
  • information about contraceptives.
  • Service providers and services themselves.
  • prescription of vitamins
  • care for the new born and common illnesses of young children,
  • municipal support for new families.

“The insurance in Holland is complicated and hard to understand,”
 concluded R23

“We felt there is a big gap between what we would like to inform... like we do with Dutch patients and refugee patients,”
 mentioned GA.
RESULTS AND DISCUSSION

1. Approachability and the Ability to Perceived

• Available Information

• Sources of Information
  • Midwives, doctors and maternity assistants
  • Different information booklets in Dutch
  • The website of the booklet has information in Arabic
  • Online search questions on English websites
  • Arabic information through Arabic forums and websites
  • Meetings for expectant mothers, but they were held in Dutch.
  • Previous experience or information, from their family, friends, neighbours and social groups, including social media groups

“They gave me a booklet. I was supposed to read about pregnancy and what should I do [...] I didn’t read it,” said A28 about the Dutch booklet she received.
RESULTS AND DISCUSSION

1. Approachability and the Ability to Perceived

• Available Information

• Sources of Information

• Experiences, Reputation and Expectations
  • Respondents appreciated the services and regarded them as excellent
  • False reputation and negative impressions

“Thanks God, the medical system is very good, I find everything is perfect,”
said G21.

“Here, they started telling me that I had just arrived and maybe where I had been living before they cared more for you, while here no [...] what happened was completely the contrary,”
said U27
RESULTS AND DISCUSSION

1. Approachability and the Ability to Perceived

• Available Information

• Sources of Information

• Experiences, Reputation and Expectations

• Health Literacy and Habits
  • In home countries, Arab women are used to go directly to the specialist, to do several echo examinations, to hospital deliveries
  • Understanding of the informed consent
  • Different standards for prescribing medication, antibiotics and supplements
  • The respondents perceived themselves as different from Dutch women
  • Different concepts about indications for health procedures

“Their health questions are because they don’t really know what is normal [...] in general; I think not many refugees know what they can come for,” said GA.
RESULTS AND DISCUSSION

2. Acceptability and the Ability to Seek

• Perceptions about the Services
  • The services were very good and appraised
  • Waiting times were generally good and acceptable
  • Health care providers care for the mother
  • Respondent R23 told us that he found the visits are numerous while the intervals were short. He even felt that sometimes there was no need.

“It was very good, more than you expect,” said U27.
RESULTS AND DISCUSSION

2. Acceptability and the Ability to Seek

- Perceptions about the Services
- Perceptions about the Service Providers
  - Healthcare staff were treating the respondents very well
  - Nine of the ten respondents preferred females to men service providers
  - Female staff usually provide the service.
  - None of the respondents mentioned being embarrassed or uncomfortable
  - Dealing with midwives was new for many respondents
  - Negative experiences with service providers were individual and cannot be generalised

“Doctor and midwife are the same things […]. At the beginning, you may trust a doctor as having the experience. A midwife isn’t the same thing. However, in the end, I didn’t feel that,” said M28.

“They don’t have such firmness, like no is no, or yes is yes. They always discuss with you and explain the reasons and in the end, you are convinced,” said B30.

“I told them that I preferred to stay only with females, but they said that it was better… the specialist […] I felt shy for a while, and then felt comfortable as my husband was with me,” said B30.
RESULTS AND DISCUSSION

2. Acceptability and the Ability to Seek

• Perceptions about the Services

• Perceptions about the Service Providers

• Delivery Site
  • Delivery at a hospital vs at home
  • Only one respondent delivered at home.
  • She was happy about it. However, if the hospital would have been close by and the delivery there would have been free, she would probably have preferred to deliver at the hospital.

“Here it is very normal to have delivery at home [...] I didn’t like; we are used to go to the hospital,” M28
RESULTS AND DISCUSSION

2. Acceptability and the Ability to Seek

• Perceptions about the Services

• Perceptions about the Service Providers

• Delivery Site

• Cultural Differences
  • Culture and traditions were respected
  • Waiting for information and guidance
  • Healthcare providers are always open to answer questions, *If asked!*

“*I went to the operation room with my full cloth and headscarf. There was no male doctor except the anesthesiologist,*” Z35

“*Here they depend on what you like and want them to offer [...] in our Arabic society, we are used to the fact that the physician guides us. The patient doesn’t know what is better to do,*” B30
RESULTS AND DISCUSSION

2. Acceptability and the Ability to Seek

- Perceptions about the Services
- Perceptions about the Service Providers
- Delivery Site
- Cultural Differences
- Health Seeking Behaviour
  - All respondents could identify the standard pathway
  - Understood the need and keep on to monitor the pregnancy
  - They were careful to buy vitamins and supplements and do optional examinations
  - They reached the service later than Dutch women do
  - One woman used to call doctors back in Syria. She took iron supplements from a prescription of a friend of hers

“When I ask ah why you don’t go to the doctor, many times they will just say we know this recipe of food it will make us better,” vu

“They are very accurate and they don’t miss appointments most of the times,” DU
3. Availability and the Ability to Reach

- Location
  - Midwives and family doctors are usually in the same neighbourhood
  - The echo was not in the same centre
  - Hospital is sometimes in a different city

“They called the ambulance and the ambulance said that they wouldn’t come. I felt embarrassed and asked them to call a taxi for me,” said R23.
RESULTS AND DISCUSSION

3. Availability and the Ability to Reach

• Location

• Availability of Staff
  • Waiting times were appropriate
  • More time for the appointments with refugees families.

“Because I have noticed when I see them more often, they are willing to tell me what they want to ask,” DU.
RESULTS AND DISCUSSION

3. Availability and the Ability to Reach

• Location

• Availability of Staff

• Mobility and Transportation
  • 5-30 minutes walking to the midwifery centres
  • For some people, taking transportation was hard
  • All respondents, except one, did not have a car
  • Too expensive to take a taxi

“We were new. I didn’t know the language. I didn’t know how to take transportation. It was difficult for me even taking the bus,” R23.

“We didn’t have a car, and the hospital was far. Deliveries usually happen at night, how you can go there?” U33.
RESULTS AND DISCUSSION

4. Affordability and the Ability to Pay

• Insurance
  • They all had basic insurance
  • Covers midwife visits, 3-4 echo examinations, the delivery, and the kraamzorg
  • Does not cover: transportation, vitamins, medication and extra tests even when recommended by the midwife. In addition to any procedures outside the standard pathway.
  • Some other services such as the Centrum voor Jeugd en Gezin (Centre for Youth and Family) are covered by the municipality
RESULTS AND DISCUSSION

4. Affordability and the Ability to Pay

• Insurance

• Financial Aid
  • Government benefits
  • Depending on their municipality
  • Individual help
  • There is no support or special arrangements for transportation

“It differs according to your municipality. In ours, we don’t get any help, neither loan nor grant,” B30.
RESULTS AND DISCUSSION

4. Affordability and the Ability to Pay

- Insurance

- Financial Aid

- The Ability to Pay
  - None of the respondents had a paid job.
  - Depended on their husbands
  - Sometimes, costs were hard to cover and they had to make debts.
  - Financial abilities affected some respondents’ decisions.
  - Transportation

“I have a young brother in Syria who has Down syndrome [...] they said we should do an echo that the insurance doesn’t cover [...] I couldn’t afford that,” R23.
RESULTS AND DISCUSSION

4. Affordability and the Ability to Pay

• Insurance

• Financial Aid

• The Ability to Pay

• The Burden of Starting a New Family
  • All respondents reported receiving a kinderbijslag (child benefits)
  • Women stated that it was beneficial for them
  • Expensive to prepare for the baby.
  • Help from individuals
  • A loan from the city hall. It did not cover everything and they had to use their savings.

“Here there are the grants they give after delivery, kinderbijslag, so the things stay balanced. But there is the issue of baby stuff [...] they were a burden. We even had to be in debt,” Husband of A29
RESULTS AND DISCUSSION

5. Appropriateness and the Ability to Engage

- **Quality of Services**
  - The service and the treatment have been outstanding
  - They felt at ease and comfortable
  - Here, they always monitor and care about the details,
  - The post-natal home service
  - It is better outside than in the camp
  - Examination by midwives was not enough and it should have been under control of the doctor
  - Doctors not prescribing her any vitamins or medication

>“Here they depend on the primitive way [...] in Syria, the pregnant woman goes to a specialist doctor [...] to go only to midwife here was a new experience and somehow not admired idea,” U33
RESULTS AND DISCUSSION

5. Appropriateness and the Ability to Engage

- Quality of Services
- Continuity of the Services
  - Changing midwives every visit was not comfortable for two participants
  - The rest of respondents did not feel it as a problem, because all staff were excellent and helpful
  - Small teams
  - All information stored on the computer system

“We try to plan it that way, to be the same person. We work together [...] every other time, they see me or the nurse,” DU.
RESULTS AND DISCUSSION

5. Appropriateness and the Ability to Engage

• Quality of Services

• Continuity of the Services

• Negative Experiences
  • Only one respondent had unfavourable situation –individual incident-
RESULTS AND DISCUSSION

5. Appropriateness and the Ability to Engage

• Quality of Services

• Continuity of the Services

• Negative Experiences

• Communication and Decision-making
  • Only one respondent could communicate well in Dutch
  • They usually depended on their husbands, friends, or family members; No direct contact
  • They feel their close contacts hide some information or take decisions for them
  • Communication in a different language takes more time and effort
  • Difficulties with the phone translators
  • Efforts for improvements

“Sometimes, for example, when I couldn’t take my friend who translates for me, and my husband couldn’t come either, I found some difficulties,” A28

“You see on their face how happy they are to hear some familiar words. I think this is a sign of how awful it must be, to go to a doctor and have check-ups for your baby and don’t really understand what is happening,” GA
RESULTS AND DISCUSSION

5. Appropriateness and the Ability to Engage

- Quality of Services
- Continuity of the Services
- Negative Experiences
- Communication and Decision-making
- The Language Barrier
  - Hard to translate, especially the medical terms, online translation
  - Challenging to explain the problem
  - Understanding and responding to invitation letters
  - Pregnant women groups
  - Inability to call the hospital or call a taxi.

“We understood 50% of the talk and the rest I didn’t understand,” R23
RESULTS AND DISCUSSION

5. Appropriateness and the Ability to Engage

• Quality of Services
• Continuity of the Services
• Negative Experiences
• Communication and Decision-making
• The Language Barrier
• Cultural Barriers
  • Questions asked by the HCP
  • Presentation of their illness.
  • Arab women are also different from one country to another
  • Getting used to the new system, culture and environment
  • Health staff also need training on intercultural differences

“Usually the complaints may be presented a little bit differently [...] so it takes me more time to discover why people are coming,” GE

“Most of the complaints are about not habituation or not receiving the same thing they were receiving in Syria,” U33
5. Appropriateness and the Ability to Engage

- Quality of Services
- Continuity of the Services
- Negative Experiences
- Communication and Decision-making
- The Language Barrier
- Cultural Barriers

- Integration and Social Networks
  - Second pregnancy was different from the first
  - Lack of social circles and family members
  - Neighbours, especially Turks and Moroccans, were there to help
  - Contact persons and language coaches

“What is normal in Arab culture is, usually, people get a lot of support from the family. Now, they came here and their extended family isn’t around, so people are feeling lonely especially for the pregnant woman,” GA
STRENGTHS AND LIMITATIONS

• Exploratory and qualitative study
• Subjective perspective and perceptions of refugee women
• We did not reach the original provisional target group of 15 interviews
• Most respondents were Syrian
• Unfortunately, we could not conduct any interview with a midwife
• Female native Arab, interviewer
• Adopted a literal translation approach,
• One woman requested the presence of her husband during the interview, who shared his input on some questions
• In another case, we interviewed the husband first and the woman later
CONCLUSIONS

• Respondents had mostly good experiences reaching and accessing maternity care, appraising the availability, accessibility and appropriateness of the services and reporting only few problems concerning insufficient information about services and health issues, cultural differences, health seeking behavior, and the language barrier.

• Sources of Information:
  o Healthcare staff: the camp doctor, the family doctor (general practitioner), midwives and kraamverzorgster (post-natal assistant)
  o Medical friends or doctor in Syria
  o Arabic and Turkish friends, colleagues, neighbours and acquaintances
  o Dutch colleagues, contact person and language coach
  o Awareness booklets mostly in Dutch
  o Email from the service providers, such as the midwife and the youth doctor
  o Internet and Arabic websites
  o Social media and Facebook groups (Syrians Gezond, أخوات في هولندا and other expats groups)
  o Group meetings with other pregnant women held in Dutch
CONCLUSIONS

- **Gaps of Knowledge:**
  - The Dutch healthcare system and functions of each service
  - Information about insurance system; its plans and different coverage
  - Family planning and different contraceptive options
  - How to care for the newborn and how to deal with common illnesses
  - Health education about vitamins, supplements and Antibiotics
  - Available financial aids for families
1. **Maternal Health Promotional Activities**

   • It should be part of the integration efforts for newcomers
   • Credible official sources of information in a familiar language
   • Urgent topics to focus on are:
     - Insurance system
     - Maternity care pathway and its evidence based approach
     - Maternal health
     - Midwives training and skills
     - Health attitudes and differences between the Dutch system and their home countries
   • Interactive activities that ensure women’s engagement, such as:
     - Engagement of competent women group who can be trained as peer educators in order to reach their fellows
     - Production of promotional materials, booklets and posters in Arabic
     - Provision of online platform with information and ability to answer questions
     - Group meetings for pregnant and recently pregnant Arab women
2. **Restore the Fund and Improve the Translation Services**

- Translation services are essential.
- The insurance or government should cover it for hospitals and midwives.
- Mediator vs Translator
  - Neutral, familiar with the culture and not affecting the women’s engagement and decision-making.
- It should be less time consuming,
- Preferably done by a female translator with a medical background, supported also by
- Peer educators, from the suggested outreach program in recommendation 1, may also accompany the women who are alone
3. Cultural training for Health Care Providers

4. Continuity of the Service
   • Midwifery centres can easily arrange appointments, ensuring that one or two midwives are responsible for the case along the whole period of pregnancy

5. Availability of the Services
   • Having the ultra sound examination in the same midwifery centre
   • Providing a proper and cheap means of transportation

6. Individualised Services
   • Trained team of social workers, who can identify problems and help the refugee women
   • Flexibility of the time schedule,

7. Cooperation between Services and Regions
   • Cooperation and communication between such initiatives would foster the ability of the system to adapt more efficiently
   • Experience sharing meetings, seminars and join task forces.
8. **Further Research**

- Especially in English, is required regarding:
  - Demographics and social determinants of Arab refugee women and the extent of their health problems.
- Adopt the native languages of target groups
- Collaboration of the organisations who work with the refugees in integrating and facilitating the research.
REFERENCES


3) UNHCR. UNHCR Population Statistics - Data - Demographics [Internet]. Popstats. 2011 [cited 2017 Feb 22].


THANK YOU