Anthropological expertise facilitates multicultural women's health care

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Collaboration between medical and anthropological expertise can solve complex clinical problems in today's multicultural women's healthcare, shows Pauline Binder, a medical anthropologist, who will present her thesis on 1 December at the Faculty of Medicine, Uppsala University, Sweden.

Pauline Binder has applied in-depth medical anthropological research approaches to understand clinical problems in ways not possible using only statistics. Why pregnant Somali women have an increased risk of complications even after migration has been the starting point for her fieldwork. She has elaborated why misunderstandings in the maternity care encounter might occur, which could lead to Somali women declining important obstetric interventions, such as emergency caesarean section.

"Maternity caregivers appear to perceive this decision-making as a culture-bound phenomenon and not as something that can directly affect women's health. Culture is seen as a private matter, and therefore does not encourage the development of treatment programs even if declining treatment can be harmful to both mother and baby," says Binder, medical anthropologist, and PhD candidate at the Department of Women and Child Health, Faculty of Medicine.

Her studies show that the Somali women's fears appear to stem from previous experiences from their country of origin, where cesarean section is associated with life-threatening complications. Maternal death

is a reality for many of immigrant women in European countries, which can encourage a rational, and yet different by western standards, conceptualization of preventive risk.

Clinicians may use a language interpreter without recognition of women's private socio-cultural experiences, which can inhibit open dialog during the care encounter. They may also presume that Somali women only wish to meet female staff. The resulting misconceptions can lead to frustration among caregivers, and ultimately to a lack of trust and communication during the mutual care encounter. To avoid misunderstandings of this type – given the increased emphasis for clinicians to spend more time with clients during the medical consultation – it is essential to promote a consultation arena with two experts in the room: the woman and the doctor/midwife.

"My studies show that Somali women have as a first priority a need for competent and safe care, just as the majority of all pregnant women. Optimal interpreter use is a key ingredient," she says.

Binder also shows that Somali parents' childbearing roles have changed after migration. Interviews with Somali fathers indicate a welcomed engagement during their wives' pregnancy health checkups and supportive care – in a way that was unthinkable in Somalia. Childbearing decision-making is now shared, including the mutual decision to abandon traditions such as circumcision of daughters. This example suggests that deeply -rooted traditions can change after migration.

The thesis shows that the influence of cultural traditions and social norms, both among maternity caregivers and care-seeking women, on complex clinical problems can be better understood thanks to collaboration between medical and anthropological expertise. The work was conducted in collaboration with Associate Professor Birgitta Essén, Uppsala University, and Professor Sara Johnsdotter, Malmö University.

More information: Binder P. The Maternal Effect Migration: Exploring maternal healthcare in Diaspora using qualitative proxies for medical anthropology. Uppsala: Acta Universitatis Upsaliensis, 2012. uu.diva-portal.org/smash/recor … jsf?pid=diva2:561154

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