

# What women from an Islamic background in Australia say about care in pregnancy and prenatal testing

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**Objective:** to examine satisfaction with care and services in relation to antenatal care and prenatal testing and to present what women say about what can be done better to improve antenatal care for women from an Islamic background.

**Design:** in-depth interviews of women's perceptions and experiences of care received relating to prenatal testing and antenatal care.

**Setting:** Melbourne Metropolitan Area, Victoria, Australia.

**Participants:** 15 women of Islamic background who are now living in Melbourne.

**Findings:** in general, women had positive experiences with care relating to antenatal care and prenatal testing in Australia. This is particularly so when they compared care in Australia with that of their own country. However, women indicated several issues of concern where they were dissatisfied and they believed need to be improved for pregnant women from an Islamic background. Firstly, there was a lack of sufficient communication between health care providers and the women. This was not only due to a language problem, but also a lack of cultural appreciation among health care providers. Secondly, women identified the issue of gender of health care providers as important; women stated clearly their need to have female doctors for their care.

**Conclusions:** the findings of this study have implications for antenatal care and prenatal testing services in Australia and elsewhere. Women provided several suggestions for the improvement of care including the need for sufficient information of prenatal testing and antenatal care and the need for culturally sensitive services. In providing services for women of an Islamic background, it is imperative that health care providers take into account individual women's preferences and personal circumstances and go beyond an assumption based on women's religion and ethnicity. © 2002 Elsevier Science Ltd. All rights reserved.

## INTRODUCTION

In this paper the opinions of women from an Islamic background about care and services in relation to antenatal care and prenatal testing are presented. As pregnancy has become medicalised in most Western societies, including Australia, pregnant women are required to attend antenatal care and undergo many tests in order to monitor not only their health but also that of their fetus. One aspect of pregnancy care which has become a routine part of antenatal care in Australia is the provision of prenatal screening for pregnant

women. Ultrasound and maternal serum screening, the two common prenatal screenings, are offered to women regardless of their 'risk'. Those who are over 35 years, and who are defined as a 'high-risk' group, will be offered a more invasive prenatal testing including chorionic villus sampling (CVS) and amniocentesis (Abramsky & Chapple 1994, Kolker & Burke 1994, Rothenberg & Thomson 1994, Halliday et al. 1995).

The routinisation of prenatal testing in antenatal care assumes that women, regardless of their social and cultural backgrounds, will accept prenatal testing during their pregnancy.

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While some studies have indicated this is the case (Tsoi & Hunter 1987, Press & Browner 1993, 1997, Roelofsen et al. 1993, Crang-Svalenius et al. 1997), others have shown resistance from women (Berne-Fromell et al. 1984, Marriott et al. 1990, Thorpe et al. 1993, Julian-Reynier et al. 1994, Jorgensen 1995, Rapp 1998, Santalahti et al. 1998, Markens et al. 1999). The only study that examined the perceptions and experiences of prenatal testing among Thai immigrant women in Australia (Liamputtong Rice & Naksook 1998), has also shown that Thai women accepted prenatal testing, although some women felt ambivalent about the test.

What has not received much attention is whether women from non-English-speaking backgrounds are satisfied with the care and services provided for them when they undergo prenatal testing and when they attend for antenatal care. One recent study on Muslim women and care received during childbirth, indicates low satisfaction with care among the women (Vose & Thurecht 1999). We do not have enough knowledge about how women from an Islamic background perceive the care they receive in antenatal care and prenatal testing. We attempt to fill this gap in the literature by focusing on immigrant women from an Islamic background in Australia.

In this paper, we discuss two issues. Firstly, we examine whether women were satisfied with the care and services in relation to antenatal care in general, and prenatal testing in particular. Secondly, we present what women say can be done better for them in the Australian health care system. We conclude the paper with some implications for antenatal care and prenatal testing for women from non-English-speaking backgrounds in Australia and elsewhere. It must be noted here that prenatal testing in this paper refers only to prenatal screening (ultrasound and maternal serum screening) and prenatal diagnosis (amniocentesis and CVS).

## METHODS

This paper is based on a study of the influence of Islam on women's perceptions and experiences of prenatal testing in antenatal care in Melbourne which was conducted in 1999. A qualitative approach was used in the study as it allows the researcher to learn about 'persons' lives, stories, [and] behaviour' (Strauss & Corbin 1990 p. 17). This qualitative approach was appropriate because most qualitative research assumes that, in order to understand people's behaviour, we must attempt to understand the meanings and interpretations that people give to their behaviour (Liamputtong Rice & Ezzy 1999). With this study, the participants gave their views of what

they understood and believed and how they made sense of their experience. Using a qualitative approach enabled the researcher to examine the interpretations and experiences of the women in great depth. The strength of using a qualitative approach is that it has a holistic focus, allows for flexibility and also allows the participants to raise issues and topics which may not have been included by the researcher, hence adding to the quality of the data collected. In this study, we therefore employed an in-depth interview method to elicit information from the participants.

Women were recruited through an Islamic school and through a 'snowball sampling technique'. Snowball sampling is a technique whereby the interviewees would suggest a friend or relative that may be willing to be interviewed (Minichiello et al. 1995, Liamputtong Rice & Ezzy 1999). Through the students, a teacher at the school sent a brief outline of the study and a letter asking whether their mothers would be willing to participate in the study if they met the criteria, including being born overseas and having had at least one baby in Australia. The women were given the opportunity to reply to the school, giving their name and a contact number. At the first stage of the study, after the women were contacted over the telephone, the first author made assurances of anonymity and the approximate time of involvement. They were also made aware of the method of recording the interview. The researcher further outlined the study and asked if the participant was willing to participate in an in-depth interview. Informed consent was obtained from each woman who participated in the study. Each woman was asked to sign a form before each interview began. This study was approved by the Faculty of Health Sciences Ethics Committee at La Trobe University.

Women were given the option of the location of the interview being conducted at the office of the researcher or in their own homes. As was their choice, all interviews took place in the homes of the participants. This was a very important factor in establishing a rapport with the women; in most situations the researcher stayed for the interview and also an extended time which allowed her to observe and participate in the daily life of the women. Permission to use tape recording was also obtained from the women. All, except one, interviews, were tape-recorded. In the one case the woman chose not to be tape-recorded for personal reasons. In this case, notes were taken throughout the interview. In two cases where women spoke little English, permission was obtained from them to work with a female interpreter during the interview.

Each interview lasted about one hour with five interviews lasting for over an hour. The interviews were open-ended and followed an unstructured format, containing broad questions about

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