

Iraqi Muslim Women's Perspectives and Experiences of the Health Care Encounter

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Purpose: to describe perceptions and experiences of Iraqi Muslim women and Primary health care providers

- The Health Care Encounter here in SL Valley (4 clinics)
- 10 Primary health care providers (9 MDs 1 PA)
- 15 Iraqi Muslim women (10 Arabic, 5 English)
 - 2-5 years in the U.S.
 - All wearing the hijab
- **Questions:**
 - Perceived barriers
 - Medical treatment
 - Health provider knowledge and adaptation
 - Iraqi woman expectations, provider interaction

Sample

- Purposive
- Inclusion criteria
- Recruitment
- Informed consent
- Compensation

n = 25

10 health providers

15 Iraqi women

Iraqi Women Participants

Iraqi Muslim Women Demographics	
Average Age	40 (range 19-60)
Country of birth	
Iraq	14
Syria	1
Countries of refuge before arrival in the U.S.	
Egypt	2
Jordan	7
Syria	4
Turkey	2
Years in the U.S.	1-5 years (average 3.4)
Married	12
Never married	3
Number of current family members in household	2-7 (average 4)
Reasons for last medical visit	
Diabetes	1
Eye problems	2
Headache	1
Joint or back pain	4
Kidney, bladder infection	3
Lump	1
Stomach pain	2
Routine check up	2

Methods: Critical Ethnography

What influences culture

Focus: underlying issues of prejudice, injustice

Tools:

Fieldwork/cultural immersion

Researcher (experience, bias)

Data: interviews, key informants,

observation, participation,

journal reflections, audit trail

Perspective (Theoretical Framework)

Postcolonial Feminism	Critical Ethnography
Power and Subjectivity	Power and misrepresentation
<ul style="list-style-type: none">• History and Politics• Knowledge and Representation• Focus on the under represented and marginalized in society (women)	<ul style="list-style-type: none">• Justice and Injustice, prejudice in social situations• Asks “What could be?”

Interview Questions

- Semi structured, open ended
- Parallel = relational
- Informed by Postcolonial feminism

Perceptions of the other

What is helpful to know in the visit?

What barriers exist?

Specific experiences that were helpful or difficult

Data Analysis

Coding

Descriptive

Inductive

Categories

Themes

Field notes



Limitations

- Translation
- Trust
- Setting



Crossing the Bridge



Iraqi Participant Themes

Theme	Sub themes
Unheard calls for help	<ul style="list-style-type: none">• Unheard and interpreted words• Voiced gender choice• Cries for the provider
Unsteady crossing	<ul style="list-style-type: none">• Maintaining a perilous balance with missing planks• Unexpectedly gagged• Uneasy footing• A successful crossing?
Repairing and reinforcing the bridge	<ul style="list-style-type: none">• Strengthening the cables• Fortifying identify to reinforce the bridge• Seeing to the other side

Unheard calls for help (communication)

- Language: interpretation by family, timing of the visit
- Cultural interpretation of language
- Inability to reach the provider after office hours
- Being heard or not in the visit
- Gender concordance request

Unsteady crossing

- Need and expectation of psychological comfort from the provider
- نحن لاجئين و في بلد غريب و نحتاج الى راحة النفس
- “We are refugees and we are in a foreign country and we are in need of psychological comfort”
- Being heard or not in the visit
- Time limits and symptom limits
- Reception in health centers by staff
- Being Muslim = identity
- Gender concordant care

Repairing and reinforcing the bridge

- Role of the interpreter: advocate, support, friend
- Female help in the health encounter (interpretation, provider, MA)
- Role of family in the visit
- Psychological support (foreign-born health providers)

"We are refugees and we are in a foreign country and we are in need of psychological comfort"

Conclusions

- The health care environment
 - Institutional Racism
 - The clinic environment
 - staff awareness, clinic goals, administration
 - Structure of the health care encounter
 - time limits, English dominance
 - Access to resources
 - no health education handouts in Arabic, no after-hours access

Conclusions

- Patient-provider interaction
 - Limited knowledge
 - Religion
 - Assumptions and Limitations
 - Provider's role
 - Empathy
 - Identity

Recommendations

- Awareness of patient problems
- Multi-level education in the clinic
- Restructuring the health encounter
- Improving clinic and community resources
 - Community health workers
 - Making a real medical home

Questions

