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Effective communication
Reducing cultural, language and social barriers

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(my) Professional role/charcter

- **Attitudes:** ***(My own to immigrants?)***
- **Expectation of the consultation:** ***(My own?)***
- **View of authority:** ***(My view?)***
- **Patient approach: Indiviual vs relatives:** ***(My focus?)***
- **Concept of illness disease:** ***(My own?)***

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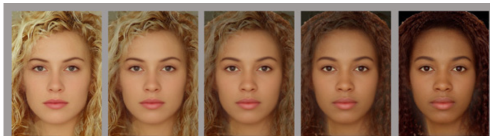
(my) Professional role/charcter

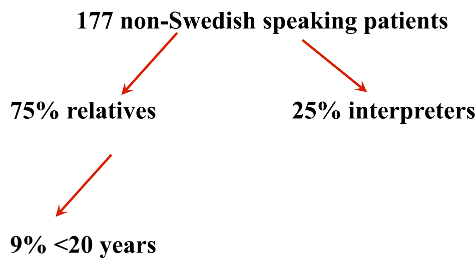
- **Male/female provider:** ***(How do I look at gender?)***
- **Translater/interpreter:** ***(How do I work?)***
- **Human resource team:** ***(What support do I get?)***



To be discussed at the workshop

- ❑ *How do you work with interpreters when patient is a child/youth/adult?*
- ❑ *How to do when the right of the child clash with religous belifs of the parents?*
- ❑ *How to deal with the sex of the health provider?*
- ❑ *How to best utilise the diverse background of health providers?*
- ❑ *How to lead a working place with ”migrant-related” jokes?*
- ❑ *How to improve research? Who are included? Who decide the reserch question?*

At a health care center in Sweden-ok?



Interpreters

- **By telephone is the most neutral and effective way**
- **You need > 20 minutes**
- **Do not use children but culture brokers/ mediators**

  Make sure that you spend some time alone with the patient
- **More expensive?**

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Leadership and attitudes

"A 15-para woman who just delivered a new child should not go home without Implanon!"

"How can anyone allow someone to have that many children? They must be immigrants."

"I think it is good that so many children are born. They will contribute to our pensions."

"Do you really think that these children will ever pay our pensions?"

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Probe into maternity unit deaths

"The government has ordered special measures be introduced at a maternity in north west-London over concerns at the high number of women's death. The move comes after an investigation at the hospital revealed "serious system failures".

(BBC News 2005/04/21)

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Communication minority ethnic communities

Two Muslim communities but with separate migration histories in relation to UK

Somalis

Ghanaians

Health providers from UK, Somalia and Ghana

Do they find their own ethnic group among care providers? Would it make difference?

Ghanaian communities - the oldest in UK
- English - the official language
- Emigration in search for jobs/education
- Ghana is the top sending country regarding health care providers to the UK

- Somalia not part of the Common wealth
- Refugees/asylum seekers
- No midwifes/Ob-Gyn with Somali background

Barrier:Distrust

"It is always this fundamental problem, not to trust others, many Somalis have been living under dictatorship. They have never had a trustworthy system. They keep this mentality when coming to Europe and the doctors do not understand how they are thinking. The European doctors do nor understand how much information we need and we [Somalis] distrust the new society."

(Somali doctor)

Real Barriers: Access? – NO Communication?- YES

In my opinion, London has the most accessible health care system in the world! You see, very sophisticated system are developed how to get access. Women sometimes come directly from Heathrow, knowing exactly where to deliver"

(British obstetrician, North East London)

"Well, there's a lot of problem… I would say communication… There are a lot of cultural things that I've seen from my antenatal group, because they can't really understand or appraise what needs to be done or are done to them. I don't think some of them don't even give the consent because they don't understand the information given to them."

(Ghanaian midwife, Greater London)

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MATTERS OF COURSE

Did you understand why the doctor wanted to induce you?

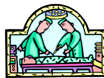
" The Dr explained everything to me. The first week I went there she gave me the date and she said: "You have to come back after three days". I went there and there was still no contraction. She told me: "If this baby is overdue still, then we don't have a choice but to induce you. But the choice will be down to you."

That's what she told me. You have to fill in forms and that sort of stuff. In case anything happens to the baby then that is your responsibility. But they have given me all the options. They sat down with me. They explained everything to me.

I was so lucky because the doctor she was really aware of the whole conception that people have about having injections all that sort of stuff. She was very aware of where I came from. It really helped me a lot. "

Somali woman, 12 yrs in UK, 1/3children by c/s

MATTER OF COURSE



" I saw three consultants. One consultant called another consultant. The other consultant called another consultant. They came up with a solution, which was that they were going to inject me on my stomach so they could check if my baby has a problem or something like that.

When they told me I said no, you cannot do that, because what happened, if my baby has that? Would my baby still be treated when it's still in my womb?

Then they all said no. I said: I would rather wait untill I give birth to my baby instead of worrying myself too much."

Somali women, 7 yrs in UK, 1/1 child by c/s.

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LANGUAGE > CULTURE

What do you think when you hear that there is an overrepresentation of Black immigrants regarding perinatal and maternal mortality?

" Well, I'm not surprised because there's a lot of problem… I would say communication… There are a lot of cultural things that I've seen from my antenatal group I would say, because they can't really understand or appraise what needs to be done or are done to them.

I don't think some of them don't even give the consent because they don't understand the information given to them."

Ghanaian Midwife

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Professionalism vs. Culture

In general, professionalism and a respectful encounter were much more important than

meeting providers from one's own ethnic group.

"It does not matter if he was Somali or British or anything else as long as I had a kind midwife or Doctor "

(Somali woman, 2 years in UK)

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LANGUAGE > CULTURE

"The problem we have as a refugee here is the language. If you can't speak English you will have this problem all the time.

Everyone will be fed up with you if you can't understand what they are saying if you can't talk to them. That is the biggest problem we have and sometimes they will ignore you. I think that is a normal problem. If you can't speak you will be ignored.

The biggest problem is the language. If you know how to talk they will listened. If you do not how to talk you have this problem all the time."

Somali women, >15 years in UK, 2/2 children by c/s

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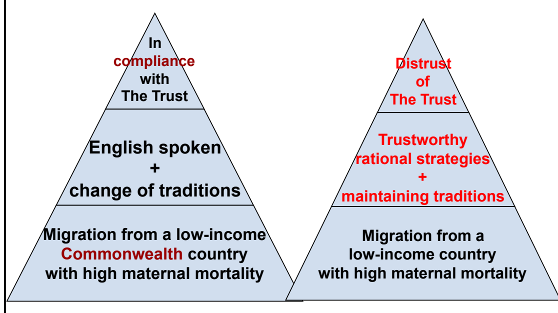
The British Ghanaian and Somali pyramids



What is of importance for patient/providers?

Language seems to be of more importance than meeting providers of the same ethnic group.

Professionalism and individualized care were of more importance than being treated by providers from one's own ethnic group.

Religion, as an important issue for women when making medical decisions was brought up by the health providers, --a claim that was **not** confirmed by the care seekers!

The sex of the obstetrician and the husband's role regarding communication were interpreted by health care providers in a different way than by the women themselves; a discrepancy that might be a source of misunderstandings.

The translation service seems to be used in a sub-optimal way.

(Binder et al, 2012)

Domestic abuse

5 maternal death cases (homocide) had the perpetrator (husband) as their interpreter

Even if the perpetrator isn't with you, he sends one of his family members with you. And in the name of honour you can't even talk about it. Espeicially if they say, "I'm going to interpret because she can't speak English".

(CEMACH, Saving mother's lives, 2007, 2011)

Think outside the box!
Think outside the burka!

- **Stay professional – no soft nor hard feelings!**
- **Treat each patient as an individual independently of gender, ethnic, social or cultural background**
- **As a provider you have the advantage to communicate to your patient – use the possibility!**

Good Luck!

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Top 10 Recommendations
Migration perspectives

1. Preconception care (HIV, CVD)
2. PROFESSIONAL INTERPRETATION FOR ALL
3. Communication and referrals
4. Multidisciplinary specialist care
5. Basic clinical skills,training (work abroad)
6. Identify and manage very sick women
7. Prevent/recognise/treat sepsis
8. Audit –violence most difficult to understand
9. Quality pathology (do not handover to relatives)

(Mofification of Saving Mothers lives, Suppl. BJOG 2011)

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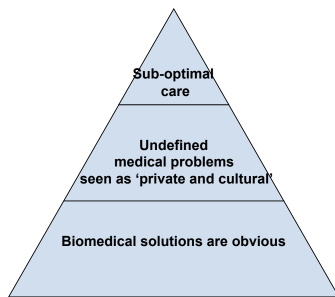
To think outside the box



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The Immigrant Well Women Clinic

ANC with focus on African women
Honour related violence
FGC
Family planning
HIV counselling
OB-GYN/SRHR and Misconception