



University of HUDDERSFIELD

University of Huddersfield Repository

Essat, Zaheera

Migrant Women's Birth Stories

Original Citation

Essat, Zaheera (2006) Migrant Women's Birth Stories. In: Narrative, Memory & Knowledge: Representations, Aesthetics, Contexts. University of Huddersfield, Huddersfield, pp. 173-182.

This version is available at <http://eprints.hud.ac.uk/4915/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

17 Migrant Women's Birth Stories

ZAHEERA ESSAT

Introduction

In a multicultural society, health care providers need to ensure that care reflects the needs of a wide range of people (Cheung, 2002:291). In order to provide midwifery care that is woman centred, midwives should understand the needs of women. Health professionals have to review their care practices and assess whether these match the traditional beliefs and values of childbearing women (Kaewsarn, Moyle and Creedy, and 2003:365). Whatever the cultural beliefs of the women, midwives should be providing support to childbearing women at such a vulnerable time in their lives (Davies, 2000:124). It is the quality of care and support that shapes women's experience of childbirth and their abilities to take on their new mothering roles (Callister, 1995:329 and Schott and Henley, 1996a: xv).

Listening to women's stories of their birthing experiences has been central to my role as a midwife; continuing to do this within my research investigation seemed quite a natural process. I soon discovered, by using the Biographic Narrative Interpretive Method (see Wengraf, 2001; Jones, 2004) to elicit stories from ethnic minority migrant women, that many of my assumptions were challenged - both with the method and the stories shared. The women that I have interviewed for my project are comprised of a blend of women from varying ethnic and religious alliances and ages and have resided in Britain for varying amounts of time. I have completed my interviews and I am currently at the analysis stage of my work. By sharing my journey through these processes, I will explore the background of my research, my arrival at using the Biographic Narrative Interpretive Method for my research investigation and findings from early analysis stages of my work.

The Physiology of Birth and Beyond

Childbirth is a life-changing event that is not unique to a particular society, but a universal phenomenon (Priya, 1992:5 and Rice, 2000:22). Skills and practices surrounding the process of childbearing are passed down through generations, but vary from one culture to another (Schott and Henley, 1996a:121). Childbirth is viewed as a social act, which unites people in a community, strengthening it and reinforcing its beliefs (Davis-Floyd, 1994:1125). A woman's connection to her culture shapes her understanding

and experience of her childbirth (Callister, 1995:327). Western maternity services (for example the British maternity services) primarily reflect on the physiological meaning of birth and manage it through medical intervention and technology (Shaw, 1998:1). However, in more traditional cultures, childbirth is not associated with ill health nor managed through technological means alone but is understood through its social, psychological and spiritual functions (Chalmers, 1996:11).

Pregnancy and birth are expressed as a rite of passage, bringing important changes within a woman (Hall, 2003:18). The woman makes the life-changing journey and transition into motherhood: "*The passage from the womb to the arms, the sensual, the emotional and the spiritual elements are fused*" (Reid, 1997:15). Birth is a major rite of passage, accompanied by great vulnerability for women (Schott and Henley, 1996a: xv). Support from close community members functions to provide strength to the mother when she is most apprehensive and alleviates her anguish, ensuring that the transition to motherhood is easier (Blumfield, 1996:5).

Birth plays the vital role of producing additional members of a social group and, because of this; women become the centre of special care and rituals (Scopesi, Zanobini and Carossino, 1997:9). Childbirth is a special event and rituals are held to celebrate the birth of a child (Hall, 2001:28). Childbirth is a highly emotive event and various cultures give meaning to such events through a range of rituals and beliefs (Hansen, 1990:57; Lefkarites, 1992:385). Cultural beliefs and practices greatly influence women's childbearing experiences and their mothering abilities (Choudhry, 1997:533) as well as their subjective experience of giving birth. Rituals place women's individual experiences within a cultural context of understanding (Bates and Turner, 1985:29). Similarly, the observation of rituals allows women to appreciate their individuality within a social, cultural and religious group (Ayers-Gould, 2000:15).

My Journey

Storytelling is a part of our everyday life but, when we ask people for stories of their lives, an entire new dimension of that person's life is exposed. Stories have many functions; day to day encounters are customarily shared, but the exchange of detailed insight into people's life stories is unusual. My research investigation draws upon the Biographic Narrative Interpretive Method as a data collection tool (see Wengraf, 2001; Jones, 2004 and Rosenthal and Baron, 1992). The biographical narrative method is part of the social science research tradition of narrative that has focused on life-story research (Hollway and Jefferson, 2000:34). Biographical study involves the notion of life history and life story. "*Life history refers to a series of substantive events arranged in*

chronological order" ... life story is "*the account given by an individual, only with emphasis upon the ordering into themes or topics that the individual chooses to adopt or omit as s/he tells the story*" (Miller, 2000:19).

The Biographic Narrative Interpretive Method is founded in communication and narration theories and allows for the expression of participants' life stories (Breckner and Rupp, 2002:295). Participants are free to express the stories of their lives in their own words (Rustin and Chamberlayne, 2002:8). Birth stories are a useful tool to discover childbirth practices directly from the woman (VanderVusse, 1999:43) because they articulate the spiritual meaning of childbirth (Bastien, 1993:322). The advantage of the narrative interview is its openness (Breckner and Rupp, 2002:293). "*What interviewees have to say about their lives and self-concepts are much more illuminating than any specific research assumptions or questions could be*" (Jones, 2003:61).

This open method of narration allows for the description of the milieu in which the experience has taken place, a description which would be compromised if requested more directly (Breckner and Rupp, 2002:295). The biographical method allows stories to describe the individual's temperament, culture and background (Wengraf, 2001:116). The factors that organise a person's life and their integration into society are difficult to establish, but the narrative method allows for this (Wengraf, 2001:115). The participant is seen as a unique individual and an appreciation of her/his individual life is sought through subjective experience (Rustin and Chamberlayne, 2002:3).

There are many inaccurate ideas about the needs of ethnic minority communities as a result of rigidly associating individuals with identified group beliefs and practices (Schott and Henley, 1996b:287). Differences exist, however, in beliefs and practices within communities and, in this case, amongst ethnic minority women (Woollett and Dosanjh, 1989:63). Narrations are sought to highlight the individual within a group to test whether they correspond with common experiences that could be identified at group level (Rustin and Chamberlayne, 2002:3).

Biographical studies present an opportunity to bring to light the experiences of an individual's transition from one society and environment to another and the demands that this brings in adjustment to a new setting (Rustin and Chamberlayne, 2002:2). Through migration, for example, childbearing women make a transition from one society to another and through one system of birthing to another. When stories are told, the meaning of the experience can naturally unfold, producing accounts of the past as well as the present (Breckner and Rupp, 2002:295).

The narrative interview technique requires minimal intervention from the researcher in an attempt to gain closer understanding and insight from the experience from the narration itself (Miller, 2000:132). To appreciate the concept of the minimal intervention on the researchers' part is to uncover the

Gestalt of the interviewee's story (Wengraf, 2001:113). Hollway and Jefferson, (2000:34) define *Gestalt* as "a whole which is more than the sum of its parts, an order or hidden agenda". The *Gestalt* reveals the meaning of an event experienced and future expectations and the correlations of the two (Breckner and Rupp, 2002:294). The researcher does not guide the interview and allows the participant to express their life story unfettered by intervention, this is a tool closely linked to symbolic interactionism (Plummer, 1983:123).

The Biographic Narrative Interpretive Method

The Biographic Narrative Interpretive Method commences with a single narrative question that encourages the participant to express their biography (Wengraf, 2001:111). The narrative question should be structured in a way that does not initiate the weighing up of the topic raised by the research question (Rosenthal and Bar-On, 1992:109). The researcher's role at this stage is to take notes in preparation for the second interview session and to support the participant by actively listening and showing interest in the story (Rosenthal and Bar-On, 1992:109). My own work used the following narrative question:

I want you to tell me your life story, all the events and experiences which were important for you up to now. Start wherever you like, please take the time you need I'll listen first I won't interrupt and I'll take some notes for after you've finished telling me about your experiences.

Following the first interview, the researcher can suggest a break (approximately 15 minutes) in order to prepare for narrative questions for the second interview and give the interviewee a break. The two interviews are also known as sub-session one and two (see Wengraf, 2001). The purpose of the questions posed in the sub-session two is to encourage further narrative based on events and experiences highlighted in the first session (Rosenthal and Bar-On, 1992:109). Within the protocol of the method's formal team analysis sessions, interviewees may be contacted after the initial interview sessions to discuss other issues and raise topics not discussed previously (Wengraf, 2001:120). This third session is also used to answer any questions evolving from the researcher's initial analyses of the first sessions (Wengraf, 2001:120).

The interpretation of the data considers the "lived-life" (biographic data analysis), "told-story" (thematic field analysis) and micro-analysis of text segments, to develop a case structure (see Wengraf, 2001; Jones, 2004). The quality of the interpretation and generalisation of the data is checked with others to ensure it is not limited by the researcher's experience and perspectives. Jones (2003) used reflective teams of academics to take part in the analysis of the data. The teams consisted of people from diverse

backgrounds, hypothesising from the presented text segments and using their individual experiences to understand the cases. The reflective team approach demonstrates "*that an interview could be interpreted differently from how the primary researcher might have interpreted it*" (Jones, 2003:67).

Early Analyses

My initial assumptions about ethnic minority migrant women included that their conception of childbirth was deeply embedded in rituals. Listening to women's life stories disrupted this belief and demonstrated that, although rituals may have significance in women's lives, in reality, women are telling a very different story, expressing motherhood like any other life event. Their narratives are expressed through day-to-day events: embedded within these events are their roles as mothers and motherhood's connection to other life events and challenges. The anticipated captivating stories of traditional birthing practices and rituals did not materialise in my interviews. In fact, motherhood did not connote immense significance, particularly when other imperative issues were being faced. For example, a woman told me the story of rebels destroying her village in Somalia and her flight to another country, leaving behind her husband and children and not knowing for years what had become of them. Her story was extremely emotive but, had I commenced the interview with a more thematic focus based on my own assumptions of birthing, I would have come away with a very constrained understanding of this particular woman's story. In truth, much of her story was based around struggle. Freedom was the desired outcome for her so, for her, motherhood was based on the same principles.

Childbirth is a universal event, but the way societies attach meaning and manage it is not (Priya, 1992:5). Birth in Britain has been confined to a medical understanding (Kitzinger, 2000:746), but this does not reflect the ideals of all women accessing maternity services. Many migrant women who make use of services are from countries that advocate a traditional birthing system, where birth is understood through its social, psychological and spiritual functions (Chalmers, 1996:11). Early analyses of my data show the importance of social support, in particular female support, for the women interviewed. The women's frequent lack of satisfaction with motherhood is often portrayed as a lack of coping mechanisms to deal with the unlimited duties of a woman living in Britain versus the constant dependency of a child.

The quality of maternity care is important, as it shapes women's wellbeing after birth and the bonding process with her newborn child (Garcia, Kilpatrick and Richards, 1990:47). One woman, for example, expressed her desire to go back to her village in Philippines so the *Heelot* (the native midwife) could massage her like she did with her first child. This woman clearly expressed a

need for nurturing during the childbearing process; this raises the question of whether a lack of support impacts on safe transition to motherhood for such women. If women are aspiring towards birthing traditions in their home country, then it is debatable whether their needs are being met by the British maternity services.

Western maternity services need to review their philosophies of care in order to make changes that will accommodate the experiences of migrant women (Ottani, 2002:38). In general the women in the study were not articulating rich narratives of birthing rituals, but rather, frequently raising the need for support from other women. If this need is not being met for migrant women in Britain, then the quality of social support for women accessing the British maternity services is uncertain.

Early analyses indicate a dependency on obstetric care within migrant women's home countries as well. Whilst some of the women interviewed had their children at home, others birthed in clinics and hospitals in their native countries; the main reason for this division was financial. Studies report the lack of uptake of maternity services by ethnic minority women, indicating their unfamiliarity with medicalised care (Miller, 1995; Katbamna, 2000; Robinson, 2000). It may be that the reliance on traditional birthing practices is a direct result of an inability to pay for medical care in their home country. This issue will be explored further as the analysis of the data proceeds.

At the same time that many women who have only given birth in England are seeking more natural methods of birthing, women who have firsthand experience of more natural births are moving toward the medical model. This is taking place, however, alongside a strong adherence to traditional birthing rituals. The reasons for this are still unclear at this early stage of the analyses of the data.

Conclusions

Through initial analyses of the data, a better understanding of the Biographic Narrative Interpretive Method's techniques has been reached. For example, the concept of the minimalist/passive interview technique, requiring little intervention from the researcher, provides a closer understanding and insight from the experience from the narration itself (Miller, 2000:19). At first, it was difficult to appreciate the concept of minimal intervention but, by uncovering the *Gestalt* of the interviewee's stories (Wengraf, 2001:113); which became clearer during the analysis process, the use of the minimalist interview technique becomes more understandable.

Biographical studies allow stories to portray the experiences of an individual's transition from one society to another and from one system of birthing to another. When stories are narrated, the meaning of experience can

naturally unfold, producing accounts of the past as well as the present (Breckner and Rupp, 2002:295). The transitions that migrant women have had to make through such movement are more clearly understood through the analysis process. It is here that connections are made between life-changing moments such as migration and the many compromises that are made which affect future life events or decisions.

Living in unfamiliar environments, where rules and regulations set out by extended family members no longer function, and where, concepts such as individuality are considered for the first time, are highlighted through analyses of the women's stories. Even the initial requests to these women to tell their "own stories" is an unfamiliar construction of individuality, an issue raised by the use of the Biographic Narrative Interpretive Method itself. Because of migration, many of the women are expected to live without other family members who, traditionally, assist in various life activities - in particular with the raising of children. At the same time, they must familiarize themselves with unknown territory, where, for the first time, they themselves are mainly responsible for the smooth running of the family.

In the autumn of 2005, I took part in a two day master class conducted by Kip Jones (2005) which considered performative representation of narrative data and opened up a whole new understanding and direction of presenting findings from research. Beginning with the concept of a 'Performative Social Science', participants were asked to work with narrative data in collaborative groups, presenting the fundamental nature of the data in a performative way; this experience provided a first-hand opportunity to work with narrative material in this way. What became very clear through this exercise was the person her/him self and their story was at the centre of the presentation, rather than lost within the research process. Working with people of varying backgrounds during the masterclass proved invaluable in understanding how narrative data flourishes through bringing the collaborators "selves" to the interaction and their life views, understandings and experiences. In fact, this is a concept mirrored in the use of reflective teams in the analyses of data, when we ensure that our interpretations correspond to what others are hypothesising in the team.

I feel that the voices of the women in my own research need to be heard in a similar, innovative way. When I reflect on my own work as a midwife and how little I actually know about ethnic minority migrant women themselves, I see more clearly how important dissemination of findings becomes, allowing practitioners and others to benefit from such an accessible method of dissemination. The use of audio/visual techniques to represent narrative data, for example, could be of great value in disseminating findings in a dramatic, yet meaningful, way.

Although my interpretation process is on-going, early analyses of the women's stories indicate a consistency: the women studied have all

experienced some significant episode in their life which has influenced much of their thought processes and approaches to life events, including childbirth. We often assume that birth is both an independent event as well as very much part of everyday life. For these women, understanding childbirth within their concepts of transitions to motherhood is, therefore, to understand their lives as a whole.

I remember feeling disappointed following one particular interview because the story shared was not what I was expecting. Only now that I am in the midst of the analyses of the data, having deconstructed the data and read it over and over again, I realise how rich and valuable each particular story is. The analysis phase is a very exciting time in my research journey. The future possibility of presenting these women's voices to a wider audience in a meaningful and creative way compels me onward.

References

- Ayers-Gould, J.N. (2000) Spirituality in Birth: Creating Sacred Space Within the Medical Model, *International Journal of Childbirth Education*, Vol.15, No. 1, pp.14-17.
- Bates, B., Turner, A.N. (1985) Imagery and Symbolism in the Birth Practices of Traditional Cultures, *Birth*, Vol.12, No.1, Spring, pp.29-35.
- Bastien, A.P. (1993) Postpartum Rituals: Honouring the mother, *MIDIRS Midwifery Digest*, Vol.3, No.3, Sept. pp.322-323.
- Blumfield, W. (1996) Israel, *NEW GENERATION the Journal of the NCT*, June, p.5.
- Breckner, R., Rupp, S. (2002) Discovering biographies in changing social worlds: the biographical-interpretive method, in P. Chamberlayne, M. Rustin and T. Wengraf (ed) (2002) *Biography and social exclusion in Europe - experiences and life journeys*, pp.293, 294, 295, London, The Policy Press.
- Callister, L.C. (1995) Cultural Meanings of Childbirth, *Journal of Obstetrics Gynecology and Neonatal Nursing*, Vol.24, No.4, May, pp.327-331.
- Chalmers, B. (1996) Cross-cultural comparisons of birthing: psycho-social issues in western and African birth, *Psychology and Health*, Vol.12, pp.11-21.
- Cheung, N.F. (2002) The cultural and social meanings of childbearing for Chinese and Scottish women in Scotland, *Midwifery*, Vol.18, pp.279-295.
- Choudhry, U.K. (1997) Traditional Practices of Women From India: Pregnancy, Childbirth, and Newborn Care, *Journal of Obstetrics Gynecology and Neonatal Nursing*, Vol.26, No.5, May, pp.533-539.

- Davis-Floyd, R. (1994) The technocratic body: American Childbirth as Cultural Expression, *Social Science and Medicine*, Vol.38, No.8, pp.1125-1140.
- Davies, J. (2000) Being with Women who Are Economically Without, in M. Kirkham (ed) (2000) *The midwife-mother relationship*, p.124, London, Macmillan Press.
- Garcia, J., Kilpatrick, R., Richards, M. (1990) The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain, p.47, Oxford, Clarendon Press.
- Hall, J. (2001) *Midwifery, Mind and Spirit*, p.28, Oxford, Books for Midwives Press.
- Hall, J. (2003) Spirituality and maternity nursing, *Contact*, Vol.140, pp.17-25.
- Hansen, H.P. (1990) Ritual understanding of pregnancy and delivery, *Nursing Times*, Vol.86, No.17, p.57.
- Hollway, W., Jefferson, T. (2000) Doing qualitative research differently: free association, narrative and the interview method, p.34, London, SAGE Publications.
- Jones, K. (2003) The turn to a narrative knowing of persons: one method explored, *Nursing Times Research*, Vol.8, No.1, pp.60-71.
- Jones, K. (2004) Minimalist Passive Interviewing Technique and Team Analysis of Narrative Qualitative Data, in F. Rapport (ed), *New Qualitative Methodologies in Health and Social Care*, London, Routledge.
- Jones, K. (2005) Developing a Performative Social Science for Qualitative Researchers, <http://www.angelfire.com/zine/kipworld/cprp.index.html>
- Kaewsarn, P., Moyle, W., Creedy, D. (2003) Traditional postpartum practices among Thai women, *Journal of Advanced Nursing*, Vol.41, No.4, pp.358-366.
- Katbamna, S. (2000) *'Race' and Childbirth*, Buckingham, Open University Press.
- Kitzinger, S. (2000) Some cultural perspectives of birth, *British Journal of Midwifery*, Vol.8, No.12, pp.746-750.
- Lefkarites, M.P. (1992) The sociocultural implications of modernizing childbirth among Greek women on the island of Rhodes, *Medical Anthropology*, Vol.13, pp.385-412.
- Miller, T. (1995) Shifting Boundaries: Exploring the Influence of Cultural Traditions and religious Beliefs of Bangladeshi Women on Antenatal Interactions, *Women's Studies International Forum*, Vol.18, No.3, pp.299-309.
- Miller, R. (2000) *Researching Life Stories and Family Histories*, p.19, 132, London, SAGE Publications.
- Ottani, P.A. (2002) Embracing Global Similarities: A Framework for Cross-Cultural Obstetric Care, *Journal of Obstetrics Gynecology and Neonatal Nursing*, Vol.31, No.1, Jan/Feb, pp.38-38.

- Plummer, K. (1983) *Documents of Life: An Introduction to the Problems and Literature of a Humanistic Method*, p.123, London, Unwin Hyman Ltd.
- Priya, J.V. (1992) *Birth Traditions and Modern Pregnancy Care*, p.5, Dorset, Element Books Limited.
- Reid, M. (1997) The disappearance of Birth: Language Versus Reality in Modern Childbirth, *Birth Gazette*, Vol.13, No.2, Spring, pp.15-21.
- Rice, P.L. (2000) Nyo dua hli- 30 days confinement: traditions and changed childbearing beliefs and practices among Hmong women in Australia, *Midwifery*, Vol.16, pp.22-34.
- Robinson, J. (2000) Giving birth in competing cultures, *British Journal of Midwifery*, Vol.8, No.8, April p246.
- Rosenthal, G., Bar-On, D. (1992) A Biographical Case Study of a Victimizer's Daughter's Strategy: Pseudo-Identification with the Victims of the Holocaust, *Journal of Narrative and Life History*, Vol.2, No.2, pp.105-127.
- Rustin, M., Chamberlayne P. (2002) Introduction: from biography to social policy, in P. Chamberlayne, M. Rustin and T. Wengraf (eds) (2002) *Biography and social exclusion in Europe- experiences and life journeys*, pp 2, 3, 8, London, The Policy Press.
- Scopesi, A, Zanobini, M., Carossino, P. (1997) Childbirth in different cultures: psychophysical reactions of women delivering in US, German, French and Italian hospital, *Journal of Reproductive and Infant Psychology*, Vol.15, pp.9-30.
- Schott, J., Henley, A. (1996a) *Culture, Religion and Childbearing in a Multiracial Society: A Handbook for Health Professionals*, pp.xv, 121, Edinburgh, Butterworth-Heinemann.
- Schott, J., Henley, A. (1996b) Meeting individual cultural and religious needs in a multiracial society, *British Journal of Midwifery*, Vol.4, No.6, June, pp.287-289.
- Shaw, I. (1998) Going Global: Birth Across Cultures, *Birth Matters Journal*, Dec., pp.1-4.
- VanderVusse, L. (1999) Decision making in Analyses of Women's Birth Stories, *Birth*, Vol.26, No.1, pp.43-50.
- Wengraf, T. (2001) *Qualitative Research Interviewing: Biographic Narrative and Semi-Structured Methods*, pp.111, 113, 115, 116, 120, London, SAGE Publications.
- Woollett, A. and Dosanjh N. (1989) Pregnancy and antenatal care: the attitudes and experiences of Asian women, *Child: Care, Health and Development*, Vol.16, pp.63-78.

