

# A Metasummary of Published Qualitative Research on Pregnancy and Resettlement Among Refugee Women

Diana M. Kingsbury, MA, MPH  
Sheryl L. Chatfield, CTRS, PhD  
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# Elements of this presentation

## The study

- Background
- Methods
- Results
- Themes
- Conclusions
- Public Health Implications

## Method details

- *Value of qualitative meta study*
- *Alternative approaches*
- *Key components of the approach used*
- *Challenges*



# Background



Photo courtesy of UNHCR: <http://www.unhcr.org/thumb1/56a0f1506.jpg>

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# Why do qualitative metastudies?

- Identify, aggregate, organize, (sometimes) quantitize findings from previous qualitative research
- Increase accessibility/usability/appreciation of prior research efforts
  - *Integration of key findings*
  - *Identification of commonalities/themes*
  - *Develop practice guidelines*
    - *Enhance/ contextualize/personalize recommendations from quantitative integrated research*



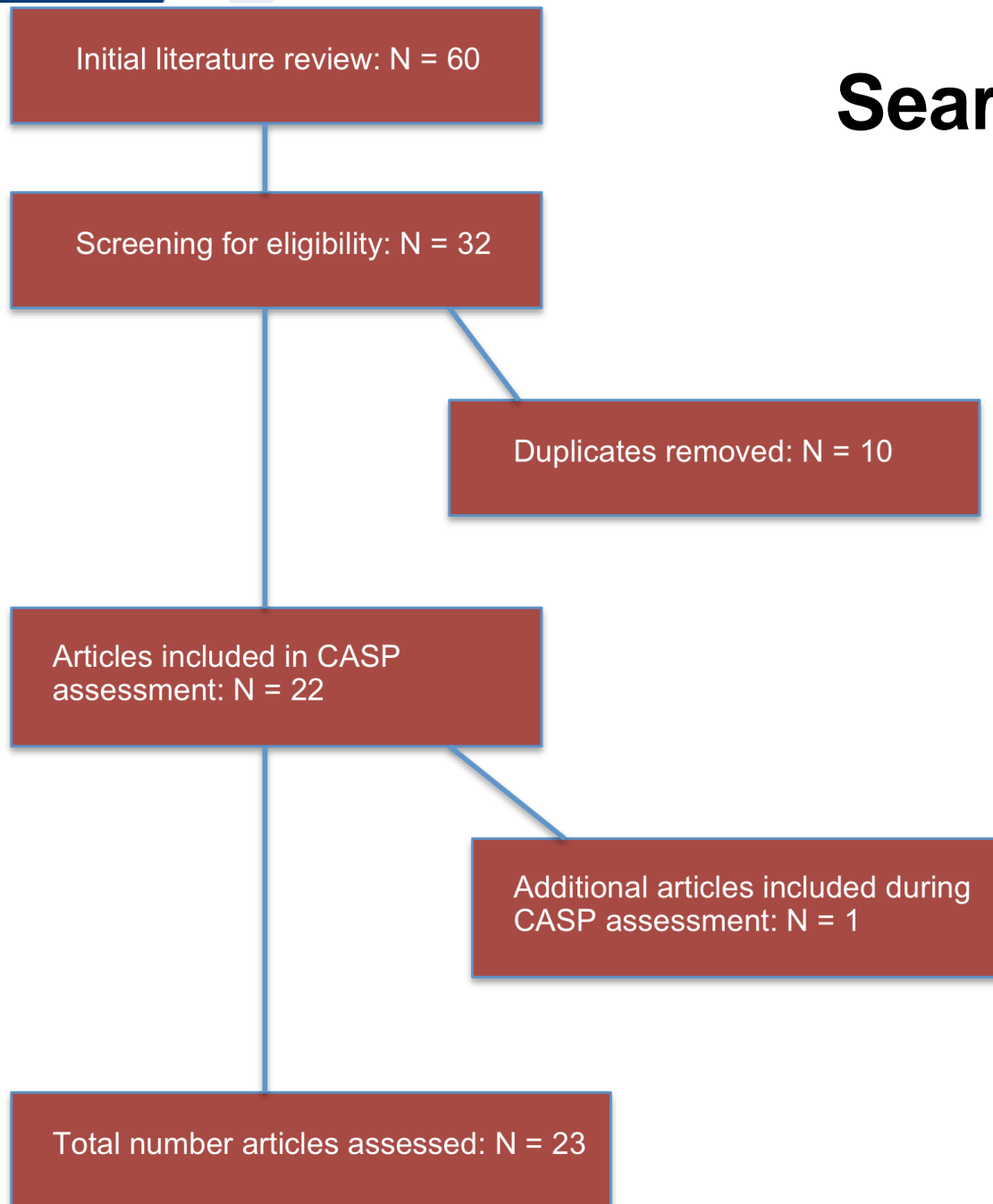
# Methods

- Systematic search
- Integrating multiple qualitative studies
  - Options include: Noblit & Hare; Paterson et al., CERQual, & others
  - \*\*\**Qualitative metasummary* (Sandelowski & Barroso, 2007)\*\*\*
- Quality assessment conducted using CASP (Critical Appraisal Skills Program)
- Coding and extraction of themes conducted using Dedoose® web-based software

# Search Strategy

- Search terms: *pregnancy, resettlement, refugees, qualitative research, maternal health, health beliefs*
- Databases: *Academic Search Complete, EBSCO, CINAHL, PubMed, PsycInfo, Google Scholar*
- Reference lists of eligible articles were also searched

# Search Strategy








Item totals from Excel/CASP assessment form

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	Author/authors	CASP Item Average Scores																						Relevance		
2		1		2		3		4		5		6		7		8		9		10		Total		11		
3	Ahmed	5		4		2.5		4.5		2.5		0		1		2.5		4		2.5		28.5		5		
4																										
5	Akhavan	4.5		5		3		3.5		4		0		4.5		3		4.5		4.5		37		4.5		
6																										
7	Amereskere	5		0		1.5		2		2		1.5		2.5		2		2.5		3		22		5		
8																										
9	Beine	4.5		4		3		2		2		0		2		1.5		2.5		2		23.5		8		
10																										
11	Briscoe	3.5		3		3		4		3		0		3		2.5		3.5		3		28.5		5		
12																										
13	Brown	4.5		0		4.5		3		4		0		1		2		3.5		4		26.5		9		
14																										
15	Carolan	5		0		1.5		2		2		1.5		2.5		2		2.5		3		22		10		
16																										
17	Harper Bullman	3.5		5		2		3		2.5		5		0		2		3		4		30		6		
18																										
19	Herrel	4.5		3.5		3		2		3.5		0		3		0		3.5		3.5		26.5		8		
20																										
21	Higginbottom	2		3		2		3		3		1		2.5		3		3.5		2.5		25.5		8		
22																										
23	Hill	4.5		4		2.5		3.5		3		4.5		0		4.5		4		4.5		33.5		8		
24																										
25																										
26	Illiadi	4		1		2.5		2.5		1		0		0		1		2.5		2.5		17		7.5		
27																										
28	LaMacuso	4		1.5		1.5		4		2		0.5		0		2.5		4		3.5		23.5		5.5		
29																										
30	Murray	4.5		4.5		3.5		3		3		4		4		4.5		4.5		3.5		39		8		
31																										
32	O'Mahoney	4.5		2.5		3.5		3.5		3.5		3		3		3.5		3.5		4		34.5		7		
33																										
34	Owens	4.5		4.5		2.5		4		2.5		3.5		4.5		2		3		4		35		8		
35																										
36																										
37	Riggs	4		4.5		3		4.5		3.5		1		2		3.5		3.5		4		33.5		6		
38																										
39	Robinson	3.5		2		2		2.5		1		0		0		2		2		3.5		18.5		4.5		
40																										
41	Russo	3.5		4		3		4		4.5		0.5		4.5		4.5		3.5		3.5		35.5		6		
42																										
43	Shafiel	4		3		3		3		1		0		0		1		3.5		2.5		21		7		
44																										
45	Stapleton	3.5		3		3		2		3		0		1		3		3		3.5		25		4		
46																										
47	Wojnar	3.5		3		3.5		3		3.5		0		2.5		3.5		4.5		4.5		31.5		7		
48																										
49	Yelland	3.5		1.5		3.5		3		3		0		2		3		4		3		26.5		5		
50																										
51																										
52	Mean	4.065		2.89		2.74		3.11		2.739		1.13		1.98		2.57		3.41		3.41		28		6.609		
53	SD	0.696		1.59		0.75		0.81		0.964		1.65		1.56		1.15		0.7		0.72		6.111		1.63		
54																										
55																						26.5				
56																										

# Challenges

- Sample selection
  - Degree of relevance to subject matter
  - Extractable findings
- Ratings
  - Use of theory
  - Was there a 'design?'
  - Coherence
    - Striving for consensus vs. taking advantage of unequal balance of power
- Limitations of rating form
- Process issues
  - Conversion of older publications

# Results

- Articles focused on: *pre- and post-natal care, caesarean birth, post-partum depression, interaction with healthcare providers, access to healthcare, female circumcision*
- CASP Inter-Rater Agreement: *0.56 (sd = 0.25)*
- Quality: *11 of 23 articles classified as at least “good” quality*

# Results

- Theme creation/development:
  - Articles were imported into Dedoose® and matched to selected descriptors
  - Articles then reviewed and initial codes were developed from *finding excerpts*\*
  - Descriptive themes were created from clusters of like codes
  - Themes were developed and validated by reviewing context of original excerpt

\*finding excerpt = assertion made by authors of source articles based on their data



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☐ Line #'s ☒ Memos ☐ RTL Added: 02/16/2016 Creator: slccmh1 Excerpts: 24 Memos: 0 Descriptors: 6

*Yes [would have liked to have been asked], we started our life from zero, and [wanted information] on how to start work. (Male participant)*

*I would have liked them to ask me about my parents and other things in my life that concerns me, but I cannot encourage myself to initiate the conversation. (Female participant)*

*Yes I wanted to be asked ... I wanted to know what to do if any of those problems occurred – where should I get help if something occurred? (Male participant)*

Many, however, didn't feel that inquiry about social health issues was the role of the health professional.

*Yes I can talk to them [health professionals in pregnancy] about my health problem but don't feel comfortable sharing with them my personal and domestic affairs ... one thing I understand is that it is not part of their job to listen to our family problems. (Female participant)*

Most saw social health issues and family life as private and personal matters best discussed with other family members rather than health professionals. Women reported that their husbands and/or mothers were the family members they were most likely to discuss 'social' issues with. Some noted the limitations of raising these issues with extended family and other community members particularly in relation to confidentiality, concerned that problems disclosed could become the topic of "community gossip".

How questions were asked and who was in attendance at the time influenced the way that participants responded to questions about social issues.

Selection Info

Codes [🔍](#) [📄](#) [⚙](#) [🔗](#)

Motherhood as gateway to social supp...

Breastfeeding

C sections

Changing cultural norms

Community role in birthing

Concern about competence of HC staff

Conflicts between healthcare and culture

Continuity of care



## Descriptors

**Country of resettlement:** Sweden, U.S., Greece, Canada, U.K., Australia

**Country/Region of origin:** Somalia, Afghanistan, Burma, Middle East, or Multiple

**Data collection method used:** Individual interviews, group interviews, focus groups

**Quality:** Fair or poor, Good or better

# Descriptor table from Dedoose

Descriptor x Code Count Table



Descriptor Set  Sort Field

Descriptor Field	Codes	Benefits of care in new home	Breastfeeding	C sections	Changing cultural norms	Community role in birthing	Concern about competence of HC	Conflicts between healthcare and	Continuity of care	Dispersement or displacement	Empowerment through information	Financial aspects of healthcare	Genital circumcision	Healthcare capacity	Holistic aspects of health	Home delivery	House calls	Interpreters and Language	Mental health	Motherhood as gateway to social	Navigating healthcare	Need for cultural acceptance	Perception of HC staff attitude	Pre and antenatal health
Country: Greece								7	3		1	4						5	3		2		2	6
Country: Canada		2		1	1	2		4				1		1			1		16				3	
Country: UK								3	1	1	2		2					11					3	1
Country: Australia		9		4		2		17	4		8		2	5			2	24	14	2	6	3	17	2
Country: Sweden									1									2	3		1			
Country: US		6	3	23	4	1	1	30	1		5	2	14		1	1		6	4		6	8	7	3

# Themes

- **Obstacles**
- **Seeking congruence**
- **Encouraging resettlement**

# Themes: Obstacles



# Themes: Seeking Congruence





# Themes: Encouraging Resettlement



# Recommendations for Practice



# Conclusions

- Codes were primarily derived from articles classified as “good” quality
- Majority of articles focused on African/Somalis refugees
- Summarized results suggest pregnancy is an uncertain time in the lives of resettled refugees
- Results also suggest opportunities for improving the pregnancy experience of refugees

# Public Health Implications

- Potential role for healthcare practitioners to promote social connectedness among resettled refugees during pregnancy
- Rethinking cultural competence and considering clinical interventions in light of culture
- Opportunity to mobilize lay health workers
- Assessment of findings in light of current refugee crisis



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