

## **Toward Cultural Competence in Women's Health Care**

Sylvie Schuster, University Women's Hospital, Department of Psychosomatic and Social Medicine, Basel, Switzerland, e-mail address: sschuster@uhbs.ch

There is an urgent need for training to emerge culturally competent hospital staff in face of an increasing proportion of migrants in European settings nowadays. To improve migrant women's health care there is a crucial need for culturally responsive and appropriate clinical services. As Carillo et al. (1999) argue to learn every aspect of each culture that could influence the medical encounter is impractical, if not impossible. Therefore, rather than attempting to learn specific issues of different cultures the experiences with Cameroonian women will be taken exemplary - together with lessons from medical anthropology - to demonstrate a more practical approach to identify and deal with problems that are likely to occur in cross-cultural medical encounters with a main focus on reproductive and sexual health matters.

Despite international efforts in the area of family planning women have unwanted pregnancies ending in abortion. Although abortion is a global issue, in many countries it is illegal, including Cameroon. It is estimated that worldwide almost 20 million unsafe abortions take place and are the leading cause of the almost 600.000 maternal deaths each year (WHO, 1998:9). Besides its illegality, the issue of induced abortion is in most sub-Saharan countries highly controversial (Silberschmid et al., 2001:1815), and the stigma of abortion dictates the secrecy of the procedure and therefore, detailed information is scarce.

Within the framework of a hospital-based study (Schuster, 2004) in-depth interviews on abortion and contraception were conducted with 65 Cameroonian women having had an induced abortion. These interviews are complemented by hospital data on abortion-related medical complications, interviews with key informants including medical personnel, and participant-observation over 16 months.

Starting from the premise of extraordinarily difficult conditions for carrying out research (WHO, 1996: 5), and a sadly lack of guidance on the wording and ordering of questions in surveys on induced abortion (Barreto et al., 1992: 164), special attention has been paid to the interview setting, the development of the questionnaire, as well as the communication and interaction in the cross-cultural encounter. This includes such as the wording of questions, use of inside-knowledge, significance of silence and `culture

of biomedicine'. To give one example, by trying to understand a woman's silence a variety of possibilities came up. One reason has been that the woman simply didn't understand the question. This assumption has been confirmed, when the formulation of the question have been changed and the woman replied afterwards. Beyond that, silence could have been a hint that the question is touching a delicate aspect and requires a sensitive further proceeding. In addition to this, a brochure of the Cameroonian Ministry of National Education (1995: 11) for counselling adolescents on pregnancy and abortion declares: „Silence: The student may be unwilling to talk, or speak. This phenomenon is common among adolescents who are angry or worried. When such a situation arises the student should be reassured and made to feel at ease. Either the student is unwilling to reveal the secret because of the lack of confidence in the counsellor or he/she is angry at your reaction about what he/she has said. In any case, never insist“. By this knowledge, it was possible to react in a more appropriate and familiar way to the women, which had a positive effect on their willingness to respond.

Beyond the cultural and social context of each participant in the cross-cultural encounter there is the 'culture of biomedicine'. Therefore, there is a need to explore and reflect on the 'culture of biomedicine' into which physicians are socialized (Good 1994, Kleinman 1995), the values physicians bring into profession and how they influence their personal and professional lives, including responses to diverse patient cultures as well as underlying assumptions about the 'self' and the 'other'. Self-realization of this potential biomedical bias is critical in negotiating cross-cultural interaction (Carrillo et al., 1999:830). For example, women's interpretations of side effects associated with contraceptive methods, such as fear of a sterilizing effect when taking oral contraceptives, owe much to different concepts of the body and could influence the acceptability of contraceptives.

Beyond cultural awareness, there is a need for skills which help to promote communication and cooperation and lead to a progressive depth of understanding within cross-cultural medical encounters. Like the process to understand and deal with women's silence in the interviews was leading to issues of culture and women's circumstances of life and influenced the wording of questions. Altogether, this approach will be of help to improve clinicians ability to understand, communicate with, and care for patients from a diverse socio-cultural background and to bridge the gap between the public health system and women's needs.

## References

- Barreto T, Campbell O, Davies J, Fauveau V, Filippi V, Graham W, Mamdani M, Rooney C, Toubia N. (1992). Investigating Induced Abortion in Developing Countries: Methods and Problems. *Studies in Family Planning* 23: 159-170.
- Carrillo J, Green A, Betancourt J. (1999). Cross-cultural primary care: A patient-based approach. *Annals of Internal Medicine* 130 (10): 829-834.
- Good B. (1997). *Medicine, rationality, and experience. An anthropological perspective.* Cambridge: Cambridge University Press.
- Kleinman A. (1995). *Writing at the Margin. Discourse Between Anthropology and Medicine.* Berkely, Los Angeles: University of California Press.
- Ministry of National Education. (1995). *A Guide For Counselling In Schools.* Republic of Cameroon.
- Schuster S. (2004). *Der Schwangerschaftsabbruch im Grasland Kameruns: Medizin, Kultur und Praxis.* In Hans-Jochen Diesfeld (Ed.), *Medical care in developing countries, Volume 49,* Frankfurt am Main, Berlin, Bern, Bruxelles, New York, Oxford, Wien: Peter Lang Publishers.
- Silberschmid M, Rasch V. (2001). Adolescent Girls, Illegal Abortions and „Sugar-daddies“ in Dar es Salaam: Vulnerable Victims and Active Social Agents. *Social Science and Medicine* 52:1815-126.
- World Health Organisation. (1996). *Studying unsafe abortion: a practical guide.* Maternal and Newborn Health - Safe Motherhood. Division of Reproductive Health, Geneva.
- World Health Organization. (1998). *Unsafe Abortion Maternal and Newborn Health.* Geneva: Safe Motherhood Division of Reproductive Health.