

# The quality of reproductive health care in The Netherlands: Perspectives of health care providers and Turkish-Dutch women

Leyla Çinibulak and Annemiek Richters<sup>1</sup>

Many health care providers experience difficulties in providing standard quality care to migrant women, confirming, as various studies show, that the quality of care for these women needs to be improved. The question we will address is how migrant women themselves perceive the reproductive health care they receive and how their perspectives on the quality of care compares with those of health care providers.

## Methods

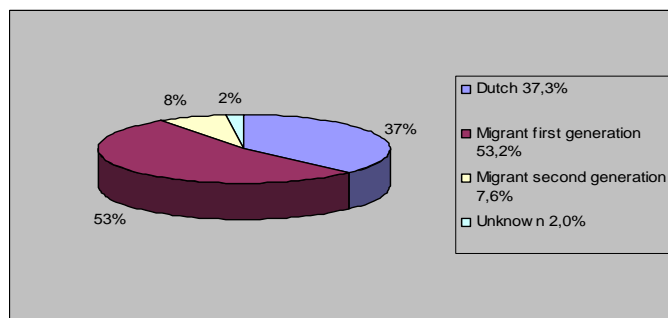
A qualitative study in two non-academic city hospitals, both serving a relatively large migrant population, was conducted. In Amsterdam, in-depth interviews were conducted with sixteen Turkish-Dutch women on the quality of care, pregnancy and delivery. In The Hague, six women were interviewed on their menstruation problems and the care they received. The women were interviewed in their homes by the first author, a Turkish speaking anthropologist who herself migrated to the Netherlands at the age of six. Her background and the fact that the interviews were held at women's homes helped Çinibulak to develop a trust relationship with the women and becoming acquainted with women's housing and living conditions.

In addition, a focus group with women on the quality of care was organized in a migrant women's health center. Preceding the interviews with women, 26 health care providers were interviewed on quality of care for migrant women and related topics. At the very start of the research project a registration study was done including the registration of ethnicity, complaint, hospital location of first visit, diagnosis, and number of visits until final diagnosis could be made.

## Results

In the hospital in The Hague 68% and in the hospital in Amsterdam 53% of the obstetrics and gynecology outpatients, in the period of this study, was of non-Dutch origin.

Figure 1. Patient population gynaecology and obstetrics outpatient department The Hague



<sup>1</sup> Leiden University Medical Center, The Netherlands

What is striking is the relatively large percentage of first generation migrant women. Those women have their roots in more than 90 countries. The four major ethnic groups come from the Netherlands, Suriname, Morocco and Turkey. The registration study shows also that Turkish and Moroccan women visit the hospital relatively more often for complaints during their pregnancy, respectively 18 and 28 percent in comparison with Dutch patients (17 %).

TABLE 1. Country of birth and main reason of visit with obstetric complaints registered in both hospitals

	Nether lands N = 1528	Suriname N = 506	Morocco N = 261	Turkey N = 320	Other N = 736
Obstetrics	%	%	%	%	%
Pregnancy <20 wk. with complications	7	7	12	7	8
Pregnancy > 20 wk. with complications	10	10	16	11	11
Pregnancy <20 wk. without complications	7	8	15	12	9
Pregnancy >20 wk. without complications	2	1	7	4	4
Genetic counseling	4	1	3	3	2
Other (Obstetrics + Gynecology)	70	73	47	63	66
Total	100	100	100	100	100

### Perspectives of health care providers and Turkish-Dutch women

In general women are very satisfied with the hospital care. Pregnant women insist on a hospital delivery. Their preference is based on their satisfaction with the perceived medical security and protection against religious impurity in the hospital, their experiences with homebirth based in their country of origin, and bad living conditions in the Netherlands. Some women also prefer prenatal care in the hospital predominantly due to the availability of ultrasound and doctors.

In talking about their positive experiences with Dutch hospital care women always refer to the poor care in government hospitals and good but extremely expensive private hospitals in Turkey. The state hospitals in Turkey are known for unsafe care, bad nursing care and rude treatment by health care providers. Women told us that doctors there more often describe medicines quickly, implement fast medical interventions, and adjust their care in a negative way to the social-economic status of patients.

Healthcare providers when asked about their experiences with working with migrant women reacted with opinions ranging from ‘challenging’ and ‘fascinating’ to ‘time consuming’ and ‘source of frustration or irritation’. They are frustrated or irritated because migrant women regularly present their health problems as ‘total body pain’, or in a dramatic and theatrical way.

On the other hand, some Turkish-Dutch women told us that they have to ‘exaggerate’ their complaints in order to be taken serious and to receive good care. All women expressed their need of a serious and respectful approach by health professionals. They explained the negative doctor’s attitude and the feeling of being put off often in

terms of discrimination and/or racism. The latter kind of critical remarks of the care received were expressed by the women once the researcher had built a trustful relationship with them.

While health care providers perceived difficulties due to differences in language, ethnicity and culture, most non-Dutch speaking women could arrange an informal interpreter and therefore did not experience problems due to language barriers. Only women who were not able to bring their own informal interpreter, articulated their difficulties with language barriers and their strong need of a professional interpreter in hospitals.

Women themselves emphasized that a trustful en respectful doctor-patient relationship is more important than ethnic, gender and language problems. In the words of women - including women with feelings of shame, religious women, traditional and veiled women - 'a doctor is a doctor', 'it doesn't matter whether the doctor is a man or a woman', 'he has his professional duties and no other intentions', 'in our religion we are allowed to be treated by a male doctor'. Asking women whether the doctor should know more about their culture, they replied that this would be nice but not necessary. Also differences in cultural specific ideas about health, illness and treatment between doctor and women were not seen as problematic. Most women rely on both biomedical knowledge and traditional Turkish lay knowledge and see the latter not as an obstacle for good quality care. Being pragmatic women, even those strongly relying on traditional lay knowledge, the women saw specialists and the medical care in the hospital as one of the many ways to seek help for their health problems.

## Conclusions

This study shows that a trustful doctor-patient relationship transcends differences in knowledge, language, ethnicity and gender between doctors and patients. It makes also clear that women relate in a flexible and pragmatic way to their traditional values and cultural taboos, while the professionals hold static notions of the culture of the migrant women and are tended to speak in generalized idea's, such as 'migrant women lack knowledge of physiology and anatomy and of the Dutch health care system'.

In the perspective of women a qualitatively good care consists of a serious and respectful approach by health professionals. Health professionals articulated difficulties in working with migrant women, mostly due to language and communication factors, but also due to women's cultural background.

A nuanced approach of migrant women, taking differences between women belonging to one specific ethnic group into account, is crucial for quality health care.

## References

- Çinibulak, L. (2002). *Zwanger worden en bevallen op Nederlandse bodem: Een medisch-antropologisch onderzoek naar de ervaringen van verloskundige zorg onder vrouwen van Turkse afkomst*. Universiteit van Amsterdam. MA Thesis.
- Çinibulak, L. (2004) Diversiteit in medicalisering. Beter bevallen onder Turks-Nederlandse vrouwen. *Tijdschrift voor Genderstudies* 7(3):47-57.
- Çinibulak, L. & Richters, A. (2004) Turkish-Dutch women's views on childbirth. A question of medicalization or empowerment? In A.C. Allen et al, *14<sup>th</sup> International Conference of Psychosomatic Obstetrics and Gynecology*, pp. 187-192. Medimond: International Proceedings.
- Richters A. et al. (2003) *Etnische pluriformiteit en kwaliteit van zorg op twee grootstedelijke poliklinieken gynaecologie/verloskunde. Verslag van een verkennend onderzoek*. Heemstede: SMART.