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Sudanese women's experience of child rearing
in Western Sydney in comparison to
their experiences in Sudan

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A Report for Blacktown MRC and Professional Placement

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Sudanese women's experience of child rearing in Western Sydney in comparison to their experiences in Sudan

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Blacktown Migrant Resource Centre (MRC) is an independent, community-based organisation dedicated to empowering people from culturally diverse backgrounds and promoting a culturally rich and diverse Australia. Operating from a base in Blacktown we service people at our centre, through people's homes and from a number of strategic bases around Sydney.

Foreword

The Sudanese community is one of a number of emerging African refugee communities that Blacktown MRC works with on a daily basis. Through our work with the community we have gathered anecdotal information about problems that women have in using ante and post-natal health services. This research provides Blacktown MRC with the opportunity to explore these issues in more detail with women, and document some women's stories about their experiences in giving birth in this country.

Blacktown MRC has a long history in working with local and regional services to improve services for culturally diverse communities. We have worked closely with health services over the years, and recently through the establishment of our Families First funded programs have strengthened these relationships.

This report is a starting point in documenting the experiences of Sudanese women in their use of health services throughout their pregnancies and in the first two years of their children's lives. While it is not definitive research it does provide a snapshot of women's experiences, and indicates broad areas that need further investigation.

While it is acknowledged that there are policies in place through the health system, there is a clear indication in this research that interpreter services are not always systematically used. In the research there were differing levels of understanding with the women interviewed about ante-and post-natal services. The common thread was that there needed to be information available in their language in order for them to fully understand what was happening and what services and options they have.

While there is often a gap between policy and practice, we acknowledge that service provision in local Blacktown health services has improved over the last couple of years. I hope that the findings and recommendations in this report will be adopted to improve outcomes and access to services for Sudanese women and their children.

Irene Ross

Blacktown MRC Manager

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Executive Summary

The Blacktown MRC has worked actively with the Sudanese community in Western Sydney for several years. Sudanese women are the focus of this research project as the community is a growing emerging community in Western Sydney, particularly in the Blacktown local government area. Through working with the community, Blacktown MRC has anecdotal evidence that some Sudanese women have had problems using maternity services and early childhood services.

There is a lack of literature relating to the experiences of Sudanese minority groups particularly in relation to their child rearing experiences. This research project aims to investigate Sudanese refugee women's experiences of pregnancy and child rearing in Sudan in comparison to their experiences in Western Sydney.

The research was conducted in the Blacktown, Holroyd and Liverpool local government areas. The report provides a snapshot of experiences of Sudanese women living in Western Sydney. While it is not indicative of all women's experiences, it does raise some important issues relating to women's experiences in Western Sydney.

The research findings show that Sudanese women's experiences of child rearing and childbirth while similar to Sudan, is significantly different in some instances.

Whilst Sudanese women have the support of family and friends in Sudan, in Western Sydney these support mechanisms are often not as strong.

Language barriers between Sudanese women and health care and service providers has been identified as an underlying problem and a major barrier for Sudanese women in accessing services and maternity information in Western Sydney. As a consequence some women are not obtaining the necessary information needed to assist them with their process of giving birth to and raising children.

The report recommends a range of strategies that would assist women through this important time in their lives. Antenatal information and classes conducted in Arabic, Dinka or other relevant languages would provide a much-needed service to women. The establishment of language of birth classes would have a dual purpose in improving women's English skills as well as equipping them with information about their pregnancies and birthing experiences. The formation of a mothers group for Sudanese women would provide an opportunity for women to discuss issues related to raising their babies and young children. Increased education of health professionals, especially regarding female circumcision and Sudanese culture is recommended.

The Sudanese community is a growing community in Western Sydney. This information can be used to guide Blacktown MRC staff, government and non-government agencies in planning for, and providing specific support to, Sudanese women who are pregnant or are raising children in the 0-2 years age range.

1. Introduction

1.1. Blacktown Migrant Resource Centre

The Blacktown Migrant Resource Centre (MRC) was established in 1985 to assist with the settlement needs of migrants and refugees in the Blacktown Local Government Area (Blacktown MRC, 2004). The Blacktown MRC is an independent organisation working with people from culturally diverse backgrounds through avenues such as health, employment, housing, women's issues, young people, aged care and crisis management (Blacktown MRC, 2004). The Blacktown MRC generates, manages and supports innovative programs, projects and events that encourage people from all cultural backgrounds to participate fully in Australian society (Blacktown MRC, 2004).

1.1.1. Family and Children – Families First Program

This research project forms part of this program and focuses specifically on issues relating to women who are pregnant and to children in the 0-2 years age range. The Blacktown MRC provides a variety of services to families and children. The Families First program is one of these services and is an initiative of the NSW Government's prevention and early intervention strategy that aims to support families in the process of raising their children.

The program focuses on increasing the effectiveness of prevention and early intervention strategies relating to refugee and migrant parents raising children (Blacktown MRC, 2004).

The Families First Program helps to improve children's health and well-being by helping parents to develop skills and confidence in their parenting by supporting parents to respond to problems early and build communities that support families (Blacktown MRC, 2004).

1.2. Background to Sudanese community

The Blacktown MRC supports Sudanese women in their process of settlement and they form the focus of this research project. The reasons Sudanese mothers are the focus of this research project are:

- The Sudanese community is a growing emerging community in Western Sydney, particularly in the Blacktown Local Government area.
- Through the process of working with the Sudanese community, Blacktown MRC has anecdotal evidence that some Sudanese women have had problems using maternity services and early childhood services.

The country Sudan is located in northeast Africa where civil tension has been waging since the formation of the State in 1956 between the Muslim north and Southern Sudanese (Pumphrey & Schwarz-Barcott, 2003:163) and full-scale war since 1983 when Sudan became a totalitarian Islamic state ruled by Sharia Law. Current media attention on the Region of Darfur has brought this conflict to the attention of the public, in which many Southern Sudanese are seeking refuge in the neighbouring countries Egypt, Kenya, Uganda and Ethiopia as a result of famine, political and military unrest in the area.

In recent years, Australia has taken many Sudanese refugees as both refugees and humanitarian entrants. The 2001 census showed that 2572 Sudanese refugees resided in NSW, with the main areas of residence being Blacktown with 927, Liverpool with 315, followed by Fairfield, Canterbury and Parramatta (ABS, 2001). As a result of this it is recognised that services are needed to assist with the settlement process for these refugees. The Blacktown MRC is one such organisation that assists new emerging communities in their process of settlement in Australia including Sudanese refugees.

1.3. Research Aims and Objectives

This research project aims to investigate Sudanese refugee women's experiences of pregnancy and child rearing in Western Sydney, in order to establish whether or not pre-existing services are catering to the needs of these women and provide recommendations on how services can better meet their needs in areas that are lacking.

The research findings will be used to inform workers within the Families First Program at the Blacktown MRC on the gaps in service provision for Sudanese mothers.

1.4. Review of relevant literature

The Blacktown MRC recognises that some Sudanese women are not accessing vital services to assist them with pregnancy and rearing children in the 0-2 years age range. Consequently, some Sudanese women are failing to obtain important information to assist them with this process.

A lack of literature relating to the experiences of Sudanese minority groups exists particularly in relation to their child rearing experiences. Therefore it is acknowledged that research into Sudanese women's experiences of rearing children is of significant importance due to the lack of literature on this subject.

However, literature on women's experience of raising children in general and also recent studies of Somali women's experiences of childbirth and care both in the UK and Canada provide an insight into the experience of minority women's ethnic groups experiences of childrearing and relationships with healthcare services.

Many commentators have reiterated the need to supply women with information during pregnancy and childbirth in order to support their choices that are made during that period (Cartwright, 1979; Read & Garcia, 1989; Kirkham, 1993). Research investigating the birth experiences of women has repeatedly revealed a fervent desire for comprehensible information that women can use to deal with the uncertain results they face (Macintyre, 1982; Porter & Macintyre, 1989) and Green et al (1998, cited in Davies & Bath, 2001:238) acknowledges that most women have a desire for as much information as possible about the birthing process and risks involved.

The significance of this literature in regards to Sudanese women is that this newly arrived community in Western Sydney requires information about the services available to assist them with pregnancy and rearing of their children.

MORI (1993, cited in Davies & Bath, 2001:238) in a large-scale survey of the birth experiences of British women for the Expert Maternity Group revealed that the attitudes and experiences of minority ethnic women were consistent with those of the majority ethnic group. However, these women reported more serious anxieties about communication and sensitivity of care than the general population.

McCourt & Pierce (2000, cited in Davies & Bath, 2001:238) highlight that communication plays a significant role in encouraging satisfaction among minority ethnic women in relation to maternity care. This is of particular relevance to the experience of Somali women in the UK and Canada. Harper-Bulman & McCourt, (1997, cited in Davies & Bath, 2001:239) revealed that distressing birth experiences of Somali women was a result of poor communication with their carers. In this regard, as a majority of Sudanese mothers have low-level English skills, communication is of vital importance to assist these women with their process of pregnancy and raising children in the 0-2 years age range.

There is debate among scholars about whether or not the use of interpretive services in interview situations hinders the research and individual responses. Despite this it is acknowledged that provided the interpreter is properly trained or acts in a culturally appropriate and sensitive manner the use of an interpreter will not hinder or affect the research findings (Freed, 1988; Phelan & Parkman, 1995; Kapborg & Bertero, 2001). As a majority of Sudanese women's English proficiency is quite limited it is important to take into consideration that the use of interpreters may affect the responses provided by these women.

1.5. Ethical Protocols

In conducting this research a thorough literature review was undertaken in order to provide context for the validity of the research. The research was also planned carefully so as not to waste the time of the respondents, as well as ensuring the minimisation of risk to the respondents from any harm such as disruption, intrusions, risk, discomfort. As the nature of this research involves sensitive issues, such as Sudanese refugees experiences of civil war back in Sudan and a great deal of hardship, it is important that interview questions were sensitive and appropriate. Cultural differences also posed issues interviewing these women, so it was important that the questions asked were culturally sensitive.

In conducting this research the women were asked what form of consent they would prefer and during the focus groups verbal consent was the preferred method. Written consent was obtained by two women during in-depth interviews.

When conducting interviews and focus groups the Sudanese women were informed that the research was being conducted by two University of Technology, Sydney students on behalf of the Blacktown MRC as part of their Professional Placement.

The research was conducted in confidential manner so that the identity of the respondent is only known by the researcher and will not be disclosed to anyone else without their consent (UTS, 2000). The Sudanese respondents were also informed about their right to review, correct or withdraw any material provided.

2. Methodology

2.1 Research Design

The research involved designing a questionnaire covering a number of issues relating to the process of childbirth and raising children 0-2 years of age. The design process involved the researchers developing a series of questions that were then reviewed and edited by the Families First Program Officer, Claire Portors (Refer to appendix 1 and 2).

The research process comprised of two methods, firstly focus groups and secondly a number of in-depth interviews with Sudanese mothers. The first method was chosen as it was acknowledged that Sudanese women would feel more comfortable talking about their experiences of pregnancy and raising children in the 0-2 years age range, in a group situation with other Sudanese mothers. The use of in-depth interviews was also chosen in order to further investigate issues raised in the focus groups and find out about Sudanese women's experiences of accessing services in Western Sydney on a more personal and detailed level.

2.2 Sampling Technique

The population interviewed for the purpose of this research was Sudanese refugee mothers with children 0-2 years of age. The sample selection for the conduction of focus groups was collated from the Blacktown MRC's database of Sudanese women as well as a snowballing technique and was a non-random selection. The in-depth interviews on the other hand, used the snowballing method of selection. The snowballing method involves obtaining respondents through the use of recommendations from individuals or groups of people that know the respondents you require (Denscombe, 1998).

One restriction of the research is that it focuses on Sudanese women's experiences of child rearing and does not incorporate Sudanese men's experiences.

For the purposes of this research, it was important to investigate Sudanese women's experiences in relation to raising children in Western Sydney and their access to services as women are the child bearers and primary carers for children in the 0-2 year age range. Another restriction involved language barriers and the need for the use of interpreter services as a majority of Sudanese women's English proficiencies was low.

2.3 Data Collection

Both Linda Zaki and Jokbabott Mugo, female Sudanese workers at the Blacktown MRC facilitated the focus group at the Blacktown MRC in September 2004 with 30 Nuba and Southern Sudanese women. Another focus group was conducted in October 2004 at the Blacktown Anglican Church with 10 Nuba and Southern Sudanese women, where one of the women acted as an interpreter.

In-depth interviews were conducted with two Southern Sudanese women in September 2004 in their homes in Blacktown, in which one of the interviewees assisted with interpretation. Two other in-depth interviews were conducted with two Southern Sudanese women in October 2004 in their homes in Merrylands with the assistance of a Sudanese interpreter. A final in-depth interview was conducted with one Northern Sudanese woman at the Liverpool Migrant Resource Centre in October 2004 with the interpretative assistance of Linda Zaki.

All audiotapes of the focus groups and in-depth interviews were transcribed into English with the assistance of an Arabic Sudanese interpreter. All transcripts were analysed using the method of theme analysis advocated by Vaughn et al (1996). This method involves identifying themes from passages of the transcripts, the key themes identified in this research relate to service areas Sudanese women are finding difficult to access, to assist with their pregnancy and child rearing, in order to provide recommendations to fill the gaps in service provision for these women.

3. Results

The research findings have been set out under the key themes that emerged from the focus groups and in-depth interviews. These include Sudanese women's experiences in Sudan and their experiences in Australia which covers the following areas: antenatal care, postnatal care, support services, childcare, nutrition, immunisation, discipline, female circumcision and other issues.

3.1 Experiences in Sudan

The key findings on Sudanese women's experiences of child rearing in Sudan include:

The majority of women found out that they were pregnant by noticing physical changes in their body including the ceasing of their periods, morning sickness and nausea, which was confirmed by the doctor through a urine test. Some women learnt about pregnancy through friends or from information gained at school, while others were given information from their mother. In relation to the delivery process, the results varied including midwives, friends, mothers and books.

In relation to the delivery process some women had their babies in hospitals while many delivered their babies at home with the assistance of family and midwives. An interesting finding is that the majority of women had their first child in a hospital however for subsequent births they delivered their babies at home with the assistance of a midwife or family, because it does not involve a cost.

All respondents revealed that their husbands did not attend the birth of their children in Sudan, as it was not a culturally appropriate practice or role for men to be at the delivery. Most women received help from family members after the birth of their child with minimal assistance from the husband. There is a common cultural practice all over Sudan that for 40 days after the birth of a child the mother will rest and be looked after by female members of the family. This assistance includes cooking, cleaning and looking after other children and guests.

A majority of women said that their husbands did not take an active role in child rearing while the baby was younger, but took a more active role once the child was older by taking them to school, assisting with homework and discipline.

All Sudanese women breastfed their children in Sudan unless they were unable to with the timeframe ranging from 5 months to two years, however many women commented that it was believed the longer you breastfed for, the healthier and stronger the baby would be. In regards to nutrition, solids were generally introduced at 5 months that included mashed potatoes, cerelac, mashed rice, broad beans, eggs etc.

All women said they immunised their babies and were informed of this by family and midwives of this, and attended local health care centres. For those women in Sudan the immunisation shots were free, however women in Egypt had to pay a fee.

3.2 Experiences in Australia

3.2.1 Antenatal Care

In Australia the majority of Sudanese women found out they were pregnant as a result of physical changes that were confirmed by the doctor through urine and blood samples.

A majority of women said they attended regular check ups throughout their pregnancy in Australia, a proportion of the women used GP's and a proportion of the women used hospital services.

The majority of women in Blacktown were not informed about the different birthing options eg, labour unit, birthing centre, however, most felt that they had to give birth in a hospital.

The two Sudanese women in Merrylands were informed about the different options through the use of an interpreter. The Sudanese woman in Liverpool was also not informed about the different birthing options.

Only one Sudanese woman interviewed in Blacktown said she attended antenatal classes in Perth. However, because these classes were conducted in English she did not benefit from these classes because of language barriers. The two Sudanese women in Merrylands and the woman in Liverpool were also not informed about antenatal classes. All women interviewed and the majority of women in the focus groups said had they known that antenatal classes were available to teach them techniques to assist with the birthing process and if they were conducted in Arabic, they would have attended.

The majority of women in Blacktown were not informed about what was going to happen during the birth or the different options available such as pain relief, episiotomies, deinfibulation (where a circumcised woman is cut to allow the baby to be delivered) and caesarean section due to language barriers. One woman that gave birth at Blacktown hospital who was circumcised was not informed by medical staff that she would not be infibulated again, that is not re-sewn, which has caused her serious psychological pain. Another woman in Blacktown due to language barriers of lack of interpreter services was not informed by medical staff at Blacktown Hospital that it was necessary for her to have an episiotomy.

Pain relief options were discussed with both the women interviewed in Merrylands with the assistance of an interpreter. One woman delivered her baby in Auburn hospital and during the labour process was informed that she would be given pain relief, however, she informed the doctor she did not want it because experiencing pain was part of the process of childbirth and her culture. The other woman in Merrylands delivered her baby in Westmead Hospital, also refused pain relief options because pain was a natural part of birth.

The Sudanese woman in Liverpool was informed about what was going to happen during the birth by her friends and an information session conducted by Blacktown MRC's Sudanese Worker, Linda Zaki at the Liverpool Migrant Resource Centre. However, she was not aware of the different pain relief options during the birth.

A significant number of Sudanese women interviewed said that their husbands attended the birth, in comparison to their experiences in Sudan where their husbands would not have attended because it was viewed as inappropriate. This was acknowledged as a shift in cultural norms as a result of the recognition of this being a culturally accepted practice within Australia and also the fact that many do not have female family in Australia to provide support.

All women interviewed said that language was a major problem, especially during the birth. Some women reported occasions when interpreters were not used.

One woman in Blacktown during her labour said she waited three hours for an interpreter who never turned up and consequently had to deliver without the assistance of an interpreter. For another circumcised woman, no interpreter was present during her birth, so they had to get a male friend of her husband to come into the delivery room and stand behind a curtain to tell her what to do during the birth and what the medical staff was going to do.

The women interviewed in Merrylands also said that language was a major problem during the birth. Both women had an elder woman of the Sudanese community attend the birth and she assisted with interpreting for both of them.

The woman in Liverpool also said that language was a huge problem during the birth of her baby at Liverpool hospital. She experienced horrific pain during the birth and was given gas, however she was unable to explain that she would have preferred an injection to relieve some of the pain because the gas made her drowsy. No interpreter was present during the delivery, however, during the period of extreme pain an interpreter was contacted over the telephone and she explained to her that she was unable to have an injection of pethedine as labour had progressed too far.

All women interviewed said that they would be extremely interested in attending an English language course on the different birth language used, the various stages of the birth and the different stages of the baby's growth throughout the pregnancy.

3.2.2 Postnatal Care

Some women in Blacktown were not informed about the NSW Health Personal Health Record Book (Blue Book). One woman revealed that the Blue Book was left on her hospital bed without any explanation of what it was for. For those that were informed about the Blue Book by nursing staff, the contents of the book were not fully explained. Some of the women had to rely on their friends to inform them about the book and how to use it, as a majority of them said the book was not explained to them through the use of interpreter services.

The two women interviewed in Merrylands were informed by a doctor that all matters relating to the child should be recorded in the Blue Book, which was explained through the use of an interpreter.

The experience of the woman in Liverpool also revealed that she was not informed about the Blue Book, but was advised to take it to her Arabic Doctor who would explain it to her.

Some of the women interviewed in Blacktown did not know about the Early Childhood Centres and the services that they provided. Both women in Merrylands also said that they were not aware of the services provided by the Early Childhood Centres. Before the birth of her baby, the woman in Liverpool did not know about the Early Childhood Centres, however, during a visit to her home a nurse told her to attend the Centre for the baby's checkups, which was done through the use of an interpreter. The Sudanese woman interviewed in Liverpool said that an interpreter was always present during her baby's health check ups.

The focus groups and in-depth interviews highlighted a consensus that women would be interested to learn about the Early Childhood Centres services, particularly prior to the birth of their baby.

3.2.3 Support Services

The focus groups with the women in Blacktown revealed that friends and family were the main source of information about what health services were available in the area. The women in Merrylands were not aware of what services were available prior to the birth of their babies. However, the woman in Liverpool was aware of the different services available as a result of information provided by Blacktown MRC's Sudanese Worker, Linda Zaki and an information program conducted at the Liverpool Migrant Resource Centre with Sudanese women, called 'Women's Health and Traditions in New Societies', which provided information about what health services exist in NSW.

The women in all areas highlighted that their main source of support after the birth of their babies was their husbands and family and friends. While the main support person back in Sudan is the mother, the majority of women in Sydney did not have this support available because their mothers still live in Sudan.

The majority of women revealed that their husbands helped with the baby more in Australia than back in Sudan. However, the woman primarily looked after the baby, whilst the husband assisted with other household chores like washing, cleaning, shopping and getting drinks and food for guests.

3.2.4 Childcare

A majority of the women highlighted that childcare or lack of childcare was one of their main concerns. While many attend or wish to attend English classes and TAFE, for some the lack of childcare available hinders their ability to attend classes thus hindering their employment opportunities. Without the support of their extended families in Sydney, child rearing has become a difficult practice and lack of services like childcare has posed difficulties for Sudanese women as they try to establish a new life in a new country.

It was highlighted by all women that accessing childcare was a major obstacle. The women in the focus groups in Blacktown highlighted that obtaining childcare was very difficult due to limited places and the expense of using such services. The women in Merrylands also stressed their concerns about the cost of using childcare when they will need it in the future. A major concern of the woman interviewed in Liverpool was the lack of access to childcare services, particularly for children under the age of two, as well as the cost of using such services.

Childcare is a major problem and is an area that needs to be addressed.

3.2.5 Nutrition

The majority of women stated that they breastfed their baby unless they were unable to do so. Both women in Merrylands said that they would breastfeed until the baby was about one and a half years to two years old due to the belief in their culture that the longer you feed the baby the healthier the baby will be.

Anywhere from four months onwards, solids were introduced into the babies diets, however from six months onwards was the norm. Solids included vegetables, meat, stew, chicken, rice, pasta etc.

3.2.6 Immunisation

After the initial immunisation shots in the hospital after the birth of their babies, the women in Blacktown were aware that they had to immunise their babies. The doctor informed them about immunising their child and friends also provided assistance with information about the use of the Blue Book and immunisation.

The two women in Merrylands both immunise their babies and were informed about this by their doctors through the use of an interpreter. They were also informed to attend the Early Childhood Centre for immunisation shots and check ups.

The woman in Liverpool immunises her baby and was informed about immunisation by a nurse that visited her in her home, through the use of an interpreter. She also acknowledged that every time she attends the clinic an interpreter is present.

Both women interviewed in Merrylands were not aware that an immunisation allowance was available. The results were varied in Blacktown, some women were aware of this allowance while others were not. The woman in Liverpool had received some of the immunisation allowance already and knew that upon completion would receive the remainder of the money.

3.2.7 Discipline

The results highlighted that the mother was the primary disciplinarian of the child between the ages of 0-2. As the research focuses on the ages of 0-2 the use of discipline was not that significant. However, a majority of the women acknowledged that they were aware that it was against the law to smack a child in Australia.

3.2.8 Female Circumcision

A major concern of the woman in Liverpool prior to the delivery of her first baby was that because she was circumcised she was afraid that the nurses would not understand or be familiar with female circumcision. Another major issue for her after delivery was coming to terms with not being infibulated again, which has caused some psychological suffering and uncomfortable with her body image. As a result she is planning to seek information on cosmetic surgery to improve her current condition.

A similar incident occurred with one woman in Blacktown, who was not informed that she would not be infibulated again after the birth of her baby. This woman informed the focus group that no interpreter was used to explain this to her and it has consequently caused her great distress and it has been difficult for her to come to terms with.

Other concerns raised by the women in Blacktown in the focus group related to medical staff's lack of knowledge and familiarity of women who are circumcised. Due to this lack of understanding of female circumcision, those circumcised women expressed concerns about receiving insensitive and inappropriate care during labour, not only physically but mentally and were worried about how nurses and other medical staff would react to their circumcision scars.

3.2.9 Other Issues

A major finding of the research revealed one of the major obstacles to Sudanese women accessing health care and social services, was a lack of proficiency in not only speaking English but also the ability to read and write in English. It was noted that many Sudanese women are also illiterate in their own language.

The majority of the women interviewed in Blacktown said that they would be interested in forming a mother's group where they can come together and discuss issues relating to rearing children 0-2 years of age. Both women in Merrylands were also very interested in forming a mother's group with other Sudanese women. The woman in Liverpool also said she would be interested in forming some sort of mothers group as she was the first to have a child in her family and does not know much about child development and disciplining a child or what to expect with the different stages of the babies growth. A mother's group would provide the opportunity for these concerns to be discussed with other mothers.

The majority of women interviewed were aware of the maternity allowance however some women were not aware of this and would be interested in receiving information. Another area that all the Sudanese women expressed a major interest in was the establishment of language of childbirth classes that would include different birth language used during labour and also the various signs and stages of the birthing process.

A majority of the women in Blacktown also expressed an interest in learning about Family Planning especially natural birth control methods as many do not wish to use other contraceptive methods because it is not considered a culturally appropriate practice.

4. Recommendations and Conclusions

4.1 Recommendations

4.1.1 Establish antenatal classes in Sudanese Arabic, Dinka or other relevant languages

As the research revealed that only one of the Sudanese women attended ante-natal classes, it is recommended that antenatal classes be established for Sudanese women, which are conducted in the Sudanese Arabic, Dinka or other relevant languages, which should cover the following areas:

4.1.1.1 Stages of baby growth during pregnancy

It is recommended that information covering the different stages of the growth of the baby during pregnancy be provided for Sudanese women and conducted in Arabic, as it was acknowledged that this was an area Sudanese mothers would like information about.

4.1.1.2 Stages of labour

Many of the women interviewed had only had their first child in Sydney and without the support of close family members and information on what occurs during the labour process. Thus, it is recommended that information in Arabic be provided to Sudanese women about what to expect during labour.

4.1.1.3 Pain relief options available during labour

Again, as language was identified as a major barrier for women during birth and their lack of understanding of what pain relief options are available during labour, it is recommended that information be provided to Sudanese women, covering the various pain relief options available whilst giving birth. The English definitions of these options would be an important tool for Sudanese women to be aware of.

4.1.2 Birth language classes

As language was identified as a major barrier for all of the Sudanese women interviewed, it is recommended that an English language class be conducted for these women covering the different language used during the labour and birth process.

4.1.3 Information session on natural birth control methods

As contraceptive method besides natural birth control methods are considered inappropriate for many Sudanese women, it is recommended that an information session be provided for Sudanese women about natural birth control methods and be conducted in Arabic.

The Natural Family Planning Services in Parramatta is an organisation that can provide information on natural birth control methods through the conduction of information sessions. This service is able to provide an Arabic educator to attend the Blacktown MRC to assist with an information session for Sudanese women.

4.1.4 Information session on immunisation, Blue Book and immunisation allowance

It is recognised that Sudanese women need more information about immunisation, the Blue Book and the immunisation allowance, as current language barriers with some health professionals are failing to provide proper information for these women. It is recommended that an information session on immunisation, the use of the Blue Book and the immunisation allowance be conducted with Sudanese women in Arabic.

4.1.5 Post labour information procedure for Sudanese women in all maternity units

Procedures need to put into place in all maternity units to inform Sudanese women about immunisation, the use of the Blue Book and the immunisation allowance with the use of an interpreter. It is important that the contents of the Blue Book are explained to Sudanese mothers.

4.1.6 Information session on childcare centres and Early Childhood Centres

It is acknowledged that more Sudanese women need to be made aware of the role of Early Childhood Centres. It is vital that Sudanese women are given information about the various services provided by Early Childhood Centres as these Centres are an important service for mothers with children in the 0-2 year age range.

4.1.7 Design of information kit

Conducting the focus groups and in-depths interviews with Sudanese women has revealed a gap between service providers and Sudanese women, with some services needing to provide information specifically to Sudanese women about different services available for rearing children in the 0-2 age range. Language barriers play a significant obstacle in Sudanese women's ability to access services and understand information provided. It is recommended that an information kit be developed in Arabic outlining the different stages of childbirth and services available for mothers.

4.1.8 Establishment of a mothers group

Another significant finding in the research was the consensus of the Sudanese women for the establishment of a mothers group, which would allow them to meet to discuss issues relating to rearing children 0-2 years of age. Thus, it is recommended that a fortnightly mother's group be set up in conjunction with the Blacktown MRC and the Blacktown Early Childhood Centre.

4.1.9 Continue to educate medical staff and health workers on Female Circumcision and Sudanese culture and birthing practices

A major issue identified by Sudanese women who were circumcised related to their concerns about receiving inappropriate and insensitive care during their labour, particularly by those attending the Blacktown Hospital. It is therefore acknowledged and recommended that health workers and medical staff particularly at the Blacktown Hospital receive further education about female genital mutilation and sensitively caring for patients with this condition.

4.2 Limitations

The methods used in this study had a number of limitations. Purposive, convenience and snowballing selection techniques were used in this study. According to Denscombe (1998) snowballing and convenience samples cannot be representative of the whole population because the use of recommendations from

individuals or groups is likely to introduce bias in the research. By only using individual interviews and focus groups, the size of the sample was restricted. Therefore, the sample of Sudanese women may not be representative of all Sudanese women's experiences of child rearing in Sydney. However, the use of focus groups and in-depth interviews was the most appropriate method in obtaining information from Sudanese women, as it allowed these women to express common experiences and issues with each other including difficulties they face in accessing services to assist them with their pregnancy and child rearing process.

Researchers have identified that women from minority ethnic groups often do not complain about health service provision (Homans, 1982, Bowes & Domokos, 1996). As two of the researchers were white and did not speak Arabic and were assisted by Sudanese interpreters, it is possible that Sudanese participants were less ready to discuss complaints and issues of discrimination.

Another limitation in this research included the use of interpretative services. It has been acknowledged that conducting research with the use of an interpreter poses questions as to the validity of the results. Liamputtong & Ezzy (1999, cited in Kapborg & Bertero, 2002:54) acknowledge that the researcher must be aware of cultural perspectives or bias in order for the research to be valid. Another important aspect of conducting research with the use of an interpreter is "ideally the culture of the interviewee and the interpreter should be the same" (Freed, 1988:316, cited in Kapborg & Bertero, 2002:53). All interpreters used in this study were Sudanese.

4.3 Conclusion

The Sudanese community is a small and emerging community in Western Sydney, who have arrived in Australia mainly as refugees and consequently require assistance with their settlement needs, one area being Sudanese women's experiences of pregnancy and raising children in the 0-2 years age range. It is recognised that gaps exist in regards to Sudanese women's access to these services in Western Sydney.

Language barriers between Sudanese women and health care and service providers has been identified as an underlying problem and a major barrier for Sudanese women in seeking or accessing services and maternity information in Western Sydney.

Another major conclusion is that Sudanese women require access to antenatal information and classes conducted in Arabic, Dinka or other relevant language groups as well as information about natural birth control methods, immunisation, Early Childhood Centres, childcare and implementation of procedures in maternity units to inform women about all of these areas through the use of an interpreter.

There is a need for education among health care providers on issues relating to Sudanese women's experiences and culture, as well as an understanding that the African community is not a homogenous entity. In saying this, it is important that health care providers are aware of the differences between different communities and tribes within the Sudanese community. Increased education of medical professionals about caring for Sudanese women with female circumcision is also required.

The research findings also reveal a lack of understanding by Sudanese women about the childbirth process due to a change in their cultural context as a result of settling in a new country. This highlights a significant need for further education of Sudanese women in such areas, as well as the establishment of a mothers group for Sudanese women which allows them to discuss issues related to raising children in the 0-2 years age range.

In conclusion the experiences of Sudanese women reveal that some healthcare services need to improve their provision to meet the needs of Sudanese women. As identified by some Sudanese women in Blacktown, interpreters are not always being used. Language barriers and the lack of systematic use of interpreters are barriers to Sudanese women accessing services relating to antenatal care and rearing children in the 0-2 year age range.

Sudanese women's experiences of child rearing and childbirth while similar to Sudan, is significantly different in some instances. Whilst Sudanese women have the support of the family and friends in Sudan, in Western Sydney these support mechanisms are often not as strong and therefore it is vital that Sudanese women have access to services to assist with their process of birthing and child rearing.

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Appendix

Questions – Focus Group

1. Do you raise children differently in Sydney compared to Sudan?
2. How has the way you raise children changed since you arrived in Sydney?
3. In Sudan where were your children born? i.e. in hospital, at home with the assistance of midwives or relatives or local doctors etc. Is this different to your experience in Sydney?
4. How do you feel about the care you have received while in hospital having children? Do you feel the healthcare you have received is appropriate? If not how could it be improved?
5. During your pregnancy back in Sudan were you expected to carry out all the household duties? Does this differ here in Sydney?
6. In Sudan, during your pregnancy, childbirth and child rearing who are your support networks? Who are your support networks here in Sydney?
7. What services did you know were available to you upon arrival? How did you find out about these services?
8. What services are lacking to cater for your needs?
9. What stops you from using services for instance communication barriers and cultural inappropriateness?
10. If you work who cares for your children while you are at work? Do you use child care services? If so are you happy with the services provided? If not, why are you not happy with them?
11. Why do you not use child care services that are available?

General questions about child rearing practices –

Covering issues relating to breastfeeding, immunisation, diet, general medical services, discipline, mothers groups etc.

12. Do you breastfeed your children? How long do you breastfeed your child? Does this differ here in Sydney to back in Sudan?
13. How does your diet differ here in Sydney? Do you feel this has a negative impact on your child's diet and eating patterns?
14. Do you immunise your children? What do you know about child immunisation?
15. How do your disciplining techniques differ here in Sydney compared to before you arrived?
16. Do you require information and support for raising children in Sydney? Do you have access to a support group or mothers group etc? If not is this is a service you think is necessary?
17. If you are attend a mothers group how did you learn about this service? What kind of support does this service provide and how could it better meet your needs?
18. Are there any other issues you have in regards to raising children in Sydney?

For Mothers who had their first child in Sudan:

1. How did you find out you were pregnant?
2. Where you given information about pregnancy? Who gave it you?
3. How did you know about the delivery and what to expect?
4. For women who are circumcised in Sudan, what do you know is the procedure for them?
5. Where did you deliver your baby? At home or at the hospital?
6. Who delivered the your baby – Doctor or Midwife?
7. Did anyone support you at the time of delivery? And who was it?
8. What kind of assistance did you receive after the birth of your child and from whom?
9. How did these people help you? Taking care of cooking, cleaning, bathing the baby, providing for the family, e.g. husband and other children.
10. How did you feed your newborn baby?
11. When did you start feeding you baby solids? And what did you feed your baby?
12. How old was your baby when you stopped breastfeeding him/her?
13. Did you immunize your baby in Sudan? When did he/she get his first immunization?
14. Where did you get your baby immunized? Did it cost money?
15. Who took direct and primary care of your baby in Sudan, mother or father?
16. Did your husband get involved in the caring and upbringing of your children?
17. How has your husband assisted you at this time? What age did he get involved with your baby?

Sudanese Focus Group Questions – Australian Experiences

Antenatal Care

1. How did you find out you were pregnant?
2. Did you have regular health check ups throughout your pregnancy?
3. Were you made aware of the different birthing options? Labour unit? Birthing Centre, Home Birth?
4. Did you go to any antenatal sessions to prepare for the Birth? If not why?
5. How did you find out:-
 1. What was going to happen during the birth?
 2. What your choices were (e.g. pain relief options, episiotomies, deinfibulation, caesarian section).
6. Did you have a support person during the Birth? (Would you want your husband to be there ?)
7. Was language a problem?

Postnatal Care

1. Blue Book and check ups for baby i.e. immunisation?
2. Early Childhood Centre?

Support Services

1. How did you learn about the different types of health services available in the area? Friends? Doctors etc?
2. Did you have friends or relatives helping you after having the baby?
3. Did your husband help you with the baby at home?

Child care

1. Does anyone else look after your children when you need to go out? Who?
2. Are you aware of childcare services?
3. Do you use childcare services – why/why not?

Nutrition

1. Do you breastfeed or bottle feed?
2. At what age do you give the baby food other than milk?
3. At what age do you wean your children?
4. What do you feed your children here? Do you find it difficult to give them the types of food you would like to – i.e. similar to Sudan?

Immunisation

1. Do you immunise your children here?
2. How did you find out about immunisation shots needed?
3. Did you know about the immunisation allowance?

Discipline

1. How do you discipline babies and children under 2 years?
2. Who disciplines your children? How do they punish your children?

Female Circumcision – Linda Zaki

Open Discussion

1. What kind of help do you need?
2. What can be done to make your experience of having children here better for you?
3. Would you like to form a group where mothers can come and talk, have a break and help each other with problems etc?
4. Are you aware of: Maternity Allowance, Immunisation Allowance, adding new baby to Medicare Card, registering the birth etc?

Childrearing in Australia for Sudanese Women:

1. How do you teach your children how to behave?
2. How do you discipline your children?
3. Has this changed from Sudan to Australia?
4. Do you need information and support for raising your children in Australia? Do you meet other mothers in a support of mothers and children group?
5. How did you find out about his group? And what did you do there?
6. Would this service be beneficial for you as mothers?
7. What kind of information do you want such a group to cover?
8. What are the issues you face in Australia that are different than in Sudan?
9. Do you have any worries about your children growing up in Australia?