



## **Working for Health**

*Health ,culture and language*

### **Presenter**

A major challenge identified by the Changing Childbirth policy was to provide an equitable and accessible service. In Culture and Language we look at how it might be possible to ensure that the diversity of women's voices within the community is heard?

### **Monowara Talukdar**

When I came here I was very young. I have no relation here, no one except my husband. I have so many problem in the hospital when I had my children because I didn't know the language, it's strange place, hospital, I never been to hospital so I struggled so much.

### **Presenter**

Monowara Talukdar is a Bengali health advocate at the Homerton Hospital in East London. Her colleague, Aishe Adem, acts on behalf of Turkish-speaking, Cypriot and Kurdish women.

### **Aishe Adem**

A lot of the young people, especially young girls, they come over to England, either they've got married in Turkey and come over, over, or they've come over and gotten married straight away. And a lot of the time they fall pregnant without really being ready for motherhood.

### **Presenter**

Homerton Hospital serves one of the most ethnically diverse communities in the UK. This sets unique challenges in terms of access. Nikki Kennelly, Clinical Midwifery Manager.

### **Nikki Kennelly**

Because our area is so umm diverse and has very many different ethnicities, it means that the needs of each group are very different so to try and meet the needs of each group is very difficult across the whole service. Their ability to access the service, to understand what is being offered umm and how acceptable the service is to them varies from each group. Even finding out what different groups want is difficult.

### **Presenter**

The role of health advocates, representing the needs of different ethnic groups, is one way in which the hospital has attempted to address certain issues of access. It's the advocates who are usually the first point of call for the women.

## **ACTUALITY**

### **Aishe Adem**

When we're doing a booking we take the full history of the woman's health, any previous pregnancies and deliveries, any problems they've had during those pregnancies then we write in the notes. We give them advice about what tests ie like scans are available to them, what reasons they are done for. We also advise them about diet which is very important. Again we advise about breastfeeding.

### **Aishe Adem**

It's just not umm interpreting, it's a bit of social work, it's a bit of umm being actually sort of like a sister or an aunt sometimes, like a mother. We are in constant touch, they know that we are available for them whenever they need us. We always give them a telephone number for the office and if there is anything which is worrying them (telephone ringing) they telephone us umm and they speak to us and often if it's something that is really worrying them then we

tell them to come to the hospital to get themselves checked over just to be reassured. You are here to support the patient, to advise you know to improve their knowledge, their awareness and to empower the patient, so if you are interpreting you can't do all this, you cannot play that role.

**Presenter**

Asha Musa is the advocate for Somali women. They too have special needs.

**Asha Musa**

I work with women who came from the Civil War and there's a lot of barrier because they are from refugee camp. They are traumatised, some of them they are raped back home and they cannot express all this problems. So through asking questions and I try to make easy the doctor to make easy diagnosis and understand the whole picture.

**Presenter**

The advocates, who share the same cultural background as the women they represent, are sensitive to the factors that impact on a woman's ability to make decisions during childbirth. Zubeda Hussain, advocate for Urdu and Gujarati-speaking women.

**Zubedah Hussain**

My women come mostly from the rural part, they are not very educated woman, so it is very difficult for them to make their own decision. On top of this one because the husband, the father, or in laws as well, if they're surround with them, it's more difficult for them to make their decision. Then we give the woman a chance alone and then we talk to the woman ourself alone and then make sure that the woman understood what the services available And then we said yes all right, now this is your choice, you can make your decision yourself. Now you're alone with me : it's up to you.

**Presenter**

If the woman is Muslim, there are strict rules that forbid men to be present at the birth.

**Zubedah Hussain**

I had a one lady and she say she doesn't want to see a male doctor at all, and none of the doctor was on the duty that day. And sister has to call one of the female doctor from the labour ward and she was busy as well. and she says what's this oh nonsense, female doctor or men doctor, we all doctors. No any difference between a male or female. But I said look doctor you're telling me the right things, but what can we do with the women. It's their choice that's way have to respect them. And she understood at the end. .

**Presenter**

There are also groups in the community that do speak English, but whose specific needs could be addressed through the advocacy project.

**Nikki Kennelly**

The Afro-Caribbean advocate is at present in discussion with us about how to provide suitable foods for African women on the wards, because they don't understand the menus, they tend not to order anything, so their nutrition is affected.

With the Orthodox-Jewish community there are very strict rules around Sabbath and the various religious festivals and they're very good at coming and preparing the wards, making sure the staff that are on know what women can and can't do at that time, and so they act as a go-between between us all.

**Presenter**

Advocacy services are part of a wider strategy for maternity services that involves both health care professionals and users. Seeking the views of those users is vital.

**Nikki Kennelly**

We have a quite detailed questionnaire that's sent out once a year, in I think our ten major languages umm which is, is closely followed up, to try and get the feedback back. And we also have the focus groups running, and some of them are specifically targeted at ethnic

groups. And we've also had a focus group for women having home birth, because that was a group we weren't accessing from the hospital.

**Presenter**

Choice, continuity, control and accessibility – these are the issues that will continue to shape the development of maternity services. What are the challenges for the future?

**Jean Chapple**

What women want is a personalised service where they are a person they and their baby and their families are people, and that they know their carers, and that their carers seem interested in them and that doesn't depend on being on a birth centre or in a hospital. I think it's interesting that small is always seen as friendlier than larger and how do we work on that so if you're working in a large hospital do you need to break down into smaller teams where there's the feel of a birth centre where you feel that the staff know and communicate well with each other as well as with their clients.

**Nikki Kennelly**

We are constantly giving them information, saying you have to choose, and here we have some women who want to know everything, they're on the Internet checking everything out, they're coming with their lists of questions which is fine and I think we're fairly well geared up for that. But then we have quite a lot of women as well who just want to have their baby, and they want us to do the rest. They don't want to have to find out how their body works, they just want to have a baby at the end of it. And it's really difficult to meet all of those needs and very easy to get it wrong. But I think we have to try to be as open as possible and to be listening to the different populations we're serving.

**Jean Chapple**

It's great having a wide range of services but if some are very much more expensive than others it does raise issues about well what do you give up in order to fund a new service. There's very little change that actually saves money, most of the time we're thinking up really good new ideas and they all cost a bit more, and we don't give up things very readily in order to fund new options and I think that's going to be the challenge for the future

**Jen Ferry**

Changing childbirth was sold to us all on choice control and continuity but not all of the women are empowered enough to take that control. Not all of the women are in a position. Some women are actually very happy and will continue to be so, to allow or to give that responsibility to the professionals and ask them to take the control. So I think that there's a fundamental problem with carrying changing childbirth all the way through, umm but it has if nothing else made the professions stop and look and listen to what is out there.