Iraqi Muslim Women and Health Care Providers Speak about the Health Encounter

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PURPOSE and AIMS

PURPOSE
To describe perceptions and experiences of Iraqi Muslim women and primary health care providers in the context of the health encounter.

AIMS
1. Describe the individual health care encounter experiences of Iraqi Muslim refugee women with their health care providers.
2. Describe the health care encounter experience of primary health care providers with Iraqi Muslim women.
3. Describe how the health encounter experience for both Iraqi Muslim refugee women and their health care providers are similar and different in regards to intersecting concepts of race, religion and gender.

BACKGROUND

• Qualitative studies are needed to understand personal perceptions about how disparities exist in the health encounter
• Arab Americans
  • Few studies address Arab Americans as an entity (currently they are not identified in US census)
  • Iraqi refugees are one of the top 3 refugee groups coming to the U.S. in the last 5 years (12,676 in 2015)
  • Increased discrimination before and since 9/11
  • Easily identified and stigmatized by outward dress
• Health Provider Assumptions about Arab Americans
  • Women always need a female health provider
  • Few have English proficiency
  • Male family member in the visit is a sign of women’s oppression
  • Women don’t make their own decisions

METHODS

Theoretical Framework
Postcolonial Feminism focuses on the marginalized and underrepresented in society and examines power, subjectivity, knowledge and representation within current and historical political context.

Critical Ethnography tools (interviews, field notes) used to focus on power, misrepresentation, injustice, Justice and prejudice in social situations

Sample
Purposive 10 Primary HC Providers, 15 Iraqi Women

Data
Interviews: 10 primary care providers, 15 Iraqi Muslim Women patients (Arabic [10] English [15]), Key Informants, Participant Observation, Field Notes

Strategies for Rigor
Accountability: prolonged engagement, reflexivity, reciprocity
Congruency
Triangulation: field notes, key informants, interviews

Data Analysis
Coding: descriptive, inductive → categories → themes

FINDINGS

Health Providers and Iraqi women views of race, gender and religion in the health encounter

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramadan</td>
<td>Muslim identity, lifestyle</td>
</tr>
<tr>
<td>Gender concordant care</td>
<td>The importance of religion</td>
</tr>
<tr>
<td>Modesty</td>
<td>Knowledge of the ‘other’ representation</td>
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</tbody>
</table>

Health Providers and Iraqi women experiences in the health encounter

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barriers of Time</td>
<td>Knowledge of preventive care</td>
</tr>
<tr>
<td>Language</td>
<td>Shared decision-making</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Health literacy</td>
</tr>
<tr>
<td># of issues allowed to address</td>
<td>Expected accommodations</td>
</tr>
</tbody>
</table>

CONCLUSIONS/RECOMMENDATIONS

Institutional Racism is expressed as:
- Barriers to equal access to resources such as health education materials and instructions in their own language, good interpreters, after hours verbal or written access to the provider, lack of sufficient time for knowledge and understanding exchange
- Patient/Provider interaction characterized by:
  - Knowledge limits
    Assumptions and limitations of roles, and accommodations
    Expressed empathy is psychological comfort and is a proxy for cultural competency
  - Representation = Muslim but is not fully understood by health providers; it conflates gender, race and religion into a narrow representation that fosters stereotypes
- Recommendations
  - Increase awareness of refugee barriers in the health encounter for all levels of services including state staff and health administration
  - Restructure the health encounter to model a team approach
  - Improve clinic and community resources
    Use community health workers as liaisons
    Create a medical home where patients teach medical staff
  - Health education materials in their language

نحن لاجئين و في بلد غريب و نحتاج إلى راحة النفس

“We are refugees and we are in a foreign country and we are in need of psychological comfort.”

“Doctors respect their patient. Some people may not show respect. Perhaps this is because I am a Muslim woman or because I’m a refugee. I don’t know myself. I see such people do their job but without ever expressing any sign of welcome like smiling or so.”

(Iraqi Female Patient)

“Language is a huge barrier because when you feel like they are not really getting it... you are going to say less, they are going to ask fewer questions. And so you don’t always quite know like what is being understood and what is not.” (Health Provider)