

# CONTRASTING “BACK HOME” AND “HERE”:

## How Northeast African migrant women perceive and experience health during pregnancy and postpartum in Canada



### BACKGROUND

Migrant women often have unmet social, economic and health needs during pregnancy, and poorer birth outcomes. They are more than twice as likely as Canadian-born women to have problems unaddressed by the health care system. This could be related to the fact that refugees, asylum seekers and undocumented immigrants are entitled to fewer benefits and services, and might fear jeopardizing settlement in Canada by accessing health and social services. In addition, women’s cultural background plays a role in their reproductive health.



### THE STUDY

**This study explored migrant women’s perceptions and experiences of health during pregnancy and postpartum in Canada while participating in a perinatal program offered through the Multicultural Health Brokers (MCHB) Cooperative, and receiving support from a health broker.** The MCHB Cooperative is an independently run health broker cooperative in Edmonton, Alberta that provides perinatal programs and services to at-risk migrant women, including refugees and asylum-seekers. The study examined sociocultural factors that can shape women’s health upon migration. This study used a community based participatory research approach to conduct a focused ethnography that engaged migrant women from four Northeast African communities (Eritrean, Ethiopian, Oromo and Somali). The study involved 10 focus groups with women (n=8, per group) and direct observations of weekly perinatal program activities.

### FINDINGS

Women commonly identified eating healthy, being physically active and emotionally well as pivotal aspects of a healthy pregnancy. Differences in social support and the physical environment between “**back home**” and “**here**” were commonly described as factors that shaped their opportunities to eat healthy, be physically active and emotionally well before and after having a baby “**here**”.

#### SOCIAL SUPPORT

*“So you see in **our country** even if you are poor there is always someone who can help you, it could be a relative, it could be someone you even pay. And when they do that you are out relaxing, going for a walk, you know doing things that you would like (...)”*

- Women emphasized that in their home countries, they were part of a “**we culture**” where individuals cared for one another’s well-being, that heightened when a woman got pregnant.
- In Canada, women commonly experienced a more individualistic culture, an “**I culture**”, where every woman is held responsible for her own health and well-being. Living without extended family members and friends’ support made women feel they lacked the emotional and instrumental resources to eat healthy and be physically active while pregnant and postpartum.

#### PHYSICAL ENVIRONMENT

*“**Here** if you are busy, if you have to run around, if you have to work, and you have to do house chores you might not get enough sleep. And you might have to cook but you don’t want to cook because you are tired so women ask their husbands to buy food from the restaurant while he is coming to home.”*

- Participants’ natural environment “**back home**” was more conducive to being physically active. In contrast, women discussed how the natural environment in Canada placed some barriers for them to be physically active.
- High availability of low-cost unhealthy foods while coping with poverty, extensive hours of work during pregnancy, low social support, lack of sleep and postpartum depression were given as reasons why women resorted to unhealthy convenience foods even though they understood it was not the best choice for their health.

Women perceived services and supports offered through MCHB Cooperative as facilitators to their health and emotional well-being during pregnancy and postpartum in Canada. Additionally, MCHB perinatal program fostered social interactions among women from African communities, providing some sense of community.

### CONCLUSION

Interventions targeting pregnant and postpartum migrant women need to address key social determinants of health, such as income, social support network and education. Community-based organizations, such as the MCHB Cooperative, that work with Northeast African migrant pregnant and postpartum women have the potential to improve women’s health by providing culturally appropriate prenatal/postnatal programs and services that foster women’s social integration into their new countries, and help them build strong social networks in a timely way.

Check out the *Maternal Health of Migrant Women* video on YouTube as it illustrates the content of this paper.  
[www.youtube.com/watch?time\\_continue=1&v=CUNYv3pVPOU](https://www.youtube.com/watch?time_continue=1&v=CUNYv3pVPOU)

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