

The spiritual dimensions of refugee and asylum-seeker mothers' postnatal experience in England

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Aims and rationale

The postnatal period often brings about physical, emotional, social and spiritual changes for new mothers (1, 2). For refugee and asylum-seeker mothers, this transition can be compounded by pre-migration trauma in the country of origin (3), and the precarity of transit and resettlement (4-7). The global epidemiological data reflects these challenges, as forced migration and displacement can increase the risk of maternal morbidity and mortality (8).

In the UK, the vulnerability of refugees and asylum seekers is acknowledged in domestic healthcare policy (9, 10). Despite this health service commitment, UK maternal morbidity and mortality rates continue to disproportionately affect ethnic minority women and women with lower socioeconomic status (11); refugees and asylum-seekers are included in these statistics (12).

There has been growing recognition of spirituality as a determinant of health (13), including the perinatal period (14, 15). Other studies highlight the role of spirituality and resilience in the general refugee population (16-18), but do not focus on the postnatal period. This demonstrates a distinct gap in the evidence, which this literature review and study protocol seeks to address: the spiritual dimensions of refugee and asylum seeker mothers' postnatal experience in England.

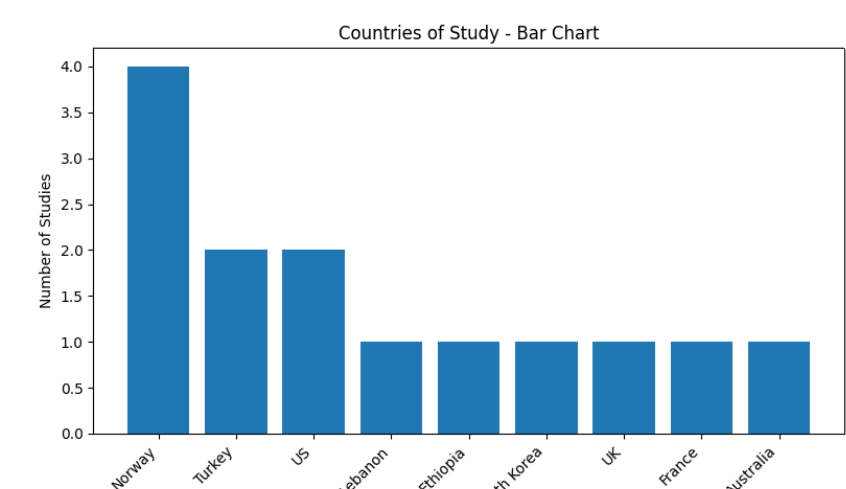


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Overview of studies

This review appraised empirical studies addressing spirituality, religion and refugee or asylum-seeker mothers' postnatal experience. Fourteen studies met the inclusion criteria (19-32), although UK-based evidence was limited. All studies were carried out in the host country for the sample population, with a higher concentration of studies from Norway (20, 22, 29, 30).



Five of the fourteen study populations were originally from Somalia, including the UK study (22, 24, 26, 29, 30). Transferability of these studies to England is limited, as the main source countries of refugee and asylum-seekers arriving in England are Afghanistan, Bangladesh, Eritrea, Iran, Pakistan and Sudan (33).

Methodological limitations included selection bias (21-23, 25, 28, 29, 3), social desirability bias (25, 27), inconsistent reporting (19, 20, 26) and limited participant checking (30, 32).

Key themes in the literature

Spirituality conceptualised through religious beliefs and practice

- Most studies conceptualised spirituality through religious beliefs and practice.
- Only one study (27) conceptualised spirituality as a distinct construct.
- Many study participants identified with a religion (21, 23, 25, 31) or came from a source country strongly affiliated to one religion, such as the Islam faith in Somalia (22, 24, 26, 29, 30).

Influence of religion and spirituality on maternal healthcare seeking and service experience

- All studies except one (27) included the maternal healthcare context within their findings.
- Spirituality and religion reported to have both a positive and negative relationship with healthcare seeking (19, 26) and healthcare delivery (19, 20, 22, 24, 29, 30, 32).
- Negative or discriminatory comments related to religion, race and culture reported (22, 24, 29, 30, 32).
- Findings related to refugee and asylum-seeker mothers' healthcare seeking and experience in England were limited.

Role of religion and spirituality during childbirth and the early postnatal period

- Most studies focused on childbirth and the early postnatal period (20, 21, 23-26, 29, 30, 32).
- Several studies highlighted the role of religion and spirituality in pain relief, coping and affirming motherhood (26, 29, 30, 31).
- Some also noted the importance of the adhan immediately after birth (25, 26).
- Some studies extended beyond the immediate postnatal period (19, 22, 23, 28, 31), highlighting the role of religion and spirituality in forming social networks (23) and protecting maternal function post-migration (28).

Conclusions

- This review has found that religion plays an integral and mainly positive role in refugee and asylum-seekers' childbirth and early postnatal experience; there is a lesser focus on spirituality as a distinct construct.
- However, several studies reported religion-based discrimination from healthcare staff.
- Representation of refugee and asylum-seeker mothers living in England is minimal, and findings related to the whole one-year postnatal experience are limited.

Next steps - future research

- To address this gap in research, the proposed study seeks to explore the spiritual dimensions of refugee and asylum seeker mothers' postnatal experience through hermeneutic phenomenological inquiry, informed by the work of Hans-Georg Gadamer (34).
- Participants will be refugee and asylum-seeker mothers residing in England, who have given birth within the past year.
- Data will be collected via individual semi-structured interviews.
- Data analysis will be informed by a guiding framework (35) which reflects some of Gadamer's central tenets (34), including the hermeneutic circle (34, 35).

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