

## Perinatal experiences of resettled Syrian migrant women in Greece-a qualitative study

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### Abstract

**Background:** Many women report that their privacy in hospitals was not respected and that their needs were totally ignored. A woman's perinatal experience can be determinant for a woman's life, introducing her into maternity either in a gentle way or causing her trauma. These findings can be used to improve health services in Greece.

**Aim:** To identify the positive and negative life experiences of refugee women giving birth in Greece.

**Method:** A qualitative interpretive design was used. Data were collected through face-to-face semi-structured interviews with 14 Syrian women. The majority were refugees that gave birth in Greece and only four with birthing experience in both Syria and Greece. Data were detailed interpreted and analyzed thematically.

**Results:** "Numerous people were getting in and out of the room" emerged as one of the dominant themes, together with the communication difficulty due to the lack of translators. Women used the phrase "The main problem was the language" together with "I couldn't ask for anything". Last but not least, women stated that the staff had racist behavior "Some of them, weren't nice to me, they were racists". Another woman described "They made me feel inferior wearing my handkerchief". In addition to that, from this statement, it emerges that their religion had not been respected.

**Conclusion:** This study discusses the experiences that Syrian migrant women have to go through in public hospitals, due to lack of privacy during their stay, communication problems as well as staff's racist behavior. Overall, all these reasons lead to a traumatic experience and a degraded healthcare system.

**Keywords:** Birth; Delivery; Labour; Syrian Refugee Women; Perinatal Experience

### 1. Introduction

Immigration has been a major subject in recent years strongly affecting Greece. People seek to migrate as refugees due to war, ethnic or religious conflicts, political pressures, natural disasters, poverty, and oppression [1]. As a result, perinatal health had been degraded and Syrian migrant women who gave birth in Greece had to deal with a diversity of difficulties due to migration and at the same time low health care and treatment. [2] Syrian migrant women were asked to share their perinatal experiences and reported that their privacy in hospitals was not respected and that their needs were entirely ignored [3]. Women also felt that they were not understood and that their culture was not only disrespected but also judged by healthcare providers [4].

Consequently, the main barrier to an advanced perinatal experience and healthcare system was the lack of communication, which was a major issue for them. Language barriers made women feel misunderstood [5], and unable

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to communicate their needs and be a part of their treatment. These led them to lose control and caused feelings of insecurity, fear, loneliness, and also trauma [3].

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## 2. Material and methods

### 2.1. Study participants

The study was undertaken in Athens, Greece. Fourteen migrant Syrian women, aged between 19-36, were interviewed from May until July 2021. Most of the interviews had been held at Camps, except for three of them, which took place in a nonprofit organization. The interviews were in Arabic and were all undertaken by the researcher with the help of an interpreter. There was one group of primiparous who had given birth in Greece and were named PP(I) [PPa(I) and PPb(I)], and two groups of multiparous (two and three children) who were named MP(II) and MP(III). Then we separated the group of multiparous women into those who had given birth both in Syria and Greece [MPB (II) and MPB(III)] and compared the differences as well as the similarities they noticed. All women were informed with a call about the research and once they agreed to participate, an appointment was arranged at the place they live, most of them living in camps. Only one interview was undertaken through a skype call. In order to conduct the interviews, permission was granted from the camp managers, the researcher was available to speak with women who were interested to participate in the study. They were provided with the participant information sheet (PIS) which was translated into Arabic. As a result, the participants were reminded that participation was voluntary and those who provided written consent took part in the study.

### 2.2. Data collection

Data was collected through face-to-face, semi-structured interviews with the women. First, to be able to describe the sample, women were asked a series of demographic questions related to their age, parity, and education. The questions that were asked were used to help participants share their experiences freely, without being ashamed or feeling judged. For example, the participants were asked to describe their birth experience(s) and then explain what privacy meant to them. They were also asked to describe how they were able to secure their privacy during birth, including if they had a say in who entered their room. At the start of each interview, women were asked several questions, such as their age, number of children, religion, etc. The interviews were arranged at a time that suited the women and was most of the time conducted inside the camp. The majority of women held their babies during the interviews, which lasted for 25-35 min and were digitally recorded. All of the interviews were conducted by the first author and the interpreter in Arabic, in an appropriate and culturally respectful way.

### 2.3. Data Analysis

All the interviews were in Arabic and then translated by an experienced translator into Greek. The author later translated the interviews from Greek to English and notes were made about the key issues that arose during this process.

### 2.4. Reflexivity

The first author is studying Midwifery at the University of West Attica, Greece, and her background is from Syria. This is the reason AN chose to discover the experiences of Syrian migrant women who gave birth in Greece. AN with the help of the interpreter took most of the interviews in Arabic and not in English, something that reassured an excellent communication level as well as a feeling of safety and intimacy for the participants. AN made sure that she or the interpreter didn't make comments, express their opinion, or react to women's descriptions. During the interviews AN took notes and recorded everything. Although the first author comes from the same country, she didn't share the same religion or cultural beliefs, so each piece of information was used as much as possible more objectively.

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## 3. Findings

### 3.1. Privacy

Fourteen Syrian women were interviewed and it appeared that four of them have given birth for the first time in Greece, 6 women were multiparous (two children), of which 3 have given birth both in Syria and Greece and there was also one woman with five children, with the last one born in Greece. An MP(II) gave birth in a private Greek hospital [MPP(II)], while the rest of the women gave birth in a public hospital.

Women were between the age of 19-36. Most of them had completed High School in Syria and only a few of them had completed a diploma or university degree.

- “I shared the room with a lot of women”

MP (II), a woman who gave birth both in a camp in Chios and in a public hospital in Athens said “I shared a room with a lot of women. But in Chios, it had been worse. Here a doctor came every day to visit us and if I needed something I could have it”.

MPB (III) described “So many people were coming in and out of the room and also men because we were five women sharing the same room. Their husbands were coming to visit them, it was hard for me, I felt uncomfortable without the handkerchief, they didn’t show me respect as a Muslim. The room was not quiet at all”.

- “I had the privacy and the respect I expected”.

PPa (I) said that she was alone in the room and her husband was allowed to stay with her. She added “I had the privacy and respect I expected”.

MPB (III) said, “I shared a room with two women, I had my privacy, I was free and convenient. They covered me and asked me if I needed anything. Things in the hospital were as I expected them to be”.

PPb (I) although she was alone, stated “They took care of me, I was alone in the room. The only thing I didn’t like was that they took a video of my labor, while I didn’t want to”.

- “So many people saw me naked”.

MPB (II) reported “I felt really shy because so many people saw me naked. When I went to the hospital the interpreter informed me that the doctors were doing their practice, they were unqualified and they let me in their hands. They took all my clothes off, they didn’t respect my religion.” She also added “I even closed my own eyes from shame, because the doctor saw me naked”.

MPB (III) said “When I went to the hospital, I had a really tough time, they took all my clothes off and also my handkerchief and I felt really inconvenient. I didn’t want to take my clothes off, in my country they let you wear your clothes and your handkerchief. In my religion this is a sin, I am a Muslim.”

- “They took me outside, to the corridor, only with a robe”.

MPB (III) said “They took me outside, to the corridor, only with a robe, between so many people. I felt ashamed and really inconvenient. Only after I told them I am not going anywhere like that, they covered me with a sheet.”

Two women referred to their religion and used the word handkerchief more than once, making clear that they were disrespected. MPB (II) said, “They took all my clothes off, they didn’t respect my religion”.

- “So many people were coming in and out of the room”.

MP (II) said, “So many people were coming in and out of the room”.

MPB (III) expressed her dislike about having a different doctor each time “There was a different doctor every time, I didn’t like that”. She also said, “So many people were coming and going inside the room, their men were allowed inside, it was hard for me, I felt uncomfortable without the handkerchief”.

- “She put her hand like she was digging, she hurt me so much”.

MP (II) expressed her fear during labor and explained how she received a form of violence “During my labor, I was really scared. A midwife tried to examine me, she put her hand like she was digging, she hurt me so much”.

- “Fewer women should share the same room”.

Many of the participants found it normal to share a room with other women and they didn't feel like losing their privacy. For example, MP (II) who had labored both in Chios and in Athens had such a bad experience in Chios, that sharing her room there was not a problem for her. However, she insisted that fewer women should stay in a room and curtains should be placed between beds to reassure each examination's privacy.

- Nobody interfered with my body and my clothes”.

MP (II) had a different experience “When the midwife came to the labor room, she put me a robe on both sides (in front and behind) to cover me. Nobody interfered with my body and my clothes”.

### 3.2. Staff's Behavior

- “Doctors and midwives were nice to me”, “They took care of me”

Twelve of fourteen women agreed that doctors and midwives were nice and kind and took care of them and especially of their babies. Meanwhile one of them said that the staff took a video of her labor, although she didn't want to.

A PP(I) woman shared her experience with doctors. She had to change her doctor during her pregnancy which caused her feelings of insecurity. “I had to change my doctor because I couldn't have an epidural with him in the hospital he used to work. It made me feel a little insecure. He was Greek-Syrian and I felt much better with him, we could communicate more easily. The second doctor worked for a public hospital in Athens, I felt he really loved money, generally, the Greek doctors chase money. The experience I had wasn't very human. However, she also remarked that the midwives were very nice and helpful. “Surprisingly, they were nice, although I didn't expect them to be because I don't speak the language. They helped me a lot with breastfeeding every two hours, with the problem I had with my blood pressure, and they also helped me go to the bathroom”.

Two women referred to a midwife that wasn't nice to them during their experience. “She was really nervous”. A PP(I) woman described “Only a midwife was rude to me, but doctors stopped her. Generally, they were all nice and took care of me, they even took me to the bathroom. I have kept the same doctor until now.”

An MP (II) described her experience “I am also educated, I have graduated and I really can't understand why they talked to me in such a disrespectful way. This made me really sad, I didn't know the language so I couldn't reply and protect myself”. “However, there were also nice people on the staff. My first birth experience in the hospital was much better than the second one”. She added “One of the midwives was bad to the baby so the doctor came, and took the baby to examine it. Some people have no idea of how to behave toward babies and women.”

Ten of fourteen women didn't have a translator at the hospital, 1 of 14 knew English at a good level so she didn't have any communication problems at all, and 1 of 14 had an Arab doctor. Only 2 of 14 women were provided with a translator at the hospital.

### 3.3. Communication

- “The main problem was the language”.

A PP (I) woman talked about communication issues “The main problem was the language because when people can't understand what you want, it's frustrating, they don't even try to help you. Sometimes they don't even speak English, they become rude.”

- “I couldn't ask for anything”.

An MP (II) woman shared her experience and admitted that she was really scared when going to the hospital because they gave her an injection, but she didn't know exactly what it was. “I also needed some things I couldn't ask for without a translator. You know it's really hard, they should have translators in the hospitals.”

Another PP (II) woman said “I was anxious about not knowing the language, doctors kept asking me things and I couldn't reply to”.

- “I begged for a translator”, “When they couldn't understand me they got mad at me”

An MP (III) woman said “I didn’t speak English that well. I begged the camp for a translator, but they told me that they didn’t have any and I should go alone. At the hospital when they couldn’t understand me, they got mad at me”.

- “He didn’t let us go inside the office”.

An MP (II) woman described her experience at Chios where she first gave birth.

“The doctor let the Greek women come inside his office in order to advise them, however when it came to a refugee woman, he explained everything from the door, he didn’t let us come inside, so I wanted to ask him some things and I didn’t have the opportunity”. Despite this behavior, she admitted that when she gave birth, he was nice to her. She also admitted that her birth experience in Athens was much better “Everyone was polite, spoke nicely and explained everything to me”.

Another MP (III) woman stated that there were both nice and racist doctors “It was a nice hospital, some of them weren’t nice to me, because they were racists.”

### 3.4. Respect

- “They made me feel inferior wearing it (the handkerchief)”.

An MP (II) woman said “Becoming a mother made me really happy, my only problem had been the language and the handkerchief. They made me feel inferior wearing it. They immediately become ill-intentioned with me, or at least that’s how I feel because of the handkerchief”.

Another woman said “Midwives were really racists. By the time they saw me with the handkerchief, they stopped checking my room, they behaved badly to me. In contrast, the doctors were nice. Not everyone in the staff was racist, it had to do with the duties”.

An MP (III) admitted that she didn’t face racism at all. The rest nine participants didn’t refer to racism during the interview.

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## 4. Discussion

After the transcription we made, one of the main topics that was erased was the lack of privacy most women had to deal with. Syrian refugee women in Turkey also mentioned “no respect to privacy” when they were asked to describe their birth experience. [6] One of our findings had to do with the staff’s behavior and there were two refugee women that had a bad experience with a midwife, while the rest of the women described them as “nice and polite”. In Aylem’s and Songul’s research [7], some of the participants expressed their dissatisfaction with the midwives, while others were satisfied, during their birth in Turkey.

This study also showed that the main problem all the refugee women had to deal with during their birth experience in Greece was the communication problem. They all referred to it as a “language barrier”. This comes in complete relevance with other three different studies conducted in Turkey [6,7,8] where women talked about “lack of effective communication due to language barrier”. Last but not least, this study describes feelings of fear, and loneliness in the hospital, because giving birth in a foreign country without having your parents and especially your mother is hard. Syrian refugee women giving birth in Turkey mentioned that they felt fear and loneliness inside the birth room [7] and generally when describing the experience of a refugee Syrian mother living in Turkey. [8]

### 4.1. Positive and negative aspects of giving birth in a foreign country

Participants were asked to talk about the positive and negative aspects of giving birth in a foreign country according to their opinion. Most of the women said that the main disadvantage of giving birth in a foreign country is not having your mother with you. “My mother wasn’t next to me, I was scared” or “I wanted to have my mother here, I miss her. If she was here everything would be different”.

Some of them also pointed out loneliness during their labor: “I felt *alone* without my mother and my brothers and sisters” or “It felt weird, I felt *alone*”, “Back in Syria I had my mother, my family, here I was *alone*. I really miss my mother”.

Fear was also referred to among feelings that participants described as “I felt *loneliness* and fear of losing my baby” or “I was scared, it felt like they didn’t care about me”, “It’s really hard to give birth in a foreign country alone, without parents, without even knowing the language”.

Not having time for themselves was a problem that arose from not having their families here in Greece “When in a foreign country you don’t get help from your family, you are like «Wake up, you are on your own». In addition, I couldn’t have time for myself”.

#### **4.2. Practices back in Syria**

One of the conclusions that we make from the interviews, is that women tend to feel naked without their handkerchiefs. They repeatedly used the word “naked” and said that they felt really embarrassed when the doctors saw them, referring not only to the lack of clothes but also to the lack of their handkerchief. Back in Syria, Muslim women never take off their handkerchief, not even during their labor, which explains why they are shocked when they are asked here in Greece, to enter the birth room completely naked.

Moreover, women in Syria are used in female doctors, and especially Muslims, don’t accept being watched by a man. It was also said that only if their husband allows them, they can have a male doctor. So, when these women have to deal with male doctors, as it is expected, they will start getting anxious, embarrassed, and inconvenient, which will ruin and lower the labor’s quality.

Another thing that arose from the interviews, is that women in public hospitals back in Syria share a room with a maximum of one woman and definitely with a divider between the beds in order to ensure their privacy.

#### **4.3. Experiences of giving birth in both Syria and Greece**

Seven of fourteen women that took part in the research had given birth both in Syria and Greece. Through the interviews, there was a try to examine the differences between the two countries as long as the pros and cons of giving birth in a foreign country.

Talking about the two countries, all women mentioned the same matter “missing their mother and how hard it was for them to give birth in a foreign country without her”. “In my country, Syria, I had my mother, my parents, here I was alone, I missed my mother”.

Another woman said “If only she was here, everything would be much better”.

MPB(V) compared her birth experience between Greece and Syria “In comparison to Syria, here in Greece they showed much more interest, especially in babies. Due to the war, back in Syria, there was no time to keep you at the hospital and take care of yourself. Here they keep you inside until they are sure that both of you are fine”.

MPB (III) who has given birth in both countries stated “My birth experience was generally the same in Syria and Greece”. However, the only difference she found was that in Syria they keep you for an hour and then you have to leave, but here they really took care of her. Generally, my experience had been the same between the two countries”.

When another MPB (III) woman was asked to compare her birth experience she said: “In Syria they let me wear my clothes and my handkerchief. Moreover, fewer people were going in and out of the room, where there were many. I gave birth to my first child during the war. The only difference between the two countries is that in Greece they didn’t respect my religion. According to the care system, for me, the experience had been the same.”

MPB (II) gave birth in a private hospital here in Greece and stated that for her there were no differences between the two countries and that here in the private hospital they were excellent.

#### **4.4. Changes- Suggestions**

During the research, participants were asked to make suggestions of what they would change in the hospitals if they had the chance to. Each woman focused on a different point, however, most of them insisted on having fewer women inside the room or being alone. “I would like to be alone in the room”. They also referred to privacy “If I could change something I would choose to be covered with a sheet during the surgery”. “They should have curtains between beds, they shouldn’t examine women in front of other people”. In other studies, Refugee mothers were also found to have both positive and negative childbirth experiences [7].

In our study, the participants also agreed that there is a need for a translator during all the procedures in the hospital, however, this suggestion came after ensuring privacy. One of the participants suggested “letting husbands inside the room during labor”. Some of them admitted that they would also ask for a female doctor.

One of the participants referred to unqualified staff “I suffered when they tried to take me blood, she went from one vein to another until she manages to. They have a difficulty in taking blood, someone should teach them”. Our findings indicated that perinatal care for immigrant women was partly inadequate and their experiences were not positive, something that came in accordance with other research findings [9].

Respecting women’s religion and their cultural elements is one of the most important topics that arose from this interview. Is the medical staff really showing the appropriate respect for their religion? Do women feel accepted and also convenient enough not only to give birth in Greek public hospitals but to enjoy this unique experience of their labor, too? Should women bring with them their cultural beliefs or should they adopt into our culture? What if women carry their culture and their religion in our country, are we ready enough to accept, respect, and offer the best possible medical care, no matter what?

Resettled Syrian refugee women in Greece and Europe in general, experience a range of barriers that limits their access to postnatal healthcare. Policy change, program development, and/or interventions are needed to improve access to postnatal services and support for resettled Syrian women not only in European countries but all over the world [10]

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## 5. Conclusion

This study aimed to examine Syrian migrant women’s perinatal experiences in Greek public and hospitals, to realize their perspective on the whole procedure, and to identify the problems and barriers that may cause difficulties during their birth experience. The study explored, through a variety of questions, their feelings during their stay at the hospital and their labor. Also, the struggles they suffered, and their lack of communication made them feel totally insecure and alone. In addition, the paper provides evidence that women were feeling dissatisfied with sharing the same room with so many women, with having people coming in and out of their room and particularly men. This made them feel embarrassed, stressed, and at the same time unable to do anything to deal with it. Action is needed at all levels from policy, education, and practice.

Healthcare staff should be well educated, informed and their treatment should be more humane, free of racism, especially when it comes to migrant women giving birth in a foreign country. As we can see, wars are still happening to cause disasters all over the world and urging people to migrate from their countries, leaving their houses and their families, as it is currently happening in Ukraine. Shouldn’t these situations alert us? Greece is called once more to be the core for migrant women and mothers who leave their countries, due to wars. Shouldn’t we take measures to provide migrants with a safe environment to raise their children and make a new beginning?

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## Compliance with ethical standards

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### *Disclosure of conflict of interest*

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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## Appendix

### *Interview guide*

- What are the experiences of Syrian immigrant mothers during pregnancy, birth, and postnatal process and how do they impact their transition to motherhood?
- Can you please tell me as a Syrian refugee how it feels to give birth in a foreign country?
- How did experiencing your pregnancy in a foreign country make you feel?
- Can you please tell me the difficulties you suffered by moving to another country?
- What are the most important turning points in your life, which influenced the development of your motherhood identity?

### *Sub questions*

- Did you suffer from any difficulties during your pregnancy?
- Do you think bearing a child in a foreign country has positive aspects?
- Do you think bearing a child in a foreign country has negative aspects?
- Do you have any traditional practices you apply while raising your baby?