

Research

The Heart of the Network

For Mothers: Creating Connections and Enabling Expressions

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VI. Research

A. Indication of Proposed Solution

The Heart of the Network, or The Heart, has two functions; it intends to create connections between immigrant, pregnant women and their needed services and to create a community of support for them. The Heart aims to provide support immediately after the immigrant women has arrived and to continue to support her for the rest of her duration in Torino. This service has an office established in a center that is in a strategic location relevant to the immigrant neighborhoods. In the center, a collection of people are employed or volunteer at the center and they assist immigrant, pregnant women and mothers by providing information for them about the already existing services in Torino and helping them through certain processes. These processes include finding a NHS doctor, making appointments at clinics or other services with them and helping them enroll their children in school. Staff and volunteers will be available to assist these women to their needed services and accompany them if they need, they will be a source of comfort during the women's transition into the new city. Also within the center are tools which allow for the women to find information independently, keep in touch with loved ones back home, and strengthen their relationships in their new city. Computers and touchscreens will be available for member use within the center. The last element within the center is The Heart's baby café which will allow for support and social interactions.

To create a community of support, The Heart allows for these women to express their cultural traditions and general emotions with each other and the community by organizing events and other gatherings focused on migrant mothers. This will assist the women in the community to meet each other, other community members, raise awareness of their situation, and hopefully encourage all member to create relationships with one another. The café offers a place for the community to spend time together, share interests and ideas in a place specific for them. These relationships will comfort the immigrant, pregnant women and they are likely to feel immediately welcomed by their new community.

In sum, the elements within The Heart of the Network are a center, a welcome package, tools that can but utilized by member usage and events that will provide an extended space outside of the center that will facilitate the sharing of experiences for women and enjoyment.

B. Description of Research, which has been developed

This project began by conducting secondary research about common problems pregnant women experience. The research consisted of looking at blogs, magazine articles or recommendations from professionals, and interviews. The majority of the relevant problems for this category of women regarded the medical aspect. Common difficulties included breast-feeding, deciding what is proper nutrition, exercise, anxiety and depression, problems after birth, and relations with other family members. Most of the issues found were related to the physical state of the women's body and mental health, social issues about relationships, and emotional well being and perceptions of new life.

Initial steps also included finding information about the context of the project. Both the global trend and the specific context, Torino, Italy, were explored. The global trend indicated that the United Kingdom and the United States have the most births from foreign women. Statistics about the severity of the issue and common problems that tend to correlate were found. For example, "the birth rate

among women born in Pakistan but living in the UK is three times higher than that among British-born women” (Leapman, 2007). Also the number of foreign births are increasing in the United states; “In 2002, 23 percent of all births in the United States were to immigrant mothers (legal or illegal), compared to 15 percent in 1990, 9 percent in 1980, and 6 percent in 1970” (Camarota). For the specific context, I wanted to experience the perspective of an outsider trying to find information about hospitals, accommodations and other services available to support a migrating, pregnant woman. I looked at practical information, which consisted of finding the cities transportation services, navigational aspects, other existing services, financial expenses, and communication channels. Then, I tried to understand the limitations new comers experience and to asses their problems with the information that is accessible to them.

The next category researched shifted from pregnant women and contexts to immigrant families. Again, secondary research was completed. Interviews, blogs, online article, and other services to aid these migrant families were discovered. Many immigrant families struggle on a psychological and emotional level, they feel guilt for adapting to the new country and ‘abandoning’ cultural roots, their identity changes, and they feel distant from their loved ones back home. Immigrant children also develop differently then their parents expect. They absorb their new environment and their parents may struggle with understanding their new behavior exhibited, language, or values (New Immigrants Share their Stories, 2012). These children may experience challenges when trying to fit in with other children at school. Immigrant families are also likely to experience prejudice or racism upon arrival or throughout the duration of their stay. Most of their struggles are based on a psychological, emotional or social level.

After concentrating on issues specific to immigrant families, I then combined the two previous

categories of pregnant women and immigrant families and focused on finding information about pregnant, immigrant women. Many of the problems realized revolve around the psychological, emotional and social aspects. I first discovered an interview with Alyshia Galvez, author of Patient Citizens, Immigrant Mothers. She is an anthropologist who focused on Mexican immigrants who moved to the United States during their pregnancy. She claims, Mexico has better birthing outcomes because the women living in Mexico are confident and secure with their situation (Galvez). She states that because pregnancy is always viewed as a blessing, regardless if it is inconvenient, the entire family and community will support the mother and give her the resources she needs. The mother feels secure because of this, she is never without help or without knowledge about how to handle her situation. This is why the birthing statistics are remarkable, especially when compared to the United States (Galvez).

In addition to feelings of inadequacy, many women and families develop 'pre-immigration fantasies' about what their new life will be like. They may desire the ideal for their children and families; they tend to picture a life full of opportunity. However, these fantasies usually differ from the realities, making the transition even harder for them (Tummala-Narra, 2004). It also may be challenging for these women to remain in contact with their families back home. However, when they do communicate, they are held to certain standards. Another factor that may be of stress for the immigrating, pregnant women, is that typically, they are perceived to be the 'cultural carriers' by their families back in their home country (Tummala-Narra, 2004). For instance, the migrant mothers are assumed to be the ones to teach their cultural traditions, beliefs, and backgrounds to their future children, and if the family believes they have not taught them properly, the mothers feel great shame and disappointment from families back home (Tummala-Narra, 2004). This is very challenging, because their children are living in a new place and attending school where they are influenced by different

customs and beliefs. Another challenge for migrating mothers is that their gender roles tend to shift in their new places of residence. Women are viewed differently in diverse places and their opportunities available in their new city may be unusual than what they are use to. The last challenge for the immigrant, pregnant women or mothers tends to happen after the birth of their child and it regards the differences in attachment between mother and child (Tummala-Narra, 2004).

The final user-centered group researched was modern families, or families that do not follow the traditional expectancies. These families may not be united through marriage, may not live together, or may consist of a single parent. Problems found centered on the psychological, emotional, and governmental states. Family members in this category may struggle with communication, have a lack of unity, or may receive different treatment from the government depending on their status.

My ultimate category concentrated on the providers. I found information regarding the differences in health care options, the struggles staff experience when treating foreign patients, common problems they encounter with pregnant women, and other emotional difficulties induced.

After collecting the secondary research, I conducted to primary research. I interviewed nurses, volunteers, translators, and the director of the Murialdo services, Ana Orestano. They offered their experiences, what they have observed, and what actions could be most beneficial. Because I interviewed people from many different positions, I was able to create a holistic idea of how problems or misunderstandings can develop. Many different cultures believe and practice many diverse regimes. How the child is treated after birth is an issue in itself. For example some women breast feed, others come from a culture where they believe it is unsanitary (VanDerHeydan, May, 2011). Other interviewees expressed that simple health care practices in advanced clinics can be perceived as extraordinary to some immigrant families. One student translator shared a story about a patient who

thought that knowing the sex of the baby before birth was unbelievable, where in Piemonte this type of information is common knowledge (Schlaudt, Worth, May, 2011). I also conducted user observations. I noticed what mothers were doing in the public with their kids. I saw that mothers were the ones taking their kids to the services like grocery stores and pharmacies. They typically carry many bags or backpacks, which may be another hassle. And last, mothers are usually walking with others. They prefer to have some one with them, especially when doing the shopping or running errands. It is helpful to have a family member or loved one watch their kids while they continue to do the shopping.

I organized my research into three topic areas: the context, the users and the providers. The context consisted of the global trend and specific areas, the users were immigrant families, pregnant women, immigrant pregnant women, and modern families, and the providers were health care staff and references for existing services aimed to aide migrants or pregnant women. Issues are as follows: establishing trust with patients, communicating, and encouraging healthy practices despite the patient's cultural norm. Also, healthy care providers find themselves counseling and supporting the patients during their transitions with adapting to the country. Also, it was reported that staff members themselves have their own prejudices and lack a consistency of treatment among their staff (Schlaudt, 2012).

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