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SPOTLIGHTS OF TURKISH FOREIGNERS - MOTHERHOOD IN AN UNKNOWN LAND: A CASE STUDY IN THE JEZERO MATERNITY HOSPITAL

TÜRK GÖÇMENLERİN ODAĞINDA - BİLİNMEYEN BİR ÜLKEDE ANNELİK: JEZERO DOĞUM HASTANESİ'NDE BİR VAKA İNCELEMESİ

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ABSTRACT

This academic article addresses a significant gap in the literature on migration and health within the context of Bosnia and Herzegovina (FBiH), focusing on Turkish women with legal migrant status who underwent the maternity process at Jezero Maternity Hospital in Sarajevo. The study aims to explore the memories and experiences of these Turkish women regarding the concept of obstetric violence, particularly their encounters with socially and culturally different attitudes towards childbirth experiences. Utilizing a case study approach, seven Turkish women who volunteered to share their childbirth experiences were selected from one of the leading maternity hospitals in Sarajevo Canton. The findings were categorized into four main themes: inadequate information, lack of autonomy in childbirth decisions, subpar pain management resulting in excruciating pain, a deficiency of trust and lack of security leading to the attitudes of hospital staff perceived as unacceptable and ignored. Although the issue of obstetric violence is intricate and multifaceted, this small-scale study has shed light on crucial aspects related to securing women's right to midwifery and promoting respectful and supportive care for expectant mothers at the local level in FBiH. This research contributes valuable insights to the existing literature and highlights the significance of culturally sensitive approaches to improve maternal healthcare experiences for migrant women in the region.

Keywords: Birth, Maternity, Migrant women, Motherhood, Obstetric violence, Turkish foreign women

ÖZET

Bu akademik makale ve özellikle Saraybosna'daki Jezero Doğum Hastanesi'nde yasal göçmen statüsü ile doğum yapan Türk kadınlarına odaklanarak Bosna-Hersek (FBiH) bağlamında göç ve sağlık alanındaki önemli bir boşluğu doldurmayı hedeflemektedir. ÇalışmaTürk kadınlarının doğum deneyimlerini obstetrik şiddet kavramı bağlamında incelemeyi amaçlamaktadır. Bu bağlamda, bir vaka incelemesi yaklaşımı kullanılarak, Saraybosna Kantonu'ndaki önde gelen doğum hastanelerinden gönüllü olarak doğum deneyimlerini paylaşan yedi Türk kadını seçildi. Bulgular, dört ana tema altında sınıflandırıldı: Yetersiz bilgi: Türk kadınlar, doğum süreçleriyle ilgili yetersiz bilgiye sahip olduklarını bildirdiler, bu da belirsizlik ve endişeye yol açtı. Doğum kararlarında yetersiz özerklik: Katılımcılar doğumlarıyla ilgili kararlarda az kontrole sahip olduklarını hissettiler, bu da güçsüzlük hissi yaratabilir. Acı verici ağrıya neden olan yetersiz ağrı yönetimi: Bazı Türk kadınları doğum sırasında yetersiz ağrı yönetimi yaşadılar, bu da rahatsız edici düzeyde ağrıya neden oldu. Güven eksikliği ve personel tutumlarındaki güvenlik eksikliği: Türk kadınlar hastane personeli ile etkileşimlerinde güven ve güvenlik eksikliği hissettiler ve bazı durumlarda kabul edilemez ve görmezden gelinen tutumlar sergilediklerini düşündüler. Obstetrik şiddetin karmaşık ve çok yönlü bir konudur. Bu küçük ölçekli çalışma, FBiH'deki yerel düzeyde kadınların ebelik haklarının güvence altına alınması ve anne adaylarına saygılı ve destekleyici bakımın teşvik edilmesi açısından önemli yönleri aydınlatmıştır. Bu araştırma, mevcut literatüre değerli içgörüler sağlar ve bölgedeki göçmen kadınlar için annelik sağlık deneyimlerini iyileştirmek için kültürel açıdan duyarlı yaklaşımların önemini vurgular.

Anahtar Kelimeler: Annelik, Doğum, Doğumhane, Göçmen kadınlar, Obstetrik şiddet, Türk yabancı kadınlar

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INTRODUCTION

The World Health Organization (WHO) Declaration in 2014 highlighted a concerning issue of women's reproductive rights violations worldwide—disrespectful and abusive treatment during childbirth, commonly referred to as obstetric violence. This form of violation encompasses various forms of mistreatment, including mental, social, and physical-verbal abuse, humiliation, unauthorized medical procedures, denial of pain relief or support, and neglect of life-threatening conditions during delivery (Annborna and Finnbogadóttir, 2021; Shetty et al., 2021; Diaz-Tello, 2016; WHO, 2014).

In light of this issue, the present study aimed to evaluate the association between obstetric violence and the experiences of seven participants who shared exclusionary and traumatic attitudes they encountered during childbirth. Additionally, the FBiH Strategic Plan for Healthcare System Reform provided valuable insights into the profile of midwives, shedding light on the historically poor public perception of nursing and midwifery in FBiH.

Empirical data from UNICEF (2019) also supports the concern, revealing relatively high infant and maternal mortality rates in FBiH compared to other European countries. Although there has been a gradual decline in mortality rates in recent years, the figures still indicate inadequate medical outcomes in FBiH maternity services, raising concerns about the quality of care provided during childbirth.

It is essential to acknowledge that midwives, while providing correct and timely medical treatment, may inadvertently contribute to mistreatment due to roles and cultural differences, such as language, ideologies, and customs. Scholars have termed this phenomenon "obstetric violence," emphasizing the physical and psychological harm experienced by the recipients (Balaam, 2013; Orpin et al. 2019; Annborna and Finnbogadóttir, 2021).

Numerous disciplines have extensively studied the negative and disrespectful treatment experienced by women, particularly migrant women, during their transition to motherhood in hospital settings. Research on native and migrant women's maternity care experiences in Europe has been a focal point in these investigations (Firdous et al., 2020; Higginbottom et al., 2013; McLeish and Redshaw, 2019).

Furthermore, qualitative and comparative studies conducted on sample groups of Hispanic, Asian, African, and Middle Eastern immigrants worldwide have shed light on various aspects of this issue. These studies have highlighted instances of midwifery humiliation, verbal abuse, and discrimination based on language barriers and ethnicity, emphasizing the stress caused by sociocultural differences (Bharj and Salway, 2008; Gurman and Becker, 2008).

Regardless of the diverse research methods and locations, a consistent finding across these studies is that a significant number of women experience negative and discriminatory behavior from midwives during childbirth due to their ethnic and cultural backgrounds (Hoban and Liamputtong, 2013; Lansakara et al., 2010; Renzaho and Oldroyd, 2014; Robertson, 2015; Skoog et al., 2019; Yelland et al., 2015).

Drawing from the extensive literature review on motherhood experiences worldwide, this study's scientific foundation originates from an examination of strategic health system plans, migration reports, and prevailing themes in migration health literature. The Country Health Report, which sets forth the vision and objectives for sustainable healthcare development, was also consulted during the literature search. All of these studies demonstrate that sustainable health development requires a two-way interaction between healthcare providers and recipients to mitigate negative impacts. However, existing studies have revealed a positive correlation between negative birth experiences and subsequent fear of childbirth (FOC) and a history of abuse (Aziota, 2017; Annborn and Finnbogadóttir, 2021).

To bridge the gap in the health literature, the present research is based on the scientific assumption that numerous women in Bosnia and Herzegovina, regardless of their ethnicity, encounter obstetric violence at the Jezero Maternity Hospital, officially known as the Clinic of Gynecology and Clinical Center of Obstetrics from the University of Sarajevo. Jezero Maternity Hospital stands as the most comprehensive maternity facility in the capital of Bosnia and Herzegovina, housing a substantial workforce of 1979 employees, including 25 medical specialists, three residents, one internal medicine doctor, six pediatricians - neonatologists, one biologist, six senior nurses, 105 nurses, two administrative staff, and auxiliary personnel. Over the years, the hospital has catered to the healthcare needs of a large number of pregnant women.

By building upon this scientific foundation and focusing on the experiences of Turkish immigrant women at Jezero Maternity Hospital, the study aims to shed light on the phenomenon of

obstetric violence and contribute to enhancing the quality of maternity care services in Bosnia and Herzegovina.

The significance of conducting a Small-N study which has designs include case studies of individuals, small-group interviews, lies in its potential to pave the way for extensive comparative research in the realm of health migration. The significance of conducting a Small-N study, which encompasses designs such as individual case studies and small-group interviews, lies in its ability to unlock opportunities for comprehensive comparative research within the domain of health migration. These studies are especially valuable when researchers intend to delve deeply into intricate, context-specific phenomena rather than pursuing overarching generalizations. By focusing on micro-level analysis within a broader subject, this study can provide valuable insights and reasonable assumptions that inform the macro-level understanding of the phenomenon. The practical implications derived from the preliminary findings hold the potential to offer sound recommendations for public health services, especially concerning foreign women in light of recent population movements in the country.

While the primary focus of the study centers on examining obstetric violence experiences among Turkish immigrant women at Jezero Maternity Hospital, an intriguing concept of unintentionally uncovered migration emerged during the research. The Turkish participants themselves identified as foreigners rather than migrants, as evidenced in one participant's statement:

"For me, these newcomers are immigrants. For my status, I would mostly say that I am a Turkish woman married to a Bosniak, a mother of children with the right of receiving citizenship, actively working, and I have certain rights compared to others because of my status. Therefore, a claim that I am a foreigner may also not be right, but saying that I am an immigrant is wrong" (P4, 2019).

This nuanced perspective on identity and belonging sheds light on the complexities of migration experiences and challenges conventional notions of categorization. By delving into this aspect, the study contributes to a deeper understanding of the intricacies of migration health and offers valuable insights for policymakers and healthcare providers to address the unique needs and concerns of different migrant populations in Bosnia and Herzegovina. Thus, the study not only explores the issue of obstetric violence but also highlights the significance of incorporating cultural and identity-related aspects into the discourse on migration health.

MATERIAL AND METHOD

This qualitative study utilizes an inductive reasoning approach and adopts the case study methodology through individual interviews. The focus of the research is on Turkish foreign women, and the Small-N data approach is employed to explore their experiences in-depth. The semi-structured interviews were designed following a seven-stage process, including addressing, shaping, interviewing, transcribing, analyzing, verifying, and reporting (Kumar, 2019, p. 256).

The interviews aimed to bridge the existing thematic literature framework on obstetric violence and gather comprehensive data through probing and follow-up questions to ensure exhaustive responses from the participants. The study's choice of a case study design is primarily motivated by the characteristics of the chosen hospital, one of the two maternity hospitals in Sarajevo, with its unique internal policies and organizational culture. This case study approach allows for an in-depth understanding of the dynamics and processes within the hospital, aligning with the research goal of comprehensive investigation without attempting to generalize findings beyond similar cases (Kumar, 2019, ; Topcu and Kurtulmus, 2016).

Denzin and Lincoln's assertion that case studies incorporate interviews, observations, and document analysis further supports the research strategy (Denzin and Lincoln, 2011, p. 379). The study's specific focus on the experiences of foreign women during the transition to motherhood within a public institution operating according to national guidelines and with distinct cultural norms adds significance to the case study's choice (Topcu, 2018). By analyzing a limited yet representative topic, the research contributes to understanding the complexities of the process of motherhood in a foreign country. Hence, the adoption of a case study format provides relevant insights into the social phenomenon and highlights the importance of using such examples to enrich the understanding of migration health and related issues (Creswell and Creswell, 2017).

This qualitative study employs hermeneutic decoding and thematic analysis to explore Turkish women's experiences of obstetric violence. This qualitative study utilizes hermeneutic decoding and thematic analysis to delve into the experiences of Turkish women regarding obstetric violence. In this

context, hermeneutic decoding involves a deep interpretive examination of textual narratives, seeking to uncover the nuanced layers of meaning, cultural influences, and historical context embedded within these women's accounts. Thematic analysis, on the other hand, serves as a structured method for identifying recurring patterns and themes within the collected narratives, allowing us to gain a comprehensive understanding of the key concepts and insights emerging from the women's stories. Drawing on Heidegger's philosophy, the individual's historical background, understanding, prejudices, and assumptions shape their interpretations of the phenomenon (Polt, 2013). The study adopts a hermeneutic circle, aiming to understand the whole through its parts (Crotty, 1998; Munhall, 1994). Researchers, who are Turkish women who have immigrated to Bosnia and Herzegovina, provide the interpretive perspective.

Data were collected between October 25 and November 1, 2019, from seven Turkish-speaking women, aged between thirty-eight and forty-four, who gave birth at Jezero Maternity Hospital. Inclusion criteria included temporary or permanent legal residency in FBiH due to family reunification. Due to confidentiality and data availability concerns, obtaining statistical data on foreign nationals who gave birth at the hospital was not feasible. Hence, a snowball technique was employed for the research, allowing for a nuanced and comprehensive exploration of the experiences of Turkish women in relation to obstetric violence at Jezero Maternity Hospital.

The field study and interaction with mothers were conducted in accordance with the existing literature. The sensitive nature of the issue, particularly concerning women's experiences, necessitated careful consideration of participants' willingness to take part. As a result, only seven participants were included in the study, as many others expressed reluctance or declined participation despite initial efforts to engage them. Privacy and confidentiality concerns also contributed to the limited sample size. Although the number of participants in the study was limited, data saturation was achieved, indicating that sufficient information was gathered to thoroughly explore the research topic. Nonetheless, the obtained data provide valuable insights into the experiences of Turkish women regarding obstetric violence at Jezero Maternity Hospital.

Table 1. Demographic Characteristics of the Participants

Participants Code	Date of interview	Number of children	Hospital	Year of Labor	Resident status
P1	25.10.2019	4	Kosevo / Jezero	2006-8-11-18	Permanent
P2	28.10.2019	2	Kosevo / Jezero	2011-16	Temporary
P3	29.10.2019	3	Turkey / Jezero	2000-4-14	Temporary
P4	29.10.2019	2	Jezero/ Turkey	2010-16	Permanent
P5	30.10.2019	1	Jezero	2016	Permanent
P6	01.11.2019	3	Jezero	2010-12-18	Permanent
P7	01.11.2019	1	Jezero	2018	Temporary

Initially, participants were informed about research ethics, privacy considerations, and other relevant details. Subsequently, detailed demographic questions were posed to gather personal information, such as age, occupation, residency status, spouse nationality, birth history, and the number of children. To establish mutual trust between the researcher and participants, a researcher's endorsement was included at the start of each interview, assuring participants that their data would not be shared with third parties. This affirmative recording process encouraged participants to freely share their personal experiences without fear. In order to safeguard privacy rights, the article utilized abbreviations such as "P1," where "P" stands for Participant and "1" represents the first interviewee when referring to the study participants.

The location of the interviews was determined based on the preferences of the participants. The interview sessions varied in duration, with the shortest lasting one hour (with P4) and the longest lasting 2.5 hours (with P7). The research sample is considered limited and not amenable to generalization due to the small number of participants; however, the data obtained are deemed valid and reliable for the specific context. In qualitative research, data repetition is an expected outcome, as the study focuses on collecting memories and experiences, irrespective of their negative or positive aspects. After the fourth in-depth interview, data began to repeat, indicating data saturation.

The position of researchers in the social sciences is a contentious issue. Sharing the same national and cultural values can position a researcher as an insider, while maintaining an outsider position allows respondents to shape the research. In this study, despite both researchers being of Turkish origin, which might be considered insider positions, the involvement of a second researcher, who is relatively new to Bosnia and has experienced childbirth in other countries years ago, brings an external perspective. This external viewpoint plays a crucial role in scientific evaluation and ensures the research's impartiality, especially considering that one of the researchers had comparable experiences at Jezero Maternity Hospital. This external viewpoint helps in scrutinizing the research results and contributes to the production of objective empirical research

RESULTS

The study's findings shed light on the experiences of Turkish women who underwent childbirth at Jezero Hospital, emphasizing instances of obstetric violence, which encompassed several key aspects: (a) insufficient provision of information and consent due to language barriers, (b) inadequate pain management, (c) encounters with abuse and humiliation stemming from cultural disparities, and (d) feelings of insecurity and mistrust during the birthing process.

(a) Lack of Information and Consent based on Language Proficiency

Childbirth experiences are inherently complex, encompassing a range of emotions such as fear and excitement. However, when the birth occurs in an unfamiliar environment where the mother's native language is not spoken, additional fears and distress can arise. Among the participants in the study, the most prominent and highlighted phenomenon pertains to the lack of information and consent due to language barriers. Finding an English or Turkish-speaking midwife or healthcare provider is deemed exceedingly difficult or even impossible, presenting a significant challenge during the antenatal hospitalization, childbirth, and postpartum period.

Two study participants shared their narratives about communication difficulties caused by language problems. One participant communicated exclusively in Turkish without proficiency in English or Bosnian, while the other participant could only speak English alongside Turkish.

Participant 7 (P7) emphasized the critical role of communication in managing the labor process. However, she lamented the significant challenge posed by her limited language proficiency, leading to the loss of vital information. Even during the pre-labor period, relying on translations from English to Turkish proved inadequate for her understanding. Despite experiencing an uncomplicated pregnancy with only a few check-ups, she described feeling overwhelmed and under unreasonable pressure when asked to sign documents she could neither read nor comprehend during hospitalization.

Participant 6 (P6) conveyed a profound sense of distress and discomfort regarding her hospital experiences. She expressed a strong desire to erase those memories, highlighting the inhumane treatment she endured and the intense emotions she felt. Her yearning for water and the resulting goosebumps underscored the severity of the situation during childbirth.

With the exception of one participant, all six others were fluent in languages and expressed their preference to be attended to by a gynecologist who could speak either English or Turkish.

"During my first pregnancy, I was influenced by various situations that led me to seek monitoring by a Turkish expert. I wanted to ensure that I wouldn't miss any crucial information about the development of my baby. Additionally, having a Turkish doctor meant that I could benefit from their 24/7 availability, which was not the case with Bosnian gynecologists. However, I was well aware that I couldn't give birth with my own doctor present, as the country's system mandated that all women must deliver in a public hospital. This became a major concern for me during the pregnancy, especially after hearing unpleasant stories from people I sought advice from regarding their hospital experiences" (P5, 2019).

Due to the limited language context and fewer communication opportunities, the most prevalent experience of exclusion reported by the participants was the lack of informed consent during labor induction, which is a critical event for women of childbearing potential. As one participant stated:

"Throughout all three of my labors at the same hospital, I consistently felt poorly informed about what was happening. I was never given proper informed consent regarding the painkiller being administered. Despite delivering three times through normal labor, I encountered inappropriate

behavior and a doctor's eagerness to hasten the labor with medication, leading to an insufficient support system. All of these factors made the birthing process incredibly challenging for me" (P1, 2019).

(b) Lack of Pain Management

The participants highlighted the lack of pain management and the disregard for the mother's serious pain during birth, along with the failure to accommodate private requests. Additionally, the use of humiliating labels in the native language, such as "majkina maza" (mama's girl), was described as another significant obstacle during the birthing process, as reported by the participants.

"During my first pregnancy, I was left alone in the delivery chair in the delivery room with no instructions on how to deal with the pain. There were other women present, and we were all screaming. However, a nurse who seemed bothered by our cries came into the room to remind us to be silent" (P7, 2019).

The participant expressed her enthusiasm for being part of the research, as it provided an opportunity for someone to finally inquire about her experiences and memories at the birthing center.

"In the delivery room, I felt extremely cold as I was only wearing a thin hospital dress, and the temperature seemed freezing. When I raised my concern about this to a midwife, my complaint was completely disregarded. I was left alone with other women giving birth in the delivery room, and their crying intensified my fear of childbirth. However, the discomfort caused by the cold and fear became secondary to the traumatizing experience I faced later. Without any prior information or consent, the doctor decided to perform an episiotomy to expedite the labor process. The most distressing part was the inhumane stitching procedure after childbirth, which was carried out without any pain relief or medication" (P6, 2019).

One another participant P7 expressed a strong sentiment, revealing that the traumatic experience during labor was deeply ingrained in her memory. As a result, she felt certain that she could never give birth again at the same birthing center. The memories of the distressing event resurfaced whenever she encountered pregnant women, making it challenging for her to forget the ordeal.

The participant 4 (P4, 2019), also shared her post-labor hospitalization experience, recounting a distressing incident when she sought help for postpartum stitching but received no response from the midwife. When she questioned the caregiver about the lack of assistance, she was told that mothers who give birth are not considered sick or patients, and postpartum recovery is seen as a natural process. These experiences deeply affected her, leading her to make a decision to return to her home country for her second childbirth, where she could be close to her family members for support. Reflecting on her own ordeal, the participant expressed a belief that every woman who endures the pain of labor deserves to be cared for and supported. She emphasized the importance of being embraced, thanked, applauded, and acknowledged for their strength, rather than being expected to navigate the postpartum period alone, just a day after giving birth.

(c) The Experience of Abuse and Humiliation Based On Cultural Beliefs

Cultural sensitivity is undoubtedly related to maternal privacy attitudes, but it is even more closely interwoven with the participants' religious beliefs. In present-day Turkey, the journey through the maternity process involves various special customs and celebrations deeply rooted in tradition. These celebrations typically commence in the final trimester of pregnancy, and family members take part in decorating the mother's hospital room and home, adding to the significance of the occasion. Women who are familiar with such traditions and accustomed to being surrounded and supported by their community during pregnancy and childbirth, having migrated to Bosnia later on, naturally expect similar practices in their new country. However, the cultural differences may not provide these opportunities and, in turn, leave them feeling isolated and alone. This situation can have trauma-like effects on women going through one of the most vulnerable periods of their lives.

"During the most painful moments, I found myself left alone without any guidance or support from a midwife, including advice on how to breathe properly. The hospital service providers seemed to completely overlook the possibility of complications, and their ignorant attitudes and lack of cultural sensitivity were unacceptable to me. These experiences ultimately led me to make the decision to return to my country of origin to give birth to my second child" (P4, 2019).

One of the participants in the study expressed her narrative and perspective on how this natural process should be arranged, with a focus on considering privacy:

"I strongly believe that cultural sensitivity plays a vital role in the delivery process, as it encompasses how we have learned to prepare ourselves for childbirth. Regrettably, the midwives or staff at the hospital seemed to have serious issues with respecting alternative cultural perspectives, as my upbringing emphasized the significance of privacy during labor. I consider privacy to be crucial for every individual, especially for women preparing for childbirth. Unfortunately, my experience at this hospital was marked by a lack of privacy and the disregard for my request for privacy. I was not allowed to maintain my headscarf due to security concerns, which I found to be disrespectful. Removing my headscarf made me feel insecure in the presence of strangers since the delivery room was shared with unknown individuals. My simple requests for privacy were consistently ignored throughout the process" (P7, 2019).

(d) Lack of Trust and Security

Social support can be as simple as extending a helping hand to those who may lack the strength to navigate through challenging times. During moments of stress, such as the maternity transition, social support becomes even more crucial. Regardless of nationality, the journey into motherhood is marked by significant stress, and having a loved one by one's side is seen as a crucial element in managing and alleviating this stress. Social support plays a vital role in promoting the physical and emotional recovery of mothers, particularly in environments where trust and security are lacking. In this context, these immigrant women highlighted the challenges they face during childbirth from the perspective of institutional culture in Bosnian hospitals.

"Observing your loved ones behind a window during labor can be emotionally painful, even though you understand that it's done to protect you and your baby. Labor is a time when women often feel most vulnerable and in need of significant attention and support from their loved ones" (P7, 2019).

During the process of transitioning into motherhood, particularly within health systems that are socially constructed differently, support from spouses and families is highly anticipated and considered crucial.

"During the delivery of my second child, my husband was not allowed to be with me in the delivery room. The hospital staff explained that this decision was taken by the council to protect babies and mothers from potential virus threats. Having experienced both situations

- being with my husband during the birth of my first child and without him during the second

- I can confidently say that I prefer having him by my side. Although his presence cannot eliminate the pain of childbirth, holding his hand provides significant comfort and relief" (P1, 2019).

Experiencing isolation or a lack of social support at such a crucial point in motherhood adds further challenges to fulfilling basic personal needs. When a mother's emotional needs are not adequately met during this period, it can significantly impact her ability to care for the child and form a strong attachment between the newborn baby and the mother.

"Experiencing social isolation after giving birth made me realize the value of being surrounded by loved ones during such a significant moment in life. I longed to be pampered and celebrated for the achievement of giving birth. This isolation in the Bosnian hospital prompted my decision to go to Turkey for the delivery of my second child, where I could be in the company of my loved ones. The support and assistance received without even asking for help, such as a nurse bringing the baby to the mother, made the experience priceless and facilitated the process of breastfeeding" (P4, 2019).

The absence of social support often leads to stress and feelings of loneliness, which can be challenging for mothers during childbirth. This sense of isolation may result in a feeling of inadequacy and difficulties in coping with the physical pain of childbirth.

"Following the Caesarean section stitches, the pain was excruciating, and I had to manage getting out of bed and picking up my child from the cradle alone while also finding the right position for breastfeeding. It was a challenging experience as I felt entirely on my own. I understood that the hospital prioritized its institutional culture, and with only two or three nurses in the unit, it was impossible to provide individualized care to all mothers. However, I believe a potential solution could involve allowing at least one family member to be present and provide support during these critical moments to ease the burden on new mothers"(P5, 2019).

CONCLUSION AND DISCUSSION

This study has revealed the language, communication, social, and cultural challenges experienced by a group of Turkish women during hospitalization at Jezero Maternity Hospital.

It is essential to acknowledge that the participants observed instances of obstetric violence during childbirth and the transition to motherhood. Notably, this violence may occur indirectly or unconsciously as an automatic response from healthcare providers, influencing the perception and meaning of childbirth.

The participants, being foreigners, faced unique challenges as they were not familiar with the socially constructed healthcare system in the host country. It refers to the Turkish participants who experienced notable challenges stemming from their unfamiliarity with the healthcare system established in the host nation, which was rooted in the post-communist structure and foundational elements of its societal framework. Despite the limited sample size, the study uncovered significant issues within the system. However, it is important to recognize that these problems may escalate with an increase in the foreign population, particularly those living irregularly and undocumented.

The study findings indicate that experiencing discomfort during the care process, especially due to the lack of effective pain management, leaves the participants with a sense of insecurity, and despite these conditions, they still face challenges in focusing on their newborns.

On the other hand, an important aspect that should not be overlooked is that the study participants have prior experience with Turkish healthcare standards before coming to their new country. However, the transition to the motherhood process introduces them to a new healthcare culture and different institutional norms, which need to be sociologically evaluated for themselves.

This study has highlighted various crucial aspects of the transition to motherhood experienced by Turkish foreign women who gave birth at Jezero Maternity Hospital in FBiH. By examining their narratives of obstetric violence, we have gained valuable insights into the importance of understanding negative experiences and challenges faced during childbirth.

Language barriers are a prominent concern for many women, affecting their ability to communicate with hospital staff, comprehend information provided to them, and express their needs and preferences. This issue is not unique to this study, as other researchers have also identified language barriers as a challenge for foreigners in healthcare settings (Almeida et al., 2014, 2016; Gurman and Becker, 2008; Bharj and Salway, 2008; De Souza, 2004; DeSouza, 2014; Fernandes and Miguel, 2009; Landale and Oropesa, 2001; Lansakara et al., 2010). Such barriers can lead to lower maternal satisfaction, lack of understanding of treatment information, and reduced adherence to treatment recommendations, ultimately affecting health outcomes.

At the hospital level, the process of pregnancy and transitioning to motherhood is socially constructed, shaped by how individuals assign meaning to their pregnancy and establish their national and cultural identities. Apart from language barriers and communication issues, the Turkish women in this study encountered additional challenges. These challenges arose from their expectations formed both from their experiences in their home country during pregnancy and childbirth, particularly from their extended family and hospital staff, and from observing people who had similar experiences in their surroundings. Due to these expectations, the practices they encountered in this new country did not align with the visions they had imagined. As a result, they experienced additional difficulties that affected their satisfaction and the perceived quality of care they received. Notably, six of the participants perceived their experiences as lower-quality care.

These findings align with the hermeneutic circle, as participants' historical backgrounds, prejudices, perceptions, stereotypes, and expectations influenced how they perceived and interpreted their care. Their expectations were also influenced by socio-cultural norms and prior knowledge, largely acquired from transnational Turkish foreigner communities.

The literature on patients' actual experiences with healthcare services supports our findings, highlighting the significance of individual perceptions in shaping the healthcare experience. These aspects emphasize the need for culturally sensitive and patient-centered care to address the unique needs and expectations of foreign women during the maternity process (Aziato et al., 2017; Balaam et al., 2013).

Finally, the women's evaluations in this study were primarily influenced by the nursing process rather than the nursing outcomes. All participants in the study identified aspects they deemed unsatisfactory and areas that require improvement in the nursing process to enhance their transition into

motherhood and make it more comfortable. This emphasizes the importance of a patient-centered approach and the significance of addressing nursing practices to better meet the needs of expectant mothers during this critical period.

In relatively less developed countries undergoing a process of rebuilding, expecting radical changes or immediate implementation of new regulations in the healthcare system may not be realistic. However, creating a universal socially constructed health system is also a complex task. Meanwhile, in the context of FBiH, which is still in the process of development, local level partnerships with non-governmental organizations can play a crucial role in designing appropriate policies to address the challenges faced by the foreign population. These partnerships can focus on increasing awareness of the FBiH healthcare system among expatriates and facilitating their access to health services. Designing brochures or leaflets containing comprehensive information on healthcare services related to maternity care, including postnatal care, insurance, payment, healthcare providers, and specific hospital services, can also be beneficial.

This study addresses the challenges faced by immigrant women during childbirth in a country like Bosnia and Herzegovina, which has a long history of multiculturalism due to religious diversity but is still relatively new to immigration and has not fully established its system, especially in terms of how to interact with emerging diverse cultures. The assumption that the number of immigrants and refugees will increase in the coming years makes it necessary to further investigate potential challenges arising from immigration in FBiH.

While this study serves as a preliminary effort and has been completed with a limited number of participants, it has played an important role in opening doors for future research. However, the most significant limitations of the study are the small number of participants and the inability to access hospital records. Overcoming these limitations, future research involving both hospital staff and individuals who have received services from the hospital, as well as including other hospitals, will lead to the exploration of more important insights.

Further research examining the integration of immigrants in schools, universities, and government institutions is also necessary.

In summary, this study sheds light on the cultural significance embedded in pregnancy and the transition to motherhood. Language barriers and cultural differences play significant roles in shaping the experiences of foreign women during their childbirth journey in FBiH. These insights underscore the need for improved communication and support for foreign mothers in the healthcare system.

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