Referral in Pregnancy:
A challenge for Greenlandic women

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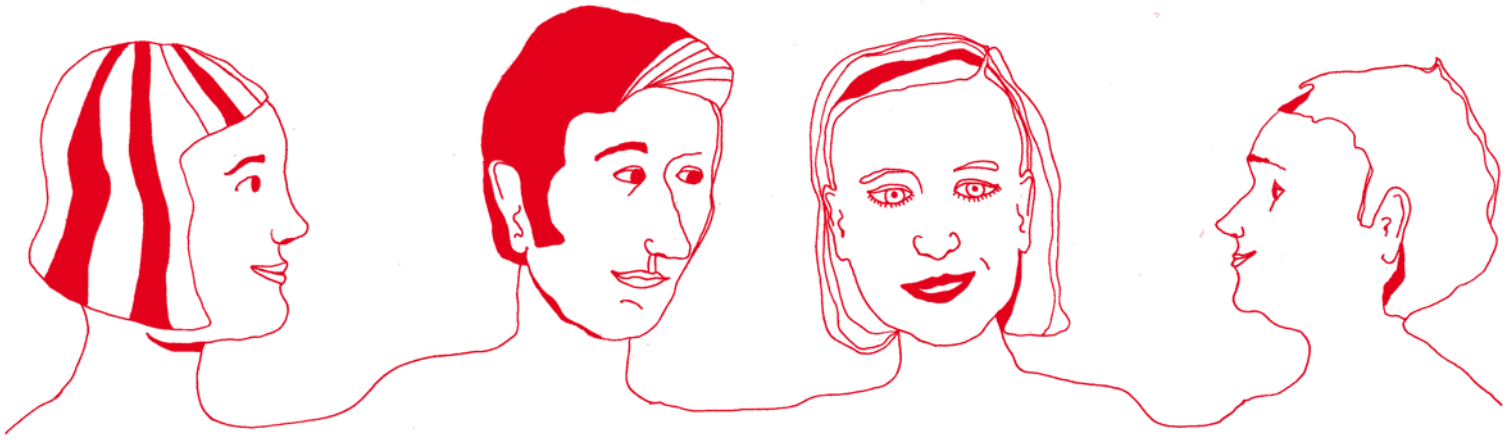

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Siden januar 2002 har Grønland instrumenteret nye perinatale retningslinier. Disse retningslinier har til hensigt til at nedbringe mortaliteten og morbiditeten hos de nyfødte og deres mødre.

Projektet tager udgangspunkt i kvindernes oplevelse af visitationen. Det belyser de udfordringer som kvinderne præsenteres for samt de redskaber kvinderne er i besiddelse af, i forsøget på at besejre disse udfordringer.

Kvinderne blev interviewet ved ankomsten til modtagelsessygehuset og under feltarbejde. Interviewene blev optaget på bånd og blev transskriberet løbende. Narrrative teorier er grundlag for analysen af interviewene og coping og resiliency faktorer er de teoretiske grundprincipper for præsentation af kvindernes tanker.

Igennem narrativerne fremlagde kvinderne deres oplevelse af sig selv som mødre, som medborgere og omsorgspersoner.

Det at acceptere visitationen beskrives som et redskab til at beskytte deres ufødte barn. Ved at acceptere visitationen oplevede kvinderne en indre styrke, som hjalp dem til at bearbejde følelser som vrede, glæde, bekymring og ensomhed. Støtte fra deres familier og deres lokalsamfund var afgørende for deres oplevelse af tiden på modtagelsessygehuset.

Nøgleord

Henvisning og visitation i graviditeten; Fødsel i Grønland; Grønlandske kvinder; Visitation til fødsel; fødsels narrativer

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Referral practices within healthcare systems are seen as a means of heightening the quality of perinatal care and lessening perinatal mortality and morbidity. Perinatal death or the birth of child with a handicap can be debilitating for a family. Since January 2002 a new referral system has been instituted within Greenland sending all at risk pregnancy to the referral hospital in Nuuk.

The aim of the study was to describe the women's experience of referral by drawing on their experiences and using their voices to present referral from the women's point of view.
Interviews were conducted within arrival at the referral hospital and during fieldwork over a one-year period. Interviews were conducted, recorded and transcribed. The analysis of interview data was conducted within the narrative framework, using Coping theory and resiliency tools as the theoretical base for structuring the narratives.

Through their narratives the women presented their identities as mothers, community members and caretakers. Acceptance of referral was described as a tool for protecting their unborn child. With acceptance of the referral the women found an inner source of strength to deal with their own anger joy anxiety and loneliness. Their ability to accept referral was directly connected to their family and community and the support that they found therein.

Key words
Referral and transfer practices; Greenland; Transfer during pregnancy, Greenlandic women; Childbirth; Birth narratives

REFERRAL IN PREGNANCY: A CHALLENGE FOR GREENLANDIC WOMEN

A study of Greenlandic women's experience of referral and transfer to Queen Ingrid's Hospital in Nuuk during pregnancy.

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"Safety through the eyes of the beholder"

INTRODUCTION

Greenland

In the summer of 1995, I arrived upon Greenland, a place that had been a part of my childhood consciousness. As child I had heard about Greenland from my father, an African-American military officer, who had spent 6 months in Greenland after the Korean War. My father's story of Greenland was very simple: "*it teks leest a munt tuh thawr yah owt aftah yah git home*"[1], and therefore, I knew nothing of the culture, the people, the geography, or the language. Still my arrival in Greenland was a feeling of coming home; a people that let me into their lives, (Hansen 1989, unpublicised) and did not expect much of me, and therefore I wanted to be there.

I, being the only midwife in a city which was situated north of the arctic circle, became involved in doing all prenatal check-ups, most of the deliveries, maternity care at the hospital and well- woman/baby services for the woman in the city. This gave me a door into the culture. I was not only fascinated by a culture that was completely foreign to me, but in deep awe and respect of the people. As I attempted to learn the Greenlandic language, I met gratefulness and an openness that allowed me to enter further into the homes, the lives and the stories of the women that I served. I discovered that many women had experienced traumatic birth and many families had small graves in the graveyard. I also discovered that for the past decade women from settlements and villages were referred to the larger towns for birth; and women from these settlements and villages were separated from their immediate families for the last four (4) weeks of their pregnancy and during childbirth (Personal communication with Department of Health 1999, Annual report for Chief Medical Officer in Greenland 1968). For these women, leaving home can be isolating, as visits from family and friends can be impossible.

Greenland, a two point seven (2, 7) million square kilometres large island, has little or no infrastructure, relying on planes and boats as transport between some 23 larger localities. Every city, town, village and settlement in Greenland is isolated, which means that childbirth is linked with a higher risk for mortality and morbidity, when children are born in areas without obstetric expertise. Even in a city with doctors and midwives and the possibility of doing a c-section, I experienced how fragile the health system was, when wind and weather were the deciding factors in living saving/life-loosing situations. I discovered how important it was to think ahead and to refer the women at the right time during their pregnancies, as the birth of a child with a handicap, as a result of non-selective perinatal management, can be debilitating for a family (Catwood-Affleck et al. 1998).

Research with and concerning indigenous people

The word "indigenous" has several connotations and for many Greenlandic people the word does not coincide with their own self-image. In the context of my study, the word

[1] "It takes at least a month to thaw you out after you get home". My father was from Texas and spoke the African-American dialect from that region.

"indigenous" serves several purposes: one, it positions the Greenlandic people, those who call themselves Kalaallit[2], as the owners of the results of this study, and positions myself, not as a Greenlandic researcher, but as an Other[3](Smith 1998). The second aim is to underline that the women participants in the study have unique cultural, historical and political history backgrounds that influence their stories. Theirs is an intrinsic knowledge that I am allowed to access, if I have the cultural protocols (empirical tools) to do so; that is, if I understand how to ask, how to receive, and how to reciprocate. Smith explains that many methodologies look upon the values, customs and beliefs of the culture as a barrier to research, where indigenous researchers themselves "approach cultural protocols" as an integral part of the methodology or phrased differently: "It is a grave responsibility to ask, it is a privilege to listen" (Patton 1990).

Healthcare system's ability to serve the people

In gathering empirical literature for my study, I discovered that the Indigenous peoples of the world have been and are the "object" of thousands upon thousands of health studies. At the same time, these studies tell very little about what the people themselves think they need and how they feel, but focus on what they do and don't do. I found that I did not feel comfortable with much of the information and articles that I read. Many asked questions about the culture or told about the culture, but few asked the very people that knew the answers.

But there were other articles, books and papers written by indigenous and non-indigenous researchers that presented the problems and the challenges in a manner that treated the informants and the problems with respect (de Costa 2001, Smith 1998). De Costa in her article she tells the story of an Aboriginal Australian, describing the schism between the healthcares system and the need of the individual. The article describes how a young woman in need of medical attention does not seek or accept help from the healthcare system. Although the doctors were able to diagnose cervical cancer, the young woman did not trust the health system enough to present herself at the clinic for treatment. She presented a story of the inability of the health system to reach and serve the people that need it most, turning the picture around and asking if the health system as is, can serve the society that it is meant to serve. The problem presented by de Costa in Australia, has its counterpart in the Arctic. Although women in Greenland are generally more trusting of the healthcare system, there is a schism between what the women themselves feel are their healthcare needs and the system's priorities (Bjerregaard et al. 1994). Often this difference of priorities is evident in the healthcare decisions that the users make.

Perinatal Guidelines in Greenland

Since 2001, the concept of universal standards for perinatal care in Greenland has been the goal. Perinatal mortality has been a problem in Greenland for many years; it has

[2] Kalaallit is the plural form of Kalaaleq which means Greenlander
[3] This term is used in indigenous research to place people from outside the culture. It is equivalent to the Greenlandic term "Qallunaat", which also is the word for Dane in Greenlandic.

been a thorn in the eyes of the political system and a painful memory for the families that have lost newborns. The adjustment made in 2001 with the right to transfer to the referral hospital will undoubtedly have a positive influence on the perinatal mortality and morbidity in Greenland. The referral criteria are standardized throughout Greenland, seeking to create a simple, effective and transparent obstetric standard of care. There is no distinction between relative and absolute indication for referral, meaning that all women are encouraged to agree to referral, independent of the reason for referral and the level of obstetric expertise in the district (See Appendix 1).

The majority of women, who accept referral, will live in Nuuk an average of 21 days and have their child without the support of close family (Perinatal care 2002). Many of them will not have any visits from friends and family during that waiting period, because of distance and cost. For the women who are monolingual (Greenlandic), the situation can be complicated by communication problems. These communication problems can make it difficult to receive optimal maternity care while in the hospital. The reality of women's situation is the paradox of choosing the well-being of their unborn child over the health of their immediate families and/or their own psychological well-being.

Global history of perinatal care

Globally, "*each year, approximately 4.3 million newborn infants die during the first month of life, and an additional 4 million are stillborn- many of these deaths are due to complications their mothers experienced during pregnancy or childbirth"* (Safe motherhood 2004).

"The single most important intervention to ensure safe motherhood is that a health worker with midwifery skills is present at every birth, and transportation to a health facility is available in case of an emergency"(WHO 1994).

With these two statements the most important reason for perinatal care and referral in pregnancy are stated. Over the last 30 years the face of childbirth has changed throughout the world. Especially in the Scandinavian countries the rate of perinatal morbidity and mortality has dropped to less than 6 per thousand live births. Distance has become less of an obstacle and populations are more mobile.

Centralisation as known in Scandinavia and other places in the world has not existed in Greenland. As late as the 1970's women in Greenland still gave birth to children in their homes and in isolated villages. During the 1980's women were referred during pregnancy from the village healthcare centres to the hospitals in the surrounding towns. Within the last ten years, referral practices have changed and women have transferred when needed during pregnancy and a select few have been referred to the Obstetrics Department at the referral hospital in Nuuk[4] during pregnancy. Bjerregaard et al. (1994) explained that it has been possible to enforce referral practices, but not possible in

[4] The referral hospital which is called Dronning Ingrids Hospital will be referred to as "Nuuk" throughout the paper

succeeding to convince the populations that the referral practices are necessary and good.

Perinatal research within Inuit societies

Many articles have been written about the Inuit culture, with which Greenland shares a history. Jasen (1997) describes how the Inuit cultures of the north and its traditions concerning childbirth and family have been changed in the meeting of the Inuit people and the "agents of colonisation". The meeting of the two cultures has influenced the transfer of traditions and has changed where and with whom the women give birth. It has also influenced the women and their families. Jasen (1997) explains that it has had serious social consequences for the communities and for the individual families.

Many women experience anxiety for themselves and for their children. They are also forced to make decisions for their unborn child without the help and support of their partners and family relations. Jasen (1997), in her historical article about the Colonisation of childbirth in the north brought forth the opinion that the realities surrounding the women were of little importance for the government before the high mortality rates began to alarm the authorities. She also claims that with the initiation of the intervention methods, once again the voice of the women has been disregarded. There are several articles that focus on prolonged separation from the family and the negative affect it has on the well-being of the family and women (Sennett & Dougherty 1990, Chamberlain 2000), but only one has used the voice of the women involved (Chatwood-Affleck et al.1996).

O'Neil in interviews done in 1985 found that the women and the community in Keewatin were concerned about what referral and transfer would mean for their community. In a series of interviews and consultations with the elders and the members of the community, two subjects were stressed as being of the utmost importance for the people of Keewatin. For the elders of the community it was the transfer of women during pregnancy and its implications for the stability and health of the Inuit families. Another concern was the relationship to the community for those children born outside of home community. There was anxiety that family stability would suffer when women were transferred out weeks before their due date and especially that the children would suffer under these conditions. The second worry was both a cultural and judicial worry (O'Neil et al. 1988).

The concept of community was very strong and culturally it was important (for the other members of the community) that the children were born within it. Judicially, land rights in the Canadian North are connected to place of birth. The community was worried whether the rights of the children, their descendants would be jeopardised. There was an understanding of the subject of safety, but the loss of tradition, culture and identity was also an issue. 15 years later, Chamberlain (Chamberlain & Barclay 2000) did a qualitative research project in the same community. Research was conducted with the participation of families that had been referred and transferred. These interviews were done postnatally. In the article by Chamberlain & Barclay (2000), with grounded theory as the analytical base, interviews were conducted asking about the women's experience of being referred during pregnancy.

Chamberlain & Barclay (2000) had several difficulties while doing their study. They had a low level of participation among the women and their families. They experienced problems with translators and the women often did not meet up as agreed. Allowing for the difficulties in the interviews the women's answers led to the following findings. That the women faced many stressors as a result of being transferred from their communities and that healthcare professional needed to be more aware of the women's need for support during their confinement in the referral hospital. Although the research subject was referral and transfer during pregnancy, the article focused on themes within the Inuit community, which the researcher found unnerving, such as the women's reaction to custom adoptions[5]. The women's experience of referral was not the major focus. Another article focused on methods for diagnosing gestational age, and other markers of health within the medical field. Sennet also mentioned the trauma for the women and their families when referred but chose to look at methods of shortening confinement and not to address the referral itself and the impact it had on the lives of the women and their families (Sennett & Dougherty 1990).

Socio-economic background

Greenland is a self-governing island that is a part of the Danish Monarchy. The per capita BNP is 22,000 dollars per year, which are 10,000 less per capita than in Denmark. There is an unemployment rate of 10% (GS [Statistics Greenland] 2002; The CIA Fact book 2004). Although the migration from the outer areas of Greenland to Nuuk is increasing, still 75% of the Greenlandic population lives outside Nuuk.

There was a total 940 live births in the 2002 with a perinatal death rate of 17 per 1000. Women in the towns had an average of 2,2 children and women from the settlements had 2,9 children. Of the women who gave birth in Greenland in 2003, over 180 were referred from other areas of Greenland to Nuuk. These women were from all walks of life and all social strata (ELI Personal communication 2003; GS 2003).

Research in Kalaallit Nunaat[6]

Between the years 1879-1979 there were over 1700 monographs written on the subject of Greenland. There are over 20 PhDs that have received their degrees from studies that are done in Greenland, but few of these lived or worked in Greenland for a longer period of time and Ethnic Greenlanders wrote less than a handful. Of the research topics, none of yet has dealt with pregnancy, childbirth or issues of family structure (University of Copenhagen Homepage 2004).

[5] Custom adoptions are adoptions of children to other family or community members. This has been a tradition and still is a tradition in many of the Inuit cultures.
[6] Kalaallit Nunaat is the Greenlandic name for Greenland

Language as a medium for understanding and identity

One of the important issues in researching in Greenland is the choice of language. Smith (1998) mentions in her book that one of the biggest challenges within indigenous research is the use of language. Research among indigenous peoples, has always been done in the language of the "Others". Interviews have been conducted with translators or in the second language of the participants. In all societies language and identity are intertwined, and Smith explains that it is even more so in indigenous societies where language is also a part of the struggle for acknowledgement of the rights to one's culture and lands. As in most Indigenous countries, use of language in Greenland is connected with historical, political, and sociological power struggles. Greenland is officially a bi-lingual society and the choices of language; either Greenlandic or Danish is often a statement of status, cultural and political standpoint (Smith 1998, Personal communication, Moeller 2004).

A short history of midwifery and perinatal care in Greenland

UNICEF's Progress of the Nations (1998) states that referral practices within healthcare systems are seen as a means of heightening the quality of perinatal care and lessening perinatal mortality and morbidity. Midwifery care has been official policy in Greenland for over 100 years, the first Greenlandic midwife being educated in Denmark in the 1820's. There was a need for dedicated, God fearing, young women to help and serve the Greenlandic women during childbirth. Simultaneously with the first Greenlandic midwife being educated in Denmark in the 19th century, other young women were educated in their own communities as birth assistants by the local physicians (Berthelsen 1927). In the year 2001, the perinatal health committee was created to map and decipher the high rate of child mortality in Greenland (Kern & Persson 2001). The perinatal mortality in Greenland was at the time 20 per 1000. In January 2002, a new referral system was inaugurated and since then the number of women referred to Nuuk has grown from 12-15% to 20-25 % (Perinatal care in Greenland 2002). It is the hope of the National Department of Obstetrics, that this program of referral will be the viable means of reaching the goal of Scandinavian levels of perinatal safety in Greenland. In 2003 the perinatal mortality was 17 per thousand (ELI- Greenland 2003), which is comparable to Venezuela and Argentina and much higher than countries such as Sri Lanka and United Arab Emirates, and Bulgaria (The State of the Worlds Children 2004).

PROBLEM STATEMENT

During the past five years, over 500 women have been transferred to the referral hospital in Nuuk. These women, whose ages were between 15 and 47 years of age, came from as far north as Qaanaaq, as far south as Nanortalik and from the localities and cities on the East Coast of Greenland (Please see map Appendix 2). How did women experience referral? What were the major challenges in the referral? What problems did they face in making the decision to accept referral? And which factors were important for the women's feeling of well-being during confinement in Nuuk?

AIM OF THE STUDY

The aim of the study was to describe the women's experience of referral, creating a room where stories could be heard and understood by others.

RESEARCH QUESTION

What are the experiences and challenges for Greenlandic women referred to Nuuk for birth?
How do the women describe them?
How do women define the tools that they use to deal with the challenges?
How did the women position themselves when describing their transfer to the referral hospital?

THEORETICAL FRAMEWORK

In literature concerning separation, coping and mastering are mentioned (McCubbins et al. 1998a, Ladd-Yelk 2001). These two words alone do not cover the reaction patterns that were evident in the women interviewed. In Mc Cubbins' studies, which were done on minority cultures, the importance of culture and its influence on the use of coping tools was also described. Strong cultural bonds are often mentioned in coping literature, as possible having a positive influence on the individual's ability to cope in adverse situations (Collins 1997, Ladd-Yelk 2001, McCubbins et al. 1998a, McCubbins et al. 1998b).

Coping theory

Coping is a term that is used within many different disciplines. Lazarus (Lazarus & Folkman 1984) defined coping in a study of patients, as their way of dealing with serious illness and life threatening situations. In his definition, stress is the marker and coping is the mechanism developed by the individual to deal with stress. Lazarus says that each human being has an "individually formed and culturally determined value system" (Lazarus & Folkman 1984, Andræ 1994). Coping is the intellectual means of dealing with challenges and the behavioural tool used to carry out the decisions. Lazarus states that coping is not mastering, but instead is dealing with the challenges as they are presented. In short it is the individual's ability to deal with the challenges that arise by consciously concentrating on changing their focus (Lazarus & Folkman 1984). There are many coping theories but common for each, is that coping is incumbent upon the individual's ability to understand, find meaning and deal with each challenge as it presents itself (Lazarus & Folkman 1984).

Resiliency factors

In coping theories, often the focus is on the stressors that arise and the patient, doctor, or informants' ability to deal with this stress. One could use another angle and focus on the qualities within the individual, the community and culture that are the basis for strength. One line of thought within coping theories is that of resiliency. Resiliency will be the theoretical framework for interpretation in this study. Although research on resiliency in the Greenlandic context has not been done, there is research that looks at resiliency in subcultures and indigenous cultures. Much of the knowledge that is generated concerning indigenous cultures has taken its theoretical frame from research done in the United States among African-Americans and Hispanics. My theoretical frame for interpretation seeks to use research done within the cultures of the North-American Indigenous peoples and the African-American culture concerning resiliency that focus on culturally specific resiliency factors (McCubbins 1998a, Ladd-Yelk 2001). Resiliency can be focused on individually, within the family unit and as a culturally specific factor. Individual and cultural resiliency factors can be seen in the brush strokes that comprise the portraits of resilient persons, families and cultures. In this research paper I will describe the individual and culturally specific factors of resiliency presented in American Native Research (McAdoo 1998). In the analysis, I will concentrate on the characteristics associated with individual resiliency factors and cultural resiliency factors.

Individual resiliency factors

Individual resiliency factors are categorized as characteristics such as good coping ability under adverse conditions. The term coping has been used in Arctic research dealing with the use of natural resources (Nordic Council of Ministers 1998). But its use in describing the individual's or group's ability to deal with their challenges has not been used in the Greenlandic research. Internal loci of control and temperamental characteristics that elicit positive response have also been mentioned as resiliency skills. "The term 'locus of control' is used in research revolving around emotional management. This means, that our thoughts control our actions and that we have the possibility to influence our situation, our goals, our intentions and our choices through our communication and actions" (McCombs 1991 p.6). In other words, we can say to ourselves: "I choose to direct my thoughts and energies toward accomplishment. I choose not to be daunted by my anxieties or feelings of inadequacy." Temperamental characteristics are described as positive outlook on life, control of temper and constructive methods of conflict resolving (McAdoo 1994, Andræ 1994).

Culturally specific resiliency factors

For the last three decades, focus has been set on resiliency in African-American families. Despite two centuries of oppression the African-American community has been able to overcome many of the obstacles that society had created for them. Resiliency in this form has been categorized in many cases as cultural resiliency. The initial research; although done on African-Americans has its counterpart in Hispanic families. (McCubbins 1998a) and during the 1990's, using research done in these

communities, some cultural specific research has been done within the American Native communities (Lapp-Yelk 2001). This research has not been tribal or cultural specific and has not focused its results solely on the Inuit populations of the North, yet it can be used as a base for work with Greenlandic families when looking at resiliency factors. Cultural resiliency within the indigenous/ minority context has been centred on:
Supportive social networks
Flexible relationships within the family
Religiosity
Extensive use of extended family helping arrangements
The adoption of fictive kin who become family and
Strong identification with their racial group

Cultural knowledge and Culture bearers as a phenomena

In many indigenous cultures, knowledge has been passed from one generation to another by word of mouth. This does not necessarily mean that there was no written language, but means that there was a rich tradition of storytelling. In cultures where storytelling and the spoken language are important, it is equally important to listen (Smith 1998). Empirical knowledge of a culture cannot only be found in books, it is important to access empiri that is based on a combination of literature, personal correspondence and stories from the people themselves. In this case, Knud Rasmussen's (Rasmussen 1921) tales are as important a reference as a textbook.

The term culture bearer has been used when referring to elders and "people of capacity" within indigenous, immigrant and minority cultures; and when describing the importance of knowledge transfer from one generation to another (Pereida-Beihl 1998, Brown 1989). In each culture there are individuals or groups that have a voiced or an unvoiced influence on the community. They are instrumental in supporting and forming the culture. They also have an influence on which traditions and rituals continue within the culture and which disappear from a society's conscious. Pereida-Beihl (1998), reminds us that women have long been the guardian of wisdom and culture. "Although each culture is unique, the similarities of wisdom are common among. …cultures." Childbirth is one of the areas where cultural knowledge has been and is important both globally and in the Greenlandic perspective (Skifte[7] 2003).

Cultural knowledge and Culture bearers in Greenland

Dissimilar to many indigenous cultures of the north, the Greenlandic culture has kept two very important parts of their culture untouched: their language and childbirths. Both the language and birth traditions have evolved throughout history, but tradition and identity has mainly been created and owned by the people. The traditions surrounding pregnancy, childbirth, and prenatal care of mother and child, has been protected and passed on by the elder women (Personal communication, Knudsen 2003, Reimer 1996, O'Neil 1988). Also within the Greenlandic society it is often the older women that influence and maintain the Greenlandic culture and consciousness. (Personal communication, Knudsen 2003). Knudsen describes that many older women know

[7] Please see Appendix 3 for full text of the interview "Culture bearer".

what they want to give on to the next generation. The traditions concerning birth, childcare and family support are created, supported and given on by these women (Qinuajuak 2000).

A large minority of the women in Greenland leave their own home communities to start motherhood in a foreign community. In the process of changing the referral system in Greenland, the cultural network and the identities of the women, their partners, their mothers and families take on a new context (Jasen 1997). These changes do not only have an economic and social influence on the Greenlandic society; they also challenge the women's individual and cultural identity (McCubbins 1998a; Ladd-Yelk 2001).

METHODS

The Design

In order to address the aim of the study, it is necessary to try to understand the challenges that the women face during the period of separation, and how they create meaning in their experiences, as outlined by Lund (1996). The study design is a qualitative study based on personal narratives and narrative analysis. Storytelling has been and is a part of the Greenlandic culture and traditions (Personal correspondence, Grove April 2004). Each woman has a story and each of the interviews conducted is a potential narrative (Fieldsnotes, Montgomery 2003, Riessman 1993, Bal 2004). This makes the use of narratives a direct and focused port for research within the Greenlandic context. In the original study design, three focus groups and ten individual interviews were planned. During the course of the research period, some changes were made. In this paper, the focal point will be the individual interviews and the analysis of these interviews. Analysis of the focus groups will be reported elsewhere.

Narrative theory and methodology

Childbirth is one of the events (Chamberlain & Barclay 2000) that give rise to narration. In childbirth research, narration brings the participants in the event and the researcher or listener, closer to understanding the happenings related to and evolving from the event. During the course of the interview, the woman's experience once again becomes reality; the story thus takes on a new form (Riessman 1993). I expect the meaning of these women's experience to be deeply embedded in political/historical and cultural context and discourse. The Greenlandic woman is the bedrock of the society. As the face of childbirth changes within the society, it changes the scales of power, changes the place of motherhood in the community, and the place of the family in the society. In order to unravel these stories and make them accessible to others, it is necessary to develop the narratives in a conceptual context using analytical tools that strengthen the stories rather than weaken them. At the same time, the possibility of telling their story and opening up for a debate on the referral practice and its significance for the lives of the women could in itself be a tool for the women (Delholm-Lambertsen & Maunsbach 1997).

Pope & Maya (2000) describe how data can be categorised inductively using naïve reading giving the narratives time to develop and unfold themselves for the reader. This is the initial method that will be used in the narrative analysis of these interviews (Taylor & Bogdan 1998).

Riessman (1993) explains that people tell stories about special events in their lives, especially events that have caused a break between ideal and reality, self and society. Riessman (1993, 2003) helps to create understanding by structuring and positioning the women in the narrative process. I will look at how the women construct meaning during a stressful event in their life through positioning of self and others in this particular situation (Willén 2002).

Gee seeks to find sequences that give meaning through syntax, rhythm in the language and in intonation (Gee 1991). The narrative unfolds in layers, presenting itself more distinctly with every strata of analysis and the details in the text present themselves. This aids in the understanding of the subjects presented in the text.

Practical methods during fieldwork

Sampling procedures

Approximately 25% of the women, who give birth in Greenland, are referred from their home communities to perinatal care in Nuuk. The majorities of the women are referred because of complications in previous pregnancies, having experienced trauma in terms of infant death and other obstetrical emergencies. Women, who are referred because of complications in previous pregnancies, are given lodgings at the Patient's Home in Nuuk. The home is situated on the third floor of a pleasant hotel that is situated outside the hospital grounds in a quiet business area.

Thirty women, who lived at the Patient's Home, were given information about the project, 17 women responded to the information and 15 were interviewed. The analysis is based on 10 of the 15 individual interviews. Two of the interviews could not be used, because the communication between the interviewer and the participant was not optimal, one was not on the subject of the project, one interview has been accidentally erased and one participant asked to be removed from the project.

The participants had the common experience of being referred to and accepting referral to the hospital in Nuuk. Nine of the women had the same language (Greenlandic) and the same cultural background. One woman had French as her mother tongue spoke Greenlandic and had been living in Greenland for several years. The participants' ages ranged from 15 to 44 years of age. Two of the women were having their first child and the rest were pregnant for the second time or more. Only two of the women did not live in with a spouse/ partner. Of the 15 participants, the majority worked within the fishing industry or were homemakers. Two of the participants ran their own business and one was an executive.

Positioning myself in the research

My role as researcher has had an influence on the narratives of these women. The fact that I am a midwife, that I had delivered several of their children or even the fact that I knew their story before the interview, influenced the narratives and their desire to participate in the interviews. They "perform their identity" for me the researcher and the midwife (Riessman 2003). The position was that of them as a woman, a mother and a woman from the other Greenland, telling their story to me the woman, the midwife, and the researcher and the "Other" who wanted to hear their story. Another issue which affected the interviews is that I am an African American, neither Greenlandic nor Danish, living in a bicultural country consisting of two homogenous cultures. When researching in cultures other than one's own, it is important that researchers "clarify their research aims and think … seriously about effective and ethical ways of carrying out research" (Smith 1998), but at the same time know that "all people can learn to center [sic] in another experience, validate it, and judge it by its own standards without need of comparison or need to adopt that framework as their own" (Brown 1989 p.922).

Research assistant and transcriber

There were several reasons for my choice to use a research assistant for transcribing and conducting interviews. The first reason was the fact that I had a limited command of the Greenlandic language. Although I am able to conduct the interviews in Greenlandic and I can understand spoken Greenlandic, I could not transcribe the interviews. Secondly, it was important that it was not only a health professional that they knew conducting the interviews as this might change the focus from referral to birth. The research assistant conducted one of the ten interviews used, although the researcher was present, as an observer at the interview.

One year before the fieldwork started, the research assistant was found, a young woman of 18 years, studying at the college in Nuuk. She had never conducted interviews and knew nothing about hospitals. During the first six-month period, we had four meetings where she was introduced to interview theory, field notes, and research theory. She was given an interview to transcribe, which we discussed and corrected the transcription style several times. She participated in looking through medical records and recording findings. Before conducting fieldwork, she had a trial interview with three women from East Greenland that lived in Nuuk.

Access: Gate keeping

The role of the gatekeeper is to mediate access to participants, to give or deny the researcher access to the informants. Access can be renegotiated during the study and there can be several gatekeepers, one for each area (for example, one at the hospital, one at the patient home, one at the kindergarten and so on). Miller describes the principals of gate keeping in marginalized or stigmatised parts of society; these principals also apply in smaller societies (Miller 1998). As I was researching the same women that I was servicing, it was important for me to ensure that the ethics surrounding my research project were beyond reproach. With that in mind I chose not be my own gatekeeper for

the interviews which were conducted in the referral hospital in Nuuk (Riessman 2003). The design of the project was introduced to midwives and nurses working on the maternity and labour wards at the hospital and the coordinator of the Patient Home. The Coordinator for the Patient Home agreed to gate keep and she distributed information to the women at the time of their arrival in Nuuk. I then contacted the women who were interested and a date was set for the interview. For the interviews that were conducted during fieldwork in the three localities outside Nuuk, the personnel at the hospital, and in kindergartens and day-care were gatekeepers.

There was little or no follow-up on the women who were given information about the project from the Coordinator of the Patient Hotel. The major problem with the interviewing was the researcher's (my) lack of time to do follow-up. "In order to ask people about participating you have to be 'present'. You have to make people feel that you are interested in them and their stories. They know if you are sincere. That is the catch, I can't contact people when I am not sincere and therefore I don't contact them" (Excerpt from research diary 20th of March, Montgomery 2003).

Data collection

Interview guide

An interview guide was developed for interviews. Questions were developed following the step cited in Kvale's (Kvale 1996 p. 129) chapter on the interview guide. The questions were specific; they focused on the theme of referral to the hospital in Nuuk. The questions were constructed as introductory questions. There were nine questions in all; the questions were only asked if the informant needed help to continue. The questions in the interview guide were written in Danish, English and Greenlandic. The Greenlandic interview guide that was the most used was revised once during 2003. The knowledge gained during the interviews was the basis for the revisions taken in the interview guide.
"When did you find out that you would be coming to Nuuk? Tell us about your coming to Nuuk". This gave the women space to start the story from the very beginning.

Interviews and Interview settings

It was important that the women were comfortable during interviews; therefore, the language of their choice was used for the interviews. The majority of the interviews were performed in Greenlandic and all research notes were in English. Interviews were conducted in the women's settings; either in their rooms at the Patient Hotel or in their own home communities at the Health Station. Before the interview the women were contacted at least two times. The first time was an orientation of the study and the second time during the interview. During interviews notes were taken describing body language, facial reactions and other details revealing emotion. Thoughts and questions were recorded immediately after each interview in a research diary. The length of the interviews varied immensely, from less than seven minutes to one half (½) hour. The

richness of the text and the length of the interview did not always correlate to one another.

Transcription

Transcription was done by myself (the transcript from an interview conducted in Danish) and by the research assistant. While interviews were mainly conducted in Greenlandic, the transcripts were transcribed into Danish. As the language of the interviews, the language of the transcription and the language of the research paper were not identical; the transcripts were not used exclusively, but were used in combination with listening to the tapes from the interviews and reading the notes from the research diary. Time codes were placed on the transcripts so that the original text could be used checked during analysis or when selecting quotations.

Validity and Reliability

The use of culture bearers was used as a means of understanding the women's experiences. Through discussions with culture bearers the generalizability of the women's statements was tested. Naturalistic and analytical generalizations were drawn from interviews as an ongoing validation process during the entire research process (Kvale 1989). The validation process was tested through comparing the interviews, thematically and by content (Denzin 1997). The quotations used in the essay were translated back to the original language to insure the validity of the translations from Greenlandic to Danish and English.

Researching in another culture- my voice in the research

There could be an assumption that data collected under these circumstances is invalid, a non-Greenlandic researcher researching Greenlandic women's personal experiences with basic language skills. The Afro centric feminist researcher Collins (1997) expresses that "no single group has a monopoly on knowledge or a privileged 'clear' angle of vision". By being aware of my positioning in regards to status, language, profession and showing this through body language, conduct, and speech, I was given access to both the private and the personal sphere of experiences (Miller 1998).

ETHICAL CONSIDERATIONS

Committee for Scientific Research in Greenland

Referral in Pregnancy: A Challenge for Greenlandic Women was presented to the Ethics Committee, which is under the auspices of The Commission for Scientific Research in Greenland. The plan was reviewed and permission was granted to carry out the research under the condition that research material was handled with the utmost care during the research and that tapes were destroyed when no longer needed. Permission to use

medical journals for selection of participant was also granted by the individual hospitals that were involved. Each interview was recorded and the participants were again informed that they could, at anytime, choose to withdraw their consent and their tapes would either be destroyed or sent back to them.

Informed consent

It was important that careful consideration was taken in determining whether or not the women were suitable for participation in the study (Lund 1996). Women in acute crisis were not interviewed nor were women who had given birth to children that had died during or after the mother's referral. The mode of conducting interviews was in correlation to the Helsinki Declaration. Each participant was given information, both orally and written. After the Ethics Committee gave approval, the Greenlandic Research Committee reviewed the forms and information material, which were written in an easily understandable language.

ANALYSIS

The decision was made to concentrate on narrative analysis, the narrative process and to use the individual interviews as a focal point in this essay. The methods used in the narrative analysis of the findings consisted of reading of the text, grouping of themes, structuralizing and validation (Clandinin & Connelly 1998).

In the study we will first be introduced to Sara's narrative. I will examine this single narrative, structurally, and analytically, presenting her words and drawing forth meaning. Data will be categorised inductively using naive reading as the initial method (Pope 2000, Taylor & Bogdan 1998). I will look at the story, define and analyse the narrative according to a structural/ linguistic approach as outlined by Labov (1972) and Gee (1991). This will be the basis for the presentation of the other interviews. I will follow the lode of the individual stories of the other women, drawing on the likenesses and differences between Sara's story and the stories of the other women, creating a single song line for the narratives. By looking at context and meaning, by the grouping of actions and plots, I will follow Riessman's (1993) focus and seeking out the "break between ideal and reality, self and society" (Riessman 1993, 2003 p.2).

The following features will be included in the presentation of the chosen case: presentation of and reliance on detailed transcripts of interview excerpts; attention to the structural features of discourse; analysis of the cultural context of narratives with the dialogic exchange between interviewer and participant; and a comparative approach to interpreting similarities and differences among participants' narratives (Mischler 1986, Willén 2002).

Layers of Narrative

I chose to analyse the narrative using several methods, which I have called "layers". Each layer sought to make the narrative thicker and richer. By using one method of

analysis at a time, rereading the text and using the next method of analysis, the themes and structure of the text became more apparent.

First Sara's text was read and reread to find themes and thoughts that could be categorised inductively (Gee 1991, Pope & Maya 2000, Taylor & Bogdan 1998). This process, also known as naïve reading, was the method that I found suited the materials that the women had presented. The same process was performed for each interview as it was read, the themes were written down as they were found in the text. As I found the same themes presenting themselves during each reading these themes were structured in my field notes as recurring. This part of the analysis was done over a period of several months and the categories changed in importance and content with the better understanding of narrative theory.

The second layer was working through the bulk of recorded interviews, analysing each interview, which in turn made the categories and themes found in Sara's narrative clearer (Pope & Maya 2000, Taylor & Bogdan 1998). Each of the individual interviews was read and recurring themes were noted. The themes in these interviews were compared with those of Sara's narrative and the new themes were recorded. The process of naïve reading continued with each new interview and new themes and categories emerged.

In the third layer, I looked at the syntax of the narrative, looking for the six common elements of a fully formed narrative, as the rhythm of the narrative developed and took shape in my mind. By defining the elements of a full narrative and using the description while reading the interview, it was possible to categorize the information in the interviews (Labov 1972, Willén 2002).

In the forth layer, I looked at the contour of discourse found in the text. The thoughts presented by the women were similar to those found in Riessman's (2003) and Willén (2002). The women put into words, how they defined themselves as mothers and created identities. As the themes in the texts became evident, I then collected and categorized the themes that Sara narrated. This categorising of the text developed and gave meaning to the subjects that Sara presented and helped to give a better understanding of the narrative process (Gee 1991, Riessman 2003). It was the themes presented by Sara's narrative that were helped to uncover the themes in the interviews with the other women of the study. Using these four layers interposed and compiled the recurring theme of the women's identity and responsibility as a mother became evident as the lode of the narratives.

"There was no other way things could have been"
Sara

FINDINGS

Presentation of the women

The women interviewed all live in Greenland. In their presentation, each one deserved a name, but in order to protect anonymity, it was important that the name in no way could be traced back to the informant.

The names that I chose for my informants were the names of women of the Bible: Sara, Esther, Ruth, Rachel, Hannah, Anah, Ketura, Naomi, Lea and Rebecca. These were women with great strength and stamina, women who gave of themselves for the sake of their children and for the sake of their tribes. With this in mind, I introduce Sara; by sharing her narrative with you (please see Appendix 4 for complete interview text).

Presentation of Sara

Sara was asked whether she would like to participate in the project on referral in pregnancy by one of the health care professionals at the hospital in Nuuk, she gave it consideration and then agreed to meet with me in a few days time. The fact that Sara chose to share her story with me, including both the joys, the sorrow, the anger and the pain that were connected to her story, was in itself a gesture of trust and giving. The story was as candid as possible, a gesture of love; connected to the help I had given her at the birth of her youngest child.

In 1994, I met Sara in a clinic where I worked, when she came in for her prenatal check-up. At that time Sara had two children. She and the father of the children had parted very early in the relationship and Sara was now bringing up the two little girls on her own. She worked full time and was what I would refer to as a caring and good mother. Sara was now pregnant, expecting her third child and was still a single mother.

These details were not a deterrent for Sara, and she looked forward to the birth of her third child. The baby was born at term, weighing what babies should weigh (3 kilos and 50 cm long). The baby was examined directly after the birth by a doctor and a nurses-aid, and found to be a healthy baby. Because of her home situation, she went home quickly after the birth, had started nursing, as she had previously nursed the two older children.

When Sara arrived at my office four days after the birth for a blood test and check-up, the baby was extremely jaundiced[8]. Sara and the baby were immediately hospitalised and for the first time I examined the baby. It was during this examination the cleft pallet was found. Within 2 days, the baby was on the way to recovery and a specialist had been contacted. After this time Sara and I had a special bond that we both felt, although we never talked of it. From that time on, I became a part of the little girl's consciousness. Whenever we met she was told the story of her birth and that I was "her

[8] Jaundice: Yellowish discoloration of the whites of the eyes, skin, and mucous membranes caused by deposition of bile salts in these tissues. In newborns usually caused because of dehydration. Can cause brain damage, if not attended to.

midwife" and of the special bond between us. In meetings with the older sisters, they too were told of the special bond between their little sister and me.

Several years later, when Sara was expecting her fourth child, I met Sara in the referral hospital in Nuuk. She was very happy to see me and told me that she had found a good partner and they were very happy together. They had found a flat and this would be his first child. She told me that the youngest daughter was doing fine and that all of the operations were completed.

Sara brought up many themes in her short but poignant interview. The theme of responsibility was the starting point and the ending point in Sara's narrative. She not only shared her thoughts concerning referral; but also talked openly of the challenge that confronted her, her partner and her children. She described her own shortcomings in tackling these challenges. Sara tells the story of her referral and the effect it had on her life and her family's lives, she did not use excess words and nor did she veer from her goal of telling her story. The contextual themes revolved around identity, sources of strength and sources of challenge; enriched in detail and reflected upon, identity was the connecting tissue and acceptance was a source of strength and a driving force in the narrative as it creates the "song lines" that immerge in her story.

A metaphor: "Song lines"

In the book called "Song lines" by Bruce Chatwin (1987) the indigenous people of Australia, the Aboriginals, tradition of "walk- about" or "dreaming" is described. By tradition, the song lines cover the Australian countryside and are entwined in the oral storytelling of the people. Through performing the walk-about the song lines are sung. The ritual of walk-about, together with the song lines is at the heart of the Aboriginal culture. The physical traits and marks that can be seen with the naked eye have a metaphysical counterpart. Song lines exist only as long as the tribes exist and the stories are told. The stories and traditions of birth within the Greenlandic context, like the song lines, only exist when shared.

Sara's Narrative

The interview, which stretches over 11 minutes and 40 seconds, is comprised of four paragraphs wherein the main subject are repeated, interposed, and elaborated upon, each paragraph having one of the main themes as a starting point. The narrative told involves a beginning, complicating actions and an ending, clearly defined within the text. By defining the sequences within this text using Labov (1972) methods, it is possible to focus on the actions and the reasons for these actions.

As Sara narrates the story of her referral, we see a connection that involves the major theme of Sara's identity as a responsible mother; her acceptance of referral and her responsibility to family and community (Please see Appendix 4). The syntax of the text is simple; subjects flow from one to the other and are repeated. The story of her partner not taking responsibility (lines 21-28) is a parallel story to her story of taking responsibility (lines 29-44). This gives flow to the story and is the antagonistic focus.

During the narrative, she does not change intonation and there is no aggression in her presentation. The rhythm and intonation of text creates a room where all of the details are intact. She does not condone his actions nor does she blame him (lines 39-44). She does not protect him either. She tells the story of her referral and the challenges it has presented (lines 69-96). Sara's positioning of herself through out her story in the role of the identity of the responsible mother (lines 59-68).

The creation of narrative is a cooperative effort between the interviewer and the participant. The audience, the interviewer; chooses the questions asked and the themes that are presented are chosen by the participant. These themes lead us through the verses of her song line. Just as with the layers of an onion the narrative is built up. With each layer the narrative becomes more clear and thicker. The layers form the song line and give the words and story a more compact form, which only become evident by working through each of the above mentioned layers and letting each layer cover the next and each movement in the song line lead to the next.

The voices of the women

Identity

Becoming invisible

When I met Sara for the interview, hers was a different situation than most of the women that I was to interview. That very day, Sara had received notice that she would be returning home for the remainder of her pregnancy and she would be able to give birth in her home community. In Sara's narrative she positions herself as the mother and bearer of her unborn child.

"When I think of my unborn child…uhm…when I came here and maybe I started to relax …then my baby started growing…and…I began to eat right and I got rosy cheeks, just because I was so happy… (Both laugh)

Interviewer: *You are right…you are beautiful!*

Yeah its nice…yeah…I can't wait to get home to see the children…"
(Sara)

The birth of child in the Greenlandic community is considered a joyous event. Pregnancy is not a private event and the family and community feel that although it does not have a consciousness, the child already is a living part of the community. The unborn child thus becomes the centre of attention within the family.

"You dream of how it will be when you have had the baby and you come home…how they will come to meet you…"
(Rachel)

“I wanted to share my newborn with them…it was hard…when you are alone you think a lot about how it would be if your family came in…? they could just come by…it was painful”

(Hannah)

During the birth the family including children and young adults is either waiting at the hospital, or are together with other family and friends waiting for news. When the child is born the flag at the hospital and in the home of the grandparents is raised. As soon as the flag is raised family and friends do pilgrimage to the hospital with gifts and salutations to the new mother, father and the new baby.

When the women left the community their status changed and the focus that had been centred on their unborn child and themselves disappeared, thus their identity as the mother to a new family member became invisible.

Both Rachel and Hannah position themselves as the carrier of the unborn and the mother of the newborn. When women were referred to birth outside their home community, they were cut off from the tradition surrounding childbirth and motherhood, thus becoming invisible. For several of the women, instead of it being a time of joy, it became a time of unhappiness and loneliness.

“It was fine being there…it was just a long time (laughs)… I was angry sometimes… Cause I didn’t have any family”

(Naomi)

“We were so happy…so happy…we waited and waited…we looked forward to it. My son was to have a sibling…my partner was to have his second child…it was wonderful…it was good…only that I missed my family…the rest was good…it was fine...if only my family had been there it would have been good”

(Ruth)

Safety for whom?

The decision to give birth in Nuuk is the women’s own, but refusing to leave and asking to give birth in one’s own community is not looked upon kindly; either in the home communities, or in the referral hospital in Nuuk. The women are encouraged to accept the referral, and it is quite difficult to receive support if they choose to stay in their home communities. This does not mean that they are not helped, but they are not encouraged to stay and they are encouraged to accept referral not only for their own sakes, but also for the sake of their unborn children.

In the towns, villages and settlements around Greenland, there are many health care professionals that have given their time and expertise to the communities. Each community is extremely dependent on them and there is a great respect for their work and their dedication. It is difficult for the women and their families to understand why their doctors and midwives/ lay midwives are not considered qualified enough to deliver all babies and some families feel that there is a conflict of loyalty.

*"I have been thinking that …I thought about this later… There are midwives and doctors here…they have incubators and such things…. while I was in… Nuuk, I began thinking… Why don't they just let me have my baby here in ***? I don't think there really was a need for them to send me all the way to Nuuk. The help that I got was good enough…but I feel that I could have gotten the same help here…it's also a big town here…I know some very competent doctors …they could have helped me."*

(Hannah)

Hannah, like many other women accepted referral although she was really not sure if she thought it necessary.
"I didn't really mind it…it was fine…But I don't really know why I was sent to Nuuk…I never really found that out. I found out that it was because I had miscarried …because I had miscarried many times."

Interviewer: *Was it so that you could keep the baby that you were sent to Nuuk?*

"No, I really don't know…but…I was just told that… that I should have my baby in Nuuk…So I went there."

(Ketura)

"Yeah…my family couldn't come with me…So, I just accepted that…"

(Ruth)

The women understood security as family and insecurity as a lack of network and family support. Each of the women had accepted the referral and transfer but there is conflict in their view of safety and the view of safety that is shared within the medical community.

The other Greenland

In Greenland 32,000 of the 56,000 people live outside Nuuk and it is not uncommon that people live in one community all their lives only taking trips in the surrounding areas during their holidays. Sara came from a settlement in Northern Greenland. At the age of sixteen she and her closest family moved from a settlement in the north to the town of ***. Although her cousins and other close family still lived other places in Greenland, Sara had lived in *** all of her grown-up life and had never been out of her community. Sara's sense of identity was closely connected with her community, which she expressed by calling Nuuk for Greenland and her home community by its name, thus Nuuk was called "Kalaallit Nunaat". Many times the transfer from home community to the referral hospital can be quite dramatic, flying in small helicopters, or being evacuated in a small fishing boat from the settlements. Sara, like many women from outside the capital city was monolingual Greenlandic speaking, and arrived in Nuuk where many of the healthcare professionals were monolingual Danish speaking. Sara conveyed just how far away Nuuk was both physically and metaphysically when saying:

"I thought about them all the time, leaving them for the first time, not being with them (the children) you know… going to Greenland…"

Later on she says:

"It was the first time that I left my children…. you know …went to Greenland. "
(Sara)

Estrangement from community and family can also be very traumatic and Sara is very direct in her description of the feelings surrounding her separation from her family and her acceptance of these feelings. In some parts of the narrative "home" becomes synonymous to the source of strength in Sara's presentation.

"You know how it is …when you're pregnant…. you cry easily… Maybe I would have been stronger if I had been at home…yeah…. if only I had been…but there was no other way things could have been."
(Sara)

Sara does not speak of the other people in her family and the influence that they have had on her and her decisions, as many of the other women do. Sara's description was unique, but the feeling of separation from family and community was evident in many of the interviews. The women often positioned themselves as coming from the "other Greenland". In the quotations below we hear the voices of Ruth and Lea. Both women narrated an understanding to the researcher of the richness of <u>their</u> Greenland where family, community and identity are intertwined and expected the researcher to understand their sense of community. They described in words and in syntax the disconnectedness that they experienced while in Nuuk. By describing their feelings they walked us through the landscape of their thoughts and described the emptiness that they felt while separated from their communities.

"It's fine being here…but…….it's just that the family is so far away…and I'm not together with any of them…that's not good."
(Ruth)

"You're not at home and you don't know …how things are… in the same way, uhm…"
(Lea)

Pregnant women are not ill; they are young, usually in good health and at a crossroad in their lives. Greenlandic women are often proud of the fact that they are "creating life" and that they are soon to be mothers either for the first time or once again. Lea was having her first child at a late age. She was well educated and spoke both Greenlandic and Danish. Leas pain was not wholly her own, as she had her partner with her in Nuuk. Luckily Lea's partner was in school in Nuuk during Lea's confinement. She was bilingual herself and described a scene that she witnessed while at the hospital in Nuuk. Although she herself could communicate with the health professionals in Nuuk, it was still painful for her to see the other women's pain and isolation.

"And you never have been away from home before and you have to go to Nuuk to give birth, and then you are on a ward where almost everyone speaks Danish…there were communication problems…and you're alone…yeah. And you come to a ward where there are people you can't even talk to…"
(Lea)

Sources of strength

Being prepared for the unknown

In the very first sentence Sara tells of her referral and of her attempt to focus mentally on the move. Leaving family**,** not knowing whether the unborn child is safe and not knowing whether one will have to bear sorrow alone in a distant place, are some of the thoughts that each of the women faced. Sara tells of the experience of leaving, how she felt and what she thought about, and how the same experience can give both joy and sorrow. Through out Sara's story conflicts present themselves, which she in turn presents to the research audience as challenges.

"On the day that I found out that I should come here…. I went to the midwife… and at that time I found out that I would be leaving the following day…I wasn't really ready at that time…"

"When we lifted off …..…the teardrops fell…when we finally got here, I started to relax, because I got to talk to them…but then my partner started to miss me…so he had begun to drink… I got my children… through the municipality…uhm; I got them to take them…. So they would be taken care of. …Yeah…so they until now... have been taken care of by the municipality for the time being… and I'll get them when I come home. …Yeah…"

(Sara)

Each woman deals with her own story; each one of them has either had a traumatic birth experience or has complications in the current pregnancy, each in her own way and without the support of her immediate family. Anah when asked about how she experienced being referred expressed the feeling in this manner:

"On the other hand, I didn't really mind it…but ...in the beginning, how should I say this... I was alone and I was a little homesick, sooooo, it was…"(long pause)

Interviewer: *Is it hard for you?*

"In the beginning it was hard…but you get used to it…but…I am homesick… (Starts to cry)…I don't even know how I can explain it. …." (Laughs and sniffs)

(Anah)

Although the reasons for referral were different for the women, they agree that having family near in the referral period is not only important but also necessary for them.

Family, Community and Motherhood

Sara narrates throughout the interview the story of her identity as the mother to her children. This story revolves around conversations with her youngest daughter and herself. The theme of community, family and motherhood and its interconnection was evident in almost every paragraph of her narrative. It was presented like the chorus in a

song and underlining an important meaning in the story. We are given access to Sara's thoughts around why she was in Nuuk and how she supports her children.

"It's fine, but my children… it's terrible to leave them…especially Hava…Who can't really understand anything…. even though… I all the time…try to tell her what's happening."

Interviewer: *What about the older ones, how do they feel?*

"They are able to live with it. So I was talking to the oldest: 'you know that the baby in my tummy …I had to go to Nuuk to get a check –up. I had to come here, so that I could get a check-up and the little one could get bigger'…and they accepted it and stopped worrying."

(Sara)

Sara positions herself in her identity as mother, her children as the supporting actors, the partner as the (almost) invisible antagonist, and the researchers as the audience and witness to her performance as the good mother, thus fulfilling the purpose of the narrative, the building of a story.

Rachel was having her third child, Rachel's husband chose to stay in their home community with the children and Rachel's mother-in-law was with her in Nuuk.

"That was the reason that he didn't want to go with me…if we couldn't live together…also for the sake of the children, it wouldn't be right for both of us to leave them"

(Rachel)

Her husband took care of the children and her mother-in-law took care of her. Rachel shared the responsibility for her children and her unborn children with her partner and her family.

"I had my mother-in-law with me…that was a help…but it's still different…I think that it's your husband that you need…when you're going to have a baby."

(Rachel)

It is not uncommon for the families to be quite upset about the women leaving, making it even more difficult for the women to find the support in their homes, which is so important for them. Both they and their families are unhappy with the decision that they are leaving. Rachel positioned herself within the family unit and thus their unhappiness became hers also.

Sara had the responsibility for her children both born and unborn, her partner and herself. Her journey was filled with difficulties that gave poignancy to her song line. When creating her narrative, not only did she allow us into her private sphere but also into her personal sphere, as she at one point let us view her own shortcomings as a mother. She narrates around a situation where she fell short of her own expectation as a mother.

"… Even though I knew that I needed to be ready to leave…. I still said to her that I would pick her up in kindergarten…so I disappointed her… so she said…'I thought that you were going to pick me up, mother'…(voice of the daughter)…I was really sad…yeah…"

(Sara)

In Sara's narrative the difficulty of the decision prompts her to make a promise to her daughter to pick her up in kindergarten, even though she knew that she was supposed to travel to Nuuk that same day. By letting us into this room Sara shared with us two very different details. She let us into the personal sphere, gave us access to her anxiousness about being a good mother, and therewith letting us share her true feelings. Secondly, she traditionally gave me, the midwife access to her, as a gesture of love. Thus she fulfilled her own expectations of showing gratitude to me as her daughter's "midwife".

Sara expressed motherhood and family as one and the same, which was not found in the text of the majority of the women who were interviewed. There were many common themes in the narratives of the women, but the theme of motherhood and the women's identities as the mother was central for all of the narratives, each from their own point of view. Unlike such themes as separation and loneliness, the theme of motherhood stood clear in every interview and was the main theme in the difficulties that each woman experienced with the referral. In their everyday lives the women were used to positioning themselves in relation to their families and community members, while in Nuuk they did not have this possibility. In their home communities, most of which were isolated, the inhabitants were often related either by blood or by marriage. Within these communities the concept of family and extended family are the cornerstones of the identity of the community and of the individual. Often the woman expressed her thoughts through the eyes of the family. The conflict of referral and her identity as a member of the community (the extended family unit) became interconnected.

The concept of responsibility to family/ community is an important cornerstone within the Greenlandic conscious. This is one of the culturally specific concepts that reappear in several of the interviews. This concept of responsibility to "extended family" was underlined in several of the interviews.

"They were also against it… My family… They could not go with me (to Nuuk) [sic.] because my husband was busy with his work… and it would have been too expensive if they all should have gone with me…it wasn't nice for us… But… there wasn't much we could do about it"

(Rachel)

"My family…was very disappointed…they had been so happy about my pregnancy…and had been looking forward to my giving birth in my home (town)…so they were disappointed… I could feel it …it was probably because I influenced them… because I was so sad…"

(Hannah)

" Yeah, they asked me …why I had to go to Nuuk again…they asked me… and I said …uh…that I had to go there to give birth…Yeah in Nuuk…all my siblings asked me why

I had to go to Nuuk to give birth… I explained to them that the doctor had said it to me."

(Rebecca)

Hannah reiterates farther into the interview:

"I cried a lot …because I didn't want to leave…but they said that I had to go there for the sake of the child…unfortunately…it was painful for me…"

(Hannah)

Lea had her partner with her in Nuuk and she expressed her feelings in this manner:

"I feel that it is something you do together…it's not only about the mother…the father has an important part…also when the child is being born…I feel that it is important that the father can participate…but that is my opinion of how it is. So if he couldn't be there I would have been very sad…to give birth to a child is something you do together…that is one of the things that I have thought about."

(Lea)

There are many conflicts that were not initiated by the family, but were inner conflicts of own feelings concerning identity and motherhood.

"I was quite homesick since isn't my city [sic]

(Hannah)

The manner in which each one dealt with referral was connected to several aspects such as their own ability to use their individual capacities, the referral hospitals ability to offer meaningful pursuit during their stay in Nuuk, factors within their own culture that give support in stressful situations, and the availability of social network as support in Nuuk, their ability to use that social network. For some women it was their identity as a partner that was of the most importance. For others the community and the extended family was the most important.

"My partner should have been with me… if suddenly… also if the child was born…or if it died, who would be there to console me…. that wouldn't have been nice…"

(Ruth)

Responsibility to the family and self

The families' acceptance and support in this difficult situation was extremely important to the women, just as the support of the professionals in the home community was important.

Throughout her narrative Sara returns to her responsibility for her children. Her story centres on herself in relation to her children and her partner. In the initial meeting, (before the interview) Sara tells of her partner and of their happiness, but already in the first paragraph, we feel that her referral is not only a psychological trauma, but also a social trauma for Sara "the mother".

“But then my partner started to miss me…So he started to drink...I got my children …through the municipality, uhm… I got them to take them… So they would be taken care of …yeah...So they until now... have been taken care of by the municipality for the time being… and I’ll get them when I get home …Yeah…”

(Sara)

When talking to Sara, she was sad but not without strength. She shared her experience and her feeling without positioning herself as the victim of circumstances. Her energy was focused; she was not giving up, but found her strength in another sphere.

“It was hard for me and I was angry about my children… anyway…my partner was drinking even though he should have taken care of the children and taken responsibility… and …you know how it is”

(Sara)

Her partner was not able to fulfil the role, she had assigned him, namely to watch over and to be a father to her other children. She was forced to take action and to secure her children’s well-being, via the social services. In her narrative Sara was torn between her identity as a loving loyal partner and her identity as a mother for her children, born and unborn. She chose to concentrate her energy on securing her children’s well-being. Sara constructed and reconstructed her fight to fulfil her own created roll as the good mother.

“It’s terrible to leave …especially Hava…who can’t really understand anything …even though…I all the time …try to tell her what’s happening…”

(Sara)

She told and retold of her conversations with her youngest child. She told and retold the conversation with her partner. She stoically told of the painful conversation with the social services. By telling this very story she also showed her responsibility. By travelling to Nuuk she fulfils her own criteria for being a good mother to her unborn child and yet, because of her partner’s inability to fulfil his role; she does not succeed in living up to her identity as a good mother to her children at home. A new challenge was created that Sara was forced to meet. Blame was not an issue but the focus was on Sara’s narration of the issues of motherhood and her identity as a good, loving and caring mother. Responsibility to her children, to her partner, to herself and therein responsibility for her unborn child was interconnected with her identity as the human being - Sara.

Sara’s dealt with the challenges as they presented themselves. Hers was not unlike the story of another mother, Esther. Esther had to contact the social services to get help with her daughter, as she was referred to Nuuk six weeks before her due date. As a single mother to a handicapped child, she knew the importance of finding someone qualified to care for her child. She found her sister, but the municipality wanted to choose the caretaker, and at first rejected Esther’s suggestion.

“I found someone (myself) [sic] for the social services… I said …isn’t it best that my little sister takes care of her but they said “no”. …
So I said that I know what’s best. I can feel it, my little sister knows how to control her…isn’t it best that she takes care of her?”

Interviewer: *So the social services are helping you sister economically to take care of her?*

"Yes!"

(Esther)

While Sara's was in a subjugated position in relation to the social services, Esther was in one of opposition. Sara received help from the social services and therefore is indebted to them. Esther narrates a story where the social services are indebted to her and to her expertise. She was the expert in relation to her daughter and she fought to gain recognition as such, and won.

Responsibility shows itself in many ways. Both Esther and Sara had grave challenges, for others such as Rachel; the challenge was being mentally prepared for the move. Although Rachel had known of the referral for a longer period of time, the decision was still difficult. The true decision to leave the family was not final before the very day that she left.

"I had decided not to leave for Nuuk… Because it would be too hard to leave my family… The day before I was to travel, I went to the midwife and said that I didn't want to leave. But she said that some one had referred me and that I really should leave, as it would be best for me and my child"

(Rachel)

Rachel's difficulty was both in the light of her own fear of separation and her responsibility to her family.

Thriving instead of surviving

In her narrative, Sara takes on the challenges that present themselves; she uses her energy to take care of herself. She takes care of the situation of her partner's lack of responsibility; she takes care of her children, even though she is far away from them physically. She communicates with her partner, the social services and her children, but at the same time not forgetting her unborn child. (See Sara's interview). The source of strength that these women possess can be summed up in the phrase: "Thriving rather than surviving".

"I just tried to look forward…I had to look forward to returning home…even though it was difficult…"

(Hannah)

"*I just visited family…and had a good time with them...I kept thinking soon I would give birth and everything would be better….*

(Rachel)

"… when I came here I started to relax…then my baby started growing…. and…. I began to eat right…. and I got rosy cheeks, just because I was so happy…"

(Sara)

Sources of challenge

Loneliness, separation and the use of network

When Sara arrived in Nuuk, although she was far away from her children, she discovered that her cousin had also been referred and therefore also was in Nuuk. Sara mentions her joy, her thankfulness and the importance her cousin had for her well-being during her time in Nuuk.

"I only talk with my cousin… that was good… And she'll be glad when she hears that I had heard from them… I often talk with my cousin…that's nice…"
(Sara)

She shared important details in this quotation, the importance of having a network, but at the same time she also tells of lack of network. By her saying: "I only talk with my cousin", she serves two purposes; that of telling the audience of the haves and the have-nots and implying that without her cousin, Sara would have been alone.

"Yeah…it was so hard…to leave the children… and to leave the partner…Even though I have some family here…uh, I don't know where they are…Yeah…"
(Sara)

Even with a good family network the pain of separation and loneliness was evident in the women's narratives.

" In the end, it was like, it was sad all the time…even though you don't want to it to be like that, but because we had family, I visited them some times … I just tried to be with my family…and have fun with them…I kept thinking that soon I would give birth and it would be over…"
(Rachel)

The Unborn Child: The lode of acceptance, the source of identity and the source of strength.

"There was no other way things could have been…it had to be that way"
(Sara)

With this single line Sara told us how acceptance then becomes a source of strength. In the Greenlandic language there are several ways to express accept without capitulation. The word used by Sara was not "accept" but she gives us an understanding of her acceptance of life as it is and her present situation. By saying "There is no other way things could have been", she presented for the audience her positioning. We gained admittance into her sphere, she told us of her priorities and how she saw the world. It was neither fate nor passiveness that was expressed in the quotation, but it was an active acceptance, which is deeply imbedded in the Greenlandic way of life. The silent knowledge and strength, that is not always transparent for others than themselves.

The women that I have interviewed were not passive bystanders or stunned by their situation, but instead they relied on another means to deal with their situations. But how are such great crisis coped with? Where were they getting their strength? It was not only in one interview that I have had this thought, but also in almost all of the interviews and also among the women that I have met and haven't interviewed. As I have talked and interviewed the women, I have felt that their energy has been focused another place and that they were not giving up. "Theirs was a 'wait and see position' of what the environment can provide of opportunities and choices" (personal communication, Moeller 2003). In Sara's case, referral although traumatic, was meaningful. It was her own understanding of the fact that her child was not growing that was the catalyst of an emergency referral. Sara's energy was focused on her identity and her responsibilities to her children, both born and unborn. Sara's acceptance came from a burning desire to protect and care for her unborn child.

"It was horrible to leave my children for the first time… it was lonesome, but there was nothing that I could do…anyway…when I think of my unborn child…uhm"
(Sara)

Sara described how the experience of separation, responsibility and sorrow could at the same time give an experience of joy. Through this quotation, we are able to see Sara as she wants to be seen, using her source of strength, her locus of control and narrating how she attained what she alone could do: take part in the process of keeping her unborn child healthy.

She, like the other women was in a paradoxical situation; finding strength in the knowledge that one's unborn child was in the best of care and at the same time knowing that she was needed by the other children at home. The health of one was threatening for the health of the other, and that even in moments of happiness, there was a conflict of identity and of responsibility. She had given up the holistic responsibility to her other child/ children, to her family/ home community and thus her identity as a mother had changed focus solely towards her unborn child.

People are not copies of each other and each woman interviewed had her own story to tell. The women who agreed to being interviewed were from all walks of life, some with jobs of great responsibility, some with little or no education, some who had lost several children, some who were 40 and having their first child. They were not the same physically, mentally or socially. But they had a common desire to have a healthy child; they had a common experience, leaving their homes. Many women have experienced death of one or several children in the preceding births, others near death of their newborns and some have given birth to children that have severe handicaps because of complications during birth. For these women, being referred was a release which outweighed the other thoughts and worries, at least for a time.

"I understood already in February, that I would be coming to Nuuk in week 34 (of my pregnancy), in the middle of the month of March…."
(Esther)

When there have been complications in a previous pregnancy, the women knew months in advance, making it easier for her and for her family to accept referral. The reaction to

the referral is often connected to the women's ability to make sense of their situation. For some women separation was not a question of 1-3 weeks but possibly 6 weeks, and they knew this from the very beginning.

"If she decides that she is going to go to Nuuk…she has to demand of herself that she accepts the way things are…that is what I think is best…there is nothing to do about it… just accept it and do what they say...if you don't work hard at it and do you best, it is very hard to accept."

(Hannah)

"I understand now…that if the doctors are going to help me, I have to stay here until I have given birth. If…if I want to have a real good baby, then I have to stay here in Nuuk because we don't have the real good doctors in ********* *and we have a …we don't have a real midwife. But we have everything in* ******.**** *"*

(Esther)

Esther had lost one child already and had a handicapped child; she felt safety in the referral, which resulted in a wholehearted acceptance. With that accept came understanding. Her family was supportive of the referral and she herself found meaning in being in Nuuk under secure circumstances.

"They are taking it well (my family) [sic] if I am going to have a healthy child. They hope that I am doing well and that my child is doing well and is healthy"

(Esther)

For both women acceptance was a tool for protecting their unborn child. With acceptance of the referral both Sara and Ether found an inner source of strength to deal with their own anger, joy anxiety and loneliness. There was a line; there was a lode that gave them a source of strength. By telling their story they shared the common unsaid knowledge of the importance of their sacrifice and knowledge of the meaning of children in the Greenlandic community.

"I keep myself going for my unborn child"
(Rachel)

DISCUSSION

My aim was to present the words of the women as they themselves have presented and performed their stories. I have also wanted to share a story or a tale that was typical in its presentation. The storytelling style of their narratives has been a challenge in itself, as it is difficult to recreate body language, stops, and changes in intonation in the written presentation of their narratives. It is important to understand that these women while telling their stories have not presented themselves as victims. They have created an identity as mothers, as community members and as caretakers. They have kept their dignity, their self-esteem and focused on their source of strength, as they see it.

While writing my discussion, I found an article in a Greenlandic magazine with the following title ***"Nalaataq akuerigaanni nukittunarnerusarpoq":*** "To accept one's

situation gives strength" (Sila –Paarisa, 2004). These very lines sum up the story that the women have narrated and the position that they have chosen in their stories, although they have accepted their situation, they have not given in to waves of self-pity and thus been washed away. The women have recreated their stories for the sake of the interviewer. Their sense of responsibility to the unborn child was the central issue, thus their identity as a part of the community became secondary. Accepting the challenges that they were given gave the women a feeling of inner control.

In literature this attribute has also been described as coping. "Thriving rather that surviving when faced with high risk environments" (Ladd-Yelk 2001). Both Smith (1998) and Ladd-Yelk (2001) stressed that culture is to be taken into account when researching in cultures other than your own. Within the cultures of the north, the individual's independence is fostered in the interdependent environment. Ladd-Yelk explains that it is not possible to separate the security and sense of responsibility to the community from the women's own self-identity. She quotes Cross (1998, p.153) in her view of responsibility: "How we relate to our kin, how we act as a system, and how we sustain each other will greatly influence the balance in our lives". For the women of the study it was not possible to separate responsibility to community and family from their responsibility to the unborn child and themselves.

Discussion of methods

The Song lines

By drawing on the experiences, by reciting their story, the Greenlandic women were protecting and strengthening their traditions and at the same time trying to understand the challenges that they faced during the period of separation.

As explained by Smith (1998), the "Focus on dialogue and conversations as indigenous peoples, is to ourselves and for ourselves." The important part of the stories told was not giving them on to people outside of their own community, but the giving of the stories on to themselves. This is the true aim of storytelling. Although the women said "yes" to the researcher, allowing access to their stories, they were really telling their stories to themselves, creating meaning, and reality of their situation. The strength of the women's narratives lay in the ability to tell the story with detachment, to tell of trials, tribulations, reactions, without emotionally becoming a part of the story. The use of second voice where the narrator took on the voice of one of the characters of the story was used by several of the women to give the listener an understanding of the positioning of the storyteller, of the antagonist and of the other characters (Appendix 4). The story was allowed to develop during the narrative depicting the narrator's relationship to each of the characters and the different characters relationship to each other.

During pregnancy a woman develops into two beings. This is a fact that does not need to be proven with empirical data; the outcome is the same each time. For the women the concept of motherhood and the identity as a mother was important. Their identity as a mother, as a partner, as a member of the community was the changed during their pregnancy. Before leaving their communities these concepts were interconnected. During their confinement in Nuuk it was disrupted and their social context and their

social identity redefined. Throughout the interviews their thoughts kept returning to the theme of identity. This was the story line of their narratives and the lode that presses them to accept referral. Although the women did not talk of motherhood as a concept, they told us of their connectedness to their born and unborn children and the effect it had on their lives and the lives of their families. They narrated for us their position as a responsible mother. They recited their stories (Please see Appendix 4) and lead us on their song lines, telling of the loneliness (lines 142-147), the separation (lines 57-61), the acceptance (lines 33-36), the conflicts (lines 12-16) and the source of strength (lines103-108) that created their identity (lines 6-8) as a responsible mother.

I had an expectation that I could conduct interviews simultaneously with working full time at the referral hospital. This was not so and it was more difficult for me to find time and space for the interviews than I had expected, the reasons for this being the language and cultural differences. In the Greenlandic interview setting, a certain amount of patience was required from the women and from the interviewer, in order to agree on an interview time. Another challenge was that the hospital surroundings were not conductive to interviews. Interviews done in the women's rooms at the Patient Home often had a better quality than when conducted at a room at the hospital, but took more time to plan and to carry out. And lastly, not all of the interviews fulfilled my expectations in length, richness or content; this did not make them bad interviews, but made it more difficult to use the information from the interviews. Many of the interviews were conducted with women that I had had several conversations with, during their confinement or during prenatal check-ups at the hospital. The results of these interviews with these women often had a richer and more detailed content. The women who knew me were more relaxed with (me) and my way of expressing myself. They knew that I understood them and wanted to hear what they had to say. Several of the interviews were to the point; the women said what they wanted to say without the use of extra words.

Within this context the importance of cultural understanding became evident. In Chamberlain & Barclay's (2000) article, we are reminded how not knowing the unsaid rules of the culture made it difficult to carry out the interviews as planned. Chamberlain & Barclay describe how they lacked knowledge of the language, of social classes within the community and they lacked an understanding of when and how it was the "right time" to interview. This was not the case for our interviews. Although there were times where the interviews were not always what we expected, cultural understanding was not a hindrance to our interviews.

Papadopoulos (Papadopoulos & Lee 2002) has reviewed cross-cultural research and has developed a model for assessing and developing culturally competent research. She sets a parallel between cultural competency and the validity of results. Cultural awareness, cultural knowledge, cultural sensitivity and cultural competence are the cornerstones of her model with cultural competency being the atom of the cross-cultural research. The two sides of cultural competency are known as culture-generic and culture-specific knowledge. Culturally generic knowledge is defined by having the knowledge and skills that are important to relate across ethnic groups/ barriers. Knowing the language, involving cultural bearers in the planning process respecting their knowledge were some of the keys to culturally generic knowledge in this study. Secondly, the culturally specific knowledge and skills that relate to the specific ethnic groups, which were

defined as the Inuit/ Greenlandic cultural paradigm. Both cultural competencies were used within the research project.

Doing research within another culture

Three things came to mind when analysing the data; the deep connection there was between the women and their communities, the fervour in protecting their unborn children and the importance of their identity as mothers. For the women in my study, there was a strong lode of connection to family and community. Often such connectedness is looked upon as a weakness, as a lack of independence and can even be seen as a lack of initiative. Smith (1998) asks researchers to be careful in translating the indigenous culture by other standards than their own. She stressed the importance of giving space for to expressing themselves within their own context.

Within in the childbirth traditions of Greenland, the family and community network has had a strong influence and has been a means of support for the new family. These types of bonds are a source of strength. This connection is also seen in relation to love of children. Greenlandic families have a deep love for children as individuals with own thoughts, feelings and opinions (Hansen 1989). The parent's duty is to keep the children safe. Children are not told what to do; they are shown what to do by their parents. Traditionally this means that when a child said that it did not want to do something or said "no" this was respected, even if it was a vaccination or not wanting to go to school. This of course has changed a lot over the past 30 years, but it gives some insight into the reasoning behind the actions. When parents feel that their major duty is to keep the child safe, how does it come to expression in the parent's feelings for the unborn child? How do the women's understandings of responsibility coincide with the reality that they face in the referral?

In Reimer's (1996) article tells of the women's female consciousness and their ideas of responsibility. When the women are transferred during pregnancy their position as women and mothers within their own community is threatened. Reimer (1996) in her article on female consciousness (not to be confused with feminine or feminist consciousness) shares with us her understanding of the Inuit women's relation to family, community and motherhood. She explains that traditionally the women's identity has been connected to their rights and responsibility in regards to protecting the family and to preserving the traditions within the community. When they are referred to birth outside of their community, they can be forced to position themselves either in their identity as a mother or in their identity as a member of the community. Under normal circumstances, this is not in conflict, but when they are moved from their community; they can be put in the position that they must choose between their unborn children on one side and the rest of their family and community on the other side. For these women, keeping the children safe, also the unborn children, becomes a conflict, as it is not possible to be a good mother to all of the children when she was so far away from the older children. This is especially true if there are problems at home.

Language

One of the greatest challenges for the research was the use of language. While the choice of language during the interviews was solely up to the women themselves, the researcher chose the language of the presentation of their data. There was a risk that the original meaning of the women's text became distorted. The best result would have been if the research paper could have been presented in Greenlandic, this was not possible. By using the original tapes together with the translated transcripts while writing the research paper, it was possible to present accurate quotations in the text of the research paper. The quotations have also been retranslated to Greenlandic to insure accuracy.

Silent expectations

There was a silent expectation to my roll in the interviews. If a child cried during an interview there was the expectation, if I were not the interviewer that I should console and look after the child. This expectation was not a demanding one, nothing was said, no one asked, but it was expected. If I had not taken the child, the women would have merely gone home, neither angry nor disappointed, but accepting. In Hansen's ethnographic articles, he states, "traditionally it is thought that it is better to give than to receive, for by giving something you can expect to receive something later on" (Hansen 1988). Thus their helping me in the interviews also gave me a responsibility to help them, if I so saw fit. In several of the interviews conducted, children were in attendance. This made the interview situation more chaotic and at times very difficult. In regards to the children's access to the interviews, it is important to understand that the roll of children in the Greenlandic community is that of an individual. The children of the women were the result of the women's transfer, thus they too had a place (status) in the interviews (Hansen 1988). In the Greenlandic context children are considered individuals with own worth and right to opinions, and therefore, it was natural for the women to bring their children with them to the interviews that were conducted in their home communities (Jasen 1997).

Use of Culture bearers in the validation process

Throughout my research and during the writing of my monograph, I have understood the importance of letting the women tell their own story through my presentation. In order to fulfil my role I have read books about the culture, the history, studied poetry and essays, and have voiced my thoughts and presented my understanding of the Greenlandic women's way of thinking to other Greenlandic people. This process of using culture bearers in the validation process has not been easy. My choice of culture bearers has been deliberate; each has a great knowledge of their culture and language. Each one has an understanding of the importance of culture bearers in their society, the importance of protecting their culture, while at the same time insuring that it continues to grow and develop. They have given me insight to my misconceptions and have also given me access to thoughts that I have not been aware have existed. Their understanding of their own culture and their ability to share and explain makes it easier to analyse and categorise the research material. The validation process progressed through

personal communication in the form of discussion of my written monograph, emails and interviews. Through these discussions the generalizability of the women's statements was tested. By drawing naturalistic and analytical generalization from these interviews, this became an integral part of the ongoing validation process during research.

Accessing personal knowledge

I was, and still am amazed at the space that has been allowed to me as a researcher in Greenland and the space that I have been allowed to take in these women's lives. As a midwife, I have been treated with respect and been given the place that midwives traditionally have had in the culture. Starting already in the mid 19th century, the role of the midwife became defined. Traditionally, the midwives called "Juumooq[9]", not only delivered babies, but also stood for the total health care of each little community. Even now midwives are given presents and are contacted when the children have birthdays and at the start of school. This respect carried weight in the decision of the women to participate in the interviews, and therefore it gave an extra responsibility to read the signals of the women and not to infringe on their privacy.

It was in this arena that the process of sharing private lives and creating public knowledge became a collective process, in which women felt able to voice personal narratives, thereby making the research process itself the point of focus (Miller 1998). The women were conscious that their stories had a unique purpose in the context of the interview (Pereida-Beihl 1998). When researching childbirth, the third sphere is entered; this is called the personal sphere (Miller 1998). The third sphere involved self-disclosure, voicing experiences that were not commonly shared. The thoughts and experiences of being referred, of separation from family were included in this stratum of information. Privileging the veins of information from the women's accounts required "continual and systematic reflexions" (Miller 1998), and respect for the woman and for her viewpoints.

An important aspect when accessing private knowledge was the question of identity and traditional knowledge. It is in this arena that the process of sharing private lives and creating public knowledge becomes a collective process, in which women feel able to voice personal narratives thereby making the research process itself the point of focus (Miller 1998). I was able to understand and present the position of the individuals, but not always to understand the individual's motives. I say this not to create schism but to give space to and to voice respect for the community in which I was doing my research.

Interviewing

The research process has also made me understand the importance of having time to do the interviews. It is not enough to want to do the interviews, there has to be time and space. Space for interviewing and space to interview for a second time, if the first interview does not fulfil the requirements.

[9] Is the Greenlandic use of the Danish word "jordemoder" meaning midwife.

Finding the time and space to interview the women during or after working hours was not the best frame for the individual interviews. A tired researcher was not conductive to intimate and honest stories. The women had many stories and many episodes that they wanted to share and there was not always time enough and space enough, because of planning.

It was also important that the interview timeframe fit the needs of the women being interviewed. Especially when the women are pregnant while interviewing, it was important that interviews were carried out as quickly as possible, for within ”a blink of an eye” they had given birth and were on their way home to family and friends, without being interviewed.

Analysis

Using several methods to analyse the narratives was important for understanding the information that was presented by each woman. By using several methods of analysis it was possible to reassess the themes that emerged; and then by systematically using the same methods for each interview, it was possible to compare the interviews with each other.

The impact of research on the women

The individual interview process had an impact on the women at the time of interview. There was the risk that recalling life’s experiences would affect the lives of the people as they relived them. At the same time, the possibility of telling their story and opening up for a debate on the referral practice and its significance for the lives of the women was in itself important to the women. The issue of birth outcomes and how to address an unforeseen psychological or social issue that arose during interviews was addressed as it presented itself. I was aware of the need to monitor the reactions of the participants and was able to give assistance when needed.

The use of a research assistant that was not a health worker was a very good decision. It created an atmosphere where telling the story of referral and not the birth came into focus. The women, who had needed to work through their birth therapeutically, contacted me and received help. Not during the sessions, but afterwards, either with counselling or by referring the women to their own local hospital in the event of new or unanswered questions relating to the birth of their children. Two mothers were given counselling sessions in connection with interviews and the local health care workers were contacted for further counselling, with the women’s consent. One woman who agreed to be interviewed contacted me six months after the interview and asked to be removed from the lists of participants, but did not want her tapes returned to her, that tape was erased.

Public, private and personal spheres

Miller (1998) looked at three spheres and in addition to this; I looked at the cultural codes that were connected with moving from one sphere to another. First the public sphere, secondly the private sphere, third the personal sphere and lastly the cultural codes. The public sphere was connected with work places, public offices, schools and church and could include social strata (Miller 1998). The public sphere was often dominated by the use of the Danish language and the Danish mentality. It was often the sphere where decisions and policies were created. It could be the centre of power. The private sphere was often connected with language use, with nicknames (Greenlandic names) and with positioning in regards to being either female or male. The personal sphere was the thoughts and understandings that belong to the individual that he chose to share or not share.

Cultural codes

The cultural code was the key to moving from one sphere to the other. This is not exclusive for the Greenlandic culture or society, but is common in all cultures and that each sphere has its unwritten laws and codifications (Smith 1998). The codes for each culture are unique but not the process. If you know parts of the code, you will be allowed to enter; if you know the whole code, you are a member.

Knowing the cultural codes was important throughout the research process, not only during fieldwork. In the initial stages of the research when presenting the project to the Greenlandic health workers, it was important to understand their positioning in relation to asking the women to participate. It was not enough to stay within the public sphere when trying to access a private sphere and personal knowledge of the women. Positioning oneself within the public sphere, when asking the women for private knowledge created a distance that was impossible to breech, as the researcher Chamberlain (2000) describes in her article. The unsaid was just as important as the said in communication with the women. My positioning as a midwife at the referral hospital, as a person who used the Greenlandic language when communicating with the women, was a cultural code that gave me access to help from the Greenlandic healthcare professionals. When the Coordinator of the Patient Hotel understood that it was the women's thoughts that were important, she was a valuable help in finding the women and giving them the information about the study. Several of the women started their interviews with the following words:

"You know how it is…when you are pregnant…"

The midwife and the mother

It was implicit that in regards to motherhood and childbirth I was a part of the culture. I was a midwife; I was a "paaliortiit" (the person who had been at the exit / touched the baby first in the North-Greenlandic dialect). I understood the concept of "pagga"[10], and

[10] Pagga is the Greenlandic tradition of giving of gifts, which is connected with giving thanks and the showing generosity in good fortune.

that I “saw” their children and felt kinship with them, that I too respected their children as individuals (Hansen, 1989). These concepts were both said and unsaid in the positioning of the researcher and the informants. It was my responsibility to show that I really understood what they were saying. For example in the public sphere being a midwife is an occupation and a mother is a title or station. In the private sphere of these women (and in my own consciousness) these two were/are interconnected. Being a midwife was not only an occupation but it was a station that had responsibilities and reciprocality (“pagga”). That did not mean that there was a lack of professionalism.

In the private sphere there is a reciprocal relationship to the women, the child, the families before and after the birth and this continues for as long as the child, the mother and the midwife exist. It is not uncommon, as the midwife, to be invited to coffee on the birthday of a child, even if the child has died. The double role as researcher and as member of the community was very difficult. At the same time it was the main reason for the level of participation and openness.

But there are other issues that are equally important for the quality of life of the mothers and children that we are looking at. What happens holistically psychologically or socially when women are removed from their community during late pregnancy, childbirth and the initial bonding period? Do the social network; family and community continue to be a source of strength, even after the women are removed from their home environments in the perinatal period? (O’Neil et al. 1988) Does the thread of tradition break if birth is removed from within the community, how does it recreate itself and what effect does it have on the women as culture bearers? We know for a fact that feeling isolated and without support while in Nuuk was a problem for many of the women. They described the lack of meaningful occupation while in Nuuk, worries for their children left in their home communities and, for some, the frustration of not being understood in their own country.

These are very complicated questions, but are important and must be addressed when trying to assess the impact of referral practices on the Greenlandic culture. This is not only a question when looking at our practices in the near future, but also when looking at the long-term effects of our referral practices. In the Canadian North and in Alaska, the referral and transfer have been practiced for many years, and the effects on the community and family life have been stated as major problems and challenges. In some areas of Nunavik (Houd 2002), it has lead to reassessing the wisdom of un-stratified referral practices. In other areas it has led to reintroducing maternal care support at local healthcare centres. It is not possible to separate the physical outcome and psychological effect that referral has on the parents and the newborn children. It is possible to ignore the knowledge that children need their parents and that parents need each other during the challenging periods in their lives; but is not possible to ignore the results of such separation.

Discussion of findings

In the interviews the women were able to, and felt the need to, tell their stories from the very beginning. Most interviews were short between seven and fifteen minutes and the richness of the text variable. When interviewing, it was important that the women knew

who the interviewer was and had an understanding of the interviewer's background. One of the major problems in getting a good individual interview was the time that the interviewer used in preparing for the interviews. In the intimate atmosphere of the individual interview, which required a trusting relationship in regards to detail and depth, it was important for the women to know something about the interviewer.

Interviewing the women several times during their confinement in Nuuk or giving a better introduction to the researcher could have been a viable way of increasing the level of richness in the individual interviews. Strickland (1999) describes the importance of having time to do the interviews. This was of great importance when interviewing within the Greenlandic community. Traditionally, Greenlandic people are very sensitive to body language. Saying that one would like to hear a story and then showing impatience in your body language is the same as lying and does not help to develop trusting relationships, which are important for the success of any communication between people. This trust is especially important in the interview setting. In an interview with Skifte (2003) she explains: "the storytelling traditions of our forefathers, still plays a dominant roll when we are together". This tradition of letting the other speak out, respecting the words of others and connecting your story to the others without judging the story or the opinion of others, was present in interviews conducted in Greenlandic.

Riessman described how women position themselves in their social context. The women of the study used their narratives to position themselves as mothers; mothers to the born and unborn children. The strengths of the women in my study seemed to originate from family and community; that correlates well with findings in research done in other Inuit communities (O'Neil et al. 1988). Because they were women from all walks of life and with different backgrounds and capacities, the socio-economic and emotional resources were different for each woman.

Each woman had her own way of dealing with the challenges exposed to during her stay in the referral hospital. Sense of community was both a supportive coping tool and a pressure for several of the women. Most of the women viewed social network as a security; on the other hand, many felt that they had a double responsibility, both for the unborn child and for the family/ community at home. One of the foci of this study was to find the strategies and tools that these women were in possession of and used to find meaning in their referral to Nuuk. The culturally determined and individually formed value systems were important tools in the women's ability to create meaning of their situation. It became clear for the researcher that the women's definition of strength did not always coincide with the health professionals' definition of strength.

At times it was extremely difficult for the women to find support within their own context of strength and control. Not only in relation to their home communities, but also in relation to the support they received from the health care workers in Nuuk. As healthcare professionals it was not possible to alter the backgrounds or experiences of the individual, but still it was important to look at each woman's resources and to support them in using their own tools.

One of the greatest disruptions was the experience of being a foreigner within their own country.

"And you never have been away from home before and you have to go to Nuuk to give birth, and then you are on a ward where almost everyone speaks Danish…there were communication problems…and you're alone…yeah. And you come to a ward where there are people you can't even talk to…" (Lea)

Sara described it metaphorically when she called Nuuk "Kalaallit Nunaat" (Greenland) and her community for "home". It was not enough to feel safe, but was equally important to feel "culturally safe" (Kildea 2003)

On the whole, having a supportive social network and extended family gave security to the individual women. The supportive social networks, flexible relationships within the family, extensive use of extended family helping arrangements and strong identification with their racial group were the all evident in the interviews conducted in my study (Ladd-Yelk 2001) and were an important aspect in the lives of the women interviewed.

I found four of the six cultural resiliency factors present in the material from the interviews, meaning that two of the factors, religiosity and adoption of fictive kin were not mentioned in the interviews that I recorded. There were no questions asked concerning these two subjects, which may be the main reason for their lacking in the data. There was also the possibility that these two factors were, and are considered personal knowledge and was not accessible to the researcher. Another possibility is that these two factors are not as important within the Greenlandic culture as they are in North-American indigenous cultures. Personally, I believe that religiosity has an influence on the women of Greenland. Religiosity was not mentioned as a part of the interview guide and it is an area that has been neglected when researching within the Greenlandic society. Culturally there is a deep connection to the concept of the soul within the traditional Greenlandic knowledge (Hansen 1988 p. 38-44, Personal communication, Moeller 2003). By ignoring this important part of the culture we might be ignoring an important support area for the understanding of the concept of family and identity.

CONCLUSION

It is important that referral practices are stratified so that doctors and midwives are able to give parents (mothers and fathers) correct and qualified guidance concerning referral. Guidance that takes into account the individual needs of the families involved. Unfortunately, the indicators for referral have not been stratified, are non-holistic and the social-economical situation of the women has not been taken into consideration in the referral guidelines. This has not been because of lack of thought, but primarily due to economical considerations.

It is important that families are treated holistically. Pregnant women are not incubators for the future generation, but mothers, wives, daughters, single parents who have a position within the community that is not entirely centred on their unborn child. It is important that families and communities are given support to use the tools at their disposition and that the community is given tools to be able to support the families that are separated during pregnancy and childbirth. Not necessarily economical support, but awareness, information and creative solutions to problems.

The system is new and at the present time, although there are statistics on how many women agreed to referral and how many declined; there are still no statistics on the outcome of the women who chose not to follow proposed referrals in comparison to the birth outcome of the women that are referred and accept referral. In order to truly assess the new referral system, this type of data is the next important step in the development of the Greenlandic system of perinatal care. The number of perinatal deaths speaks for themselves. Referral is necessary, but the question is how to do it. In order to assess the quality and usefulness of the referral system holistically the above issues must be given priority in future research in Greenland.

It is important that qualitative and quantative research methods go hand in hand when researching the effects of referral practices on the Greenlandic society and its families. It is not enough to look at outcome but it is also important to look holistically at the women's experiences, at the birth outcome for the women and the effect that referral has had on the women's sense of community; and how the new referral guidelines will affect family structure and sibling/ parental bonding.

The new referral guidelines are changing the face of childbirth, as it has been known in Greenland. It not only is changing childbirth itself but also the family and community structure. The role of family members, mothers and mothers –in –law have changed and the identity of the women as mothers and caretakers are being challenged. It is important that these issues are addressed. It is important that families are treated holistically.

"Human beings who lose stories about themselves and about others are left in uncertainty in relation to their actions as well as in relation to their world"
(MacIntyre, 1985, p. 201)

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Appendix 1
Henvisning/visitation
Udarbejdet af: Gunver Persson, Peder Kern

Baggrund: I Grønland har man på grund af den høje perinatale mortalitet og komplikationer efter gravditet/fødsel, besluttet at intensivere den perinatale indsats. Norge der har en udkants problematik sammenlignelig med den Grønlandske med langt til specialafdelinger, indførte en stram visitationspolitik i begyndelsen af 90'erne og allerede fået særdeles gode resultater.
På baggrund af disse erfaringer, er det besluttet at skærpe visitationspolitikken, i Grønland.
Da der er betydelige problemer ved henvisning af 1. gangs gravide, i modsætning til norske principper, ikke medtaget som risikopatienter. En pågående analyse af komplikationer eller fravær deraf i denne gruppe, vil senere afgøre om de bør henvises til fødsel på specialafdeling.

Principper: Udenfor centre med døgnberedskab for jordemødre, obstetrikere og anæstesiologer anbefales det, at der stiles mod en absolut normal fødsel. For fødsler på lokalt niveau forudsættes:

* at der er en faglig forsvarlig dækning på planlagte fødested
* at tidligere fødsler er forløbet uden komplikationer eller indgreb (der ses bort fra tidligere præmature fødsler, der i øvrigt er forløbet normalt. De bør konfereres tidligt i graviditeten og følges tæt)
* at svangrekontroller ikke har givet anledning til at forvente komplikationer ved fødslen
* at der er sikker termin, og at fødslen finder sted efter 36. svangerskabsuge
* at der kun er et foster i hovedstilling
* at fødslen starter spontant

Henvisning:

Obstetrisk anamnese:

* > 6. gangsfødende
* > 50% spontane aborter (af ønskede graviditeter)
* tidligere dødfødsel eller neonatal død
* tidligere besværlig fødsel eller abnorm langvarig fødsel
* tidligere vacuumextraction, tangforløsning eller sectio
* tidligere IUGR-barn (konfereres i 28. uge mhp. vægtkontrol)
* tidligere makrosomi-barn (> 4500 gr.)

Tilstande opstået før graviditet:

* førstegangsfødende < 16 år.
* førstegangsfødende > 35 år.
* svær overvægt (BMI > 40)
* svær undervægt (Vægt < 50 kg eller betydeligt vægttab under graviditeten)
* statura parva (< 150 cm)
* uterinanomalier samt fibromer
* tidligere uterine operationer (sectio, myomfjernelse o.l.)
* tidligere vaginal-, vulva-, perineal- og anal- samt incontinensoperation
* diabetes
* essentiel hypertension

* nyresygdomme med eller uden hypertension
* andre betydelige medicinske sygdomme
* andre betydelige psykiske sygdomme

Tilstande under nærværende graviditet:

* Præekklampsi
* truende præmatur fødsel eller primær vandafgang < 37. uge
  IUGR
* flerfoldsgraviditet
* abnorme fosterstillinger efter uge 37. uge (sædepræsentationer efter 37. uge)
* anæmi (hæmoglobin < 6,0)
* overbårenhed (> 42 uger)
* oligohydramnios
* tilstedeværelse af Rh- eller irregulære antistoffer, der kan give erytroblastose
* gestationel diabetes mellitus
* betydelige psykiske sygdomme
* væsentlig utryghed ved planlagte fødested

Der bør altid konfereres med vagthavende obstetriker ved:

* vandafgang >24 timer
* mekoniumfarvet fostervand
* afvigelse i normalt fødselsforløb
* og i det hele taget når fødslen ikke skrider normalt frem eller der opleves komplikationer

Henvisningsprocedurer:

Ved første besøg hos lægen udfyldes den nye Perinatale journal. Hvis tidligere fødsler ikke har fundet sted på sygehuset/i distriktet rekvireres relevante fødejournaler og epikriser.

Ved første besøg hos jordemoderen i 12 svangerskabsuge gennemgås det eksisterende journal-materiale. Såvel ambulant som indlæggelsesjournal samt fødejournaler fra tidligere forløb skal være tilgængelige.

Der konfereres efterfølgende lokalt og eventuelt med specialafdelingen om relevante tidlige screenings- og eller behandlingstiltag som eksempelvis cerclage-anlæggelse eller henvisning til amniocentese.
Risikofaktorer vurderes - og der udfærdiges om fornødent henvisning efter gældende regelsæt.
Inden udgangen af 16. uge (eller når det er praktisk muligt) fremsendes kopi af svangrejournalens side 1, 2, 3 og 8 til ledende jordemoder med henblik på mulige øvrige foranstaltninger. Evt. vedlægges et billed af BPD-målingen.

Se også: *Henvisningsblanket, se omstående.*

Cirkulære **nr. 8.** Om henvisning af patienter til undersøgelse og behandling uden for hjemsygehus, Direktoratet for Sundhed og Miljø

Appendix 2

Greenland
Map of Largest Cities

Appendix 3
Kulturbærer 1 26/06-03

Ella:….Hvad skal man sige (*svag*)… altså fordi at måske moderrollen er så stærk. Så kan barnets, datterens rolle også være svag så der er jo nogle kvinder der er svage, men fordi de har en meget meget stærk og dominerende mor. Så det er måske ikke alle kvinder der overlever alting, men så har de en mor og moderen får flere børn ved at få børnebørn. Så det er den mor der overlever og den dominerende og den alt omfavnene. Så er der de piger eller måske de to døtre hun måske har som ikke har fået den styrke fordi hun har beholdt den for sig selv. Hun har ikke givet den videre. Og det kan man da godt overveje fordi at hun har magten hos sig, at hun vil have hvad skal man sige… måske kontrollen over familien. Og på den måde vil der så være, og det er der også nogle kvinder som ikke har den styrke, den råstyrke til at være familieoverhoved også skal de måske til at lære den når de bliver ældre og moderen dør. Så lige pludselig kommer der rolleskift, og det kan da også godt give nogle problemstillinger hvis det er noget med at man også er i overgangsalder og man, det kan så godt være at man i den periode pludselig bliver drikfældig eller hvad ved jeg, har ikke moderens råstyrke til at klare hverdagen. Fordi moderen ikke har formået at give den videre. Og at de døtre ikke har redskaberne til at gøre op med deres mor, de acceptere tilstanden som den er. Sådan er deres familiestruktur. Men så er det rigtig nok at der er mange, mange kvinder som har den råstyrke til at klare hverdagen. Jeg syntes også der er mange af dem der også er gode til at give den videre til deres børn altså så deres børn også har noget ansvar, fordi jeg tror meget af det der er i de grønlandske familier det er at der stadig er mange pigeopgaver i et hjem, som giver dem styrke til at få opgaver og klare at passe lillebror og lillesøster, og man passer også sine kusiner måske mere end de der vestlige kulturer. Også tror jeg at det er på den måde man måske for nogles vedkommende lidt barsk måde at lære det på så er der andre i de gode stærke familier der også lære det af deres forældre på den gode måde, der er to måder syntes jeg at jeg kan se det på. Der er den der er *learning by doing* havde jeg nær sagt sådan er hverdagen, Også er der andre der mere bevidst går hen og arbejder med det.

Ruth: Og det vil sige at learning by doing er faktisk fordi at…?

Ella: Man får søskende og så skal du passe dem og mor er på arbejde og du skal også give dem mad og skifte deres ble og sådan noget.

Ruth: Er det den hårde måde?

Ella: Ja syntes jeg. Der er nogle der bare får det lært, men andre vi får det også lært men måske på den gode måde, måske lidt mere pædagogik eller der er mere struktur på hverdagen. Kan du skelne?

Ruth: Ja
Ruth: Hvis nu at du skulle se på en…det kan godt være din familie, det kan godt være en anden familie hvordan ville man gøre det på en god måde? Hvordan ville man give den kultur videre? Hvad er det for nogle ting du syntes ville være vigtige?

Ella: Den Skal jeg lige formulere. Jamen der skal stadig være den forældrestøtte, forældreopbagning til at man går i gang med sine opgaver. Altså det med at være med

til at lære at vaske op, lære børnene at gå ud med skraldespanden, lære dem og…men uden at give dem det kæmpe ansvar f.eks. når man er seks eller syv år og du skal passe din lillebror og lillesøster og have ansvar. Det er den jeg gerne vil undgå, for det er stadigvæk forældrenes ansvar. Og det er den jeg syntes der nogle gange går lidt for tidligt fra forældrene til den store søster, og det er den jeg syntes er den hårde måde at lære det på. Og jeg syntes at hvis jeg nu havde flere børn, det har jeg jo ikke, men det jeg kunne mærke i min familie det er at jeg er den ældste i en søskende flok på seks, og jeg har også fra barnsben hjulpet til, hentet vand, skifte mine brødres bleer og alt det der, men vi har altid haft en bedstemor i huset som er den der var den voksne. Jeg har ikke været den voksne på nogen måde, så jeg har bare været den ældste der hjælper til, så der har hele tiden været den voksne i familien som tog ansvaret når hun skulle, og som fortalte hvornår vi skulle spise, som fortalte hvornår vi skulle alt de der rytmer i døgnet som man nu har i en familie. Så det er det jeg mener at der er en opbakning i hjemmet med en forældre så den ældste søster ikke nødvendigvis skal være forældre fra hun er syv år eller otte ni år. Og på den måde kan man sagtens give det videre ved at være forældrerollen stadigvæk i mange, mange år. Og det er den syntes jeg der er i min families styrke side syntes jeg, at vi har haft den store ære eller hvad skal man sige, at have haft en bedstemor i huset, når vi kom hjem fra skole var hun der, og i hele vores opvækst har taget sig af os, selvom vi også har lært det der med at hjælpe til.

Ruth: Hvad er det for nogle ting hvis du skulle sige nogle helt klare ting. Hvad har hun lært dig som du bruger videre med dine børn?

Ella: Altså der er meget min…jeg tror der er en eller anden mønster fra mormor til børnebørn som er anderledes fra forældre til børn. Altså mormødre eller bedsteforældre til børnebørn der er meget mere af den der betingelsesløse kærlighed, som man giver. Måske er der forældre som er mere strikse *hvis du ikke gør det så gør vi sådan* eller dudut. Bedsteforældre har mere en meget meget large holdning over for sine børnebørn hvor man er mere…man er ikke så striks. Og de ved jamen børn de skal nok klare sig, og de skal nok…altså der er ikke den tidshorisont som måske man som forældre gerne vil lære sine børn, dududu der skal du være…lidt mere (griner). Måske kan det hænge sammen på den måde hvor jeg oplevede min mormor at der var altid plads til os alle sammen også, vi kom og gik hos hende eller hun boede hos os, og det er den jeg prøver at give min datter, altså jeg kan også mærke nogle gange at jeg, måske når min mand og jeg diskutere at min mand syntes at jeg er for…mine kanter de er ikke så lige. Jeg vil godt give hende lidt…altså lidt large her, men nogle gange så kan jeg også sige *nej det duer ikke det der*. Men jeg tror jeg har den af mine bedsteforældre den der med at være large, altså at kunne give plads. Og jeg har det også meget med i opdragelsen når jeg diskutere med andre omkring opdragelse så kan jeg også mærke meget at jeg behøver ikke det der med målebånd, det kan jeg mærke, altså det der med at sige *det skal gøres klokken seks*, jeg kan godt have at det bliver klokken syv. Og det er i forhold til min mands og jeg diskussioner mange gange, (griner) at jeg måske er lidt mere blød og ikke så struktur, struktur. Men jeg tror alligevel at jeg giver hende meget med det at hun kan godt mærke at jeg vil have hun skal gøre det, men at det ikke behøver være på slaget klokken seks. Så det tror jeg det har jeg fået af mine bedsteforældre, min bedstemor.
Ruth: Det var en lille side som, når du snakker om det der med at du. Tror du at det har noget at gøre…du siger at din mand er meget mere kantet, at din er lidt mere blød. Tror du din beslutning, ubevidst eller bevidst beslutning om at være blød handler om at han

er for kantet? Handler det om at supplere hinanden? Tror at hvis han havde været blød at du ville have været mere kantet?

Ella: Det kan jo godt være, fordi for at få struktur på hverdagen. Jeg tror også man finder sammen med lidt af sin modsætning. Når Daniel og jeg snakker sammen har vi det også meget med at vi har lært meget af hinanden. Fordi Daniel har også sine råstyrke på det der med at have struktur og organisering og det er jeg også god til på min måde, jeg har også meget styr på mit arbejde og har også den kontrol, men jeg har stadigvæk min side som er mere large kan man sige. Så på den måde så syntes det er jo styrken i vores parforhold i hvert fald selvom man nogle gange kan toppes i meget., meget højt fjeld oppe i toppen af det. Men så de fleste dage altså det er…der acceptere vi at vi er på den måde som vi er.

Ruth: For nogle år siden så, så jeg at her i Grønland der var der i Qeqertarsuaq, i Tasiilaq, i Nuuk og i Ilulissat, der var der kvindelige borgmestre alle steder, det var en del år siden, men det var der. Hvorfor tror du at de kvinder kommer til at besidde det arbejde? Hvorfor pludselig…hvorfor er det i et land hvor der kun er 50.000 mennesker? Og hvor man kan sige at det virkelig er et mandsdomineret samfund på mange måder, på godt og ondt. Hvorfor er det at det er kvindelige borgmestre?

Ella: Altså i forhold til det du siger med at det er et mandsdomineret samfund, så tror jeg nok jeg vil bløde den op fordi at jeg tror det man kan se i det grønlandske samfund at det er mandsdomineret der er når du ser på den ud af til, hvad jeg tror det er den kvindedomineret hjem der er i de alle de fleste hjem. Og på den måde tror jeg også at kvinderne har meget og skulle have sagt overfor de mænd der nu dominere i denne her verden, men hjemmene de er jo domineret af kvinder, og mændene mange af de der politikere de er jo heller ikke i hjemmet meget af tiden. Mændene når de er politikere og når de er borgmestre og alt det der, det er jo mange dage hvor de ikke er hjemme. Og sådan bliver det jo så også med kvinder så det er jo, jeg vil sige det er jo nogle barske valg man må tage som kvinde, fordi mændene ikke på samme måde har fulgt med i at det er så dem der måske kan overtage rollen i hjemmet, det er de ikke klædt på til. Jeg håber de unge, vores ungdom i dag kan være mere klædt på til at de kan overtage hjemmet hvis nu kvinden bliver borgmester. Jeg tror hvis man i dag, der er der nogle borgmestre kvindelige borgmestre, jeg tror at de også på en eller anden måde skal bestride nogle store opgaver i hjemmet stadigvæk. Så på den måde er det jo Hårdt for kvinderne, altså det er dobbelt arbejde, og det er flot arbejde af dem, og kan bestride de der ting.

Ruth: Det du siger det er at det er kvindedomineret i hjemmet, hvor det ud af til så er det det man måske glorificere den mandsdomineret, men det er faktisk det at man glorificere det med at være fanger og fisker.

Ella: At de mænd der så vælger og blive politikere, de mænd der vælger at have de der meget udagvente stillinger det er også fordi de har koner der kan noget, de har de koner der har den styrke til at have ansvar for familien. For jeg tror ikke at de ellers kunne hvis de nu havde en kone der ikke rigtig, du ved rodehoved eller ikke havde styr på nogle ting, eller styr på deres liv. Så har de heller ikke den styrke til og arbejde for samfundet på den måde, jeg tror politikernes ægtefælle, når man politiker så er ægtefællen også en forholdsvis stærk person, og måske et samlingspunkt, det er en

antagelse jeg har. Jeg har selvfølgelig ikke undersøgt det, men min mor er meget stærk kvinde og min far har også været landspolitiker og borgmester, men min mor har sandelig styret alt det derhjemme. Og min far kunne jo ikke frigøre sig fra hjemmet på den måde som han har gjort hvis min mor har været svag og drikfældig eller kunne ikke tage sig af sine børn, så har den styrke ikke været hos min far.

Ruth: Nu har vi snakket om politikere, Hvad med almindelige mennesker? Hvad med hr. fabriksarbejder? Tror du de hjem er også kvindedominerede?
Ella: Det tor jeg, altså jeg tror mange af hjemmene de er kvindedominerede stadigvæk i Grønland. Og så syn tes jeg også jeg kan se en anden negativ dominans, og det er som det desværre er sådan at mange af mændene er drikfældige, så det er en negativ dominans i et hjem at han dominere familien ved sin negative livsmåde, hvor kvinden måske bliver undertrykt i nogle områder men har alligevel noget styrke til og få familien til at fungere.

Ruth: At man dominere ved sine negative vaner, eller livsførelse? Og det betyder så at selvom man styre hjemmet, så bliver hjemmet alligevel styret af noget andet.

Ella: Ja, fordi man hvis man kender alkoholikere så er de også med alkoholikere og kan så få hverdagen til at køre selvom man måske har knap økonomi, fordi han drikker meget af det og hverdagen kan se helt anderledes ud ved lønudbetalinger og alt det der, men det bliver en del af familiens rytme som man lever med i som kvinde, men hverdagen prøver man så alligevel at få til og køre.

Ruth: Og det betyder så man ikke kan planlægge sit liv så godt.

Ella: Nemlig det er det, og jeg tror også at hvis man skal se på den der med råstyrken i familien det at man kan give videre, altså jeg kender også til mange familier som ikke har den rytme, døgnrytme som jeg snakker om som er vigtig, man spiser morgenmad om morgenen, og frokost klokken tolv og man spiser aftensmad om aftenen, og det er tilberedt sådan så det er sundt og alt det der. Altså bare det også går man i seng klokken ni de der rytmer de eksistere jo ikke i de familier, som har en meget negativ dominans i et hjem, uanset om det er konen eller manden. Og jeg tror at det er den når du ikke har lært den struktur så kan du heller ikke sådan få struktur på dit liv. Der skal for et barn af det også vigtigt at have en struktur i hendes opvækst. Og derfor er det vigtigt at…så i forhold til det når man har en negativ dominans i et hjem så kan man ikke rigtig planlægge hverdagen og livet og alt det der. Det giver så bagslag i forhold til opdragelsen, fordi hvor er strukturen i familien? Hvor er hverdagens struktur?

Ruth: Hvis nu at man tænker på at man gerne vil de gode ting i kulturen videre, og man mener at, nu snakker jeg om kvinder som kultur bærer. Hvad er det for nogle ting at man skal gøre for ligesom at få de der…For at få ting videre, for at give de gode ting videre til sine døtre, til sin søsters børn, til sine børnebørn. Hvad er det for nogle ting, hvad tror du vigtigste er i det her? Nu ved vi kærlighed o.s.v. men af konkrete ting hvad tror du det..?

Ella: Altså jeg tror igen det der med familie strukturen altså hverdagens struktur. Jeg tror en struktureret hverdag det betyder meget for børn. Vi har haft en meget meget struktureret hverdag, altså spise om morgenen, gå i skole, og vi havde mad med eller

penge til mad, komme hjem og altid den varme mad man var om, familien samles. Altså de der ting er utrolig vigtige, plus at man sådan er meget tæt knyttet til sin familie, altså det der med at fejre nogle ting, og gå til fødselsdage og…jamen sådan, det er den struktur jeg meget gerne vil tale om. Det er det der med hvor…altså den er meget vigtig. At man kan lære at planlægge, man kan lære og…en rytme.

Ruth: Så kunne jeg godt tænke mig lige at snakke lidt mere omkring tilknytning til familien. Du snakkede om at gå til fødselsdag og sådan nogle ting, hvad tror du den har af betydning til, i forhold til ens måde og give som kulturbærer?

Ella: Jamen jeg tror det har en stor betydning fordi det er også de voksne i de andre familier, altså onkler og mostre og fastre og alle dem man lære så meget andet også. Og det er også den samvær som betyder meget for børnene at man hører til i den og den familie. Ja og ens kusiner og fætre, altså de oplevelser man har sammen. Om sommeren hvor man tager af sted på udflugt alle sammen, og spiller fodbold, alle dem på fire år er med og dem på tres år er også med, altså den der sociale samvær som er utrolig vigtig for at man kan give børnene den tryghed og kærlighed og alt det der.

Ruth: Hvad med ,altså nu sidder og spekulere men hvis du snakker om det der med at tage af sted mange folk forskellige alder ikke sandt. Det man eller det man…det der sker når man er sammen med sin familie på den måde. Hvor meget af det er mundtligt? Og hvor meget af det er det man ser?

Ella: Altså jeg tror at der…når vi er sammen i min familie så er der meget grin og pjank. Fordi det elsker vi, fortælle sjove historier, måske handler det ikke så meget om det og…sådan at fortælle om sit inderste eller jeg eller sådan et eller andet, det er mere sådan den der fortæller kultur der stadigvæk er den dominerende når man er sammen i en stor flok. Og i vores familie der er der meget musik altså vi har meget sang og musik når vi også er sammen, som også giver meget, altså på den måde man udtrykker altid glæde for hinanden, og kan spille sammen og synge og den slags.

Ruth: Jeg syntes faktisk at det du fortæller mig om det der med at fortælle hinanden, at man fortæller historier behøver ikke at være noget om at fortælle sine inderste tanker, men med at man har det sjovt sammen, det at man griner og prøver at…giver man…er det igennem at børnene hører musik at de så får lyst til at lære at spille eller synge?

Ella: Ja ja. Fordi man også arver noget af den kultur eller…fordi man lære i den. Altså mange af mine brødre og sådan og fætre og kusiner jamen de elsker jo musik, og hører meget musik og den slags.

Afbrydelse af telefon

Ella: Det der med at beskrive hvordan vi er sammen det er det ilaa? Jamen det der med at være sammen det er sådan noget med at man ikke behøver og sige *kan jeg komme?* Altså det der med og føle at man er velkommen altid hos sin familie. At der er den der ubetingethed i forhold til og kunne være der og være med, og alle kan være med uanset om du hedder x eller y eller z. Men du er den du er, men du er også med i fællesskabet fordi du er en del af vores familie, altså det der med vigtigheden af hver person. Og så når vi er sammen selvfølgelig handler det om at spise sammen, det handler om og…i

vores familie der har vi det sådan set meget med det der med og…mange af vores familiemedlem er meget sådan humoristiske, har sjove historier, sjove episoder i deres liv som de fortæller, og få familien til at grine, og ligge flade af grin. Også, men nogle gange så kan vi også sådan hvis det er en lang aften, så hen af de sene natte timer, hvis det ikke er omvendt så kan det også være at vi snakker om dem vi kender der er døde eller hvordan de døde, vi snakker tit om vores bedsteforældre der er døde og hvad de gjorde, hvad de har bedrevet i deres liv. Også griner vi nogle gange af det de har gjort engang og det de har sagt. Også kan jeg også mærke at vores forældre som også er blevet ældre nu, altså de nyder også og hører os fortælle om hvordan vi oplevede barndommen, og når vi fortæller dem hvad vi har lavet uden at de viste det (griner) det elsker de også, *gud kunne vores søde børn finde på det*, altså hele den der maskineri der så går i gang og de morer sig simpelthen så meget over hvad vi kusiner og fætre har fundet på uden at de viste det (griner). Også, jamen så er der mine onkler der spiller harmonika så spiller de en tid hvor vi sådan bare sidder og er til, og hvis vi kender sangen så er der nogle der synger med, og andre…børnene leger bare. Det er sådan meget den måde vi er sammen på. Der er ikke…der er ingen der er bange for at man bliver udstillet til noget ubehageligt, det er ikke sådan noget man tager op der, det skal være et behageligt samvær et sjovt samvær, det er det i hvert fald man sætter pris på i vores familie. Også er der ingen alkohol, det er ikke en måde i vores familie. Vi har nogle der har alkoholiske problemer, et par stykker i vores familie, måske også derfor er vi meget bevidste om ikke og have den slags ting når vi er sammen i almindelig hverdag og når børnene er der. Til jul og til runde fødselsdage der kan det være der er vin på bordet som man kan tage, det er men de fleste gange vi er sammen er der non alkohol. Det er meget bevidst valgt i vores familie, så har vi også haft en del af en del politikere i vores familie, så derfor er der også i vise situationer hvor vi også alle sammen bevidst ikke taler om politik, fordi vi også har forskellige holdninger til det, men det er noget vi diskutere når vi er færre, altså når kun dele familien er samlet, men ikke i den store sociale samvær.

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INGEN SIDE 1

Ella: Det er det sjove, at spille fodbold og gøre alt mulige sjove ting når vi er sammen i den store, store familie samvær, men når vi er måske to familier der mødes en aften da er det ind imellem hvor vi diskutere politik, og hvor bølgerne også kan gå højt, fordi vi kan godt lide at diskutere også i familien, det er også noget vi har lært i vores familie, og hører radioavis diskutere indholdet og den slags, det er også syntes jeg også en vigtig del, og det er også det vi gør i vores hjem. Vi hører radioavis og Qanorooq det er noget man ikke sådan vil undvære, også bagefter snakker om hvad kan det munde ud i, og hvordan er det det er.

Ruth: Det gør i også hjemme hos jer?

Ella: Ja…Så det der med også at følge med i samfundsudviklingen

Ruth: Nu voksede du op på et tidspunkt hvor der skete store forandringer i Grønland i forhold til, først havde man ikke et hjemmestyre også havde man hjemmestyre, altså det er også fra din ungdom. Er der en forskel i den engagement i forhold til

samfundsudviklingen dengang og nu? Altså du snakker om, jeg snakker bare om din familie, er det den samme engagement bare i forskellige ting?

Ella: Jeg ved ikke om det er samme engagement, fordi jeg tror før i tiden så har det handlet meget om at dem der tog beslutningerne dem så man ikke i blandt sig, altså der var nogle et sted som tog beslutningerne. Det er lidt den som jeg oplever det. Også i dag så kender vi jo beslutningstagerne, og det er mere nærværende og da deres livsførelse. Jamen nogle gange har det jo også skubbet mig og kende personernes bagsider også, at man ikke tror at de er bare de bedste der tager beslutning på den og den måde.

Ruth: Noget at gøre med at faktisk den der nærforskel gør dem lidt mindre troværdige?

Ella: Ja netop, mindre tillidsvækkende (griner). Også tænker jeg også i forhold til jamen næsten hvem som helst, fordi ja hvis man tænker på det største stat eller største magt det er USA, altså dem der arbejder tæt på præsidenten de tager sig sikkert til hovedet og han drikker sikkert også bag en skab og han gør et eller andet, går ud med damer og sådan noget. Men det ved den store amerikanske befolkning ikke. Så her lever vi med det med det lille samfund, også tror vi at dem vi ikke kan se de lever meget mere perfekt, og det gør de nok ikke, fordi sådan er menneskeheden på en eller anden måde.

Ruth: Ja sådan er vi. Det er meget interessant at du sætter det op på den måde, fordi jeg tror det er lige nøjagtig det som man mage gange glemmer i hverdagen, at det er fordi man kender dem.

Ruth: Så det alle sidste spørgsmål jeg skal stille dig. Nu ved du at jeg skal skrive sådan en afhandling, også skal jeg jo sidde og beskrive grønlandske kvinders opfattelse. Også er det så at mange gange så som udenforstående så har, du har arbejdet mange steder du har arbejdet med mage mennesker, du har rejst og du kender mange mennesker og du ved folks opfattelse af ting, du ved folk opfatter grønlændere sådan der og grønlandske kvinder sådan der du har hørt det hele det er jeg helt sikker på. Hvis du skulle sige til mig hvad jeg skulle huske, hvad skulle jeg huske når jeg er ved at beskrive en grønlandsk kvinde? Altså i forhold til hendes kultur…som du tror jeg måske vil falde ind i, altså et eller andet det har du hørt hundrede gange og det ved du, sådan plejer folk at opfatte ting. Hvad ville du sige til mig jeg skulle huske?

Ella: Jamen også huske at…mange grønlændere som lever i dag de er meget stille og man ser dem også lidt som indadvendte og måske ikke har en rigtig mening fordi nogle trækker bare på skuldrene, men at de i virkeligheden rummer så mange meninger og…ting som de også kan give andre som man bare ikke lige opfatter at de kan give dig umiddelbart. Som eksempel så kan sige jamen jeg har også været i Danmark og fået en uddannelse, jeg har også været den meget meget stille pige i klassen, jeg har også været en hvor karaktererne ikke var i top og hvor man troede at det kunne jeg ikke klare det at blive sygeplejerske, men så har jeg alligevel en eller anden styrke hvor jeg bliver og ved, og jeg skal nok bevise over for dem at jeg godt kan, altså den råstyrke og alligevel selvom jeg ikke sagde noget så var det ikke fordi jeg var uvidende, men jeg vidste faktisk mange ting, jeg kunne bare ikke hamle op med de gode hurtige formuleringer eller hvad det nu er, fordi det er noget mange af os ikke har fået med måske på samme måde som de der højkulturelle hvad skal man sige vestlige kulturer, som er domineret af det verbale udtryksmåder, og det er de rigtig gode til, som vi måske ikke har fået med

på samme måde fordi meget af vores sprog er praktiske ting og er…og er tavse på en er eller anden måde, men at vi har lige så mange formuleringsmåder eller måder at gøre ting på som er det samme som i de vestlige lande de siger bare tingene, vi gør tingene i praksis på den praktiske måde og måske ved at gøre nogle ting. Det er der hvor der kan være store faldgrupper syntes jeg…ved at når den vestlige verden og den måske eskimoiske verden her den grønlandske verden når de mødes. Så kan opfattelsen være at vi er ikke så…hurtige og gode og dygtige og alt det der, fordi den verbale side ikke på samme måde er vigtig i vores del af verden endnu. Men det er noget vi lære og det er noget som jeg kan mærke at samfundet, skolevæsenet og uddannelsesvæsenet gør meget mere ud af og vil lære os, at det også er vigtigt og komme på højde med de vestlige lande og kunne være i samme diskussionsniveau med samme måde og kunne udtrykke os på så vi prøver og lære et andet kultur som vi prøver og hive ind i vores hverdag, fordi vi skal være lige så god til at diskutere sætte ting i…selv de uhåndterlige ting skal vi…de teoretiske ting skal vi have ind i vores verden, som vi ikke er vant til fordi vores verden vores hverdag i den grønlandske samfund har været så praktisk orienteret, det handler om at overleve, det handler om at skaffe mad, det handler om at familien skal videre føres. Alt det har du gjort uden og skulle diskutere i din hverdag for sådan var det. Så det er den kulturs værdier…jeg kan ikke sige at det er dem vi trumler lidt ned, men fordi vi er med i den verdensudvikling vi nu er med i, så skal vi også lære noget af de andre…som jeg hele tiden siger vestlige verdens kulturer, for at hamle op med dem. Forstår du hvad jeg mener?

Ruth: Du snakker mere om metoder hvor…man har viden, man har evnerne men det man ikke har i sin kultur det er en metode for at give det videre til andre kulturer.

Ella: Altså det er mere det der med at hamle op med dem.

Ruth: ja. Det er metoder til at få andre folk at vi er på den samme plan, at vi er her og her og her er vi. Fordi forstår jeg tror jeg forstår at f.eks. det du siger det er vi kan gøre tingene når vi gør tingene hvor mange gange andre f.eks. en i den danske kultur så snakker folk om hvad de kan gøre.
Og det har noget at gøre med metoden…metoden for jer og give videre til den danske personer eller amerikanske personer som i skal arbejde med…*i snakker om det her vær så god vi har det her*. Og man skal kunne vise dem at man har det. Så jeg forstår det godt tror jeg.

Ella: Men det er mere det der med og sige at…grønlændere, det er det vi snakker om ikke, grønlændere er lige så kloge og lige så gode og lige så intelligente, men de gør bare tingene anderledes, fordi de ikke har den kultur med sig som de skal sammenlignes med

Ruth: Ja, de har deres egen kultur

Ella: Som ja

(12.1)

SLUT

Appendix 4
SARA'S TEXT
Interviewer: You are now in Nuuk. When did you find out that you should come [sic] here?

SARA:

1. Uhm, On the day that I found that I should come here…
2. I went to the midwife…
3. and at that time I found out…
4. that I would be leaving the following day…
5. I wasn't really ready at that time…
6. I thought about them all the time, leaving them for the first time
7. not being with them, you know…
8. going to Greenland.

9. When we lifted off…
10. the teardrops fell…
11. when we finally go here, I started to relax
12. because I got to talk to them…

13. but then my partner started to miss me…
14. so he started to drink...

15. I got my children …through the municipality, uhm…
16. I got them to take them…
17. So they would be taken care of …yeah...
18. So they until now, have been taken care of by the municipality for the time being…
19. and I'll get them
20. when I get home …Yeah…

21. You see…It was his first child…
22. I asked him to take good care of my children
23. you know…anyway…

24. it was hard for me
25. and I was angry about my children…
26. anyway…my partner was drinking
27. even though he should have taken care of the children and taken responsibility…
28. and …you know how it is

29. when you are pregnant…
30. it is so easy to cry…
31. and easy to become angry…
32. so I didn't talk to him for two days…
33. when…I was mad at him…yeah…
34. I was so sad inside…
35. I was disappointed in my partner…
36. he was taking care of the children…

37. he had a responsibility…
38. so I talked to him…

39. Why don't you take care of my children?
40. Why do you drink?
41. You have a big responsibility…
42. "I miss you so much" (voice of partner)…
43. Even though you miss me …I'll be back…
44. I had to talk that way…

45. It was horrible to leave my children …
46. for the first time…
47. it was lonesome…
48. but there was nothing that I could do…anyway…

49. when I think of my unborn child…uhm…
50. when I came here
51. and maybe I started to relax …
52. then my baby started growing…
53. and…I began to eat right
54. and I got rosy cheeks, just because I was so happy… (both laugh)

Interviewer: you are right…you are beautiful!

55. Yeah its nice…yeah…
56. I can't wait to get home
57. to see the children…
58. maybe I can take them all with me next time that I come here …uuhm…

59. I was quite nervous…
60. you know what I mean…
61. when the baby wasn't growing…
62. I could feel that it wasn't growing…
63. so the midwife in *** said to me…
64. "Sara, the child is going to grow, its going to grow"…(voice of the midwife)
65. at first she didn't believe me but then she measured with a measuring tape
66. and it hadn't changed
67. then she started to worry…
68. so I was sent here…

69. anyway…it was so hard…
70. yeah…to leave the children
71. and the partner…
72. even though I have some family here…uhm…
73. I don't know where they are…yeah…

74. I only talk with my cousin…
75. that was good…
76. and she'll be glad when she hears that I have heard from them…

77. I often talk with my cousin…
78. that's nice…

79. It's nice but my children…
80. its terrible to leave …
81. Especially Hava
82. who can't really understand anything …
83. even though…I all the time …try to tell her
84. what's happening…
85. "What's my mother doing in Nuuk?" (Voice of the daughter)…
86. Things like that…
87. You know…
88. even though I try to tell her
89. She asks over and over
90. the same thing…
91. "What are you doing in Nuuk mother? What are you doing at the hospital?"…
92. Even though I tell her
93. She asks all the time…
94. It's only her…
95. anyway…
96. Hava doesn't understand it.

Interviewer: What about the older ones?

SARA

97. The older ones know what's happening…
98. They understand it

Interviewer: How do they feel about it?

SARA

99. They are able to live with it with it…
100. so I was talking to the oldest
101. you know the baby in my tummy …
102. I had to go to Nuuk to get a check-up
103. so the baby could grow…
104. and then they understood
105. what was happening…
106. because the baby in my tummy
107. wasn't growing so much …
108. it was the same with the middle one(child)[sic]……

109. but the youngest had a hard time understanding
110. Why I went to Nuuk
111. It was a shame for her…
112. Yeah…she cried…

113. ”What are you doing mother?” when are you coming mother? I miss you…
114. You….. mother…”I miss you…
115. So I try to console her in every way and I try to be strong…anyway
116. Maybe I would be stronger if I had been at home…
117. If my partner had acted right…
118. Maybe it would make me stronger…Yeah…
119. If it had only been like that
120. But there was no other way things could have been.
121. It had to be that way
122. because my partner also had begun to drink…
123. of course it is nice that I soon shall be home…yeah…I am more secure …yeah…

SARA:

124. With the children…Yeah…
125. Its such a shame for the youngest
126. The older ones understand
127. so of course they will be happy
128. when they hear that I am coming to ***

Interviewer: Where the older children nervous when they found out that you were to come here?

SARA:

129. Yeah …when I first told them
130. they got nervous cause I had to come here…yeah…
131. I told them that it had to be that way…
132. They called my tummy “Aqqaluk” (little brother to a big sister)…
133. I had to come here
134. so that I could be checked
135. and “Aqqaluk” could grow
136. They accepted it
137. and stopped worrying…

138. so she said…
139. ”I thought that you were going to pick me up, mother”…(voice of the
140. Daughter)

141. I was really sad…yeah…
142. I said to her
143. I have gone to the doctor to get ”Aqqaluk” checked…
144. ”Are you sick mother? Don’t you feel well?”(Daughter’s voice)
145. She sounded like that…(both laugh)…
146. I said no
147. And that we both were doing well…
148. Are doing well
149. Its just so that he can relax…

150. It wasn’t hard until she started to cry…

151. It was the first time that I left her…
152. Also…went to Greenland…
153. Anyway …my children…
154. I left
155. completely alone…
156. the children…them…
157. it was difficult…
158. Really hard…
159. I don’t know if I have anything else to say…(Both laugh and sniff)

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