MOVING TOWARDS CULTURALLY COMPETENT CARE FOR SOMALI/SOMALI BANTU POPULATION

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Greetings

- Subah-Wanagsan~Good morning in Somali
- Habaari-ya asubuy~Good morning in Swahili
- Iska-Waran~ How are you? In Somali
- Habaari yako~How are you? In Swahili

Learning Objectives

- **Section 1: 30 minutes**
  - Describe brief overview of the history of Somali/Somali Bantu Population
  - Brief Epidemiology profile
- **Section 2 : 30 minutes**
  - Identify common beliefs and cultural practices of the Somali/Somali Bantu Population
- **Section 3 : 30 minutes**
  - Discuss additional insights and information from community members
- **Section 4 :**
  - List of additional resources & References

SECTION 1A

History

History Overview

- **Geography:**
  - East, Horn of Africa
- **The People:**
  - 85% Somali
  - 5% Somali Bantu
  - 10% Arab/Other
- **Culture:**
  - Nomadic
  - Oral & artistic traditions
  - Poets
- **Government:**
  - Sheikh Sharif Sheikh Ahmad (2009)
- **Language:**
  - Multiple Dialects (Mai Mai** and Somali)
- **Religion:**
  - Islam
    - Ramadan
    - Greetings
    - Specific Diets
    - Naming-3 parts
    - Gender Role
- **Identity validation:**
  - Tribal stratification system of social relationship
- **Civil War:**
  - 1991
  - The rest of the country is in peace. Just southern part is at war since 1991

http://www.infoplease.com/atlas/country/somalia.html

Who is this Group?

- Somali
  - Ethnic
  - 85% of the population
  - Very tribalistic culture
  - Started coming to America in the 70s
  - Many dialects

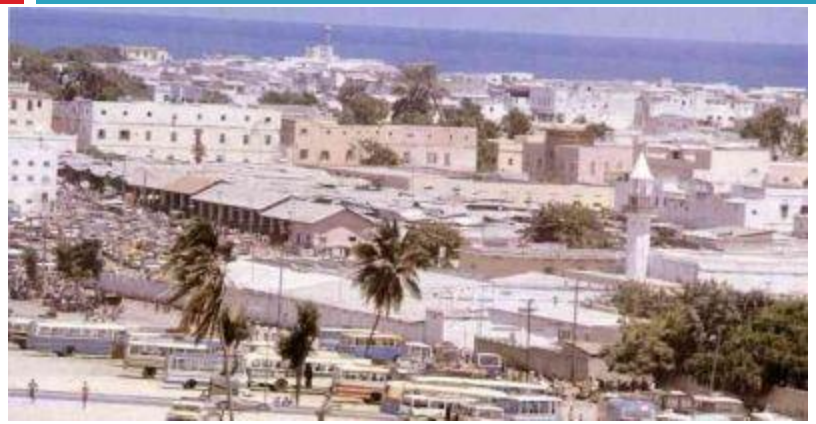
- Somali Bantu
  - Roots in West Africa
  - 5% of the population
  - Lived in certain area
  - Started coming to USA in 2003(12,000 refugees)
  - Speak ONLY Mai Mai

Life in Somalia

- **Somali**
  - Mixture of rural and urban
  - Tribalistic culture
  - Dominant group
  - Family structure
    - Patriarchal
    - Family unit
    - Care for extended family
  - Practice Polygamy
  - Used hospitals more to see health provider
  - Asked for full medical history for proper diagnosis
  - Culture of no appointment
  - Male/female roles
  - Medications always prescribed
  - Civil War
    - Displacement

- **Somali Bantu**
  - Rural settings
  - Agricultural
  - Hard physical work
  - Discrimination-limited access to education
  - Family structure
    - Patriarchal
    - Family unit
    - Care for extended family
  - Practice Polygamy
  - Used hospitals more to see health provide
  - Asked for full medical history for proper diagnoses
  - Culture of no appointment
  - Male/female roles
  - Medications always prescribed
  - Civil war broke out
    - Displacement

Ramifications of the Civil War



Refugee Camps

Life in Refugee Camps

Dadaab, Ifo Kakuma, Liboi, Thika, Haruru, Utanga

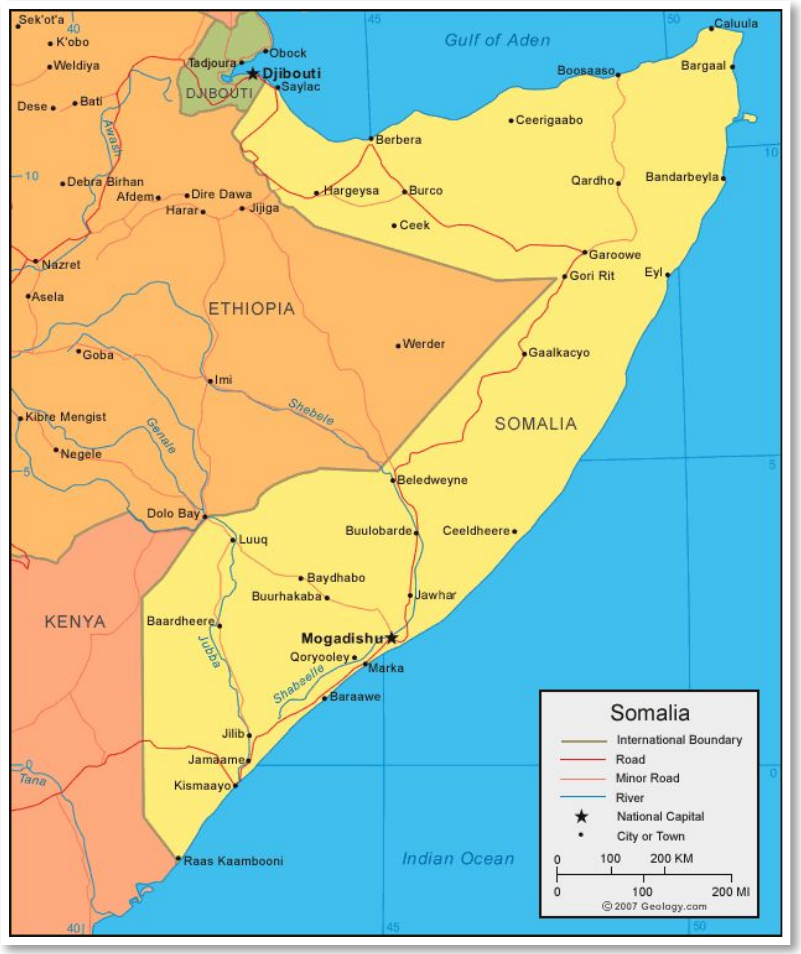
- **Somali Bantu/Somali**
  - No Education
  - No healthcare facilities
  - Breakfast & dinner
  - Little or no preventive care.
  - Chronic diseases undetected/untreated.
  - Self diagnosis and treatment.
  - Traditional healers consulted before seeking medical care
  - Now Ashley will go over the Epidemiology profile

SECTION 1B. EPIDEMIOLOGY & HEALTH PROFILE

Ashley Borin, MPH- CDC/CSTE Epidemiology Fellow

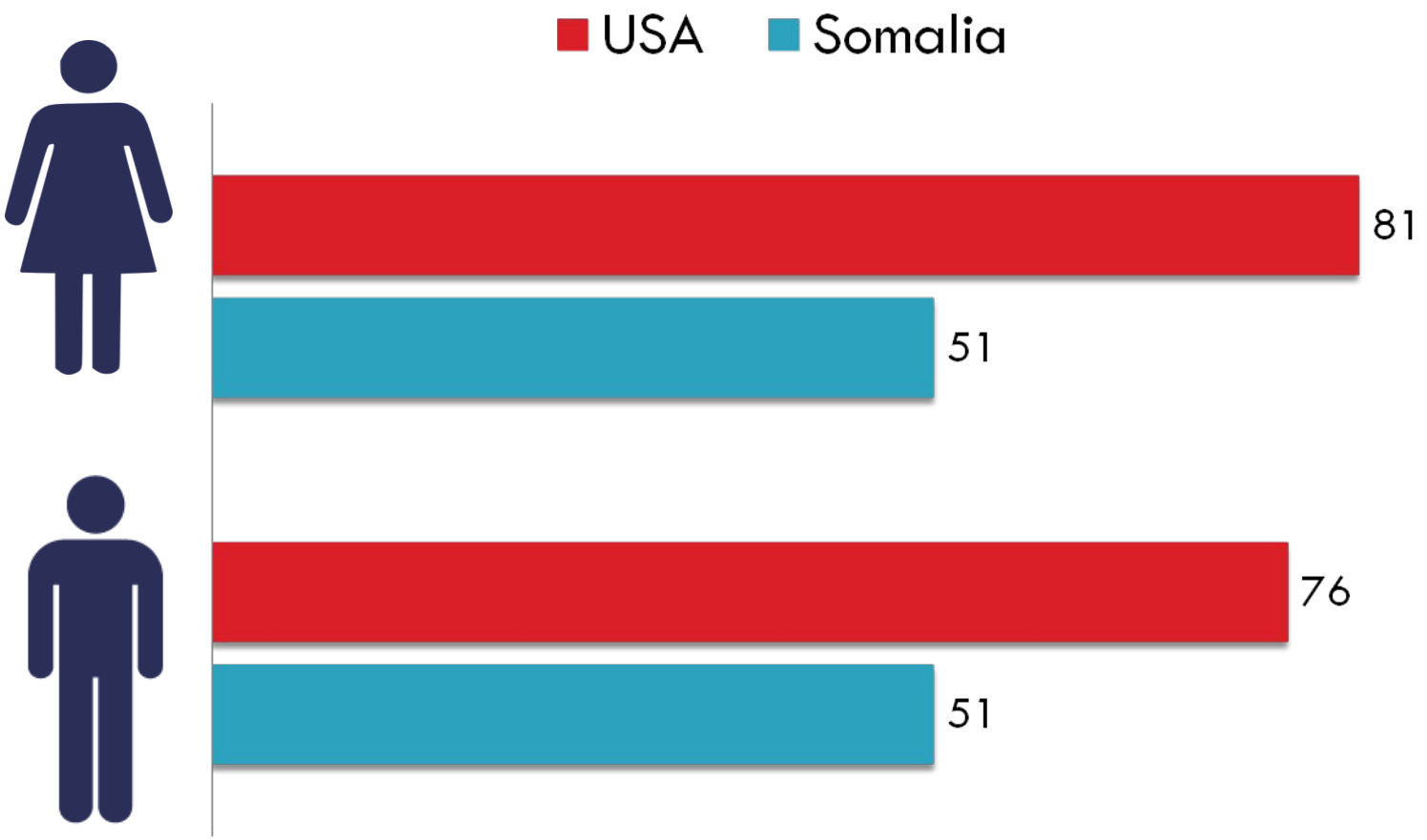
Somalia- Country Stats-2010

Country Characteristic	Somalia	US
Total Population	9,133,000	314,659,000
Surface Area (Km^2)	637,000	9,629,091
% GDP Health	2.6	16.2
Mortality Rate (15-60 years) M/F	382/350	134/78



Source: www.WHO.int/countries/somalia

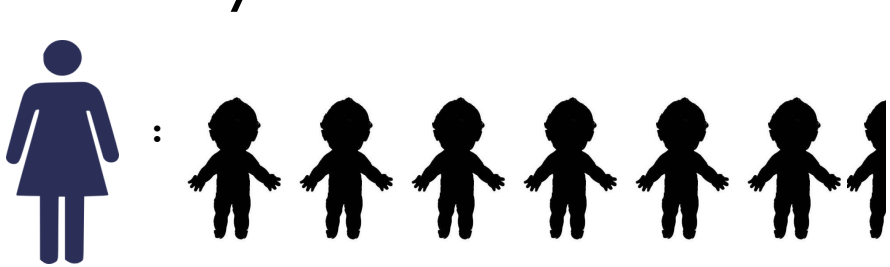
2010 Life Expectancy- years



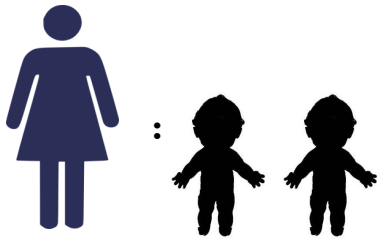
Source: www.WHO.int/countries/somalia; www.WHO.int/countries/unitedstates

Maternal Health & Mortality

- Fertility Rate:



Somalia: 6.3



USA: 2

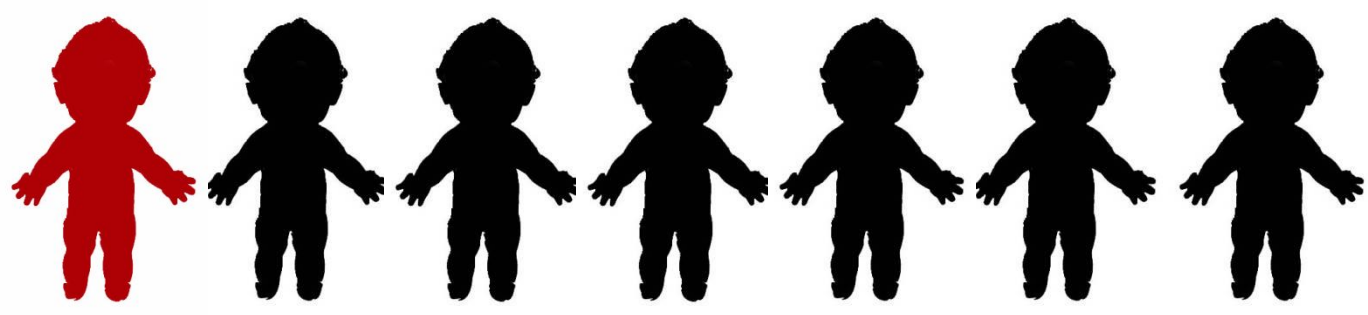
- Maternal Mortality Rate: 1200/100,000 births
  - US 24/100,000
  - Causes include: hemorrhage, infection, high blood pressure, unsafe abortion, ↓hospital delivery, birth attendants

- Female Genital Mutilation (FGM)- 98%

Source: http://www.unicef.org/infobycountry/somalia_statistics.html?q=printme#87

Infant/Child Mortality

- Infant Mortality Rate: 108/1000 live births
  - US Rate: 7/1000



1 in 7 children will die before their 5th birthday

Source: www.WHO.int/countries/somalia;

Leading Causes of Death-2011

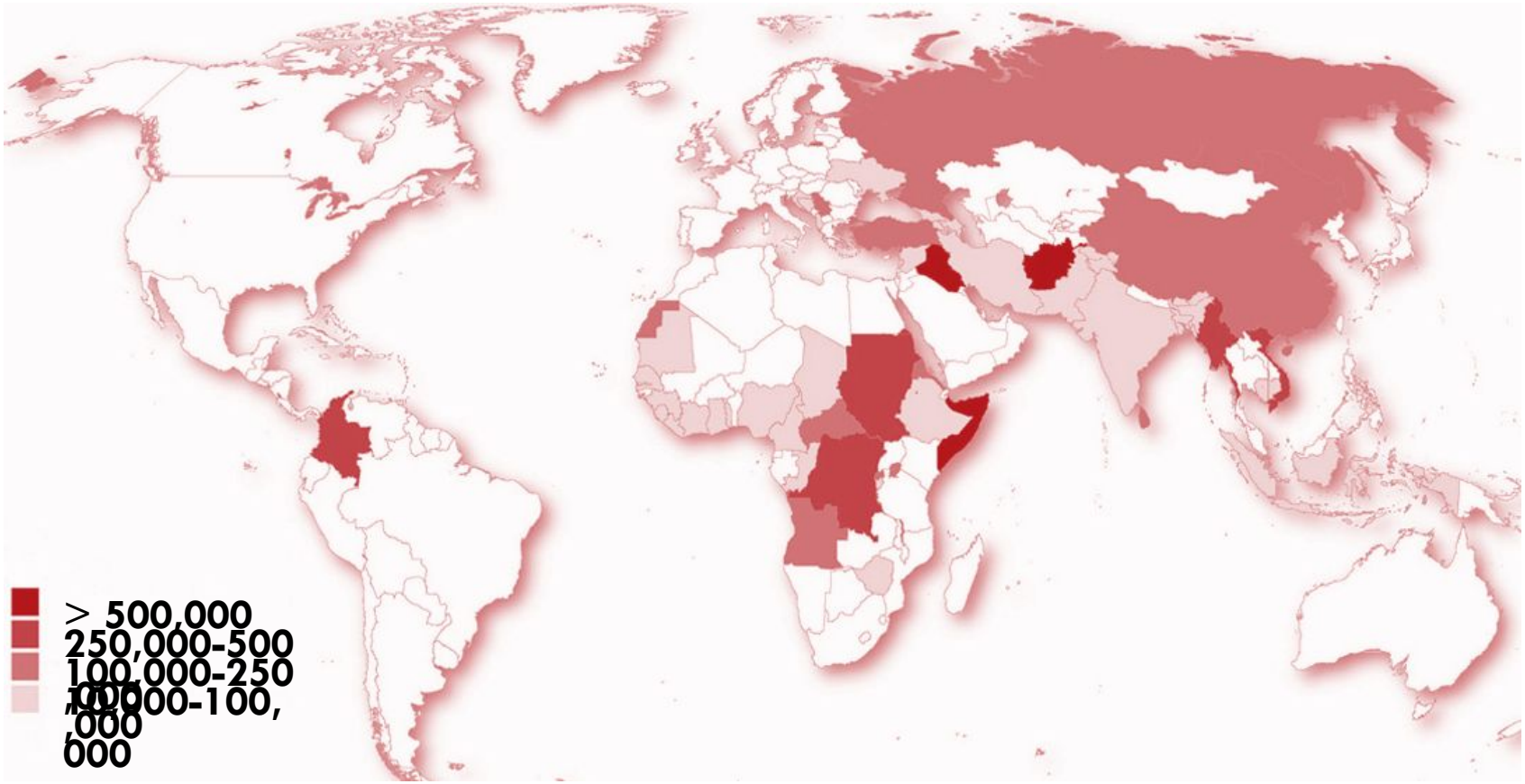
High-income Countries	Low-income Countries
1. Heart disease	1. Lower respiratory infections
2. Stroke	2. Diarrheal disease
3. Cancer (lung, colon/rectal, breast, and stomach)	3. HIV/AIDS
4. Lower respiratory infections	4. Heart Disease
5. COPD	5. Malaria
6. Alzheimer Disease	6. Stroke
7. Diabetes	7. TB
	8. Prematurity and low birth weight
	9. Birth asphyxia and trauma
	10. Neonatal infections

Source: http://www.who.int/mediacentre/factsheets/fs310/en/index.html

Communicable Disease-Somalia

- Tuberculosis
- HIV/AIDS
- Vaccine Preventable Diseases
- Malaria
- Intestinal parasites
- Hepatitis B

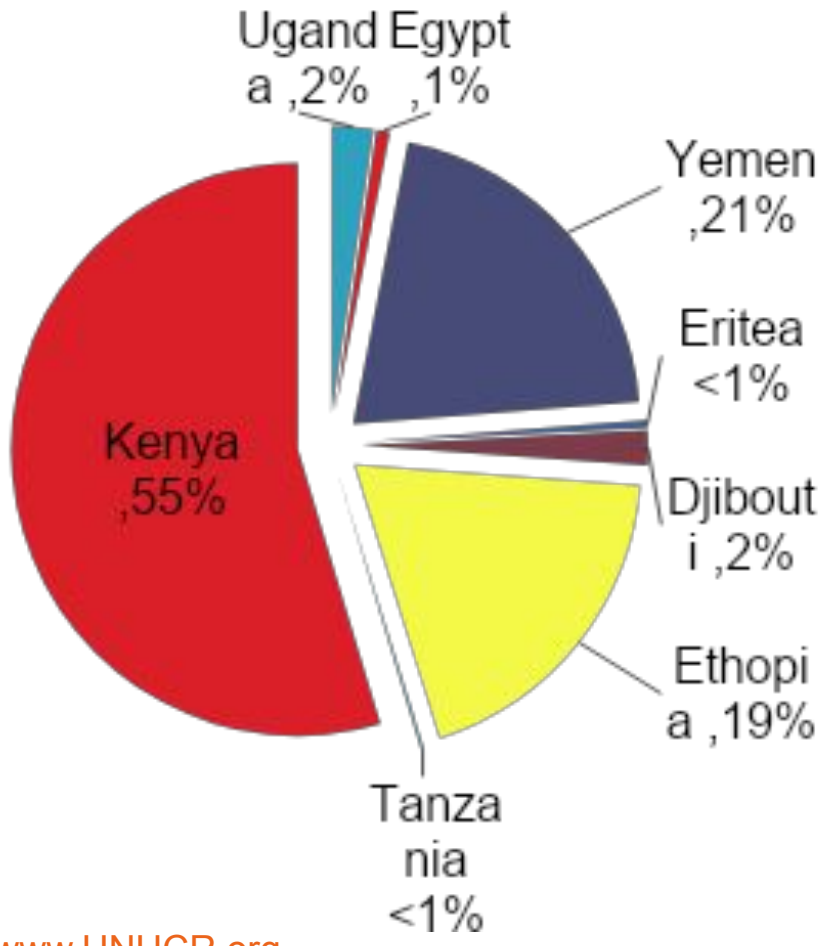
Major Source Country of Refugees



Over 700,000 refugees from Somalia in 2011

Source: www.UNHCR.org

Somali Refugee Settling Regions



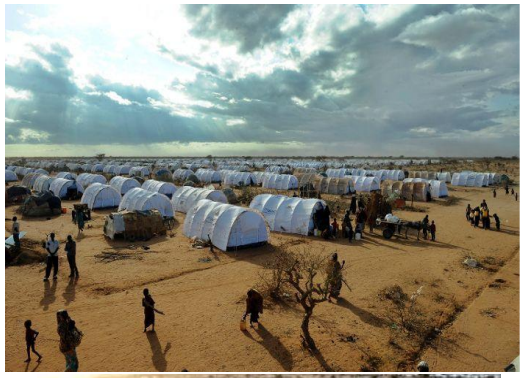
Distribution -2009

- Camps: 30%
  - 60% sub-Saharan Africa
- Urban: 58%
- Rural: 18%

Source: www.UNHCR.org

Refugee Camps-2011

- Kenya
  - Home to >500,000 refugees
  - Dadaab- 3 camps (4 total)
    - Capacity 90,000
    - ↑ settlement around major cities
- Ethiopia
  - ~200,000 refugees
    - 23,000 arrivals each month
    - 67% Somali
  - 6 additional camps opened since 2006
- Djibouti
  - ~15,000 refugees
  - Reopened additional camp-2011



Source: www.UNHCR.org

Health in Refugee Camps

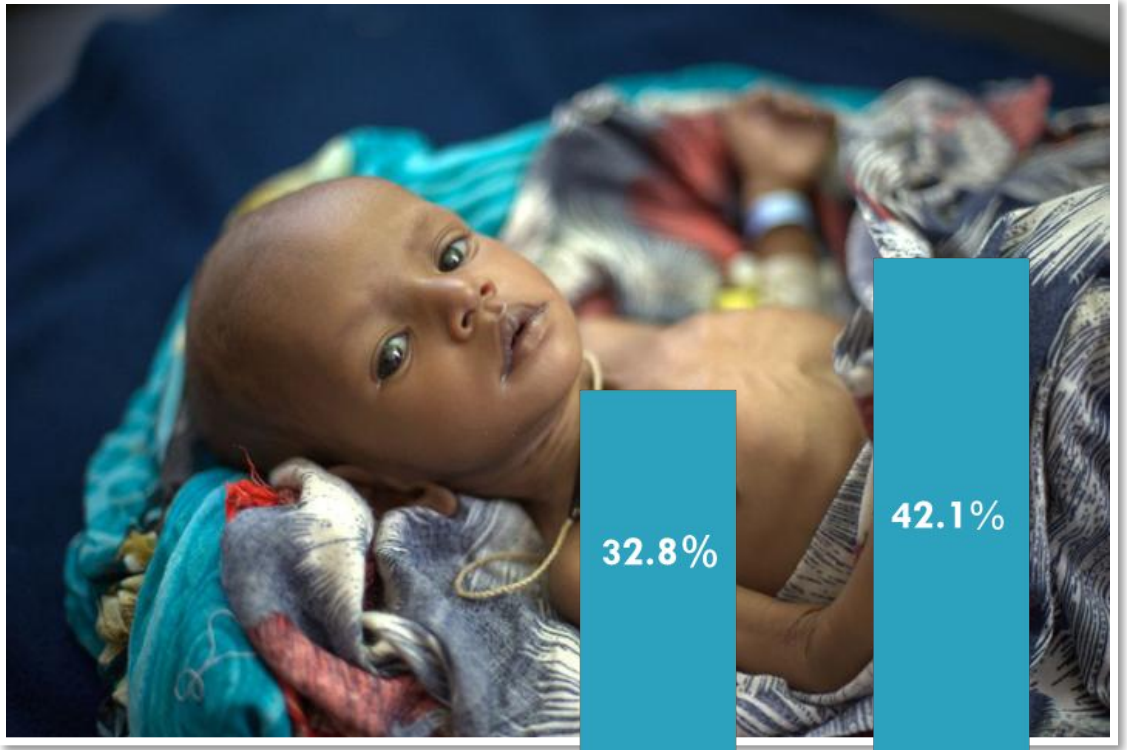
- ↑ disease and death due to:
  - Limited access to water
  - Gender-based violence
  - Overcrowding
  - Famine
  - Poor hygiene
  - Health care access

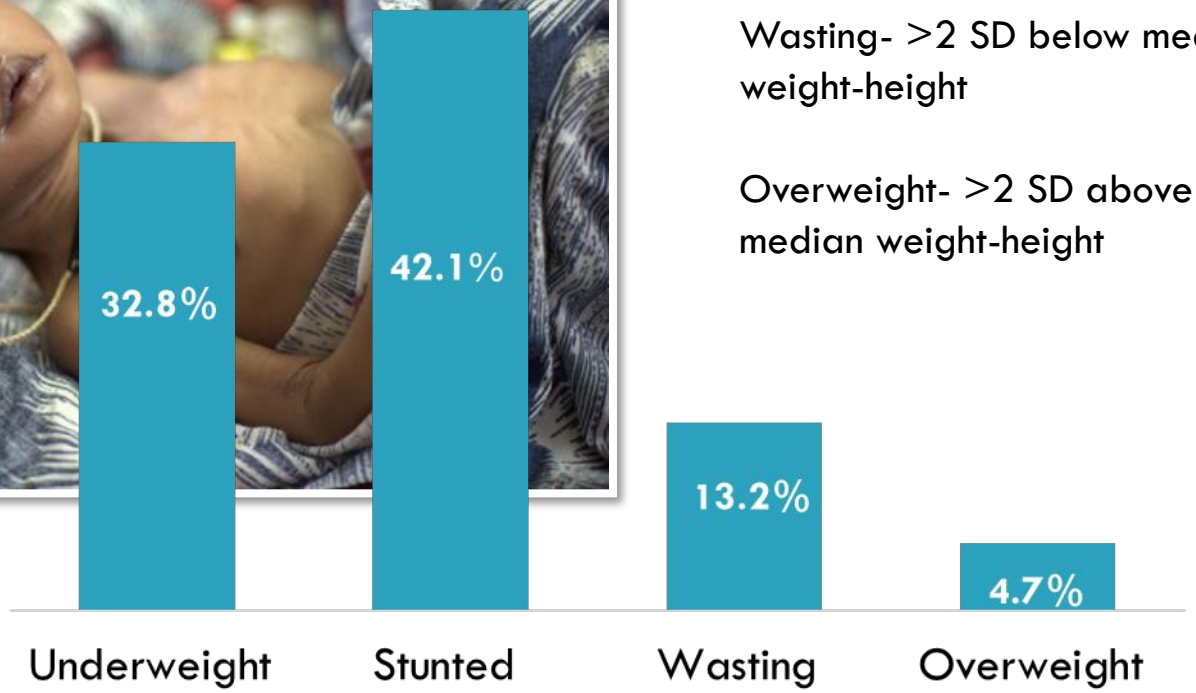
Reproductive health

- ~20% of refugees are women of reproductive age
  - 1/10 pregnant
  - Most home delivery
- Initiatives to reduce maternal mortality and morbidity (2008)
  - ↑ birthing facilities
  - ↑ female midwives/doctors
  - Reproductive health education- C-sections, family planning
  - Incentives for hospital delivery (soap and basin)

http://www.unhcr.org/4c247d969.pdf

Child Malnutrition





Underweight: >2 SD below median weight-age

Stunted: >2 SD below median height-age

Wasting- >2 SD below median weight-height

Overweight- >2 SD above median weight-height

Source: www.WHO.int/countries/somalia

Cholera

- Frequent outbreaks in refugee camps

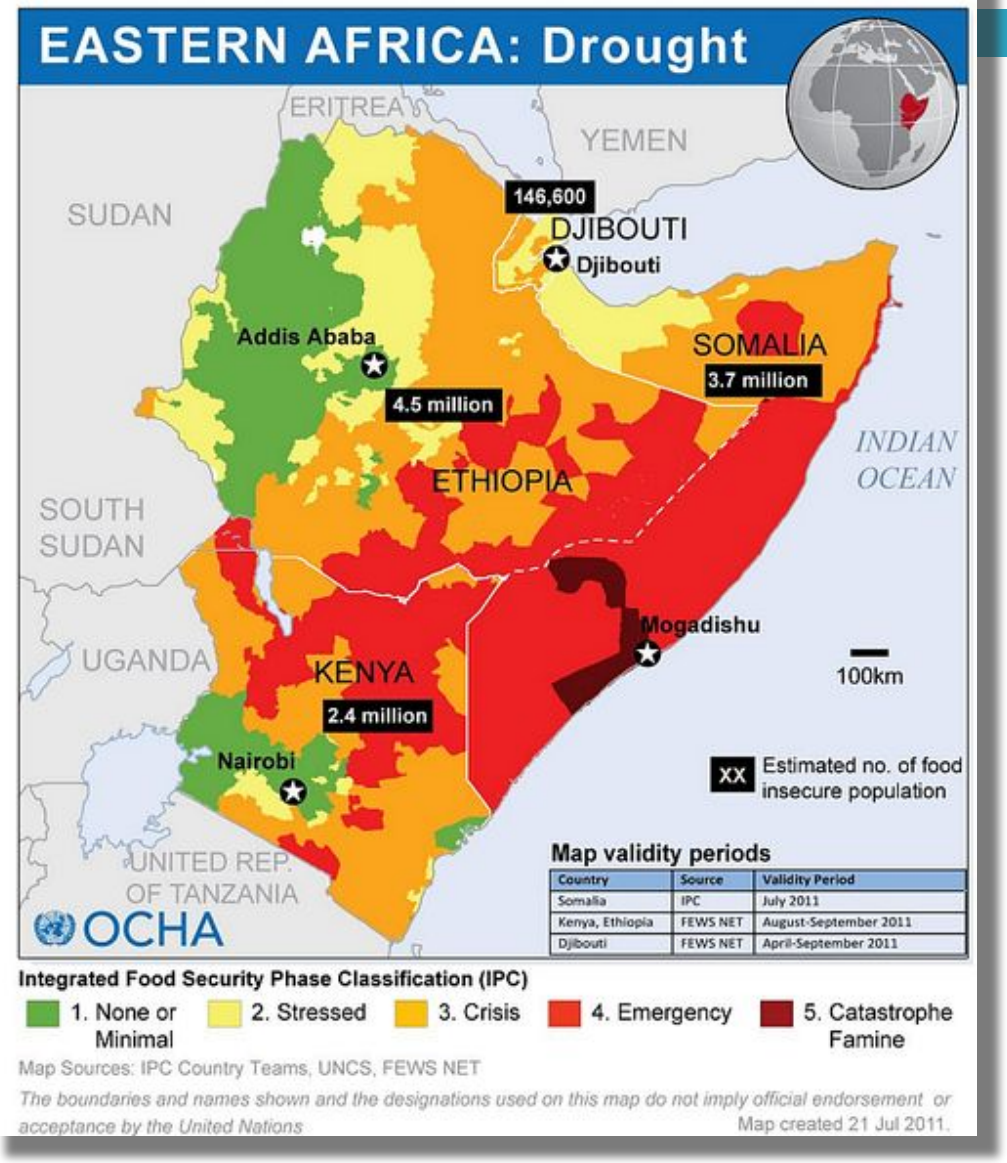
- Causes:
  - Dehydration
  - Death

- Interventions:
  - Promotion of hygiene practices
  - ↑ chlorine levels
  - Oral rehydration

Source: www.WHO.int/countries/somalia;
http://www.guardian.co.uk/global-development/2011/nov/17/cholera-outbreak-dadaab-refugee-complex

Drought of 2011

- Worst in 60 years
- 3.7 million people facing starvation
- Malnutrition rate 50% (in some areas)
- Livestock death
  - 55% jobs
  - 80% export
  - 40% GDP

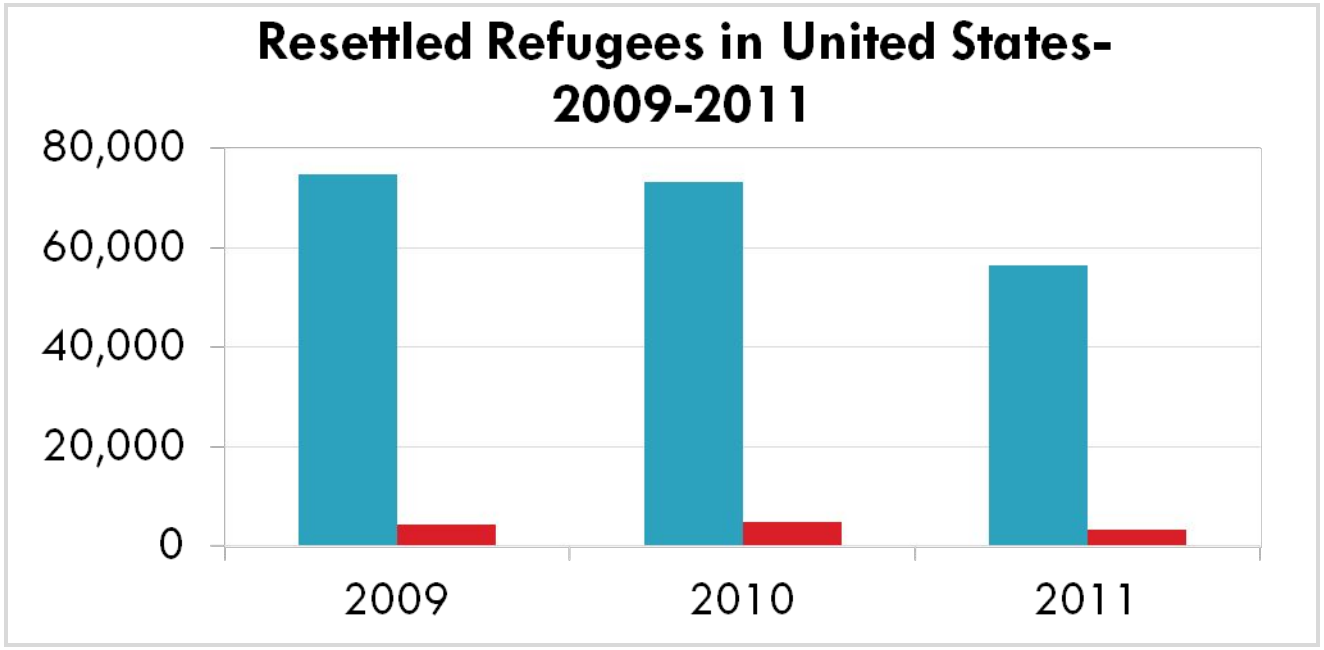


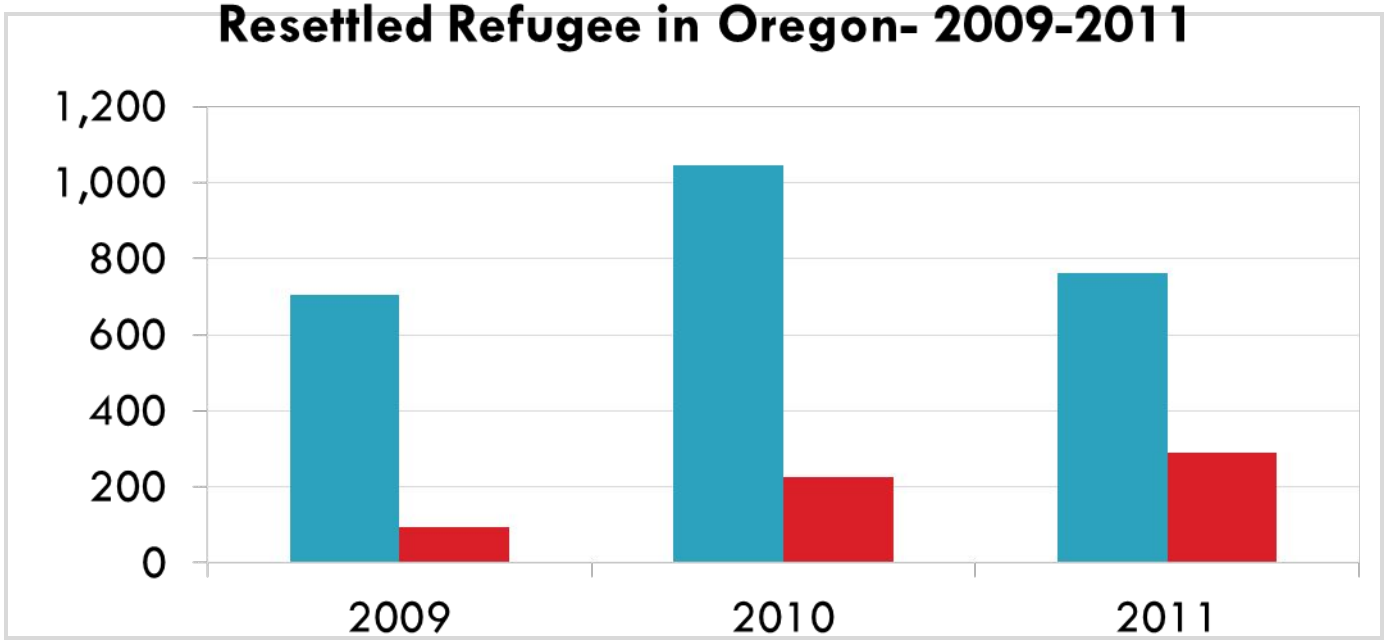
Source: "World Bank report. 2004.

Refugee Resettlement

- 31% of refugees resettled-2009
  - ~15x higher than in 2002
  - 80,000 US
- Eligible refugees receive:
  - Single dose treatment for intestinal helminths
  - Treatment for Schistosomiasis
  - Malaria therapy

Source: www.UNHCR.org





Source: Office of Refugee Resettlement http://www.acf.hhs.gov/programs/orr/

Analysis of Refugee-Associated Disease Prevalence and Utilization- 1994-1998

Jay Kravitz, MD, MPH- Staff Scientist, Global Health Center; Assistant Professor, Dept. of Public Health and Preventive Medicine, OHSU

David Balmer, MD, MPH-Medical Director for Quality Assurance, Willamette Valley Physicians Health Authority

Patricia Kullberg, MD, MPH-Former Medical Director, Multnomah County Health Dept.

Study Objectives

- Describe most commonly diagnosed conditions identified during screening and follow-up clinic visits
- Identify ethno-specific conditions warranting special attention
- Identify where services might be enhanced

Study Population

- July 1994-Oct 1998
- Cohort: 6,709 refugee patients
- Data pulled Multnomah County primary care (PC) clinics (18 settings)
- First 7 months of PC interaction

Utilization

- ~10.7 visits/person
  - Utilization 400% greater than typical patient
  - All expenses covered

- ~6% from Horn of Africa (N=434)
  - Others: Caribbean, W. Europe, SE Asia

Results

Health Condition	Prevalence
TB	Latent 47%*; Active 0.7%
Skin condition	Scabies 8%; fungal 11%
Anemia	9%
HepB	3.7%
Intestinal parasites	14%

* Rates for all refugee groups

- Rates of Anemia highest in Horn of Africa groups

Results- cont

Health Condition	Prevalence
Type II Diabetes (40-60 yrs)	11.1%
Hypertension	9.8%
Dental Carries	41%

- Highest rates of type II diabetes among all groups
- Mental Health Conditions
  - Low rates of mental health
  - Under-reported?

Conclusions and Limitations

- In general, common diseases were common among refugee groups (exception: mental health)

- Limitations
  - Descriptive analysis only
  - Selection bias- "healthier immigrant effect"
  - Missclassification- collapse of ICD-9 codes
  - Only 3 diagnoses recorded

- Strengths
  - First look at the health of refugees served in Multco clinics
  - Identified that region-specific screening was not necessary

Special Thanks to:

James Gaudino, MD, MS, MPH, FACPM
Jay Kravitz, MD, MPH
David Balmer, MD, MPH
Patricia Kullberg, MD, MPH

SECTION 2

Community Norms

Views Regarding Healthcare

Medicine Model	World Health View	Approach to Healthcare
Cartesian European Euro-American	**Allopathic** A system of medicine that embraces all methods of proven treatments	•Repair by surgery •Treatment with drugs •Replacement of defective parts
Body and Forces of Nature African African-American Native American Hispanic Arab	**Naturopathic** Medical philosophy that believes there is a direct connection between the body and forces of nature.	•Acceptance (to the will of a supernatural entity. Like God or Allah) •Utilize treatments provided by nature such as herbal remedies. •Use of traditional healers
Whole Body Approach Asian Asian-American Polynesian Native American	**Homeopathic** Medical philosophy in which the person, not the disease, is treated. A healthy body is in a state of balance.	•Hot/cold theory •Traditional healers •Acupuncture

Source. www.healthstream .com

Role of religion and Health care beliefs

- All social norms, attitudes, customs, and gender role stem from Islamic traditions
- The five pillars of Islam:
  - Shahadah: witnessing of professing of faith
  - Salat: prayer five times a day
  - Zakah: Wealth (almsgiving)
  - Sawm: Fasting the month of Ramadan
  - Hajj: Pilgrimage to Makkah

Cultural Background

- **Operating definitions**
  - Illness-pain in the entire body
  - Mental health issues-Either crazy or not crazy
  - Health provider-Physician
- **Communication style**
  - Oral communication is preferred
- **Causality of health problems**
- **Treatments**

Causality of Health Problems

- By God or Allah
- Spirit Possession
- Evil Eye
- Curses
- Witchcraft
- Jinis

- Going to health care facility is for sick people
- When you are not sick, seeking preventive care is not part of the culture

Treatments of Health Problems

- Allah
- Koran
- Fire burning- “Disease and fire do not stay together in the same place” Somali proverb
- Religious healing
- Herbal medication

Social Values

- Independence
- Democracy
- Individualism
- Egalitarianism
- Generosity
- The Family-Family takes precedence over individual
- Family male member-as the head of family for medical decisions
- Touching is common in conversations

Health Care considerations

- Medications-if you do not prescribe a medication to your patient, explain why not
- Respect- establish a relationship with the Somali family before care begins
- Diseases- teach your patients about diet and exercise

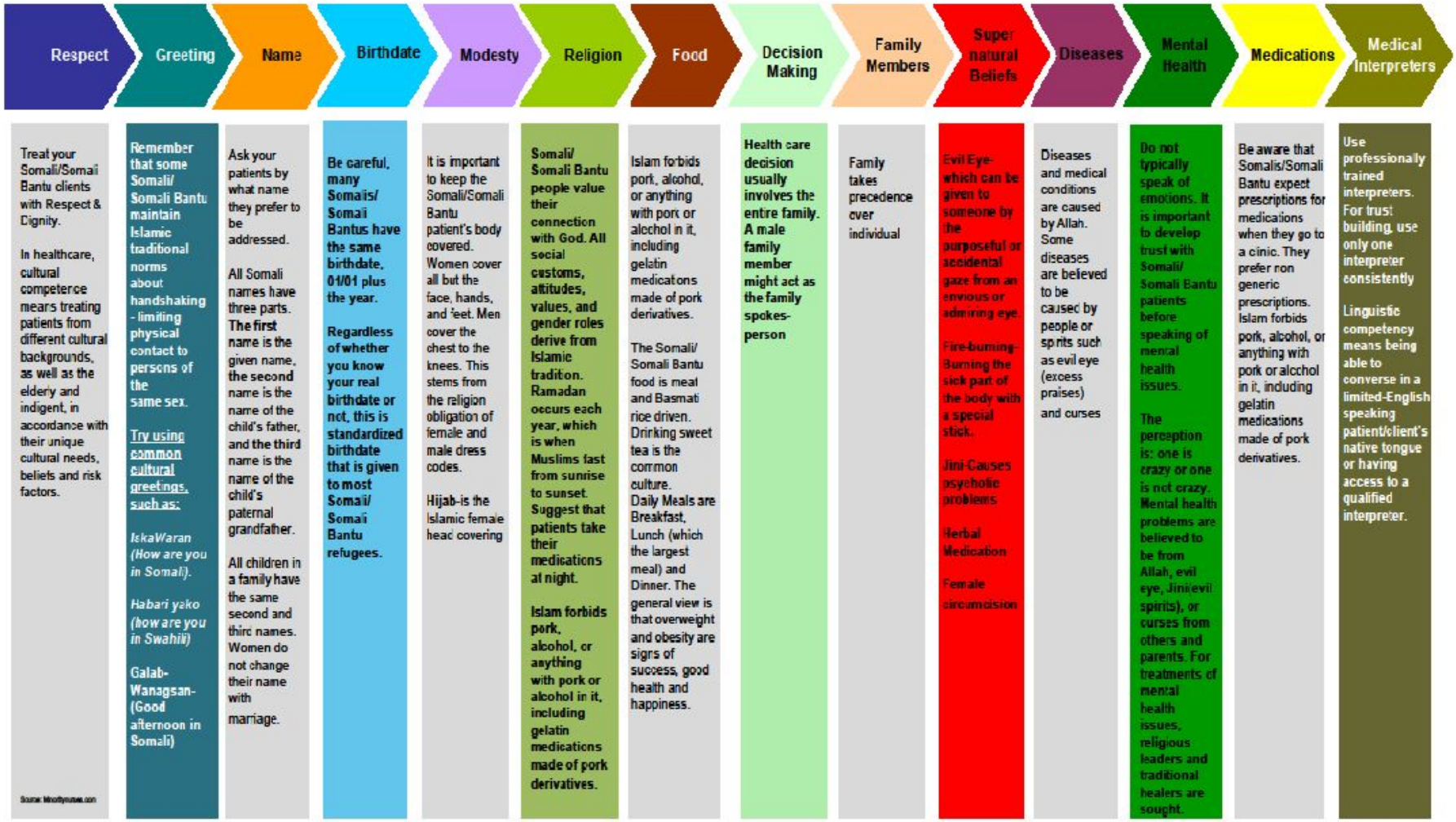
Suggestions for health care providers

- Professionally trained interpreters-Consistently
- History and culture of patients country of origin
- Role of religion in health
- Cultural beliefs regarding causes and treatments of diseases
- Always check with your patients about their preferred language
- Kindly communicate with patients/clients why they need to be on time

Multnomah County Health Department

Moving Towards Culturally Competent Health Care Practices
Somali/Somali Bantu Population
Toolkit

Public Health
Prevent. Promote. Protect.



Version 1.0

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- Lyn Morland, Bridging Refugee Youth & children's Services. Somali Bantu Refugees" Cultural Considerations for Social Services Providers
- Providing culturally-appropriate health care in Minnesota: Somali

References

- Ethnomed: http://ethnomed.org
  - Somali/Somali Bantu Cultural Profile
  - Somali Clinical Topics
    - Breastfeeding Support for Somali Mothers
    - Many more, i.e. hepatitis, depression, TB…
  - Somali Patient Education Handouts
  - Links to community organizations in WA

References

- CultureClues™
  - http://depts.washington.edu/pfes/CultureClues.htm
- Prenatal Care of Patient with Female Circumcision: Planning for Labor and Delivery (ppt)
  - http://www.fmdrl.org/index.cfm?event=c.getAttachment&riid=2151

Articles

- Carroll, J., Epstein, R., Fiscella, K., Volpe, E., Diaz, K., Omar, S. Knowledge and beliefs about health promotion and preventive health care among Somali women in the United States. *Health Care for Women International*. 2007;28:360–380. doi:10.1080/07399330601179935
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- Chalmers, B., Omer-Hashi, K. 432 Somali women's birth experiences in Canada after earlier female genital mutilation. *Birth*. 2000;27:227–234.

OHSU Library

- OHSU Resources for Oregon Health Professionals
  - www.ohsu.edu/xd/education/library/orhp.cfm
  - Free access to databases: PubMed, DynaMed, STAT!Ref, National Guideline Clearinghouse, DailyMed, EBSCO Medline, Ethnomed, MedlinePlus, NOAH, NIH SeniorHealth, and Caphis
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