Community Profile: Somali

Language: Somali, Arabic
Country of Origin: Somalia
Places of Transition: Djibouti, Kenya, Ethiopia, Burundi, Yemen

***This guide is meant to provide a general cultural orientation and does not describe every person from this community**

Dos and Don'ts

- Recognize that the clan is an important social unit, and much of the conflict in Somalia is due to inter-clan disputes. However, avoid referring to clans because it is considered disrespectful.
- Respect the patient's religious beliefs and practices.
- Whenever possible, match patients with caregivers of the same gender.
- A handshake is a common greeting, but only between people of the same sex.
- Be aware that Somalis may avoid eye contact as a sign of respect.
- Use the right hand to greet or give medication and food to the patient. The right hand is considered the clean and polite hand to use for daily tasks.
- Always explain your reason for initiating contact before touching the patient.
- Somalis may not express gratitude or appreciation verbally. Do not assume patients are ungrateful.
- Avoid excessive complimenting of patients that could be interpreted as casting the 'evil eye' upon them.
- Emphasize adherence to medication regimens and preventive medicine.

Health attitudes, beliefs and stigmas

Most Somalis practice Islam and the majority are Sunni[1] Muslims.

Somalis may attribute health conditions to God's Will, spirit possession, or the 'evil eye'—the belief that directing comments of praise at a person will cause misfortune or harm to befall the person.

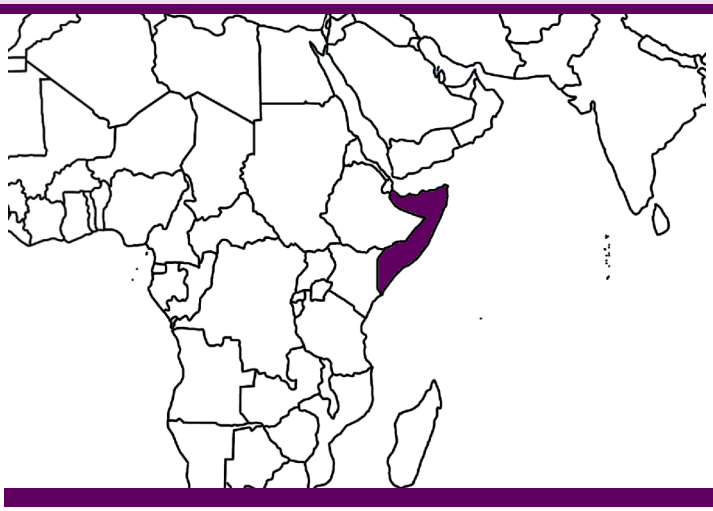
Many Somalis believe illness is prevented through prayer and adherence to Islam, and are unfamiliar with the US model of preventive medicine.

A common traditional belief is that there is no need to continue taking medication if feeling healthy.

Common alternative medicine practices include herbal remedies, wearing amulets, and 'fire-burning', in which a special stick is burned and applied to the skin.

Muslims follow halal dietary laws. Meat must come from animals slaughtered by another Muslim according to ritual. Pork and alcohol are forbidden.

During Ramadan[2], Muslims fast from sunrise to sunset for a month. Medication regimens may need to be adjusted.



Children, pregnant women, and the ill may be exempt from the fast. Still, conservative Muslims may refuse to take medication during the daytime. Speak with an elder in the family, or an Imam[3], to discuss if the patient's state of fasting is inappropriate.

In Somali culture, there is a strong stigma associated with mental health and counseling services.

Somalis often expect to receive medication for each visit to a provider. If no medication is necessary, be sure to explain why.

1. Shi'a and Sunni are two major denominations within the religion of Islam.
2. Ramadan is a month of religious observance for Muslims. Based on a lunar calendar, the dates for Ramadan change from year to year.
3. In Islam, an Imam is a religious leader or scholar.

Circumcision for both males and females is considered an important rite of passage, necessary for marriage, and a source of pride, as the uncircumcised are considered unclean. Due to the practice being illegal in the US for females under 18, Somali families are often reluctant to discuss this issue or may wish to transport the child to another country to perform the procedure.

What you may see

Family and honor are very important in Somali culture. The health of one family member is of concern to the entire family.

If a patient is found to be terminally ill, the family may wish for the health care provider to tell the family members first, so they can comfort and protect the patient.

Somali society and households tend to be male-centered. A male family member usually serves as the family spokesperson and decision-maker. Rural women may be shy and reluctant to speak up in the presence of men.

Somalis tend to have large families. One-fifth of the population is polygamous.

Women marry and have children early. It is not uncommon for a woman to have 7 or 8 children. Children are highly valued and elders are highly respected.

Before coming into the US, about 80% of Somalis lived a nomadic or semi-nomadic lifestyle as herders.

Somalis have three names: given name, followed by father's and grandfather's given names. Somalis usually identify with their first and second names or a nickname. Women do not change their names at marriage.

Muslim women may wear a hijab (head covering) or jilbab (full body covering) for modesty.

Did You Know?

By age 10, about 98% of Somali girls undergo some form of circumcision.

The literacy rate among Somalis is low since the written form was only created in 1972, and ongoing civil war has disrupted the education system.

Many males chew qat, a leafy narcotic. Qat is an illegal drug in the US and may have health implications.

Somalis greatly appreciate oral communication and have a tradition of using proverbs in everyday speech.

Common health concerns

An estimated 30% of Somali refugees have been tortured, and many have experienced trauma associated with war, rape, mass violence, severe poverty, famine, and living in refugee camps for a long period.

Somali refugees have high mental health needs, exhibiting high rates of depression, anxiety, PTSD, psychosomatic symptoms, flashbacks, misplaced anger, and feelings of disconnection.

Malnutrition is common among Somalis. Common concerns include iron deficiency, anemia, Vitamin A deficiency, and scurvy.

Common infectious diseases include diarrheal disease, measles, malaria, and acute respiratory illness. Intestinal parasites affect 47% of arriving Somali refugees.

Female circumcision causes many health complications including urinary tract infections, menstrual problems, chronic pain, and increased risks during pregnancy.

Potential barriers to care

- Inadequate interpreter services
- Previous unfavorable healthcare experience
- Desire to maintain modesty and gender preferences in seeking and accepting care
- Male-centered household and health decisions
- Traditional beliefs may interfere with treatment
- Low adherence to preventive medicine
- Values of family privacy and honor
- Transportation difficulty
- Limited health literacy
- Stresses of resettlement
- High cost of care

For additional resources, please visit AZrefugeehealth.org