Somali Culture

MDH’s Global Brownbag
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Somalia

- Population: ~ 10 Mil
- Nationality: Somali
- Language: Somali
- Religion: Islam
- Climate: Desert
- Somali Civil war
  - Began 1990
  - Ongoing for 23 years
  - Est. 500,000 deaths
  - Est. >1 million refugees
Somalia has the longest coast of any African Nation, bordering on both the Red Sea and the Indian Ocean.

Many Somalis are nomads or semi-nomadic herders, some are fishermen & some are farmers.

Unlike Many African nations, Somalia is composed of a single, homogeneous ethnic group.

Our Language is Somali with some dialect differences.
Somalia

- Located in eastern/horn of Africa bordering with gulf of Aden, Indian ocean, Kenya, and Ethiopia.

- Total area 637,657 sq. km.

- Colonized by Italian on the south and British on the north.

- Became independent in 1960.

- 1960-1969 had civilian government


- From 12/1990, civil war & unrest.
Somalis in Minnesota

- Estimated Population: 32,000* (incl. 18,263 primary refugees)
  - Largest Somali population in the US
  - Somalis believe the number is much higher
- Began arriving in early 90s

Why Minnesota?

- Active refugee resettlement agencies
- Family unification
- Governmental programs (housing, health, etc.)
- Employment opportunities

*American Community Survey (2010)
Somali Culture

- **Major Religion:** Sunni Muslims

- **Ethnic Groups in Somalia:** Somali 85%, Bantu and other non-Somali 15% (including Arabs 30,000)

- **Major Languages:** Somali (official), Arabic, English and Italian. Swahili is common among refugees

- The right hand is considered clean, and is used for eating, handshaking, and children are taught early to use only their right hand.

- Handshakes are appropriate only between men or between women.
Somali Culture

- Birthdays are not celebrated by Somalis, and it is common for people who were born in Somalia not to know their DOB since birth and death are not registered.
- Somali families are large, average size is 7.
- Women prefer female care providers & interpreters
- The father is considered as the head of the family
- Somali diet includes rice, pasta, bananas, and the meat of sheep, goats, cattle, and camels.
Somali Culture

- Traditionally, men and women have separate roles.

- Today, Somali women carry out many of the duties previously accomplished by men.

- Men influence decision-making in family matters especially when it involves complex health care issues.

- Elders are respected, and continue to have an active role in the family for as long as they are able.

- Elders are addressed as “aunt” or “uncle,” even if they are strangers.
Somali Culture

- Ritual cleaning of the body or ablution, especially before prayers, is dictated by Islam.

- There are two important Islamic months/days worth noting: Ramadan. Comes yearly. It is either 29 or 30 days.

  During this month, people refrain from:

  Eating, drinking or taking medications from sunrise to sunset.
Eid Celebrations

- After completion of Ramadan, an important holiday including special prayers follows.
- The other important festive is on the last day of Haj Pilgrimage, Mecca, Saudi Arabia, is the holiest city in Islam.
Health Care in Somalia

- Cure based model
- Hospital/ hospital-based
  - Outpatient clinics in urban areas – part of the hospital
- Maternal and child health centers were common
- Nurses, Midwives, and Pharmacist provide most of the health care services
Healthcare in Somali (cont’d)

- Medications are available without prescriptions
- Religious Healing Practices are common
- Traditional medicine
  - Blood-letting/Scarring
  - Herbal Medicine
  - Cauterization or Symptomatic areas
Causes of Illness

- Diseases and medical conditions are caused by Allah.
- Some diseases are believed to be caused by people or by spirit.
- Evil eye, a staring eye of someone
- A curse:
  - By someone
  - By one’s parents (the worst & hardest to treat)
- Witchcraft: Causes some medical conditions.
- ‘Jini’: Causes mental illnesses such as psychosis.
Traditional Healing Beliefs and Practices

- Religious: Performed by religious persons mainly through the reading of the Koran. This is used to treat both organic & psychotic illnesses. The religious person reads the Koran over the patient or over water which is given to the patient to drink.

- Cauterization: burning on sick areas of the body.

“Disease and fire do not stay together in the same place” - Somali proverb
Healing Beliefs cont…

- Scarification and blood-letting: this entails cupping by means of a horn placed on a part of the body in order to free the patient from spoiled blood.
- Bone Setting
- Surgery
- Use of herbal medication
Somalis’ View of Disability

- In general, Somalis think of disability as “mobility disability” although there are many other types of disability.

- In Somalia, there were very little medical services geared towards services related to disability.

- Beliefs about causes include heredity or natural cause, food (liver), evil-eye, evil-word, visiting evil’s shelters.
Somalis’ View of Disability

- Many believe that natural disability is a will of Allah (God) and should consider as a blessing and should be appreciated whatever Allah offered you.
- Some people believe that disability of a child is considered as a punishment from Allah (God).
- Other people believe that disability of a person is a kind of protection from Allah (God) to his community.
- Most common treatment or cure consisted of prayer, Koranic, herbs, honey, burning.
Mental Health

- Mental Health issues triggered by the continued civil war are common.

- In the Somali language, mental health means “crazy” whereas in English, there are hundreds of words that describe mental health disorders.

- Many Somalis believe that mental health comes from spiritual or from evil sprit.

- In Somalia, religious leaders and cultural healers played a role in addressing mental illness.

- The stigma associated with mental health prevents many from bringing their concerns to care providers or from accepting treatment or assistance.
Key health Disparity Issues of Somali Minnesotans

- Change in lifestyle/diet,
- Hesitancy to immunization leading to drop in rates,
- Higher autism, rates
- Misinformation and limited knowledge of health and health related issues
- Increase in chronic health problems among elders: hypertension, diabetes and high cholesterol.
- Lack of control medication compliance.
- Hesitance in preventive & health maintenance services.
- Lack of trust with care providers.
Recommendations

- Use competent Interpreters and cultural brokers
- Provide appointment reminder calls
- Recognize families who are alienated and promote social connection
- Engage individuals accessing services as partners in advocating for the community
- Connect individuals accessing services with resources and help them navigate by connecting them with someone like cultural brokers
- Educate the community about available services and occupations
Cultural Recommendations

- Build rapport and relationship with Person being served
  - Learn few words – like greeting
  - Remove shoes when entering home

- Call person by their first name

- Recognize the role gender plays
  - shaking hands
  - making- decision
  - Match person with someone of the same gender