

Communicating with Your Somali Patient

Adapted from *Culture Clues™*, University of Washington Medical Center, November 1, 2007;
<http://depts.washington.edu/pfes/cultureclues.html>.

Culture Clues™ was designed by the University of Washington Medical Center to help increase awareness about concepts and preferences of patients from diverse cultures. *Culture Clues™* is to be used along with information from the patient and family to guide your communication and your patient care.

Remember — every person is unique; always consider the individual's beliefs, needs, and concerns.



How does the Somali culture deal with illness?

Building bridges between Western health care and traditional practices

- Your patient is most likely familiar with western medical care for illness, but may be less familiar with well care, prenatal care, well child care or prevention.
- Your patient may have dietary requirements based on religious beliefs, such as a restriction from eating pork. The family may bring food to the patient to ensure the proper diet is followed.
- Your patient may use traditional remedies including prayer and herbal remedies such as “habadsoda,” a general healing herb.
- There is a belief that illness is caused by the “evil eye”; for example, not sharing food when you eat in front of a hungry person can cause stomach illness.

Helping your patient understand medicines

- Your patient expects an explanation for the illness, a medication, or some other form of treatment.
- Your patient fasts from sunrise to sundown during the month of Ramadam. This holy month for Muslims occurs once a year and is based on the lunar calendar. Be aware that your patient may only take medicines at night during this time.

Understanding child-bearing practices

- It is important for Somali women to be able to continue having children throughout their child-bearing years.
- Include nutrition education when giving prenatal care; malnutrition can be an issue, and the prenatal period provides an opportunity for families to learn about nutrition issues.
- Health care providers need to recognize that circumcision (infibulation) is an important issue to manage respectfully for Somali women.



How are medical decisions made in the Somali culture?

Making decisions about health care

- Often the father has the role of the head of the household and decision-maker; the mother is often the caregiver.
- The male head of household may speak for the family because men were traditionally more educated than women and may be more fluent in English, as well as affirming his role of being responsible for his family.

Decisions about treatment choices

- Your patient may be conservative when making decisions about using new treatments or surgery because of a fear that aggressive treatments may cause more problems.
- Birth control and family planning is not widely practiced because of a preference to have large families. Your patient may want to avoid Caesarean sections because this procedure may limit the frequency of pregnancies.
- The informed consent process may be a new experience for your patient.

Gaining family support

- The entire extended family and friends may want to stay with the patient during their hospitalization.



What are the Somali culture's norms about touch?

- Many norms concerning social situations, modesty and touch are based on Islamic traditions.
- Consider the modesty of women and girls when giving an exam. There is a strong preference for women to be seen by women health care workers and interpreters. Your patient may prefer family members of the opposite gender leave the room during physical examination.
- Direct eye contact may be avoided because of modesty. A common greeting is to shake hands and say, "*Salama-aleykum*," which roughly translates, "May peace be with you."
- It is appropriate for men to shake hands only with men and women with women.
- Adult women who follow traditional customs cover their bodies and veil their faces. If there is a male present during the exam, your patient may keep the veil on to maintain modesty.



What is unique about this patient and family that you will not learn from culture tips or information?

- Birth region, education, and income level make a difference in how your patient perceives illness and makes health decisions. What questions do you want to ask to learn more about this patient and their family?