



Communicating with Your Somali Patient

Perception of Illness • Patterns of Kinship and Decision Making • Comfort with Touch

Culture Clues™ is designed to increase awareness about concepts and preferences of patients from the diverse cultures served by University of Washington Medical Center. **Every person is unique; always consider the individual's beliefs, needs, and concerns.** Use Culture Clues™ and information from the patient and family to guide your communication and your patient care.

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.
 - **Educate your patients about the role of preventive care, the role of the Primary Care Team and the process for getting a referral to a specialist.**
 - **Introduce yourself to the patient by name and clinical role. Tell your patient about your experience in caring for similar patients.**
- 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.
 - **Ask your patient about what they believe is the reason for their illness. If appropriate, ask your patient if they need a visit from a holy person, or “Sheikh.”**

Helping Your Patient Understand Medications

- Your patient expects an explanation for the illness, a medication, or some other form of treatment.
 - **Explain treatment options and acknowledge symptoms.**
- 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.
 - **Learn when Ramadam is celebrated each year. When possible, alter medication choice or dosing to accommodate this practice. This practice is not intended to harm health; a very ill person will be permitted to make up the fast if they are required to eat to protect their health.**

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.
 - **Strive to keep communication lines open. Increase your familiarity with this procedure to gain understanding. Take advantage of learning more about managing births for women who have had a circumcision.**

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.
 - **Ensure that there is an interpreter present; confirm agreement with your female patients when necessary.**

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.
 - **If this is your patient's first experience with informed consent, explain its purpose.**

Gaining Family Support

- The entire extended family and friends may want to stay with the patient during their hospitalization.
 - **Be aware of the importance of this and consider how it can be accommodated. Explain the visitation policy when the patient is admitted or before a surgery so that the patient/family know what to expect.**

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.
 - **Find out if this is the case for your patient.**
- 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 tips or information about their culture?

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?

Check Out These Resources to Learn More About Health Care and the Somali Culture

- ✓ **Ethnomed:** <http://ethnomed.org>
- ✓ **Culture Clues and End-of-Life Care Sheets:** <http://depts.washington.edu/pfes/cultureclues.html>

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