



SOMALIS, SUDANESE, AND OTHER REFUGEES FROM EAST AFRICA

Overview:

Africa is the continent most affected by poor health and civil strife in the world, and significantly lags behind in many public health indicators. Increasingly, Africans are fleeing violent ethnic conflict, severe poverty, and political oppression as refugees, and are being granted asylum in countries like the United States. In recent years, Iowa has seen an influx of East African refugees, primarily from Somalia and the Sudan.

Most of the Somalis and Sudanese in Iowa came from impoverished rural settings. They are knowledgeable about farming in rugged, difficult conditions. However, many do not immediately have the skills necessary to work in an industrialized country, and usually require some form of vocational training before taking jobs in the United States.

Language and Religion:

Somalia and the Sudan, like all of Africa, are far more diverse than the United States, so generalizations are difficult to make. However, most of the Sudanese in Iowa speak Nuer and possibly some fundamental Arabic. The Somalis here typically speak Somali, which had no written script until 1972.

Most of the Somalis in Iowa are devout Muslims, so providers should follow general guidelines for working with people from this religion. Most will dress fairly modestly, particularly the women who often wear loose, long dresses and headwraps. Interaction between males and females is generally quite segregated, and should be respected. Male providers should generally not shake hands with females. Where possible, male providers should see male clients, and female clinicians should see female clients. Eye and physical contact between men and women is usually avoided in public out of respect, and should not be misread by clinicians as avoidance. Pork is avoided in their diet. The right hand is considered “clean,” and is used for eating and handshaking; the left hand is “unclean” and used for toileting and the like.

Sudan is one of the most diverse countries in the world, and its refugees come from many backgrounds. In general, though, most of the Sudanese refugees in Iowa come from the south of the country and are Christian. Many have been persecuted in civil war by Muslims in the north. Most of the southerners are either Christian or practice some form of indigenous spirituality.

Family and Social Structure:

The family is the basis of East African society. The families are extremely large, with many children and extended relatives. They will also try to remain living in close proximity to each other as they get older. Children are loved and greatly valued, so birth control efforts are often not successful. Maternal and child health is a priority public health focus with these newcomers. At the same time, East African families are usually committed to taking care of their elderly themselves.

Many immigrants from East Africa have different concepts of time than in the West. It is not uncommon for them to miss exact medical appointments, and come at completely different times. They also will usually not call to cancel. Rather than force them to fit into rigid, standardized 10-minute visits in the United States, a more open, flexible schedule of medical appointments would probably be more effective.

Many Somalis and Sudanese will not know exactly how old they are, for a variety of reasons. Birth records were not always kept like in the West, and a person's birthday is more likely to be associated with a particular seasonal event than with an exact day and year. Also, upon immigration, many officials just estimated the age of each of the new arrivals, so they may not be accurate.

Communication Style:

East African women and children are much more likely to display emotions than are men. Providers will need to be tactful and respectful when probing for health problems that affect males. Maintaining dignity and respect with each other is important.

East Africans usually give a great deal of respect to elders and to people in positions of power, like physicians. They will usually be fairly passive and not ask a lot of questions, even if they do not understand something, because it is believed to be disrespectful. They may also be reluctant to ask for help.

Somalia and the Sudan have among the lowest literacy rates in the world, particularly for women. Health providers should focus on conducting programs that are primarily oral, and avoid heavy utilization of written information in any language. Verbal programs should be conducted in the native languages of these two populations.

Body spacing among East Africans is typically closer than among Americans, although looking directly into someone's eyes may be considered disrespectful. East African culture is highly verbal, with many discourses and proverbs. Requiring these newcomers to complete large amounts of written forms can be frightening and overwhelming.

If visiting the homes of East Africans, avoiding sitting with the soles of your feet pointing to them. It can be considered disrespectful. Also, do not call them to come with your index finger, such as when they are in your clinic lobby, as that is reserved for communication with animals.

Barriers to Care and Common Health Conditions:

Many of the Somalis and Sudanese in Iowa are classified as refugees by the United States, and are legal residents of the state. As such, they are entitled to a number of health, human service, and economic forms of government assistance for a limited time. Language and transportation, then, are the most significant barriers to care for this group if they have financial access to health.

Somalia and the Sudan are two of the world's poorest, most violent countries. Mortality and morbidity rates are extremely high for many infectious diseases. Lifespans are among the shortest in the world due to violence and illness, with many people back home not living past age 45 years.

Many of the Somalis and Sudanese arriving in Iowa have undergone profound levels of hardship and human rights abuses. Many have witnessed or personally experienced war injuries, starvation, rape, and torture. Most had very poor access to medical care in their home countries, and thus typically present with multiple significant physical, mental, and dental health concerns in the United States.

As with Bosnian and other refugees, East African refugees should be monitored for post-traumatic stress, which could manifest itself through excessive fear and anxiety, sleeplessness, forgetfulness, flashbacks, and unexplained physical problems like diarrhea, heart palpitations, general aches, and susceptibility to infections.

Most East African refugees in Iowa have had few medical checkups in their home countries. They often will have undiagnosed cases of diabetes, parasites, high blood pressure, depression, and the like.

Providers should be aware that many of these newcomers routinely share medications and prescriptions with each other. Also, they will often stop taking Western pills once their symptoms stop, even though they might not be through with the full course of medicines. Clinicians should conduct proper health education programs with them on these topics.

In general, East African women value breastfeeding, and it may be common for them to nurse their children for two years or more, while also feeding them solid foods. This practice is recommended by the World Health Organization, and should not be discouraged by American providers or baby formula marketers. They are also quite adept at nursing their children discreetly in public, and have a rich knowledge of how to overcome nursing difficulties that often stump American women. Providers should encourage the women to maintain their healthy lactation habits, and avoid trying to emulate American women who nurse far less.

Male circumcision and female genital cutting of youth is common in some East African cultures, particularly those that practice Islam. Providers should become more aware of how to address this topic in a sensitive manner by reading the extensive body of literature that exists on it. Clinicians may sometimes see patients who have experienced various forms of circumcision, and may need to check for infections, tearing, or other difficulties.

Many East Africans consider Americans to be highly wasteful and indulgent, as indicated by the high percentage of people in this country who are overweight. However, for Africans in Africa, being heavy is usually a sign of wealth and success, and being underweight is a sign of poverty and poor health.

Bereavement:

Bereavement practices will vary significantly by East African culture and religion. Many Christians will follow similar practices as other Christians in the United States.

Many Sudanese refugees view death as the will of God or spirits. Burial ceremonies are usually meant to appease the spirits so that additional deaths do not occur.

Many Sudanese will mourn for a period of several months after a death.

For Moslem East Africans, burial usually takes place fairly quickly after death. Cremation is usually not practiced. The body is blessed and ritually cleaned in a mosque by an Imam, or Muslim religious leader. The body is often carried to a grave in a funeral procession. The official mourning period may last between three to seven days.

Large numbers of extended family and friends will typically visit ill patients and the deceased.

Traditional Health Practices:

Sudanese that practice traditional spirituality typically believe in a variety of supernatural beings and spirits of animals. During illness, it is not uncommon for the Nuer, for example, to try to determine what evil spirit or bad energy has caused a condition, and then try to rectify it through an offering or an animal sacrifice. The “evil eye” is also a common belief among this group, whereby a bad person can send negative energy to another and cause misfortune or poor health.

Traditional medicines have been used for centuries by East Africans like the Somalis and Sudanese, and vary widely by geography and culture. They are far too numerous to discuss, but providers should be aware that their patients will likely be interested in using a variety of these herbal and plant remedies if available, as a supplement to Western medicine.