

# Somali Cultural Care Fact Sheet

*This tipsheet is designed to give you general information about the Somali patient. Every person is unique; always consider the individual's beliefs, needs, and concerns.*

## Family:

- Family is extremely important in the Somali community.
- Decision making involves the entire family with male family members being the family spokesperson. Include the entire family in medical discussions as well as educating many family members. The father of the family gives consent for medical procedures/surgery (if he is absent, the mother may also give consent).
- Visiting the sick is considered an expectation in their community.

## Childbirth:

- A woman's social status is enhanced the more children she bears.
- Childbearing commences shortly after marriage; marriages can be arranged or personal choice.
- When a child is born, the new mother and infant stay indoors at home for 40 days. Friends and family care for the new mother/infant by preparing food, teas and visiting the home.

## Food Choices:

- Bananas are a favorite with meals.
- No pork or alcohol (consider that heparin is a pork-byproduct and may not be acceptable to all Somali individuals).
- Family will bring in food for the patient in order to keep with their customs and certain teas, drinks, foods which promote healing.

## End of Life Care:

- It is considered uncaring to tell a patient that they are terminally ill.
- Death is viewed as part of the human cycle and considered salvation.

## Religious Considerations:

- 99% of Somali people practice Islam
- Provide opportunities for prayer and do not interrupt praying individuals - Muslims believe the Divine is present during prayer.
- Hands, face, and feet are washed prior to prayers.

## Healthcare Considerations:

- Somali patients appreciate same-sex caregivers.
- Generally Somalis do not practice preventative health - it is a common view that future illness cannot be prevented as health is in God's hands.
- Provide education on **why** preventative care is important.

## Educational needs:

- Using a Somali interpreter is so important for education for face-to-face communication and verbal explanations.
- Extra education may be needed related to medications; make sure the patient fully understands to **complete** prescriptions as prescribed by the doctor. It is common in Somali culture to stop taking a prescription, such as an antibiotic, if they are feeling better.

## Nursing Considerations:

- Use trained medical interpreters for communication and education. Never use children or other family members for key event translations.
- Offer to cover the crucifix in patient rooms.
- The right hand is considered clean and the polite hand to use for daily tasks such as eating, writing and greeting people. Consider what hand is used to provide care, such as when giving medicine or handing the patient an item.
- Men and women generally do not touch each other (including handshaking). Make sure to ask permission before touching a patient.
- Establish a relationship with the patient **and** family before care begins, being receptive to suggestions or input that the family has.
- Mental illness has a social stigma and the family may attempt to care for a mentally ill person within the family.
- Be aware of unexpressed depression, anxiety, and posttraumatic stress which can be common in refugees who have experienced torture or lost family in war.
- Be aware of the sensitive issue of female circumcision.
- Get to know your patient on an individual level; not all patients will conform to commonly known culture-specific behaviors, beliefs, or actions.

## References

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