SOMALIA

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals Working with Foreign-born Clients
Somalia is located in Eastern Africa. The Capital is Mogadishu.

Other major cities: Baki, Baldoa, Beledweyne, Bu’aale, Boosaaso, Burco, Ceerigaabo, Dhuusamarreb, Gaalkacyo, Garbahaarrey, Garoowe, Hargeysa, Jawhar, Kismaayo, Laascaanood, Marka (Merca), Xuddur (Oddur).

The country is bordered to the west by Ethiopia, Kenya to the southwest, and Djibouti to the northwest. To the north, Somalia is bordered by the Gulf of Aden, the Indian Ocean surrounds the western and southwestern portions of the country.

There are 18 regions (or gobolka) in Somalia:

Somalia, is also divided into four major zones:
The North-West or “Somaliland”
The North East or “Puntland”
The Central region
The Southern Region

Note: The information provided within is an introduction only and does not characterize all individuals from this country.
OFFICIAL LANGUAGE(S):
• The official language is Somali.¹

Note: The Somali language has distinct regional variants. The two main variants are Maay (pronounced af my) and Af Maxaa (roughly pronounced af mahaa). Virtually all Somalis speak at least one of these languages.²²

• Af Maxaa is the official written language in Somalia.
• Af Maay and Af Maxaa share some similarities in their written form, but are different enough in their spoken forms to create a language barrier.²²
• To communicate, it is suggested to first try using Af Maay, then try using Af Maxaa-speaking interpreters.²²
• Other languages spoken in this country include: Arabic, Italian, and English.³ Swahili may also be spoken in coastal areas near Kenya.³²

ETHNIC GROUPS:
• Majority: Somali (85%)¹
  The Somali group is relatively homogenous ethnic group who share a language, religion, and culture.⁴
• Minority: Bantu and Arab (15%)¹
  The Bantu were brought to Somalia as slaves from Tanzania and Mozambique. Some Bantu integrated into Somali culture, others have maintained their own identity and remain a marginalized/persecuted minority group. Approximately 12,000 Somali Bantu refugees have come to the United States since 2000 when they were given priority for resettlement. Many had been refugees in Kenya prior to entering the United States.²⁵ The general health of this group is poor.³

DOMINANT RELIGION(S):
• Sunni Muslim¹

LITERACY OF CITIZENS: Defined as persons age 15 years and older that can read and write.
• Total population: 37.8%
  Male: 49.7%
  Female: 25.8% (2001 est.)¹

Note: Do not assume a person from Somalia can read Somali; the written form of this language was created in 1972.²²
MEDICAL SYSTEM:
• Due to the country’s civil war, the health system has been severely damaged and medical facilities are extremely limited.\textsuperscript{2, 3}

MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:
• \textbf{Food or waterborne diseases:} Hepatitis A and E\textsuperscript{1}
• \textbf{Vector-borne diseases:} Malaria (predominately due to \textit{P. falciparum}) and dengue fever in some locations\textsuperscript{1, 36}
• \textbf{Water contact disease:} Schistosomiasis\textsuperscript{1}

FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:
• 6.76 children born/woman (2006 est.)\textsuperscript{1}

RELEVANT HISTORY:
• Since 1991 Somalia has experienced factional warfare.
• Due to violence and displacement, a large majority of Somalis live in poverty. Most vulnerable are those who belong to ethnic minorities or minority clans and do not benefit from protection by a dominant clan or local authorities. Within Somalia, approximately 60% of all Somalis live a nomadic or semi-nomadic life to raise cattle, camels, sheep, and goats.\textsuperscript{2}
• As a result of ongoing civil disturbances Somalia is one of the largest sources of refugees and internally displaced persons in sub-Saharan Africa. An estimated 400,000 people are displaced within Somalia, and almost 400,000 more are refugees. Thousands of Somali refugees have fled to Ethiopia, Kenya, Djibouti, and Yemen. Many Somali refugees are also living in Burundi and Tanzania.
• Many refugees residing in Ethiopia, Kenya, and Djibouti are expected to be repatriated (sent back) to Somalia in the coming years.\textsuperscript{25} \textit{Consider that clients from this country may be concerned with deportation.}

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:
• In 2005, persons from Somalia comprised 19.3% (10,405 individuals) of all refugees arriving in the US. Between 2003 and 2005, Somalia was the leading country of origin for refugees arriving in the US.\textsuperscript{29}
• 5,829 persons from Somalia obtained legal permanent resident status* within the USA during fiscal year 2005.\textsuperscript{6}
• The average number of Somalis who obtained legal permanent resident status annually (1996 – 2005): 3,262.\textsuperscript{5}
• Metropolitan areas with large numbers of Somalis include Minneapolis, Columbus, Ohio, New York City, Washington, D.C., Boston, San Diego, Atlanta, and Detroit.\textsuperscript{5}

*Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”
According to 2005 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their state of residence.

The percentage of the total number of legal permanent residents by state:

1. Minnesota – 38.1%
2. Ohio – 13.1%
3. Washington – 7.2%
4. California – 4.9%
5. Georgia – 3.9%
6. Maine – 3.6%
7. Virginia – 2.8%
8. Tennessee – 2.7%
9. Texas – 2.6%
10. Massachusetts – 2.5%

The estimated number of individuals from this country emigrating annually to Canada:

- Canada received approximately 19,000 Somali asylum applicants from 1990 to 1998.  
- 980 persons from Somalia were granted permanent resident status within Canada during fiscal year 2005.
- The average number of Somalis who become legal permanent residents of Canada annually (1996 – 2005): 1,084.
- In 2005, Somali immigrants granted permanent residence in Canada accounted for 2.0% of all immigrants originally from Africa and the Middle East.

The estimated number of individuals from this country emigrating annually to countries within the European Union:

- Somalia has been among the top ten countries of origin for asylum applications to the European Union since 1991.
- Statistics collected by Eurostat indicate that approximately 120,000 Somali citizens live within the European Union.
- Between 30% and 40% reside in the United Kingdom, others reside mainly in the Netherlands, Sweden, Germany, and Italy.
- Persons from Somalia also represent a higher share of non-EU foreigners in Finland (8%) and Denmark (5%).
**TUBERCULOSIS EPIDEMIOLOGY**

Based on the estimated incident cases (all forms) of tuberculosis in 2004, this country is ranked number 41 out of 211 countries world-wide.\(^7\)

<table>
<thead>
<tr>
<th>Event</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Estimated Burden of Tuberculosis (2004):</td>
<td></td>
</tr>
<tr>
<td>Incidence:</td>
<td>411/100,000(^8)</td>
</tr>
<tr>
<td>Prevalence:</td>
<td>673/100,000(^9)</td>
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<tr>
<td>Reported Cases of TB (2005):</td>
<td>11,747(^7)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Event</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Estimated Burden of HIV Infection (2005):</td>
<td></td>
</tr>
<tr>
<td>Estimated prevalence:</td>
<td>0.9(^7)</td>
</tr>
<tr>
<td>Low estimate (adults):</td>
<td>0.5(^7)</td>
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<tr>
<td>High estimate (adults):</td>
<td>1.6(^7)</td>
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*The World Health Organization (WHO) estimates 21,000-72,000 Somalis are living with HIV.*\(^7\)

<table>
<thead>
<tr>
<th>Event</th>
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<tbody>
<tr>
<td>TB/HIV Co-infection (2004):</td>
<td></td>
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<tr>
<td>Estimated co-infection:</td>
<td>5-7%(^34)</td>
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**Adults ages 15-49 yrs:**

- Incidence: 16.4/100,000\(^23\)
- Prevalence: 8.2/100,000\(^23\)

**Level of Multi-Drug Resistant TB:** \(^*\) Multi-drug Resistance is defined as resistance to at least Isoniazid and Rifampicin

- 1.4% of new TB cases are multi-drug resistant\(^8\)
- 8.5% of previously treated TB cases are multi-drug resistant.\(^8\)

**Standard TB Drug Treatment/TB Medications Readily Available for the Treatment of TB in this Country:**

R = Rifampicin  
H = Isoniazid  
Z = Pyrazinamide  
E = Ethambutol  
S = Streptomycin  
Et = Ethionamide

The following drug regimens are used:

- **Category I and III:** 2RHZE/4RH
- **Category II:** 2 RHZES/1 RHZE/5 RHE.\(^37, 38, 39\)

**TB Control/DOTS Coverage:**

- According to the WHO, 100% of the country’s citizens are covered by DOTS.\(^8\)
TB MEDICATION AVAILABLE AT NO COST:

☐ Yes  ☐ No  ☐ Information Not found/Unknown

Comments: Medications are currently available at no cost in Somalia as a result of funding from the Global Development Fund.37, 38, 39

TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM

☐ Yes  ☐ No  ☐ Information Not found/Unknown

Comments: TB medications are available through private pharmacies.37, 38, 39

TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:

☐ Yes  ☐ No  ☐ Information Not found/Unknown

USE OF BCG VACCINE:

☐ Yes  ☐ No  ☐ Information Not found/Unknown

Approximately What Percent of the Population is Covered by the BCG Vaccine:

50% coverage (WHO-UNICEF estimates, 2005)10

Nicknames/Common Names for TB:

• The Somali word for cough is qufac.11
• Most Somalis use “TB” or tibisho (derived phonetically from Italian) when talking about tuberculosis. Cough with hemoptysis is qaaxo (pronounced “kah-ho”) or urug.11

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS

• Somalis are familiar with tuberculosis and many Somalis can describe TB symptoms.34
• Many Somalis were exposed to TB in refugee camps where TB control was poor.16
• It is a common belief that a positive PPD simply indicates that a person’s BCG vaccination was effective and that they are protected against TB.12
• TB skin tests conducted as part of refugee screenings may be perceived/reported as the BCG vaccine by some Somalis.34
• Some Somalis believe that a normal chest X-ray equals a negative screening for TB.11
• Because Somalis are accustomed to receiving medication when they go to a Western-style hospital, they may expect to receive medicine following medical visits.4
Relevant Information

• The Islamic Holiday of Ramadan occurs in the 9th month of the Muslim calendar (exact dates vary from year to year). Ramadan requires a person to fast (abstain from eating or drinking) during daylight hours for one month. Patients may be reluctant to take medication during the day, preferring instead to take TB medications at night. A person in need of medical care can delay the fast if medically necessary.

• Initiation and completion of LTBI treatment may require extensive/sensitive patient education; traditionally, preventative health practices involve prayer and living a life according to Islam.\textsuperscript{16}

<table>
<thead>
<tr>
<th>Common Misperceptions Related to TB Etiology/Cause</th>
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</thead>
<tbody>
<tr>
<td>• Among Somalis, there are varying beliefs concerning the cause of TB. Some Somalis may believe that TB is the result of:</td>
</tr>
<tr>
<td>– Punishment for dishonest or bad deeds\textsuperscript{11}</td>
</tr>
<tr>
<td>– Heredity\textsuperscript{11}</td>
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<tr>
<td>– Sorcery and witchcraft\textsuperscript{11}</td>
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<tr>
<td>– Distrust or loss of faith\textsuperscript{11}</td>
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<tr>
<td>– Injury to the chest\textsuperscript{34}</td>
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<tr>
<td>– Lifting heavy items, overwork\textsuperscript{34}</td>
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<tr>
<td>– Being cold\textsuperscript{34}</td>
</tr>
<tr>
<td>– Smoking\textsuperscript{34}</td>
</tr>
<tr>
<td>• While TB is associated with malnutrition, some individuals view hunger or malnutrition as the direct cause (or etiological agent) of tuberculosis disease.\textsuperscript{34, 37, 38, 39}</td>
</tr>
<tr>
<td>• Some may believe that the disease is a test of humanity or is the result of “God’s will.”\textsuperscript{11}</td>
</tr>
</tbody>
</table>

COMMON Misperceptions Related to Disease Transmission

• Some Somalis believe that TB is an inherited disease; others believe TB is transmitted from person to person by sharing eating utensils, sharing clothes or other household items.\textsuperscript{11, 34}

• Cold weather can transmit TB.\textsuperscript{37, 38, 39}

• While TB is associated with malnutrition, some individuals view malnutrition as the way in which TB is transmitted.\textsuperscript{37, 38, 39}

Note: In recent surveys conducted by the WHO, approximately 39\% of persons from Somalia were not aware that tuberculosis is a contagious disease.\textsuperscript{31}

Cures/Treatments That May Be Used

• Because of the strong social stigma attached to TB, traditional treatments that can be used privately are common.\textsuperscript{11} However, studies conducted in the US and London indicate that Somalis often trust Western medicine to treat TB disease.\textsuperscript{34}
• Treatment tends to combine prayer, traditional remedies, elderly practitioners (Ma’alin), as well as Western, allopathic medicine.\textsuperscript{14}

• Reading specific sections of the Koran is one of the most widely used treatments for TB because God is often considered the sole cause of TB.\textsuperscript{11}

• A common remedy to treat coughing consists of a mixture of raw eggs, butter, and honey; this is used by Somali children and adults.\textsuperscript{11}

• Drinking camel’s milk or a goat soup is also believed to be beneficial. The belief is that camel’s milk induces urination and bowel movements, which clears the stomach of maladies.\textsuperscript{11, 37, 38, 39}

• The use of various herbs and the leaves, roots and bark of certain trees in traditional medical practices is common.\textsuperscript{33}

• Cauterization of the chest with the end of hot stick.\textsuperscript{34}

• Herbs to induce vomiting\textsuperscript{34}

• When an illness is identified as TB, the patient’s family may prepare an especially nourishing, fatty diet (baan) in an effort to hasten a person’s recovery.\textsuperscript{11}

\textbf{USE OF TRADITIONAL HEALERS:}

• Some Bantu women, accompanied by traditional healers, perform ritual ceremonies, known as Gitimiri or Audara, to cast off illness and evil spells.\textsuperscript{33}

• Somali “traditional doctors” or traditional healers are usually older men in the community who learned their skills from family members.\textsuperscript{4}

• Certain kinds of illness, including tuberculosis and pneumonia, or symptoms such as coughing, vomiting, and loss of consciousness, are believed to result from spirit possession, namely, the wadaddo of the spirit world. The condition is treated by a human wadad (preferably a person has recovered from the sickness). The wadad will often read portions of the Koran over the patient and bathe the patient with perfume (which is associated with religious celebrations).\textsuperscript{14}

\textbf{Stigma and Stigmatizing Practices Surrounding TB in this Country}

Note: The stigma surrounding TB in Somali culture can be as severe as that of AIDS in Western culture.

• Somalis may refer to TB as “the worst disease in the world,” in part because the disease had traditionally meant a lifetime of illness and stigmatization.\textsuperscript{11, 14}

• Somali patients report being deeply ashamed and feel the need to hide their diagnosis due to fears of being ostracized. Patients may feel TB affects social, family and marital relations.\textsuperscript{31, 34}

• Persons diagnosed with TB fear that others will shun them.
  – Persons with TB are often confined to their own huts and given their own utensils and drinking cup instead of being allowed to eat with their hands from the same plate of food or drink from the same cup as family and friends, as is customary.\textsuperscript{11}
  – In Somalia, families might move their huts away from a family that has tuberculosis.\textsuperscript{14}
IMPORTANT TUBERCULOSIS EDUCATION POINTS:

Note: Treat the diagnosis of tuberculosis with the same sensitivity and confidentiality you would reserve for sexually transmitted diseases and HIV.11

• Be sure to explain that not all persons with TB cough bloody sputum. For many Somalis, tuberculosis is distinguished from other causes of cough on the basis of hemoptysis and/or weight loss.11

• Food may be used to speed recovery; emphasize the need for and reasons why TB medications must be taken even when symptoms resolve.

• Stress that TB is a curable disease – patients do recover.11

• Emphasize to the patient it’s “not your fault.”40

• In the past, TB patients in Somalia were quarantined in TB hospitals for many months.16 To allay fears of social isolation – discuss the expected time frame for respiratory isolation. Specifically address when a patient may participate in family meals and activities and personal protection (masks) measures.34, 37, 38, 39

• If no medications are given during a staff/clinic/hospital visit, explain the reasons for this. Many Somalis go to the doctor believing the primary reason for doing so is to receive medicine; they may view a “check-up” as a waste of time.4, 35

• When appropriate, provide family education and explain how transmission of TB can be prevented.34, 40

• The most preferred educational format is oral: use talks, presentations, and video to educate patients.34

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV AND AIDS

GENERAL COMMENTS

• Many Somalis still believe that HIV/AIDS is a “foreign” problem and cannot be found in Somalia because their country is a strong Muslim nation.15

• The actual rates of HIV/AIDS in Somalia are unknown because of the constant movement of people between borders (primarily refugees seeking asylum).15

• According to the World Health Organization, Somalia is one of the only countries in sub-Saharan Africa not dealing with significant epidemic proportions of HIV/AIDS. However, it is widely recognized that HIV prevalence rates within Somalia could rapidly increase over the next few years, especially given the prevalence rates in neighboring countries (Djibouti, Ethiopia, and Kenya), porous boundaries, and the mobility of people within the region.14
Relevant Information

- Surveys conducted by UNICEF, WHO, and the United Nations have revealed the following:
  - Only 26% of young Somali females have heard of AIDS, and only 1% know how to protect themselves from the virus.\(^\text{13}\)
  - Less than 15% of Somali females recognized that a healthy-looking person can have HIV.\(^\text{17}\)
  - Some males believe condoms are not safe and report using polythene bags instead of condoms when having sex.\(^\text{13}\)
  - Less than 30% of women living in northwest Somalia had ever heard of condoms. Only 13% of men and 3% of women in the region had ever used one.\(^\text{17}\)

**COMMON Misperceptions Related to HIV/AIDS Etiology/CAUSE**

- Healthy looking people do not have HIV.

**COMMON Misperceptions Related to Disease Transmission**

- It is a common assumption among Somalis that anyone who contracts HIV/AIDS must have committed a sin and is therefore cursed.\(^\text{18}\)
- Some Somalis may be reluctant to have blood drawn, undergo a tuberculin skin test or have medication administered by injection due to fears that they can contract HIV/AIDS from needles used for these procedures.\(^\text{16}\)

**Cures/Treatments That May Be Used**

- Traditional medicines may be considered as important as anti-retroviral drugs in treating HIV and AIDS. Some individuals may view traditional medicines more favorably due to fewer side effects or an absence of side effects.\(^\text{19}\)
- To treat pain, massage with anise oil and physiotherapy may be used.\(^\text{20}\)

**Stigma and Stigmatizing Practices**

- Because of the strong stigma associated with HIV/AIDS some Somalis may not want to know if they are HIV-infected, even when counseling and testing are offered.\(^\text{18}\)

**Important HIV Education Points:**

- The association of HIV/AIDS with sin discourages many Somalis from asking questions or seeking information about HIV/AIDS.\(^\text{18}\)
- Attempts to raise public awareness about HIV/AIDS are “not appropriate” culturally or religiously. Introducing the topic of HIV/AIDS in a discussion must be done with sensitivity and caution.\(^\text{27}\)

*Note: Current United Nations programs in Somalia that aim to educate people about HIV/AIDS and how to prevent transmission of the virus have utilized the “ABC” method which focuses on Abstinence, Being faithful, and using Condoms. This approach has met with resistance because some Somalis think it promotes promiscuity, which is contrary to the teachings of Islam.*\(^\text{19}\)
CULTURAL COURTESIES TO OBSERVE:
• Attitudes, social customs, and gender roles in Somalia are based primarily on Islamic tradition.\textsuperscript{22}

• During the month-long religious holiday of Ramadan (9th month of the Muslim Calendar), people pray, fast and refrain from drinking during the day, and will eat and take medications only at night.\textsuperscript{6, 22, 41}

• A handshake is the common and polite greeting, but men shake hands only with men, and women shake hands only with women. The right hand is considered the clean and the polite hand to use for passing medications, eating, writing and shaking hands.\textsuperscript{4, 22}

• A common greeting is to shake hands and say, “Salama-aleykum,” which roughly translates, “May peace be with you.”\textsuperscript{23, 41}

Other Expressions of Greeting:\textsuperscript{32}
• \textit{Ma nabad baa?} Hello. [literally, “Is it peace?” standard greeting]
  – Response: \textit{Waa nabad}. [literally, “It is peace.”]

• \textit{Iska warran?} How are you? [literally, “Tell about yourself.”]

• \textit{Bariideena} [Af Maay for “Good Morning”]

Is there a need to match client and provider by gender?

☐ Yes ☐ No ☐ Information Not found/Unknown

Comments:
• The majority of Somalis are Muslim; religious law prohibits interactions between adult men and women.

• Match client and provider by gender if the patient is an adult – especially if any type of physical examination will be performed.\textsuperscript{22, 41}

• If feasible, match interpreters by gender.\textsuperscript{4}

FAMILY
• Somalia is generally a clan-based society. Family and social structure in Somalia is organized by clan and sub-clan. For all Somalis, the family is the ultimate source of personal security and identity. When Somalis meet each other they don’t ask: Where are you from? Rather, they ask: “Whom are you from?” or “What is your lineage?” (\textit{tol maa tahay}?\textsuperscript{5, 22, 27, 32}

• Somali culture is male-centered and the male family members serve as the family spokespersons. Consequently, in some families females may be unable to decide on
receiving treatment on their own.\textsuperscript{16, 31, 32, 41}

Note: Health care decision making usually involves the entire Somali family; health staff should ask the family spokesperson if any other members of the family have concerns that the health staff need to address. (Generally Somali Bantu culture is also patriarchal.)\textsuperscript{33}

- With reference to Somali children, the father is expected to give consent for medical procedures or surgery. If he is absent, the mother can give consent. If neither is present, maternal uncles can do so.\textsuperscript{16}
- Children are highly valued in Somali culture, and a woman’s status is enhanced by the number of children she has.\textsuperscript{28}
- The average Bantu family consists of between four and eight children, often with a number of very young children, and the nuclear family typically includes grandparents, uncles, aunts, and other relatives. Like Muslims in Somalia, the Bantu practice polygamy.\textsuperscript{33}
- In times of crisis, the extended family may take responsibility for a family member’s health or financial problems.\textsuperscript{35}

**Names**

- Somalis do not have surnames in the Western sense. To identify a Somali, three names must be used: a given name followed by the father’s given name and the grandfather’s name. Women do not change their names at marriage. Thus, many names are similar – male and female siblings share the second and third name.\textsuperscript{32}
- The Bantu should be addressed by their first name.\textsuperscript{33}
- Most names have meaning, and certain names are given to denote time of birth, physical characteristics, birth order, and so on.\textsuperscript{32}
- Nearly all men and some women are identified by a public name, or naanays. There are two kinds of naanays: overt nicknames, similar to Western nicknames, and covert nicknames, which are used to talk about a person but rarely used to address that person.\textsuperscript{32}

**Cultural Values**

- Due to Muslim prohibitions against interactions between adult men and women, Somali women have a strong preference to work with female interpreters and health care providers.\textsuperscript{18, 22, 41}
- Elders are treated with respect and addressed as “aunt” or “uncle” even if they are strangers.\textsuperscript{4}
- The Somali Bantu (like other marginalized minorities) wish to better the lives of their children and are willing to work hard and make sacrifices to achieve this. (This may serve as a powerful motivating factor when encouraging clients to adhere to treatment.) Treating the Bantu fairly and respectfully will help establish rapport and earn the Bantu’s trust.\textsuperscript{35}

**Communication Patterns (Verbal and Non-verbal)**
• Direct eye contact may be avoided because of modesty.23

• Traditionally Somalis do not express gratitude or appreciation in conversation. Do not assume a client is ungrateful for assistance provided.34

• Somali beliefs include the “evil eye.”22 A person can give someone else the evil eye on purpose or inadvertently by praising the person, which brings harm or illness to the person praised.6

Note: The Somali Bantu’s style of communication may pose problems during contact investigations. Some Bantu are not accustomed to being interviewed and answering questions in a linear, sequential way. Women may not be able to give the exact age of their children, and use weather markers or particular events rather than specific dates to answer questions about dates of birth and other family history. The appropriate information might only be determined after long conversations with many follow-up questions. The Bantu are uncommonly open and honest with their answers.33

• Somali has a rich tradition of proverbs, passed on from previous generations and embellished by individual speakers. Proverbs play a very important role in everyday speech.32 A popular proverb that may be used when providing education to clients is: “Aqoon la’aani waa iftiin la’aan” – which translates to: Being without knowledge is to be without light.32

DIET AND NUTRITION

• Hospitalized patients might restrict themselves to food brought by family members, vegetarian meals or kosher foods.

• Muslim tradition forbids eating pork. All meat must be slaughtered in a special way so that it is clean (xalaal) and pure.

Note: Kosher foods meet Muslim dietary requirements.4,32

• Popular foods: An Italian style spaghetti, known as baasto, a variety of vegetables, fruits (especially bananas and citrus), milk, ghee (liquid butter).32

A FINAL NOTE:

• Some Somalis may have experienced torture, rape, and starvation in Somalia or in refugee camps. Some Somalis may suffer post-traumatic stress disorder or a mental illness that may interfere with their ability to accept disease control activities or adhere to treatment regimens.34

• Healthcare providers are encouraged to work with other social and mental health services in their community to ensure Somali clients have access to available/needed services.34
TRANSLATED EDUCATIONAL MATERIALS AVAILABLE THROUGH THE WORLD WIDE WEB

TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

General disease information
• TB fact sheet –
• Tuberculosis get the facts –
• Active TB disease –

Diagnostics
• Do I need a TB skin test? –
• The tuberculosis skin test –
• TB (tuberculosis) skin test (Mantoux) –
• What is a TB skin test? –
• The tuberculin skin test –
• Just the facts about BCG and TB –
• Instruction for collecting sputum for TB (tuberculosis) –

Explanation of contact investigations
• TB contact investigations –

Treatment
• Pills to prevent TB for you and your family –
• TB disease: You need treatment to make you well –
• Medications for treatment of tuberculosis –
• TB treatment –

• Stop TB infection before it makes you sick –

• Treatment for latent TB (tuberculosis) infection (LTBI) –

• INH-Standing between you & tuberculosis –

• What you should know about taking tuberculosis medicines –

TB/HIV

• TB and HIV: A dangerous partnership –

Audio visual materials

• Healthy roads media provides 3 formats of audiovisual materials specific to TB –
movie with images, Somali text and audio; audio-only; written document with some
images. These can be viewed or downloaded at: http://www.healthyroadsmedia.org/
topics/tuberculosis.htm

• Somali audio patient education: Teaching tool for somalis about tuberculosis
and INH treatment of latent TB infection –

• TB and one man’s story (Somali videotape) –
http://www.health.state.mn.us/divs/idepc/diseases/tb/videos.html

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HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

BROCHURES AND FACT SHEETS

• HIV/AIDS – Your questions answered –

• Safe sex –

• Sexually transmissible infections –

• Contraception, your choice –
DOH-7485-SOM.pdf

*Please note that this resource list is not conclusive and does not represent all the resources available
for this subject. Additional TB educational resources may also be found at www.findtbresources.org
REFERENCES


40. Beth Kingdon, MPH Education Coordinator, Tuberculosis Control Program Minnesota Department of Health (Personal Communication, June 28, 2007).

Staff-to-Staff Tips and Insights
Do you have experience working with clients who were born in this country?
Share your insights with your colleagues.