

# Tips for Providing Culturally Competent Tuberculosis Services to Persons from Somalia

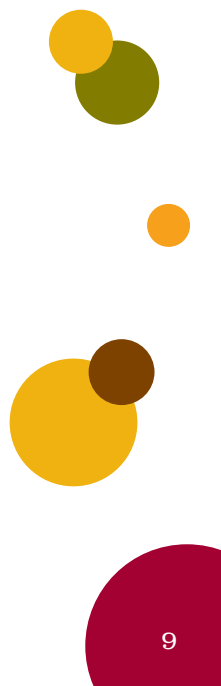
Below are practical suggestions presented in *Promoting Cultural Sensitivity: A Practical Guide for Tuberculosis Programs That Provide Services to Persons from Somalia*. These tips are intended for tuberculosis (TB) program staff, including program planners, managers, and providers who work with persons from Somalia. For additional background and resources, please consult the full version of the guide.

## *Interactions with Somali Patients and Family Members*

- Recognize that not all persons from Somalia are ethnic Somali. The Bantus, a tribal group originally brought to Somalia as slaves, may have special needs because of their historical marginalization in Somalia and distinct language and culture.
- In all situations, ensure patients receive services in a language they understand and speak.
- Do not assume that Somalis can read English or Somali. The Somali script was introduced only 30 years ago and social upheaval severely disrupted education.
- Recognize the role of family, especially the male head of household, in medical decision making. In some families, it may only be acceptable for the husband or father to speak for a woman.
- When possible, attempt to match female patients with female interpreters and health care providers. This is especially important when performing physical examinations.
- Remember that some Somalis maintain Islamic traditional norms about handshaking, limiting physical contact to persons of the same sex.
- Somalis traditionally do not express gratitude or appreciation verbally. Do not assume that patients are ungrateful if they do not acknowledge gratitude directly.
- Ensure confidentiality for all patients by conducting consultations in private settings. Avoid announcing names in common areas.

## *Mental Health and Other Health Issues*

- Be aware that some Somali refugees may have experienced rape, torture, or starvation. Some may be experiencing mental illness that could complicate adherence to TB medication.
- Recognize that female circumcision is an important but sensitive issue for many Somali women. Its illegal status (for girls younger than 18 years of age) in the United States has led to secrecy, and patients may feel uncomfortable discussing it with Western health care providers.
- Be aware of the practice of chewing *qat*, a leafy narcotic. Some Somalis may hesitate to initiate TB treatment because they believe they must discontinue chewing *qat* while undergoing treatment. *Qat* may affect one's ability to remember TB medication.



### *Tuberculosis Diagnosis and Treatment*

- Consider adopting cultural case management, whereby patients are matched to bilingual, bicultural case workers for the duration of their TB evaluation and treatment.
- A poor health service infrastructure, combined with inappropriate treatment regimens, may contribute to the development of drug resistance. Ask patients about previous TB treatment and perform drug susceptibility testing whenever possible.
- Find out when Ramadan occurs each year and accommodate the observance by suggesting that patients take their medications at night. Usually a person in need of medical care can delay the fast, if required.
- Somalis often expect medication to be given for all illnesses; if none is given, explain the reason why.
- Aid patients in developing a reminder system that might involve a family member or friend or other measures, such as keeping pill bottles next to a toothbrush, refrigerator, or car keys, but safely out of reach of children.
- Wherever possible, assess potential barriers caused by lack of transportation and develop solutions such as providing transportation to the clinic, allowing patients to access medications outside of regular clinic hours, or having case managers deliver medication to the home.

### *Social Stigma*

- Consider that the stigma associated with TB may impact a Somali's sense of family honor, which is an important value in Somali society.
- Discuss the social effects of TB with patients. Emphasize the need for only brief isolation during TB treatment to ease fears of social isolation. Clarify that social participation can continue after a diagnosis of LTBI or noninfectious TB. Specifically address participation in family meals and activities.

### *Tuberculosis Education and Outreach*

- Take time to understand the patient's perceptions of TB and LTBI so that education can be tailored appropriately.
- Provide education in formats preferred by Somalis, namely oral strategies such as community talks or presentations, radio, television, and videos to watch in the waiting room.
- Develop culturally relevant TB prevention, treatment, or anti-stigma messages.
- Although many Somalis have been exposed to Western medicine, Somali patients should be educated about preventive care.
- Address the important differences between TB disease and LTBI; clarify that TB disease can be prevented through LTBI treatment.
- Focus education on TB transmission: explain how TB is and is not transmitted.
- Clarify that patients' increased risk for TB largely comes from previous exposure in Somalia or in refugee camps.
- Emphasize that TB disease can be cured.