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Approach to Providing Culturally Sensitive Gynecologic and Obstetric Care for Somali Women

Izabella Ostrowski, MS3

Family Medicine Rotation: October-November 2022

Project Mentor: Michelle Dorwart, MD

Community Health Centers of Burlington, Vermont



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Project identification

- Since 1980, over 8,000 refugees have started new lives in Vermont with assistance from USCRI¹
 - 9% of all refugees from 2008 to 2011 were from Somalia²
- Community Health Centers of Burlington (CHCB) provides prenatal and primary care to many Somali women in the community
 - A total of 211 deliveries to Somalia-born women were identified at UVM Medical Center from 2009–2016²
- There is data to support gynecologic and obstetric health disparities for Somali women
 - There is a greater frequency of total obstetrical lacerations², which may be associated with common cultural practices in Somalia such as female genital cutting/circumcision
 - Somali patients have significantly lower completion rates of mammography and pap smears than non-Somali patients³
 - Understanding population-specific health beliefs, health information, and behavior are crucial for designing tailored prevention programs for refugee women⁴
- While working directly with Somali women at CHCB, I became increasingly aware of how a lack of understanding of Somali culture, religion and values could potentially be one of the barriers leading to these disparities

AHEC Focus Areas Addressed

- Cultural competency
 - Addressing how a knowledge and openness for the unique culture, religion and values of the Somali community could impact the way care is delivered to Somali women by medical students, residents and providers with an ultimate goal of building trust and strengthening therapeutic relationships with patients
- Medical practice transformation
 - Emphasizing the importance of staff and provider education and training on the intricacies of the Somali culture and religion prior to patient interactions

Public Health Costs

- Breast cancer was the most common cancer in women worldwide, contributing 25.8% of the total number of new cases diagnosed in 2020⁵
- Cervical cancer was the fourth most common cancer in women, contributing 6.9% of the total number of new cancer cases diagnosed in 2020⁵
- Widespread coverage of both HPV vaccination and (at least) twice lifetime cervical screening from 2020 onwards has potential to avert up to 12.5–13.4 M cases by 2069 and could achieve average cervical cancer incidence rates of <4 per 100,000 globally⁶
- The mean cost of screening a woman for breast cancer was \$105, and the cost per breast cancer detected was \$10,566. For cervical cancer, these costs were \$60 and \$13,340, respectively ⁷

Community Perspective

“Family is so important to Somali people and is way more important than anything we [physicians] would say. Maybe a Somali women would have preeclampsia and you would recommend she should be induced. She might say no and go home if her family is telling her, ‘No you should wait, you should follow God’s will’, even if you explain that her and her baby could die. It may be hard for us to understand from our medical culture, but family and religion are the most powerful and important things to them. It can be so hard because we’re not trained for that and we’re not accepting of that in most cases so it can be hard to sit with and understand their decisions. So we try to make sure they understand the risks and if they do then they get to choose.”

“If I am doing an initial OB visit, I will be very direct and ask them if they had underwent genital cutting or circumcision and this is a normative thing in their culture. It is almost always a type III circumcision for Somali women. Usually a significant portion of their vulva has been removed and then infibulated. There are varying degrees of how narrow the vaginal introitus is... The biggest issue is during labor, most women tend to anticipate that they will need a deinfibulation and understand that this is necessary for the baby to be born in most cases. ”

-Michelle Dorwart, MD
Family Physician at CHCB

Discussing approaches to encounters with patients of other cultures...

“I truly think that having curiosity, learning to ask questions, and having a general approach to people-it doesn’t matter where they’re from. These are things that just need to be how we practice medicine. We need to practice with openness, curiosity and to understand that medicine is cultural and western medicine is very cultural. I think having an understanding of different things but then recognizing that the way you’ve been taught is through a cultural lens as well and having the humility to understand that. And then really creating these spaces which I think are about cultural safety which is allowing patients to feel like they can tell you what they need you to know because you are open to listening to it and I think that is the only way we can really teach you [medical students]...It requires you to be trained throughout your entire career to practice with a sense of curiosity about the other and a sense of openness to listening and to have the creativity to hear the threads of truth that are similar and not to only have one narrative, and I think that is key.”

-Andrea Green, MD
Pediatrician at UVMMC; Director of Pediatric New American Program

Community Perspective

Perceptions of gynecologic care within the Somali community...

“My perspective is that I don't think it's understood at all. It is frowned upon to talk about sex or women's health...there is not much discussion of this within our families. We do discuss hard facts about getting a period but not about many gynecologic issues that may come up.”

“I remember going to a well-child visit when I was about 13 and getting asked about whether I was sexually active. I remember my mother getting furious because she was wondering why I was getting asked these questions and wondering why they want me to know what sex even was. I remember my mom taking it so personally and feeling personally attacked. My mom was mad the first time they asked if she could step out of the room so that the doctor could speak to me alone...I think that asking moms to leave might not be helping at all. It does give us that safe place to speak with the doctor but gives us anxiety of our moms questioning us after and gives us a feeling of trying to isolate us from our parents. Having these conversations about sex and periods with a mom or parent there might be a great way to start so that both the parent AND the child are getting some type of education.”

“As a Somalian woman, it would be greatly helpful [at medical appointments] to feel like my culture is respected and understood. I think if a doctor understood a patient's background and women's health in their culture, it would probably be less scary for me to bring my daughter to the gynecologist. There are huge differences, such as circumcision in women, that back home in Somalia is a completely normal thing for us and something that we have pride in and encourage. There is a fear of having gynecologic exams here if a woman is circumcised and that we will get put into jail because we don't do that type of stuff here.”

-Rotha Ibrahim

Medical Assistant at CHCB, Somali Refugee

Intervention and Methodology

- The main goal of this project:
 - 1) Identify common themes of Somali culture, religion and values that we may encounter while providing medical care
 - 2) Provide educational materials for anyone who interacts with Somali women in a health care setting
- Educational material included the creation of a one-page, easily comprehensible, high-yield infographic about Somali culture, religion and values that could directly impact the way we interact with Somali women and provide care
- This material will be provided to future UVM LCOM students during their week-long Family Medicine Orientation so that they can learn more about the Somali population they will likely be closely working with
 - The guide will also be given to CHCB to be offered to new providers who may not have prior knowledge about the local Somali community

Response

- There was a positive response from medical providers at CHCB
 - Feedback from physicians is that a lot of what they have learned about the Somali community and their culture is from personal research outside of work or asking their patients questions to gain further knowledge, and that it would be helpful to receive more formal education or materials
- There was also a positive response from members of the local Somali community
 - There is a hope from local community members that increased awareness of the Somali culture will allow physicians to develop more trust with Somali women and ultimately lead to more cancer screenings and better patient outcomes

Evaluation of Effectiveness and Limitations

Ways to potentially evaluate effectiveness:

- Survey Somali women about satisfaction with gynecologic and obstetric care at CHCB after providing physician and student education
- Survey medical students and medical providers on their knowledge of general Somali culture and values, as well as comfort levels in providing culturally sensitive care to Somali women, before and after reading the educational materials
- A long-term evaluation method would be to analyze trends of the percentage of Somali women completing cervical cancer or breast cancer screenings over the next few years

Limitations:

- It would have been valuable to interview more members of the local Somali community. This would likely produce more perspectives pertaining to unique cultural/religious beliefs and values, as these are things that likely can vary slightly between families and individuals

Recommendations for future interventions

- Work with local Somali women who have a connection to CHCB (medical assistants, lab staff, etc.) and CHCB providers to create workshop sessions for Somali women for them to learn more about cancer screenings and ask questions prior to pregnancies/deliveries at UVMMC
- Expand partnerships with the Islamic Society of Vermont, which many Somali women are a part of
- Create more formal teaching sessions/modules for students, residents and physicians so that a standardized, general knowledge of Somali culture is expanded to all medical providers working at UVM Medical Center or the greater Burlington area where there are many Somali patients seeking medical care

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