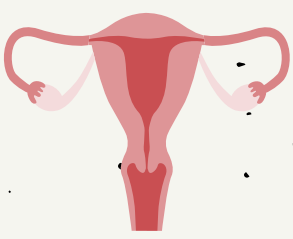
# Approach to Providing Culturally Sensitive Gynecologic and Obstetric Care for Somali Women

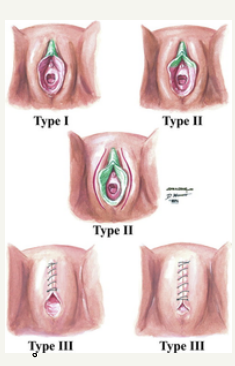

- Somalia is a country in Africa. The predominant religion of Somalia is Islam with most of the population identifying as Sunni Muslim. Many refugees have fled Somalia over the past 30 years due to political instability and civil war. Since 1980, over 8,000 refugees have settled in Vermont, with about 9% of refugees being from Somalia. Community Health Centers of Burlington (CHCB) provides prenatal and primary care to many Somali women in the community with a total of 211 deliveries to Somalia-born women identified at UVMMC from 2009–2016 (Flanagan and Mann, 2020).

There are known gynecologic and obstetric health disparities for Somali women, such as significantly lower completion rates of mammography and pap smears than non-Somali patients. Research has shown that an understanding of cultural health beliefs and values are crucial for creating tailored prevention programs for refugee women. Outlined below are several examples of beliefs, values and traditions of Somali women that are important for students and providers to know in order to provide the most culturally sensitive care.



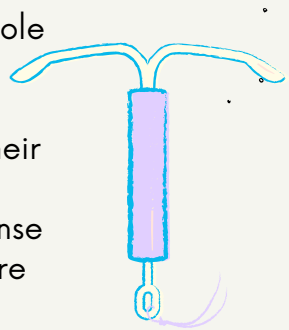
In Somalia, most young women do not receive education about gynecologic or sexual health and do not routinely undergo preventative cancer screenings such as pap smears and mammograms. Most Somali women have never had a pelvic exam using a speculum and this can be considered a very invasive examination. In fact, there is not even a direct translation of "speculum" from English into the Somali language. If a woman is undergoing a pap smear for the first time in your office, ensure there is a translator available and thoroughly explain the procedure with showing the speculum prior to doing the examination while the patient is fully dressed and able to ask questions. Suggest that the patient may leave her skirt/dress on during the examination to protect modesty but to remove undergarments and provide an extra drape to put over her knees.

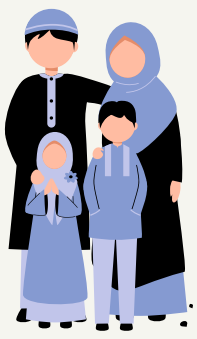
A common cultural practice in Somalia is female genital cutting/circumcision. This is a procedure performed to young girls which involves the partial or total removal and/or sewing closed of the external genitalia for non-medical reasons. There are four circumcision types of varying extent. These procedures are part of a deep-rooted cultural tradition and are considered a social norm in Somalia. Female genital cutting is believed to be a symbol of femininity, modesty, cleanliness, beauty, and preparation for adulthood/marriage. Women who did not undergo this procedure could face judgment, be ostracized within their community, and be seen unfit to marry. Many women are proud to have undergone this procedure, although there are some women who have been traumatized by the experience as well.




It is important for medical providers to be aware of the cultural practice of female genital cutting because it can directly impact gynecologic and obstetric care. Women are at high risk of future medical complications such as scar tissue/keloid, urinary and vaginal infections and painful intercourse. There can also be significant complications during labor and delivery, such as increased risk of obstetric lacerations. The sealing or narrowing of the vaginal opening (Type 3), may require the cutting open of the sealed external genitalia to allow a baby to be birthed. Many women may avoid going to the doctor for a gynecologic exam because they fear judgement or punishment for having undergone genital cutting, as it is illegal in the United States and laws are changing in Africa as well.

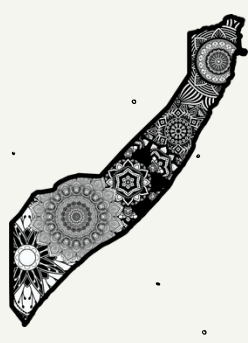
The discussion surrounding contraception can be a very difficult topic for Somali women. Having many children is considered to be a blessing and being a mother plays a large role in the identity of a Somali woman. Religious beliefs are centered around the idea that if God wants you to have a child, then you will have a child. Thus, Somali women may view contraception as going against God's will. When young Somali women are brought to their pediatrician, mothers may not want to leave her daughter to speak with the doctor by herself. When asked if the daughter is sexually active, the mothers might take great offense to this because young Somali women are raised to only be sexually active with their future husbands. A suggestion by a member of the local Somali community was to provide education about the reasons for these questions with both mom and daughter.





It is important to know that family and religion are two things Somali people value most. Trust, like in any relationship, can initially be difficult to build, especially because many Somali people build trust by knowing a person and their family for many years or even generations. There are also very strong family values within their community. Often, children will look to parents for guidance about medical decisions and support each other. For example, if a pregnant patient is diagnosed with preeclampsia and is recommended to have an induction, but her family is urging her to follow God's will and not pursue this option, she may deny the induction despite being informed of the risks. Many daughters also want their mother or some other female relative in the room with them during labor and delivery.

A general approach to providing care to Somali women patients is to practice curiosity, openness, and humility. It is important to ask questions and learn from your patients. Medical providers should create safe spaces without judgment so that patients feel that they have the opportunity to share important and sensitive information. Work to understand the values, beliefs and traditions of your patients and then provide them with education and care plans that fit their own unique needs. These are skills that can be applied beyond just working with Somali patients, as cultural humility and curiosity are valuable with many other patients who have beliefs and ways of life different than our own.



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