

# Objective toward somali immigrants in the healthcare setting

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College Culture refers to the sum of behavior patterns, beliefs, arts, s and all other human work that are socially transmitted. Health is one important component of culture that define the structure and development of particular people.

The Somali are a group of people from the Somalia origin and belong to the Islam religion. Their immigrants in the U. S, for instance, have since posed a challenge to healthcare providers being that they have a lot of trust in their religion, belief and practices to sort their problems or complications. They believe that illness is caused by angry spirits or the evil eye and they use extensively herbal medicine traditions or rituals to go about the illnesses. These include prayer and fire-burning which entails applying a heated stick to the skin. According to Lewis, 1996, those immigrants exposed to modern medicine expect medication for every illness thus may be disappointed when nothing is prescribed. Additionally, they also put their trust in health professionals of the same sex and do not believe in preventive medicine. I believe that in as much as it aims to maintain their cultural heritage, the Somali should give up some of their beliefs and move into the modern day by embracing the technology of science and health.

This opinion holds because some of the methods used by the Islam to treat their complications are crude and can end up affecting them even negatively. With their location in the U. S, they have accessibility to the modern methods of healthcare and this will even reduce the spread of certain diseases such as T. B. The Somali are more prone to this because in their culture it is customary for family and friends to eat with their hands from the same plate and drink from a shared cup, according to Putnam and

Noor (1999).

There are experiences with the Somalis who refuse to be treated for some treatments because of what they uphold in their culture. Somali hesitates to initiate TB treatment because they believe they must discontinue chewing 'khat' while undergoing treatment. However, United States Drug Enforcement Agency (DEA) states that using the leafy narcotic may affect one's ability to remember their medication.

The family, community and the media enhance the beliefs in modern health by insisting on one seeking medication whenever they are unwell. The media has a key role of agenda-setting in the society and through this; they make their audience aware that adopting proper health practices is advisable. The church advises their members to visit health centers despite praying for them.

The belief by Somali immigrants will adversely affect their health care because they might finally give in at later stages of certain diseases when they have surpassed the manageable levels. In this regard, assuming that health centers are built near the areas that the immigrants live, they will be an increased tendency to visit the health care providers. This will influence health provision to primary level; during early stages of infection and will ensure proximity from them.

The Campinha-Bacote model acknowledges that the world has been inhabited by people of varied cultures and so a way of harmonizing them must be found to help deliver proper health care. The model encompasses cultural competence from the providers which include awareness, knowledge, skill, encounters and desire. Cultural competence means that the

providers have to strive providing culturally-responsive services to their diverse clients.

#### Cultural awareness

This means that a professional must examine and explore properly the background of different cultures to understand them better in terms of biases, prejudices and assumptions. On this, I will strive to create a network of friends who come from different cultures.

#### Cultural knowledge

It involves seeking to get educational information and foundation of a particular culture. It covers health-related beliefs and values, disease incidence and prevalence as well treatment efficacy according to Lavizzo-Mourey, 1996. I will seek to get such information from books, publications and even the internet.

#### Cultural skill

This is the ability to accurately collect relevant cultural data on cultural performance based on physical performance. According to Leininger (1978), it involves a systematic appraisal and examination of individuals, groups and communities on their beliefs, values and practices. I would practice actively on the techniques of getting the skill and at the same time being so keen to ensure the accuracy.

Cultural encounters. - The process encourages the providers to actively engage in cross-cultural interactions with clients from diverse backgrounds. I will ensure to learn various languages to ensure easy communication with others from different cultures and at the same time being social and open as possible to them.

### Cultural desire

This refers to the inner drive of one to acquire the knowledge of a culture rather than be compelled to. It all revolves around the urge to care about the cultural prospects. I will develop the passion in the health practices while being open hence enhancing cultural humility, according to Tervalon and Murray-Garcia, 1998.

There has been a constant conflict on the ideologies of culture and those of science, specifically relating to health. However, for better human living standards, health care providers can ensure cultural competence through which they can counter the challenges they meet in the delivery.

### References

Campinha-Bacote, J. (2003). The process of cultural competence in the delivery of healthcare services: A culturally competent model of care. Cincinnati, Ohio?: Transcultural C. A. R. E. Associates.