

Clinical Cultural Report on Somali Culture: Maternal Newborn Care

Roxanne Balag

N432 Maternal-Newborn Care

Lakeview College of Nursing

Professor Jodi Bohlen

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Cultural Description

Somalia is located on the coast of Eastern Africa. This community's leading Sunni Muslim religion is the primary source of its customs, beliefs, and behaviors. The community supports early marriages. Bearing many children is attributed to more food and increased clan power (Gee et al., 2019). Healthcare professionals must be aware of cultural differences in order to give adequate and considerate care when it comes to the needs of mothers and newborns.

Somali Cultural Values

Religion

Sunni Islam has a significant religious effect on Somali culture. Somali women often prefer female medical professionals or home delivery, particularly while having intimate procedures or giving birth (Mohamed et al., 2021). This results from Islamic beliefs about modesty and gender segregation. Acknowledging and accommodating this desire has a big influence on the connection and confidence that nurses and other healthcare professionals build with clients. The community believes contraceptives and abortion is against the will of God.

Healing Beliefs and Practices

The Somalis believe giving birth is natural while discussing healing beliefs and practices (Mohammed et al., 2021). Pain and suffering are viewed as a test from Allah. Persevering through pain is a sign of building a strong bond with God. Pain in labor must be gone through with patience and strength. This belief can affect healthcare choices and pain control, particularly. Many Somali women choose to give birth naturally, refraining from medical procedures and interventions like epidurals (Gee et al., 2019). Moreover, customs, such as trust

in traditional rituals as a means of healing, are a source of concern in implementing postnatal care plans (Mohammed et al., 2021).

Family Life

In Somali culture, elders have a key role in decisions, especially those about health, in extended families where everyone lives together (Gee et al., 2019). The community consists of extended large families; fathers are the head of the family who make decisions on behalf of their women. Elderly women have an influence on decision-making. The elders serve as the heads of clans. The voice of the older women, sometimes grandmothers, significantly impacts situations requiring birthing or maternal care. These norms can promote customs that conflict with current medical and healthcare recommendations (Gee et al., 2019).

Communication

Sensitivity is necessary while speaking with clients who are Somali. The woman's agreement is still crucial, especially during decision-making on maternal healthcare, even if men in the household may take the initiative in conversations, especially with strangers (Mohammed et al., 2021). The wives are not allowed to talk to strangers; their husbands dictate who can communicate with them. A nonverbal cue like eye contact is a sign of respect and is only maintained by family members, not strangers. Utilizing a translator is crucial for effective communication. Keeping eye contact is also regarded as a polite gesture, but female clients may avoid doing so with men who are not related to them.

Dietary Norms

In Somali culture, diet is key, especially in maternal health. Women are frequently offered specific, nutrient-rich diets after delivery to promote healing and milk production. This diet must

still be fully halal, and any hospitalization or medical treatment must guarantee the availability of these dietary alternatives (Mohammed et al., 2021).

Implications of Core Values on Healthcare

The influence of religion, traditional customs, and family structures calls for individualized and person-centered healthcare interventions. Some Somali women believe that invasive procedures affect childbearing capabilities.

Recommendations

Healthcare providers should provide Somali female clients access to female medical staff; this can help with gender sensitivity and increase their comfort and trust. Practitioners should practice good communication by ensuring that translation services are offered. For quality improvement, verbal and non-verbal clues should be carefully assessed. Halal food alternatives should be available throughout hospital stays. Every healthcare worker should recognize suitable particular Somali cultural post-childbirth food customs and incorporate them into care (Gee et al., 2019). Healthcare workers may improve the standard of care by recognizing and respecting the individual client's culture.

References

- Mohamed, A. A., Bocher, T., Magan, M. A., Omar, A., Mutai, O., Mohamoud, S. A., & Omer, M. (2021). Experiences from the field: A qualitative study exploring barriers to maternal and child health service utilization in IDP settings Somalia. *International Journal of Women's Health, 13*, 1147–1160. <https://doi.org/10.2147/IJWH.S330069>
- Gee, S., Vargas, J., & Foster, A. M. (2019). "The more children you have, the more praise you get from the community": exploring the role of sociocultural context and perceptions of care on maternal and newborn health among Somali refugees in UNHCR supported camps in Kenya. *Conflict and Health, 13*, 11. <https://doi.org/10.1186/s13031-019-0195-z>