Introduction

As a result of the Somali Civil War that started in 1991, there have been about 2 million refugees scattered across the globe. Women are the central unit of family structure in the nation, but they face the greatest challenges in adjusting to their new homes upon resettlement.

Methods

- Identify locations for field research (Columbus, OH; Phoenix, AZ; San Diego, CA; Seattle, WA) and contact Somali leaders in each specific community.
- Create an interview schedule that includes all encompassing questions that probe different aspects of the woman’s lived experiences.
- Record, transcribe, and code interviews accordingly.

Objective of the Study

The purpose of this senior thesis is to document through interviews with both key informants (public health officials, doctors, lawyers, community and faith based leaders) the health issues faced specifically by this particularly vulnerable population and create policy recommendations that reflect and bridge the needs faced by this marginalized community.

Results

The top 3 health issues faced by Somali women are:

1. Lack of insurance/language services
2. Forced C-sections
3. Lack of culturally specific mental health services

There were generational differences in the engagement with health care, particularly given that young women were more likely to be more fluent in the English language.

Findings were very unique to the circumstances in each city, for example:

In San Diego, CA, there have been many women who suffered from domestic violence. The community organizations there organized around creating spaces where women could safely discuss, in Somali, the issues they may be having with their husbands while being informed about the various hotlines that would provide them with alternative housing if they are feeling unsafe. However, unfortunately this was reactionary to the death of an important community figure who was beaten to death by her husband.

Discussion

- The Somali communities are incredibly close-knit, therefore the negative or positive experiences of one women in the community will affect the opinions of countless others.
- Many women do not have a firm grasp of the English language, therefore there should be more public health initiatives to educate women in their native language.

Questions

Which health interventions are most effective in the Somali diaspora communities around the United States? How do they differ from other nations where there may be low-cost or free of charge health care? What would be the best way to provide culturally competent mental health care?

Conclusion

Building bridges between the women and health services by empowering community leaders, elders, and Imams with the tools necessary to advocate for one’s health and wellbeing.

Acknowledgements

I would first like to thank the Center for Health and Wellbeing for both supporting and funding my research, my thesis advisor Prof. Sanyu Mojola for her continued mentorship and encouragement, and the Somali community organizations that hosted my research.

Research conducted thus far in: Columbus, Ohio; Phoenix, AZ; and San Diego, CA.

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