

Treating refugees from Western perspective leaves providers, patients lost in translation

December 20 2017

For years, research has shown that female Somali Bantu refugees may be hesitant to use hormonal birth control and other methods of family planning.

However, a new University at Buffalo study revealed that the women are open to family planning when methods help to space births of future children, rather than preventing new additions to their families.

In most Western cultures, family planning is often used to stop future pregnancies, however, in Somali Bantu culture, the thought of not wanting more children is considered taboo and carries a negative connotation, says Kafuli Agbemenu, PhD, lead investigator and assistant professor in the UB School of Nursing.

"The way in which [health care providers](#) frame the conversation around family planning dramatically influences uptake," says Agbemenu.

The research, recently published in the *Journal of Clinical Nursing*, highlights the importance of culture and perspective in health care.

The findings will be particularly useful to clinicians in Buffalo. The city is home to nearly 2,000 Somali Bantu refugees.

Additional authors include late UB School of Nursing assistant professor Ellen Volpe, PhD, and Ervin Dyer, PhD, an investigator at the University of Pittsburgh.

When reviewing literature on the population, Agbemenu found reports of Somali Bantu refugee women being distrustful of birth control and other methods of family planning. However, few studies examined how these women made their decisions.

The UB-led study surveyed 30 Bantu adult female refugees in Western New York. Participants were asked about their attitudes toward family planning in the U.S. - including hormonal birth control, extended breast feeding and counting days between menstrual cycles - and their previous experiences with it in other countries.

Results found that previous reports of adverseness to health care by the women were likely caused by the assumption of health care providers that the women approached family planning with Western values.

Typically, says Agbemenu, when a woman goes to the doctor, they are asked if they want to be pregnant within the next year. If the answer is no, family planning is recommended. For the Bantu women, the question can be misunderstood due to their cultural background.

"Health care providers carry the perspective that once you reach a certain age, you don't want to be pregnant anymore. That perspective influences their approach to patient care," says Agbemenu. "In this community, all the way to menopause, there is no saying that they don't want more children."

These decisions are tied to cultural norms, and potentially life experiences as well, she says. Having endured refugee camps where the child mortality rate is high, many of the women live with the understanding that their child's survival to adulthood is not guaranteed.

Due to these norms, Bantu refugee families are usually larger than American families. But despite their reluctance to forego having

children, the [women](#) are open to the use of family planning.

"If you reframe the question to how much space do you want between your children, you will have a more positive environment for communication," says Agbemenu.

The results highlight the need for [health care](#) practitioners to gain a more nuanced understanding of the decision factors driving the populations they treat, she says.

Provided by University at Buffalo

Citation: Treating refugees from Western perspective leaves providers, patients lost in translation (2017, December 20) retrieved 17 May 2024 from <https://medicalxpress.com/news/2017-12-refugees-western-perspective-patients-lost.html>

| |
|--|
| <p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p> |
|--|