Somali women in Leeds: their health and well being

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Aims

The objective of the research was to identify and illustrate the health needs of Somali women and offer recommendations for service providers to implement change.

Methodology

The research was conducted by Bradford Resource Centre on behalf of East Leeds Health For All with funding from Leeds City Council. 3 focus group discussions and 23 qualitative interviews were conducted with Somali women. Key service providers and Somali community organisations were also consulted.

Key issues

The women who participated were suffering from extreme trauma and isolation. Poor living conditions, pressures of

parenting, and hostility from the indigenous population had an adverse effect on physical and emotional wellbeing and caused stress. Barriers preventing the women from accessing appropriate health services needed included difficulties in communication, lack of knowledge about the institutions and practices in the UK, and a lack of understanding among service providers of the specific health needs of Somalis. Problems relating to urinary infections and menstruation were common; some spoke of personal experiences and effects of female genital mutilation [FGM]. Some women had experienced minor incidents or racist comments that they did not let affect them; others had experienced death threats and harassment ostensibly exacerbated by terrorist events, Islamaphobia and anti-asylum sentiment. Muslim faith was important and a source of strength and unification among Somalis.

Conclusions

Changes to diet and level of activity, a high prevalence of stress-related symptoms and adjustments to the British climate make for increased medical needs and frequency of appointments. It is likely that FGM was more common than was disclosed. Half of the sample lived alone or were head of the household - there were clear needs for practical and emotional support. There was a greater reliance on informal rather than formal support.

Recommendations

Recommendations are directed at health services, language support and other agencies. Improve cultural sensitivity and awareness of medical practitioners and service providers to the needs of asylum seekers and refugees, of stress-related symptoms and FGM. Offer female doctors and interpreters; improve support for women who have experienced trauma. Provide appropriate childcare to relieve pressure and prevent isolation. Provide prompt and effective support for families experiencing racial harassment, quick relocation when at risk; advocacy and awareness in reporting hate crime. Signpost those wanting to contact family to the British Red Cross Tracing and Message Service; improve awareness among agencies of each other's services.

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