



Bridging Refugee Youth & Children's Services

This document is provided by the BRYCS Clearinghouse.

Somali Bantu Cultural Orientation - Emails from Kenya

By

Pindie Stephen and
Sasha Chanoff
IOM Staff
Kenya, Africa

2003

IOM International Organization for Migration

Reprinted with permission of the authors, Pindie Stephen and Sasha Chanoff, IOM Staff, Kenya.



BRYCS is a joint project of Lutheran Immigration and Refugee Service (LIRS) and
the United States Conference of Catholic Bishops/Migration and Refugee Services (USCCB/MRS)

888.572.6500

info@brycs.org

www.brycs.org



The Somali Bantu – Emails from Kenya

Cultural orientation for the Somali Bantu is conducted by the International Organization for Migration (IOM). Through communications via the Cultural Orientation listserv from IOM staff in Nairobi, Kenya, much can be learned about the orientation the Bantus receive and the challenges that await them and the social service workers who will ultimately serve them in the U.S.

Among the IOM staff who have graciously allowed their words of wisdom to be shared here are Pindie Stephen, Regional Cultural Orientation Coordinator, and Sasha Chanoff.

“For all people planning Bantu orientation courses in the US, take to heart one important message: Please start from the beginning in all you do. Do not assume that the Bantus will know how to use a stove, turn on hot and cold water taps, use telephones, turn on light switches, or be familiar with any other aspect of US living. ...Our trainers are already reporting that the retention of information is very low compared to the retention rate in our Nairobi cultural orientation classes. In our teaching units we are presenting all the relevant information provided in normal courses, and creating additional units according to needs. The regular teaching topics include: Overview of America, pre-arrival processing, role of the resettlement agency, community services, rights and responsibilities of refugees, law, housing, transport, education, employment, budgeting, health, cultural adjustment and travel.

For our housing unit we are in the process of building a fully functional kitchen and bathroom in order to have hands-on lessons. We have created additional topics for the Bantu orientations. We are emphasizing literacy and numeracy in each class, practicing name writing and numbers each morning. Another new unit we have created focuses on the importance of time and dates. We have alarm clocks in each classroom and calendars and every morning at the start of class we discuss the importance of time and dates. We are also creating a unit on food in order to expose the Bantus to forms of food beyond the beans, corn, lentils, oil and salt that they have lived on for ten years in the camps. Our hygiene and cleanliness section emphasizes the importance Americans place on hygiene and the steps one should take to insure proper hygiene is maintained in the US. We are also demonstrating cleanliness in the household and the various methods and cleaning agents used to clean a household.

*Our mother's classes focus on childcare issues and parenting. Most of the women have at least one young infant (in the first class of 30 mothers we had 34 infants between the ages of 10 weeks and 14 months). We have one classroom dedicated to mother's classes and we have set up a daycare center. ... These Bantus are very unexposed, and this has been highlighted in every piece written about them. They will need repetition and reinforcement to learn how to negotiate daily life in the US. The Somali Bantus will benefit from volunteers in their community who can develop relationships with them, starting from their arrival, and meet with them as often as possible to demonstrate the use of basic household appliances and other simple tasks which often are taken for granted. **The sheer number of young infants (the average family has one or two young***

infants, along with a number of other children) will impact any agency planning to work with this group, so it will be important to plan and focus on all aspects of orientation keeping infants in mind...

As for our CO for Youth Class outline, we cover many of the topics covered in our standard CO curriculum, but add the following:

Adapting to Life in the U.S.; Peer Pressure; Dating and Social Life in the U.S.; Fashion and Style; Alcohol and Drugs; School Life; the Education System; Extracurricular Activities; US Laws; US Values; Rights of Minors; Cultural Identity; Using Public Transportation; Responsibilities; Discipline and Problems in the US Public Schools; Pt-Time Employment for School-aged youth; Budgeting; Living in a Multi-Ethnic Society; Relationships (with family, authority; peers, neighbors, communities, etc.); Preserving your Culture; Racial Issues; Discrimination; Cultural Misunderstandings; Fitting In; US Sport and Music; Driving in the U.S.; and finally Traveling to the U.S.

We have also had exchange letter-writing between classes of youth in Africa and classes of newcomers (refugee youth) in the U.S. One such project, the Dugsi Project, enabled classes to write to one another and enclose digital pictures. This gave the youth an opportunity to ask and answer questions about various topics and life in the U.S. in general...

The following information, taken from minutes of an interagency meeting held with UNHCR and their implementing partners in Kakuma, discusses nutrition and overall health of Somali Bantus. Over the last six months "crude and under-five mortality rates" are considerably higher than the average for the rest of the camp population. In addition, nutrition surveillance indicators suggest an alarming malnutrition among children of this group. Although the Somali Bantus make up only 15% of the Kakuma camp refugee population, more than 60% of the children admitted to the therapeutic feeding program in the last six months were from the Somali Bantus. The level of acute malnutrition is similar to the other camp population, however, the level of chronic malnutrition is reported at 65.2% for the SB as compared to 13.6% for the others. The report goes on to mention the low birth weight among the newborn children being as high as 16% among this population. Health data from the outpatient and inpatient services in Kakuma reflect a similar picture...

Resettlement agencies in the US should be prepared for high levels of malnourishment and related sicknesses among the Somali Bantus, especially among the young children.

We've included additional health-related information in this posting. Somali Bantu health in Kakuma is poor... and there are many factors related to their poor health conditions. According to a recent medical report, these factors include: lack of health care information within the community, poverty, limited utilization of public health facilities, inadequate resources and certain cultural beliefs and practices, all of which contribute to diminishing health conditions. Resettlement agencies may wish to monitor

health carefully in the period after arrival. Here is a list of significant points that we have learned from the IOM medical examinations and cultural orientation classes:

Superstitions:

Some Somali Bantus may believe that children who have fallen ill have been cursed or targeted by an evil spell. Instead of seeking medical assistance, some Bantus may go to a traditional healer and request that the curse be removed or countered. Superstitious beliefs most likely contribute to a certain degree to the poor health practices among this group. Traditional healers may perform ceremonies to chase out evil spirits from sick people. These rituals often include drumming and incense.

Bone Setting:

Somali Bantus have specialist bonesetters within their communities. These bonesetters serve as the medical providers for anyone who has a dislocation or fracture. Such specialists have evolved in the Somali Bantu (and other rural communities) due to the limited access to hospitals and clinics. Once in the US, Somali Bantus should seek out professional medical care for anyone with a dislocation or fracture.

Burning, Cutting and Lacerating as Healing Techniques:

Somali Bantus use burning, cutting and lacerating as traditional ways of healing illnesses and pain. Different methods are applied, depending on the illness or location of pain. For example, a searing flat metal nail is applied to the foreheads of babies born with an enlarged head due to the condition known as hydrocephalus, a common condition involving fluid accumulation in newborns. This treatment is believed to alleviate the condition. Children and adults have notable burn scars on their foreheads, chests, faces and other body locations from such healing techniques. These are common practices among various rural cultures across the world.

Removal of Infants' Teeth:

Children under two years old who fall sick with diarrhea, malnourishment or other illnesses are often taken to a traditional healer, or medicine man. The traditional healer will remove a "bad" tooth or teeth using a knife. This traditional healing practice ostensibly cures the child of the ailment. This is often practiced on children between six and nine months old who begin teething and have diarrhea as a result.

Removal of Uvula:

Traditional healers will remove an infected uvula with a sharp implement -- the uvula is the small mass of tissue suspended from the center of the soft palate above the back of the tongue. Removal of an infected uvula is common practices among many cultures.

Treatment of Infected Tonsils:

Traditional healers commonly treat infected tonsils by burning the corresponding area on the upper neck.

Home Child Birth:

Somali Bantus commonly give birth at home, often with a traditional Somali Bantu birth attendant to assist. Recently in Kakuma camp a Somali Bantu woman passed away in childbirth at local hospital from a Caesarian Section. This incident and other similar incidents have created a fear of hospitals among some in the Somali Bantu community. They prefer to give birth at home.

Female Circumcision:

As with many African cultures, Somali Bantus in Somalia have traditionally practiced female circumcision. However, camp-based NGOs have implemented awareness campaigns surrounding the negative health effects of female circumcision. Somali Bantu community leaders say that female circumcision is no longer being practiced within the community. Incidentally, before Somali Bantus arrived in Somalia (some two hundred years ago) their communities apparently did not practice female circumcision.

Some Additional Points to Cover in a Health Orientation

Punctuality: Explain importance of being on time for medical and all other appointments.

Health Care: Different kinds of health care available: Emergency care, urgent care, and routine care. Explain the importance of scheduling regular check-ups for pregnant mothers and children. (Emphasize the importance of well-baby check ups.)

Prescriptions: Importance of following prescriptions and finishing medication even if symptoms of sickness have disappeared.

Where to buy Medications:

Explain prescription medication and over-the-counter medication and where to buy these.

Interpreter:

Explain that refugees have a right to a medical interpreter. Before any medical exam, refugees should make arrangements to have an interpreter available.

Insurance:

Explain insurance and how to pay for health care.

Information for Doctors:

Explain how American doctors require information on the background of the patient. American doctors often ask questions about medical history and personal background. These questions might not appear to have anything to do with the immediate health of the patient. However, American doctors like to collect a range of information on the patient in order to more properly understand what medical problems exist and what medical problems could arise in the future.

Proactive Approach to Health Care:

Explain that Americans normally take a proactive approach to their health. This includes scheduling regular yearly check-ups for adults, even if an individual is not sick,

and well-baby check ups following childbirth. Somali Bantus, along with many other cultures, often take more of a reactive approach to their health, only planning to see if a doctor if an individual is sick.

Nutrition Classes:

Somali Bantus will not recognize most of the food in the US. Provide a basic overview of nutrition and of healthy foods.

So although the challenges for the 12,000 Somali Bantu coming to America seem insurmountable, those receiving them in their communities can take heart that they will be working with adaptable, hard-working people determined to do anything they must so their children can have an opportunity for a better life.

Resources:

Eno, Omar and Dan Van Lehman. *The Somali Bantu, Their History and Culture*. Washington, DC: The Center for Applied Linguistics (CAL), 2003. Available online at <http://www.culturalorientation.net/bantu/> or available from CAL at <http://calstore.cal.org/store/detail.aspx?ID=222> .

UNHCR's *Refugee Magazine*, No.128, 2003, "America Here We Come" (a special issue on Somali Bantu). Available on the UNHCR Web site at: <http://www.unhcr.ch> .