Consultation: Key health issues for Somali Women in Tower Hamlets

Women's Inclusive Team is a charity Run for women and their families by women in Tower Hamlets, the Women's Inclusive Team (WIT) was founded back in 2003 by a group of local mums who needed the space to chat and support one another as parents and caregivers. As the needs of the mum's and their families changed so did the need for support. The group remained informal and as word spread it grew in size, as did the need for specialist services to address the needs of Black Somali Women and ethnic minority communities.

Having begun life as the Somali Integration Team, the Women's Inclusive Team is now a highly regarded small charity, delivering vital and life changing services in the heart of London's east end.

Today, WIT empowers women and their families through a coherent offer of training, employment, information, advice, and advocacy. It achieves this across two hubs, the Chicksand Nursery and the Mayfield Wellbeing Hub. During 2020, WIT has been recognised for the role it has played in keeping families and vulnerable people safe and well during the pandemic. Because of this WIT now provides a community kitchen and food pantry, as well as a significant offer for local children and young people to further address the disproportionate effect of Covid-19 on our community.

WIT Activities:

- Skills development – ESOL and more developing potential courses
- Advice and Guidance
- Training - Childcare and Teaching Assistant courses
- Community information – health, housing, employment and money
- Educational Sessions for Primary and Secondary School Children
- Nursery and Play Activities
- Mental Health First Aid
- Activities for young people
- Community Meals and Food Pantry
- Befriending Service
- Census

WIT Facilitators:

Safia Jama (CEO),Sahra Mire (Director of Services), Shakila Ali (Community Engagement Manager/

Clinical Lead) and Emma Triggs (Programme Manager).

***Target group**:*

The Somali community is the largest Black community in LBTH, making them the second BAME

community in the borough. Following the pandemic and the Black Lives Matter movement it has

become clear of the inequalities faced by the community. The women that will attend the session, face layers of discrimination - being Black, Somali and a women just being a number of them.

We were asked by Tower Hamlets CVS to consult Somali women based in Tower Hamlets on what the key health issues they would like addressed for themselves and their families. This was part of a pilot project funded by the King's Fund, involving a project design with 2 PCN leads and QI coaches, Queen Mary University evaluator and other potential organisations (in the North West of the borough to cover the hub) - with the project likely to last for 3 - 6month. The project will sit under the Tower Hamlets Together living well work stream.

The consultation workshop with Somali women was held on 12th July 2021, 11-12:30 at Women's Inclusive Team Well-being centre at Mayfield House. We approached this work with internal meetings and discussion with a Somali GP that the organisation works closely with to ensure we structure the conversation with the women currently and we recruited the Somali women from our wide network and platforms we use.

When we recruited the women, a lot of women stated their mistrust of stakeholders, particularly the Local Authority, NHS and primary care. We explained to the Somali women the aim and objectives of the consultation, ensuring we did not give them false expectations, but allowing them to understand the importance of their voices being heard and we highlighted that even if they don't see action straight away, they will in the near future. Highlighting this point one woman said "I will attend, because even if I don't benefit, maybe the next generation will", this was powerful, it emphasized that the women did not believe that change would take place.

- The session was attended by 15 Somali women
- Aged between 35 - 65 years

- The women attending had 3 or more children
- All of the Somali women were born outside of the UK, with 15% coming to the UK while still infants and the remainder have lived in the UK for most of their adult life.

We created a safe and secure environment that allowed women to share their lived experience, and we allowed the discussion to naturally take place. Somali women are known as storytellers, and we used this method to engage and allow them to share their lived experiences.

The following Key health themes came up in the workshop

1. Pregnancy, maternity health care and FGM
2. Sexual Health
3. Cancer screening
4. Menopause
5. Diabetes
6. Mental health

Context to the Somali women' experiences when identifying the issues

1. **Pregnancy, maternity health care and FGM**

We started with this topic, as the majority were mothers, and this was a comfortable starting point. Collectively all Somali women present were majority mothers and all had their own experience with varied degrees of challenges in navigating birthing and lived experiences.

- The women spoke openly about the cultural nuances around being pregnant in the Somali community. *From a Cultural perspective Somali or African women don't show pain or make any noise in labour and it is almost seen as an embarrassment to show any sign of distress. They also are not supported by their husbands and this often sits with their mothers, however this often brings another layer of challenge due to the lack of language skills and

understanding of the maternity system. This often means that Somali women often prefer to give birth at home or only engage in maternity care or labour until very late in pregnancy if at all.

- Somali Women spoke about their lived experience of being turned away from local hospitals because they didn't look in pain (while also at the same time not being examined).
- Several different incidents were discussed of the women being accused of being dramatic or over exaggerating when in labour, this led to feeling of 'alone and vulnerable'.
- Nearly all the women experienced discrimination and racist behaviour directed to them from NHS hospital and primary care staff. They spoke of experiences of midwives saying "stop being so dramatic you're not the first woman to give birth" or being treated with a lack of respect from the Black midwives who also encouraged the Somali women to not show pain or emotion because "it would not be appropriate".
- Through discussion it became apparent that the women were not aware of things like 'birthing partners' in labour and very rarely accessed 'antenatal care' and often gained support from family members or the community.
- Some of the women spoke of the fear and trauma of even the possibility of having to have C-section, of the trauma of still birth and miscarriage and how culturally and religiously isn't really spoken about.
- A number of the women spoke of their lived experience of FGM and the trauma that experience brings when in pregnancy. Due to the trauma this is often not disclosed to health professionals which can cause further issues in childbirth. Additionally those that have disclosed their FGM trauma spoke of a lack of knowledge and experiences of NHS staff, in dealing with women who have experiences FGM, this had led to the Somali womens stating

they had felt "judged and not believed" when speaking about it particularly if their English was limited.

1. Sexual Health

Discussing this subject in the Somali community is very much a taboo subject and requires a very sensitive approach. Amongst other cultural and religious sensitivities, there isn't a direct translation for the phrase 'sexual health' so we had to break it down into talking about women's health issues and relate it to a step before pregnancy so the women could relate it from their own lives and experiences. In our approach, we used the sentence starters like "let's now talk about the bit before getting pregnant, and how we get pregnant, which led to laughter within the groups.

- The main area of discussion was around bad experiences of taking contraception and the lack of care from health professionals in explaining to them about any related side effects or even the different types of contraception available.
- Lack of language often makes an already sensitive area extra difficult. The women spoke of having to bring teenage children or relatives with them to doctors appointments. This then becomes traumatic and uncomfortable for the children in explaining thing they often have little to no knowledge of what they are translating, these areas include pain during sex, low sex drive, and impotence of husband.
- A point that was spoken of NHS and primary care being dismissive of the women, particularly if language is limited and even when the women have tried to attend appointments or ask questions.
- Somali women also spoke about taking contraception and having bad side effects. Due to the lack of knowledge and guidance given to many of the women had been seen as

experiencing depression, when actually they had just had side effects from their choice of contraception of and after changing contraception this improved.

1. Cancer screening

Somali women, as with other black and ethnic minority women, are consistently a group that are hard to reach when it comes to Cancer screening. However Somali women felt that had improved and were getting better in understanding the importance of the screening particularly around cervical and breast screening.

- A number of the women in attendance mentioned that they had engaged in appointments when called for cancer screening, many however did not understand the importance and reasons behind the smear testing, some highlighted that access to screening is an issue due to language barriers.
- A particular feedback that several of the Somali women mentioned that when having a cervical screening appointment the women were asked in a very directly way whether they had been experienced FGM. Many of the women experienced FGM trauma mentioned how uncomfortable they felt about being questioned in this way and almost enhanced the fear of cancer screening and generally feeling unconfortable in talking about trauma.
- In the session one woman explained how she checks for signs of breast cancer herself, highlighting said in “every time I shower I examine my breast for cancer signs, then it turned into a discussion where another woman said ‘I don't even know what I am looking for’ . The majority of the women all agreed with her and said we don't know how to examine ourselves.

1. Menopause

There is very little awareness of this subject within the Somali community.

- The only real understanding in this area was that the women were aware of 'hot flushes' but just felt it wasn't a big thing, when we read out some of the signs and symptoms of menopause, many of the older clients had experienced these symptoms that but they had thought they were going through more serious illnesses like cancer.

'I had all them symptoms and kept going back to the GP because I thought I had cancer, I didn't know manorpuse was so severe'

1. **Diabetes**

Many of the women had family members that were living with either type 1 or type 2 diabetes, many of them were their children and parents.

- It was felt that there is an access issue for Somali women and the community around specific diabetes management services. An example of this was one woman who was pre diabetic and was referee to diabetes management courses in Tower Hamlets. When attending she was not able to understand the content as there was not any translation available to her. That woman now lives with type 1 diabetes and feels this could have been preventable.

1. **Mental Health**

Culturally there is still a huge stigma attached to mental health in the community

- Women spoke of lived experiences of themselves or their children around mental health and how fearful they were and continue to be in accessing statutory support available to them.
- The Somali community have a huge fear of their children being taken away if they admit or access services related to mental health. This often prevents early intervention in access to support.

- The women mentioned that if they have any Mental Health issues, they would go to the mosque, to have religious guidance. When asked why, they spoke about trust and the ability

to communicate better. They then informed us that some of the issues are probably not conventionally Mental health and are often perceived as being 'possessed by bad things'.

The women mentioned "if we are talking about fairness, why do we only have one Somali speaking Mental Health worker, based at CMHT, which makes it hard to understand. And any Bengali person who doesn't speak a word of English, can go into any GP surgery in the borough and access full services, because Bengali speaking staff are always accessible, why is it not the same for Somali patients?'

General feedback

The session went over the designated time, as the women had so many issues to share and the session could have easily gone on all day as the women were very engaged.

In general we were struck by the Somali women in attendance at the workshop who spoke of a general lack of hope that anything will improve around access to statutory services for the Somali community. Equal parity in representation of staff that can speak the community language and staff that reflect the largest black community in the borough is a vital step in this.

Many of the language and phrases referenced were around discrimination encountered in accessing health care, these included "us and them", one participant said "they don't care about us". A also another attendee stated: "those in power know the challenges and discrimation that we face, they see that we don't have jobs, lack of interpreters, health inequalities and even higher death rate, so I'm confused, why action hasn't been taken already"

Recommendation of areas that could help bridge the gap with the Somali community. The women were asked, what actions would they feel needs to be taken to address and tackle some of the issues identified:

1. Their voices to heard, regular discussions (Forum) - bridging the gap between healthcare/primary care and the Somali community. This can include themes like education of NHS staff around cultural appropriateness, access, understanding the Somali community better. '….One size doesn't fit all'
2. Maternal care - Lack of awareness in healthcare staff (Midwives and consultants) - around Somali women in Maternal care - trauma, labour trauma and cultural nuances in duty of care- Somali speaking staff in maternity care is needed.
3. Train and work closely with Imam' at local Mosques focusing on mental health. Many community members are of faith and often speak to the Imam before a health professional, therefore building up for the Imam' and building their knowledge on local referral pathways for the Somali community.
4. Health education awareness series for Somali women - areas could include Diabetes prevention, menopause, mental health, access and improving engagement in maternity services and Gp services.

Facilitators comment:

"As a specialist Black Somali led organisation, the rapport with local women was extremely valuable. We create a safe environment for the Somali women to be open. They spoke to people that looked like them, this meant automatically they opened up more and their concerns. I have seen so many consultations in Tower Hamlets, with the Black Somali community, with very little change or outcome seen by the community. This affects the trust of the Black Somali community. I do not want

this powerful and moving consultation to be meaningless and my hope is that we can see change sooner rather than later." **Safia Jama CEO at Women's Inclusive Team**

Consultation Workshop

Promotion with Somali women

Women's Inclusive Team

A consultation workshop with Somali Women

Finding out key health issues

Date: 12th July 2021

Time: 11-12:30

Venue: Mayfield Centre, 200 Cambridge Heath Road, E2 9LJ

Refreshments after the workshop

Women's Inclusive Team

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