Community Profile: Eritrean

Language: Tigrigna, Kunama, Arabic, Amharic, English
Country of Origin: Eritrea
Places of Transition: Ethiopia

***This guide is meant to provide a general cultural orientation and does not describe every person from this community**

Dos and Don'ts.

- Whenever possible, match patients with caregivers and interpreters of the same gender.
- Recognize that tensions may still exist between Eritreans and Ethiopians. Always ask about preferences for interpretation.
- Understand that the Tigrigna and Kunama are different cultural groups with different customs and languages.
- Provide patients with clear, specific instructions for and explanations of any treatments or medications.
- Emphasize the importance of complying with specific medication regimens.
- Encourage full disclosure of herbal remedies since they may interact with pharmaceutical drugs.
- Fully explain the purpose of all diagnostic tests, particularly those that involve drawing blood.
- Provide education about preventive health and strategies for avoiding illness.
- Encourage parents to communicate openly with their children about issues impacting their health.
- Patients often expect providers to be warm, friendly, clear, and decisive. Too many decisions that must be made by the patient may cause anxiety.

Health attitudes, beliefs and stigmas

Most Eritrean refugees are Christian (92%) while some are Muslims (8%). Tigrigna are primarily Coptic Orthodox while Kunama are mostly Catholic or Protestant.

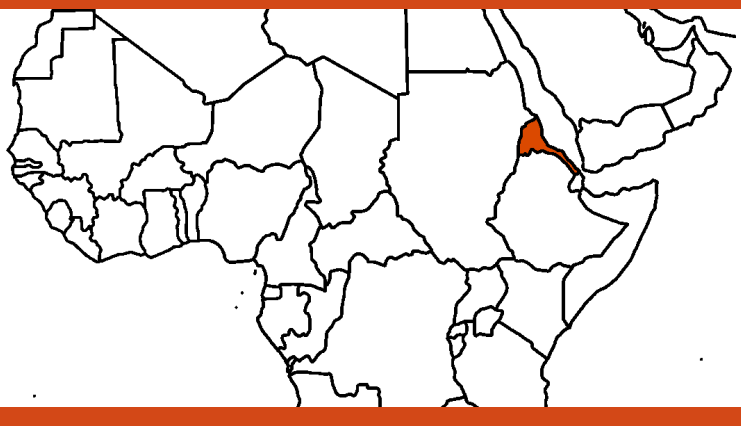
Religious dietary laws forbid Coptic Orthodox Christians and Muslims from eating pork. Followers of both religions fast during certain periods of the year and may require medication regimens to be adjusted accordingly.

While Eritrean refugees often consider Western medicine effective, some may also consult traditional healers. Common healing practices include herbal remedies, wearing amulets, burning cheeks, cutting the epiglottis, and making incisions on the eyelids or eyebrows to treat eye problems.

Eritrean refugees may be dissatisfied if they do not receive medication after each visit and may also believe injections to be more effective that oral medications. Be clear about the reasons behind these treatment choices.

Some Eritreans may be wary of long-term medication regimens for fear of side effects and addiction, or may not want to take medication after symptoms have disappeared.

Eritrean refugees may prefer to avoid some procedures, like drawing blood, unless absolutely necessary.



Many Eritreans have a limited understanding of the causes of disease. Provide patients with information about strategies for disease prevention.

Being full-figured or even overweight is often considered healthy and a sign of status and wealth, even in infants.

Significant stigmas are associated with mental illness and HIV/AIDS. As a result, these illnesses are not openly discussed and many do not seek treatment.

Women often prefer natural childbirth and may delay coming to the hospital during labor to avoid interventions they consider unnecessary.

Breastfeeding is highly valued and women generally breastfeed for up to a year.

Sex education, sexuality, and sexually-transmitted diseases are generally considered taboo topics. While birth control is not openly discussed or religiously accepted, it is widely used.

Both male and female circumcision are practiced in Eritrea, though the practice of the latter is declining.

Eritreans may be stoic with respect to physical and emotional pain and may prefer not to use pain medication.

What you may see

Eritrean refugees are mostly ethnic Tigrigna (63%) and Kunama (33%). The Kunama are a marginalized minority subject to government persecution in Eritrea.

Many Eritrean refugees are single men who fled Eritrea to avoid harsh, mandatory conscription.

Some Eritreans speak English, but may not understand medical terminology, so an interpreter may still be needed.

Tigrigna, who tend to be from urban areas, may have higher levels of literacy and formal education than Kunama, who are often from rural areas. In general, literacy rates tend to be lower in women and the elderly.

Households tend to be patriarchal and girls have often had fewer educational opportunities. Elderly women, however, are respected and have authority.

Kunama men and women who have only one spouse may still have children with multiple partners.

If a patient has a poor prognosis, the family may wish to be told first so that they can comfort and protect the patient.

Families traditionally eat from a communal platter with their hands using a flatbread called injera. As a result, it may be difficult to keep track of how much one has eaten.

Did You Know?

Some Eritreans may use herbal remedies that could interact with pharmaceutical drugs.

On special occasions, Eritreans may drink homemade alcoholic beverages, but substance abuse is uncommon.

There may be a cultural disconnect between young Eritreans raised in the US and their parents. Issues like teen dating and sex education are not openly discussed. Encourage parents to communicate openly with their children.

Common health concerns

Chronic diseases like obesity, diabetes, high cholesterol, high blood pressure, stomach ulcers, acid reflux, and hypertension are common and may be exacerbated by changes in diet and decreased physical activity upon moving to the US.

Malnutrition, vitamin deficiencies, and weakened immune system are common as a result of life in the refugee camps.

In general, immunization rates are very low in Eritrea. Prevalent infectious diseases include tuberculosis, hepatitis B, HIV, and intestinal parasites. Malaria infections are particularly common.

Poor eyesight is common among Eritrean refugees.

Refugees over 20 may have physical and psychological war trauma. PTSD is a major concern, especially for this age group. Behavioral health disorders often manifest as somatic symptoms.

Female circumcision can cause health complications such as urinary tract infections, inflammation, menstrual problems, chronic pain, and increased risks during pregnancy.

Many women have been subjected to rape and other forms of sexual violence which are common in refugee camps.

Potential barriers to care

- Inadequate interpreter services
- Poor understanding of health care system
- Low adherence to preventive medicine
- Low level of formal education
- High cost of care
- Lack of insurance
- Limited health literacy
- Stresses of resettlement

For additional resources, please visit AZrefugeehealth.org