



VOICES OF THE ERITREAN COMMUNITY

INTRODUCTION

Demographic changes in the Seattle area are having a profound impact on the local health care delivery system. Health care providers need to hear from ethnic communities about their experience in trying to access health care. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one's own.

The Cross-Cultural Health Care Program (CCHCP) in Seattle, WA works with health care providers, interpreters and community-based organizations to address these needs. Established in 1992, the CCHCP is funded by a grant from the W.K. Kellogg Foundation. This "Voices of the Communities" profile is one of a series developed by the CCHCP. The profiles and an earlier survey of 22 underserved ethnic communities are part of the CCHCP's effort to provide a forum for underserved communities to interact with the health care community. These profiles were developed by and in consultation with members of the profiled community.

ERITREAN DEMOGRAPHIC AND CULTURAL BACKGROUND

Location

Eritrea is a small country in the horn of Africa. It is bordered by the Red Sea, Sudan, Djibouti and Ethiopia. Approximately 85 percent of the population is rural and make their living through farming and/or shepherding.

Ethnic groups, languages and religion

There are two main religions in Eritrea, Islam and Coptic Christianity. Smaller numbers of people are Catholic, Protestant or follow animistic faiths.

Eritrea contains nine ethnic groups. Each ethnic group has its own language, lives in a defined area, and is at a separate socio-economic and political level. Tigrigna is Eritrea's official language. Speakers of Tigrigna are the most numerous. Roughly 90 percent are Christian, the rest are Muslim. Most Tigré speakers are Muslim; however, one clan, Mensa, are Christians. Other ethnic groups and their religious affiliations are: Saho, Billen (70 percent Muslim, 30 percent Christian), Afar (Muslim), Kunama (mostly Muslim, with some Christians and animists), Baria (Muslim), Hedareb (Muslim), and Rasiada (Muslim). Many Eritreans also speak Arabic.

Social system

The nine ethnic groups have their own social system and values, generally following their religious beliefs. For example, a Muslim man may have as many as seven wives. However, all nine groups give respected social standing to religious leaders and to elders. Elders in all ethnic groups play a decisive role as leaders, problem-solvers and transmitters of culture. They handle

disputes and have authority over marriages and divorces in their families. The governing body of most villages is usually composed of older people.

Family life

Eritreans believe children are the gift of God. Most will have as many children as they can, even if resources are scarce to support the family. Family planning is not commonly practiced. Most Eritrean parents do not talk about sex with their children. Girls who menstruate before marriage are thought to be no longer virgins; many will hide menstruation. Pregnancy before marriage is absolutely unacceptable to Eritreans. It is considered morally wrong and a disgrace for the family and the village.

Education

Modern education up to fourth grade was introduced in Eritrea under Italian colonial rule. High schools and a small university were opened more recently. However, most schools are in urban areas and are not within geographical or financial reach of most Eritreans. The majority of the rural population has had little schooling.

History

In the past three decades, Eritrea has undergone a struggle for national liberation from Ethiopia, which forcibly annexed the country in 1962. Villages became war zones; Eritreans were subjected to continuous intimidation and harassment by Ethiopian soldiers. Many were put in prison or executed without proper trial or charge. More than half a million Eritreans now live as refugees around the world, primarily in Sudan. Eritrea gained its independence in 1991.

THE ERITREAN COMMUNITY IN THE SEATTLE AREA

Population size and residence

Eritrean refugees in Seattle have come through the joint refugee resettlement programs, International Catholic Migration Committee (ICMC) and Joint Voluntary Agency (JVA). Eritreans started to arrive in Seattle in the early 1980s. Immigration continued in sizable numbers throughout the decade and continues more slowly now. An estimated 900 to 1,000 Eritrean families live in the Seattle area. Those who own their own homes live primarily in the southwestern, southern and northern parts of the city. Most new arrivals and those who cannot afford homes live in housing projects such as High Point, Holly Park and Rainier.

The predominant Eritrean ethnic group in Seattle is the Tigrigna. A few have college degrees and work in professional fields. Others have a middle- or high-school education and can speak English. However, some Eritreans in Seattle have been in the United States only a short time, have no education and need help communicating with English-speaking people.

Community organizations



Because Eritreans have been under colonial or alien domination for over 100 years, they have developed a strong sense of cooperation and desire to continue their culture. Reflecting this background, the Eritrean Community Association in Seattle and Vicinity was founded in 1983. This organization teaches Eritrean children their language and culture, has a tutoring program and sponsors new refugees.

CONCEPTS OF HEALTH CARE AND MEDICINE

Traditional healing

Traditionally, Eritreans have believed that disease-and the power to cure-is the work of God. Diseases, along with natural disasters, are seen as punishments from God. Many Eritreans believe that the "evil eye" can cause illnesses, such as stomach pain, and even death. A person with an evil eye is usually forbidden from marrying. Some Eritreans also believe that a demon can enter the body and cause ailments until its demands are met.

Some traditional healing practices have religious implications, others do not. For example, the treatment for a Christian suffering with mental illness is immersion in holy water for seven or 14 consecutive days. Other healing practices include the treatment of warts by tying a horse hair to the wart tightly until it is removed from the skin, and of jaundice by putting a hot, thin iron bar on the patient's arm or skin until the skin burns. Eritreans also strongly believe in the healing power of certain plants and roots.

Medical care

Modern medical care was introduced under Italian colonial rule in urban areas. The practice of modern medicine is still not widespread. However, in the last 30 years of armed struggle, the liberation organizations have established small hospitals and clinics around the nation.

Medical professionals in Eritrea seem authoritarian and most are known for their short or hot temper. Although many patients do not like this attitude, patients are willing to accept what the doctor or health officer has to say and to follow directions regarding the diagnosis or medicines.

Maternal and child health

Births in Eritrea traditionally take place at home with a birthing assistant. Most Eritrean women breast-feed their babies.

Circumcision

Both Eritrean males and females are circumcised. Female circumcision is traditionally performed by lay healers.

CULTURAL BARRIERS TO HEALTH CARE

Medical care and providers

Eritreans usually do not see a doctor until a health problem becomes serious or even unbearable. They believe the pain will go away by itself. Most accept the doctor's authority, however. They expect the doctor to figure out what health problem they have and are willing to listen and learn.

Most Eritreans believe that getting a shot is more effective against disease than taking a pill. They also feel that too much blood is drawn for medical tests and prefer not to have this done unless absolutely necessary.

Understanding of the prevention and causes of disease is limited. Many Eritreans do not understand that many agents and infections may cause similar symptoms. Many of those who came to Seattle through the Sudan were infected with malaria. Since they are familiar with the symptoms of this disease, they think they have malaria whenever they have muscle aches and high fever.

Language

Eritreans who need an interpreter prefer an Eritrean rather than an interpreter of another nationality who may speak the same language.

Gender and privacy

Eritreans are not comfortable taking off their clothes for physical examinations. Women especially prefer to be treated by a female health care provider and to have a female interpreter. It is very uncomfortable for Eritrean women to answer questions about sexual activity.

Maternal and child health

During childbirth, most Eritrean women are not comfortable in a delivery room since in traditional birthing with a midwife, women don't open their legs to give birth. Many Eritrean women feel strongly that Western doctors perform too many Cesarean sections. Often they will wait at home before coming to the hospital for childbirth in order to avoid a Cesarean.

Suggestions

- Health personnel should be aware that modern medical practices are not familiar to most Eritreans.
- Health care providers should ask patients if they are using any traditional medicines or healing practices for their illness.
- For new immigrants, provide interpreter services at clinics and hospitals.
- Provide education about the prevention of disease and when to see the doctor.
- Encourage getting annual health checkups.
- Provide information about family planning.
- Encourage parents to talk with their children about sex, drugs and other problems and provide information that will help them in these discussions.

FOR MORE INFORMATION



Profile prepared by: Berhane T. Solomon, 7941 - 14th S.W., Seattle, WA 98106, (206) 762-7985.

This profile is based primarily on interviews with approximately 20 Eritreans in the Seattle area. Interviewees represent several age groups and all walks of life.

References include:

Eritrea: Even the Stones Are Burning. Red Sea Press.

Eritrea: The Way Forward. United Nations Association.

This is a condensed version of the profile. For the complete profile and survey report, please contact the Cross Cultural Health Care Program, (206) 860-0329 or at www.xculture.org.

This "Voices of the Communities" profile was made possible by a grant from the SAFECO Corporation.

January 1996