



Penn Medicine
Lancaster General Health

Healthy Beginnings Plus-

Case Management of Prenatal Patients from the Continent of Africa

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Objectives

- ▶ Understand role of prenatal case management for immigrant populations
- ▶ Identify special considerations for care with the Congolese population
- ▶ Increase awareness of alternative world views where physical health and spirituality intersect.
- ▶ Utilize a case study for further discussion

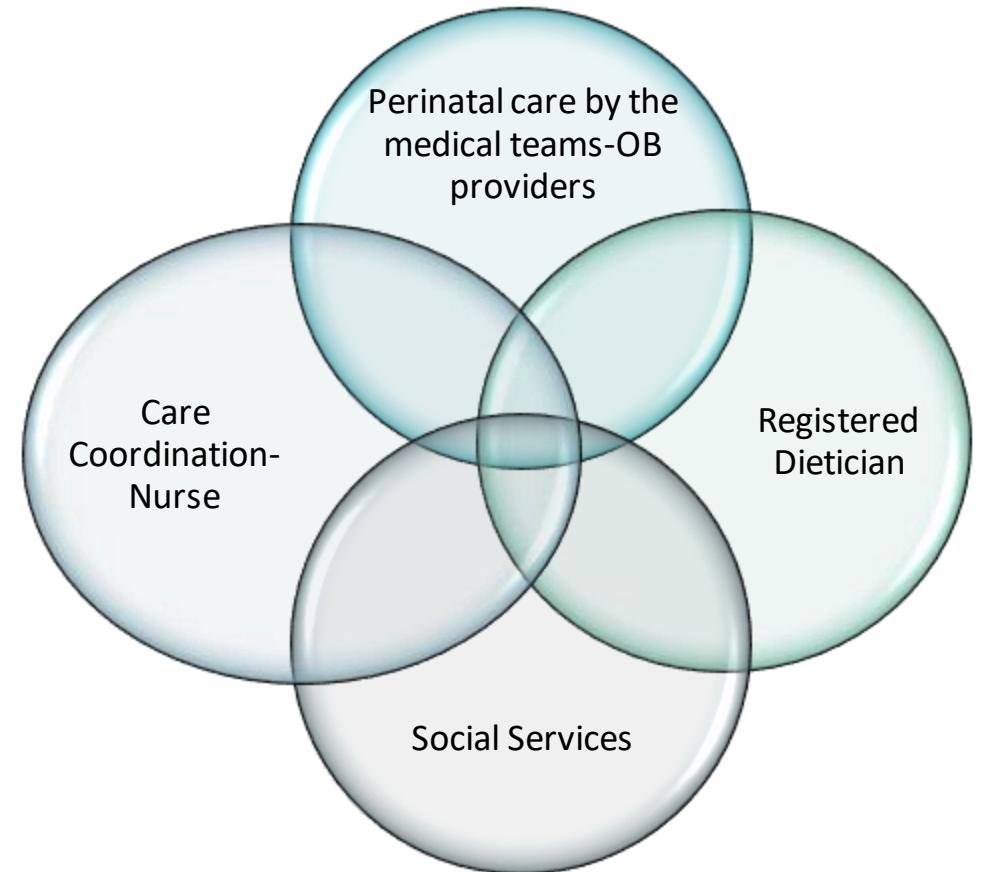
Healthy Beginnings Plus

-case management, education, social support and resources-

Patients must qualify for Medical Assistance to participate in program

Nurse and social worker stay in regular contact with patient during pregnancy and through eight weeks post partum for education and social support and resources

Connect with patient through home visits, office visits, centering pregnancy groups, phone calls/text messages. During the COVID pandemic- tele-video calls added



African refugees resettled in Lancaster, PA include: Congolese, Somali, Ethiopian, and Sudanese.



Photo credit: Suzette Wenger, LNP

Geography



Demographics

- 3 million Congolese have been displaced
- 55% under the age of 18
- High rate of singled-headed families and unaccompanied or separated minors



- According to the DHS statistics, PA has resettled close to 3000 Congolese refugees from 2009-2019, second only to the Bhutanese

Refugee Camp Context



- Displaced to Uganda, Rwanda, Tanzania, Mozambique, Zambia, Kenya and Burundi - conditions vary
- Limited opportunities for work, education and recreation
- High rate of sexual and gender based violence



Language, Education and Religion

Official language is French

Many are multilingual and languages may depend on where they have been in refuge after leaving the D.R.C.

Some of the more populous languages are:

Lingala

Kiswahili (also known as Swahili—high probability that majority will understand)

Kikongo

Majority of refugees speak Kinyarwanda dialect(s)

Kibemba

Tshiluba

Education opportunities for refugees vary according to context of refugee camp

Approximately 65% of the adults self-report the ability to read well in one or more languages.

70% Christian. Other religions-Islam, variations of traditional African spirituality.

Adapting our care model at Healthy Beginnings Plus

Initial nurse intake appointment includes a comprehensive medical/obstetrics history, mental health screening, domestic violence screening and a general social and needs assessment that is followed up by social worker.

Factors that influence logistics of care

Asylum country

Language preference

Health literacy

Literacy level/education

Transportation options/work/school schedules for family

Connections to church sponsorship groups/ community volunteers

Growing edges and areas to improve

- Written materials in Swahili are often textbook Swahili and not well understood by many
- Swahili language does not have words for “depression” or “anxiety”
- Domestic violence screening tool questions may not directly translate well and require cultural interpretation in addition to language interpretation
- Trauma and abuse history is a sensitive topics that may not be disclosed initially or at all

Seeing our context through new eyes- hospital/childbirth orientation



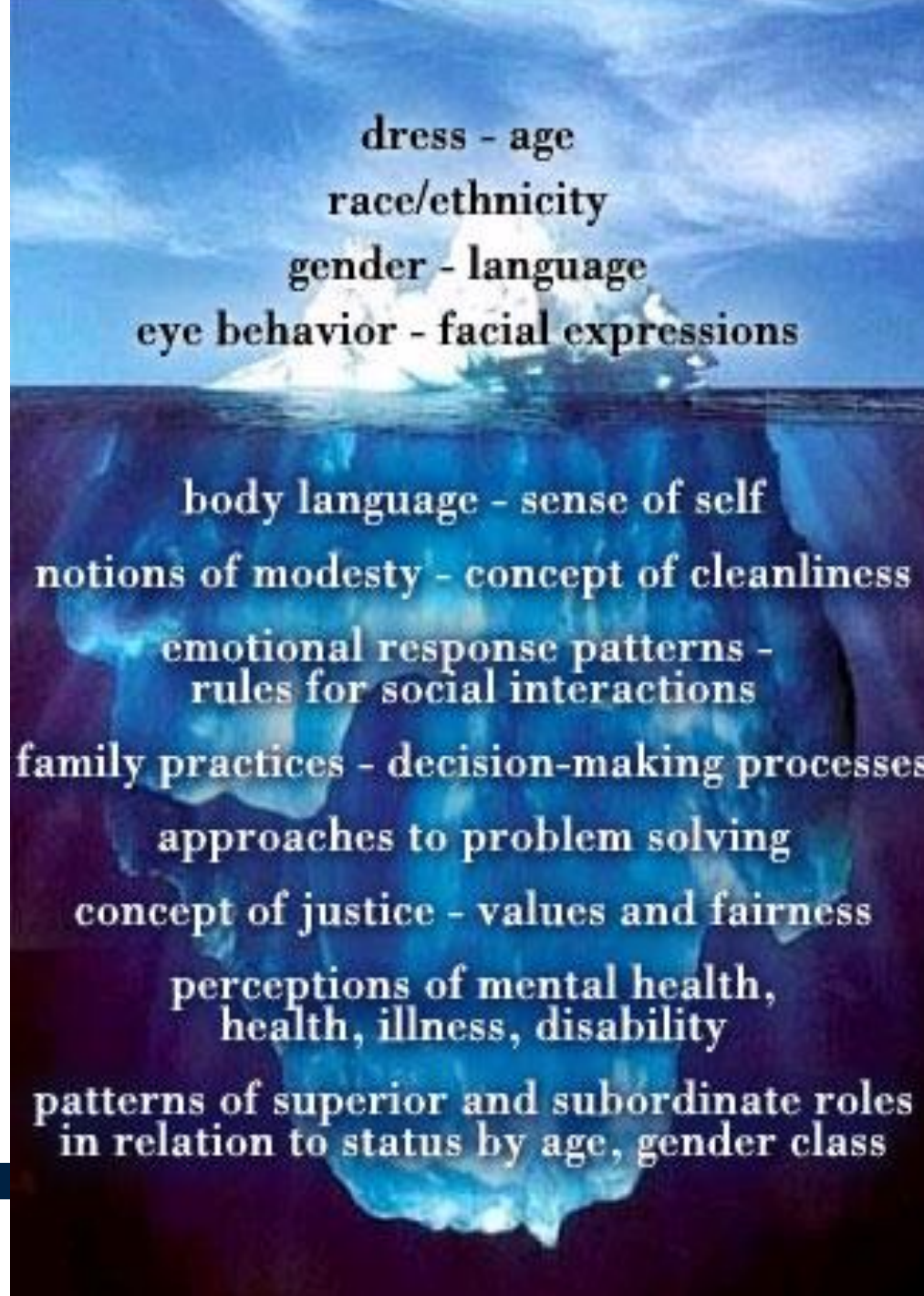
Community connection- volunteers, church sponsorship/resettlement support



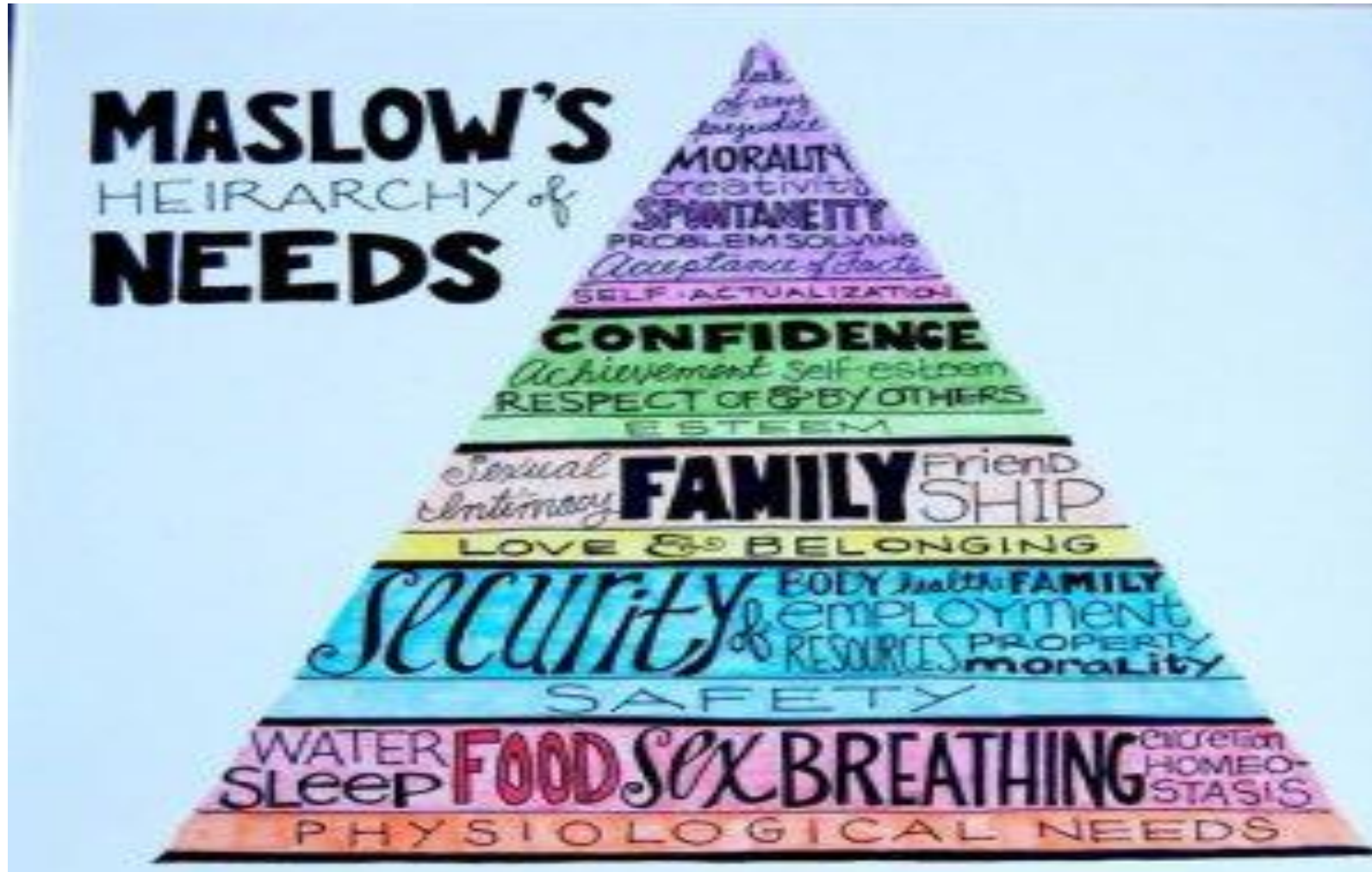
Photo credit: Chris Knight, LNP

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Iceberg concept of culture--



Holistic Wellbeing= Comprehensive approach to care delivery



Considerations..

- ▶ Western theories and world views can be limiting/insufficient.
- ▶ These theories often neglect cultural views and experiences of immigrants/refugees/minorities
- ▶ When other approaches to care –as determined by immigrants/refugees/minorities- are not taken into account, treatment effectiveness is compromised

Some Differences in Worldviews

African Centered

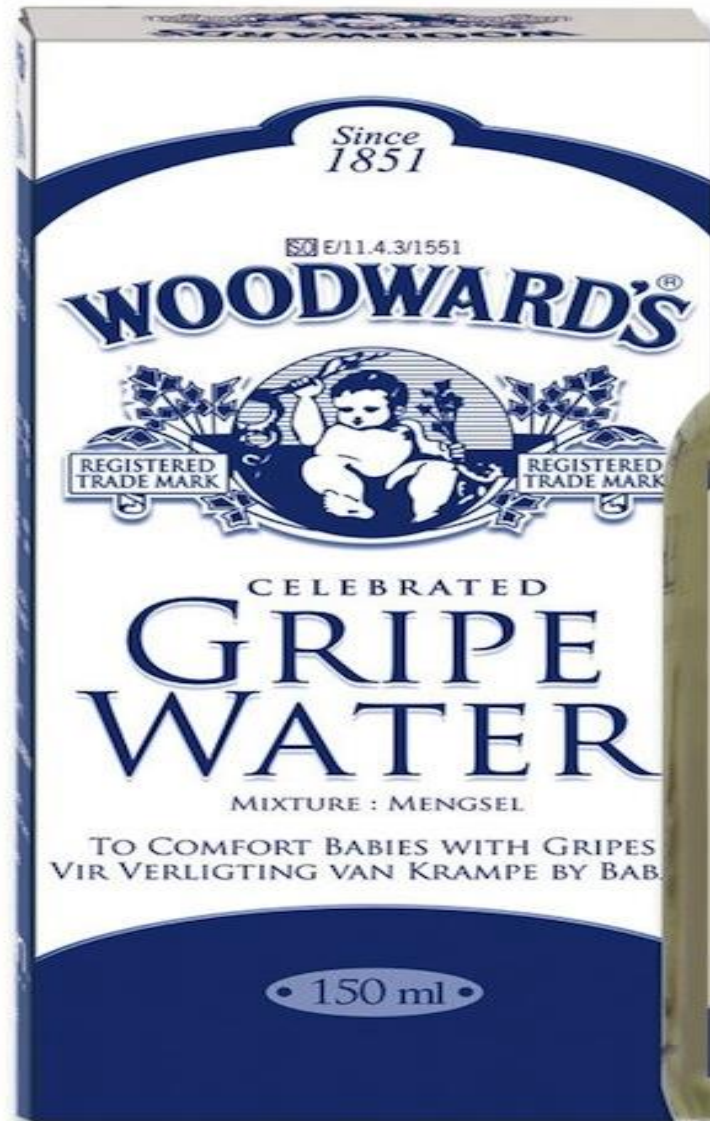
- ▶ Worldview holistic
- ▶ Reality known in sensory (material) and extrasensory (spiritual) fashion
- ▶ Places value on interpersonal relationships, cooperation, communalism, harmony with nature
- ▶ Diunital thinking (both-and)
- ▶ Intrinsic sense of worth

Eurocentric/Euro-American

- ▶ Worldview segmented (duality)
- ▶ Reality known only through the five senses
- ▶ Places value on competitiveness, individualism, control of nature
- ▶ Dichotomous thinking (either-or)
- ▶ Sense of worth based on external criteria

Considerations: Immigrants from DRC..

- ▶ Physical Health: An assortment of interventions including modern / western medicine.
- ▶ Mental Health: Culturally not considered illnesses; associated with witchcraft. Intervention: witchdoctors, herbalists, spiritual healing rituals
- ▶ Reproductive Health-Throughout Africa, sexuality education has traditionally been handled by a designated older relative of the same gender.
- ▶ Infant care and parenting- Child is a part of the extended family/ community. Older children and other family or community adults fill in for parents. “Spare the rod, spoil the child”. Congolese children are expected to grow fast from infant, to child, to adulthood.





Case Presentation

Family Background

- ▶ Woman & her husband (Late 30's) & 6 kids between 1.5 months and 10 years old
- ▶ Woman has 3 older sons 14-18yrs old still in a refugee camp
- ▶ Arrived from a refugee camp in Tanzania: Mom was born in a refugee camp, has faced instability her entire life
- ▶ Family presents with various issues that have warranted multi-level intervention from various agencies

What Happens to Stir Things Up?

- ▶ Child found to have lead poisoning during a routine wellness check
- ▶ Family temporarily relocated to get home 'cleaned'. During 'return home' mom sustained a back injury
- ▶ Admitted to hospital for surgery, found out she's pregnant

Challenges and Needs

- ▶ Needed PT/OT at discharge- (unable to care for children)
- ▶ High risk pregnancy- (referral to HBP)
- ▶ Childcare (limited support)
- ▶ Mom started exhibiting acute Mental distress prior to discharge due to the stressful situation

Intervention Challenges

- ▶ Church community, Early intervention, CYA and Resettling agency set out to assist the family- family beginning to feel overwhelmed.
- ▶ Relationships- between the spouses, with community members (both community of origin and newfound community)-were getting strained as the stress and pressure of needing to adjust to accommodate emerging needs increased.
- ▶ Language and cultural barriers, cultural misconceptions

Intervention Challenges

- ▶ Re-hospitalizations- Mom winds up back in the hospital several times before delivering her baby.
- ▶ One re-hospitalization **particularly significant** (Spirits haunting her, Being punished, haunted apartment/not wanting to return, kids being haunted at school etc, pregnant with a cat not a fetus)

Diagnosis & Treatment

Western treatment team diagnosis-
psychosis

Recommendation: Referral to inpatient
Mental Health hospital



Culture and Wellness: Our Approach

Starting where the Client Is...

- ▶ Mom believed she was being punished; spirits were haunting her; Home/children haunted.
- ▶ Medical providers' beliefs did not align with this way of thinking

Our Treatment Approach

- ▶ **First things First:-** Reality counseling- requested for 3D imaging to prove to her she was pregnant with a fetus (not a cat)
- ▶ Application of our knowledge on the different perception/presentation of mental illness and distress

A Cultural Lens to Treatment

- ▶ In this case illness was caused by spirits; one has to therefore appease the spirits
- ▶ “In cases that do not have a supernatural cause, one should seek medical treatment.”
- ▶ We understood Mom’s need to appease the spirits causing her psychological distress

Intervention Strategies

- Spiritual healing
- Culturally appropriate counseling
- Western therapy?

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