

Health Inequities with Somali Women in Kuala Lumpur

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I am from Somalia, Mogadishu. I fled my country of origin because of the war and the persecutions I was seeing every day. I knew nothing of Malaysia, when I arrived and had no idea how to start living.

I saw that refugee rights, especially access to healthcare, was very limited in Malaysia. Being an educated person with a bachelors honours degree in Public Health, I knew I could support my community. I decided to use my language skills in English and knowledge from my degree as a translator in different health clinics, NGOs and hospitals. Here I saw that the Somali mothers seeking treatment were mostly illiterate, and I wondered if there was a community role for me in assisting these women and girls. I started conducting health education sessions for community members particularly women and girls by volunteering at the Somali Community Centre. I also worked part-time with Health Equity Initiatives (HEI), a local Malaysian NGO, as a community health worker to help refugees with mental health problems. After a while I have met my mentor Kiran Kaur, a PhD in Law from Tilburg University. She equipped me with a lot of knowledge on human rights, ethics, and showed in me the potential in myself so that I am able to serve my community even more than I thought I could. I have learnt from her a lot of the laws in Malaysia and the refugee context. All of this allowed me to see how Somali women in Kuala Lumpur, having escaped violence from the war in Somalia, were still denied access to basic health. Their voices were being hidden and I wanted to do something more about it.

During those years, I faced a lot of hardships and felt that the Somali women needed to be more nurtured and empowered. As such I founded a women's centre named Somali Women's Association Malaysia (SWAM) in August 2018, whose vision was to create an actively supportive refugee women circle. We hope this will empower women and their families to thrive economically, provide a safe and secure environment. We offer community building services such as counselling and access to personal development and enrichment. The goal is to improve the quality of their living, so that in a longer term they enable to be a self-sufficient, integrate into the local ecosystem and effectively overcome the barriers they face. I wanted women to connect with opportunities and network with one another. SWAM galvanizes access, resources, tools and opportunities that will value-add in creating sustainable changes.

The centre is a private and a safe space for the Somali women and girls thus, I had to continue to work part time in order to pay for the monthly rental from my own pocket. I continued doing so for one year, single-handedly. eventually, these women needed more support, as there are over 200 members registered under SWAM, so giving up my job was necessary and this is how my experience will help. "The centre is like a second home for us and our children, we come to learn, to heal, socialize, educate ourselves and share our personal problems, It's a safe place for us to be and it is the heart and soul of our women community" they say.

Health Challenges

The Somali women who are asylum seekers and refugees (ASR) face difficulty accessing health care in the host country Malaysia that they often face circumstances in which their health and wellbeing can be compromised. The constant fear of arrest, detention and even deportation pushes these women and other undocumented members underground. Most are reluctant to venture outside and delay seeking healthcare, even in emergencies, in case hospital staff report them to immigration services.

The Somali refugee women have different types of issues that hinder them from maintaining a proper treatment. Whether in the public and private clinics / hospitals, there is always a language barrier, as large number of these women are illiterate. This means they are dependent on someone else's assistance. They are barely able to communicate with the doctors. Nor is it acceptable to accompany with a male interpreter from the community as it is always sensitive and shameful for the women to

share or talk about their private parts or pain with the male allies in the society.

Another barrier is a cultural stereotype among the Somali community which escalates a gender sensitivity as being a women, a fear of cultural behavior, a shame based on nowhere among the society belief which women make them deteriorate at their homes instead of sharing their pain and seeking treatment in time. Moreover, residing in a country where it is a non-signatory of 1951 refugee convention and all its protocol is another reason that refugee education, work, and health treatment are very limited as refugees recognize as illegal immigrants making all their rights limited and inaccessible.

Cost of treatment is another main challenge for these women as refugees are not legally allowed to work in Malaysia, this opens up doors of refugees' inability to finance their own treatment and determinants of health. The good thing is, there is a 50% discount entitled for the refugee card and under consideration (UC) letter holders, which even means that the remaining cost of the 50% refugees are yet unable to cover. But, the bad is that there are a large percentage of asylum seekers holding an appoint-

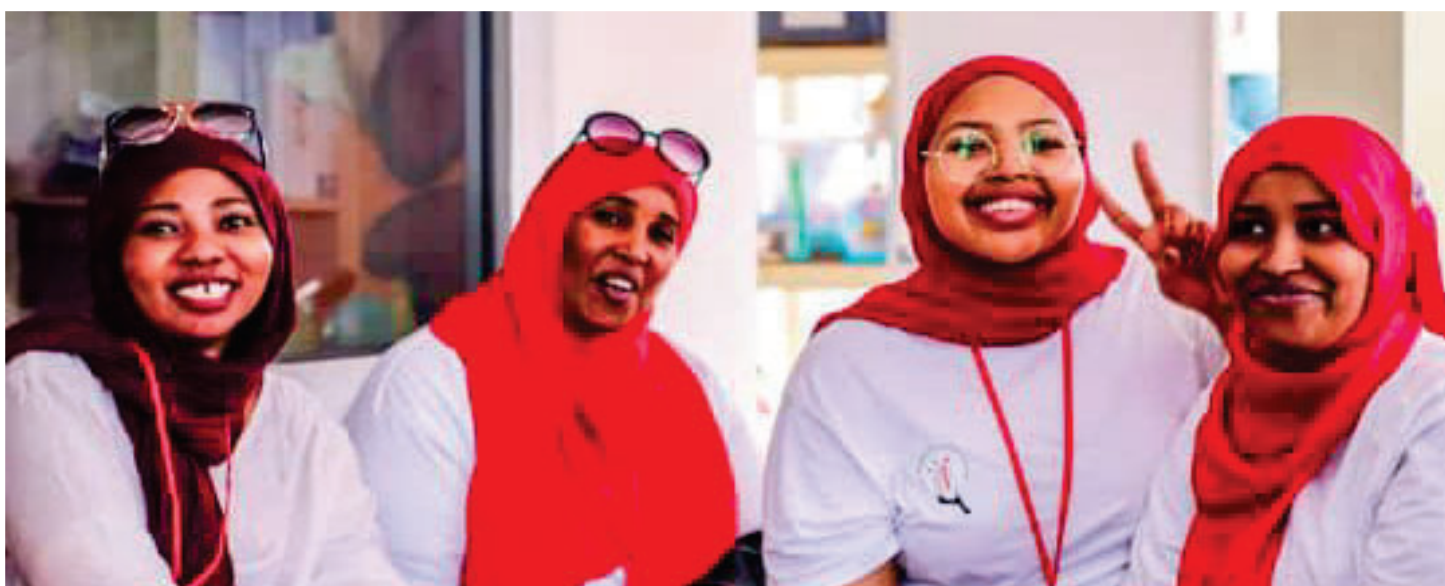


Photo Credit: Naima Ismail and Waheeb.je. Somali women of SWAM

ment letter and being registered under UNHCR who are thoroughly left behind having zero entitlement from the 50% discount, thus they remain the most vulnerable among the community. When these women with an appointment letters submit a health complaints, my capacity is very limited however I do refer third parties NGOs or UNHCR to assist their cases.

Unemployment is another significant concern. Generally refugees in Malaysia work odd jobs called 3D, meaning dangerous, dirty and difficult. Somali refugee women mostly work as cleaners, maid servants, cooks / bakers, and nannies as they are mostly uneducated. However, this covid-19 pandemic making the life worse for refugees. Under the Conditional Movement Control Order (CMCO) movements for refugees especially is severely restricted. Some pregnant women, for example, who require a delivery operation (caesarian) are unable to attend the hospital. Others are in on their last stages of cancer and being on chemotherapy whereas a few others are diabetics

and taking insulin twice or thrice daily are finding it hard to have their treatment. It is impossible that refugee women cover their medical treatment costs, as most are single mothers struggling to access and maintain the basic meals for the day to feed themselves and children.

Fear of arrest and detention is a primary concern for Somali women. The police have always every authority to arrest refugees at any time as refugees in general are recognized as illegal immigrants in Malaysia. However, Somali refugee women live as being gender based violence victims whether from their own spouses or strange perpetrators, in the result of bleeding, being beaten with physical injuries or sexually assaulted, yet they hide it, for they fear of seeking medical treatment and eventually ending up to worsen their injuries suffering more and more that might even possible losing their lives.

Adolescent girls and women of reproductive age reports that the travel experiences during



Photo credit: Naima Ismail, SWAM. Crafts for Sale, made by local Somali Women. SWAM supports women to make their own crafts for sale. To encourage entrepreneurship and support them to gain further financial independence.

migration, unaffordability of the living costs and cultural practices of the refugee community affect the reproductive health of female refugees. Reproductive health issues are a main leading factor of maternal morbidity and mortality, for Somali women. This includes menstrual health issues, reproductive tract infection and sexually transmitted diseases, gender-based violence, poor access to family planning and limited knowledge on reproductive health issues and services.

The Somali female refugees are vulnerable to various types of SGBV before, during and after displacement and resettlement resulting in societal, emotional and financial implications. It is crucial to address the family planning needs of women in refugee settings. Unexpected pregnancies will rise without appropriate accessibility of family planning (FP) and result in an increase in unsafe abortion practices; a cause of maternal deaths.

A few of the women members under SWAM got pregnant unwillingly and unplanned as these women's spouses stop them to participate in the family planning, reproductive health workshops and the awareness raisings of those topics. However they come and suffer after pregnancy, as the less knowledge and the perception of the Somali mothers led them be less interested and involved in using contraceptive tools and methods of family planning as such they prefer ending up unexpected children with unexpected times while no initial budget planned ahead.

Some of the Somali mothers developed different mental health problems due to a long waiting of their processes under UNHCR Nevertheless, few had passed away with cancer, Tuberculosis, and other chronic surgery related matters that triggered the long hopeless living as being a refugee in Malaysia for many years.

In the midst of Covid-19 pandemic, some women visit at the centre suffering from domestic violence as this pandemic accelerated

and opened doors for the perpetrators and women abusers at home, quite a number of mothers are domestic violence survivors currently in our community, however I can assist only those few women and girls who can have a voice and have the courage to come, share, show their pain and suffering. There are times when I have no choice but to take them to my home until further response from NGOs with shelters, making sure these women are safe.

Health is a fundamental human right and women rights are human rights. I hope Malaysia will consider health as a first line priority for the all refugees and asylum seekers in the country and funders and NGOs provide platforms and training projects to support those women suffering on mental health and reproductive health issues, or try to support the livelihood projects at the centre that required to be funded so these refugee women might at least earn some income.

Due to the Malaysian government hosting refugees, both refugees and asylum seekers are subjected to discrimination, exploitation and lack protection. As a leader of this organization, I have faced worst as few organizations/NGOs approach me for partnership, never respecting the core value of our community, culture and religion. Rather they ask for implementation on their projects even when It is not a need of the community. Stating that since we are refugees, we can't choose. They take photos, videos without the consent of the refugee members. In these circumstances I never felt an appreciation or recognition from those NGOs of what I do for my community. The struggle to create change is bigger than I ever thought. I humbly request the sponsors/donors or other NGOs out there to help cooperate and work with me on this hard journey for a good cause.