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Online Resources for Culturally and Linguistically Appropriate Services for Home Healthcare and Hospice, Part 5

# RESOURCES FOR AFRICAN PATIENTS



*Providing culturally and linguistically appropriate home healthcare and hospice care to patients who have emigrated from the African continent can be a challenge. This article reviews Web sites that provide introductions to some of the predominant cultures in Africa. Web sites providing patient education material in 13 African languages are also discussed.*

Providing culturally and linguistically appropriate home health and hospice care to patients who have emigrated from the African continent can be a challenge. The Office of Immigration Statistics (2011) names 56 different countries on the continent of Africa and the African Culture Center USA (n.d.) states on its Web site that more than 1,000 different languages are spoken there. This article is the final installment in a five-part series of articles highlighting online sources for free multilingual patient education materials. Table 1 identifies the languages covered in this review of resources and the countries that speak them.

The colonial past is reflected in many of the countries where European languages remain the official language for the country. Several northern countries have Arabic as their official language. Arabic resources are identified in Part 3 of this series (Young, 2013a) and Spanish resources were presented in the first installment (Young, 2012). European languages were addressed in the fourth installment of the series (Young, 2013b).

In addition to Arabic, an extensive search of the Web identified patient-education resources in Afrikaans, Amharic, Dinka, Gujarati, Igbo, Kirundi, Nuer, Oromo, Somali, Sudanese, Swahili/Kiswahili, Tigrigna/Tigrinya, and Yoruba. The material has been prepared by government agencies, disease-support organizations, healthcare organizations, and health sciences libraries. All of it can be printed or downloaded for free. In most cases, the material is not bilingual, but there is an English version that home care and hospice clinicians can print to evaluate the appropriateness of the content.

The Office of Immigration Statistics (2011) reported that more than 101,000 African immigrants obtained legal permanent resident status in the United States in 2010. The three largest groups came from Ethiopia, Nigeria, and Egypt. Twenty-three countries were represented by more than 1,000 people. More than 22,600 persons granted legal resident status were classified as refugee.

Venters and Gany (2011) observed that the number of immigrants from Africa grew 166% between 1990 and 2000. They identified infectious and chronic diseases, including HIV, tuberculosis, Hepatitis B, intestinal parasites, and the urogenital problems associated with female circumcision as the primary health issues for this

**Table 1. Official Languages and Major Dialects of Africa**

Country	Language(s)
Algeria	Arabic
Benin	Yoruba
Burkina Faso	African languages of Sudanic family
Burundi	Kirundi, Swahili
Chad	Arabic
Comoros	Arabic
Djibouti	Somali
Egypt	Arabic
Eritrea	Amharic, Arabic, Tigrigna/Tigrinya
Ethiopia	Amharic (Amarigna), Arabic, Oromo, Tigrigna
Kenya	Gujarati, Kiswahili
Libya	Arabic
Mauritania	Arabic
Morocco	Arabic
Namibia	Afrikaans
Nigeria	Igbo (Ibo), Yoruba
Rwanda	Kiswahili
Somalia	Arabic, Somali
South Africa	Afrikaans
South Sudan	Arabic, Dinka, Nuer
Sudan	Arabic, Sudanese
Tanzania	Arabic, Kiswahili/Swahili
Tunisia	Arabic, French, Berber
Western Sahara	Arabic

population. Those who have arrived as refugees or asylum seekers also have a high incidence of mental health issues.

Note that although healthcare providers tend to use the phrase “female genital mutilation” (FGM), those who consider the procedure a cultural practice continue to refer to it as female circumcision. Ogunsiji et al. (2007) reminded us that the cutting is considered a “rite of passage from childhood to adulthood” and it is considered to be “very disrespectful to have the practice referred to as mutilation” (p. 23).

Home care and hospice clinicians should be aware of the long-term complications of FGM, which include recurrent urinary tract infections, urinary incontinence, dyspareunia, apareunia, development of dermoid inclusion cysts and

abscesses, and pelvic inflammatory disease. It has been reported that 90% of the women in Somalia, Eritrea, Sudan, and Egypt have had FGM (Ogunsiji et al., 2007). Given the numbers of refugees and asylum seekers from Sudan and Somalia, it is likely that home care and hospice clinicians will care for some of these women, especially as they age.

Both Ting (2010) and Pacquiao (2008) addressed the prevalence of intimate partner violence in immigrant African women. Intimate partner violence has an impact on the mental health of these women, exacerbating whatever posttraumatic stress disorders they may already be suffering, especially if they are asylum seekers. Depression and anxiety are also common in these women.

According to Venters and Gany (2011), language problems and lack of health insurance often deter this population from seeking regular healthcare. Compounding these issues, alterations in diet and exercise in addition to the impact of the change in environmental exposure have caused a “shift in risk profiles from the ‘healthy immigrant’ to the less healthy American profile” (p. 337). Combined, these factors make this population at “risk for undiagnosed and untreated chronic disease” (p. 340).

### Online Resources for the Health Issues of African Immigrant Cultures

**<http://www.refugeehealthta.org/physical-mental-health/>**

The Refugee Health Technical Assistance Center has general information of use to home care and hospice clinicians. They address what to look for in a health assessment, mental health, and how various chronic and infectious diseases impact this population. There is also a specific section for women’s health that features tips and strategies for culturally sensitive care.

Several academic medical centers and government agencies have online profiles of some of the African immigrant groups that include discussion of their health issues.

**<http://www.dhhs.nh.gov/omh/refugee/documents/ethnicprofiles.pdf>**

*Ethnic Community Profiles*, developed by the Manchester NH Health Department and Baylor University, covers Ethiopia, Eritrea, Liberia, Nigeria, Somalia, and Sudan. The profiles address immigration history, culture, language, and social

relations in addition to healthcare problems and beliefs about health and illness.

**<http://ethnomed.org/culture>**

The Health Sciences Library of the University of Washington’s Harborview Medical Center has developed a Web site called Ethnomed. One of its components is profiles of various cultures. Its African profiles include Eritrean, Ethiopian, Oromo, Somali, Somali Bantu, and Tigrean. Each document indicates when it was last reviewed. Topics covered include family structure, food and nutrition, beliefs associated with the various stages of life, death, traditional medical practices, and experience with Western medicine. In the latter section, chronic disease and mental health are specifically addressed. Links are provided to extensive lists of patient-education resources in Amharic, Oromo, Somali, and Tigrinya. Some items are bilingual; others are audio files in the individual language. The site also includes links to cultural information from other sources.

Ethnomed also provides links to a series of Clinical Pearls related to cultural and refugee health topics. Pearls focusing on African cultures include East African skin decorations, circular burn scarring, dysuria in Somali women who have had FMG, and Somali diet.

**<http://depts.washington.edu/pfes/PDFs/SomaliCultureClue.pdf>**

The University of Washington Medical Center’s series called Culture Clues includes one for communicating with Somali patients. The short briefing addresses traditional health practices, understanding medications (especially during Ramadan), medical decision making, and their cultural norms for touch. It is important for home care and hospice clinicians to note that handshakes are appropriate only with someone of the same gender.

**[http://www.mrcnorthwest.org.au/publications/community\\_profile.html](http://www.mrcnorthwest.org.au/publications/community_profile.html)**

Australia’s Migrant Resource Centre, North West Region, provides cultural information on the peoples of Eritrea, Ethiopia, and Sudan. The documents discuss language, religion, and family structure. There is a small amount of information on health and nutrition, and a lot of information about the settlement of these groups in Australia.

However, the cultural content is useful for health-care providers in all countries.

**[http://www.bu.edu/bhlp/Resources/country\\_guides/africa/index.html](http://www.bu.edu/bhlp/Resources/country_guides/africa/index.html)**

The Boston Healing Landscape Project from Boston University School of Medicine has cultural background information, including health-care issues, for immigrants from Ghana, Liberia, Nigeria, Somalia, and Sudan. The documents address major mental health issues, nutrition, health-related values, death and dying, high-risk behaviors, and social networks.

**<http://www.brycs.org/documents/upload/SBantu-Service-Considerations.pdf>**

Bridging Refugee Youth & Children's Services offers "Somali Bantu Refugees: Cultural Considerations for Social Service Providers" on its Web site. In addition to explaining traditional Bantu medical practices and their practice implications, the resource also explains the family structure and identifies cultural practices that may be misinterpreted as abuse or neglect.

**<http://www.miceastmelb.com.au/documents/mep/H&PCarekit.pdf>** and **<http://www.miceastmelb.com.au/documents/SouthernSudaneseCrossCulturalTrainingReport.pdf>**

The Migrant Information Centre of Eastern Melbourne (Australia) has a *Home and Personal Care Kit* online that provides country profiles to assist with giving culturally sensitive care. Egypt is one of the countries included. Although the content is brief, it does address language; religion; attitudes toward aging, disability, and mental health; customs and values; communication styles; naming conventions; health belief and practices; and basic Arabic greetings with an approximation of the English pronunciation.

The centre also has a 10-page document on the culture of South Sudan. Important information for home healthcare clinicians includes composition of the family and the family members' roles and responsibilities as well as attitudes toward pregnancy and birth, patient confidentiality, mental illness, disabilities, and death.

**<http://www.cal.org/co/publications/>**

The Cultural Orientation Resource Center at the Center for Applied Linguistics in Washington, DC, has published a series of in-depth culture profiles

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that includes Liberians and Somali Bantu. The documents review family, food, language and communication, health and well-being, and mental health. There is also one for Somalis in general; however, it was published in 1993.

The center also offers a shorter background on Eritrean refugees that discusses cultural traditions that might conflict with U.S. practices, family and gender roles, health, and food and dietary restrictions.

### Online Patient-Education Resources in African Languages: General Portals

**<http://www.nlm.nih.gov/medlineplus/languages/languages.html>**

MedlinePlus, the consumer health database of the U.S. National Library of Medicine and National Institutes of Health, is a large, well-organized portal for information in Amharic, Arabic, Oromo, Swahili/Kiswahili, and Tigrinya. Each item identifies the source of the material and provides links to both the African and English language versions. The list of topics is extensive for Amharic and Arabic. Infectious diseases are the primary focus of the material in the other languages.

**<http://www.healthroadsmedia.org/index.htm>**

Health Roads Media, which is partially funded by the U.S. National Library of Medicine, is another portal to health information in many languages and multiple language formats that can be downloaded for free. African languages covered include Amharic, Arabic, Somali, and Swahili. The amount of information available varies from language to language. For example, the Amharic resources are primarily related to diabetes and the Swahili information is all about HIV/AIDS. The Arabic and Somali pages provide links to material on immunization, mental health, and nutrition. The actual printed documents are not bilingual. However, the titles in the links to the material are bilingual. For many of the topics the link leads to a choice of an audio file or a handout that may be printed.

**<http://www.rhin.org/Default.aspx>**

Refugee Health Information Network, which is supported by several of the U.S. National Institutes of Health, provides access to information in Arabic, Kirundi, Igbo, Oromo, Somali, Swahili, Tigrinya, and Yoruba. The material comes from a variety of healthcare providers. Some documents are bilingual; others have an English language version available. The number of items available varies from 7 in Igbo to 293 in Somali. Health promotion is addressed in all languages.

The Oromo items include cancer, tuberculosis, and mental illness topics. Disease-specific nutrition is the focus of many of the resources in Kirundi. However, there are also links to audio and video files on posttraumatic stress disorder. Similar topics are available in Arabic as well as home safety, immunizations, communicable diseases, and respiratory problems. The extensive list of

Amharic, Arabic, Somali, and Tigrinya resources are included. Most of the items are from other healthcare providers such as Canada's Centre for Addiction and Mental Health and St. Vincent's Hospital in Melbourne, Australia. Topics covered include skin diseases, infectious diseases, diabetes, and coping with stress. The Stanford site indicates whether the item is bilingual.

**[https://healthonline.washington.edu/health\\_online/translations.asp](https://healthonline.washington.edu/health_online/translations.asp)**

The University of Washington Medical Center's Web site has a section called "Health *Online*" that includes resources in many languages, including Amharic, Somali, and Tigrigna. The handouts are not bilingual, but English language translations can be located elsewhere on the Web site. Be sure to use the sort button on the translations page to list the items by language rather than the

title default. The Somali material is particularly useful for home healthcare clinicians because it offers information on many diagnostic and surgical procedures as well as postoperative self-care, advanced directives, and postpartum care. A good selection of diabetes-related resources are available in Amharic and Tigrigna, but not Somali.


**<http://www.health.state.mn.us/divs/translation/index.html>**

The Minnesota Department of Health offers translated materials in

Amharic, Arabic, Oromo, and Somali with links to the available English translations. The largest group of resources are in Somali. Topics covered include asthma, brain and spinal cord injury, and nutrition. There are several items in Arabic related to food safety and one about heart disease and stroke. The Amharic and Oromo materials are limited to flu, sexually transmitted diseases, and tuberculosis.

**<http://www.childrenshc.org/Manuals/PFS/Alphabetical.asp>**

Children's Hospital of Minnesota has a selection of education sheets in Somali. Although they are primarily related to pediatric healthcare issues, the information on many of them is applicable to adult patients as well. There is an asthma series that includes a table of medications listing the



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material in Somali provides links to written, audio, and video titles. Subjects of particular interest to home healthcare clinicians include pain, fractures, mental health disorders, and cancer.

**<http://www.refugees.org/resources/for-refugees--immigrants/health/>**

The U.S. Committee for Refugees and Immigrants has Healthy Refugee Toolkits available to download in Amharic, Arabic, Kirundi, Somali, and Swahili. Topics covered include diabetes, heart disease, communicable diseases, respiratory diseases, and nutrition.

**[http://healthlibrary.stanford.edu/resources/foreign/\\_intro.html](http://healthlibrary.stanford.edu/resources/foreign/_intro.html)**

Stanford (University) Hospital and Clinics offers a lengthy list of multilingual health information.

adverse effects. The wound care, stool sample collection, and eye drop instructions would also be of use to the home care service population. As the sheets are bilingual with the Somali and English side by side, the home care clinician could highlight the part of the instructions that would be appropriate for adults.

**<http://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/LanguageDoc/PresentLanguage?open>**

The Victoria, Australia, state government maintains an online Health Translations Directory, which includes links to material in Amharic, Arabic, Dinka, Somali, Sudanese, and Tigrinya. The pages for each language are divided into sections for Victorian resources, national resources, and other states and territories. Therefore, the user should scroll through three lists to find everything on the topic of interest. The health topics include various infectious diseases, mental health issues, cancer, and medical procedures. The amount of information available varies from language to language.

**<http://www.mhcs.health.nsw.gov.au/mhcs/languages.html>**

The New South Wales Multicultural Health Communication Service has resources translated into Amharic, Arabic, Dinka, Kirundi, Somali, Swahili, and Tigrigna. New topics are added on an ongoing basis. The printed documents are not bilingual with exception of the titles. The topics available vary from language to language. The largest selection is in Arabic. Topics especially useful for home care clinicians include arthritis, asthma, blood test instructions, various types of cancer, diabetes, mental illness, osteoporosis, feeding tubes, heart disease, kidney failure, glaucoma, macular degeneration, physiotherapy, stroke, Parkinson's disease, and varicose veins.

The Amharic resources are primarily related to breastfeeding, but there is one on mental illness. The Dinka resources focus primarily on pediatric health, although there is a fact sheet on falls prevention. The Kirundi material addresses hepatitis, sickle cell, schistosomiasis, and Vitamin D deficiency. The Somali links are primarily to pediatric and women's health information. However, there is also a brochure on tuberculosis. The Swahili items are primarily pediatric health and contraception. The Tigrigna information is the most limited, addressing only

mental illness, domestic violence, and pediatric health.

**<http://www.health.qld.gov.au/multicultural/public/language.asp>**

The government of Queensland, Australia, maintains the Web site "Health Information in Your Language" with materials in Amharic, Arabic, Dinka, Kirundi, Somali, Swahili, and Tigrinya. Of particular use to home healthcare clinicians is the illustrated sheet "Safe Food, Safe Kitchens" available in Amharic, Arabic, Dinka, Kirundi, Somali, Swahili, and Tigrinya. The Arabic section has links to home care-beneficial topics like arthritis, falls prevention, diabetes, heart health, and infectious disease. There are also links to information in Dinka on good bladder habits, breast cancer screening, and lung cancer. The Kirundi and Swahili resources are primarily related to child health. Somali material covers various cancers, promotion of healthy bladder habits, and women's health. There are also several brochures about cancer available in Tigrinya.

**<http://www.easternhealth.org.au/services/cuecards/default.aspx#cuecards>**

Australia's Eastern Health Transcultural Services offers a series of pictorial bilingual cue cards to assist healthcare providers with basic words. The words are grouped in 11 categories, including medical, dental, instructions, descriptions, and people. African languages available include Afrikaans, Amharic, Arabic, Dinka, Gujarati, Kirundi, Nuer, Oromo, Somali, Swahili, and Tigrigna.

**<http://www.thewomens.org.au/MultilingualFactSheets>**

The Royal Women's Hospital in Australia has a series of multilingual fact sheets that include information on female circumcision and pregnancy. They are available in Amharic, Arabic, Somali, and Tigrinian.

**Online Patient Education Resources in African Languages: Sources for Information on Specific Health Issues**

**[http://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=1004](http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1004)**

Britain's Alzheimer's Society has several publications to download in Arabic, Gujarati, and Somali. Of particular interest to home care clinicians are

the resources describing dementia and Alzheimer's, dementia progression, communicating, and dealing with aggressive behavior.

**[http://www.arthritiscare.org.uk/  
PublicationsandResources/Languages](http://www.arthritiscare.org.uk/PublicationsandResources/Languages)**

Arthritis Care UK has a handout in Gujarati and an audio file available on its Web site. The resource provides a brief explanation of the disease and discusses treatment options. There is also a section about maintaining a healthy diet.

**[http://www.asthmafoundation.org.au/  
Resources\\_in\\_other\\_languages.aspx](http://www.asthmafoundation.org.au/Resources_in_other_languages.aspx)**

The Asthma Foundation of Australia has colorful bilingual handouts available in Arabic, Gujarati, and Sudanese. They illustrate the kinds of inhalers available and how to use them. In addition, they stress calling for help if appropriate use of the inhaler does not work.

**[http://www.asthma.org.uk/about-asthma/  
faqs-about-asthma/](http://www.asthma.org.uk/about-asthma/faqs-about-asthma/)**

Asthma UK has a bilingual resource of frequently asked questions about the disease. It is available in Arabic, Gujarati, Igbo, and Yoruba. Each individual language is in written using its own alphabet. However, if you place your cursor over the word, the English word for the language appears.

**[http://www.cancervic.org.au/other\\_languages/](http://www.cancervic.org.au/other_languages/)**  
Cancer Council Victoria, Australia, offers fact sheets in Arabic, Somali, and Tigrinya. There is information on prostate cancer and reducing cancer risk in all three languages. Diagnosis, treatment, relaxation, and diet information is available in Arabic and Somali. Information on breast cancer is available in Arabic and Tigrinya.

**[http://www.cancersa.org.au/aspx/search\\_rl\\_  
lang.aspx](http://www.cancersa.org.au/aspx/search_rl_lang.aspx)**

Cancer Council South Australia also has brochures in Arabic, Somali, and Tigrinya. Their material is bilingual and includes one on bowel cancer.

**[http://www.macmillan.org.uk/Cancer  
information/Aboutcancer/Information  
inotherlanguagesandformats/Foreign.aspx](http://www.macmillan.org.uk/Cancerinformation/Aboutcancer/Informationinotherlanguagesandformats/Foreign.aspx)**

Macmillan Cancer Support in the United Kingdom has brochures on breast cancer, chemotherapy, radiotherapy, and surgery in Gujarati. The latter

three are applicable to most cancers. The four items range from 6 to 12 pages.

**[http://www.lifewithcancer.org/managing\\_  
symptoms.php](http://www.lifewithcancer.org/managing_symptoms.php)**

Life With Cancer has four resources on managing common symptoms and side effects. They are available in Arabic and Somali.

**<http://www.continence.org.au/resources.php>**  
Continence Foundation of Australia has an extensive list of brochures in Arabic, Dinka, and Somali. The items cover bladder and bowel control, pelvic floor muscle training for both men and women, surgery for bladder control problems in women, prostate and bladder problems, and continence products.

**[http://www.nacc.org.uk/content/services/  
CD.asp](http://www.nacc.org.uk/content/services/CD.asp)**

Crohns and Colitis UK offers two resources in Gujarati: "Understanding Colitis and Crohn's Disease" and "Living with IBD [Inflammatory Bowel Disease]."

**[http://www.scripps.org/services/diabetes/  
patient-education\\_multi-language-handouts](http://www.scripps.org/services/diabetes/patient-education_multi-language-handouts)**

The Scripps Whittier Diabetes Institute has a wide selection of handouts in Arabic and Somali. Topics include diet, foot care, blood sugar monitoring, insulin, and symptoms of both hyperglycemia and hypoglycemia.

**[http://www.diabetes.org.uk/Other\\_languages/](http://www.diabetes.org.uk/Other_languages/)**  
Diabetes UK offers a slightly different selection of titles in Arabic and Somali in addition to Gujarati. Particularly useful for home care clinicians with Muslim clients is the sheet about fasting. Other useful topics include neuropathy, the ocular side effects of diabetes, and kidney disease.

**[http://www.ecdc-cari.org/pubs.asp#  
edbrochures](http://www.ecdc-cari.org/pubs.asp#edbrochures)**

The Center for African Refugees and Immigrants also has brochures about diabetes prevention and management. They are available in Amharic, Arabic, Somali, and Tigrinya.

**[http://www.mhim.org.uk/other\\_languages  
.html](http://www.mhim.org.uk/other_languages.html)**

The Manchester Mental Health and Social Care Trust in England provides access to information

about stress and anxiety and also depression and low mood in Arabic, Gujarati, and Somali. The Arabic and Gujarati information is also available in downloadable mp3 files.

**[http://www.beyondblue.org.au/index.aspx?link\\_id=102.933](http://www.beyondblue.org.au/index.aspx?link_id=102.933)**

Resources on depression and anxiety disorders in Somali are available from Beyondblue, a mental health organization in Australia. Of particular value to home care clinicians are the pamphlets about medications and caring for someone with depression.

**<http://www.mhima.org.au/mental-health-information-and-resources/resources-and-publications/translations>**

The Mental Health in Multicultural Australia organization has developed a “What Is?” series that has been translated into Amharic, Arabic, Dinka, and Swahili. It covers anxiety disorder, bipolar mood disorder, challenging behavior, depressive disorder, eating disorder, personality disorder, and schizophrenia.

## Conclusion

Cultural beliefs and linguistic barriers may make it difficult for home healthcare clinicians to provide culturally and linguistically competent care to all of their patients. Kersey-Matusiak (2012, p. 50-51) commented that “every nurse, regardless of race or ethnicity, should engage in the ongoing process of developing cultural and linguistic skills when caring for individuals who are culturally different from themselves.” This introduction to some of the African cultures prevalent in the United States and to resources in African languages that are freely available on the World Wide Web should enable home healthcare clinicians to improve their cultural and linguistic skills for these patients. ■

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