The Influence of African Immigrants’ Beliefs on Health-Seeking Behaviors: An Integrative Literature Review

Omolara Alao-Aboko
laraaboko@yahoo.com

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The Influence of African Immigrants’ Beliefs on Health-Seeking Behaviors

**Author:** Omolara Alao-Aboko

**Research Advisor:** Dr. Elizabeth Aquino

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**Background**
Africans hold many beliefs and engage in various practices that shape their health in their countries of origin. The African immigrant population in the United States had the fastest immigrant growth rate between the years 2000-2013, increasing by 41% (Anderson, 2017). However, not much is known about how their beliefs impact health-seeking behaviors after immigrating into the U.S.

**Objective**
The purpose of this study was to explore and discover the influences of African immigrants’ beliefs on their health-seeking behaviors.

**Research Questions**
1. What are African immigrants’ beliefs about health while living in the U.S.?
2. How do these beliefs influence their health-seeking behaviors?

**Methods**
- **Research Design**
The design of the study is an integrative literature review. Whittemore and Knaf’s (2005) framework was used as a guide for the integrative literature review.
- **Literature Search Strategies**
The databases used include: the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, ProQuest, and Health Source: Nursing/Academic Edition.
- **Inclusion Criteria**
Peer-reviewed articles written in English and articles with African immigrant participants.
- **Exclusion Criteria**
(i) Articles that did not address African immigrants living in the United States; (ii) Studies that did not address the relationship between African immigrants’ beliefs and their health-seeking behaviors; and (iii) Studies that were published prior to 2011. A total of 10 articles were reviewed and utilized for the integrative literature review.

**Exclusion Criteria**
- Peer-reviewed articles written in English and articles with African immigrant participants.
- Articles that did not address African immigrants living in the United States.
- Studies that did not address the relationship between African immigrants’ beliefs and their health-seeking behaviors.
- Studies that were published prior to 2011.

**Findings**

- **Religion**
  - God is the ultimate protector and healer and without God there is no healing (Adegboyega & Hatcher, 2017).
  - Religion as a source of refuge and direction.
  - Engagement in certain health practices are against religious moral codes (Blanas et al., 2015; Tshiswaka et al., 2017; Wolf et al., 2016).

- **Stigma**
  - Discrimination against HIV, Hep B, cervical, and/or prostate screenings.
  - Familial and communal shame associated with disease diagnosis (Adegboyega & Hatcher, 2017; Blanas et al., 2015; Bova et al., 2016, De Jesus et al., 2015).
  - Distrust of healthcare professionals (Opoku-Dapaah, 2013)
  - Health professionals don’t provide confidentiality (Blanas et al., 2015; Bova et al., 2016)
  - Blacks are used for health experiments and doctors cause more damage (Gichina and Obeng, 2015)
  - Doctors are respectable and recommendations should be adhered to (Adegboyega & Hatcher, 2017).

- **Gender**
  - Somali men are not supposed to show weakness or talk about mental issues (Wolf et al., 2016).
  - Stereotypes about prostate screening (Akpuaka et al., 2013).
  - Against cultural norms to question partners about HIV testing (De Jesus et al., 2015).

- **Tradition**
  - Illnesses are caused by evil spirits and should be treated with traditional medicine (Gichina and Obeng 2015; Opoku-Dapaah, 2013).
  - Cultural beliefs about certain health issues and practices (Adegboyega & Hatcher, 2017; Akpuaka et al., 2013; De Jesus et al., 2015; Tshiswaka et al., 2017)

**Findings**

**Nursing Implications**
- To provide culturally competent care, knowledge of traditions, religion, immigration status, and health perceptions specific to this group of immigrants is important.
- Miscommunication with healthcare workers contributed to feelings of frustration and desire to limit interactions (Adegboyega & Hatcher, 2017).
- Nurses can optimize utilization of healthcare services by screening African immigrant patients and suggesting age appropriate screenings.
- A culturally competent nurse can help reduce health disparities that often face minorities like African immigrants.

**Limitations**
- Insufficient amount of articles to choose from.
- Limited research on the population.
- Prominent use of convenience sampling.
- Small sample sizes, which limited the generalizability of the results.

**Conclusion**
African immigrants have several beliefs that impact their health-seeking behaviors. Religion, stigma, discrimination, cultural beliefs, traditional medicine, and illegal immigration status limited their use of healthcare services. Gender bias also served as a limiting factor. This study will be useful in practice to better understand the population and the interventions that will be beneficial to them.