

Community Profile: Burundian

Language: Kirundi, Swahili, French

Country of Origin: Burundi

Places of Transition: Tanzania, Rwanda, Democratic Republic of Congo, Zambia

**This guide is meant to provide a general cultural orientation and does not describe every person from this community*

Dos and Don'ts

- Recognize that there are distinct ethnic groups in Burundi: Hutu (85%), Tutsi (14%), and Twa (1%). Animosity and resentment between the groups may persist between Burundians in the US.
- Most Burundian people are Christian and strongly believe in Imana, God the Creator. Respect the patient's religious beliefs and practices.
- Take time to build rapport and trust. Storytelling is an important form of communication for Burundians.
- Explain all forms and medical waivers.
- Common greetings include a handshake with both hands to show respect, or a hug to show love and appreciation.
- Be aware that eye contact is maintained between people of equal stature, but may be avoided otherwise. Avoiding eye contact is a sign of respect.
- Try to discuss prognosis in terms of hope for life, rather than forthcoming death.
- Be patient and do your best to help Burundians understand and navigate the US health care system.
- Inform the patient of proper medication usage, and describe the consequences of inappropriate use.
- Compliment good health behavior to encourage and reinforce healthy habits.
- Be sure to stress disclosure of all medications.

Health attitudes, beliefs and stigmas

The majority of Burundians are Christian, a small percentage is Muslim, and some Burundians maintain traditional beliefs including animism.

Animism is the belief that all natural objects including plants, animals, natural phenomena, and even inanimate objects have souls and spirits. Animists may have rituals to treat certain health conditions.

Many Burundians use traditional health remedies such as potions made from natural ingredients that are taken orally or rubbed on the skin.

Burundians may attribute health conditions to God's Will or other people wishing ill will on them.

About 1/3 of the population has not had access to formal health care in Burundi. Burundians may be unfamiliar with basic aspects of the US health care system including appointments, timely immunizations, annual well checks, and accessing emergency services.

Preventive health is a new concept for most Burundians. Traditionally, people will visit a doctor when they become sick, but not before.



In Burundian culture, children with disabilities are often considered bad luck or God's punishment, and are usually kept hidden. Families often avoid seeking the extra help needed to maximize the child's potentialities.

Burundians are often uncomfortable discussing sex related topics and STIs in front of people of the opposite sex, including interpreters. Always ask if the patient has gender preference regarding provider or interpreter.

Burundian refugees have had limited exposure to contraceptives and family planning services.

Being overweight is often viewed as a sign of good health.

Burundians often expect to receive medication for all illnesses. If no medication is given, be sure to explain why.

Many Burundians believe injections are more effective than tablets. Help clarify the different types of medication for the patient.



What you may see

Many Burundians have lived in refugee camps for most of their lives or were born in a refugee camp. Families may have been dispossessed of their land and may feel like outcasts who can never return to Burundi or reintegrate.

The household is considered the nuclear family, which is usually economically independent, but has strong social ties to extended family and close family friends. In the absence of parents, neighbors will take care of children as their own.

Burundians value health and family well-being. If one person is ill or a baby is born, it is common for everyone in the community to visit.

Traditionally, Burundian households are patriarchal. Women are respected and honored as child bearers, but have little authority in decision-making. Recently, women have been gaining access to greater educational and occupational opportunities. Still, the preponderant role of the male should be acknowledged to keep harmony in the family.

The vast majority of Burundians lived in rural areas as subsistence farmers or cattle herders. Some have worked in professions and trades, but most are unaccustomed to continuous employment outside of the home.

Most Burundian refugees have had limited exposure to modern amenities and may be unfamiliar with urban life,

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public transportation, electricity, and appliances.

Political instability and lack of resources have led to a low level of formal education and low literacy rate for Burundians, especially females.

Beer is an important part of social interactions and is often consumed at social gatherings. Burundians value hospitality and refusing food or drink is seen as an insult.

Common health concerns

Mental health is a major concern for Burundian refugees. Many have spent long periods of time living in refugee camps and have either lived through or witnessed genocide, torture, rape, incarceration, killings, or kidnapping.

Women and girls may be victims of sexual or domestic violence.

Malnutrition is common. The Burundian diet consists mostly of carbohydrates, and very little meat is available. Thus, protein deficiency is common.

Poor sanitation and limited access to safe drinking water in refugee camps have led to high rates of infectious diseases including malaria, measles, intestinal infections, and diarrheal disease.

Sexually transmitted infections are common and are often left untreated, especially in women.

The vaccination rate in children is low. A large number of Burundian children die before their fifth birthday due to infectious disease or malnutrition.

Potential barriers to care

- Inadequate interpreter services
- Low levels of formal education and literacy
- Unfamiliarity with modern amenities
- Poor understanding of health care system
- Low adherence to preventive medicine
- Transportation difficulty
- Stresses of resettlement
- Limited health literacy
- High cost of care

For additional resources, please visit AZrefugeehealth.org

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