Somali Culture and Foods

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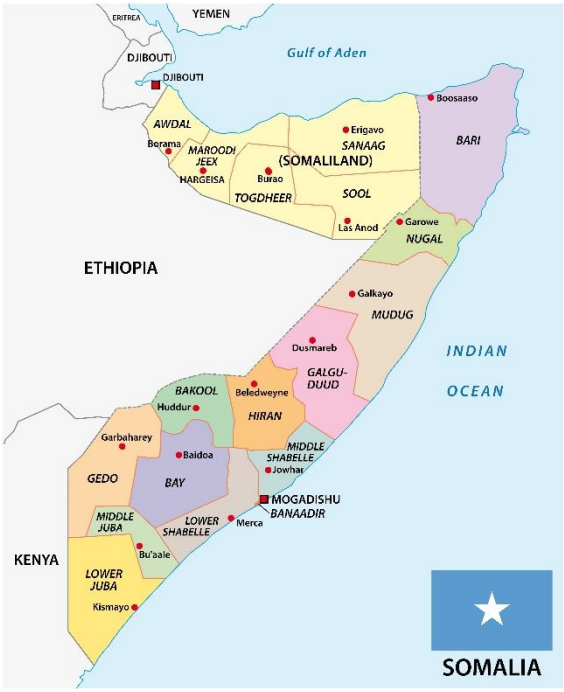
Stereotyping

This is very basic level information about the culture described; it is meant to offer an opportunity to learn in general terms. It cannot account for the diversity within each individual society or culture and is not meant, in any way, to infer to all people.

Background

Somalia is a small country in Eastern Africa that wraps around the Horn of Africa. It is almost five times the size of Alabama and slightly smaller than Texas. The country has the longest coast of any African nation, bordering the Gulf of Aden and the Indian Ocean. Somalia is surrounded by neighboring countries Ethiopia, Djibouti, and Kenya.



The Somali Republic was formed on July 1st, 1960, following the end of its Italian-administered United Nations (UN) trusteeship. Shortly after gaining independence, Somalia faced increasing violence throughout the 1970s and 1980s under the dictatorship of Mahammad Siad Barre. As public resistance to his regime escalated, Barre responded with greater violence, leading to the rise of militant rebel groups and a growing culture of resistance among the people. As his leadership declined, rival clans violently competed for power, sparking a civil war that unfolded

in the 1980s and 1990s. The conflict eventually led to the overthrow of the government in 1991, while ongoing violence triggered the displacement of Somalis across the globe, turning much of the population into refugees.

Today, Somalia ranks the fourth largest source of refugees worldwide, following Ukraine, Syria, and Afghanistan. There are approximately two million Somali refugees globally, with a majority residing in Kenyan and Ethiopian refugee camps (Syed, 2022). Many other Somali refugees have migrated to Canada, Europe, and the United States. The greatest percentage of U.S. Somali refugees live in Minnesota due to its strong economy and access to employment, housing, education, and support services.

Somali people have become an integral part of many Minnesotan communities. The Cedar-Riverside Neighborhood in Minneapolis has been fondly nicknamed "little Mogadishu" after the capital city of Somalia. Many Somali businesses are located in Minneapolis along Lake Street, particularly Karmel Mall, a vibrant hub where community members from across the State gather to shop, dine, and socialize. The mall features Somali restaurants, cafés, and retail stores, reflecting the Somali culture and entrepreneurial spirit. A large mosque inside the mall offers space for daily prayers, serving both shoppers and workers.

Language

Somalis, though one ethnic group, are different among themselves. The main dialect spoken in the community is Common Standard Somali, which serves as the official language for over 60% of the population (Adekunle et al., 2021). However, some families may speak different dialects and observe distinct customs based on their clan and regional backgrounds. In addition to Common Standard Somali, other dialects such as Maay and Benadiri are spoken. The community also uses Arabic, although mainly for religious purposes.

Due to many Somali refugees moving to Kenya and Ethiopia, or residing near the border of these countries— some may also speak regional minority languages, such as Swahili dialects and Amharic. The Somali American community in the United States, especially the second generation, widely speaks English.

Health disparities

In the United States, Somalis face higher rates of health and healthcare access disparities compared to other ethnic minorities. In addition to being at increased risk for chronic conditions like diabetes and high blood pressure, this community is also more vulnerable to mental health issues. According to Lincoln et al. (2019), the experiences of Somali Americans in the United States offer a crucial example of the sophisticated interplay between immigration, discrimination experiences, and well-being. As Black Muslim immigrants, Somalis face a 'triple jeopardy' of being ostracized based on religion, immigration status, and race (Houston et al., 2021). These factors contribute to healthcare challenges such as gender-based healthcare preferences, modesty requirements, resettlement stresses, inadequate interpreter services, traditional beliefs, and limited health literacy.

Vitamin D Deficiency: Like other populations with darker skin, Somalis are more prone to vitamin D deficiency due to a higher melanin levels, which reduce the body's ability to produce vitamin D. Limited sun exposure is another concern for Somali women who wear religious or traditional clothing that covers most of the body. Lastly, traditional Somali diets tend to be lack sufficient sources of vitamin D.

Chronic Conditions: Somali diets are rich in rice, pasta, bread, and sugar which can contribute to insulin resistance and increases the likelihood of developing type 2 diabetes. Similarly, excessive salt intake from processed foods and preserved meats can lead to high blood pressure, raising the risk of cardiovascular diseases.

A study by NIH (National library of medicine, 2016) highlighted prevalence of type 2 diabetes among Somali populations as compared to non-Somali, reinforcing the impact of dietary habits on chronic conditions.

Maternal and Infant Health: Somali families face an increased risk of maternal and infant mortality. A study by Contag et al. (2021) shows that maternal mortality rates are higher for Somali women compared to U.S.-born Caucasian and Hispanic women. While their risk of infant mortality is similar to that of U.S.-born Black counterparts, Somalis experience higher maternal death rates than other ethnic minorities. Contributing factors may include little to no antenatal care and contraceptives being discouraged.

Like other minority groups in the U.S., Somali Americans face higher risk of negative pregnancy and maternal outcomes due to disparities in healthcare access. Traditionally, family and community members provide support during and after pregnancy. When this support is not available, working with a Somali doula is one culturally appropriate way to improve outcomes for both mom and baby. Similarly, when requesting an interpreter, a female interpreter may help ensure comfort and cultural sensitivity during maternal care.

Mental Health: The trauma of displacement and war has led many Somalis suffer from post-traumatic stress disorder (PTSD), anxiety, and depression. However stigma surrounding mental health persists, leading to reluctance in seeking professional help.

Language barriers: Many Somali immigrants face language barriers that lead to challenges in accessing essential services like healthcare and employment opportunities.

Traditions, customs, & taboos

Somali culture, like any culture, has certain taboos or topics that are considered sensitive or inappropriate to discuss openly.

- **Family Structure:** Somali families are traditionally large and close knit. A family's 'wealth' and status is often determined by the number of children they have. Family is a critical aspect of Somali culture, with great respect given the oldest family members. Most cultural practices are based on Islamic traditions. Households are largely male-centered, with males serving as the decision-makers and spokespeople (Adekunle et al., 2021). Men are responsible for the family's financial well-being and safety, while women focus on maintaining the household, raising children, and other domestic activities. A Somali saying

states that "while a man is the head of the household, a Somali woman is the neck that guides and directs the position of the head."

- Due to the effects of the Civil War, many Somali women have denounced traditional gender roles and have taken up leadership and entrepreneurship roles. Some of them now manage the household finances and engage in various forms of work or business.
- **Discussing Tribes/Clans:** Similar to how it is considered improper in Western society to discuss politics with coworkers or with new friends at the dinner table, in the Somali culture, it is off-limits to discuss one's clan. This topic is typically only discussed in the context of marriage or among long-time friends who are genuinely curious. Somalis do not want to be divided or judge one another based on their clan, so it is easier to not discuss the topic to continue friendships or solidarity.
- **Hand Shaking:** Somalis commonly do not shake the hand of or touch someone of the opposite gender outside of their family. The right hand is considered the "clean" hand and preferred for hand shaking, handling materials, writing, and eating.
- **Distrust in Vaccinations or Medicine:** Autism Spectrum Disorder (ASD) become more well-known in the late 90s and early 2000s. During this time, many Somali mothers were afraid of the Measles, Mumps, and Rubella (MMR) vaccine, as their children often received the vaccine around the same age (2-3 years old) they were diagnosed with ASD. This caused widespread panic and fear of vaccines in the Somali community, despite many studies have finding no evidence of a link between autism and the MMR vaccine. In general, past experiences and stories shared within the community have led to a general level of distrust of the medical system, making some Somalis reluctant to accept prescribed medicine or vaccinations.
- **Evil Eye (Nazar):** Somalis believe they must "move in silence"– pray and avoid sharing personal plans or blessings– to protect themselves from the "evil eye." The "evil eye," is thought to occur when someone's good news, blessings, or beauty are met with envy or ill will, which results in illness or misfortune for the victim. For example, a Somali would avoid announcing they are at the airport to prevent someone's "evil eye" from causing a flight delay.

  One way to guard against the evil eye is by saying "MashaAllah,"— a phrase that praises God for a blessing— when giving a compliment. For example, instead of saying, "Your baby has a great appetite!"—which may make a Somali mother fear the child will receive the "evil eye," a friend or WIC staff could say, "'MashaAllah, your baby has a great appetite!" If the phrase isn't included, the mother will often say "MashaAllah" herself right after the compliment.
- **Death and Funerals:** Islamic funeral practices involve swift burials (usually within a day or two), communal prayer (Salat al-Janazah), and preference for burial over cremation.

Culture & foods

Understanding the significance of food in culture is essential to offering individualized services, including nutrition education. In the Somali community, eating meals together is a common cultural practice. Most Somali Americans identify as Sunni Muslims and observe religious practices and dietary restrictions of the Islamic religion. In Arabic, 'halal' refers to an allowed food and 'haram' signifies a forbidden food (Adekunle et al., 2021). Islam prohibits pork consumption, or any food products derived from pigs (i.e., gelatin). Halal meat is defined as meat that has been prepared following Islamic dietary regulations, including a specific method of animal slaughter by draining the blood and reciting a prayer. In addition, many people in the Somali community do not consume alcohol, as it is considered haram in Islam.

Typical meals:

Breakfast: Breakfast often consists of Anjera (homemade flat bread), Malawah (like a crepe), porridge (traditionally made with cornmeal or millet)— served with “beer” (liver) or “killi” (kidney)— or beans (adzuki or black beans).

Lunch/dinner: Lunch is often the largest meal, consisting of a rice (bariis) or pasta dish mixed with meats and vegetables and may also include a banana. Most meats and sauces are prepared using lots of spices such as curry, cumin, coriander, and turmeric. Dinners typically consists of leftovers from lunch or something similar.

Snacks: Somali snacks often include fruits, baked cookies/cakes, Halwa (a sweet dessert), or Sambusa (fried triangular shaped dumplings filled with meat or vegetable).

Tea: Black tea with spices (ginger, cardamom, cinnamon, and clove) is the most common beverage and often is consumed throughout the day with lots of sugar and/or milk.

Westernization of foods and dietary practices is changing the way some Somali families prepare and consume foods. Ask each family about their individual dietary practices.

Breastfeeding and Infant care

Breastfeeding is highly valued in Somali Culture. The Qur’an, the Islamic holy book, emphasizes the importance of breastmilk for children and encourages mothers to breastfeed their children for two years. Members of the Somali culture also believe that breastmilk not only defends children against diseases but helps them grow healthier and stronger.

Some other considerations:

- Postpartum care often involves traditional practices such as drinking warm porridge and warm herbal teas and resting indoors for 40 days after childbirth.
  - To increase their milk supply, Somali mothers may drink more tea.
- Many Somali women do not feel comfortable breastfeeding while pregnant.
- Mothers may be unfamiliar with pumping and may need additional support in milk expression.

With culturally appropriate care we can encourage, empower, and support Somali parents to be successful in their breastfeeding goals.

Formula feeding

Despite the widespread acceptance of breastfeeding in Somali culture, the belief that formula feeding is essential for babies' optimal health is a common misunderstanding in this community. Consequently, many mothers might consider breastmilk insufficient and supplement with formula to ensure proper nourishment. Besides breastmilk adequacy concerns, some mothers give formula due to demands from work, other caregiving responsibilities, and housekeeping.

Recently, the First-of-its-kind Islamic fatwa issued encouraging the use of pasteurized donor breast milk for Muslim babies in the hospital in Minnesota. There are complex Islamic Beliefs About Milk Kinship and Donor Human Milk in the United States.

Introducing solids

Most mothers in the Somali culture introduce solid foods around six months of age. However, some may start earlier due to concerns about breastmilk sufficiency or inadequate time for breastfeeding. Solids are typically introduced using a bottle or spoon before the baby transitions to self-feeding through a shared plate, highchair, or mother's lap.

Some Somali parents have shown interest in using high-calorie nutrition supplements to promote weight gain, as larger children are often seen as healthier. Providing education on the importance of eating nutritious foods to nourish the child may help shift the focus away from meal supplements. Consider offering information about responsive feeding.

Parenting

Most Somali households emphasize not only on providing children with food, shelter, and education, but also prioritizing their health, welfare, and safety. Education is highly valued, and religious studies (Quran education) are an integral part of childhood learning. Children are admitted into Quranic school, or dugsi, as young as four years old. In Somalia, children have to first finish learning about the Quran before they can attend school.

Religious traditions are considered essential to good parenting, and the ideal household is viewed as a two-parent family structure. Families mostly utilize authoritarian parenting styles, where children obey the decisions made by their parents. In addition to parents, extended family, mostly grandparents and aunts, play a key role in raising and guiding children due to the community's strong belief in tribal networks.

There is typically a strong bond between mother and child, especially in the early years. As children get older, they are not pressured to move out at 18; instead, they are encouraged to stay until they are married. Due to the strong familial responsibility to take care of the family, it is seen as normal for grandparents or other relatives to live in the home while a child is growing up.

Holidays & celebrations

Ramadan: The Somali community celebrates many holidays. The most important holiday or celebration in this community is Ramadan. Like other Muslims, Somali people fast from sunrise to sunset for thirty days during Ramadan— abstaining from food, water, and other liquids. Children, pregnant and breastfeeding women, the sick, travelers, and the elderly are typically exempt from fasting. For more information about **Ramadan**, see: Cultural Holidays.

Eid al-Fitr and Eid al-adha: The Somali community observes the Eid holidays, representing joy and blessing. While Eid-al-Fitr marks the end of Ramadan, Eid-al-Adha represents the annual Muslim pilgrimage to the holy city of Mecca, Saudi Arabia. Eid is an important time for Muslims, as the two Eid celebrations are similar to holidays like Thanksgiving and Christmas. It is a time for families to travel to meet one another and do fun activities, like bowling, going to the mall, or having parties in someone's house.

Muslims follow the Lunar calendar to determine the beginning of Ramadan and days of Eid. The date of Eid is only announced after the moon is sighted in Saudi Arabia the night before, so the date of Eid is only guessed. Muslims in America need flexibility to be able to take the right day off to celebrate this important holiday.

Independence Day: National Independence Day is July 1st and Somalis in Minnesota usually gather to celebrate independence with traditional dances like Dhaanto and Baranbur.

Weddings: Weddings are also a big part of Somali culture which consists of three different functions, Nikkah, Baranbur, and Shaashsaar which are given to the bride and groom.

Thank you for taking the time to learn about Somali culture and ways that you may offer support and encouragement to all our WIC families.

Resources

**Some of this material was adapted from the IOWA WIC program cultural toolkit.*

Food sovereignty: Understanding Somali gastronomy. Adekunle, B., Filson, G., & Warsame, W. (2021). *Food Culture and Society: An International Journal of Multidisciplinary Research*, 25(4), 1-23.

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Report on Somali Diet. EthnoMed. Haq, Aliya S. August 1, 2003.

Reference – Complete Listing of Hyperlinks

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Islamic Beliefs About Milk Kinship and Donor Human Milk in the United States (https://publications.aap.org/pediatrics/article/147/2/e20200441/36260/Islamic-Beliefs-About-Milk-Kinship-and-Donor-Human)

Cultural Holidays (https://www.health.state.mn.us/people/wic/localagency/cultural.html#holidays)

Food sovereignty: Understanding Somali gastronomy (https://www.tandfonline.com/doi/full/10.1080/15528014.2021.1914956)

Population based cohort study of fetal deaths, and neonatal and perinatal mortality at term within a Somali diaspora (https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-021-04163-z)

You have to pay to live: Somali young adult experiences with the US healthcare system (https://journals.sagepub.com/doi/10.1177/10497323211010159)

Discrimination, marginalization, belonging, and mental health among Somali immigrants in North America (https://psycnet.apa.org/doiLanding?doi=10.1037%2Fort0000524)

Somali migration to the US: Understanding adaptation through digital stories (https://psycnet.apa.org/doiLanding?doi=10.1037%2Fcdp0000427)

Somali, Latino and Hmong parents' perceptions and approaches about raising healthy-weight children: A community-based participatory research study (https://doi.org/10.1017/s1368980017001719)

Minnesota's little Mogadishu (https://mndaily.com/260504/uncategorized/minnesotas-little-mogadishu/)

Somali (https:/ethnomed.org/culture/somali/)

Report on Somali Diet (https://ethnomed.org/resource/report-on-somali-diet/)

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