



## SOMALI CULTURE & FOODS

government in 1991 and the continuing fighting that displaced and turned most Somali people into refugees. Today Somalia is ranked the 4th highest source of refugees after 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 Somalis migrated to the United States as refugees, and the greatest percentage reside in Minnesota.

The Minnesota Somali community has become an integral part of Minnesota. The economic state of Minnesota draws families with ample opportunities for employment, housing, education, and support services. Many Somali families have come to call the Cedar-Riverside Neighborhood in Minneapolis home; the area has fondly been nicknamed "little Mogadishu" after the capital city of Somalia.

### Language

Somalis, though one ethnic group, are different among themselves. Common Standard Somali is the main dialect spoken in the Somali community. Over 60% of Somalis speak this language as their official language (Adekunle et al., 2021). However, some families will differ in dialect and customs. The community also uses Arabic, although mainly for religious purposes. The Somali community may additionally speak minority languages, including Swahili dialects. The Somali American community in the United States, especially the second generation, widely speaks English.

### Health disparities

In the United States, Somalis experience higher rates of health and healthcare access disparities compared to other ethnic minorities. Besides being at greater risk of developing chronic conditions like diabetes and high blood pressure, this community is highly predisposed 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, Somali suffer 'triple jeopardy' of being ostracized based on religion, immigration status, and race (Houston et al., 2021). These factors contribute to various healthcare disparities like gender preferences in seeking and accepting care, modesty requirements, resettlement stresses, insufficient interpreter services, traditional beliefs, and limited health literacy.

Like other populations with darker skin pigmentation, Somalis are more likely to experience vitamin D deficiency. This scarcity often emanates from the greater presence of melanin that compromises the body's capacity to generate vitamin D. Likewise, traditional Somali foods tend to be deficient in vitamin D. Another reason for this vitamin deficiency in the Somali community, especially among women, is insufficient sunlight exposure. Since Somali women value modesty and often cover up their bodies by wearing religious and traditional clothing, the sun cannot reach some parts of their bodies. Iron deficiency is another common health disparity in this community.

There are significant disparities in maternal and infant mortality rates, particularly among Somali women. Little to no antenatal care is common and contraceptives are often

discouraged. A study by Contag et al. (2021) shows that these rates are higher for Somali women compared to US-born Caucasian and Hispanic women. While Somali women have a similar risk of infant mortality as their US-born Black counterparts, they have higher maternal death rates compared to other ethnic minorities.

Somali Americans, like other minority groups in the United States, are at risk of negative pregnancy and maternal outcomes due to disparities in access to healthcare. Traditionally, family and community members would offer support during and after pregnancy. When familial support is not available, the use of a Somali doula is one culturally appropriate way to improve outcomes for both mom and baby. Similarly, when requesting an interpreter, it may be helpful to have a female interpreter while providing maternal care.

### Traditions, customs, & taboos

Traditionally, Somali families are large and close knit. Family ‘wealth’ and status may be determined by the number of children born. Family is a critical aspect of the Somali culture, where the oldest family members are given the utmost respect. Most cultural practices are based off Islamic traditions. Households are largely male-centered, and male family members often serve as the decision-makers or spokespersons (Adekunle et al., 2021). Men are responsible for the family's financial well-being and safety. In contrast, women are mainly responsible for the stability of the household, raising children, and other domestic activities.

There is a Somali saying 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”. Somali women have a significant influence on their home life. 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.

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

- **Discussing Tribes/Clans:** Similar to how it is improper in Western society to discuss politics with coworkers or with new friends at the dinner table, it is also seen as off-limits to discuss one’s tribe. Somalis make sure to never mention their tribes, unless it is the topic of marriage, or they have been friends for a long time and are genuinely curious. This is because many Somalis do not want to be divided or judge one another because of their tribe, so it is easier to not discuss the topic to continue friendships or solidarity.
- **Hand Shaking:** Commonly men and women do not shake the hand or touch someone of the opposing sex 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) was a diagnosis that had become more well-known in the late 90s and early 2000s. Many Somali mothers were afraid of the Measles, Mumps, and Rubella (MMR) vaccine in particular, due their autistic children getting the MMR vaccine and their ASD diagnosis around the same time (2-3 years

old). Many studies have looked at this and have found no evidence of any link between autism and the MMR vaccine. This caused widespread panic and fear of vaccines in the Somali community. But in general, Somalis have a level of distrust with the medical system and are reluctant to trust the medicine given to them, due to past experiences or stories that they heard from family or friends.

- **Evil Eye (Nazar):** Somalis believe in the “evil eye,” which is when a person sharing good news, blessings, or their beauty is met with someone else’s “evil eye,” which causes the victim to become sick or have bad things happen to them. Somalis believe that to protect oneself from evil eye, they must pray and avoid telling people their plans or bragging about their blessings, so in other words, “move in silence.” For example, Somalis would advise someone to not film and share that they are at the airport and going on a trip, or else someone’s “evil eye” can cause their plane to have a delay. Another way to prevent evil eye is for the person offering a compliment to say “MashaAllah,” which is a phrase that praises God for the blessing a person has. For example, if a baby feeds well, a friend or WIC staff can say, “MashaAllah, your baby has a great appetite!” instead of saying, “Your baby has a great appetite!” because if there is no “MashaAllah” added to the sentence, the mother of the baby will feel uneasy that their child will get “evil eye” and will say “MashaAllah” themselves right after the compliment.

## Culture & foods

Understanding the significance of food in culture is essential to offering individualized services, including nutrition education. Since most Somali Americans identify as Sunni Muslims and follow the religion of Islam, they follow certain practices and dietary restrictions. In Arabic, 'halal' means something allowed to be consumed and 'haram' signifies forbidden foods (Adekunle et al., 2021). Islam prohibits pork consumption, or any food products derived from pigs (i.e., gelatin). Halal meat is also 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 haram in Islam.

Eating meals together represents a common cultural practice in the Somali community. Lunch is usually the day's largest meal, often consisting of a rice (bariis) or a pasta dish mixed with meats and vegetables and may also include a banana. Most meats/sauces are prepared using lots of spices such as curry, cumin, coriander, and turmeric. Breakfast often consists of anjera (homemade flat bread), malawa (like a crepe), porridge (traditionally made with cornmeal or millet), or beans (adzuki or black beans). Snacks often include fruits, baked cookies/cakes, or sambusa (fried triangular shaped dumpling filled with meat or vegetable). 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

The Qur'an, the Islamic holy book, emphasizes the importance of breastmilk for children and encourages mothers to breastfeed their children for two years. Since most Somalis are Muslim, breastfeeding is common in this community. Members of the Somali culture also believe that breastmilk not only defends children against diseases but helps them grow healthier and stronger.

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](#).

Somali mothers may drink more tea as a way to increase their milk supply. Some Somali mothers have expressed a fear of pumping their milk. 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 the 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 sufficient nourishment. Besides breastmilk adequacy concerns, some mothers give formula due to demands from work, other caregiving responsibilities, and housekeeping.

## Starting solids

Most mothers in the Somali culture usually initiate solid food at approximately six months. However, some introduce solids earlier due to concerns regarding breastmilk sufficiency or inadequate time for breastfeeding. Most mothers introduce solid food with a bottle or spoon before self-feeding through a shared plate, highchair, or mother's lap. There has been some interest expressed by Somali parents in using high-calorie nutrition supplements for their children to boost weight gain. Many families value larger children as being healthy. Education on the importance of eating nutritious foods to nourish the child may help to point parents away from supplemental feedings. Consider offering information about responsive feeding.

## Parenting

Most Somali households focus not only on providing their children with food, shelter, and education. The culture also prioritizes the health, welfare, and safety of children. This community considers religious traditions essential to good parenting. As a result, the Somali culture considers a two-parent family structure the ideal household. Families mostly utilize authoritarian parenting styles, where children obey the decisions made by their parents. Besides parents, the 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. There is a familial responsibility to take care of the family, so it is seen as normal for grandparents or other relatives to live in the home while a child is growing up.

### Holidays & celebrations

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 (Adekunle et al., 2021). While the rest of the community cannot consume food, water, and other liquids during Ramadan, children, pregnant and breastfeeding women, the sick, travelers, and the elderly are exempt from fasting. For more information about **Ramadan**, see: [Cultural Holidays](#).

Additionally, the Somali community observes the Eid holidays, representing joy and blessing (Adekunle et al., 2021). 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 take the right day off to celebrate this important holiday.

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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[You have to pay to live: Somali young adult experiences with the US healthcare system](#). Houston, A.R., Lincoln, A., Gillespie, S., Da Fonseca, T., Issa, O., Ellis, H., & Salhi, C. (2021). *Qualitative Health Research*, 31(10), 1875-1889.

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[Minnesota’s little Mogadishu](#) (2005) *The Minnesota Daily*

[Somali](#). EthnoMed. Lewis, Toby, MD. Last updated March 2009.

[Report on Somali Diet](#). EthnoMed. Haq, Aliya S. August 1, 2003.

## Reference – Complete Listing of Hyperlinks

[First-of-its-kind Islamic fatwa issued encouraging the use of pasteurized donor breast milk for Muslim babies in the hospital](https://www.childrensmn.org/2023/11/16/134700/) (https://www.childrensmn.org/2023/11/16/134700/)

[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) (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) (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)

(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)

(https://doi.org/10.1017/s1368980017001719)

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

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[Somali](https://ethnomed.org/culture/somali/) (<https://ethnomed.org/culture/somali/>)

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

*Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, [health.wic@state.mn.us](mailto:health.wic@state.mn.us), [www.health.state.mn.us](http://www.health.state.mn.us); To obtain this information in a different format, call: 1-800-657-3942*

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