

6-1-2011

Designing Nutrition Education Programs for Somali Audiences: The Role of Cultural and Religious Practices

Sara Van Offelen

University of Minnesota Extension, vanof001@umn.edu

Shelley Sherman

University of Minnesota Extension, sherm028@umn.edu

Jill 2021-05-01

University of Minnesota Extension, mayxx011@umn.edu

Felisha Rhodes

University of Minnesota Extension, rhode006@umn.edu



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

Recommended Citation

Offelen, S. V., Sherman, S., 2021-05-01, J., & Rhodes, F. (2011). Designing Nutrition Education Programs for Somali Audiences: The Role of Cultural and Religious Practices. *The Journal of Extension*, 49(3), Article 5. <https://doi.org/10.34068/joe.49.03.05>

This Feature Article is brought to you for free and open access by the Conferences at TigerPrints. It has been accepted for inclusion in The Journal of Extension by an authorized editor of TigerPrints. For more information, please contact kokeefe@clemson.edu.



June 2011
Volume 49 Number 3
Article Number 3FEA5

[Return to Current Issue](#)

Designing Nutrition Education Programs for Somali Audiences: The Role of Cultural and Religious Practices

Sara Van Offelen

Assistant Professor and Extension Educator
Moorhead, Minnesota
vanof001@umn.edu

Shelley Sherman

Assistant Professor and Extension Educator
Andover, Minnesota
sherm028@umn.edu

Jill May

Associate Professor and Extension Educator
Brainerd, Minnesota
mayxx011@umn.edu

Felisha Rhodes

Assistant Professor and Extension Educator
Farmington, Minnesota
rhode006@umn.edu

University of Minnesota Extension

Abstract: A focus group of Somali immigrants was conducted as part of a larger study of underserved communities in Minnesota. The goal was to capture Somali women's personal experiences and views on nutrition. This understanding assists Health and Nutrition educators in assessing the quality and effectiveness of current programming efforts and making recommendations for future efforts. Study results indicate that Somali cultural and religious practices define family meal structure, food preparation, and food choices. One important finding was that participants were eager to learn about nutrition and asked specific questions about the nutritional value of foods they eat.

Introduction

The large-scale resettlement in Minnesota of mostly Muslim refugees from war-torn Somalia has posed a unique opportunity to many public institutions. Minnesota's Somali community is the largest Somali population outside of Africa (Minneapolis Foundation, 2004; Osman, 2008) and is expected to continue to grow, through both natural increase and immigration (Ronningen, 2004). Although most Somalis originally settled in the Twin Cities urban area, some are moving into more rural areas to find employment. While the study reported here focused on how to provide meaningful nutrition education to this community, the findings regarding cultural preferences and religious practices have broader implications for Extension as a whole.

This growing community faces a multitude of challenges in adapting to a new environment: changing gender and generational roles and relationships; language; acculturation of the young; alienation from the broader society; racism and suspicion; ongoing political strife in Somalia; and lack of employment and educational opportunities (from unpublished interviews with Somali key informants as part of Extension's environmental scan, 2010; Schwartz, 2008; Heinritter, 1999). Extension's ability to engage with this community and provide meaningful educational and leadership opportunities could positively influence their experiences in the United States.

An earlier study of English Language Learners (ELL) in Minnesota, including Somali learners, found that parenting, immigration, housing, and nutrition topics garnered high interest (Newman & Yang, 2007). To better understand the nutrition education needs of Somali immigrants, a focus group of Somali women was conducted as part of a larger study of 13 focus groups with 101 total participants from Latino, African American, Caucasian, and Somali communities who were under represented in our nutrition education programs. Groups included individuals with monthly family income below 150% of the federal poverty line. Participants were recruited with support from key partnering organizations serving the respective communities.

Ten Somali women participated together in a focus group conducted in an urban setting. To ensure understanding of questions, interpreters from the coordinating agency assisted with conducting the interview. Somali women were interviewed in order to capture their personal experiences and views on nutrition. Focus group questions asked about individuals' perceptions of nutrition, where they receive nutrition information, what they want to learn, how they want to learn, barriers to participation, and ways to increase participation. This information will assist Health and Nutrition educators in assessing the quality and effectiveness of current and future nutrition and food resource management education efforts for Somali families.

Somali Cultural and Religious Practices Important for Nutrition Education

Understanding the cultural and religious practices is important for establishing a foundation for well-planned nutrition education programs. The majority of Somali are Sunni Muslims. Scholars who have studied health-related issues in the Somali community concur that Islamic religious teaching provides guidance for all aspects of daily life (Ghazizadeh, 1992; Guerin, Diiriye, Corrigan, Guerin, 2003; Rassool, 2000). The Holy Quran provides guidance for most nutrition related practices, including family meal structure, food preparation, and food choices. Somalis often will drive to several stores to purchase *halal* foods, those deemed acceptable by Islamic law. As one focus group participant noted, "If a nutrition class is involved with food then we need to know what kind of food because there is food we call *haram* [not in accordance with Islamic law], we need *halal* food." *Halal* meat is ritually slaughtered according to Islamic law. "*Halal*" is an Arabic word meaning "lawful" or "permitted," but it is generally used in reference to food that fulfills Muslim dietary rules.

Traditional foods eaten are rice, bananas, and the meat of animals such as goat, beef, sheep, and camel. American, Middle-eastern and Somali grocery stores have started importing camel meat and milk to meet Somali demand. Other common foods are pasta, pit bread, corn, and beans (Haq, 2003). Vegetables are eaten as part of a stew or side dish, and sugar-sweetened tea is consumed frequently (Haq, 2003). Pork is not eaten by Muslims.

Recent Somali immigrants struggle with not having fresh market food and view American food as less safe and healthy. As stated a focus group participant "Meat here has more fat than meat back home. Here everything has fat...most of the food at home was grown on the farm and was organic...there is no fresh food period." They avoid using canned foods because they never had a reason to purchase canned foods back home and harbor suspicion of them.

Women prefer their families eat at home to ensure food eaten is *halal*. Somali children are quick to learn the values and behaviors of American culture (Haq, 2003). Somali mothers struggle with children to eat more traditional, healthy foods. One focus group participant stated "What I do is say, if you eat the home food, for reward, Friday, you get pizza." Women are interested in learning to cook American foods in healthy and culturally acceptable ways. Somali women take seriously the role of educating children to eat nutritious food (Carroll, 2007). They also want to bring traditional dishes to educational sessions to share their knowledge with

others.

Nutrition education sessions should be structured to observe the practice of not eating or drinking during daylight hours of the Islamic holy month of Ramadan (Haq, 2003). The celebration of Ramadan is not on a fixed date because it is based on the lunar, rather than the solar, calendar.

Because the Somali language was not written until the 1970s, word of mouth is a very effective method of transmitting information through the community (Schwartz, 2008). Storytelling is highly valued. Becoming English literate may be more difficult because of lack of literacy skill, particularly among women and seniors. Due to the ongoing civil conflict and lack of functioning government in Somalia since 1990, education has greatly suffered (Abdi, 1998).

Implications for Nutrition Education for Somali Participants

The Somali women in the focus group voiced their eagerness to learn about nutrition and asked specific questions about the nutritional value of foods they eat. There was a sense of enthusiasm and willingness to learn and share new things among themselves. Considerations include the following.

1. Provide separate classes for men and women, with women educators for the women's classes.
2. Provide educators who are comfortable teaching Somali women, preferably hiring paraprofessionals from within the Somali community to deliver programs. Somali mothers respect women leaders from their own community and look to them for information.
3. Know that Somali culture is an oral culture. Build on the community's assets, and include games, storytelling, and entertaining activities that will fully engage audience.
4. Structure classes that involve women and older children. Somali parents may depend on their children's literacy skills.
5. Provide class with a list of foods containing pork ingredients (pork is haram—meaning prohibited by Islamic law) so that they can be provided.
6. Feature cooking skills with opportunities to taste test, particularly cooking with fresh, whole and halal ingredients.
7. Offer flexible classes, nights and weekends; schedule around prayer and religious holidays. (Know that participants will walk out of class for prayer.)

While it is important not to over-generalize the results of any focus group, our findings point to a community-based, culturally appropriate approach to nutrition education, which is supported by other studies conducted in the U.S. Focus groups and interviews with Somali immigrant women on the topics of breastfeeding and health indicate that Somali women rely strongly on the support of family and friends, as well as the traditional knowledge of their community (Steinman et al., 2010). Somali mothers identified provider visits with interpreters, Somali language educational materials, and advice from older, experienced family members as preferred education approaches. Desired health provider skills include: listening, explaining, empathy, addressing specific concerns, repeating important information, offering preventive advice and sufficient visit time" (Steinman et al., 2010) In Haq's Report on Somali Diet, she finds "improved learning" using a group approach rather than an individual approach to nutrition education.

Schwartz states that: "Somalis listen to religious leaders, health professionals, and people who have experienced a particular illness. Word of mouth works well as the Somali community is tight knit."

The findings of the focus group with Somali mothers may have implications for designing programs for other Muslim and new immigrant audiences. As Newman and Yang (2007) noted, establishing a relationship with key members of underserved communities is critical. Building trust and respect with new immigrant communities is essential. Focus groups are one way to build trust by listening to the voices of the intended participants prior to developing educational programs.

Acknowledgements

Authors thank Mr. Arthur Brown, Ms. Sue Letourneau, and Dr. Mary Marczak for their assistance in this work.

References

Abdi, A. A. (1998.) Education in Somalia: History, destruction and calls for reconstruction. *Comparative Education*, Vol 34(3): 327-340.

Carroll, J., Epstein R., & Fiscella K. (2007). Knowledge and beliefs about health promotion and preventative health care among Somali women in the United States. *Health Care for Women International*. 28:360-380.

Ghazizadeh, M. (1992). Islamic health sciences: A model for health education and promotion. *Journal of Health Education*. 23: 227-231.

Guerin, P. B., Diiriye, R. O., Corrigan, C., & Guerin, B. G. (2003). PhD physical activity programs for refugee Somali women: Working out in a new country. *Women & Health*, Vol. 38(1) 2003

Haq, A. S. (2003). *Report of Somali Diet: Common dietary beliefs and practices of Somali participants in WIC education groups*. Retrieved from: <http://ethnomed.org/clinical/nutrition/somali-diet-report>

Heinritter, D. L. (1999). *Somali family strength: Working in the communities. A report from meanings of family strength voiced by Somali immigrants: Reaching an inductive understanding*. (Unpublished doctoral dissertation).

Newman, Debby, Yang, & Pa Nhia (2007). Engagement in English Language Learner (ELL) Latino, Hmong, and Somali communities. *Journal of Extension* [On-line], 45(5) Article 5IAW1. Available at: <http://www.joe.org/joe/2007october/iw1.php>

Osman, A. M. (2008). East Africa Health Project [PowerPoint slides]. Retrieved from: <http://www.health.state.mn.us/divs/idepc/refugee/metrotf/eahp08.pdf>

Rassool, G. H. (2000). The crescent and Islam: Healing, nursing and the spiritual dimension. Some considerations towards an understanding of the Islamic perspectives on caring. *Journal of Advanced Nursing*. 32(6): 1476-1484.

Ronningen, B. J. (2004). *Estimates of selected immigrant populations in Minnesota: 2004*. Minnesota Department of Administrative Office of the State Demographer. Retrieved from: <http://www.demography.state.mn.us/PopNotes/EvaluatingEstimates.pdf>

Schwartz, K. (2008). Hyperlipidemia: *Diet, education, and health promotion for the Somali refugee population*. Retrieved from: <http://ethnomed.org/clinical/hyperlipidemia/hyperlipidemia-diet-education-and-health-promotion-for-the-somali-refugee-population>

Steinman, L., Doescher, M., Keppel, G., Pak-Gorstein, S., Graham, E., Haq, A., Johnson, D., & Spicer, P. (2010). Understanding infant feeding beliefs, practices and preferred nutrition education and health provider approaches: an exploratory study with Somali mothers in the USA. *Maternal and Child Nutrition* 6(1): 67-88.

The Minneapolis Foundation (2004). *Immigration in Minnesota: Discovering common ground*. Retrieved from: <http://www.minneapolisfoundation.org/immigration/africa.htm>

Copyright © by *Extension Journal, Inc.* ISSN 1077-5315. Articles appearing in the Journal become the property of the Journal. Single copies of articles may be reproduced in electronic or print form for use in educational or training activities. Inclusion of articles in other publications, electronic sources, or systematic large-scale distribution may be done only with prior electronic or written permission of the *Journal Editorial Office*, joe-ed@joe.org.

If you have difficulties viewing or printing this page, please contact *JOE Technical Support*.