Eating Habits of Members of the Somali Community: Discussion Summary

By Jennifer Decker

The Sisters of Charity Health System (SOCHS), working in partnership with the Maine Nutrition Network (MNN), held six discussion groups with 80 members of the Somali community, between January 15 and February 8, 2005. The purpose of these discussions was to identify nutrition behaviors and attitudes among the Somali population, to determine their nutritional needs and concerns, and to discover the impact of western culture and traditions on their eating behavior and nutritional health. In doing so, the SOCHS and MNN hoped to determine how best to serve this population's changing needs regarding nutrition education.

Participants were recruited via word of mouth and were awarded a $25 stipend for participating. The first five groups convened at the St. Mary's Regional Medical Center, part of the Sisters of Charity Health System, while the final group met at the B Street Community Center. Common behaviors and concerns related to eating and nutrition emerged among all of the groups. The groups' makeup was diverse and included

Date	Group makeup	# Participants
Jan 15, 2005	Pregnant and new mothers	11
Jan 17, 2005	Somali men	10
Jan 27, 2005	Somali women	11
Feb 2, 2005	Somali women	8
Feb 7, 2005	Somali women	13
Feb 8, 2005	Somali women	27

Three Somali women facilitated the discussions and also acted as translators. Observers from the Maine Nutrition Network and Sisters of Charity Health System were present at all of the groups. The same questions were presented to most of the groups with only minor discrepencies.

Meal times

Most participants, including all males and the group of pregnant and new mothers, reported eating three meals per day, though some ate only twice a day, including late sleepers, and one pregnant woman ate only one meal per day. Most commonly among those eating 3 times per day breakfast would be eaten between 7 and 9 a.m., lunch between 12 and 2 p.m., and dinner sometime between 6-9 p.m. There were few and only minor variations on these times. Among those eating only two meals per day, there were more divergent meal times that can easily be broken down into two groups. Those eating between 10 a.m. and noon usually ate supper at 6 or 7 p.m. and those eating earlier at 9 a.m. usually ate again at noon or between 2 and 3 p.m. Working women had more flexible mealtimes and often ate an earlier breakfast, while some participants ate only when hungry and had no specific time for lunch. Only one pregnant individual ate just one meal per day at noontime.

It appears that some acculturation has been necessary regarding mealtimes as children are away at school during the day and women have begun working outside the home. Traditionally, family members would eat lunch and dinner together, enjoying the main meal of the day between noon and 2 p.m. Participants indicated that maintaining this custom has become increasingly difficult as they acclimate to the more rigid schedules, common in the United States.

Foods most commonly eaten at meal times

The foods commonly eaten by the discussion group participants were a mixture of traditional Somali foods and American foods that had been adopted because of their availability. One woman shared

the belief that "if there is no meat, it is not a Somali meal." Most meals include meat in some form, including some breakfasts. All of the participants agreed that the main meal usually consists of some meat, rice, and often vegetables, either as part of the meal or a salad. The rice can be prepared in various ways, for instance festive rice, Indian rice—prepared with spices, and fruited rice. Most often goat meat is preferred, but beef and chicken are also common. Occasionally fish or shrimp will be prepared, though some women said that they would not eat shrimp. Spaghetti with meat sauce is also a customary meal, and lasagna is sometimes served to guests. Green beans with rice and a lot of olive oil and vegetables stir fried or sautéed in oil are common dishes. Sambosa, curry puffs stuffed with meat and vegetables then deep fried, is also a common lunch dish. Bananas sometimes accompany meals as well as apples and limes. The Sudanese also eat yogurt in the evening time.

A variety of breads are consumed during meals as well, both traditional and non-traditional. Angera is traditionally made with teff and sorghum and is consumed frequently at meals. Malawa, pancake-like bread made with flour, sugar, oil and eggs, is sometimes served with honey. Halwa is made with wheat flour, clarified butter and sugar. Malawa and Halwa are both high carbohydrate, high fat foods. French bread and Italian bread are also consumed at meal times. Kisra is an omelet-like pancake with a sorghum base that is prepared by the Sudanese women.

Breakfast commonly consists of sweetbread, angera or malawa with honey or jam. Some participants eat fried eggs, porridge, or peanut butter and jam. Juice and coffee were sometimes consumed with breakfast, but most commonly goat or cow's milk and tea, either sweetened or unsweetened, are served. The Sudanese reported eating kisra and beans with milk for breakfast.

Foods and products not consumed

A number of foods and products are not consumed by the Somali population because they are either untraditional or they are "haram." Haram are foods that are forbidden by the Islamic religion, including pork, blood and blood products, and animals not slaughtered in the proper manner. In addition to these, the group participants expressed an aversion toward lobster, shellfish, snakes, frogs, alligators, flying insects, donkey, horse and certain birds. Alcohol is also forbidden, so the participants reported avoiding foods with alcoholic content, such as wine vinegar. Gelatin may contain pork byproducts and therefore must be avoided as well. Gelatin is used in many things, including gum, confectionaries, ice cream, some cosmetics and even pharmaceutical capsules. For this reason, gum is not chewed and many things such as candy, soaps, toothpaste, and hair rinses are avoided because of the possibility that it might contain gelatin. Cheese is also rarely eaten, though their children have begun eating more in recent years. Most of the women reported generally avoiding snacks.

Foods unavailable for purchase

Though the Sudanese women participating in one group reported most foods being available locally, the Somali participants were missing some key ingredients for preparing traditional meals. Camel and goat meat and milk were staples of the Somali diet, but are generally unavailable to them in Maine. Canned goat milk is available, but the women felt that it is too strong and indicated that they would prefer fresh goat's milk. Fresh spices from Somalia and Africa are also unavailable as well as kingfish and "bagal," a type of radish grown in Somalia.

Nutrition habits during pregnancy

It is customary in Somalia to reduce food intake, sometimes to one meal per day, during the last two months of pregnancy in order to prevent a difficult childbirth due to the size of the baby, and according to two of the discussion groups, this is still the case. Women also reported that doctors had not informed them of dietary benefits during their pregnancy. Unless they had high blood sugar and as long as the baby was growing normally, food and diet were not discussed with their doctor. Women were also likely not to take medication as directed by their doctors, even those with diabetes. The pregnant and new

mothers also mentioned the consumption of natural, healthy foods without additives that were available in Africa, as contributing to smaller babies.

Children and nutrition

All of the groups reported eating meals with children, though one group mentioned that this is not the case when guests are present. All groups showed a preference for having the family eat together at meal times, and eating together is commonly thought to build a stronger family and teach the children how to eat well. Eating together is becoming increasingly more difficult as the families acclimate to western schedules and traditions. The participants reported trying to have the family together at dinnertime, but even this is difficult with older children and working parents. Traditionally, the midday meal is the main meal of the day, but it is proving very difficult to have the family together at that time.

The impact of not having the family together during meals can be seen in the women's observations regarding their children's diets. Nearly all of the discussion groups mentioned the prevalence of fast food in their children's diets as a primary concern. There was one group of pregnant and new mothers that deviated in this respect, reporting having no real concerns about what their children were eating, since they are regulated on what they are allowed to eat. Most of the women communicated that children were also becoming more likely to request cheeseburgers and pizza instead of more traditional foods at meal times. Some of the women were also concerned about teenagers eating out more often and consuming more cheese and snack foods than previously. One group suggested that television advertising was having a negative effect in influencing their food choices.

There are some concerns regarding the food intake of children in schools, as well. There were a variety of answers as to whether or not children ate at school. Some of the women reported that their children never ate at school, but waited until they got home, while others said that their children often ate the meals prepared at school. Since the children do not know what is in the food or how it is prepared, it is often difficult for them to decide what to eat. This is a concern for the mothers, since Islam provides strict guidelines regarding the preparation of meals. There is also a language barrier in some cases, for instance "pepperoni" means bell pepper in Somali, and it is difficult to teach young children that pepperoni on a school menu may contain pork. Some of the women also reported difficulty in preparing lunches for children to take to school since it can be expensive and sometimes there are too many children for whom to pack lunches. One group suggested that Somali recipes be incorporated into the school lunch program.

Balanced eating and nutrition

A question was posed to the groups regarding their definitions of "balanced eating." Also called a "balanced diet", this idea commonly refers to the proportionate and diverse balance of fruits, vegetables, grains, and proteins necessary in maintaining a healthy diet.

When the discussion group participants were asked what balanced eating meant to them, nearly all of the participants were confused by the question or did not understand the phrase "balanced eating." The Somali men felt that "balanced eating" did not concern them, and that they ate whatever the women prepared for them. Many of the women expressed their confusion over the Food Guide Pyramid. The women concurrently expressed an interest in learning more about nutritional guidelines, food and diet. Since the Somali diet consists largely of grains and starches, some women showed interest in finding out how much intake is appropriate and how to reduce carbohydrate intake overall. Other topics that were mentioned included understanding calories and caloric intake, as well as means of controlling cholesterol and diabetes.

It is religiously and culturally important for the Somali population to learn how to determine which foods are religiously sanctioned, or "halal," so many concerns focused on the use of "haram" meats in food preparation. Gelatin was of primary concern, since it is commonly prepared with pork and pork byproducts, and is found in numerous foods, candy and cosmetic products. The women would like to

learn what kinds of meats, oils, and shortenings have pork in them in order to make appropriate food choices. Some participants inquired as to whether a "halal" section could be provided by local grocers.

Most of the participants would appreciate some type of education, through the use of multilingual flyers—in Arabic and English or Somali and English, or through afternoon classes, that would focus on reading food labels and understanding the language of food. Nutrition education would address many of the women's concerns, while helping them integrate western foods into their diet. Food preparation classes were also suggested in order to introduce a greater variety of food into their diets. The men communicated no interest in learning about nutrition, stating that it should be for the women and children.

Exercise

Only one group was asked if they understood the relationship between nutrition and exercise, but most of the women participating in the discussions were interested in exercising and learning how to lose weight. The women suggested several possibilities for doing so. An exercise program for "women only" seemed to be appealing to most, though some thought it preferable to start out with only Muslim women. The Curves program was mentioned in a number of the discussion groups, but is too expensive to be utilized directly. One group also suggested a swimming program and a fitness program for children. The men expressed no interest in exercising on a regular basis.

Using their monthly benefit

Of the groups that were asked how they spend their monthly Food Stamp Program benefit, there was little variance, except among the men. The women reported using the benefit at the local "halal" market for meats and going to the chain supermarkets or Wal-Mart for vegetables, milk, oil, and sugar because of the cheaper prices. Some of the women expressed interest in budgeting and learning how to use the benefit more appropriately. The men reported that only the women in the households handled the budget for food.

Gender roles

The discussion groups made clear the attitudes of Somali men and women regarding gender roles, relative to nutrition and eating habits. The women of the household by and large prepare the meals and control the food budget. Since Somali women have begun working in the United States, however, they are not always at home to prepare the meals. This has caused the men to express dismay over the declining quality of the food, though a majority of the men still reported that they do not cook and have no desire to learn. The men, likewise, deemed nutrition education appropriate for the women and children, but for themselves unnecessary. The women, on the other hand, showed great interest in learning about nutrition, health and physical activity.

Similar findings

To date, little research has been conducted regarding the nutritional behavior, issues and concerns of the Somali populations now living in the United States, though the research available reports findings similar to those in our discussions. Some research conducted in Australia has documented the effects of migration on Somali immigrant eating habits as immigrants acculturate to the Australian lifestyle. These studies identified some of the food and nutrition issues common among this population, as well as the general health concerns related to physical inactivity. "Somali Food Ways" reviewed the traditional eating and nutrition habits of Somalis then residing in Minnesota, while Aliya Haq at the WIC clinic at Harborview Medical Center in Seattle issued a report detailing the common dietary beliefs of Somali women, simultaneously providing a valuable resource for traditional Somali nutrition information.

Parallel to the discussion group participants, Somali women in Australia reported having increasing difficulties in maintaining family mealtimes, which was often used to bring the family together

as well as ensure a proper diet. There was also pressure from children to include more western foods in their meals, especially when packing school lunches. This change in eating habits coincided with an increase in fast food consumption and eating out in general (Burns, 2002). Somali parents in Seattle also expressed concern regarding the increased consumption of fast foods among children (Haq, 2003).

Somali women in Australia experienced a reduction in daily physical activity and fewer opportunities to socialize outside of the home. This was primarily due to the increased use of public transportation, the distance of marketplaces, and a less communal lifestyle. The greater isolation was also leading to overweight and eating out of boredom (Guerin, 2003). This information was used to create a trial physical activity program that included access to a gym, weekly exercise classes and a walking club.

Conclusion

Though migration to the United States from a low-income country will necessarily bring about some dietary transformation, it appears that this Somali community has adapted their traditional and cultural dietary habits to make the best of this new environment. However, a number of changes in the overall nutrition of migrants settling in the United States could have ill effects on their overall nutrition if not properly addressed. There has been a shift from "camel, a lean and highly unsaturated meat to lamb"(Burns, 2004, 226), goat and cow which are higher in saturated fat—a result documented in this case, as well as in Australia. Traditional foods such as malawa and halwa are already high in carbohydrates and saturated fat. The Somali community's nutritional intake is increasingly changing, especially due to a gradually increasing reliance on prepared and processed foods and eating out. As the Somali population acclimates to the more sedentary lifestyle common in the U.S., they may be at risk for nutrition- and weight-related health problems such as heart disease and diabetes, in addition to the serious health issues commonly facing refugees from developing countries. There has also been speculation that "refugees settled under humanitarian programs are a high-risk group for food insecurity because of limited income and financial commitments to relatives in their homeland" (Burns, 2004, 226). It is, therefore, vitally necessary to provide the Somali community with culturally and religiously appropriate nutrition information to aid them in acclimating to western cultures and traditions while maintaining a balanced and healthy lifestyle.

Recommendations

As a result of these discussion groups, it is clear that members of the Somali community—the women in particular—are extremely interested in nutrition and health education. A number of nutrition-related issues evolved from the discussions that should be incorporated into a nutrition education program. These topics included, understanding what is in prepared foods, reading food labels, portion size recommendations, American foods and food diversity, and general nutrition information. In accordance with the groups' suggestions, the educational program should be based upon existing relationships with the school, community, and local health providers.

In partnering with local community groups, the number of families reached would increase. Possible partners include University of Maine Cooperative Extension, the University of Maine/Lewiston-Auburn Nursing Program and the local WIC providers. The community already has a number of sites available for classes, including the St. Mary's Medical Center, the B Street Community Center, and the Good Shepherd Food Pantry. Curriculum for the nutrition education classes would ideally be provided in written form in Arabic, English, Somali, and Amharic (Ethiopian). These traditional educational materials may be developed from already existing materials that have been used with similar populations elsewhere in the United States. Alternative opportunities for nutrition education could be offered, including cooking demonstrations, gardening, videos and hands-on training.

A physical activity program can also be pursued given the suggestions of the discussion groups. Community partners could act as catalysts in developing and providing options for physical activity. Specifically, "Move Maine," the Governor's Pedometer Program, should be investigated for potential

application, as well as Healthy Maine Walks—a program promoting walking by providing an online site for identifying local walking and hiking trails and spaces.

The benefits of providing nutrition and health education are many and diverse. Primarily, knowledge of and adherence to healthy eating will prevent overweight and obesity and the risks associated with this epidemic, such as heart disease, diabetes, and high blood pressure. As was observed in Australia, providing group education classes for these Somali women would increase the opportunities for socializing outside of the home as well, providing a valuable social resource for the community.

Glossary of terms:

Angera: Bread made with teff and sorghum. Also referred to as *Injera* and *Enjera* in English speaking countries.

Bagal: A radish indigenous to Somalia.

Halal: Foods that are not prohibited by Islamic religion.

Halwa: Bread made with wheat flour, clarified butter and sugar.

Haram: Foods forbidden by Islam including pork and pork products, blood products and alcohol or any meat not slaughtered in the proper way.

Kisra: An omelet-like pancake with a sorghum base.

Malawa: Pancake-like food made with flour, sugar, oil and eggs.

Sambosa: Curry puffs stuffed with meat and vegetables and then deep-fried.

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