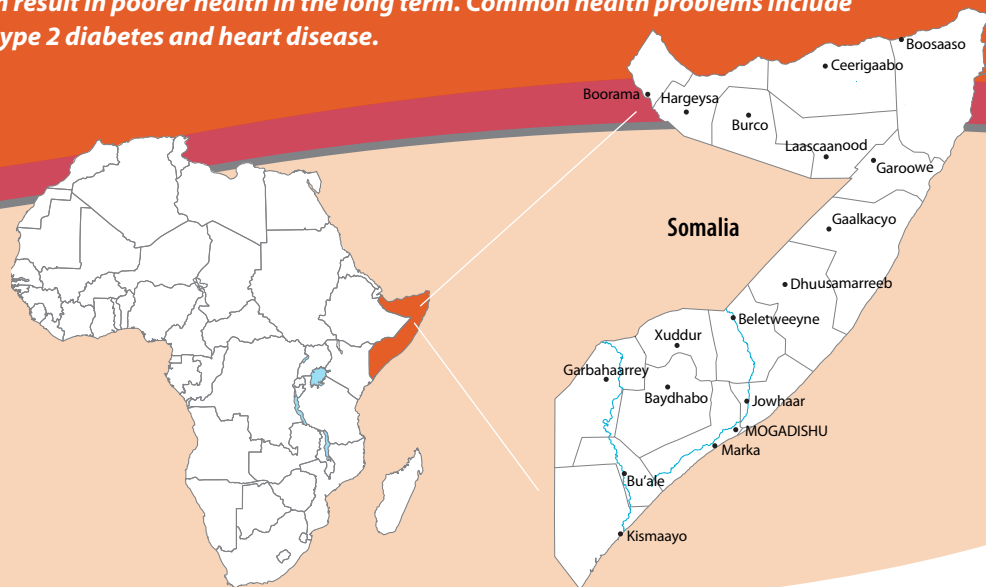


# Food and cultural practices of the Somali community in Australia - a community resource

Food is central to the cultural and religious practices of most communities. For this reason, understanding and appreciating the food and food practices of another culture is part of building your own cultural competence. What people eat is also important to their long-term health. When people migrate to Australia, changes to the food they eat and reductions in physical activity often result in poorer health in the long term. Common health problems include nutrition-related chronic diseases like type 2 diabetes and heart disease.

This resource provides information about the food and food practices of Somali people settled in Brisbane (Australia).

It also provides general information on traditional greetings and etiquette, a general background on their country and their health profile in Australia. For readers who are involved in nutrition education, there is also a section on culturally appropriate ways to approach this.



## 1. Traditional greetings and etiquette

English	Somali	Pronunciation
Hello/how are you?	<i>Is ka warran</i>	Is ka wahr-run
Thank you	<i>Mahadsanid</i>	Ma-hahd-sa-nid
Goodbye	<i>Nabad gelyo</i>	Nah-bahd ghel-yo

Consistent with the Islamic custom, physical contact between members of the opposite sex may not be appropriate. This includes shaking hands. However, physical signs of affection between people of the same sex are quite common.

## 2. Cultural information and migration history<sup>1,2,3,4,5</sup>

<b>Ethnicity</b>	In Somalia, 85% of residents are of Somali descent, with a further 15% from Bantu, Arab and other non-Somali minorities. Of people born in Somalia residing in Australia, 82% report being of Somali descent.
<b>Religion</b>	Sunni Muslim (Islam) is the official religion of Somalia. In Australia at the 2011 Census, 95% reported their religious affiliation as Islam.
<b>Language</b>	Somali (official), Arabic, Italian and English are spoken in Somalia. In Australia, 87% of Somalia-born people report speaking Somali at home. English language proficiency may be higher in men than in women. This may be due to higher rates of employment. Literacy and numeracy may be low in English and in their first language. Please refer to <a href="#">Section 6: Working with Somali community members</a> for more information.
<b>History of conflict</b>	Somalia was largely under colonial rule until the 1960s when a coup led by General Mohammad Siad Barre in 1969 overthrew the civilian government. What ensued was a 22-year rule characterised by corruption, nepotism and the progressive building of inter-clan tension. Consequently, a full-scale civil war broke out and the Barre regime was overthrown in 1991. Conflict and food insecurity continued throughout the 1990s and into the early 2000s.

## 2. Cultural information and migration history – *continued*<sup>1,2,3,4,5</sup>

<b>History of conflict – <i>continued</i></b>	More recently, the Al-Shabaab militant group has waged war against the Somali government, and various militia groups have fought for control over the country. This has led to civilians suffering violence and death. Periods of famine continue, most recently from 2011–2012.
<b>Migration history</b>	<p>A small number of Somali students arrived in Australia during the 1980s. The majority of Somalia-born migrants residing in Australia arrived as refugees after 1991 due to the civil war that affected the country during much of the 1990s.</p> <p>Somali migrants arriving under Australia’s humanitarian refugee program may have spent a considerable amount of time in refugee camps (often in Kenya) prior to arrival. They may also have initially settled in New Zealand before moving to Australia.</p>
<b>Gender roles</b>	Women are mainly responsible for the acquisition and preparation of foods. Outside of the home it may be inappropriate for men to show knowledge about the kitchen or cooking.
<b>Household size</b>	The size of Somali households in Australia varies greatly, with the most common being six persons (16% of population), with a further 21% consisting of seven or more people. <sup>5</sup> Households often consist of people from two or three generations.
<b>Population in Australia</b>	At the 2011 Census, 5,687 Somali-born people were residing in Australia, the majority of whom (78%) arrived prior to 2007. The median age was 32 years, with 49% of the population falling within the 25–44 age bracket. The largest populations resided in Victoria, followed by WA, QLD and NSW. There were approximately 637 Somalia-born people residing in QLD. Brisbane community leaders report that census data is likely to be an underestimate due to migration from New Zealand and interstate, as well as low participation in the census due to difficulties in completing forms.

## 3. Health profile in Australia<sup>6,7</sup>

<b>Life expectancy</b>	This information is unknown in Australia. In Somalia, it is approximately 49 years for men and 53 years for women.
<b>New arrivals</b>	<p>The following health issues may be observed, particularly for those arriving directly from refugee camps:</p> <ul style="list-style-type: none"> <li>• Communicable diseases: Hepatitis B carrier status, TB infection and schistosomiasis</li> <li>• Nutrient deficiencies: Vitamin D deficiency and iron-deficiency anaemia</li> <li>• Malnutrition</li> </ul>
<b>Chronic disease</b>	<p>Somali immigrants are at increased risk of developing overweight/obesity, type 2 diabetes and cardiovascular disease (hyperlipidemia, hypertension and stroke). This is mainly due to changes in food habits after settling in Australia.</p> <p>The prevalence of vitamin D deficiency is high in women. This is due to their dark skin colour and the religious practice of dressing modestly, which limits exposure to the sun.</p>
<b>Oral health</b>	Dental diseases are common in new arrivals. Children in particular may have poor oral health due to consumption of sugary drinks and other sweet foods.
<b>Social determinants of health and other influences</b>	Although many Somali people have experienced war, violence and trauma prior to arrival in Australia, do not automatically assume that all Somali migrants are refugees. Some community members may be on a low income (receiving government benefits or low wages) in addition to sending remittances to family or friends in their country of origin. Unemployment rates are high (28%) among Somali migrants in Brisbane.

## 4. Traditional food and food practices

Food choices can be influenced by geography as well as culture and religion. For example fish is commonly eaten by people who live in coastal regions, while people from inland areas consume more meat (camel and goat) and camel milk. Fish and chicken may be seen as inferior foods by these groups.

### Religious and cultural influences<sup>3,8</sup>

The majority of Somali people are Muslim. Islamic religious dietary practices include eating only halal meats and not consuming pork, pork products, gelatine or alcohol. It is believed that one's life is predetermined by Allah before birth, and services for preventative health may not be sought. Fasting is common practice during the holy month of Ramadan and lasts for approximately 30 days (the dates of which follow the lunar calendar and change every year). During Ramadan, no food or drinks can be consumed between dawn and sunset, including any oral tablets, other medications or water. A person is not required to fast if they are:

- elderly
- pre-pubescent
- ill, and fasting will be detrimental to their health
- pregnant or breastfeeding.

Missed days of fasting are to be made up at another time. Ramadan is followed by a special celebration called Eid that involves feasting on celebratory foods.

Colonisation of Somalia by Great Britain in the north and Italy in the south during the 19th and 20th centuries has had a lasting impact on Somali cuisine. One notable example is the introduction of pasta, which has since evolved into a dish called Federation or Mix. Federation is a mixture of rice and spaghetti, flavoured with tomato and a range of spices.

### Traditional meals and snacks

<b>Breakfast</b>	Home-made pancakes ( <i>angero</i> ) are eaten with beef jerky in vegetable oil ( <i>oodkac</i> ), sesame oil, egg, fried bean paste ( <i>maharego</i> ), liver or sugar. See the table below for descriptions of common foods.
<b>Main and other meals</b>	Lunch is traditionally the main meal. It consists of camel or goat meat, chicken or fish with seasoned rice (see above) or pasta, salad (dressed with salt, lemon and oil), vegetables (fried in oil), fresh ripe banana and natural yoghurt. Dinner can be similar to lunch or can include soup, <i>muufo</i> , <i>oodkac</i> and beans.
<b>Fruit and vegetables</b>	Fruit consumption is generally adequate. A side salad is served with most meals, though general vegetable consumption throughout the day and in meals is low.
<b>Snacks</b>	<i>Halwa</i> (see below), sweets (Somali spiced cake), <i>bur</i> (a type of donut) and biscuits, fresh fruit and <i>sambusa</i> (spiced meat in pastry triangles).
<b>Beverages</b>	Black tea or coffee with sugar; camel, sheep, goat or cow's milk and water. Somali tea is also consumed and is a traditional spiced drink made from black tea, cardamom, cloves, ground ginger, cinnamon and large amounts of sugar.
<b>Celebration foods and religious food practices</b>	<i>Halwa</i> , a sweet made from sugar, cornstarch, cardamom powder, nutmeg powder and ghee, is usually served at special occasions (such as religious celebrations like Eid) and wedding celebrations, as are other sweet items such as cakes, biscuits and soft drinks. Dates are often consumed in large quantities during Ramadan after sunset or before dawn.

## Common traditional foods

**Angero** (dough pancakes), made from sorghum and self-raising flour, white corn meal, instant dry yeast, water and sugar



*Angero* are thin and approximately 18cm in diameter. They are cooked on a cast-iron pan on the stove top and eaten for breakfast with honey and olive or sesame oil and sugar. Plain *angero* may accompany lunch or dinner.

**Mufo/Mufo**, made from semolina flour, plain flour and yeast, sometimes with a small amount of sugar added



*Mufo* are thick Somali pancakes, around 15cm in diameter, which are eaten at breakfast and cooked on an oiled baking pan on the stove top.

**Bur/African donuts**, made from plain flour, coconut milk powder, mild yeast, sugar, cardamom and oil for frying



*Bur* are 6–7cm at their widest point. They are deep fried and eaten for breakfast with beans or curry.

**Sambusa**, made from ground lean beef, onion, herbs and spices, and oil for frying



*Sambusas* are savoury pastries, deep fried in vegetable oil and commonly eaten for afternoon tea. They are similar to Indian *samosas* in size.

**Halwa**, made from sugar, corn starch, vegetable oil, ghee, cardamom, nutmeg, and with optional peanuts



*Halwa* is a very sweet Somali treat eaten at special occasions such as Eid and weddings. Cubes are around 4cm wide and have a similar consistency to Turkish delight.

**Oodkac**, made from small cubes of beef, vegetable oil, butter, salt and ground cardamom



*Oodkac* is a type of beef jerky. Large amounts of butter, oil and salt are used in cooking to help preserve the meat for long journeys.

**Somali cake**, made from plain flour, eggs, milk, oil, sugar, salt, vanilla extract, cardamom and baking powder



Somali cake is often served to visitors or taken to social occasions. These are often accompanied by Somali biscuits. These are plain sweet biscuits flavoured with cinnamon or cardamom powder.

\* Pictures of *Mufo*, *Halwa*, *Oodkac* and *Bur* have been provided by the Somali Kitchen (<http://www.somalikitchen.com>).

## 5. Food habits in Australia<sup>9,10</sup>

<b>Food practices</b>	<p>Three meals are consumed per day. Lunch is the main meal and is usually consumed as a family at home around midday. This may be delayed until after children arrive home from school. Due to work commitments and cultural influence after migration, meal times may change as length of stay in Australia increases.</p> <p>Common foods include large serves of basmati rice seasoned with oil, vegetable stock powder and herbs; pasta, polenta, lettuce, cabbage, tomato, coriander, banana, mango and dates; and large amounts of salt, olive oil, vegetable oil and sesame oil. Fish is commonly eaten by people who previously lived in coastal regions, while people from inland areas consume more meat. Fish and chicken may be seen as inferior foods by these groups.</p>
<b>Adaptations to diet in Australia</b>	<p><b>Substitute foods:</b> Halal goat or lamb may be substituted for camel meat. Traditional bread is often replaced with commercially baked bread. Due to the unavailability of camel milk in Australia, it is often substituted with cow's milk or goat's milk. Home-made snacks may be substituted with commercially prepared snacks (cakes, biscuits, etc.).</p> <p><b>Additions to diet:</b> Snacks were not commonly included in the diet before Somalis arrived in Australia but are now more commonly eaten, e.g. sweet biscuits and cake. Jam, commercially prepared breads and breakfast cereals are common additions to the diet. Children often demand more variety, resulting in frequent consumption of halal takeaway foods such as <i>Nando's</i><sup>TM</sup>, pizza and hot chips.</p> <p><b>Other influences:</b> There has been a transition from daily shopping for fresh produce at markets to buying more processed foods; however, fresh foods are generally preferred over canned, e.g. fish. There may be a poor understanding of local fruit and vegetables. New arrivals may pack traditional foods in children's school lunch boxes; however, those who have been in Australia longer are more likely to substitute packaged foods or foods such as sandwiches.</p> <p>The amount of vegetable oil and sugar used may increase upon arrival to Australia. Juice intake may also increase, as well as soft drink consumption in younger generations.</p>
<b>Cooking methods</b>	<p>Frying in large amounts of oil is the most common method of cooking both meat and vegetables. Grilling and stewing of meats are also common.</p>
<b>Eating style</b>	<p>Meals are individually plated. Traditionally, cutlery is not used, with people eating food with their right hand.</p>
<b>Shopping/meal preparation</b>	<p>Mothers and older daughters are mainly responsible for the acquisition and preparation of food for the family. This responsibility does not extend to grandparents who, if living with the family, are generally looked after.</p>
<b>Food in pregnancy</b>	<p>Women may fast during Ramadan when pregnant. There is some evidence that in Somalia, women reduce their food intake during the last two months of pregnancy to prevent a difficult childbirth due to the size of the baby.</p>
<b>Breastfeeding and first foods</b>	<p><b>Breastfeeding:</b> Likely to occur for up to two years or until the next pregnancy for cultural and/or religious reasons and family planning. Supplementation with artificial formula before six months is common. Factors influencing early supplementation with artificial formula include perceived low breast milk supply and time constraints due to household demands such as other children. In addition, 'chubby babies' may be preferred and breast pumps may not be commonly used.</p> <p>Potential breastfeeding issues:</p> <ul style="list-style-type: none"> <li>• Reduced supply due to inappropriate supplementation with artificial formula.</li> <li>• Somali women may consider colostrum to be harmful to the infant and therefore could discard it and delay initiation of breastfeeding.</li> <li>• Breast milk may be discarded when mother is sick (cold/flu) because it is perceived to be unsuitable for the infant.</li> </ul>



**Breastfeeding and first foods – continued**

**Introduction of solids:** Solids are often introduced at six months but may be delayed for up to 12 months. Common complementary foods include baby cereal and puréed vegetables (e.g. potato, pumpkin and carrots) that are cooked at home. Commercial baby foods may be treated with suspicion. Cow's milk is generally introduced after 12 months.

Potential issues in relation to first foods:

- Delayed introduction of meat may contribute to a higher risk of infant iron deficiency.
- Infants may be fed adult foods by members of the family. These foods may be high in oil, salt and/or sugar.
- Honey is believed to help relieve illness and will be given to infants before 12 months if they are sick. Honey may also be used as a sweetener for infants.

## 6. Working with Somali community members

**Using an interpreter**

- Ask Somali community members or groups if they would prefer (or benefit from) having an interpreter present (rather than asking if they speak English).
- Be sure to confirm the language preference of the individual or group, because some Somalis may speak Arabic or Italian in addition to Somali or English.
- It is recommended that the interpreter be the same gender as the community member or group (if a single-sex group) that you are working with.
- It is important that a trained and registered interpreter be used when required. The use of children, other family members or friends is not advisable. Health and other services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.
- If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to meeting with community members. There are many online orientation courses available, and Queensland Health has produced guidelines (available here) for working with interpreters.

**Literacy levels**

Pictorial and visual resources may be useful.

Do not assume literacy in any language. English proficiency and literacy may be low. However, those who have been in the country for a while or are arriving in Australia via another English-speaking country may be both literate and highly proficient in English. Due to social disruption, particularly in younger generations, Somali people may not be literate in the Somali language. Check whether resources are preferred in English, Somali or Arabic.

**Be aware that ...**

- Women are responsible for the acquisition and preparation of food, and men may feel that these activities are 'women's business' and therefore not engage in conversations relating to food and its preparation.
- People may prefer not to attend meetings or events at certain days/times due to religious reasons.
- Somali women tend to have many children, so be aware that it may not be convenient for them to attend meetings or events outside of school hours or during drop-off and pick-up times. Consider child-care arrangements for community meetings.

**Motivating factors for a healthy lifestyle**

For Somali Muslims, not being a burden on their family due to ill health and the continued ability to worship are motivating factors for leading a healthy lifestyle. Longevity itself is not a motivating factor for this group, because lifespan is seen as preordained by Allah. As Somali women often have a number of children, a motivating factor for mothers is to be able to care for their families. Mothers are also motivated to improve the health of their husbands, children and other extended family members.

**Communication style**

Be clear and confident when delivering nutrition and health messages. Community members generally expect information and advice to be provided to them and may view consultation and negotiation processes as a sign that the health professional/community worker has limited knowledge in the area.

**Health beliefs**

Muslims believe that health is given from God (Allah), and therefore sickness and the time of death have already been decreed. However, it is still deemed important to take care of one's health before one is sick, as the human body is a gift from God and it is an individual's responsibility to take care of it.

## Additional resources

- Queensland Health *Working with Interpreters: Guidelines* ([http://www.health.qld.gov.au/multicultural/interpreters/guidelines\\_int.pdf](http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf))
- To find out more about multicultural health, Queensland Health's Multicultural Health page has information for the public and for health workers, including the *Multicultural health framework*. Go to <http://www.health.qld.gov.au/multicultural/default.asp>
- The Somali Kitchen internet site provides many Somali recipes as well as general information on the food. Go to <http://www.somalikitchen.com/my-blog/the-somali-kitchen.html>
- The Xawassh Somali Food Blog provides a large number of cooking videos on traditional Somali food. Go to [www.youtube.com/user/SomaliFoodBlog](http://www.youtube.com/user/SomaliFoodBlog)
- The Halal Food Brisbane website can be found at <http://www.halalfoodbrisbane.com/?content=butchers>
- Halal Square Groceries Database identifies halal-certified items that are available in supermarkets around Australia. See <http://www.halalsquare.com.au/groceries/index.php/>

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**For more information contact:**

Access and Capacity-building Team

Metro South Health

[access&capacity@health.qld.gov.au](mailto:access&capacity@health.qld.gov.au)



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