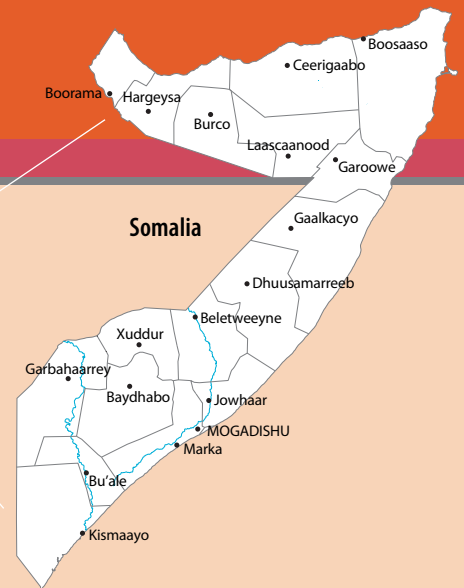


Somali food and cultural profile: dietetic consultation guide

This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Somali community members. It follows the ADIME format and provides information about the food and food practices of people from The Federal Republic of Somalia who have settled in Brisbane (Australia).



The profile follows the chronological steps in individual case management.

*These include: **1. Booking a client appointment** **2. Preparation for the consultation** **3. Assessment** **4. Diagnosis** **5. Intervention** **6. Monitoring and evaluation***

1. Booking a client appointment

Key considerations

- Interpreters:
 - Enquire if the client would feel more comfortable at the appointment if an interpreter is present.
 - Be sure to confirm their preferred language, as 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 client.
- Encourage women to attend their husbands' appointments. Women are responsible for the acquisition and preparation of food, and men may feel that these activities are 'women's business' and will not engage in conversations relating to food and its preparation.
- Be considerate to people who may prefer not to attend appointments at certain days/times due to religious reasons.
- It is common for Somali women to have many children, so be aware that it may not be suitable to book appointments outside of school hours or during drop-off and pick-up times.

2. Preparation for the consultation

Working with an interpreter

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 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 the appointment. There are many online orientation courses available, and Queensland Health has produced guidelines for working with interpreters, which can be [accessed here](#).

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.

Background^{1,2,3,4,5}

Ethnicity	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.
Religion	Sunni Muslim (Islam) is the official religion of Somalia. In Australia at the 2011 Census, 95% reported their religious affiliation as Islam.
Language	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 Section 5: Intervention for more information.
History of conflict	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. 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.
Migration history	<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>
Gender roles	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.
Household size	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. ⁵ Households often consist of people from two or three generations.
Population in Australia	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.

Health profile in Australia^{6,7}

Life expectancy	This information is unknown in Australia. In Somalia, it is approximately 49 years for men and 53 years for women.
New arrivals	<p>The following health issues may be observed, particularly for those arriving directly from refugee camps:</p> <ul style="list-style-type: none">• Communicable diseases: Hepatitis B carrier status, TB infection and schistosomiasis• Nutrient deficiencies: Vitamin D deficiency and iron-deficiency anaemia• Malnutrition
Chronic disease	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.

Health profile in Australia^{6,7} – *continued*

Chronic disease – <i>continued</i>	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.
Oral health	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.
Social determinants of health and other influences	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. Clients 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.

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^{3,8}

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 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

Breakfast	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.
Main and other meals	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.
Fruit and vegetables	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.
Snacks	<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).
Beverages	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.
Celebration foods and religious food practices	<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>).

Food habits in Australia^{9,10}

Food practices	<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>
Adaptations to diet in Australia	<p>Substitute foods: 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>Additions to diet: 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>[™], pizza and hot chips.</p> <p>Other influences: 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>
Cooking methods	<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>
Eating style	<p>Meals are individually plated. Traditionally, cutlery is not used, with people eating food with their right hand.</p>
Shopping/meal preparation	<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>
Food in pregnancy	<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>
Breastfeeding and first foods	<p>Breastfeeding: 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"> • Reduced supply due to inappropriate supplementation with artificial formula. • Somali women may consider colostrum to be harmful to the infant and therefore could discard it and delay initiation of breastfeeding. • Breast milk may be discarded when mother is sick (cold/flu) because it is perceived to be unsuitable for the infant. <p>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.</p>

Food habits in Australia^{9,10} – *continued*

Breastfeeding and first foods – *continued*

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.

During the consultation

3. Assessment

Key considerations

- **Anthropometry:** Female clients may be uncomfortable having a male practitioner take measurements that involve body contact; however, this is generally not a concern for female clinicians when measuring either male or female clients.
- **Meal patterns:** Three meals are consumed per day. Lunch is the main meal and 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 with length of stay.

When taking a diet history, be sure to check the following:

Prompt	Why?
<input type="checkbox"/> Region of origin, i.e. coastal or inland	This may impact dietary habits, especially seafood vs meat consumption.
<input type="checkbox"/> Amount and type of vegetables consumed	Vegetable intake is often low. Some individuals may not consider salad a vegetable.
<input type="checkbox"/> Types, frequency and serve sizes of meat	With migration, meat serves may increase in size and frequency. Check for halal meats such as goat and camel.
<input type="checkbox"/> Amount of oil and salt added to salad	Large amounts are commonly used with lemon juice.
<input type="checkbox"/> Accurate portion sizes (especially for rice)	Large quantities of food may be consumed at each meal.
<input type="checkbox"/> Number of teaspoons of sugar added to Somali tea, regular/black tea and coffee; number of cups per day and their distribution	Adding 6–8 teaspoons of sugar to a single cup of Somali tea is not uncommon. Hot beverages are also consumed frequently throughout the day.
<input type="checkbox"/> Amounts of other sweet snacks such as biscuits, cakes and celebration foods like <i>Halwa</i>	Intake depends on how often entertaining, visiting and attending celebrations occurs. If very frequent, the intake of these items can be of dietary significance.
<input type="checkbox"/> Amount and types of fat used for frying foods	Large amount of oil, butter or ghee may be used in frying foods such as <i>mufo, oodka and sambusa</i> .
<input type="checkbox"/> Amount of salt added to dishes and at the table	Large amounts of salt may be added to the cooking and at the table. Salt (with oil and lemon) may also be added as a dressing for salads.

Prompt	Why?
<input type="checkbox"/> Intake of food sources of vitamin D	This is due to limited skin exposure to the sun.
<input type="checkbox"/> If takeaways (halal) are consumed and how often	This is a common addition to the diet.
<input type="checkbox"/> Soft drink consumption	This may be high for children and young people.
<input type="checkbox"/> Dietary changes during Ramadan)	Food habits may be different during the month of fasting.
<input type="checkbox"/> Dietary changes during Eid and other celebrations	Feasting may contribute to overweight and/or impact on the control of diabetes.
<input type="checkbox"/> Amount of dates (and maybe other dried fruit eaten), especially during Ramadan	Considerable amounts of dates may be eaten, and this may impact on blood glucose levels in people with diabetes, as well as oral health, and result in excessive calorie intake.

4. Diagnosis

The following examples may be used as a guide for common PESS* statements. 'Problems' are taken from the *Nutritional Diagnosis Terminology eNCPT 2014*, which is available free in the members' section of the Dietitians Association of Australia website.

	Examples of common <u>P</u> roblems (P) for PESS* statements	Common (A) <u>E</u> tologies (E) for PESS* statements
Overweight and obesity	<ul style="list-style-type: none"> Excessive energy intake (NI-1.3) Excessive oral intake (NI-2.2) Excessive fat intake (NI-5.6.2) Unintended weight gain (NC-3.4) Overweight/obesity (NC-3.3) 	<ul style="list-style-type: none"> Religious influences (e.g. Ramadan fasting, belief that life is predetermined by God before birth and therefore preventative health may not be deemed as important) (NI-5.9.1, NB-1.1) Consumption of high fat foods and large portion sizes (NI-1.3, NI-2.2, NI-5.6.2, NC-3.3, NI-5.6.2) Preference for highly seasoned foods and large amount of salt added during cooking (NI-5.10.2) Short duration of stay in Australia and unfamiliarity with local foods, especially vegetables (NI-5.8.5, NI-5.2) Excessive consumption of high sugar foods and sugar in tea (NI-1.3, NC-3.4, NI-5.8.4, NI-5.8.2, NC-3.3) (For men), spouse and/or daughter/s being sole preparers of meals (NB-1.1) High consumption of halal takeaway foods (NI-1.3, NI-5.6.2, NC-3.3, NI-5.6.2) High consumption of saturated fat sources (meat, butter, ghee) accompanied by low intake of foods high in omega 3 fatty acids due to low fish intake for Somali people from non-coastal areas (NI-5.6.2, NI-5.7.3) <p>Note: it is important to identify the underlying cause/s of eating behaviours.</p>
Type 2 diabetes	<ul style="list-style-type: none"> Inconsistent carbohydrate intake (NI-5.8.4) Excessive carbohydrate intake (NI-5.8.2) Intake of types of carbohydrate inconsistent with needs (specify e.g. low consumption of low GI rices) (NI-5.8.3) Overweight/obesity (NC-3.3) 	
Cardiovascular disease	<ul style="list-style-type: none"> Excessive fat intake (NI-5.6.2) Intake of types of fat inconsistent with needs (specify e.g. low intake of omega 3 fatty acids) (NI-5.6.3) Excessive mineral intake (sodium) (NI-5.10.2) 	
General	<ul style="list-style-type: none"> Food and nutrition-related knowledge deficit (NB-1.1) Inadequate vitamin intake (vitamin D) (NI-5.9.1) Inadequate fibre intake (NI-5.8.5) Malnutrition (NI-5.2) 	

* PESS: Problem, (A)Etiology, Signs and Symptoms

For the Signs and Symptoms (SS) for PESS statements, use standard clinical measurements. Make sure the Signs and Symptoms relate to the identified Problems and not their (A)Etologies.

5. Intervention

Nutrition education

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.
Preferred education methods	Interpretation: It is important to check prior to consultation if an interpreter is required. Type of resource: Pictorial and visual resources may be useful. Counselling style: This group may not respond well to negotiation and may prefer to receive prescriptive advice about changes that can be made in their diet. Negotiation may be perceived as a sign that the health professional has limited knowledge in the area.
Literacy levels	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.
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.

6. Monitoring and evaluation

Methods for monitoring

- It may be inappropriate for male practitioners to take waist circumference, or other such measurements of female patients. To avoid causing offence, practitioners should ask beforehand whether the patient is comfortable with the measurement being taken, or consider alternative methods of taking measurements if consent is not provided.
- Health is assessed in practical terms, so this may be a useful way of measuring change and reinforcing the benefits of continued dietary compliance. Examples include being able to work and to appropriately care for one's family.
- Check if the patient has access to transport (especially if referring to an outpatient clinic), otherwise phone follow-up may be more appropriate.
- Confirm the client's preference for having an interpreter present at their next appointment. For short follow-up consultations, telephone interpreting services may be more appropriate.
- Encourage wives to attend their husbands' follow-up appointments.

Additional resources

- Queensland Health *Working with Interpreters: Guidelines* (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
- 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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Acknowledgements

We would like to acknowledge QUT students Angela Byrnes, Fitrija Sari, Becky Phan and Jessica Kinneally for their hard work in the development of this resource.

We would like to thank the staff of Diversicare, in particular Ljiljana Macura for her support in organising the Somali Healthy Lifestyle Program where much of our information was gathered, and Hussein Ahmed for providing valuable information on Somali food and culture.

Thank you also to the members of the Somali community for sharing their traditional foods and practices.

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