

Nutrition for the Underserved: The Implications

UNIVERSITY OF MINNESOTA

EXTENSION

Focus Group Results: Somali

Introduction

The country of Somalia is located on the east coast of Africa. Somalia has been in a state of civil war since 1990 and still lacks a government. Many Somali immigrated to the United States as refugees.

Minnesota is home to the largest Somali population in North America. The Office of Refugee Services of the Minnesota Department of Human Services estimates that there are 15,000 Somalis in our state, but other sources estimate 17,000 - 20,000 or more. The cities of Minneapolis (Cedar-Riverside and Phillips area), Rochester and St. Paul are listed in the top five for population in the country. Additionally, Owatonna, Eden Prairie, and Fargo/Moorhead have large populations of Somali. Smaller groups are found in Greater Minnesota.

The majority of Somali are Sunnis Muslims. Islamic religious teaching provides meaning for living, dying, family life, child rearing, and the maintenance of health. Somali men and women eat separately. Food is eaten with the right hand. In Islamic tradition the right hand is considered the correct and polite hand to use for daily tasks.

Storytelling is highly valued. The Somali language was not written until the 1970s. Becoming English literate may be more difficult because of lack of literacy skills.

Traditional foods eaten are rice, bananas, and the meat of sheep, goats, cattle, and camels. "Halal" meat is ritually slaughtered according to Islamic law. Other common foods are pasta, pita bread, corn and beans. The Somali diet is low in fruits and vegetables, except for the southern part of the country that has locally grown vegetables. Pork is not eaten by Muslims.

Maternal and child nutrition beliefs and practices in Somalia were recently published in a report by the United Nations Food and Agriculture Organization, Food Security Analysis Unit, 2007.¹ This detailed report describes the different food practices from regional areas in Somalia.

In Somalia, breastfeeding is common up to two years of age. Most children are put on breast two-three days after delivery and the colostrums is not fed to children by majority of mothers as it is considered heavy, dirty, toxic and harmful to children's health. Complementary feeding of tea and porridge is common after three months of age.

A pregnant woman's diet is traditionally restrictive. Consumption of certain foods is believed to make the

baby grow too big, leading to difficult labor and other birth complications.

One Somali focus group participant emigrated from Liberia. Minnesota is also home to the largest Liberian population outside of Liberia. Like Somali, the majority of Liberians are refugees in this country because of civil war. Liberia is located on the west coast of Africa. The country was founded by freed American slaves, so was ruled by Americo-Liberians for many years. About half the population maintains its indigenous religion, 20% are Christian; and 20% are Muslim, mostly Sunnis.

Rationale

The University of Minnesota Extension Nutrition Education Program conducted focus groups with limited resource individuals throughout Minnesota to assess the quality and effectiveness of the Nutrition Education Programs. It was important to learn more about the target populations (i.e. the poor and their communities). The goal was to capture their personal experiences and views on nutrition. This understanding assists the Health and Nutrition Educators in assessing the quality and effectiveness of current programming efforts.

Focus group questions were developed to explore the:

- Strengths and assets of the participants
- Barriers to participation
- Preferred methods of learning
- Improved methods for program design and delivery
- Alternative ways to encourage program participation

Methods

The populations specifically targeted for this study were low-income African American mothers, low-income working Whites, low-income Latino and Somali families whose monthly income is below 150% of the federal poverty line.

In the fall of 2007, thirteen focus groups were conducted of which 10 were with our targeted populations. The remaining three were with agencies from within and around the selected cities that directly provide services to our targeted population. Minnesota cities were pre-selected by the Health and Nutrition program staff. Focus groups were conducted in Minneapolis, St. Paul, Rochester (SE Minnesota), Hibbing (NE Minnesota), and Moorhead (NW Minnesota). A total of 80 people, including 16 males, participated in the 10 focus groups. Of the 21 service providers, 10 were from Moorhead, 6

from Hibbing, one from Rochester, and 4 from Minneapolis/St. Paul.

Results

This paper shares the results of the Somali.

Concept of nutrition/Attitudes towards food

Recent Somali immigrants struggle with not having fresh market food and view American food as less safe and healthy. "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."

Somali view "rich" food as nutritious. For example rice is rich when greens are added.

Islamic culture defines family meal structure, food preparation and food choices. "If a nutrition class is involved with food then we need to know what kind of food because there is food we call haram, we need halal food." Women prefer families eat at home to ensure food eaten is halal.

Barriers to good nutrition

Somali focus group participants were anxious to learn about nutrition and asked specific questions about the nutritional value of foods that they eat.

Somali children are quick to learn the values and behaviors of American culture. Somali mothers struggle with children to eat more traditional, healthy foods. "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. They also want to bring traditional dishes to educational sessions to share their knowledge with others.

Their responsibility as Somali mothers is to ensure their families eat and stay healthy. Participants were concerned of their children's weight status.

Preferences for Receiving Education

Somali rely on oral communication and as a result form a close knit community. There is a sense of enthusiasm and willingness to learn and share new things among themselves. Consequently, any important information including topics about food gets disseminated rapidly throughout the community.

Men and women eat separately and wouldn't want classes together.

Somali women appeared interested in the following nutrition education topics:

- Maintaining a healthy weight including information about calories, fats and sugars.
- Food storage and cooking methods.
- What foods to eat for greatest nutritional value.
- Stretching family food resources, including shopping strategies.
- Cooking foods kids will eat (pizza, tacos.)
- How to read labels and look for pork products.

Somali women expressed interest in attending sessions that were "fun" and fit their schedules. Barriers to attending nutrition sessions included transportation, childcare, time, and work/school conflicts.

Recommendations

- 1) Establish a relationship with Somali families before initiating classes. Building respect is essential.
- 2) Teach using primarily oral communication and don't rely on written materials.
- 3) Understand cultural practices that may effect maternal and child health and nutrition outcomes.
- 4) Train educators to use experiential learning and facilitated learning models.
- 5) Use demonstration plots to teach Northern climate gardening. Somali vegetables are typically vine crops requiring larger plots and a longer growing season.
- 6) Feature cooking skills with opportunities to taste test, particularly cooking with fresh, whole and halal ingredients.
- 7) Use the right hand for handling food because the left hand is considered impolite.
- 8) Structure classes that involve women and children. Men require separate classes. Somali parents depend on their children's literacy skills and it is important to include children in classes.
- 9) Offer flexible class offering, nights & weekends; schedule around prayer and religious holidays.
- 10) Use the para-model for program delivery. Women respect leaders in the community and look to them for information.

Sources for Introduction are from Office of Refugee Services, Minnesota Department of Human Services and Somali Knowledge Attitude & Practices Study: Infant and Young Child Feeding and Health Seeking Practices. 2007. Food Security Analysis Unit. <http://www.fsausomali.org>

This summary is from a larger focus group study, "Health & Nutrition Final Evaluation Report", Arthur Brown and Mary Marczak, 2007. Compiled by Sara VanOffelen, Extension Educator for Health & Nutrition, University of Minnesota Extension, Family Development Center, March 2008.