Minnesota's Somali Community

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Community University Health Care Center (CUHCC) is a primary care clinic that offers mental health, medical and dental services to a diverse client population. Services are provided by a culturally diverse, multi-disciplinary staff.

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Introduction

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Demographic changes in Minnesota's Twin Cities metropolitan area are having a profound impact on the local health care delivery system. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one's own. Health care providers need to hear from ethnic communities about their experience in trying to access health care.

Somali Demographic and Cultural Background

Location and Ethnic Group

Somalia is a long, narrow country that wraps around the Horn of Africa and borders both the Red Sea and the Indian Ocean. The inland areas are predominantly plateaus, with the exception of some rugged mountains in the far north. The northern region is arid, whereas the southern portion of the country receives regular rainfall. Many Somalis are nomadic or semi-nomadic herders, some are fishermen, some farmers. Unlike many African nations, Somalia is composed of a single, homogeneous ethnic group that shares a language, religion and culture and traces their heritage to a common ancestor.

History

Colonial rule divided the Somalis from the mid-1800s until 1960, when two territories were reunited to form modern Somalia. The relatively new Somali government fell in 1991 after opposition from clan-based militias and three years of civil war. Since then there has been no effective government. Civilians have suffered from rampant violence, famine and death from starvation. Over one million people have fled to refugee camps in neighboring countries. Resettlement programs have enabled families to move to Europe and the United States.

Colonial rule divided the land inhabited by ethnic Somalis into several territories: the French controlled the northernmost region (the area that is now Djibouti); the British colonized northern Somalia creating a country called British Somaliland; the Italians governed southern Somalia, creating Italian Somaliland; Ethiopia controlled the inland region of the Ogaden; and Kenya controlled land on its northern border inhabited by Somalis, called the Northern Frontier District (NFD). In 1960 British Somaliland and Italian Somaliland peacefully obtained independence and were united to form the current borders of Somalia. After World War II, the Ogaden-- controlled by the British-- was designated as part of Ethiopia in a United Nations mediated agreement in 1948. This has been a source of heated contention between the Somali and Ethiopian governments ever since. Twice, in 1964 and again in 1977, military conflict arose between the two countries over control of the Ogaden, resulting in many lost lives on both sides. The land is currently controlled by Ethiopia, though many Somalis believe the region should be reunited with Somalia.

In 1977 Djibouti received independence from the French. Although the government of Djibouti chose not to reunite with Somalia, ties between the countries remain close, as the citizens share a common culture and language. Travel is permitted freely across the border without a visa.

At the time of independence in 1960 a civilian government was established, which then allied itself with the USSR as a way to distance itself from its prior colonial rulers. In 1969, General Mohammed Siad Barre led a coup, creating a socialist military government with himself as its President. In the early years of his government Barre enjoyed popular support, but as his regime became increasingly more oppressive, his support waned. The Barre government had also been accused of many human rights violations. In addition, some Somalis felt Barre was not aggressive enough about regaining the Ogaden from Ethiopia. By the late 1970's, clan-based militias developed in order to oppose and overthrow Barre. In 1977 Barre broke ties with Moscow after the Soviets began providing aid to Ethiopia during the Ogaden War. With this realignment, the United States began supplying military and economic aid to Somalia, but eventually suspended these efforts in 1989 because of the Barre government's human rights record. Outright civil war erupted from 1988-1991, culminating in the exile of Barre in January 1991. This resulted in widespread horrors including the killing, raping, and torture of many people. *Most survivors have experienced and witnessed these horrors.*

Since 1991, the various militias have fought against each other vying for control of the country. There has been no effective government and the infrastructure of the country has crumbled. Many civilians have suffered from rampant violence. Food supplies have been manipulated for political gain resulting in famine and death from starvation. It was estimated by the US Army that by the Fall of 1992, 40% of the population of Baidoa and 25% of all Somali children under the age of five had died because of famine. In late 1992, US and UN forces intervened in Somalia to help alleviate the humanitarian crisis. By March 1994 all foreign troops had withdrawn. A President and Parliament were elected in 2000 though the country remains overwhelmed by inter-clan disputes.

In 1991 people began leaving the country to escape the hunger, rape, and death that had become widespread. Over one million people fled to neighboring countries such as Ethiopia, Kenya, Djibouti, Yemen, and Burundi. Most stayed in large refugee camps that were established to house the Somalis. Resettlement programs have enabled families to move to Europe (Germany, Switzerland, Finland, England) and the United States. Somalis in the US live predominantly in Minnesota. Most live in Minneapolis/St. Paul, with smaller populations in out-state Minnesota.

Language

The Somali language is an Afro-Asiatic language closely related to Oromiffa and more distantly to the Semitic languages Arabic, Hebrew and Amharic. Although written for many years, a uniform orthography was not adopted until 1973. Since the vast majority of the population is Muslim, Arabic is a common second language. Education was conducted in the language of colonial rule until the 1970s, so older Somalis from the north speak English and those from the south speak Italian. Education was free at all levels until 1991.

Names and Greetings

Somali names have three parts. The first name is the given name, and is specific to an individual. The second name is the name of the child's father, and the third name is the name of the child's paternal grandfather. Thus siblings, both male and female, will share the same second and third names. Women, when they marry, do not change their names. By keeping the name of their father and grandfather, they are, in effect, maintaining their affiliation with their clan of birth.

Many social norms are derived from Islamic tradition, and thus may be similar to other Islamic countries. The common way to greet someone is to say *salam alechem* (roughly translated as "Peace be upon You") and to shake their hand. Due to Islamic tradition, men and women do not touch each other. Thus men shake the hands of other men, and women shake each other's hands. When departing, the common phrase is *nabadgelyo* ("goodbye"). Respect is paid to the elders of the community. Elders are addressed as "aunt" or "uncle," even if they are strangers.

Religion and Social Customs

Almost all Somalis are Sunni Muslims. Attitudes, social customs and gender roles in Somalia are based primarily on Islamic tradition. For those who practice Islam, religion has a much more overt and comprehensive role in life than is typical in the Americas or Europe. Islam is a belief system, a culture, a structure for government, and a way of life. During the month-long religious holiday of Ramadan, people pray, fast and refrain from drinking during the day and will eat only between sundown and sunrise. Pregnant women, people who are very ill and younger children are exempted from the fast. Many religious holidays involve the ritual killing of a lamb or goat. Muslim tradition forbids eating pork or drinking alcohol.

Many social norms in Somalia are derived from Islamic tradition. For example, a handshake is the common and polite greeting, but men usually shake hands only with men, and women with women. The right hand is considered the clean and polite hand to use for eating, writing and shaking hands. If a child shows a left-handed preference, the parents will train him or her to use the right hand.

The dress of married Somali women covers their bodies, except for hands and faces. As proscribed by Muslim tradition, married women are expected to cover their bodies including their hair. In Somalia, some Somali women wear veils to cover their faces, but few do in the U.S. as they find this a difficult custom to adhere to in American society. Pants are not a generally accepted form of attire for women, but may be worn under a skirt. The traditional women’s dress is called a *hejab* and the traditional clothing for a man is called a *maawis*. The snug-fitting hat that men wear is a *qofe*.

Another tradition derived from Islamic tradition is the use of calendars. The Islamic calendar is based on the lunar month and begins numbering from the year Mohammed arrived in Medina. Both this and the Julian calendar are officially recognized and used.

Islamic theology and religious practice is complex, and is the object of intense study and scholarship within the Islamic community. When Muslims try to convey the fundamental

aspects of their religious beliefs to non-Muslims, they emphasize the belief in one God, Allah, and dedication to the study of the teachings of Allah's prophets. The prophet Mohammed is central among these, though other respected prophets include the Biblical patriarch Abraham and Jesus. Though Mohammed is revered and his teachings form the core of Islamic thought and practice, he is not worshipped as God in the way that Christians worship Jesus.

Important religious holidays include Ramadan, *Id al-Fitr*, *Id Arafa*, and *Moulid*. *Ramadan* is the 9th month of the lunar calendar. During the 30 days of the holiday, people pray, fast and refrain from drinking during the day and eat only at night. An important aspect of this holiday for medical providers to be aware of is that medications will often be taken only at nighttime. Pregnant women, people who are very ill, and children (usually interpreted as under 14 years old) are exempted from the fast. Some religious observance of Ramadan extends the fast for an additional 7 days. Immediately following Ramadan is the holiday of *Id al-Fitr* which marks the end of the fast. This celebration involves big family gatherings and gifts for children. *Id Arafa* (also called Id *al-Adhuha*) is the most important holiday of the calendar year. This is the time for making pilgrimages (*hajjia*) to Saudi Arabia. *Moulid* is another important holiday, occurring in the month after Ramadan. It commemorates the birth and death of the Prophet Mohammed.

Somalis observe several secular holidays as well, these include a Memorial Day, Labor Day, an Independence Day (July 1) commemorating the 1960 independence and unification, and Mother's Day.

Marriage, Family and Kinship

Marriages can either be arranged or be a result of personal choice. The common age of marriage is around 14 or 15 years old. Men who can afford to do so may have up to 4 wives, as is customary in Islamic tradition. However, not all wealthy men exercise this option. In urban and rural areas, a man with multiple wives provides separate homes for his different families. Whether these families interact or not depends on the preference of the individuals involved.

As in many Islamic cultures, adult men and women are separated in most spheres of life. Although some women in the cities hold jobs, the preferred role is for the husband to work and the wife to stay at home with the children. Female and male children participate in the same educational programs and literacy among women is relatively high.

There are several main clans in Somalia and many sub-clans. In certain regions of the country a single sub-clan will predominate, but as Somalis are largely nomadic, it is more common for several sub-clans to live intermixed in a given area. Membership in a clan is determined by paternal lineage. Marriage between clans is common.

Living with extended families is the norm. Young adults who move to the city to go to school live with relatives rather than live alone. Similarly, people who do not marry tend to live with their extended families. Divorce does occur, though proceedings must be initiated by the husband.

Childbearing usually commences shortly after marriage. A woman's status is enhanced the more children she bears. Thus is not unusual for a Somali family to have seven or eight children. The concept of planning when to have or not to have children has little cultural relevance for Somalis.

Expectant and newly delivered mothers benefit from a strong network of women within Somali culture. Before a birth, the community women hold a party (somewhat like a baby shower) for the pregnant woman as a sign of support.

Diet

Southern Somalia has a large agricultural and international trading component to its economy, thus, in southern Somalia diets are richer in green vegetables, corn, and beans. Southern Somalis, especially those in the cities, are more familiar with Western foods such as pasta and canned goods. Northern Somalia's lifestyle fosters a diet that is heavier in milk and meat. Diets there also have a large component of rice, which is obtained through trade. For beverages, there are black and brown teas (largely imported from China) and a coffee drink that is made from the covering of the coffee beans rather than from the beans themselves.

The Somali Community in Minnesota

Residence

Somalis in the United States live predominantly in Minneapolis-St. Paul and in nearby smaller cities in Minnesota. Most families continue traditional dress and cultural practices.

Common Acculturation Issues

There are several areas where the differences between Somali and American culture are apparent and cause difficulties. For example, American apartments are rarely large enough to accommodate families of 9 or 10 people. In practice, this means that many Somali families have been divided between 2 or more apartments. This places emotional strains on families that are often struggling financially.

However, thus far, Somalis state they have not encountered significant problems associated with acculturation. As recent immigrants with a strong religious and cultural heritage, most families have found it easy to continue traditional dress and cultural practices. At those times when Somali adolescents feel the pressure to assimilate more strongly than their parents, usually a mutually acceptable compromise can be accomplished. For example, some Somali families feel comfortable letting their children go to school in Western clothes (as long as this does not include shorts), as long as the children change into Somali clothing when they come home from school. Families send their children to religious school on evenings and weekends in order to preserve Islamic education and tradition.

Concepts of Health Care and Medicine

Traditional Healing

Somalis have a concept of spirits residing within each individual. When the spirits become angry, illnesses such as fever, headache, dizziness, and weakness can result. The illness is cured by a healing ceremony designed to appease the spirits. These ceremonies involve reading the Koran, eating special foods, and burning incense. The illness is usually cured within 1 or 2 days of the ceremony. Traditional doctors are also responsible for helping to cure illnesses caused by spirits.

In Somali culture there also exists the concept of the "Evil Eye." A person can give someone else an Evil Eye either purposefully or inadvertently by directing comments of praise at that person, thereby causing harm or illness to befall them. For example, one does not tell someone else that they look beautiful, because that could bring on the Evil Eye. Similarly, Somali mothers cringe when doctors tell them that their babies are big and fat, out of fear the Evil Eye will cause something bad to happen to their child. More acceptable comments are to say that the child is "healthy" or "beautiful."

Somali “traditional doctors” are usually older men in the community who learned their skills from older family members. They treat infectious diseases, hunchback, facial droop and broken bones. Techniques include fire-burning (applying to the skin a heated stick from a certain tree), herbs
and prayer.

Maternal and Child Health

Births most frequently occur at home, and are attended by a midwife. Newborn care includes warm water baths, sesame oil massages, and passive stretching of the baby's limbs. An herb called *malmal* is applied to the umbilicus for the first 7 days of life (*malmal* is available in the U.S. in some Asian markets). When a child is born, the new mother and baby stay indoors at home for 40 days, a time period known as *afartanbah*. Female relatives and friends visit the family and help take care of them. This includes preparing special foods such as soup, porridge, and special teas. During *afartanbah*, the mother wears earrings made from string placed through a clove of garlic, and the baby wears a bracelet made from string and *malmal* (an herb) in order to ward away the Evil. Incense (myrrh) is burned twice a day in order to protect the baby from the ordinary smells of the world, which are felt to have the potential to make him or her sick.

At the end of the 40 days there is a celebration at the home of a friend or relative. This marks the first time the mother or baby has left the home since the delivery. There is also a naming ceremony for the child. These ceremonies are big family gatherings with lots of food, accompanied by the ritual killing of a goat and prayers.

Breastfeeding is the primary form of infant nutrition. It is common to breastfeed a child until 2 years of age. Supplementation with animal milk (camel, goat, cow) early in the neonatal period is common. This is especially true during the first few days of life, as colostrum is

considered unhealthy. Camel's milk is considered to be the most nutritious of animal milks. A few Somalis use bottles, but more commonly, infants, including newborns are offered liquids in a cup. A mixture of rice and cow's milk is introduced at about 6 months of age, and subsequent solid foods after that. Diapering is not common in Somalia. When the baby is awake, the mother holds a small basin in her lap and at regular
intervals holds the baby in a sitting position over the basin. At night, a piece of plastic is placed between the mattress and the bedding. Somali mothers say infants are toilet-trained in a short period of time.

Circumcision
Both males and females in Somalia are circumcised between age five and ten. Circumcision is viewed as a rite of passage and necessary for marriage. Uncircumcised people are seen as unclean. Male circumcision may be performed by a traditional doctor or by a medical doctor or nurse in a hospital. Female circumcision is usually performed by female family members but is also available in some hospitals. The most common procedure in Somalia for female circumcision, known as "infibulation," involves removal and suturing of most genital tissue, leaving a posterior opening.

Death
It is considered uncaring to tell a terminally ill person or the family that the person is dying. It is acceptable to describe the extreme seriousness of an illness, however. When death is impending, a special portion of the Koran is read at the patient's bedside.

Medical Care
Most Somalis, especially those from cities, have had at least some experience with Western medicine. The most common illnesses taken to Western hospitals are diarrhea, fever (usually malaria) and vomiting. Patients almost always receive an antibiotic at the hospital. Families also may bring their children to the hospital to treat a cold and will receive oral medication.

Cultural Barriers to Health Care

Medical Care and Providers
Because Somalis are accustomed to getting a medication when they go to a modern hospital, even for a cold, they expect to receive medicine from any medical visit. Families are often very unhappy when they travel a long distance, wait to be seen in a clinic, and are sent home with instructions that the patient will get better by him- or herself.

Traditional Healing
Although most Somalis are familiar with Somali traditional medicine, there are no traditional Somali doctors in the Minneapolis area.

Circumcision
Circumcision is an important and sensitive issue for Somali women seeking health care. Female circumcision has been debated in the Western world as a potentially harmful cultural

practice. However, most Somali women view circumcision as normal, expected and desirable. Somali women in the United States are concerned about how their circumcisions will be cared for during
childbirth and whether they will be able to have their daughters circumcised. Some Somali women in Seattle know how to perform infibulations but have not performed any here because of fear of legal reprisals.

Religious and Social Customs
Other barriers to health care access are similar to those for other Muslim cultures. For example, because of prohibitions against interactions between adult men and women, Somali women have a strong preference to work with female interpreters and health care providers. Because of the daytime fast during the month of Ramadan, patients will take medications only at night when food and liquids may be consumed.

Community Organizations
Though the Somali community is relatively new to Minneapolis, several organizations have been established. The community is close-knit. The primary organizations that serve Somalis are:

Social Services
Confederation of Somali Community in Minnesota
420 15th Avenue South
Minneapolis, MN 55454
612.338.5282, ext. 216

Somali Community of Minnesota
207 East Lake Street, Suite 300
Minneapolis, MN 55408
612.871.6786

Mental Health
Community University Health Care Center
2001 Bloomington Avenue South
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612.638.0700

Hennepin County
Project for Multi-Cultural Service Delivery
330 South 12th Street, Suite 340
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