Chapter 2. Overview of Somali Culture

This chapter provides an overview of the Somali culture in terms of ethnicity, language, religion, food and dress, family and social structure, values, education, socioeconomic status, and traditional health beliefs. Readers are cautioned to avoid stereotyping Somalis on the basis of these broad generalizations. Somali culture, as all others, is dynamic and expressed in various ways, owing to individual life experience and personality. Some Somalis living in the United States may be more or less acculturated to mainstream U.S. culture.

Ethnicity

Somalis consider themselves as sharing a common ancestor, Somaal, a mythical father figure (Putnam & Noor, 1999). Somalis, the dominant ethnic group in Somalia, make up 85% of the population, and share a uniform language, religion, and culture. In fact, Somalia has been characterized as one of the most ethnically and culturally homogenous countries in Africa. Several minority groups in current-day Somalia are Arabs, Southeast Asians, and the Bantus, who were brought from Southeastern Africa to Somalia as slaves (Putnam & Noor, 1999). An estimated 600,000 Bantus live in Somalia, and although some Bantus integrated into Somali society, others maintained their ancestral culture, languages, and sense of Southeast African identity. These Bantus, in particular, have been marginalized and persecuted in Somalia, and because of this historical subjugation, may have quite distinct needs from ethnic Somalis (Lehman & Eno, 2003).

Somalis and their camels at a watering point in Wajir district, Kenya. © 1998 Sammy Ndwiga. Courtesy of Photoshare.

Language and Communication

The universal language in Somalia is Somali, a Cushitic language shared by people of Eastern Africa. Somali includes distinct regional variations. The two main variants, *Af Maay* and *Af Maxaa*, were the official languages of Somalia until 1972 when the government determined that *Af Maxaa* would serve as the official written language. Though the two languages are similar in written form, they are mutually unintelligible when spoken (Lehman & Eno, 2003).

As the majority of the population is Muslim, Arabic is the second most commonly spoken language. The formally educated in Somalia may also speak French, Italian, English, Russian, or Swahili. After 1972, however, when Somali became the official language of government and instruction, young people had little exposure to other languages; therefore, those who are currently at least middle-aged and educated are more likely than their younger counterparts to be proficient in English, Italian, Arabic, or Russian (Kemp & Rasbridge, 2004; Putnam & Noor, 1999).

Facility with speech is highly valued among Somalis, and Somalis tend to appreciate oral communication above all other art forms. The Somali language has a long and rich tradition of proverbs and idioms, which are passed down through generations and embellished by the individual speaker. Everyday Somali speech often includes these expressions, and some Somalis, finding English lacking in these terms, may translate and use Somali expressions (Putnam & Noor, 1999). Somali speakers may also use humor based on puns and word play to counter criticism, "save face," or disentangle themselves from uncomfortable or embarrassing situations (Samatar, 1993). In Somali society, one's abilities as a leader, warrior, or suitor may depend largely on the ability to speak eloquently and with humor.

Naming convention among Somalis does not include the use of surnames; instead, Somalis typically use three names, their given name and their father's and grandfather's given names. These names can be used interchangeably. Additionally, most Somali names connote birth time, birth order, or physical characteristics. For example, first children are often called either Faduma or Mohammed, and male twins are frequently named Hassan and Hussein. Many Somalis have nicknames that are used in public (Putnam & Noor, 1999). Health care workers can inquire about a person's nickname and verify whether this name should be used. Lastly, women do not change their names at marriage (Lewis, 1996). A list of common Somali names and their meanings is located in Appendix E.

The common way to greet a person is to say *asalamu alaykum (*peace be with you) and, when greeters are of the same gender, to shake hands. (The Islamic tradition that women and men do not touch each other is observed.) Upon departing, the appropriate phrase is *nabad gelyo* (goodbye). Elders are often given respect by being addressed as aunt or uncle, even if they are strangers (Lewis, 1996).

Suggestion

- Recognize that not all persons from Somalia are ethnic Somali. The Bantus, in particular, may have special needs because of their historical marginalization in Somalia and distinct language and culture.
- Remember that some Somalis maintain Islamic traditional norms about handshaking, limiting physical contact to persons of the same sex.

Religion

Islam is the primary religion in Somalia, and the majority of Somalis are Sunni Muslims. Almost all social norms, attitudes, customs, and gender roles among Somalis derive from Islamic tradition (Lewis, 1996). The five pillars of Islamic faith are 1) faith or belief in the Oneness of God and the finality of the prophet Muhammad, 2) prayer five times a day, 3) giving 2.5% of one's income to charity, 4) making a pilgrimage to Mecca, Saudi Arabia, at least once in one's lifetime, and 5) fasting from dawn until dusk every day during the period of Ramadan (Samatar, 1993).

Suggestion

- Learn when Ramadan occurs each year and accommodate the observance by suggesting that patients take their medications at night. Usually a person in need of medical care can delay the fast, if required.
- Observant Muslims do not consume alcohol. Consider this when asking routine questions about alcohol consumption when prescribing TB or LTBI treatment.

During the ninth month of the lunar calendar, Muslims, including Somalis, observe Ramadan to mark the initial revelations to the prophet Muhammad (Lewis, 1996). Because the lunar calendar is about 11 days shorter than the calendar used in the United States, Ramadan varies each year, though it will occur in the autumn months until 2020. During the 30 days of Ramadan, people pray and fast between sunrise and sunset. Pregnant women, the ill, and children are exempted from the fast (Lewis, 1996). During this period, Somalis may only take medication at night.

A Somali woman goes to collect water in Kenya.
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Food and Dress

Although diet varies depending upon geographical region and livelihood, generally the Somali diet is low in calories and high in protein. Pastoral nomads, who are a significant proportion of the Somali population, traditionally eat mostly milk, *ghee* (clarified butter), and meat. As Muslims, Somalis do not consume pork, lard, or alcohol, and all animals must be slaughtered in a specific way, called *xalaal*, to be considered clean. It is customary for Somali family and friends to eat with their hands from the same plate of food and drink from a shared cup (Putnam & Noor, 1999).

One of Somalia's principal imports, *qat* (pronounced chaat or caat), also referred to as *khat, quatt, kat,* and *tchat*, is a leafy narcotic that originated in Ethiopia and spread to Eastern and Northern Africa. Chewing *qat* has become a cultural phenomenon. Users report euphoria, stimulation, clarity of thought, and increased sociability. The U.S. Drug Enforcement Agency (DEA), however, reports that users' concentration, motivation, and judgment are impaired and that the drug can cause anorexia, hypertension, insomnia, and gastric disorders (U.S. Drug Enforcement Agency, n.d.). In the United States, the DEA classifies *qat* as an illegal drug that has no accepted medical use and a high potential for abuse. Thus, persons who use *qat* may hesitate to admit it (Lewis, 1996).

Suggestion

- Because sharing meals is an important Somali custom, clarify that having LTBI or noninfectious TB disease need not affect this custom.
- Be aware of the practice of chewing *qat*, a leafy narcotic. Some Somalis may hesitate to initiate TB treatment because they believe they must discontinue chewing *qat* while undergoing treatment. *Qat* may affect one's ability to remember TB medication.

Dress among Somalis is diverse. In formal and public settings, such as work or school, most Somalis wear Western dress. However, traditional dress is generally favored in rural areas and in non-formal settings (Putnam & Noor, 1999). Traditional dress for men consists of two lengths of white cotton wrapped as a skirt and a brightly colored shawl. Men may also cover their heads with a cap called a *benadiry kufia*.

Though women's traditional dress varies, depending upon region, marital status, or religious beliefs, women usually wear a full-length dress or a traditional *guntiino*, which is similar to an Indian *sari*, but made of simple white or red cotton. In cities and in the rural North, women are more likely to wear cotton or polyester dresses or *hejab* over a full length slip (Putnam & Noor, 1999). Married women traditionally cover their heads with scarves, while unmarried women braid their hair. Women in religiously conservative families may wear a veil. These customs are relaxing, however, particularly in the United States, and, with increased urbanization, the distinctions in the dress of married and unmarried women are blurring (Lewis, 1996; Putnam & Noor, 1999). Hand and foot painting using henna or *khidaab* dyes signifies a happy occasion, such as marriage or the birth of a baby (Putnam & Noor, 1999).

Social Structure, Family, and Gender

The family is deeply valued in Somali culture, as are family honor and loyalty. In Somalia, nuclear families usually live together. Approximately one-fifth of the population lives in polygamous (one husband, multiple wives) household situations, with wives having their own residences. Because they are seen as a way to establish clan alliances, marriages traditionally have been arranged, but marriages based on love are increasingly permitted. Preferred gender roles are for men to work outside the home and women to care for children. Though women have important economic roles, it is important for the male to be perceived as the person in control; therefore, viewed from the outside, Somali culture is male-centered. The previous socialist regime made some efforts to improve opportunities for women so that Somali women generally have more freedom to learn, work, and travel than most other Muslim women. Owing to recent war, drought, and male migration, many women are heads of household (Kemp & Rasbridge, 2004; Lewis, 1996; Putnam & Noor, 1999).

In Somalia, family life is also based upon the societal structure of patrilineal clan and subclan membership, and clans often imply ethnic, geographic, and social class orientation. Some ethnic Somali clans include the Benadir, Barawans, Daarood, Dir, Isaaq, Hawiye, Digil, and Raxanweyn (Kemp & Rasbridge, 2004; Lewis, 1996; Putnam & Noor, 1999).

Four Somali sisters and their three brothers in Kenya.
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Clans can serve as a source of conflict or solidarity. They often form alliances for protection, access to water, or political power. Though unstable, these alliances are very important to many Somalis and can outweigh their allegiance to a unified country of Somalia (Kemp & Rasbridge, 2004). The importance of family and clan membership is reflected in the comments of one historian, "When Somalis meet each other they don't ask: *Where are you from*? Rather they ask: *Whom are you from*?" (Putnam & Noor, 1999).

As a society, Somalis are fundamentally democratic, though decisions are traditionally made by a council of men, and factors such as age, lineage, wealth, and gender can influence decision making. Egalitarian social relationships are the norm, and it would not be uncommon for a poor, uneducated nomad to feel comfortable approaching a high government official as an equal when discussing state affairs (Putnam & Noor, 1999).

Suggestion

- Consider that the stigma associated with TB may impact a Somali's sense of family honor, which is an important value in Somali society.
- Recognize the role of family, especially the male head of household, in medical decision making. In some families, it may only be acceptable for the husband or father to speak for a woman.

Common Values

Somalis and people in the United States share many values, such as independence, democracy, individualism, egalitarianism, and generosity. However, Somalis may not express gratitude or appreciation verbally. Somalis are also known to respect strength and pride, and may challenge others to test limits. Sometimes, this can lead others to interpret their demeanor as boasting or opinionated; however, when presented with adequate evidence, Somalis are often willing to reconsider their views (Putnam & Noor, 1999).

Education and Literacy

Before Somalia was colonized, most education was provided by Koranic schools. The colonial era brought Western-style education. The British North mostly trained young men for administrative and technical positions, while the Italian South trained in agriculture, commerce, and maritime studies. Educational opportunities and literacy expanded after the Somali script was made official in the 1970s. Also in the 1970s, the government sponsored literacy campaigns, and primary education was made free. However, secondary education still remained out of reach for most of the population. In 2000, the literacy rate in Somalia was 24% (Putnam & Noor, 1999; U.S. Department of State, 2005).

Socioeconomic Position in the United States

The 2000 U.S. Census reported that 42% of Somalis (16 years of age and older) in the United States were unemployed. Somalis were less likely to have finished high school; 64% had a diploma or equivalent, compared with 80.4% of the U.S. general population. Among Somali families in the United States, 27% had an annual income less than $10,000. Their median annual income was approximately $19,000, compared with $50,000 for the general U.S. population. In 2000, 46% of Somali families lived below the poverty line, compared with 18% of foreign-born persons in the United States and 9.2% of the U.S. general population (U.S. Census Bureau, 2000).

Suggestion

- Do not assume that Somalis can read English or Somali. The Somali script was introduced only in the 1970s and social upheaval severely disrupted education.
- Somalis traditionally do not express gratitude or appreciation verbally. Do not assume that patients are ungrateful if they do not acknowledge gratitude directly.

Traditional Health Beliefs and Practices

One traditional health belief among Somalis is that illness can be caused by angry spirits or the "evil eye," which can stem from excessive praise of someone (i.e., flattery about a person's beauty can curse the person receiving the compliment). To treat illnesses, Somalis may use extensive herbal medicine traditions or other rituals such as prayer and fire burning, which entails applying to the skin a heated stick from a particular tree (Kemp & Rasbridge, 2004). This procedure is practiced by traditional doctors, or *dhaawayaal*, usually older men in the community who learned their skill from family members. Somalis may seek traditional doctors to treat illnesses and injuries such as hepatitis, measles, broken bones, or other illnesses thought to be caused by spirits (Lewis, 1996).

Most Somalis, especially those from urban areas, have been exposed to Western medicine. When Somalis utilize Western health care systems, they commonly expect to receive medication for every illness. For this reason, Somali patients may be disappointed when nothing is prescribed (Lewis, 1996). Additionally, Somalis often prefer that health care professionals of the same sex treat them; this is due in part to Islamic social norms (Lewis, 1996). Lastly, the concept of preventive medicine may be unfamiliar to Somalis; thus, adherence to preventive measures may be low (Lewis, 1996).

Before their tenth birthday, an estimated 98% of girls in Somalia undergo some form of circumcision, known as female genital mutilation (FGM) or female genital cutting (W. Jones et al., 1997; Toubia, 1994). Circumcision is a common cultural practice that is considered an important rite of passage, a source of pride, and necessary for marriage, as the uncircumcised can be considered unclean (W. Jones, Smith, Kieke, & Wilcox, 1997). The U.S. Department of Health and Human Services notes that FGM is practiced in 28 African countries, including Somalia. The practice also occurs in other parts of the world, including the United States and Canada (The National Women's Health Information Center, 2005a). The precise prevalence of FGM in the United States is unknown (Center for Reproductive Rights, 2004).

Despite federal legislation in the 1990s to outlaw FGM procedures for girls younger than 18 years of age ("Federal prohibition of female genital mutilation act of 1996," 1996) and 16 states adopting legislation to target FGM (Center for Reproductive Rights, 2004), evidence suggests that female circumcision is still practiced in the United States. Using the 1990 Census, the Centers for Disease Control and Prevention estimated that 168,000 African girls and women living in the United States either have had the procedure or are at risk (Center for Reproductive Rights, 2004; W. Jones et al., 1997). More recently, the African Women's Health Center used the 2000 Census to estimate that 228,000 women in the United States either have had FGM or are at risk (The National Women's Health Information Center, 2005b). Other reports indicate that Somali girls are often sent back to Somalia to have the procedure performed (W. Jones et al., 1997).

Suggestion

- Somalis often expect medication to be given for all illnesses; if none is given, explain the reason why.
- Although many Somalis have been exposed to Western medicine, Somali patients should be educated about preventive care.
- Recognize that female circumcision is an important but sensitive issue for many Somali women. Its illegal status in the United States has led to secrecy, and patients may feel uncomfortable discussing it with Western health care providers.