

Community Profile: Somali Bantu

Language: Af Maay (aka. Maay Maay), Kizigua, Swahili

Country of Origin: Somalia

Places of Transition: Kenya, Tanzania

**This guide is meant to provide a general cultural orientation and does not describe every person from this community*

Dos and Don'ts

- Recognize that the Somali Bantu have been continually marginalized in Somalia. Their slave lineage and their distinctive cultural, linguistic, and physical features have been used to exclude them from educational, economic, and political opportunities.
- The long history of contentious relations between the Somali and the Somali Bantu may have implications if using Somali interpreters. Do not assume mutual trust or respect between the two ethnic groups.
- Whenever possible, match patients with caregivers of the same gender.
- Address Somali Bantus by their first name. Women do not change their surname at marriage.
- Understand that avoiding direct eye contact is a sign of respect, especially with elders or authority figures.
- It is important to take time to build rapport and earn trust with Somali Bantu patients.
- Be prepared to rephrase open-ended questions and ask follow-up questions in order to obtain information.
- Be patient and do your best to help Somali Bantus understand and navigate the US health care system.
- Emphasize the importance of a proactive, preventive approach to health rather than a reactive approach.
- Provide Somali Bantus with nutritional advice, including supplementation and diet diversification.

Health attitudes, beliefs and stigmas

The majority of Somali Bantus are Muslim, a small percent are Christian, and many Somali Bantus retain traditional animist beliefs.

Animism is the belief that all natural objects including plants, animals, natural phenomena, and even inanimate objects have souls and spirits.

Somali Bantus tend to be more liberal in their Muslim views. Women may be allowed certain roles in society and many do not wear the hijab head covering.

Somali Bantus may attribute illness to being cursed or being targeted by evil spirits.

Many Somali Bantus turn to traditional medicine and spiritual healers, rather than seeking medical care. Common traditional practices include prayer, herbal remedies, applying heated metal objects, burning, cutting, and wearing amulets.

Muslims follow halal dietary laws. Meat must come from animals slaughtered by another Muslim according to ritual. Pork and alcohol are forbidden.



During Ramadan¹, Muslims fast from sunrise to sunset for a month. Medication regimens may need to be adjusted. Children, pregnant women, and the ill may be exempt from the fast.

Circumcision for both males and females is considered an important rite of passage, necessary for marriage, and a source of pride, as the uncircumcised are considered unclean. Female circumcision practices among Somali Bantus tend to be less extensive than those of Somalis.

1. Ramadan is a month of religious observance for Muslims. Based on a lunar calendar, the dates for Ramadan change from year to year.

Contraception and family planning are new concepts. Pregnancy is usually viewed as a blessing from God, and birth spacing is not practiced. Breastfeeding usually stops when a mother becomes pregnant again, which is often before the infant is 6 months old.

Many pregnant women fear Caesarean section, due to hearing stories of incidents resulting in women dying in childbirth or becoming infertile.



What you may see

Youth make up a large proportion of the Somali Bantu population. About 60% of the Somali Bantu are under age 17, with 31% under age 6.

The Somali Bantu have many traditional ceremonies and dance rituals that are integral to community life and spiritual well-being.

The Somali Bantu are often described as humble, resourceful, skillful, and hospitable people who are able to adapt well to different circumstances.

Somali Bantus tend to keep quiet about problems and injustices they have encountered, and may only express these concerns privately.

Households are generally patriarchal, with the husband being the main provider and family spokesperson. However, all family members should be informed and spoken to directly to make sure their needs are met.

Within the family, the mother often serves as communicator and advocate for the children. The mother may also be expected to protect the family's good name, and may be hesitant to report any domestic violence issues.

The Somali Bantu place high value on family and community. Support networks are very important and often involve extended family, neighbors, and community members.

Did You Know?

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Due to long-standing institutional discrimination, the Somali Bantu have low levels of formal education and literacy.

Most Somali Bantus come from rural areas and have had limited exposure to modern amenities. Patients may be unfamiliar with urban life, public transportation, electricity, appliances, modern bathroom facilities and sanitation items.

Common health concerns

High birth rate, poor maternal nutrition, and low birth weight are major health concerns.

Common infectious diseases include pneumonia, malaria, diarrheal diseases, tuberculosis, and intestinal parasites.

Many Somali Bantu suffer from malnutrition, anemia, iron deficiency and Vitamin A deficiency.

Mental health is a major concern for Somali Bantu refugees. Years of living in subjugation in Somalia and continued discrimination in refugee camps have resulted in feelings of low self-esteem and inferiority. Many Somali Bantus have experienced trauma associated with war, killings, bandit attacks, and rape.

Female circumcision causes many health complications including urinary tract infections, menstrual problems, chronic pain, and increased risks during pregnancy.

Although the overall prevalence of HIV/AIDS in Somalia is low, HIV/AIDS and other STIs are much more prevalent in refugee camps.

Potential barriers to care

- Inadequate interpreter services
- Desire to maintain modesty and gender preferences in seeking and accepting care
- Low levels of formal education and literacy
- Unfamiliarity with modern amenities
- Poor understanding of health care system
- Traditional beliefs may interfere with treatment
- Low adherence to preventive medicine
- Limited health literacy
- Stresses of resettlement

For additional resources, please visit AZrefugeehealth.org