

Nigerian Culture and Foods

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This toolkit was written by University of Minnesota Public Health Nutrition (MPH) graduate student Boluwatife Lowen.

Stereotyping

This is very basic level information about the culture described. It is meant to offer staff an opportunity to learn in general terms. It cannot account for the diversity within each individual society or culture and is not meant, in any way, to infer to all people.

Background



Nigeria, located on Africa’s western coast, covers 356,773 square miles—about 1.3 times the size of Texas. With a population of over 220 million, it is Africa’s most populous country and is often called the “Giant of Africa” for its size and influence. The country’s name comes from the River Niger, one of Africa’s longest rivers, which is vital to its agriculture and the economy.

Nigeria is home to more than 250 ethnic groups, the largest being Hausa-Fulani in the north, Yoruba in the southwest, and Igbo in the southeast. This diversity shapes language, food, religion, and social customs. Its history includes the Nok culture (1500 BC–500 AD), famous for terracotta art, and powerful kingdoms such as Ife, Oyo, and Benin. Nigeria gained independence from Britain on October 1, 1960.

Acceptable Terminology:

Nigerian (Ni-GEE-ree-un): refers to a person who is from or a citizen of Nigeria. It is both a nationality and ethnic identifier, used to describe someone whose origin, citizenship, or cultural ties are associated with Nigeria.

Avoid terms like "Niger people" or mispronunciations like "Nigerien" (Ni-ZHER-i-en) (which refers to someone from Niger, a different country).

Languages

Nigeria has over 520 languages; English is the official language used in education and government. Major regional languages—Hausa, Yoruba, and Igbo—are widely spoken in Minnesota. Nigerian Pidgin English helps bridge communication across ethnic groups. Literacy is about 77%, though older adults may be more fluent in local languages than English. Translating health materials may require plain language, visuals, and cultural context due to diverse dialects and differences between spoken and written forms.

Nigerians in Minnesota

Minnesota's Nigerian population is vibrant and growing, made up of families, students, professionals, and faith-based groups. Community members maintain their heritage through language schools, cultural associations, and churches, which also support new arrivals. Nigerians in the U.S. are among the most educated immigrant groups, and migration is often driven by educational and job opportunities, family reunification, better healthcare, and safety.

According to 2018–2022 American Community Survey data, 16,671 Minnesotans identified as Nigerian. Most (85.7%) live in the Twin Cities metro area. Adults of working age (18–64) make up 61.6%, and one-third are under 18, reflecting a young and family-centered population.

Health disparities

Nigerians in the U.S. often experience better health outcomes than in Nigeria, where life expectancy is about 53 years, but disparities remain.

Common health concerns

- Hypertension, type 2 diabetes, and cardiovascular disease often due to genetic predisposition, diet, and lifestyle factors
- Sickle cell disease and trait; often not diagnosed until arriving in the U.S.

- Anemia especially among women of reproductive age, often related to dietary patterns and iron deficiency.
- Hepatitis B remains a concern, particularly among those not vaccinated before migration.
- Maternal health risks such as preeclampsia and limited prenatal awareness.

Neurodevelopmental disorders

Neurodevelopmental disorders (e.g., autism, ADHD, intellectual disabilities, cerebral palsy) are sometimes misunderstood by Nigerians as moral or spiritual failings rather than medical conditions, leading to delayed diagnosis and minimal early intervention. Disability is often viewed through a lens of social and cultural shame, particularly when it affects cognitive or behavioral functioning. Families may avoid seeking help or may turn to traditional or religious solutions rather than medical or developmental services.

Similarly, mental health issues such as depression and anxiety are often underreported due to cultural stigma and perceptions of mental illness as spiritual or moral weakness. Trauma from migration, separation from family, and acculturation stress can increase mental health vulnerabilities.

Barriers to medical care

- Confusing medical terminology despite English proficiency
- Mistrust of healthcare systems based on prior experiences
- Limited familiarity with preventive care and screenings
- Transportation, cost, and insurance literacy challenges

Health decisions are often influenced by family or spiritual leaders. Some individuals may prefer herbal or traditional medicine and may not disclose this unless asked with sensitivity. Modesty and privacy are highly valued, especially in reproductive health contexts.

Cultural Practices

Religious Life

Nigerians are religiously diverse, with the majority identifying as either Christian or Muslim. Christianity is predominant in the southern regions, while Islam is more common in the north. A small percentage practice traditional African religion, which emphasize spiritual healing, ancestors, and nature-based rituals. Religious faith is often deeply integrated into daily life, health beliefs, and decision-making.

Trust and Communication

- Building trust is essential. Nigerians tend to respect authority figures, including healthcare workers, but they also value personal connection, humility, and genuine care.

- Involving elders or family in care discussions can increase acceptance.
- Privacy and modesty are highly valued.
- A rushed interaction may be perceived as a lack of concern.

Modesty and Dress

- Traditional clothing reflects cultural pride and often prioritizes modesty
- Muslim women may wear hijabs or long gowns (abayas or kaftans); while men may wear jalabiyas or kaftans with caps.
- Christian women may wear colorful and embroidered clothing such as wrappers (iro), blouses (buba), and head ties (gele), while men might wear agbada, danshiki, or senator-style suits.
- Dressing modestly is expected at religious or cultural events

Greetings and Social Norms

- Use formal greetings: “Good morning,” “Good afternoon,” or “Good evening”
- A handshake with the right hand, often accompanied by a smile or slight nod, is customary. In many ethnic groups, a two-handed handshake or hand-over-heart gesture shows added respect.
- Elders are shown respect through bows or verbal greetings using formal titles such as Mr. and Mrs.
- Eye contact and handshakes are generally acceptable; use caution between members of the opposite sex and devout Muslims.
- Using the left hand to give or receive items, especially food or money, is considered disrespectful in many Nigerian cultures. Always use the right hand or both hands.
- Direct confrontation or public criticism should be avoided, as preserving dignity and social harmony is important.

Food and Nutrition

Food is central to Nigerian identity and plays a vital role in family life, celebrations, religious practices, and social connections. Meals are typically made from scratch using fresh ingredients and are often shared communally.

Key staples include

- Carbohydrates: Rice, yam, cassava, plantain, beans, and maize
- Vegetables: Leafy greens (spinach, bitterleaf, kale), tomatoes, onions
- Proteins: Fish, goat, beef, poultry, or legumes

- Spices: Chili pepper, ginger, thyme, curry powder, and locust beans (iru)
- Fat: Palm oil

Traditional meals include soups and stews like egusi (melon seed), ogbono, okra, and jollof rice, moi moi (steamed bean pudding), and akara (fried bean cakes). Meals may be served according to age or gender hierarchy, with adult males often receiving larger protein portions. This tradition can have unintended nutritional consequences, especially for growing children who require adequate protein and micronutrients.

After migration, families may consume more processed and fast foods and fewer traditional vegetables. Loss of traditional food practices may contribute to increased risks of diet-related chronic conditions like obesity, diabetes, or hypertension. African grocery stores in Minnesota may help maintain cultural diets. Public health programs, nutrition education, and exposure to new cultural norms can help to reshape food customs toward more inclusive and health-focused eating habits.

Fasting and shared eating

Fasting is seen as a form of cleansing, renewal, and dedication, and may be done individually or as a group within families or religious communities. Fasting is common during Ramadan ([Cultural holidays](#)) (Muslim), Lent (Christian), or personal prayer periods.

Maintaining cultural food identity is often seen as a way to preserve heritage and instill values in the next generation. Shared meals from a communal bowl are common in larger families, during times of fasting, and other religious celebrations. This practice fosters family bonds, unity, and community connection.

Food taboos

Food taboos may lead to nutritional deficiencies during pregnancy and early childhood. Pregnant women may avoid cold foods or exposure to cold environments to prevent illness. They may also eat special foods (yams, palm oil, and fruits) to encourage baby's growth. Many may avoid offering eggs to children under 2 years of age to prevent them from stealing later in life. This shows the need to talk about food myths, especially in communities with traditional beliefs about certain foods.

Maternal and Infant Health

Pregnancy and childbirth

- Considered a blessing; often accompanied by prayers, spiritual rituals, or other traditional practices
- Herbal teas or remedies may be used to promote fetal health and ease labor; providers should ask respectfully about use
- May delay announcing pregnancy for three months or even up to birth.

- Modesty is important; female healthcare providers or midwife may be preferred.
- Placenta may be saved to perform a ceremonial burial.
- Strong support from extended family that provide care, guidance, and herbal remedies.
- Infant names are given in a naming ceremony often held on the 7th or 8th day after birth.

Postpartum care

- Mothers often have a rest or “confinement” period (omugwo), with special meals and support for up to 40 days.
- Mothers often follow specific dietary preferences rich in protein, vitamins, and minerals to aid healing and boost breastmilk production.
- Cultural beliefs include avoiding cold foods or exposure to cold environments and enjoying herbal baths and massages.
- Fenugreek tea and ginger tea are often used by nursing mothers to help stimulate milk production.
- Extended family plays a major role in recovery and infant care, often mother or mother-in-law lives with the family during the postpartum period.

Infant feeding

- Breastfeeding is widely practiced and often initiated shortly after birth.
- Exclusive breastfeeding for 6 months is encouraged but may be supplemented with herbal teas or water.
- Formula feeding may increase after migration, especially when returning to work.
- Parent may feel uncomfortable breastfeeding in public places either because it is seen as taboo or for religious reasons.
- Cost may be barrier with formula, some families may dilute to make it last longer.
- Solids are often introduced around 6 months, common first foods include softened yam, mashed beans, rice cereal, pap (fermented corn gruel), or mashed fruits and vegetables.
- Feedings are done by hand or with a spoon, often from a shared bowl at family meals.

Parenting and Family Roles

Paternity is deeply rooted in cultural and social identity within the Nigerian community. The expectation of confirmed paternity is significant, as it affirms the man’s role in the family structure and his duty to provide for both mother and child. Fathers are traditionally providers and disciplinarians, while mothers manage daily caregiving.

Parenting is communal, with extended family heavily involved. Respect for elders, education, and discipline are core values. Elder women have a heavy influence in the family. Family roles

are deeply rooted in cultural tradition; however, migration and acculturation may shift family dynamics over time leading to more shared responsibilities.

Holidays and Celebrations

- **Independence Day (Oct. 1)** – National pride and community events
- **Eid al-Fitr and Eid al-Adha (Dates vary)** – Muslim celebrations with prayers, food sharing, and gifts
- **Christmas (Dec. 25) and Boxing Day (Dec. 26)** – Church services, family meals, and community visits
- **New Year's Day (Jan. 1)** – Reflection, fasting, and celebration
- **Traditional festivals (Dates vary)** – Tied to regional local tradition, celebrated with music, dance, and colorful attire

Thank you for taking the time to learn about Nigerian culture and ways that you may offer support and encouragement to all families.

Resources

[History of Nigeria](#) - Embassy of the Federal Republic of Nigeria, Vietnam (2025)

[33. Nigeria \(1960- present\)](#) – University of Central Arkansas (2025)

[Genetic epidemiology of type 2 diabetes and cardiovascular diseases in Africa.](#) - Progress in cardiovascular diseases. (2014)

[Social and economic factors influencing intrahousehold food allocation and egg consumption in Kaduna State, Nigeria.](#) - Maternal & Child Nutrition (2022)

[Cultural beliefs and practices and their relationship with food consumption in Nigeria.](#) - Sumerianz Journal of Social Science Research (2022)

[Nigeria](#) - CIA World Factbook (2025)

[Nigeria Demographics Profile](#) - Index Mundi (2021)

[Genes, Environment, and African Ancestry in Cardiometabolic Disorders](#) – National Library of Medicine (2023)

[Food taboos and myths in South Eastern Nigeria: The belief and practice of mothers in the region](#) - Journal of Ethnobiology and Ethnomedicine (2016)

[Antimicrobial Importance of Medicinal Plants in Nigeria](#)- Scientific World Journal (2020)

Reference – complete listing of hyperlinks

[History of Nigeria](https://nigeriaembassy.org.vn/history-of-nigeria/) (<https://nigeriaembassy.org.vn/history-of-nigeria/>)

33. Nigeria (1960- present) (<https://uca.edu/politicalscience/home/research-projects/dadm-project/sub-saharan-africa-region/nigeria-1960-present/>)

Genetic Epidemiology of Type 2 Diabetes and Cardiovascular Diseases in Africa
(<https://doi.org/10.1016/j.pcad.2013.09.013>)

Social and economic factors influencing intrahousehold food allocation and egg consumption of children in Kaduna State, Nigeria (<https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.13442>)

Cultural Beliefs and Practices and their relationship with Food Consumption in Nigeria
([https://www.sumerianz.com/pdf-files/sjsr6\(1\)1-8.pdf](https://www.sumerianz.com/pdf-files/sjsr6(1)1-8.pdf))

Nigeria (<https://www.cia.gov/the-world-factbook/countries/nigeria/>)

Nigeria Demographics Profile
(https://www.indexmundi.com/nigeria/demographics_profile.html)

Antimicrobial Importance of Medicinal Plants in Nigeria
(<https://pmc.ncbi.nlm.nih.gov/articles/PMC7528132/#:~:text=Nigeria%20enjoys%20a%20diverse%20collection,broad%20range%20of%20antimicrobial%20activities>)

Food taboos and myths in South Eastern Nigeria: The belief and practice of mothers in the region (<https://pmc.ncbi.nlm.nih.gov/articles/PMC4729178/>)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us. To obtain this information in a different format, call: 1-800-657-3942

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