

Nutritional habits of female asylum seekers – from tradition to adaptation

Rebecca Schmitt, Julia Fülle, Joana Abou Rizk, Lubana Al-Sayed, Negar Masserrat, Elisabeth Schüle, Veronika Scherbaum

Introduction

According to the World Health Organization (WHO), migrants are at an increased risk of certain diseases and malnutrition [4]. Associations that assist asylum seekers have highlighted the need to ensure adequate nutrition and to take account of the individual needs of women who are pregnant or breastfeeding [5]. The results of the explorative cross-sectional study carried out in spring 2016 in asylum-seekers living in communal accommodations at Caritas Stuttgart also highlighted a great need for support in the area of nutrition [1]. One finding of this quantitative study was that in Germany, asylum seekers exhibited changes in their consumption of certain foods and women in particular exhibited signs of poor nutrition. Furthermore, some practices in terms of the diet in early childhood did not line up with current recommendations.

Due to the key role that women play in ensuring proper nutrition for the family and their particular vulnerability during pregnancy and breastfeeding, the present qualitative study focused on the nutritional habits of female asylum seekers. The aim was to identify the causes of changes in nutritional behavior and early childhood nutrition in order to derive possible approaches to improving care systems.

Dietary acculturation

Cultural influences on the eating habits of people from another culture and the resulting adaptation of their eating habits to fit the new environment [2, 3].

Abstract

One year after an explorative cross-sectional study carried out at Caritas Stuttgart communal accommodations for asylum seekers [1], a qualitative study on the nutritional habits of 25 female asylum seekers was conducted. The participants' nutritional habits were influenced to a large extent by cultural conceptions and culture-specific behaviors, which had to do with their feelings of connectedness to their countries of origin. The study also made it clear how much the participants missed eating together with others as a social experience when living in the host country. The changes to the structure and rhythm of the participant's days, for instance as a result of participation in language courses, led to them adapting their nutritional habits and to some inadequate practices in terms of proper nutrition in early childhood. Thus, when providing support in the area of nutrition, particular attention should be paid to health-, psychosocial-, and cultural aspects.

Keywords: asylum seekers, nutritional habits, food culture, socioeconomic conditions, acculturation

Citation

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Methods

This qualitative study was conducted from March to May 2017 at the Caritas Stuttgart communal accommodations. Using focus group discussions (FGD) and participant observation (PO) during grocery shopping, experiences, beliefs, worries, and practices with regard to the nutritional habits of the study participants, including pregnant and breastfeeding women, were investigated. The methodology for this study was derived from the theoretical perspective of interpretivism in order to make room for interpretations of the social world. However, since the interpretations are shaped by culture and history, they are not universally applicable [6].

Research team

The research team was composed of five members, who acted in the capacities of moderator, translator (three team members) and record-taker. In order to accommodate the cultural and religious specificities of the study participants, the research team was made up of women only.

Selection and recruitment procedures

The study participants were recruited from 3 Caritas communal accommodations in Stuttgart using convenience and snowball sampling techniques. This non-randomized selection method was chosen due to time constraints. As a selection criterion for the FGDs, the women had to be from Syria, Iraq, or Afghanistan, since the largest proportion of women in the accommodations came from these countries. Age was not a criterion in the selection process. Most of the women were Muslims.

25 women took part, and they all lived in one of the three Caritas communal accommodation facilities for asylum seekers. The study participants were between 18 and 58 years old and their time living in Germany ranged from 6 months to 3 years (the average was about 17 months). Six of the women were or had been pregnant and/or had breastfed since arriving in Germany. A total of 5 FGDs were conducted, each with 4–6 participants from the same country. There were 3 groups with women from Syria, one group with women from Iraq, and one group with women from Afghanistan.

Participant observation

Four Syrian women were accompanied while grocery shopping. This method was chosen in order to gain a concrete idea of which foods the women preferred to buy. The decisions they made were used to draw conclusions about their current nutritional habits and to identify any difficulties they may be encountering when shopping in a supermarket. All four women took part in an FGD prior to this.

Data collection and evaluation

The use of a pre-tested question outline (interviewer's script) for the discussion allowed the moderator to explore and sound out the participants' attitudes, and ask more in-depth questions. The three main outline topics included changes in nutritional habits in

Germany, the participants' own perception of a healthy diet, and physical activity.

The outline list was expanded for interviewing the pregnant and breastfeeding women who were interviewed again specifically after the discussion with all of the women.

The discussion was translated into English and was recorded with the participants' permission so that it could then be transcribed verbatim in English. The analysis of the FGDs and POs began as soon as the individual transcripts were available. The habits of pregnant and breastfeeding women were analyzed separately. The content analysis method was used to evaluate the data.

After studying the transcripts, it was possible to create an initial coding scheme. This coding structure was developed based on the various topics that came up in the FGD. Using an iterative process, all discussion content was categorized according to a thematic categorization concept. The research team held follow-up discussions directly after each FGD, which facilitated validation of the new topics that arose.

For the participant observation of the shopping, a question outline was developed based on unresolved questions from the FGDs. The moderator and translator functioned only as observers during the shopping so that they would have as little influence as possible on the foods chosen. Notes were taken during the shopping. Afterwards, a discussion was conducted using the question outline as a guide.

Ethical considerations

The participants were informed about the aims of the study, and a guarantee of confidentiality was given prior to the FGDs and POs. In addition, the transcripts and the quotes that were used were anonymized.

Results

The content analysis allowed four main topics to be identified:

- Culture-specific eating habits: the importance of traditional food and adapting to a new way of eating
- Development of a new lifestyle: the influence on nutrition- and meals-related habits
- Reasons and significance of meals: the social aspect

Social component

In all of the study participants' countries of origin, eating together with others played an important role. Several of the Syrian and Iraqi women stated that in Germany, the social life they had cultivated as part of their culture was missing. This was mainly due to the absence of family members. It strongly affected their psychological well-being and also contributed to a reduced appetite.

"Normally we are satisfied but we miss a lot the social part and to gather with all the family members for a meal." (Iraqi woman)

In time, living together with other asylum seekers improved the study participants' social lives. For example, some of the residents have swapped recipes and tried out new dishes.

Socioeconomic conditions

Most of the Afghan women came from very humble backgrounds, and they expressed how much they appreciated the improved food security that the living conditions in Germany provided.

"[...] the food hasn't changed that much, but the lifestyle has changed a lot."

"But here in Germany, we can be sure that we will have breakfast, lunch, and dinner because the people in Germany are helping us." (Women from Afghanistan)

By contrast, the women from Iraq and Syria were more focused on worries about the uncertainty surrounding their living situation.

The shopping and cooking habits of the women were strongly influenced by the structure of their days, which had changed considerably due to participation in German language course and due to their children's school hours. Several of the Iraqi and Syrian women talked about the limited amount of time they have because they are also responsible for housekeeping.

As in their countries of origin, some of them prepared Western-style dishes during the week because they usually take less time to prepare. One example of this was the purchase of frozen peas.

In many cases, the women had already been consuming soft drinks and fruit juices in the country of origin. At the same time, there was a change in the structure of meals: the women were eating smaller snacks in between the meals, rather than intentionally taking the time to eat a substantial meal:

"I don't have time for breakfast because as soon as I wake up, I have to take care of my son and prepare breakfast for the family, so I take cheese sandwiches with me to the language school. And then I come back home and I have to do the chores at home, so I don't eat until later." (Woman from Syria)

In terms of healthy eating, the women's behavior depended largely on their knowledge. Each of the women had their own perception about this, but these were sometimes at odds with general nutritional recommendations. Some of the women continued to follow a special diet in Germany even when pregnant or breastfeeding.

Most of the study participants did not do any sportive/physical activity, neither in Germany nor in their country of origin. However, most did more physical activity when they lived in the country of origin because they had to walk long distances and do more labor-intensive housework. The changes in the women's

social lives and their use of public transport in Germany contributed to a reduction in physical activity.

Pregnancy and breastfeeding

The new living situation, including the restrictions imposed by the accommodation situation, the changes in the daily structure and a lack of integration within social networks, combined with an uncertain future amounted to a large burden, particularly for the pregnant and breastfeeding women. At the same time, participation in German language courses plays an important role in the lives of these women.

"I'm pregnant right now in third month, but afraid of saying it because I'm afraid that they stop me from attending the classes in school." (Woman from Syria)

Besides, as a result of participation in the language course, women had to feed their infants with breast milk substitutes at an early stage. *"In Afghanistan I was at home so I could take care of my children. But here once I gave birth to the baby I started my Deutschkurs, so my husband should feed the baby with this milk powder."* (Woman from Afghanistan)

In addition to changes in living circumstances, nutritional behavior during pregnancy and breastfeeding was significantly influenced by women's own experiences and by advice from female relatives.

"The habits, customs and the knowledge we have derives from our mothers." (Woman from Syria)

Incorrect information and gaps in knowledge were found in various areas. For instance, the women did not appear to be sufficiently informed about the consequences of consuming large amounts of fruit juice, or of being on a diet while pregnant or breastfeeding. There was also a lack of knowledge about the health benefits of breastfeeding and adequate complementary food in the first year of life. For example, the reason given for the early introduction of complementary food was that chubbiness in an infant is a sign of good health.

"We like our child to get chubby. We like to feed the child early on to get them used to the family food and to allow it to have a good health because chubbiness is a good sign of health." (Woman from Syria)

The food mothers eat while breastfeeding is mainly comprised of foods that they consider to be helpful in increasing milk production.

In Afghanistan, these foods include rice, spaghetti, soups, meat, and all liquid foodstuffs; in Syria, it is mostly milk and eggs.

“I’m trying to eat whatever increases my milk production.” (Woman from Afghanistan)

Discussion

Living between tradition and a new culture

The results of this qualitative study show that the study participants made significant efforts to preserve their nutritional habits from their countries of origin while in Germany as much as possible, to the extent that their daily schedules and other commitments allowed. This is consistent with the information gained from the previous quantitative study conducted with asylum seekers in Stuttgart [1], as well as other studies [7, 8], and it illustrates the significance of traditional eating habits in keeping up a link with home and maintaining a cultural identity in a foreign place, especially in the early phase of immigration [9, 10].

Dietary acculturation

Numerous studies have described how the food culture of the native population leads to adaptations and changes in nutritional habits among immigrants in the long term [11]. This process is shaped by a desire to identify with the host culture [12] and to feel a sense of belonging in the host country.

However, being forced to migrate can make acculturation more difficult [2]. A study conducted in the UK showed that the approximation to a Western diet often only occurs in second-generation migrants [13]. The extent to which dietary acculturation takes place is mostly influenced by the characteristics and preferences of each individual [7]. Both the previous cross-sectional study [1] and the present qualitative study have shown that adaptation to German food culture was hindered by communication problems and lack of information about nutrition.

As previously discussed in the quantitative study [1] in connection with obesity and the consumption of high-fat foods and sweetened beverages, the present study also found indications that Western/urban-style food choices were already being made in the countries of origin in the Middle East to various extents [14].

The “flavor” of a meal is a key factor in food choices [7, 11, 15], which makes traditional food holding a special status [16]. Compared to food from the country of origin, the study participants saw “German food” as healthier, but often flavorless. The perception that certain foods in Germany have a poor flavor can for example be attributed to the fact that fruit and vegetables that are imported from non-European countries are usually imported while unripe in order to increase their shelf life. It can be assumed that this is one of the reasons why familiar foods are consumed less often in Germany, as shown in the previous quantitative study.

An additional factor is that the asylum seekers are confronted with many new products in a food environment that is initially alien to them [2]. Whereas in the countries of origin, food was often bought at small shops or local markets [1], the wide variety of products on offer in German supermarkets combined with a lack of language skills led to reports of difficulties in buying food for two thirds of the asylum seekers in the quantitative study in Stuttgart. However, one year later, the POs established that the participants coped relatively well with navigating the supermarkets.

The present study also found further indications of adaptation of nutritional habits to fit the new context in Germany. For instance, it was reported that frozen fish, which the asylum seekers initially rejected outright, slowly came to be seen as a tasty food when prepared using local spices [15].

The significance of food

Since the family bond and eating together play a central role in oriental culture [17, 18], feelings of loneliness and lack of social interaction could lead to psychological burdens, which could in turn affect appetite [19]. The results of this study also supported this association. At the same time, feelings of loneliness were mitigated by interactions with other asylum seekers or sympathetic people from the German population. Such interactions helped the women to feel accepted, which is a prerequisite for successful integration [20].

While there was a focus on the social dimension of meals, health aspects seemed to play a less important role in nutrition. This does not necessarily mean that the immigrant women will not develop a new concept of their ideal body [10]. The desire expressed by the women to change their diet in this respect was sometimes met with resistance from their husbands. Since overall, men are less likely than women to decide to make healthful dietary changes [21], nutrition programs should always be aimed at the family as a whole, and the men should be involved in the process—especially as the family structure of asylum seekers is usually patriarchal.

Socioeconomic changes

Unlike in the previous quantitative study [1], in the present study, the participants did not report any change in nutritional habits as a result of food prices in Stuttgart. It can therefore be assumed that despite any financial constraints that may come into play in terms of the family budget, maintaining traditional food culture is still seen as a priority [22].

A continuously increase of requirements in the host country can lead to feelings of time scarcity [23], which can in turn affect eating

habits [24]. For instance, this study also found that some women had changed their cooking and eating habits in the sense that they had increased their consumption of sandwiches in form of snacks. Lack of time was also cited as the reason for such changes in the context of pregnancy and breastfeeding, and these time constraints were compounded by participation in German classes. Learning the German language was given such importance that the entire structure of the day, the participants' own dietary behavior as well as the nutrition in early childhood had to come second.

When pregnant or breastfeeding, the participants in this study placed particular importance on female relatives as sources of support and information. As shown in a study by Ku et al. [25], the duration of exclusive breastfeeding is highly dependent on social support. In addition, this study found that the women had knowledge deficits and culture-specific beliefs that are not in line with current nutritional recommendations, such as the assumption that early introduction of complementary food leads to a chubby—and therefore healthy—infant.

Except for the time constraints which made it harder to take part in consultations and informational events outside the home, the study participants generally exhibited a high level of interest in receiving recommendations about nutrition and health.

Limitations

The validity of this study was strengthened by triangulation of methods and investigators. However, the inductive methodology is shaped by the interpretation of the researchers, which can lead to a certain level of bias. Due to time constraints, the saturation of results could only be partially achieved. Therefore, some unanswered questions still remain. The use of simultaneous interpreting for the discussions impaired the natural flow of the conversations. In addition, it may have led to a loss of information.

Although assurances were given that the discussions would be evaluated anonymously, some of the Afghan participants expressed concern that the information they gave could have a negative impact on their asylum application. This may have led to skewed responses from the Afghan women.

Conclusions and recommendations

This qualitative study highlighted the need for nutrition counseling for asylum seekers, and also showed the significance of cultural aspects when it comes to nutritional habits. As shown by the previous quantitative study, the traditional nutritional habits of the asylum seekers meet the quality criteria for a healthy diet, but Western/urban eating habits developed through acculturation represent a risk of obesity and the chronic diseases associated with obesity.

In addition, when providing support through specialist personnel, the psychosocial aspects, the change of the asylum seekers' daily structure, and their feelings of time scarcity [23] should also be taken into account.

In terms of improving care for pregnant and breastfeeding women, the provision of professional advice and support from qualified personnel in order to deal with culture-specific expectations and behaviors appears to be particularly relevant, with far-reaching effects on the health of both mother and child.

With regard to the provision of information about buying and preparing food, joint informational events for asylum seekers from different origins, utilizing support from volunteers, could make an important contribution. This would also allow social relationships to form inside and outside of the communal accommodation, which is ultimately a key part of successful integration.

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Rebecca Schmitt¹

Julia Fülle¹

Joana Abou Rizk^{1, 3}

Lubana Al-Sayed^{2, 3}

Negar Masserrat⁴

Dr. Elisabeth Schüle⁵

PD Dr. rer. nat. Veronika Scherbaum^{1, 3, 6}

¹ Insitut für Biologische Chemie und Ernährungswissenschaft (140a)

Universität Hohenheim, Stuttgart

² Institute of Social Sciences in Agriculture - Societal Transition and Agriculture (430b)

Universität Hohenheim, Stuttgart

³ Food Security Center

Universität Hohenheim, Stuttgart

⁴ Institute of Physics and Meteorology

Universität Hohenheim, Stuttgart

⁵ Faculty of Medicine and Health Sciences

Divine Word University, Madang, Papua-Neuguinea

⁶ veronika.scherbaum@uni-hohenheim.de

Conflict of Interest

The authors declare no conflict of interest.

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