

Food and health through empowerment and social inclusion

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Irene Norlund in cooperation with Birgitte Gade Brander and Runa
Mitvåge, Metropolitan University College, Denmark

Contact irnl@phmetropol.dk

Irene Nørlund
Lecturer, PhD
Faculty of Health and Technology



Background

- The international evaluation points to Denmark as the happiest country. However, there are inequalities - and not all people are happy. Some are marginalised.
- The curriculum for BA degree in Nutrition & Health in Denmark elaborates new important fields of “Home Economics” including intercultural competencies.
- R&D is including a new field which will be increasingly important at present circumstances: Communication with ethnic groups in Denmark.
- What happens to middle aged women when they approach the age of retirement?

Purpose

- The objective of the project is to examine and challenge empowerment processes of a group of Moroccan women living in Denmark for three decades through their self-perception of food, health and inclusion during their lives in Denmark
- The research question formulated for this project is: How is it possible to strengthen ethnic minority women's empowerment and feeling of coherence through food, health and social inclusion?
- The theoretical frame is based on food literacy, health literacy, inclusion and empowerment

Objectives of the project

- To maintain and encourage a health promoting lifestyle with meaning and understanding for the Moroccan women
- Encourage a process of change for middle aged ethnic minority women organised in a women's club
- To be able to carry out interventions and use the experiences from the project with the Moroccan women to support and encourage other ethnic minorities to healthy lifestyles

Target group

- A Moroccan group of 15 women
- Age: 50+
- Lived in Denmark more than 30 years. Arriving in the 1970s
- A social network established by themselves
- Short education in Morocco and little or no education in Denmark
- Speak reasonably well Danish and a few little knowledge of Danish
- Some are analphabets
- Most have diabetes and other health related problems



Qualitative methodology

- Individual narrative interviews of daily life (plus Antonovsky's questionnaire on self-confidence)
- Focus group discussions
- Observation and participating observation
- Common activities including food preparation, shopping and physical activities like yoga and gym with physical training equipment
- Action research was the starting point; but it proved not to be feasible
- Experiences changed the methodology to focus on participatory activities to stimulate confidence and ownership (Kobeissi et al. 2011).

Health literacy

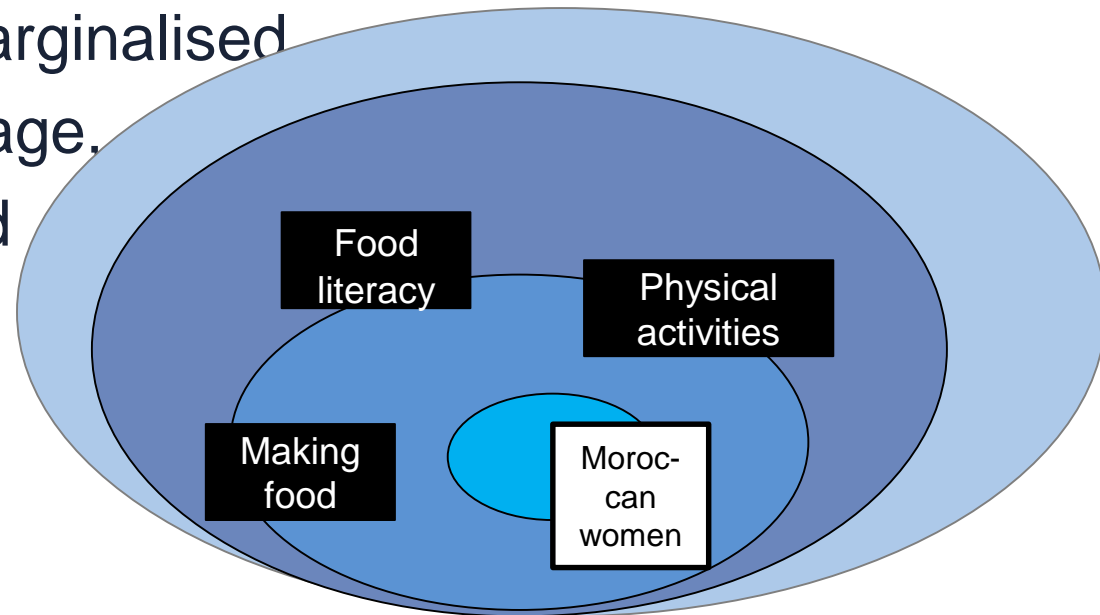
- Health literacy is in this project defined according to Nutbeam's concept of "critical health literacy", where each individual is able to improve one's ability to analyse information critically and through conscious cognition lead to social actions and the use of information to exert greater control over life events and situations (Nutbeam 2000; 2008; Estacio 2013).

Food literacy

- Food Literacy is defined as the ability that strengthens individuals, families, and society to protect food quality and the importance of knowledge and competences to handle food in all processes from planning of meals to consumption (Vidgen and Gallegos 2014).

Social inclusion

- Self perception – double identity (Danish and Moroccan)
- Social inclusion – to be ‘another’ in a society, where you are excluded/marginalised due to culture, language, food, social class and ethnicity (Emerek, 2003).



Empowerment

Empowerment as a social process is related to external social forces that affects one's sense of control and feelings of power. Furthermore empowerment encompasses the need of social support to provide needed reinforcement, resources, assistance and motivation and thus enable the individual to make decisions (Shearer & Fleury et al 2012; Ellis-Stoll & Popkess-Vawter 1998).

Focus group: health literacy

- *I am not sure why I am not feeling well. At the work place we have not been good to take care of our bodies, for sure. We worked like animals, and no-one... Yeah, in the beginning we did not know, kind of misuse... and when we knew the language, it was perhaps too late?!*
- *I have not received any information or training how to use the body in the right way at work, so that is...*
- *There were not the same possibilities as today. I think it might be the reason, but I don't know for sure.*
- Q: You have almost all of you problems with shoulders and legs?
- *Yes, all of us, hi, hi..*
- *No-one is feeling really healthy, hi, hi.*
- *Yes, and the ankles. In Denmark it is cold, it is not healthy.*

Focus group: health literacy

- Q: Do you think, you have been feeling better in your bodies, if you have been in Morocco? Would your health have been better?
- *In my age in Morocco, they are strong like horses: Strong and no health problems. They have a much better health there.*
- *My mother is 87 years old, she can go down from 3rd flor. I can't.*
- *Daughter cannot, mother can!*
- *My mother can.*
- *Maybe it is the climate!*
- *And different food. Before here, there were no fresh vegetables, only a few, and they were very expensive. Now it has changed. Now there are the Arabic shops.*

Focus group: food literacy/inclusion

- *We are not only living from Moroccan food, we eat many types of Arabian food and Danish food. We mix the food, because our children, they don't like our Moroccan food with vegetables, they also would like to have lasagne...*
- *Q: Italien food?*
- *Yes, we change the food, not only Moroccan food.*
- *But we love Moroccan food, mixed stew; but my children hates it, so we always have to think of a balance. Sometimes we prepare Moroccan food with a little pommes frites at the side, and perhaps small beefsteaks, so they have something to eat. Sometimes we make some dishes, the children like.*

Focus group: food literacy

- *A: The children likes lasagne. I made lasagne last week – for three days. We always make a lot of food when we make it. So there is always food for people passing by. I learned it when working in a cafeteria.*
- *B: They all like lasagne, some of us cannot make it, but most can.*
- *Q: Vegetables, do you eat many vegetables?*
- *Yes.*
- *Yes, we do eat a lot.*
- *We prepare a mixed stew, also with some chicken or fish; but there have to be vegetables, so.. If you use ½ kg meet, you have to prepare 1 ½ kg vegetables. We really east vegetable in our country, lots of veggies, to tagine, the mixed stew. Yes that we do!*

Focus group: food literacy

Q: Are you good cooks?

A: We are all good cooks!

B: Oh, nobody can make better food than you (to Mrs A). A pity you have been operated in your shoulder, you could make delicious food for us all!

Q: What is a good cook?

B: You must know what you want to prepare, which spices are suitable to each dish, the specific spices, and know where it should be added and how long time each dish should be prepared.

Conclusions: Empowerment?1

- **Health literacy:** Most of the women were conscious about the health problems. However, they were not able to find solutions to their problems. Partly because the health system did not inform them probably about their problems, even if they might have solved some of them through medicine, operations and social services.
- Damage has happened to their bodies due to hard unskilled work. And modern lifestyles in Denmark has increased the tendency to overweight and diabetes.

Conclusions: Food literacy 2

- **Food literacy:** Most of the women have a high food literacy and understanding of what is healthy and not. However, they were less aware and able to change some of their less healthy habits, like utilising much oil in the food, and the custom of eating much bread and sweet cakes.
- The women point to the change in society making vegetables much more available than before (globalisation).
- When it comes to biological food, which is a new trend in Denmark, it is not at the agenda for the Moroccan women. They are on low income and social benefit and need to take care of the prices to live as cheap as possible.

Conclusions: Inclusion and empowerment? 3

- **Inclusion:** The women are both included and not included in the Danish society. Their food habits both accord to their traditional dishes, but just as much accommodated to the typical modern Danish (internationally inspired) dishes. In many ways they live like Danes and benefit from the social system - but they still maintain their ethnic networks.
- There is a clear generation gap – the next generation is more included. The older women expect – hope! - their children to take care of them in their old age. It might not happen.
- **Empowerment:** The sense of control and feeling of power has increased. It is both due to external forces, but also inherent feelings. The ability to take own decisions was diversified, some much more able to do that than others.
- The womens club and network was an important source of support for all of the women. This increased their happiness and hope.











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Thank you!

