Food security, diet and obesity – a community-led research project exploring the experiences of ethnic minority groups

Introduction

Central and West Integration Network (CWIN) was established in 2009. and works to support asylum seekers, refugees, black and minority ethnic communities and migrant workers across Glasgow and actively works to promote integration with these communities.

This community-led research approach builds on a previous CWIN project exploring food security in Black and Ethnic Minority (BME) people in Glasgow. For this project, CWIN recruited and trained a team of 12 Community Researchers to participate in the design and implementation of the research project. 6 of the original Community researchers were joined by 6 new recruits.

CWIN would like to thank the community volunteers who gave their time and commitment to this research, and the people who responded to our questions. Thanks to NHS Health Scotland for funding the research project. The research was co-ordinated by CWIN and supported by Florence Dioka (CWIN), Lesley Greenway (Evaluation and Professional Development Services) and Kim Newstead (Community Food and Health Scotland/NHS Health Scotland).

For more information about Community-led research and a report about the CWIN food security research visit the Community Food and Health (Scotland) website: www.communityfoodandhealth.org.uk

Background to the research project

A current major issue in public health is diet and obesity, with the Scottish Government's new strategy "A Healthier Future"[1] , building on a previous policy - the Obesity Route Map [2]. The new strategy aims to change the food culture and combines policies to tackle environmental issues, encourage more active healthy lives and exemplary practice.

There is considerable quantitative data on diet and obesity[3], for example, 65% of adults in Scotland are overweight, 47% of type 2 Diabetes is attributable to overweight, and we also know that the public find it hard to recognise obesity though they do understand it is harmful and support action to tackle it[4]. We also know that minority ethnic communities can

[1] https://consult.gov.scot/health-and-social-care/a-healthier-future/user_uploads/00526543.pdf
[2] http://www.gov.scot/Publications/2011/03/17104457/2
[3] http://www.obesityactionscotland.org/briefings/
[4] http://www.healthscotland.scot/media/1705/public-attitudes-to-reducing-obesity-in-scotland.pdf

experience a high level of type 2 Diabetes and have cultural or religious beliefs or practices which influence how they cope with this condition[5]. In this context the particular needs and experience of BME, refugees, asylum seekers and migrant workers, are an aspect of the picture which is perhaps less well understood, or a voice less clearly heard.

The research project

In this research project we were keen to explore the experiences of ethnic minority communities in the context of food security, diet and obesity. Specifically, we wanted to learn more about:

- Cultural understanding and awareness about diet and obesity.
- Differences or factors that may affect attitudes to diet and obesity. E.g. culture, income.
- Barriers to eating well and having a healthy lifestyle
- Actions for change – individual, community, organisations, councils, government.

Who did we speak with?

The Community Researchers designed a set of questions and arranged a Food, Diet and Obesity event (28/9/18) where local people from ethnic minority backgrounds (56) were interviewed. Other questions were used to interview BME focused voluntary sector organisations (3) and local councillors (3). Most of our questions were open-ended. The Community Researchers discussed the findings and considered further questions they would like explored and actions for change.

The BME stakeholder group included:

- People living with their families or living alone, some were students, one was a carer, some were on benefits, some were unemployed, 19 were refugees or asylum seekers.
- Nearly three quarters (42) were either not earning or lived on less than £200 per week
- People were from 23 different countries including Iraq, United Kingdom, Iran, Pakistan, Russia, Sudan, Sri Lanka, Libya, Eritrea, Afghanistan, Burundi, Albania, Algeria, China, Ghana, India, Kuwait, Malawi, Scotland, Senegal, Sierra Leone, South Africa, Syria.
- The biggest ethnic groups were Asian (23 people) and African (15 people).
- 35 were women and 21 were men.
- Most people were 25-35 years (21) and 45-64 years (15).
- 13 people had lived in Glasgow for less than a year, 18 were more settled having lived in Glasgow between 1-5 years, and 24 had lived in Glasgow for more than 5 years.

Limitations

We had less or no feedback from the under 20s and over 65s. These are gaps that we would like to explore in the future. Other gaps in data collection include NHS, statutory service providers and retailers.

[5] P Holt Type 2 Diabetes in south Asian people Nursing Standard May 2012

Findings

Overall, BME people in this study have a strong knowledge and understanding about the link between obesity, diet and health. The BME people surveyed thought that obesity could be prevented by doing more exercise and eating a healthy balanced diet. More people in our survey had a negative view of obesity than a positive view which included cultural attitudes both positive and negative towards being obese. Affordability was the main barrier to eating a healthy diet, and also limited access to activities like swimming and going to the gym. Affordability was a particular issue for the BME people we talked to where nearly three quarters were living on very low/no income and included refugees and asylum seekers.

Other key findings were:

- BME people cook at home whereas in the rest of the population, the use of convenience foods or food and drink bought out of the home has increased[6] [7]. But we need to find out more about what BME people mean by 'cooking'.
- Cultural food was seen as healthy but also acknowledged as unhealthy when it is eaten in greater quantities for example the custom of offering guests food.
- There are different cultural influences on attitudes to obesity such as being fat as a sign of wealth; and in some cultures, as a woman it is attractive to be overweight yet in another culture, being overweight is unattractive especially for unmarried women.
- Obesity was seen as a medical issue. It is a health problem that can lead to long term illness such as heart attack, stroke, diabetes, but obesity can be prevented by eating a healthy diet and doing more exercise.
- Nearly all the BME people we talked to told us that they exercised every day. The most cited activity was walking. We need to find out if BME people walk as a leisure activity or as a need for example, because they can't afford transport.
- Social interaction through activity groups and eating together was important as a way to include people, reduce isolation and limit the effects of food insecurity.
- For some, immigration status meant inability to work, very low/no income, poor access to cooking facilities.

> '*In my country food is very expensive, if people become overweight it means they are rich. All people want to become fat.'*
>
> *'In my culture, overweight women are considered attractive.'*
>
> *'Overweight and obese people are ashamed in my culture, especially if they are unmarried women.'*
>
> *(BME survey respondents)*

[6] https://www.foodstandards.gov.scot/downloads/An_assessment_of_the_out_of_home_market_in_Scotland_2015.pdf

[7] http://openaccess.city.ac.uk/18189/

- Language was highlighted as a barrier which led to difficulties such as communicating the need for help, accessing information, knowing where to buy cultural food ingredients, social isolation and the effects on mental health.
- Voluntary organisations highlighted the fear of racism as a barrier for BME people going out alone e.g. walking, jogging, cycling.
- Councillors described how there are difficulties in addressing need when BME people do not speak up and/or engage with politicians through for example their surgeries.

Actions for change

For ***community and voluntary organisations*** to link up and work together to provide positive opportunities that encourage BME people towards a healthy diet and lifestyle in the prevention of obesity.

For ***councils*** to provide better access to leisure facilities for refugees, asylum seekers and BME people on a low income.

For ***retailers and cultural shops*** to provide food vouchers for refugees, asylum seekers and BME people on low income.

For ***government*** to ensure that the BME voice and experience is included in government policies and plans that encourage healthy diet and lifestyle in the prevention of obesity.

And, to address concerns about refugees and asylum seekers status and the ability to work.

For ***CWIN*** to:

- Share findings from our research and the community-led research approach we used.
- Use the knowledge from our research to inform and influence change.
- Seek funding to support positive activities that encourage BME people towards a healthy diet and lifestyle in the prevention of obesity.
- Embed healthy diet and lifestyle activities into existing groups.
- Use an assets-based approach to develop the talents and skills of BME people.