Cultural and Situational Factors Leading to Weight Gain in the Refugee Population

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Abstract

Obesity is a notable issue in refugee populations and is defined by the WHO as a BMI of 30 kg/m2 or higher. Obesity can contribute to the development of chronic diseases including hypertension, diabetes, liver disease, kidney disease and cardiovascular disease. As such, obesity can lead to a lower life expectancy than those with a normal weight. Due to obesity's significant impact on health and the refugee population's unique cultural and situational circumstances, it is important to understand how and why obesity may develop in light of these circumstances. This literature review will highlight the cultural and situational factors contributing to weight gain, namely, physical exercise, stress, and understandings of a healthy weight.

Physical Exercise

Physical exercise is an important factor in preventing weight gain and in losing weight. However, conceptions of physical exercise are often different culturally depending on the lifestyle in the country of origin. The United States has a significantly more sedentary lifestyle than other countries and this inevitably leads to higher weight gain. As such, the emphasis on scheduled physical exercise as an activity in and of itself is prevalent in American culture. This is not necessarily the case in other countries and cultures. This is likely due to the fact that in most of the world people walk significantly more and are physically active simply in completing their daily tasks. So, this conception of physical exercise as its own activity is completely foreign to many refugees and can lead to weight gain and decreased physical activity upon arrival to the United States.[1]

Some examples of this change in lifestyle include traditional rituals where children were expected to help in the kitchen or work in farms before dinner, after school, or before school as part of daily living. However, upon being relocated, refugees often live in public housing and mainly watch TV, eat, and

go to school. Parents are often reluctant to let their children go to parks due to fears over the security and protection of their children if there are even parks in their vicinity.[2]

In a study that examined knowledge and attitudes towards physical exercise, refugees displayed a knowledge-compliance gap. Sufficient physical activity is defined by the WHO as weekly participation in ≥150 min of moderate-intensity activity or ≥75 min of vigorous-intensity activity or an equivalent combination of both.[3] The prevalence of sufficient physical activity among refugees was lowest in the U.S. (11-22%) while those livening in Europe showed the highest (26-45%).[3] This significant difference highlights the difference in the activity levels in daily life of refugees living in the U.S. and Europe. Further barriers to physical activity were highlighted including familial responsibilities and cultural restrictions. This can be seen especially for women coming from more modest societies where going to a gym with both genders may be not culturally appropriate. Social support and culturally sensitive resources were powerful facilitators to increase compliance.[3]

Stress

One significant factor in the weight gain of refugees following arrival is the stress and conditions of living prior to arrival. Many refugees have had significant food deprivation and this can lead to weight gain once food is available. A quote in one article demonstrates this “Many of them are starved…in their past…so when they do have food, they will eat until they… explode…figuratively of course”.[4] Furthermore, even without prior food deprivation, coming to the United States can still mean more access to food than they ever had before which leads to over eating and weight gain as well.

However, not only does the physical stress of starvation affect weight gain but also past, recent, and current psychologically and traumatically stressful experiences do as well. For example, World War II prisoners who experienced the highest trauma and food deprivation had the highest rate of binge-eating behaviors 50 years later.[5] Holocaust survivors had lifelong binge eating, preoccupation of food

availability, and hoarding.[5] These past traumatic events stick with refugees. Food is often used as a comfort to soothe such traumatic experiences especially when food was scarce during the event.

This stress can also be recent such as the stress of travelling as a refugee. In fact, refugees relocating to the U.S. report more adverse health outcomes and become more overweight than non-refugee immigrants. This could be due to the stresses experienced as a refugee such as armed conflicts, the difficulty of migration, and insecure and transient accommodation.[6] The realities of relocation for a refugee can often include uncertainty regarding time, place, food, and shelter. This constant insecurity likely also contributes to a tendency towards overeating and weight gain.

Even stresses related to poor living conditions after moving to new host countries often result in high calorie diets and sedentary behavior affecting weight and body mass index as well.[7] Refugees are often provided poor housing after relocation, or even may be placed in a hotel, and often in remote areas. As such, access to healthy food, gyms, or sports and recreation activities can be limited in addition to the stresses around adjusting to a new country, culture, and oftentimes a difficult housing situation. Stresses around not having proper amenities may also lead to overeating.

Understanding of a "healthy weight"

Adding to the complexity of the issue, the understanding of a healthy weight is often variable and impacted by cultural norms and the person's nutritional knowledge base. Firstly, perception of a healthy weight from one's country of origin may inform their goal weight. In fact, in some cultures being overweight indicates health or prosperity.[8] Sub-Saharan African populations tend to prefer larger body sizes due to their cultural association with social rank, status, and power. Terms such as "umuguta" and "mkonda" in Kenya mean a malnourished or thin lady and are used in a negative connotation, often in association with tuberculosis. Further, many sub-Saharan cultures use the term "food of white people" to refer to meat, fried chips, eggs, soft drinks, margarine, chocolate, and vegetable oil. These

foods can be very expensive in these countries but are known to assist in achieving a desirable weight so are often sought after and highly valued.[9]

The host country's culture can also contribute to weight gain. This again may be due to the culture of living a very sedentary lifestyle in higher-income countries.[10] When families migrate many women often begin working and shift from being housewives to being breadwinners. This may result in a trade-off when it comes to eating a healthy diet with a greater reliance on convenience foods and fast foods as opposed to traditional foods due to the time required to make traditional foods.[9] This decreased activity and greater reliance on fast foods due to the pace of life and culture in the United States can be a big shift from lifestyles for refugees in their countries of origin and can lead to weight gain.

A large barrier to achieving a healthy weight for refugee populations is the complexity of nutritional messages and the belief that adopting a healthy diet is both time consuming and complicated.[11] Several studies have shown that reasons for not changing diet often included the presence of conflicting recommendations around what a healthy diet constitutes, thus making it difficult to discern which recommendation was correct.[2] Some of the difficulties lie in the inherent assumptions that occur in nutritional messaging. In a focus group discussion to discern factors affecting access and consumption of fruits and vegetables for low-income families, it was demonstrated that the money budgeted for food and amount of storage space often limited the fruit and vegetable consumption of these families. A quote from one of the participants captures this sentiment "Some dietary recommendations may go beyond the pocketbooks of large segments of the population."[12]

Conclusion

Weight gain and obesity play a significant role in the development of chronic disease and need to be understood better in the context of refugee health upon relocation. In relation to physical exercise, the understanding of its role in physical health, changes in lifestyle, and availability of culturally sensitive

resources contribute to weight gain. Stresses prior to arrival, during relocation, and after relocation can all independently contribute to increased overeating behaviors and thus weight gain and obesity. Finally, conceptions of a healthy weight affected by country of origin and host country cultures as well as complex nutritional messaging affect obesity in refugee populations. As such, continued research on the prevalence and factors involved in weight gain development after relocation is necessary to develop uniquely targeted solutions for these uniquely situated populations.

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