Research Article

Cultural and Social Influences on Food Consumption in Dutch Residents of Turkish and Moroccan Origin: A Qualitative Study

Mary Nicolaou, RD[1,2]; Colleen M. Doak, PhD[2]; Rob M. van Dam, PhD[2,3]; Johannes Brug, PhD[4]; Karien Stronks, PhD[1]; Jaap C. Seidell, PhD[2,4]

ABSTRACT

Objective: To explore the social and cultural influences on food intake in 2 non-Western migrant origin groups. The authors were particularly interested in the influence of the traditional culture and its relevance within the context of migration and associated changes in social, economic and cultural context, including acculturation.

Design: Qualitative focus group discussions.

Setting: City of Amsterdam, the Netherlands.

Participants: Young adults of Turkish and Moroccan migrant origin.

Phenomenon of Interest: Social and cultural influences on food intake.

Analysis: Focus groups were recorded, transcribed, and analyzed using framework analysis.

Results: A dominant theme that emerged is that of hospitality and the central role of food herein. Hospitality is rooted within the cultural and religious tradition of both groups. Additional themes that emerged were: cultural identity; migration and lifestyle change; and acculturation.

Conclusions and Implications: Among Dutch residents of Turkish and Moroccan migrant origin, the central role of food in culture coupled with the changes that come about as a result of migration create an environment of abundance that can lead to overeating, which may impact energy balance and overweight development. These results indicate that younger members of migrant origin populations continue to value their traditional food cultures, underpinning the need for interventions to be culturally sensitive.

Key Words: culture, diet, migrants, Turkish, Moroccan, Netherlands, qualitative study (*J Nutr Educ Behav*. 2009;41:232-241.)

INTRODUCTION

Many migrant groups of non-Western origin living in Western societies have high levels of overweight and obesity.[1-4] This is likely to be a result of health behaviors, including diet and physical activity.[2] As these groups form an increasingly important part of many Western societies (including the Netherlands), it is necessary to consider them in the development of intervention strategies aimed at improving diet, increasing physical activity, and preventing overweight.

However, many interventions do not succeed in recruiting or retaining groups of migrant or ethnic minority origin.[5-9] Although it is generally accepted that culture has an influence on health behaviors including diet,[10-12] interventions may be poorly adapted to the cultural context that drives health behavior,[13] which may partly explain this phenomenon. Therefore, interventions need to be sensitive to culture, ideally by incorporating ethnic/cultural characteristics, experiences, norms, values, behavioral patterns, and beliefs of a target population, as well as relevant historical, environmental, and social forces in their design, delivery, and evaluation.[14]

Although culture may have an influence on health-related behavior, it is also important to recognize that culture is not a static concept. In the case of migrants, the process of acculturation, which "comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups,"[15] may have an impact on health behavior and ultimately the place of culture in interventions.

[1]Department of Social Medicine, Academic Medical Centre, University of Amsterdam, Amsterdam, the Netherlands
[2]Department of Nutrition and Health, Institute for Health Sciences, VU University, Amsterdam, the Netherlands
[3]Department of Nutrition, Harvard School of Public Health, Boston, MA
[4]EMGO Institute, VU University Medical Centre, Amsterdam, the Netherlands
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Address for correspondence: Mary Nicolaou, Department of Social Medicine, AMC, PO Box 22660, 1100 DD, Amsterdam, The Netherlands; Phone: +31 20 5665033; Fax: +30 20 6972316; E-mail: m.nicolaou@amc.uva.nl

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Numerous studies have shown that acculturation influences the diet of migrant origin groups.[16-20] However, there is little explicit discussion in the literature on whether culturally sensitive interventions continue to be necessary for migrants who are acculturated to their host environment or for younger members of migrant communities who are likely to have been born in the host country. Additionally, although it has been shown that the food eaten may change with acculturation, the authors found no studies that considered whether this is also the case for the beliefs governing the eating habits of migrants or ethnic minority groups. This information is necessary for the development of interventions targeting groups of migrant origin; more importantly, it is relevant for making decisions regarding the need for culturally sensitive approaches when targeting younger or more acculturated members of these groups.

Two of the largest non-Western migrant groups in Western European countries are of Turkish origin (the Netherlands, Germany, Sweden, United Kingdom) and of Moroccan origin (the Netherlands, Belgium, France, Spain). In these countries, emigration from Turkey and Morocco was encouraged in the 1970s to ease labor shortages; since that time, further emigration has occurred owing to family reunification and formation. In the Netherlands, many reside in the larger cities. In Amsterdam, Turkish and Moroccan individuals of migrant origin represent 5% and 9% of the total population, respectively.[21]

Data on the sociocultural factors that influence the dietary behaviors of migrant origin groups in the Netherlands are sparse. The authors therefore conducted a qualitative study using focus groups to explore the social and cultural influences on food intake of Amsterdam residents aged 20-40 years of Turkish and Moroccan origin. Specifically, the authors aimed to elucidate the influence of the traditional culture and its relevance within the context of migration and acculturation. The present study included younger, potentially more acculturated members of these groups to facilitate the evaluation of acculturation on dietary behaviors.

METHODS

Research Design

Focus group discussions were conducted from June to November 2005 in the city of Amsterdam. Food intake within the social and cultural context lends itself to this methodology, and interaction between participants may facilitate individuals' ability to explain or account for their attitudes.[22] As cultural and religious characteristics of the target group may discourage male and female interaction in the public sphere, the authors planned separate focus groups among men and women. Furthermore, the authors conducted separate focus groups for participants of Turkish and Moroccan origin. Lastly, the authors attempted to include the perspective of younger migrants (in the age range of 20 to 40 years) to consider how acculturation may impact food intake.

The study was designed with reference to the research code for qualitative research of the Academic Medical Centre, University of Amsterdam.[23] In line with Dutch legislation, the study was approved by the Netherlands Organization for Health Research and Development and judged to need no further review by a medical ethics committee, as participants were recruited on a volunteer basis and were not required to undergo physical examination.

Participants

Potential participants were invited to take part in focus groups at locations where they would normally meet, such as community centers and mosques (convenience sampling).[24] A female member of the research team personally approached several organizations and invited them to participate in the study. A key figure within the interested organizations was identified, and this person served as contact point for the planning of the focus groups. The authors were not successful in establishing contact with male-oriented organizations, and therefore the authors engaged an external bureau specialized in intercultural communication and training for this task. This bureau used their existing network of contacts for the recruitment of male participants. The key figures further advised us regarding the recruitment of participants within their specific context, which resulted in scheduled sessions that took place during times that people would normally be visiting a particular location. Leading up to the date of the focus groups, the authors distributed leaflets announcing the study. Individuals were also approached personally by workers of the participating organizations.

Once participants were gathered, they were informed of the general aims of the study. The authors explained that the focus groups would be recorded and that recordings would be transcribed; anonymity in the transcripts and reporting was assured. Participants were asked to give their consent verbally and were given the opportunity to discontinue participation. None refused to continue at that point. At the end of the focus group, a brief, anonymous questionnaire that included questions on demographics, migration history, and education level was completed. Participants and local contact persons received a gift voucher valued at €10.

Table 1 shows the types of locations where participants where recruited, number of focus groups, and number of participants per group. The locations used were spread out over the city of Amsterdam.

Theoretical Framework and Interview Instrument

The underlying aim of this study was to generate information that could be used for intervention development. The authors used a theoretical framework, the theory of triadic influence,[10] to guide the exploration of the topic. This is a unified social-ecological theoretical framework that combines many constructs from other theories of health-related behaviors (HRBs). Briefly, the theory postulates that there are 3 main streams of influence on HRBs:

1. Intrapersonal influences: biology and personality—self-efficacy
2. Attitudinal influences: the cultural environment—attitudes
3. Social influences: the social context—social normative beliefs