

UNDERSTANDING NUTRITIONAL HABITS OF REFUGEES FROM BURMA

by

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THESIS

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## Abstract

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This research study examines the nutritional practices of a 21-year-old Karen, female, refugee. All aspects of nutritional practices are examined, including favorite foods, differences between foods due to geographical region, where food is acquired, and familial practices. Grounded theory was used to examine a single, transcribed, interview, for emerging themes. Two researchers coded the data for themes, and then data was compared for accuracy. Results help to highlight an in-depth analysis of a Karen refugee, and can be used to compare and contrast the nutritional practices of other refugees from Burma. Emerging themes include eating habits, food access, and acquisition, and differences in foods between the U.S. and Thailand. While a major strength of the case study method is detailing an in-depth look at a single individual and their perspectives, this research method lacks generalizability and is subject to social desirability bias. Future research is needed with refugees from Burma in achieving additional knowledge on all aspects of nutrition.

### Dedication

I dedicate this thesis, in part, to the refugees attending Agape Clinic for their unwavering resilience and dedication to seek independence and happiness. I also dedicate it to the helping professionals at Agape Clinic. The collaborative relationship between the refugees from Burma, and the volunteering done by the staff, enables increased cultural learning and competence.

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## **Introduction**

The U.S. is a melting pot of culture and ethnicity. Individuals risk their lives to cross U.S. borders for various reasons: raise children in a life of opportunity, seek better jobs and living conditions, and to join family members who have previously immigrated. Others, known as refugees, seek shelter from threats in their homeland. A refugee may flee from their home country for “fear of persecution for reasons of race, religion, nationality, [or] membership of a particular social group or political opinion” (UNHCR, 2016, p. 1). Other arguments seek to expand this definition to include natural, environmental, factors, such as earthquakes and hurricanes (Marshall, 2011).

### **A Life of Fear and Survival**

The consistent theme across these definitions is a fear to return to one’s home country. One group that has long experienced violence and persecution in their homeland are refugees from Burma. Interstate conflict is currently taking place between the State Peace and Development Council and various armies formed by minority ethnic groups, mixed among authoritative, restricting, rule, and suppression of rights (Background Notes on Countries of the World: Burma, 2010). Mortality rates for children are much higher in conflict zones compared to Burma as a whole. Lee et al. (2006) found that between 10% and 30% of children under five years of age were killed due to various illnesses and war injuries in 2002 and 2003.

This pattern of violence against various ethnic groups has been a continuous problem for many decades. Conflict over power between various ethnic groups has continued to fuel a war that has resulted in unimaginable fatalities. After independence from the British in 1948, civil war broke out between those occupying what was known as the ‘Union of Burma’ (Heikkilä-

Horn, 2009). The many different ethnic subgroups were identified by two geographical areas, 'Burma Proper' and the 'Frontier Areas' (Heikkilä-Horn, 2009). The numerous insurgencies formed by these different subgroups helped to ignite civil war in Burma. Over time, three distinct groups came to makeup military control: Karen National Union (KNU), the Karenni National Progressive Party (KNPP), and the Shan State Army South (SSA-S) (Pederson, 2008).

Pederson (2008) describes the Burman territory as rife with discrimination and violence. Minority groups are denied political rights that were granted prior to independence at the 1947 Panglong Conference. The civil war has decimated economic rights of minorities, with a majority of the border regions, home to many refugees, falling below the national average on twelve SES indicators concerning income, health status, and access to common rights. Furthermore, cultural rights have been limited by minorities unable to teach native languages and literature to their offspring. Finally, the Burmese government has limited human rights by restricting food, funds, recruits, and intelligence to insurgent groups, resulting in many people either being kicked out of their homes or attempting to flee the country (Pederson, 2008).

Camp conditions for fleeing refugees present problems of their own. Areas are small and crowded, resulting in the fast spread of viruses, such as the flu and pneumonia (Turner et al., 2010). Women are very vulnerable, often experiencing intimate partner violence due, in part, to excessive alcohol use by men (Ezard, 2014). This violence has the potential to lead to pregnancy complications (Falb, McCormick, Hemenway, Anfinson, & Silverman, 2014). Additionally, it was found that the risk of suicide is greater for women in relationships where conflict victimization has occurred (Falb, McCormick, Hemenway, Anfinson, & Silverman, 2013).

### **Ethnic Groups of Refugees from Burma**



**Rohingya.** The camps are made up of a variety of ethnic groups. This research study will be focusing on four: Rohingya, Chin, Karen, and Karenni. Each have their own unique backgrounds and traits. There are about 2 million total Burma Rohingya, located mostly in Burma, Bangladesh, and Malaysia (Farzana, 2015). Like other minorities, Rohingya want to be labeled as citizens of Burma despite the ruling that, as an ethnic minority, the government denies them of these rights. Dance and musical instruments are popular with this group, helping to enhance social cohesiveness. The songs tend to mix stories with emotions, including despair and happiness, and reflect Rohingya history. Drawing is also used in the same way (Farzana, 2015).

**Chin.** Chin refugees can be found along the Indo-Burma border, as well as India and Malaysia (Alexander, 2008). Around 60-80000 Chin live along the Indo-Burma border. Like other ethnic minorities, the Chin have difficulty finding jobs, and face violence and discrimination among competing populations. Those who have settled in Malaysia live in extreme poverty, along with harassment and physical abuse by those in power. Resources are increasingly more difficult to get for the Chin, especially those who are unable to become registered as refugees (Alexander, 2008).

**Karenni.** Karenni outnumber both the Chin and Rohingya in Burma, making up 13% of the population of refugees from Burma (Dudley, 2008). Karenni people continue to struggle with mental health issues, social and legal problems, and displacement due to the Burmese army. The Karenni cope with these difficulties by incorporating their native land into their current environment as much as possible. This includes repeating familiar physical actions, such as home and skill-building, incorporating cultural practices, like basket weaving, and, finally, displaying prized possessions, such as photographs, to help to make their environment more familiar (Dudley, 2008).

**Karen.** The Karen people make up the highest percentage of the four groups (Fuertes, 2010). They enjoy working, taking part in activities such as farming and raising animals. Independence is important for Karen people, and they express this through celebrating native holidays and their independence. Before living in refugee camps, traveling and spending time with peers brought joy into their lives. The restricting and discriminating nature of the refugee camps limit these freedoms that they yearn for. Any form of independence and cohesion is treasured during camp life, as many Karen youth are born into camps, and only learn about native lands through stories told by elders (Fuertes, 2010).

### **Study Purpose**

The purpose of this study is to explore the nutritional habits of various ethnic groups from Burma, including the Rohingya, Chin, Karenni, and Karen, to improve health practices among these vulnerable populations. Questions asked will include topics covering food differences between one's homeland and the U.S., stores from which food is purchased, and types of food that is bought. This study is important for future health promotion of not just refugees from Burma, but all refugees in general. By conducting individual interviews with the stakeholders themselves, we can further understand how the nutritional knowledge of other countries conflict or align with native ideas, making it easier to develop culturally competent nutrition programs and treat refugee illness. The findings of this work emphasize the importance of pushing native practices when they may not be needed, or go against one's beliefs. Furthermore, understanding the practices of a differing culture helps to create increased understanding and tolerance.

## **Literature Review**

Because very little research has been conducted regarding the nutritional knowledge and practices of resettled refugees from Burma, this literature review will focus on general topics related to the health and well-being of resettled refugees. Refugees enter a world much different from their homeland after entering the United States. Access to a multitude of resources is granted, albeit at the cost of financial need. This transition to a completely new lifestyle can lead to confusion regarding ways to meet medical needs and what routes to take to access healthcare.

**Choosing a healthcare route.** Oleson, O'Fallon, Sherwood, and Chute (2012) conducted a qualitative study reviewing what factors are involved in adult Karen refugees choosing traditional or Western medication. A variety of themes were extracted, including perceptions of health, beliefs in healing, medication efficacy, and the refugees' experience. Karen people perceive health differently than those native to the U.S.: the involvement of a more holistic approach, encompassing equality between spiritual, mental, and physical health is characteristic of Karen well-being. Health involves all areas of one's life, including how one eats and sleeps, and the use of key ingredients, such as garlic, ginger, honey, and vegetables. Being in balance with nature also plays a role, and foods without pesticides and additives are a key part of this process. Western medicine provides an abundance of medications, along with the best technology, in order to cover and treat many different illnesses. Unfortunately, financial distress prevents Karen refugees from accessing these opportunities, rendering it useless. Because of this, the use of community healers and prayer are often used. Their lack of medicinal knowledge results in opinions originating from observation, rather than scientific evidence (Oleson et al., 2012).

Life in the U.S. brought about positive and negative qualities to both traditional and Western medication. White (2012) found Chin refugees to be complimentary of healthcare in the U.S., using both traditional medicinal practices from the Chin State, fused with Western medicine. Traditional practices include *lung thi*, for healing, and various wild honeys for chest congestion. Additional Chin practices include finger binding and bloodletting, common in the U.S. in earlier centuries. Some practices were similar in both traditional and U.S. practices, such as getting medicine from a pharmacy, but the U.S. is unique in requiring a prescription upon retrieval. A high trust in U.S. doctors, coupled with a history of being healthy, helps play a large role in Chin refugees' opinion in their healthcare route (White, 2012).

Efforts are being done to keep traditional healthcare practices existent among the Thai-Burma border (Bodeker & Neumann, 2012). Refugee camp trainings focus on herbal medicine, cooperating with healers and elders, and learning how to incorporate various plants and natural solutions. Safety is a concern, as many of the traditional factors do not work in parallel with Western medicinal practices. Other differences exist, such as the belief in non-material entities, including ghosts and nats. Finding the balance between preserving culture and safety is a delicate one, as exposure to these health practices is a first for many young refugees born in the camps (Bodeker & Neumann, 2012).

**Safe practice.** It is important for health providers to make Western medication more available for all refugees, and improve education concerning side-effects and possible interactions when Western medication and traditional medication are mixed. Munene (2013) found that a traditional skincare product, called Thanakha, is still routinely used by child refugees from Burma, despite evidence of increased blood levels of up to ten times those of all other children. Thanakha is used for various skincare issues, such as minimizing pores and

wrinkles, along with prevention of sun damage. Increased understanding of the cultural practices of other peoples can help with future healthcare practices (Munene, 2013).

**Barriers to Success.** Working with refugees to identify resettlement difficulties is essential in helping to improve their standard of living. Mitschke et al. (2011) examined how money, healthcare, and language, significantly impacted refugees' lives. The language barrier prevents access to employment, health, and financial gain, while limited financial means further exacerbated difficulties, preventing families from buying food, pay for living expenses, and live independent of government assistance. These various difficulties prevent refugee parents from fulfilling the needs of their children, which is their highest priority (Mitschke et al., 2011).

Strong social support, along with knowledge of the surrounding community, is essential to public transportation and resources (Mitschke, Mitschke, Slater, & Teboh, 2011; Gilhooly and Lynn, 2015; White, 2012). Gilhooly and Lynn found, through interviews and informal conversations, that maintaining strong social networks, both online and in-person, helped to counterbalance the trauma many Karen had experienced prior to immigrating to the U.S. Karen kept their culture alive in the community through sports, music, and dress. Although many miles from their homeland, refugees kept in constant contact with relatives and friends who had stayed behind, keeping current with the latest news (Gilhooly and Lynn, 2015).

Although Karen refugees possess many skills, many are not valuable for U.S. employers (Gilhooly & Lynn, 2015). Skills that were valued for life in their homeland, such as cutting bamboo, hunting, fishing, and making charcoal, are not highly sought for or well-paid in the U.S. Many Karen end up finding work in meat plants, working with slaughtering and dressing, while women do odd jobs, such as housekeeping roles, and tending to gardens for the elderly. Churches are popular for employment and social services, and often offer classes for language and finance

skills. Many Karen take leadership roles in the church, and see it as a major priority in their lives. Meat plants give refugees opportunities for long-term employment, increasing stability and pay. Oral communication is the most popular way to spread awareness of job opportunities, due to a widespread lack of reading skills. Limited English and work skills result in many refugees working for the same employer, increasing large-scale unemployment if the employer was to ever shut down (Gilhooly & Lynn, 2015).

Gilhooly and Lynn (2015) revealed the harsh living conditions of the Karen people, located in dangerous areas and often lacking heat, water, and protection from insects. Fear of the police resulted in crimes going unreported. Additionally, racial tension between Karen and African Americans increased the already present fear refugees lived with daily (Gilhooly and Lynn, 2015).

Lee, Choi, Proulx, and Cornwell (2014) examined the integration of refugees from Burma from the physical, social, and psychological dimensions they were confronted with upon resettlement. It was found that physical and social integration were positively associated with how one felt, and physical integration with place in employment. Also, increasing physical integration also increased the likelihood of social integration. Service providers leading several focus groups reported improvement was needed in language efficacy, and social interaction with those of differing cultures. Several themes were discovered in relation to the 3 dimensions: personal value system, church community, and capacity building. Refugees from Burma are very open-minded when it comes to other ethnicities within their culture, and maintain social bonds through popular activities, such as church. They live very organized lives, preferring to avoid chaos, and be sensitive to the rules of society. Lee et al. (2014) list a range of services that need improvement, including higher quality of medical care, increased employment services, and

better health care. Helping to increase language skills and education regarding U.S. medical and health care will aid in improving access to these important areas.

Additional studies show language to be a major barrier to healthcare access (Navuluri et al., 2014; Mitschke et al., 2011). These include money and lack of transportation. Navuluri et al. (2014) found that, in a study of 49 refugees living in San Antonio, TX, almost 70% were unable to pay their monthly medical bills. Additionally, over half had difficulty finding transportation to their healthcare appointment. Various additional barriers included family responsibilities, not having the allowed time to attend a doctor's appointment, and one's culture (Navulari et al., 2014)

The many barriers to healthcare present the importance of physician knowledge and their approach in speaking with refugees about mental health. Shannon (2014) explored various ways physicians could improve communication with refugees through 13 focus groups and 111 participants. Different ethnicities included Oromo, Bhutanese, Somali, and Karen. Recommendations included helping to make the meeting comfortable through actions including having a caring attitude, building trust, establishing a continuous relationship, and providing time for refugees to explain their reason for the appointment. Additionally, physicians need to ask about the history of the symptoms and use direct questions. Third, education on symptoms is important for refugee's knowledge, and only trained interpreters should be included in the interaction. Finally, the family should be incorporated into the intervention, and certain individuals, oftentimes children, should be interviewed separately (Shannon, 2014).

**Successful nutrition interventions.** While much of the research about resettled refugees from Burma has been needs-based, others focus solely on nutritional knowledge. Haley, Walsh, Tin Muang, Savage, and Cashman (2014) evaluated the effect that the Worcester Refugee

Assistance Project (WRAP) had on refugee knowledge regarding healthy eating behaviors and weight, along with management of serious health conditions in refugee camps. Workshops were held over a range of topics, regarding food choice, living environment, health information, stress, transportation, recreation, and hopes and dreams. Refugee camps presented a stark contrast to the life available upon entering the U.S: an abundance of environmental hazards threatened refugee health, including dirty bathrooms and the constant presence of germ-carrying insects; health information was presented through magazines and daily loudspeaker announcements; preferable foods were unavailable, resulting in weight-loss; walking was utilized to get from place to place, and an abundance of leisure time allowed refugees to share stories and spend time with loved ones. Life changed drastically for those that were able to leave the camps and live in the U.S. The lack of order made walking much more complex, requiring supervision for children and public transportation for long routes. The abundance of health professionals and high prices made knowing which healthcare choice to choose confusing and difficult. Stress from finances and lack of leisure time skyrocketed. Native food was hard to find, due to expensive prices and limited availability of Asian stores. This large contrast to what was expected resulted in many refugees desiring to return to their home country amid peace among the various ethnic groups (Haley et al., 2014).

Despite the opportunities available in the U.S., refugees continue to face many barriers, such as difficulty obtaining quality healthcare, health insurance, and learning English. This often results in practicing methods that have been learned through observation, and may be against common U.S. practices. Continued advocating is needed by healthcare professionals in order to meet refugees' needs. Increased access and learning will help to make their lives easier.



## Methods

This research study has undergone several variations before arriving at its current state of a case study. Initially, the researchers intended to create a culturally-sensitive nutrition education program designed to meet the needs of resettled refugees from Burma who were seeking health and social services at Agape Clinic in Dallas, Texas. The initial plan was to conduct a focus group with members of the target population to gain an understanding of existing knowledge, attitudes, and behaviors associated with nutrition. Three educational groups would then be held to apply the intervention, which would consist of actual examples of common, healthy, foods, available at local supermarkets. Foods specific to the participant's culture, along with common physical conditions, such as diabetes and high blood pressure, would be discussed. After the application of the intervention, a final focus group would be held to discover what knowledge the participants had retained. Unfortunately, due to time and feasibility restrictions, it was not possible to move forward with this plan as originally intended, and a revised research plan was developed.

In the second iteration, it was determined that the focus would be on collecting information about existing knowledge, attitudes, and behaviors related to nutrition through a series of focus groups with resettled refugees from Burma. An intervention, based on the data collected through these focus groups, could be part of a future research project, but was beyond the scope of the present study. As the study progressed, however, it became clear to the researcher that a more individualized approach to data collection was necessary, and the focus groups were abandoned in favor of individual interviews. Details about the interview questions will be described in the following section. Extensive handwritten notes were taken during each of the 15 individual interviews, and of these, 4 were also audio recorded.

A final alteration to the data collection and analysis process became necessary due to circumstances beyond the researchers' control. Although the data was secured in Agape Health Clinic, all supplies and data were moved to an alternate building, resulting in the data being misplaced. All of the data was de-identified, so the privacy and confidentiality of participants' information is not at risk, but this event had a significant impact on the researcher's ability to utilize the data that had been previously collected. While the researcher anticipates that the data will be recovered in time, it became necessary to alter the analysis approach toward a focus on a single participant, or case study. This method is valuable for gaining an in-depth look at a single participant's life experiences, and how their successes and struggles compare to refugees who have followed a similar path. A case study enables the researcher to not just look at life experiences, such as refugee camp life, but also examine more in-depth aspects, such as foods eaten, camp conditions, and social activities. Healthcare access can be examined concerning the participant's age, and compared with the accessibility of other age groups. Furthermore, eating habits can be compared with family members, including favorite foods, along with beliefs regarding what foods are nutritious. The beliefs concerning age and lifestyle can be thoroughly examined, increasing the understanding of life after arriving in the U.S.

Soe Min was approached while in the waiting room of Agape Health clinic, and picked from a purposive, convenient, sample. The interviewer described the purpose of the study as wanting to learn more about the nutritional habits of refugees from Burma. Soe Min was asked if she would like to partake in the study, and explained about the process being completely voluntary. The researcher had a consent form available for review.

The interview process began with questions over demographics, health insurance, and monthly amount spent on food. These topics are relevant to nutrition and also help to provide

more detail with the case study. Following the demographic questions, twenty questions were asked, focusing on different aspects of nutrition. These included Soe Min's favorite food groups, along with what foods and drinks she consumed the most. These topics help to identify whether Soe Min enjoyed healthier foods, along with whether the main food groups eaten may be due to cultural influence. Soe Min was asked if there were any foods that were not available in the United States, or that she did not have access to. This is important in order to identify differences in eating and drinking habits between people living in the United States, and those from Soe Min's home country. This was also asked to determine whether immigrating to the United States changed those eating and drinking habits. Another topic involved Soe Min's perception of her eating, and whether she preferred to eat healthy food, or food which has better taste. Again, this was asked to identify whether geographical location played a role in health, along with Soe Min's personal health interests. Age, along with culture, may play an important factor in eating healthy foods. Several questions regarding betel nut were asked, as chewing on betel nut is a common practice with this population. The motivation behind these questions involved family practices, role of the environment, and age. Because betel nut is not as common in the United States, growing up in the United States may decrease the likelihood of this practice. It is also possible that family members may have influence over Soe Min's opinion on betel nut. Finally, there were several questions regarding where Soe Min acquired food, and whether there were any differences in food from her home country, and the United States. Because many refugees spend time in refugee camps, it is important to discover how clients perceive taste, availability, and nutritional value of foods from different areas. Cultural practices, and geographic location, may also play a role in the perception of food.

The interview was recorded and transcribed, and took approximately 22 minutes. Careful recording, and detailed transcription, is needed to correctly interpret Soe Min's emotions and intentions. Incorporating her actions, including pauses, demeanor, and laughter, are important to later being able to assess the meaning of her words (Bailey, 2008). Transcription can take a long time, ranging from 3-10 hours depending on thoroughness, and the interviewer should ensure they understand the meaning of the participant's answers, along with look at responses in the context of the entire story (Bailey, 2008).

Following transcription, the data was then coded. Consistent themes that emerged from the data were found that were relevant for case study analysis (Pierre & Jackson, 2014). Grounded theory was used to analyze the data, following coding. This approach identifies hypotheses and themes from the data, such as an interview, rather than creating them beforehand (Foley & Timonen, 2015). Emerging theories are used to ask further questions and guide future direction of research. This approach can be especially useful for hard-to-reach populations, such as refugees from Burma (Foley & Timonen, 2015). Data is constantly compared, with relationships between emerging thoughts creating themes, and open-ended questions necessary for elaboration of the participant's story (Hallberg, 2006).

Two researchers coded the data separately, looking for similar themes, as well as those that were unique to each researcher. Themes emerged from repeating patterns in Soe Min's responses, regarding various areas of nutrition. Because of the open-ended nature of grounded theory, the questions allowed Soe Min to elaborate when responding. By looking for responses that have similarities and relevance in Soe Min's life, themes and subthemes become evident.

This study has been approved as exempt by the IRB protocol #2016-0254 (See appendix B). The study did not use any identifying information regarding Soe Min's interview, and did not

take part in any actions that could cause her harm or distress, thereby resulting in its exempt status.

## **Results**

Soe Min is a 21-year-old Karen female, who spent much of her early childhood in a Thailand refugee camp, which she entered with her family at an early age. Life in the refugee camp was difficult. She dealt with an abundance of insects and unsanitary bathrooms (Haley et al., 2014). Desirable food was not available, including fruits commonly found in the United States. Strawberries, apples, cherries, oranges, and peaches were very hard to find, and expensive to buy, resulting in Soe Min's food choice being very limited. Upon arriving in the United States, the advantages and barriers of city life immediately presented themselves. Healthcare was very expensive, and the language barrier prevented ease of communication. Poverty, and lack of transportation, made it difficult to master the many demands of the city (Navuluri et al, 2014; Mitschke et al., 2011). Health insurance was difficult to obtain as well, with insurance often obtained through employment, and low income needed to qualify for Medicaid and Chip.

Soe Min found peace in her apartment complex, occupied by other refugees from Burma. Although her family's low income prevented them from living wealthily, the social integration helped Soe Min to feel happy (Lee et al., 2014). She regularly enjoys social activities, such as going to church, and her bilingual skills help her to meet new people.

Education is important for Soe Min. She attended high school in the United States, and is attending college at the time of this study. Health became an important factor in Soe Min's life after attending a college nutrition class. Before this, she was not concerned about the foods she ate; she consumed more red meat, less vegetables, and highly caffeinated energy drinks. After the class concluded, Soe Min's diet drastically changed. She ate less red meat, focusing instead

on chicken and fish, namely tilapia and salmon. The wide selection of fruits available at local supermarkets enabled Soe Min to eat fruits that were rarely found in the refugee camp. Not only were these rare fruits readily available, but she was able to choose between a variety of kinds. Culture played an important role regarding food choice; Soe Min's parents would often have food sent from Thailand and the refugee camps.

The nutrition class also taught Soe Min to not engage in common trends of the refugee population, such as chewing on Betel nut. Although she knows family friends that chew on the nut out of habit, she recognizes the risk of cancer betel nut can bring. Soe Min does not drink alcohol, due to her age, along with the negative side effects that heavy use can have on her body. She still prefers to drink water, coffee, and the fruity soda, Fanta, enjoying the wide range of flavors.

Soe Min plays a large supporting role in her family. Despite her parents being employed, Soe Min does the grocery shopping. She also helps her family find the necessary health services. At Agape Health Clinic, Soe Min interprets for her family and many other refugees, helping them to communicate with the healthcare providers about how they are feeling. Assistance with filling out forms, and what medicine to take, is essential. Soe Min helps her fellow refugees make the transition from traditional health practices to Western medication. She thinks of health as involving both the mind and body, aligning with refugees' traditional point of view. The emphasis on spiritual, mental, and physical health, differs greatly from the focus on physical symptoms that are often seen in Western care (Oleson et al., 2012). Because of the knowledge gained from the nutrition class, Soe Min is motivated to not only continue making her lifestyle healthier, but also that of her family and friends.

This study produced rich detail about the nutritional habits of refugees from Burma. Several major themes emerged, including eating habits, food access and acquisition, and differences between U.S. and Thailand foods.

**Eating habits.** Soe Min came from a large family, which included a mother and father, one brother, and three sisters. This created different eating styles and habits between the older and younger generation. Soe Min stands out from other refugees in that she has taken a nutrition class, influencing her present food selection. Prior to taking the class, Soe Min stated that she ate more red meat, and rice. After, however, she ate more vegetables and fruits. The knowledge acquired made her want to eat healthier, eating foods such as sweet potatoes, carrots, and broccoli. A change from red meat, to chicken and fish, was also influenced by the class. She recognized the benefits of fish, saying “I can it’s good for your brain, inside.” Fruits are also a favorite, especially given their wide availability in the United States. Questions about beverage selection revealed that, although Soe Min drank unhealthy energy drinks prior to the nutrition class, she still presently enjoys the flavored soda, Fanta. One possible answer to this may be her enjoyment of fruits, and not having easy access to them while living in the refugee camp.

**Food access and acquisition.** Soe Min spoke about the ease of access for desired foods in the United States. She listed many common stores, including Kroger, Sam’s Club, Walmart, and CVS, which she used to acquire food and necessities. One standout store is the Asian Market, located in Garland, Texas. Soe Min spoke about the rice she bought from there, called Thai Just Me rice, stating, “But don’t they have it in, uh, Sam Club, a little bit different, that we eat.” Coffee and spinach are other products that Soe Min frequents the Asian Market for. “And then, like vegetable, sometime a vegetable [Chinese spinach] are different, that we have any....so that we go to the Asian store that they have.”

Native food is commonly sent by relatives from her home country, especially food that is difficult to find in the United States. Youth brought up in the United States may be more prone to desiring American food., while those who have spent a majority of their lives in Burma may possess different traits. “My...my brother, he eat similar to me, ‘cause he grow up here... my mom, she like to eat, like, fruit that, come from Burma.” This was true, despite the fruit being commonly found in local grocery stores. Food was not only sent from Burma, but also from refugee camps. This was the current living place of one relative, while another resided in Thai City.

Food access varies greatly based on geographical location. [Soe Min](#) experienced access to all desired foods upon arriving in the United States, saying, “They have everything here.” Past history in the refugee camp involved a starkly contrasting lifestyle. Fruits were especially difficult to come by, due to vendors having to travel to the city to retrieve them. [Soe Min](#) painted a picture of the structured, limiting, lifestyle, involving nutrition access in refugee camps. “I have never, had, uh, apple when I live in Thailand...and then, I, I had never seen, um, strawberry before, I live here.” She explained further, stating, “I never see cherry before either when I live in Thailand...orange. There’s peach. Yeah, there’s a lot of fruit that I like to eat, that I cannot have in Thailand.” Soe Min noted an important cultural aspect involving her doing the family grocery shopping. This shows the increased responsibility for youth in refugee families.

**Differences in U.S. and Thailand foods.** Noticeable differences exist between foods found in refugee camps, and the United States. [Soe Min](#) expressed that refugee camp food was less fresh, dirtier, and more expensive, due to lack of availability. There is also less selection, and American food has better taste. The United States presents a variety of stores and products to choose from, while the food in the refugee camp is consistent and repetitious. [Soe Min](#) showed



interest in knowing food sources, stating, “Cause you can read the label of the food that we buy here, that we see where they grow and where they come from. But when we live the refugee, we cannot see where they come from, or what they grow from.” Food labels in the United States are beneficial for someone who is knowledgeable about nutrition and practices.

## Discussion

This qualitative case study helps to explore the eating habits and beliefs of Karen refugees from Burma. Like many other refugees, Soe Min spent many years of her life in a refugee camp. The trauma experienced through the Burma civil war, and the difficult life in the refugee camp, shows the resilience of refugee youth. Her ability to stay optimistic throughout war, dire living conditions, and a new environment, shows strength in vulnerable times. Soe Min’s resilience carries over into her current life in the United States, where she continues to help her family with healthcare, basic needs, and support. She also shows motivation for education, despite the difficult educational system she encountered prior to immigrating to the United States. Her ability to learn and adapt with the nutrition class shows her desire to live a healthy lifestyle.

Further study in nutrition with vulnerable populations is needed to further increase health and lower physical risks. Community-based participatory research (CBPR) can be used to engage minority populations in healthy eating and moderate exercise (Wieland et al., 2016). Because these populations tend to experience obesity at a greater rate than the national average, greater attention is needed in developing interventions tailored to their needs and habits. Methods, including CBPR, are useful in raising awareness about consumption of fruits and vegetables, due to national guidelines often not being met (Wieland et al., 2016). Studies with focus groups have found that unhealthy weight gain and undernutrition are common among

resettled refugees, due to new surroundings and acculturation (Rondinelli et al., 2011). This is often not due to lack of knowledge about healthy eating, but rather a change in diet because of a new living environment (Tiedje et al., 2014). As shown with Soe Min and her family, Tiedje et al. (2014) found that generational differences exist due to being raised in one environment, and immigrating to another. Soe Min shows different nutritional practices than her parents, most likely due to acculturation and differences in availability and selection. The community plays a large role with immigrant families with way of life (Tiedje et al., 2014).

Learning about nutrition labels and social norms is important for immigrants coming from an entirely different system. Wilson, Renzaho, McCabe, and Swinburn (2010) note how nutrition labels of Australian foods contrast greatly from what newly arrived African migrants are accustomed to. Migrants also struggle with the Australian emphasis on a thin body type, having come from a culture that promotes the opposite (Wilson et al., 2010).

Soe Min learned a great deal about nutrition labels and healthy eating through her college nutrition class. Many adolescents are not able to take a health class, due to not being able to attend school, or not having the capability to understand the information. Another skill that differentiates Soe Min from her peers is her ability to speak English, breaking the language barrier that many refugees encounter daily. A language barrier prevents access to health services and the ability to communicate needs, and can also lead to discrimination. Furthermore, Soe Min has a strong support system, which is invaluable for refugees entering an entirely new environment. A strong support system has helped Soe Min improve her mental health and connections in the community. Soe Min serves as a leader in Agape Health Clinic, where other refugees turn to her for help with interpretation and understanding bills. Her skills, including

being able to speak English, identifying healthy foods, and getting along with others, are strengths that help make the refugee population stronger.

### **Limitations**

Reduced generalizability, along with researcher bias, are limitations of the case study method. Results from this study should be used on a case-by-case method. Additionally, Soe Min is in a setting that provides free healthcare, and may feel obligated to provide answers that seem correct, incorporating social desirability (Grimm, 2010). Although grounded theory, introduced by Glaser and Strauss (1967) has a strong foundation, interview coding opens up room for bias. The interviewer's own life experiences may be incorporated into coding, resulting in themes that support the interviewer's beliefs. This bias can be reduced by multiple researchers doing coding, all looking for similar themes.

### **Strengths**

A strength of this method, along with qualitative work, is the potential to collect detailed information and have a clear picture of the participant's life. The interview process, and opportunity for further questioning, makes increased knowledge possible. Also, this study delves into the nutrition of refugees from Burma, a rarely studied topic with this population. Further research is needed to build on this knowledge, and provide future aid.

### **Future Implications**

This study is important in understanding the nutritional habits of Karen refugees, which may help in future health practices with Karen youth. Common physical health conditions, such as diabetes, may be better understood if nutritional habits and beliefs are improved. Life stage plays a key role in food choice. Growing up in the United States creates an entirely new experience, compared to immigrating later in life. An adolescent, such as Soe Min, who has lived

most of her life in the U.S, will be greatly influenced by American society. Older refugees feel more comfortable with traditional practices from their home country. This cultural gap can be brought together by helping families incorporate cultural values into their new environment.

Helping refugees access resources for health and wellness is important for helping professionals. Providing classes on nutrition can introduce knowledge on ingredients and food labels. This can also be accomplished by educating community leaders who play an important role in leading the group. Due to the culture shock many refugees experience, a nutrition class may give refugees a sense of control over their personal health and wellness. Many traditional Burmese practices are not practiced in the United States. Providing new ways of caring for one's health, while encouraging individuality, can equip refugees with future tools for personal care. The knowledge gained by Soe Min resulted in a diet change, and how she views foods. It is not a lack of interest in being healthy, but a lack of knowledge and awareness, that hinders refugees from eating healthily.

Healthcare is a difficult area for refugees from Burma. Because this population often has a low socioeconomic status, there is a heavy reliance on government assistance, including Medicaid and Chip. Gaps in coverage may exist for those in certain age groups, such as that of Soe Min. Being twenty-one years old, she is unable to afford private insurance, but also too old to qualify for Medicaid or Chip. Although there are hospitals that offer reduced healthcare, such as Parkland in Dallas, Texas, these present difficulties of their own, including long waits, limited access, and staff not familiar with the native language. Furthermore, getting to the hospital can be difficult, as transportation is often a challenge. Helping refugees work through these barriers is especially relevant for helping professions, such as social work.

Social desirability played a role in the interview process with Soe Min, and is a factor with vulnerable populations (Grimm, 2010). Due to lack of knowledge, refugees are dependent on those willing to provide care. Oftentimes, there is a fear that care will be withdrawn if the right behavior is not shown, or the correct answers given. Fear of punishment may be decreased by ensuring care is available, and that honesty is desired.

Trust is another major factor. Building rapport with community leaders of vulnerable populations has the potential to strengthen bonds, and lessen pressure to socially conform. Time and patience is needed for this to happen, such as that between a therapist and client, in order for a healthy relationship to build.

Commitment is also important. Because of their vulnerable status, helping professionals often need to approach refugees and show their willingness to help, rather than wait on them to seek help themselves. This population is hindered by a language barrier and discrimination. Apprehension is high in seeking help, and a fear exists of the complex systems present in the new environment. Reaching out can help to establish needed trust.

Policy recommendations include ensuring fair access to new refugees, as well as providing accessible services at the community level. This includes proper clinician training, regarding language and cultural practices, and healthcare services at an affordable rate. Living conditions are dire with this population. Working to create laws, at the state and national level, that improve refugees' lives, is needed to bring equality to these individuals.

Research areas, regarding nutrition, needs to be expanded upon with refugees from Burma. This includes nutritional practices, beliefs, and access to foods. Although this case study provides in-depth information regarding one refugee, it is not generalizable to the overall population. Further research needs to explore the nutritional practices of older adults, and look at

differences in cultural practices between the older and younger generation. Additionally, increasing ease of access and nutritional knowledge is needed. The United States food labeling system is a completely new learning experience for refugees. Education about healthy eating, and help with understanding ingredients, can help individuals play a larger role in their health, lessening dependence on helping professionals. Furthermore, the strengths of this population need to be explored and reinforced. Soe Min's resilience and commitment to personal health helps her to live a healthy lifestyle, and support her family and friends. By building up these strengths, refugees can feel empowered and independent. Despite the numerous setbacks experienced in the data collection process, this study adds valuable information about the unique lives vulnerable populations experience in their quest for independence, and personal happiness.

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**Appendix A**

What are your favorite things to eat?

What do you eat the most?

What foods do you miss eating?

What stores do you get your food from?

Do you eat different kinds of foods? Meats? Fish? Grains? Fruits? What kinds?

Are there any foods you wish you could eat?

How is food you eat now different from food in Burma?

Do you like eating healthy food, or food that tastes good?

Does your family eat the same foods as you? Do they eat different foods? Why?

What keeps you from eating the foods you want to eat, but can't?

What do you like to drink?

Do you drink anything besides water? What?

Are there any drinks you used to drink, but don't drink now? Why?

Is there anything you want to drink, but can't? Why?

Do you feel like you eat foods that are healthy?

Do you chew on betel nut?

How often do you chew on betel nut?

Do you know that betel nut is not healthy to chew on?

Is it important to you to eat healthy?

How is food in the United States different from food in Burma?

## Appendix B

OFFICE OF RESEARCH ADMINISTRATION  
REGULATORY SERVICES**Institutional Review Board  
Notification of Exemption**

February 15, 2016

Brian Blake Davis  
Dr. Diane B. Mitschke  
Social Work  
Box 19129

Protocol Number: 2016-0254

Protocol Title: *Understanding Nutritional Habits of Refugees from Burma***EXEMPTION DETERMINATION**

The UT Arlington Institutional Review Board (IRB) Chair, or designee, has reviewed the above referenced study and found that it qualified for exemption under the federal guidelines for the protection of human subjects as referenced at Title 45CFR Part 46.101(b)(2).

- (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, either directly or through identifiers linked to the subject; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

You are therefore authorized to begin the research as of **February 15, 2016**.

Pursuant to Title 45 CFR 46.103(b)(4)(iii), investigators are required to, "promptly report to the IRB any proposed changes in the research activity, and to ensure that such changes in approved research, during the period for which IRB approval has already been given, are **not initiated without prior IRB review and approval** except when necessary to eliminate apparent immediate hazards to the subject." All proposed changes to the research must be submitted via the electronic submission system prior to implementation. Please also be advised that as the principal investigator, you are required to report local adverse (unanticipated) events to the Office of Research Administration; Regulatory Services within 24 hours of the occurrence or upon acknowledgement of the occurrence. All investigators and key personnel identified in the protocol must have documented Human Subject Protection (HSP) Training on file with this office. Completion certificates are valid for 2 years from completion date.

The UT Arlington Office of Research Administration; Regulatory Services appreciates your continuing commitment to the protection of human research subjects. Should you have questions or require further assistance, please contact Regulatory Services at [regulatoryservices@uta.edu](mailto:regulatoryservices@uta.edu) or 817-272-2105.

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