

Cultural Challenges to Dietary Habits in Lower Socio-Economic Communities: Exploring the Impact of Cultural Background in Leeuwarden East

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Abstract

Introduction: This research explores how cultural background and lower socio-economic status present challenges to dietary habits, emphasizing the need for interventions and policies to promote healthier eating behaviors in these communities.

Methodology: The methodology employed a combination of qualitative and quantitative data gathering, utilizing semi-structured interviews to gain in-depth insights

Results: The results explore the changing food culture influenced by globalization, availability of diverse ingredients, cultural disparities within the target group, impact of lower socioeconomic status, language barriers, health perceptions, as well as the role of community centers in Leeuwarden East.

Discussion: The discussion provided a comprehensive overview of the challenges faced by residents of Leeuwarden East in relation to their food culture, finances, and health. It highlighted the importance of addressing these challenges to improve the well-being of the community. The discussion also explored the potential of different approaches in addressing the multifaceted issues faced by the community, with a focus on the benefits of bottom-up initiatives and community centers.

Conclusion: Factors influencing dietary habits in lower socioeconomic groups include cultural background, resources, knowledge and time, personal preferences, and food availability. Addressing these factors through culturally sensitive policies and interventions can enhance well-being and promote a more inclusive community.

Keywords: *Cultural backgrounds, Health, Lower socioeconomic status, Leeuwarden East,*

Bloeizones

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Cultural Challenges to Dietary Habits in Lower Socio-Economic Communities:

Exploring the Impact of Cultural Background in Leeuwarden East

When it comes to our dietary food choices and eating habits, our cultural background plays a big role in the decisions we make, especially for people from lower socio-economic communities. People from lower socioeconomic communities are exposed to different risks such as poor health, poverty and often a lack of education (American Psychological Association, 2010). According to the European commission, the evaluation of the Knowledge Platform Integration & Society (KIS), shows that there are two types of institutional racism across the Netherlands. Namely, within the labor market and housing market (Felten et al., 2021). Research findings indicate that individuals with non-Dutch names encounter greater difficulties in securing employment or housing in the Netherlands compared to those with names that sound more Dutch (Blommaert et al., 2013). These challenges are particularly relevant for community members from diverse cultural backgrounds who possess different ethnic origins or names. This study holds significance as it sheds light on the multifaceted nature of the obstacles faced by individuals from lower socioeconomic communities and different cultural backgrounds when attempting to integrate into a new environment. Moreover, it examines the impact of their dietary choices on their overall health. By exploring these dynamics, this research contributes to a deeper understanding of the complexities surrounding social integration and its implications for individual well-being. This study sheds a light on health disparities (lower socioeconomic status (SES) communities suffering from dietary diseases such as obesity, cardiovascular diseases and diabetes amongst others) as well as investigating how the cultural background influences the dietary choices people make. This research aims to contribute to investigate different approaches which can be utilized for developing various policies or targeted interventions, to address these health risks specifically aimed for these low SES communities. This study also aims to recognize the influence a

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different cultural background can have on dietary choices which could lead to the development of culturally sensitive approaches to promote healthier eating by incorporating and understanding these complex cultures in policy making.

Traditionally, a cultural background consists of different indicators such as life experiences, religion, sexual orientation, language, traditions etc. However, for this particular study, the main focus on the cultural background includes but is not limited to, the geographical location / ethnic descent, traditional foods, socioeconomic status, religion and language (Keengwe, 2015). As the participants from this particular study descend from various different world regions, some of the data is more generalized whereas other data is more specific in order to respect the participants and their stories. Another factor worth noting is that even though the world regions may differ significantly when it comes to culture, some of the dietary patterns were very similar to those in other world regions. This is both an advantage as it gives the freedom to generalize as well as a limitation because it excludes some other cultural key factors that might be overlooked such as particular traditions which shape a certain mentality towards certain types of foods. This shows there is a complex conflict when it comes to generalizability as the aspects which are similar in all countries can be generalized whereas the overall cultural key factors cannot be generalized as those differ too much.

A healthy diet and consuming the right nutrients are a vital part of a healthy lifestyle (World Health Organization, n.d.). A healthy diet contributes to better immunity, decrease in non-communicable diseases (NCDs), helps to achieve a desirable weight and aids in many other health benefits (Centers for Disease Control, 2021). Therefore, having healthy dietary habits can positively influence the quality of life.

The poverty boundary in the Netherlands with an income of 1590 euros (mean value) is something more than one million people suffer from (Have, 2021). Leeuwarden is in the top 10 cities in the Netherlands with high rates of poverty (Omrop Fryslân, 2019). Back in 2017,

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the poverty rate was 6.9% (Van Hulst & Hoff, 2019). Inflation is the increase in price for a certain good or service over a certain time period and in the Netherlands, inflation has been measured to be 5.2%. The goods and services were 6.1% more compared to last year (Centraal Bureau voor de Statistiek, n.d.).

Some of the hypotheses explored in this research paper are: Individuals from lower socio-economic communities with a strong cultural background face barriers in accessing and adopting healthier food options due to cultural preferences, limited availability, and affordability. As well as social support networks, including family, friends, and community, play a significant role in shaping dietary habits within lower socio-economic communities, either supporting or hindering the adoption of healthier eating behaviors. The research objectives are an assessment on specific cultural factors contributing to dietary patterns, exploring the role of socioeconomic factors influencing certain dietary habits and investigate the impact of cultural beliefs and values (such as religion) on access and utilization of different foods / ingredients, through observation, conversation as well as semi structured interviews. The research question which was shaped with all these factors taken into consideration was: To what extent does a cultural background pose a challenge for dietary habits within lower socio-economic communities? Various sub questions include:

1. Does a lack of linguistic knowledge pose a barrier when it comes to making certain choices?
2. How successful are bottom-up approaches and should they be implemented in various policies to promote healthier dietary choices?
3. How are choices influenced due to a financial status ((in)stability)?

In the discussion section, there will be an overview of various successful bottom-up initiatives within Leeuwarden, amongst which are, *samensterk058* and *Bilgaard*. Furthermore, other approaches such as the capability approach, social cognitive approach and culturally sensitive

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approach will be discussed in order to see the impact these approaches can have and whether they carry any significance to battle the issue.

This research paper has encountered several limitations across different sections. One major limitation is the study's scope, which was limited to the capital city of Friesland, specifically Leeuwarden. The target group consisted of individuals from different cultural backgrounds, lower socioeconomic backgrounds, and residing in Leeuwarden. However, discussing sensitive topics such as finances with strangers and addressing cultural barriers posed challenges in reaching the target group effectively. Consequently, the study had a limited number of participants, which may not fully represent the diversity and complexities of the target population. Another limitation is the broad nature of culture. Due to its vast components and factors, the study could not thoroughly explore and examine culture in its entirety as the term culture carries broad ideologies and includes everything from traditions to religion to geographical location.

In conclusion, understanding the extent to which cultural background poses a challenge for dietary habits within lower socio-economic communities is crucial for developing effective interventions, policies, and strategies that promote healthier eating behaviors.

Methodology

The methodology section of this study outlined the research design, data collection methods, as well as analytical approaches used to investigate the extent to which cultural background poses a challenge for dietary habits within lower socio-economic communities. In order to gain more insight on the cultural challenges people face from a different ethnic background, the chosen method was a combination of qualitative research and a literature review, incorporating quantitative results from previous studies. This approach aimed to reach an analytical conclusion to the research question. As this research was with the same target group

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from a previous study with ethical approval, this research could continue to conduct relationships with the participants. The qualitative method consisted of semi structured interviews. However, the interview questions were flexible and allowed for the participants to really expand on their stories. This also created a safe environment for participants to speak freely. The engagement of conversation with the participants was an important factor as it contributed to understanding the reasoning of the participants and it led to in depth conversations about cultural traditions as well as other cultural disparities and insights.

Sampling and participants

Target population

The research focused on individuals from diverse nationalities and ethnic backgrounds, excluding those who belonged to the Dutch population. The primary method involved engaging with a wide range of people and analyzing the responses provided by participants from the target group. Since some participants had Dutch ancestry, it was necessary to differentiate their interview answers. Although these Dutch participants did not contribute culturally, their insights were valuable in terms of understanding the financial aspects related to the target group.

Sampling Method and Sample Size Determination

Initially, I approached Samensterk058 as the first organization to engage participants in collaborating with me. However, the sample size obtained from this organization was insufficient to contribute to the interviews. Therefore, it became necessary to expand the target group and identify other community centers to approach potential participants. Reaching the target group proved to be challenging, consequently, the sample size is limited. Multiple sampling methods were used, including convenience sampling, where participants were selected based on their availability and accessibility, and purposive sampling, where participants were specifically chosen based on the predefined inclusion criteria. Visiting the

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community centers facilitated the recruitment process and allowed for the right participants to take part in the study.

Inclusion Criteria

The inclusion criteria for the participants in this study were as follows: they had to be 18 years of age or older. In cases where children were present and I engaged in conversations with them, their parents were also present, and those conversations were treated as informal and not recorded, although they provided valuable insights into their cultural background. It was important that the participants had experience from another culture, either through being partially raised in that culture or having cultural traditions passed down through previous generations, while growing up in the Netherlands. Another criterion was that the participants belonged to lower socioeconomic status (SES) communities, allowing for a deeper understanding of how their financial situation influenced their habits and dietary choices. Lastly, the participants needed to be residents of Leeuwarden. These criteria were established to ensure that the study captured the perspectives and experiences of individuals who met specific cultural and socioeconomic parameters relevant to the research objectives.

Ethical considerations

This research project is an extension of a previous study involving the same target group, which facilitated a straightforward process of obtaining ethical approval. In preparation for the interviews, the participants were requested to provide verbal consent, and they were explicitly informed that they had the autonomy to skip any questions that made them feel uncomfortable or uneasy. Written consent was not pursued in this case due to concerns that the participants might alter their responses to present a more favorable image, potentially compromising the integrity of the research. Ensuring the participants were well-informed, their rights were clearly communicated throughout the study. This approach aimed to promote

transparency and encourage honest participation, ultimately enhancing the reliability and validity of the research findings.

Interviews

The interview questions were carefully selected, based on previous research as well as a wide range of different food choice questionnaires such as lifelines, and other highly established food questionnaires (Dekker et al., 2017, Siebelink et al., 2011, Steptoe et al., 1995).

However, it is important to note that due to the difference in research questions, the interview questions have been adjusted in order to focus more on the cultural aspects of the participants, rather than a consequent follow up of dietary habits on a daily basis. All of the interview questions had open answers. Some of the questions were short answer questions and some were long answer questions. However, the questions were open for interpretation to the participants. As this research is a continuation of previous research, it is important to state that some of the questions below have been asked and answered before. The reason for asking the questions again is to create a bond with the participants and additionally, observe if there have been any dietary changes since the last research. As some of the participants did not speak English, the questionnaire was translated to Dutch as well, to make communication easier and extract the linguistic barrier. When there was a linguistic barrier detected, the questions were adjusted during the interview in order to make the communication between myself and the participants more straightforward. In order to maintain a comfortable environment, there was a maximum of 30 questions which also led to meaningful engagement.

Interview questions

1. What is your country of origin?
2. How long did you live in your home country?
3. How long have you lived in the Netherlands?
4. Are you religious? If yes, what religion do you follow?

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5. How many languages do you speak?
6. Which languages do you speak?
7. What flavors are you accustomed to? (Spicy, sweet, sour, savory, etc.)
8. What is the climate in your home country like?
9. Could you tell me more about your culture?
10. How is it different from the Dutch (Frisian) culture?
11. Could you explain some benefits of your culture?
12. Could you explain some disadvantages of your culture?
13. What are advantages you came across in the Netherlands?
14. What are some cultural barriers/hardships that you experience?
15. How many times a day do you eat?
16. Has that amount changed since you came to the Netherlands?
17. What do your meals usually consist of?
18. Does it ever change? (If so, additional question would be: Why?)
19. At what time do you eat your meals and is there a cultural difference?
20. Do you eat snacks? What type of snacks do you prefer?
21. Are the items you want to purchase easily available?
22. Are the items you want to purchase affordable?
23. Does your financial status influence what you eat?
24. Was this any different in your home country?
25. Do you enjoy it when the food you eat is familiar or do you try to have a variety within your diet?
26. Repeated question: How long have you been affiliated with *samensterk058*?
27. Repeated question: What was the reason for joining the organization?
28. Repeated question: What is the reason you stay closely associated?

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29. Repeated question: Have your eating habits since joining the foundation changed?

30. How have your dietary choices adjusted since you are in the Netherlands? Is there a difference in what you eat? Why?

Results

Food culture has significantly changed over time. Today, society and grocery stores adapt to trends which are extensively shaped by foreign flavors and ingredients. According to some of the participants, due to the development of technology and international trade, it is now possible to purchase various ingredients from all over the world. Therefore, also making it easier to find ingredients to meals from an individual's home country.

Main findings from the interviews:

The primary interview question focused on each of the participants' country of origin, which aimed to explore the range of cultural disparities within the target group. Some of the participants originated from Curacao. Other participants hailed from diverse ethnic backgrounds and various geographical locations such as: Nigeria, Papua New Guinea, Suriname, Somalia, Kurdistan and Lebanon. While some participants were of Dutch origin, which led to less insights of any cultural differences, their responses still provided a valuable perception as socioeconomic status (SES) influenced their dietary decision-making process. Both men and women were invited to participate in the study within the target group. In spite of that, gender differences did impact the results, as there was a higher participation rate among women. In cases where men did participate, they often expressed satisfaction with the independence of their wives, who took on the responsibility of grocery shopping. This finding revealed that men were generally unaware of the cost of ingredients and had limited influence over the selection of purchased items by their female counterparts. An interesting observation was the reality that the participants from Curacao, noted that in Curacao the grocery shopping is more expensive compared to the Netherlands. This showed that in spite of the participants

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originating from a lower SES community, they still preferred doing groceries in the Netherlands as it was cheaper compared to their home country's grocery prices. It was evident that this conferred an advantage to the participants from Curacao, given their familiarity with managing their finances on a weekly or monthly basis.

A portion of the participants was religious and the most prevalent religion as mentioned by the participants was Islam. Some of the participants also identified with Christianity however, the Muslim community was the largest proportion.

A considerable proportion of the participants exhibited multilingual proficiency, encompassing a range of languages such as Dutch, English, and their respective native languages. Nevertheless, it was frequently observed that the participants encountered difficulties in attaining fluency in the non-native languages, with the exception of their mother tongue. Occasionally, there occurred challenges when communicating with the participants as many of them lacked the ability to fluently speak Dutch or English. The difficulties pertained to the understanding and interpretation of the questions and answers for both the participants and the researcher. The participants showed a wide range of variety and diversity in the dishes they prepared. While rice emerged as a more prevalent source of carbohydrates, in contrast to the popular potato in the Netherlands, numerous challenges arose when selecting particular fruits or vegetables. The language barrier of some of the participants hindered them from identifying specific fruits or vegetables, which led to uncertainties when selecting these particular ingredients. Additionally, an interesting observation was made regarding the participants' unfamiliarity with vegetables when the ingredients were sliced and packaged as opposed to being fresh and unprocessed.

In their daily routines, it was evident that the participants engaged in food consumption exceeding three meals per day, a theoretically ideal frequency as perceived by them.

Nonetheless, they acknowledged the impracticality of achieving this recommended ratio in

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real-life circumstances. One participant aptly summed up their approach with the motto, "I simply eat when I crave the need for food". One of the principal findings revealed a significant influence of inflation on the participants' purchasing decisions regarding ingredients. A prevailing theme that emerged was the notion of "if it is not essential, I will refrain from purchasing it." Non-essential items, deemed unnecessary for survival, were often left behind. While meats were commonly desired, their exclusion from purchases was frequently prompted by skyrocketing prices resulting from inflationary pressures. For all participants, the purchasing of specific ingredients required for certain dishes proved to be challenging. In the event that the desired spices or ingredients were unavailable, individuals reported refraining from preparing the dish that necessitated the specific ingredient. A notable observation shared by many participants was the current availability of these ingredients in Indonesian shops (toko's), which closely aligns with what individuals had in their respective home countries.

The question "What are some of the cultural differences between the Netherlands/Leeuwarden and your home country?" elicited a consistent response among the participants, with the prevailing sentiment being a heightened sense of safety experienced in the Netherlands as compared to their countries of origin. Participants expressed their ability to navigate to local grocery stores independently without fear of robbery or unwelcome encounters with street predators. One participant even articulated, "I no longer have to live in constant fear for my life." This noteworthy observation showed the participants' willingness to openly discuss their personal situations, thoughts, and ideas, revealing a great wisdom about life. Notably, the participants exhibited diverse lengths of residence in the Netherlands, ranging from lifelong residents but also to those who had only recently arrived in the Netherlands, approximately within the past 10 to 1 or 2 years. The climates of the participants' respective countries of origin differed significantly from that of the Netherlands. This contrast had a notable impact

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on the freshness and local production of food in their home countries was characterized by superior freshness and local production, resulting in enhanced flavors of ingredients. The participants universally shared this commonality, as the hotter climates in their countries of origin facilitated a greater richness of freshly available fruits and vegetables.

Due to the intention of creating a bond of trust and confidence, the questions posed during the interviews were answered in an informal manner rather than strictly adhering to a structured format. The interviewer adjusted subsequent questions based on the participants' responses, resulting in certain questionnaire questions becoming irrelevant and left unasked or unexplored. Furthermore, additional questions beyond the prepared questionnaire were posed when deemed relevant to sustain the flow of conversation. It was an intriguing observation to witness the distinctiveness of each participant, with their own individual and unique narratives, while simultaneously identifying numerous shared characteristics as well as similarities and a common thread that united them. Despite their disparate cultural backgrounds, the participants consistently expressed similar perspectives and recurrent themes.

The community centers served as gathering spaces for participants, allowing them to expand their social circles and acquire knowledge on integrating into the Frisian (Leeuwarden) society. Attending the community centers not only aimed at expanding their social networks and integrating into the local society but also served as an opportunity for them to gain awareness and knowledge about healthy living practices. In discussions about health and related issues, participants frequently expressed a preference for avoiding contact with healthcare facilities and providers. They conveyed a reluctance to take their health seriously or seek assistance from higher authorities. A recurring observation was that participants frequently opted to visit community centers due to the perceived positive impact on their

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overall health and well-being. They acknowledged that engaging with community centers made a substantial difference in improving their health outcomes.

Success rate of Bloeizones:

A "Bloeizone," which can be translated to a "developing region," refers to a geographical area where the residents of that area collaborate to establish a secure environment beneficial to long and healthy lives. In this context, the concept of health extends beyond the absence of diseases and the need for medical attention and encompasses various dimensions. Bloeizones aim to promote holistic well-being, including physical fitness, emotional growth, resilience in the face of social challenges, and empowerment to exert control over one's own life. The key themes explored within Bloeizones, which bear significance to this research, include but are not limited to: healthy dietary practices, sustainable economic and financial systems, and active citizenship (Marinus et al., 2022).

Leeuwarden East comprises five neighborhoods, namely Bilgaard, de Vrijheidswijk, Heechterp-Schieringen, Camminghaburen, and Oud Oost. With an estimated population of around 36,000 residents, many individuals in these neighborhoods' express comfortability and satisfaction with their living circumstances. However, it is important to acknowledge that a significant proportion of residents in Leeuwarden East continue to face challenges related to poor health conditions and poverty. (*De Vijf Wijken van*, n.d.). As outlined in the main findings of the interviews, both community centers and developing regions such as Samensterk058 were found to have a significant influence on the health and well-being of the participants. This highlights the effectiveness of Bloeizones as an approach to foster active engagement and enhance living standards. An inspiring observation was the inclusive nature of these initiatives, where individuals from diverse backgrounds and varying financial statuses were welcomed. The principle of equality was successful, ensuring equitable solutions for attaining a healthier life style for all participants.

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Based on data from the Sociaal en Cultureel Planbureau (Social Cultural Planning Agency), the poverty rate in the Netherlands is particularly high among immigrants, as they consist of nearly half of the total population living in poverty (Hoff et al., 2019). In Leeuwarden, the poverty rate was 6.9 percent in 2017, with approximately 31.8 percent of both non-western and western migrants residing in poverty (Van Hulst & Hoff, 2019b). The data presented, shows the unequal influence of poverty on migrant communities, highlighting the importance of specific interventions to effectively address this issue. The following map illustrates the total poverty rate of Leeuwarden.

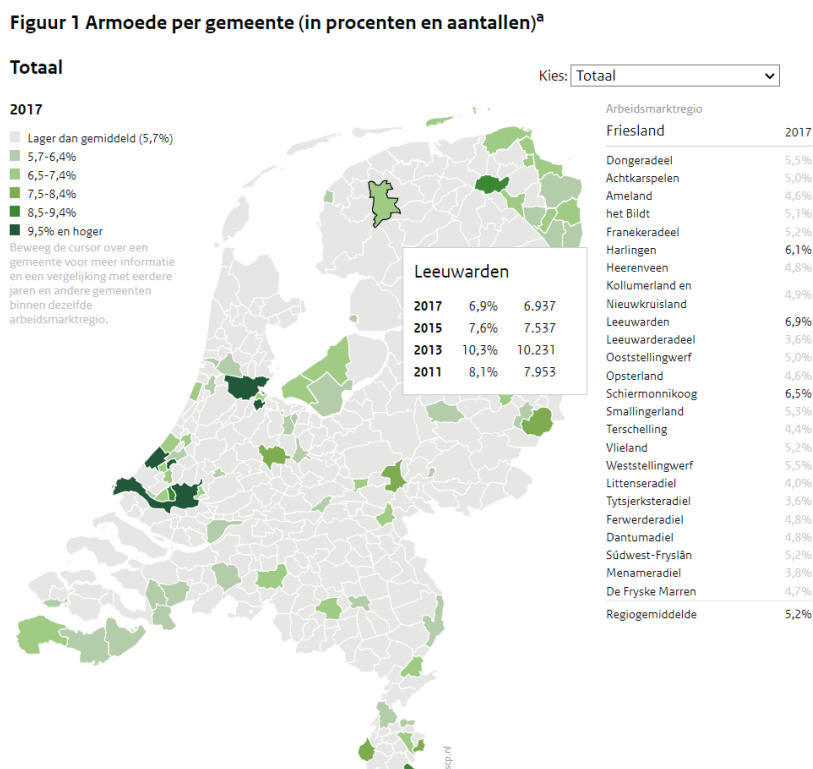


Figure 1 A map of the Netherlands, highlighting the poverty rate in Leeuwarden.

Literature Review

A nutritious diet consists of essential nutrients that nourish the body, including vitamins, minerals, unsaturated fats, proteins, whole grains, fruits, and vegetables. Food serves as the fuel that sustains bodily functions (Skerrett & Willett, 2010). Although individual body requirements may vary, the recommended food intake ranges from five meals comprising three main meals and two snacks per day to a more concise schedule including three meals a day (Gentil et al., 2019). Conversations with participants showed a general consensus that while the ideal diet theoretically consists of three meals, their eating habits often revolved around personal hunger cues, as expressed by the statement, "I eat whenever I feel hungry." A healthy lifestyle is dependent on consuming a balanced and nourishing diet. Research indicates that a lack in proper nutrition, coupled with a lack of regular physical activity, can be the cause of serious health issues. Furthermore, these factors are recognized as some of the primary causes contributing to the development of non-communicable diseases. (NCD's) (World Health Organization: WHO, 2019). In this context, non-communicable diseases encompass a range of health conditions such as cardiovascular diseases, chronic respiratory diseases, diabetes, cancer, and strokes.

In Leeuwarden East, it is evident that there are quite a few snack bars, which contributes to unhealthy dietary patterns among the local residents. Research indicates that individuals belonging to lower socioeconomic backgrounds and diverse ethnicities tend to consume more fast food and engage in watching more television (Kumanyika & Grier, 2006). The study noted that these behaviors contribute to increased rates of obesity within this particular target group, as unhealthy eating habits and sedentary lifestyles as well as irregular physical activity are common. While obesity is not classified as an NCD on its own, it is recognized as one of the leading causes in the context of the development of various NCD's (Nyberg et al., 2018).

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A study identified various barriers faced by young families in different countries, focusing on different perspectives within the socio-ecological model (Van Stappen et al., 2018). The barriers were categorized into four levels: individual, interpersonal, organizational, and macro public policy level. This comprehensive approach allowed for a better understanding of how different factors influence the health behavior of young families residing in vulnerable areas. At the individual level, barriers might include lack of knowledge about healthy behaviors, low self-confidence or motivation to adopt healthy habits, and competing priorities such as work or children or time constraints (Campbell & Egede, 2020). The previous study also noted that the individual-level factors can significantly impact the health behavior of families.

Interpersonal barriers refer to challenges arising from social interactions and relationships.

For example, unsupportive or unhealthy family dynamics (this can also include being away from home or little contact with family due to distance), limited social support networks, or cultural norms that do not prioritize health and well-being can hinder healthy behaviors (Bulushi et al., 2011). Organizational barriers incorporate challenges within community resources, such as limited access to affordable and nutritious food options, inadequate healthcare services, or lack of family-friendly facilities and programs that promote physical activity and healthy lifestyles. Macro public policy barriers refer to broader societal and systemic factors that influence the health behavior. These may include socioeconomic disparities, limited access to quality education, inadequate accessibility to public transport, or insufficient policies and regulations that support healthy environments and lifestyles.

Another study shows that after migrants arrive in a new country, their behaviors and paths vary widely. Some migrants successfully integrate into the social environment of the host country, and it's not uncommon to observe a "healthy immigrant effect," where migrants maintain healthy food habits despite the changes in living conditions, culture, and food traditions (Přívara, 2019). However, as previously mentioned, there are still several factors,

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both individual and related to the social environment, that increase the risk of overweight and obesity among migrants. According to Přívara (2019), religious identities, play a significant role in shaping food habits and are an important aspect of individual and community identities. The introduction of eating habits from the migrants' home countries has shaped cultural influences in European countries. Food has emerged as a key factor in the integration of migrants into European societies.

Experts have identified several key factors that link the relationship between globalization and diet. These factors include global food trade, foreign investment in the food industry, international advertising and promotions of food products, the growth of supermarkets, the rise of global agribusiness and multinational food companies, the establishment of global regulations and institutions governing food production and marketing, urbanization, and cultural changes influenced by globalization (Hawkes, 2006). In the context of my study's findings, these factors may have affected the food culture and eating habits of the participants. The availability of ingredients from different parts of the world, made possible by global trade, could have allowed participants to find familiar ingredients from their home countries in Indonesian stores (Toko's). Cultural changes resulting from globalization could have influenced their food preferences and choices.

In one article, it was investigated how South Asian, African, and Middle Eastern women who had recently migrated to Norway adapted to their new food environment. They interviewed a total of 21 women and explored their early experiences with food in the new country. The findings revealed that these women went through significant changes in their food habits during the initial phase of migration. They expressed unfamiliarity with the available food items in local shops, uncertainty about meal formats and food preparation, and concerns about eating food that was in conflict with their religious beliefs. As a result, they tended to stick to familiar and perceived safe food items. The findings of this study, suggest that the early

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period after migration represents a unique phase in the process of adapting to the local food culture (Terragni et al., 2014). The experiences described in my research align with the findings mentioned in the study above. Despite the relatively small sample size of participants, it is evident that the challenges related to dietary acculturation after migration can be globalized. The participants in my study also faced similar issues, indicating that this is not an uncommon occurrence. This suggests that the impact of migration on food habits and the need for support in adapting to new food environments can be a widespread concern, beyond the scope of my research.

While women in a study done by Castaneda-Gameros et al. (2017) demonstrated knowledge about a healthy diet, several factors were identified as key influences on their dietary intake.

These factors include:

1. **Presence and Awareness of Obesity and Noncommunicable Diseases:** The awareness of obesity and the risks associated with noncommunicable diseases can shape dietary choices. Concerns about weight management and preventing chronic diseases may influence food selection and portion sizes.
2. **Changes to Household Roles:** Changes in household roles, such as shifts in responsibilities for meal planning and preparation, can impact dietary intake. Alterations in traditional family dynamics or caregiving roles may influence food choices and the overall nutrition of meals.
3. **Dietary Restrictions Related to Religious Beliefs:** Religious beliefs and practices may impose specific dietary restrictions or guidelines. Participants may need to adhere to religious dietary requirements, which can influence the selection and preparation of foods.

Discussion

Residents of Leeuwarden East face multiple challenges related to their food culture, finances, and health. Firstly, they encounter difficulties in finding ingredients from their own cultural background due to limited availability. This lack of access to familiar ingredients can make it challenging for them to prepare traditional dishes and maintain their culinary practices.

Secondly, financial constraints add another layer of complexity, as residents may struggle to afford a diverse range of ingredients or healthier food options. This limited financial capacity can impact their ability to make nutritious choices and maintain a healthy lifestyle.

Unfortunately, these challenges have significant implications for their health. The combination of limited access to culturally appropriate ingredients, financial limitations, and inadequate knowledge about available ingredients contributes to a higher risk of non-communicable diseases (NCDs) and other chronic illnesses. Without access to nutritious food options and the necessary knowledge to make informed choices, residents may be more susceptible to developing health conditions such as obesity, diabetes, and cardiovascular diseases. It is important to address these multifaceted challenges in order to improve the well-being of residents in Leeuwarden East. Efforts should focus on increasing access to culturally relevant ingredients, providing financial support or education to enhance affordability and promote healthier food choices, and disseminating information about nutrition and health to empower residents to make informed decisions. By addressing these interconnected issues, it is possible to promote healthier lifestyles and reduce the burden of chronic illnesses within the community.

Bottom-up and Top-down

A top-down approach is characterized by the involvement of higher authorities or management in directing projects or company operations (Eby, 2018). Figure 2 illustrates how, under a top-down approach, employees receive instructions and are assigned tasks by

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management. This hierarchical structure can also be observed in the broader context of authorities in general, where they set up projects or formulate policies that residents may have reservations about, given their skepticism toward higher authorities. In contrast, a bottom-up approach originates from individuals in the field. This includes individuals from lower socioeconomic backgrounds or different ethnic backgrounds who take the initiative to initiate projects or organizations. It is important to note that bottom-up approaches often require collaboration with other projects, organizations, and sometimes higher authorities. The appeal of bottom-up approaches lies in the flexibility and freedom they offer participants, as well as the opportunities for social engagement. Applying a bottom-up approach in Leeuwarden East can contribute to fostering a healthier lifestyle among participants and local residents. By involving individuals from diverse backgrounds and allowing them to have a say in shaping projects and initiatives, the approach can address the specific needs and challenges faced by the community. This participatory approach empowers residents and creates a sense of ownership, which can lead to more sustainable and effective solutions for promoting health and well-being in the area.

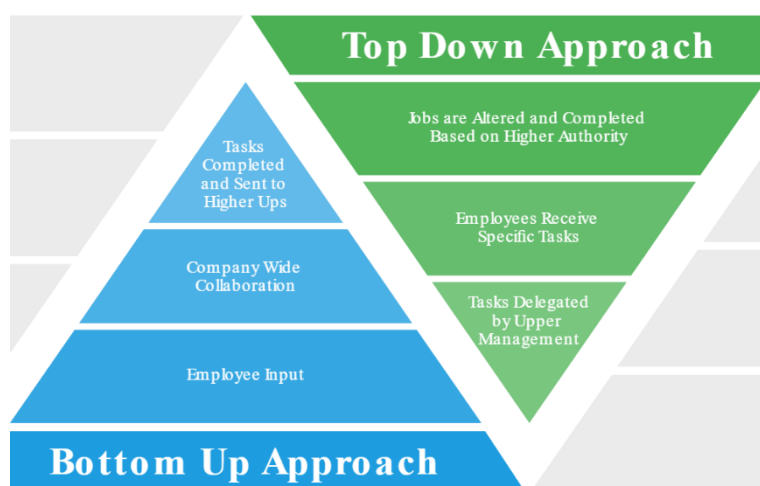


Figure 2 This figure illustrates the disparity between the bottom-up and top-down approaches (Eby, 2018).

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Bloeizones serve as a prime example of the collaborative efforts depicted in the second layer of Figure 2, where organizations and bottom-up initiatives work in conjunction with government and local authorities to establish safe spaces for community residents to enhance their well-being while fostering a healthy social network. Bloeizones demonstrate the positive impact that bottom-up approaches can have in vulnerable communities, addressing multiple dimensions of well-being such as healthy eating habits, sustainable economic systems, and active citizenship. These initiatives are highly effective and inclusive, promoting health and improving living standards for all members of the community, regardless of their Dutch origin or ethnic background.

Community centers play a crucial role in supporting the health and well-being of local residents, who rely on them for various activities. For instance, sports classes promote physical activity, while communal cooking sessions offer educational opportunities to learn about different fruits and vegetables, while also fostering a supportive network and providing necessary social interaction for overall well-being. One significant advantage of community centers is that they are free of charge, making their services accessible to everyone, including individuals from lower socioeconomic communities who may face financial constraints. By promoting health and well-being through these centers, there is potential to prevent the development of chronic diseases such as the previously mentioned NCDs (non-communicable diseases). Awareness of the community centers and the benefits they offer in terms of health promotion is crucial, particularly for individuals at risk of NCDs due to their different ethnic background and lower socioeconomic status. These diseases are largely preventable, and strategies aimed at reducing risk factors such as unhealthy diets and insufficient physical activity can be implemented effectively through community-centered approaches. By providing the necessary resources, support, and education, community centers have the

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potential to play a vital role in preventing the onset of chronic diseases and promoting overall well-being among residents in vulnerable communities.

The high poverty rates prevalent among residents of Leeuwarden East necessitate targeted policies and interventions aimed at decreasing the existing disparities. Inclusivity is of importance in developing approaches that cater to the specific needs of the diverse population in this region. The research findings indicate that participants faced challenges in making healthy dietary choices based on their cultural background and socioeconomic status. The affordability of ingredients played a significant role in their purchasing decisions, and individuals from lower socioeconomic backgrounds encountered difficulties in accessing certain foods or preparing specific dishes due to financial limitations and limited availability or accessibility of ingredients. It is crucial to prioritize the provision of affordable and nutritious food options to promote better health outcomes for residents in Leeuwarden East. The inflation and rising prices of essential goods have a substantial impact on dietary patterns, exacerbating the challenges faced by the community. Language barriers further complicate matters, as participants struggled with selecting fruits, vegetables, and other ingredients due to limited linguistic proficiency and unfamiliarity with processed foods, such as pre-cut and pre-packaged vegetables commonly found in local grocery stores. The limited fluency in Dutch or English hindered effective communication, comprehension of food labels, and seeking assistance within grocery stores. Consequently, it is imperative to recognize the need for language support and culturally sensitive resources to assist migrant residents in navigating food choices and overcoming language barriers. By providing appropriate language assistance and tailored guidance, residents can make informed decisions about their dietary preferences, ensuring that their cultural backgrounds and language differences do not hinder their access to healthy food options. Addressing these challenges requires a comprehensive approach that combines efforts in policy-making, community engagement, and the provision of relevant

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resources to promote equitable access to nutritious foods and empower residents in making healthier dietary choices.

Capability Approach

The capability approach is a theoretical framework that consists of two key normative assertions. The first claim emphasizes the fundamental moral significance of the freedom to pursue well-being. The second claim highlights the importance of understanding well-being in relation to people's capabilities and functioning's (Fibieger Byskov et al., 2023). The significance of this approach lies in its recognition that capabilities encompass more than just physical abilities; they also include skills such as reading and knowledge about products, which were lacking in some of the study participants. The capability approach is a valuable theoretical framework to consider when designing interventions, as it incorporates inclusivity and aims to assist individuals who may lack specific skills necessary for leading a healthy life. By emphasizing the importance of expanding people's capabilities beyond physical functions, this approach offers a comprehensive perspective on well-being and provides guidance for intervention strategies that address diverse skill gaps and promote health equity.

Social Cognitive Theory

According to Social Cognitive Theory, people learn through observation, imitation, and modeling. The theory suggests that individuals can acquire knowledge, skills, attitudes, and behaviors by observing others (models) and the consequences of their actions (LaMorte, 2022). The main principles of the social cognitive theory include: observational learning, self-efficacy (an individual's belief in their own ability to succeed), reciprocal determinism (the relationship between the individual and their environmental surroundings), and triadic reciprocal causation (the influence of personal factors, behavior and the environment on one another). It emphasizes the importance of cognitive processes such as attention, memory, and

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motivation in the learning process. Social Cognitive Theory has been widely applied to various domains, including education, psychology, health promotion, organizational behavior, and media effects. It offers valuable insights into how individuals learn, develop skills, form beliefs, and make choices within social contexts, shaping our understanding of human behavior and development. Its versatile applications across various fields contribute to a comprehensive understanding of the learning process and its influences. This theory emphasizes the importance of observational learning, self-efficacy, and the influence of social factors on behavior. Interventions can utilize these principles by providing positive role models, creating supportive environments (such as the Bloeizones and community centers), and promoting self-efficacy through skill-building and empowerment. Policies can be designed to address barriers related to cultural backgrounds, such as improving access to culturally appropriate and affordable food options, providing knowledge regarding health, and fostering community engagement.

Culturally Sensitive Approach

A culturally sensitive approach could be beneficial to implement by incorporating culturally traditional foods, understanding dietary customs, promoting collaboration and community involvement (bottom-up initiatives such as *saamensterk058* and *Bilgaard*), and use different methods to overcome the linguistic and communicational barriers by including different tools to make communication easier (examples: translator, language education and maybe fun activities to learn the language). Culture matters and by acknowledging and respecting cultural differences, policies and interventions can be designed in a way that is sensitive, inclusive, and relevant to the specific needs and preferences of individuals from different cultural backgrounds (United Nations Population Fund, n.d.).

Each factor presents its own set of challenges when it comes to influencing food choices. Cultural background, coupled with religion and rituals, can significantly impact nutritional

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values and dietary choices. Different religions have specific dietary restrictions and guidelines, such as halal, kosher, vegetarian, or restrictions on certain types of meat. These religious practices can shape food preferences and eating habits. Family habits, often passed down through generations, are closely tied to geographical availability of specific foods. Traditional food preferences and cooking methods are influenced by the local food environment and cultural norms. However, with the rise of industrialization and globalization, as well as advancement in the technical industry, food choices and family habits have undergone significant changes on a global level. Resources, including economic status and availability to fresh food sources, play a crucial role in food choices, which aligns with the interviews conducted with the participants from Leeuwarden East, as they expressed the lack of taste in fruits and vegetables, which can be linked to the lack of freshness. Income level and access to affordable nutritious options can heavily influence dietary decisions as well. If fresh and healthy food is not readily available or affordable in the local neighborhoods, residents may therefore, consume or purchase more processed and less nutritious options. Time constraints, whether it is due to work, religious obligations, or other activities, can impact food choices. The convenience and accessibility of unhealthy fast food and processed foods can become interesting options for busy people. Personal preferences play a significant role in shaping food choices within a family. Individual likes and dislikes, which are influenced by both genetic and environmental factors, can affect the acceptance or rejection of certain foods. If parents or the social environment do not prioritize or enjoy certain types of food, it is less likely that their children will develop a taste for those foods. The availability and accessibility of healthy food options, especially in terms of geographical distance, can pose challenges. If healthier options are further away and require more effort, time, and money to obtain, individuals may decide to buy more convenient but less nutritious alternatives.

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Strengths and limitations

A notable strength of my research is the incorporation of culture in the questionnaire design. This is particularly significant considering a previous study that highlighted the lack of standardization and cultural inclusion in food choice questionnaires (Cunha et al., 2018). By recognizing the importance of culture and its influence on dietary habits, the questionnaire used in my research aimed to capture a comprehensive understanding of participants' food choices within their cultural contexts. This approach allows for a more nuanced and accurate assessment of the relationship between cultural background and dietary habits. By addressing this limitation observed in previous studies, my research contributes to the advancement of knowledge in the field and ensures a more culturally sensitive and inclusive assessment of participants' experiences and behaviors. A limitation of this study is that it is challenging to determine the exact impact of the factors contributing to the quality of the participants' diets. The significance of each factor in shaping the participants' dietary patterns may vary depending on where they are from or what they are familiar with. The relationship between global economics and health as well as taking cultural aspect into account, is complex and multifaceted, making it difficult to precisely understand how globalization affects diet. Another limitation is that the sample size of the target group was limited to Leeuwarden East and therefore it has not been examined beyond the scope of the participants from Leeuwarden.

The significance of my research

My research on the impact of cultural background on dietary habits within lower socio-economic communities has the potential to have several significant contributions. Firstly, it can enhance to a better understanding of the challenges faced by individuals from different cultural backgrounds and lower socio-economic status in adopting healthier food options. This understanding can inform the development of targeted interventions and policies aimed at addressing these challenges and promoting healthier eating behaviors. Secondly, the

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research can shed light on the importance of social support networks, including family, friends, and community, in shaping dietary habits within these communities. This knowledge can help in identifying ways to utilize social support to encourage healthier eating behaviors. Furthermore, the research can highlight the influence of cultural beliefs, values, and traditions, such as religion, on access to different foods and ingredients. This understanding can guide the development of culturally sensitive approaches to promote healthier eating and ensure that interventions are tailored to the specific cultural needs of the target population. Overall, further research in this area can have implications for the development of effective interventions, policies, and strategies that address health disparities and promote healthier eating habits within lower socio-economic communities with diverse cultural backgrounds.

Conclusion

What I can conclude from various studies and my own results, is that several factors have been identified which influences dietary habits within lower socioeconomic groups. These factors play a significant role in shaping food choices and eating behaviors. The main factors of influence and consideration are:

1. **Cultural Background and Family Habits:** The cultural background and family food traditions significantly influence dietary choices. Cultural practices and preferences, as well as family habits and customs, shape the types of foods consumed and the overall dietary patterns.
2. **Resources:** Access to financial resources, availability of affordable and nutritious food options, and proximity to grocery stores or markets impact food choices. Limited financial resources can restrict the variety and quality of food options available to individuals.
3. **Knowledge and Time:** Adequate knowledge about healthy eating and nutrition, as well as the time available for meal planning, preparation, and cooking, influence dietary

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choices. Lack of awareness or time constraints may lead to less healthy food choices or reliance on convenience foods.

4. **Personal Preferences:** Individual tastes, likes, and dislikes play a role in dietary choices. Personal preferences for certain flavors, textures, or types of cuisine can influence the selection of foods.

It is essential to address cultural, economic, educational, and environmental factors to promote healthier food choices and optimize nutrient intake. To further conclude, people with a different ethnic background and from lower socio-economic communities face significant barriers and challenges in their lives. However, there are existing successful solutions, such as the Bloeizones, and numerous other approaches to develop policies could be implemented to enhance the well-being of residents in Leeuwarden East. Some of these potential approaches include:

- Capability approach theory
- Social cognitive approach
- Culturally sensitive approach

By embracing cultural diversity and tailoring approaches to specific cultural contexts, policies and interventions can be more effective in addressing the unique challenges and improving the well-being of residents with different backgrounds. By implementing these, it is possible to improve the lives of residents in Leeuwarden East, ensuring equal opportunities, enhancing social well-being, promoting health, and creating a more inclusive and vibrant community.

References

American Psychological Association. (2010, May 19). Children, Youth, Families and Socioeconomic Status. <https://www.apa.org>.
<https://www.apa.org/pi/ses/resources/publications/children->

Challenges of Maintaining a Healthy Lifestyle

families#:~:text=SES%20affects%20overall%20human%20functioning,health%2C%20ultimately%20affect%20our%20society.

Benefits of Healthy Eating. (2021, May 16). Centers for Disease Control and Prevention.

<https://www.cdc.gov/nutrition/resources-publications/benefits-of-healthy-eating.html>

Blommaert, L., Coenders, M., & Van Tubergen, F. (2012). *Discrimination of Arabic-Named Applicants in the Netherlands: An Internet-Based Field Experiment Examining Different Phases in Online Recruitment Procedures.* Research Gate.

https://www.researchgate.net/publication/259369063_Discrimination_of_Arabic-Named_Applicants_in_the_Netherlands_An_Internet-Based_Field_Experiment_Examining_Different_Phases_in_Online_Recruitment_Procedures

Bulushi, A. A., Enazi, N. R. A., Yassin, K., Rehman, A., Hassan, A. H. A., & Idris, Z. (2011). The influence of cultural and social factors on healthy lifestyle of Arabic women. *Avicenna*, 2011(1). <https://doi.org/10.5339/avi.2011.3>

Campbell, J. A., & Egede, L. E. (2020). Individual-, Community-, and Health System–Level Barriers to Optimal Type 2 Diabetes Care for Inner-City African Americans: An Integrative Review and Model Development. *The Diabetes Educator*, 46(1), 11–27. <https://doi.org/10.1177/0145721719889338>

Castaneda-Gameros, D., Redwood, S., & Thompson, J. L. (2017). Nutrient Intake and Factors Influencing Eating Behaviors in Older Migrant Women Living in the United Kingdom. *Ecology of Food and Nutrition*, 57(1), 50–68. <https://doi.org/10.1080/03670244.2017.1406855>

Centraal Bureau voor de Statistiek. (n.d.). *Inflatie.* Centraal Bureau Voor De Statistiek. <https://www.cbs.nl/nl-nl/visualisaties/dashboard-economie/prijzen/inflatie>

Challenges of Maintaining a Healthy Lifestyle

Cunha, L. M., Cabral, D., Moura, A. P., & De Almeida, M. C. P. (2018). Application of the Food Choice Questionnaire across cultures: Systematic review of cross-cultural and single country studies. *Food Quality and Preference*, *64*, 21–36.

<https://doi.org/10.1016/j.foodqual.2017.10.007>

De vijf wijken van. (n.d.). Leeuwarden Oost. <https://www.leeuwardenoost.nl/wijken/>

Dekker, L. H., Rijnks, R., Strijker, D., & Navis, G. (2017). A spatial analysis of dietary patterns in a large representative population in the north of The Netherlands – the Lifelines cohort study. *International Journal of Behavioral Nutrition and Physical Activity*, *14*(1). <https://doi.org/10.1186/s12966-017-0622-8>

Eby, K. (2018, June 28). *The Purposes of Top-Down and Bottom-Up Management Styles*. Smartsheet. <https://www.smartsheet.com/top-down-bottom-up-approach>

Felten, H., Does, S., De Winter Koçak, S., Asante, A., Andriessen, I., Donker, R., & Brock, A. (2021, May 2). *Institutional racism in the Netherlands*. European Website on Integration. https://ec.europa.eu/migrant-integration/library-document/institutional-racism-netherlands_en

Fibieger Byskov, R., Fibieger Byskov, I., Fibieger Byskov, M., Zalta, E. N., & Nodelman, U. (2023). *The Capability Approach*. Stanford Encyclopedia of Philosophy. <https://plato.stanford.edu/archives/sum2023/entries/capability-approach/>

Gentil, P., Tinsley, G. M., Bianco, A., & Moro, T. (2019). The Influence of Meal Frequency and Timing on Health in Humans: The Role of Fasting. *Nutrients*, *11*(4), 719. <https://doi.org/10.3390/nu11040719>

Have, M. T. (2021). Armoede in Nederland. *Vereniging Van Nederlandse Voedselbanken*. <https://voedselbankennederland.nl/artikelen/armoede-in-nederland/#:~:text=De%20armoedegrens%20in%20Nederland%20ligt,in%20Nederland%20onder%20de%20armoedegrens.>)

Challenges of Maintaining a Healthy Lifestyle

- Hawkes, C. (2006). Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Globalization and Health*, 2(1). <https://doi.org/10.1186/1744-8603-2-4>
- Hoff, S., Van Hulst, B., & Wildeboer Schut, J. M. (2019). *Armen met en zonder migratieachtergrond*. Sociaal En Cultureel Planbureau. <https://digitaal.scp.nl/armoedeinkaart2019/armen-met-en-zonder-migratieachtergrond/>
- Keengwe, J. (2015). Handbook of Research on Educational Technology Integration and Active Learning. *Advances in Educational Technologies and Instructional Design Book Series*. <https://doi.org/10.4018/978-1-4666-8363-1>
- Kumanyika, S., & Grier, S. (2006). *Targeting Interventions for Ethnic Minority and Low-Income Populations on JSTOR*. <https://www.jstor.org/stable/3556556>
- LaMorte, W. W. (2022). *The Social Cognitive Theory*. Boston University School of Public Health. <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchangetheories5.html>
- Leeuwarden blijft in top-10 armste gemeenten. (2019, July 1). *Omrop Fryslân*. <https://www.omropfryslan.nl/nl/nieuws/892017/leeuwarden-blijft-in-top-10-armste-gemeenten>
- Marinus, J. D., Braaksma, Y., & Kooij, M. (2021). *PARTICIPATIEVE MONITORING EN LERENDE EVALUATIE VAN BLOEIZONE-INITIATIEVEN*. Bloeizones Fryslân. <https://www.planbureau Fryslan.nl/wp-content/uploads/2022/11/Participatieve-monitoring-en-lerende-evaluatie-van-Bloeizone-initiatieven.pdf>
- Nyberg, S. T., Batty, G. D., Pentti, J., Virtanen, M., Alfredsson, L., & Fransson, E. I. (2018, August 31). *Obesity and loss of disease-free years owing to major non-communicable diseases: a multicohort study*. THE LANCET Public Health. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30139-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30139-7/fulltext)

Challenges of Maintaining a Healthy Lifestyle

- Přívara, A. (2019). *Food Consumption Habits and Food Security Challenges among Immigrants*. Questa Soft. <https://www.ceeol.com/search/article-detail?id=840808>
- Siebelink, E., Geelen, A., & De Vries, J. H. (2011). Self-reported energy intake by FFQ compared with actual energy intake to maintain body weight in 516 adults. *British Journal of Nutrition*, *106*(2), 274–281. <https://doi.org/10.1017/s0007114511000067>
- Skerrett, P. J., & Willett, W. C. (2010). Essentials of Healthy Eating: A Guide. *Journal of Midwifery & Women's Health*, *55*(6), 492–501. <https://doi.org/10.1016/j.jmwh.2010.06.019>
- Sommer, I., Griebler, U., Mahlknecht, P., Thaler, K. J., Bouskill, K. E., Gartlehner, G., & Mendis, S. (2015). Socioeconomic inequalities in non-communicable diseases and their risk factors: an overview of systematic reviews. *BMC Public Health*, *15*(1). <https://doi.org/10.1186/s12889-015-2227-y>
- Step toe, A., Pollard, T. M., & Wardle, J. (1995, November 9). *Development of a Measure of the Motives Underlying the Selection of Food: the Food Choice Questionnaire*. INSTITUTE OF EPIDEMIOLOGY & HEALTH CARE UCL. <https://www.ucl.ac.uk/epidemiology-health-care/research/behavioural-science-and-health/resources/questionnaires/eating-behaviour-questionnaires>
- Terragni, L., Garnweidner, L. M., Pettersen, K. S., & Mosdøl, A. (2014). Migration as a Turning Point in Food Habits: The Early Phase of Dietary Acculturation among Women from South Asian, African, and Middle Eastern Countries Living in Norway. *Ecology of Food and Nutrition*, *53*(3), 273–291. <https://doi.org/10.1080/03670244.2013.817402>
- United Nations Population Fund. (n.d.). *Culturally sensitive approaches*. <https://www.unfpa.org/culturally-sensitive-approaches>

Challenges of Maintaining a Healthy Lifestyle

Van Hulst, B., & Hoff, S. (2019a). *Waar wonen de armen in Nederland?*

<https://digitaal.scp.nl/armoedeinkaat2019/waar-wonen-de-armen-in-nederland/>

Van Hulst, B., & Hoff, S. (2019b). *Waar wonen de armen in Nederland?* Sociaal Cultureel

Planbureau. <https://digitaal.scp.nl/armoedeinkaat2019/waar-wonen-de-armen-in-nederland/>

Van Stappen, V., Latomme, J., Cardon, G., De Bourdeaudhuij, I., Lateva, M., Chakarova, N.,

Kivela, J., Lindström, J., Androustos, O., González-Gil, E. M., De Miguel-Etayo, P.,

Nánási, A., Kolozsvári, L. R., Manios, Y., & De Craemer, M. (2018). Barriers from

Multiple Perspectives Towards Physical Activity, Sedentary Behaviour, Physical

Activity and Dietary Habits When Living in Low Socio-Economic Areas in Europe.

The Feel4Diabetes Study. *International Journal of Environmental Research and*

Public Health, 15(12), 2840. <https://doi.org/10.3390/ijerph15122840>

World Health Organization. (n.d.). *Healthy diet*.

<https://www.who.int/initiatives/behealthy/healthy-diet>

World Health Organization: WHO. (2019). Noncommunicable diseases. *www.who.int*.

https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1