

INSIGHT INTO THE FOOD CULTURE ISSUES SURROUNDING
KAREN BURMESE REFUGEES IN SASKATOON, SASKATCHEWAN

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By

SCARLETT MARIE EWEN

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ABSTRACT

For many newcomers to Canada, the resettlement process presents many challenges, obstacles, anxieties and fears. Newcomers must make adjustments regarding their food behaviors as they encounter many barriers surrounding food. The challenges and needs faced by an immigrant differ from those of a refugee, and it is therefore important to study refugees separately. There is a need for more knowledge on perceptions and overall views of refugee families, in order to provide the most efficient services and interventions. Karen Burmese refugees to Saskatchewan have lived in Thai refugee camps for the majority of their lives and were targeted for this study. The purpose was to describe and examine the post-migration dietary patterns and dietary acculturation issues of Karen Burmese newcomer refugees in Saskatoon. This qualitative ethnographic study aimed to 1) identify the issues, barriers and supports surrounding food that Karen Burmese families have faced upon migration to Canada, 2) to explore the adjustments that this group faces regarding their food behaviors, and 3) to explore the services which newcomers receive when resettling in Saskatoon. Data was collected from in-depth interviews with members of the Karen Burmese refugee community (n=14) and service providers (n=6). Participant and onsite observations were also made. Data was analyzed using thematic analysis. Nine themes emerged: 1) Pre-migration lifestyle and living conditions; 2) Resettling in Saskatoon; 3) Karen Burmese culture and lifestyle factors; 4) Post-migration living difficulties, issues and challenges; 5) New experiences with Canadian food culture; 6) Factors influencing food habits; 7) Life in Saskatoon – food issues; 8) Changes in food habits from camp to Canada; and 9) Coping strategies to overcome challenges. A prolonged stay in a refugee camp with limited life experiences and low literacy skills makes this community particularly vulnerable, which influences their overall adjustment and resettlement. Many are still adjusting and adapting to the Canadian lifestyle and eating habits. This study provided insight into the complicated links between food choices, health, and general well-being. Health professionals need to understand these links in order to develop appropriate programs and services. Best practices should involve immediate and inclusive supports followed by integration into the wider community with a strong focus on skill building, leadership, gaining independence, and an emphasis on empowerment and capacity building.

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CHAPTER 1: INTRODUCTION

Food is a fundamental and unique element of every culture. Our food habits and behaviours help shape our cultural identities. Each cultural group has its unique eating patterns, styles, practices, etiquette and preferences. Food choices are often influenced by our self-identity and are largely culturally determined. Maintenance of a traditional diet and lifestyle is an important strategy in ensuring health in the long-term.

Refugees and immigrants to Canada often face challenges upon arrival. Refugees are a class of immigrants that are particularly vulnerable to significant physical and mental health challenges, due to their forced nature of displacement. The transition from a non-western culture to a western culture can be difficult, especially for a refugee. It differs from an immigrant who voluntarily chose to move to a new country and perhaps had more time to prepare. In contrast, refugees move involuntarily and sometimes on very short notice to flee war, famine and other circumstances, and often arrive in a new country without knowing the official language(s).

Most newcomers (refers to both immigrants and refugees) arrive in Canada healthier than the host population (Newbold, 2009). However, newcomer's health characteristics worsen with their stay in Canada. The health of Canadian immigrants has a large impact on both the cost and adequacy of Canada's healthcare system. Studies report considerable decline in overall health status of immigrants by increase in duration of stay in Canada commonly referred to as the "Healthy Immigrant Effect" (Newbold, 2009). Hence, the health of Canada's immigrant population is an important determinant of overall population health due to the large number of immigrants residing in Canada and the increasing risk of chronic conditions in this at-risk population (Newbold, 2009, Government of Saskatchewan, 2008). The "Healthy Immigrant Effect" is strongly related to the acculturation process, which is associated with changes in the diet among many other changes the newcomer may experience. The refugee population is a diverse group and may show many variations between and within each ethnic group; it is therefore important to study the groups separately rather than as one group.

The Karen Burmese community is a group of refugees to Canada who originate from Eastern Burma (now called Myanmar) and Western Thailand. The United Nations High Commissioner for Refugees has identified more than 1300 refugees in need of resettlement due

to the trauma they are suffering and the poor conditions in the Thailand refugee camps where many have spent as many as 20 years (UNHCR, 2009b). The majority of the Karen Burmese refugees were faced with severe persecution including torture, imprisonment, forced labour, burning of their villages, and relocation (CIC, 2007a).

1.1 Problem Statement

Little is known about immigrants and refugees once they have resettled in a new country. Much less research has been conducted specifically with refugee populations. The Karen Burmese refugee community who resettle in Saskatoon, Saskatchewan are a community, which needs special attention. They have lived in shocking conditions in Thailand refugee camps (CIC, 2007a) and are in need of education and support in order to adjust to life in Saskatoon. More knowledge is needed of the refugee's perceptions of their food environment and overall views in order to provide the most efficient services and to plan any interventions if needed.

1.2 Background Information

As of 2005, Canada became the third main country of resettlement of refugees, after United States and Australia (UNHCR, 2006a). Canada saw a 30% increase of refugees from 2007 to 2008. In 2008, Canada became the second largest recipient of applications amongst a list of 51 UN countries (UNHCR, 2009a). Canada resettles on average 10 000 to 12 000 refugees from overseas every year through the Resettlement Assistance Program (RAP) and the Private Sponsorship of Refugees Program (CIC, 2008c). Many of the newly arrived refugees have suffered food deprivation, suboptimal nutrition and nutritional deficiencies (UNCHR, 2006a).

In 2006, Government of Canada accepted the first group of 810 Karen Burmese refugees for resettlement in Canada (IOM International Organization for Migration, 2006). Saskatoon was the first Canadian city to welcome Karen Burmese refugees in 2006 and there are now more than 70 families living in Saskatoon.

Newcomer immigrants and refugees should have a smooth transition from home to host country, and have challenges and barriers addressed early upon arrival. Many refugee individuals and families experience drastic life changes when fleeing to another country. Most arrive in a

host country with little to no education or literacy skills, high health care needs and very low life skills.

Another major life change is dietary habits. Post-migration dietary consequences put newcomers at a higher risk of developing chronic diseases than their native-born counterparts. For example, obesity is uncommon upon arrival but increases rapidly with length of time in the new country (McDonald & Kennedy, 2005; Renzaho & Burns, 2006; Renzaho, 2008; Sussner, Lindsay, Greany, & Peterson, 2008). Adoption of unhealthy diets leading to negative health outcomes increases with the number of years in the host country (Barnes & Almasy, 2005).

1.3 Purpose of Study

The purpose of this study is to describe and examine post-migration dietary patterns and dietary acculturation issues of new Karen Burmese refugees in Saskatoon, Saskatchewan.

1.4 Research Questions

1. What are the issues, barriers and supports surrounding food that Karen Burmese refugees have faced upon migration to Canada?
2. What adjustments have Karen Burmese refugees made regarding their food behaviours since arriving to Canada?
3. What resettlement services do newcomers receive when resettling in Saskatoon? And, how have the new Karen Burmese refugees used the services and how could the services be enhanced?

1.5 Scope

The study included refugees of Karen and/or Burmese ethnicity residing in Saskatoon, Saskatchewan.

1.6 Definitions of Terms

Acculturation – “total adaptive and coping process” by which a group adopts the cultural patterns (e.g. food habits, religion, beliefs, language) of a dominant/host group; occurs at the individual level as well as at the macro level reflecting physical, economic, social and political changes (Satia-Abouta, Patterson, Neuhouser, & Elder, 2002).

Canadian citizen – citizenship obtained by birth in Canada, or birth abroad when at least one parent is a Canadian citizen. It can also be granted to a permanent resident who lives in Canada for three out of four years before applying and meets specific requirements (CIC, 2007b); “a legal bond between a state and that country’s laws and an individual. It encompasses political, economic, social and other rights as well as the responsibilities of both government and citizen” (UNCHR, 2006b).

Convention refugee – (also called government-assisted refugees) “a person with a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group; and, because of conditions in their home country and their fear of persecution, they are unwilling or unable to return” (UNHCR, 1951); receive resettlement assistance from the federal government (CIC, 2008d).

Culture – “sum total of all aspects of the life patterns of daily life that are learned by an individual within a culture, that determinedly affects that person’s behavior, offers a sense of order, security and identity, and yet paradoxically is in a state of continuous change” (Barer-Stein & Draper, 1988); the values, beliefs, attitudes, and practices accepted by members of a group or community (Kittler & Sucher, 2004).

Cultural sensitivity – is “employing one’s knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others and encountering a diverse group or individual” (Foronda, 2008).

Dietary acculturation – process that occurs when members of a minority group adopt the eating patterns/food choices of the host country (Kittler & Sucher, 2004); and, “both the outcome and the process through which immigrants acquire and react to food-related habits of the dominant society” (Himmelgreen, Daza, Cooper, & Dinorah, 2007). Newcomers typically experience one of three outcomes: 1) completely adopt new foods and Western eating habits; 2) maintain their traditional practices, or; 3) do both.

Food habits – (also called foodways and food culture) “the ways in which humans use food, including everything from how it is selected, obtained, and distributed to who prepares it, serves it, and eats it” (Kittler & Sucher, 2004).

Healthy immigrant effect – immigrants/refugees, and especially those who are recent, are less likely than the Canadian-born population to have chronic conditions or disabilities. As time after immigration increases, the health of immigrants/refugees begins to converge with that of the host population (McDonald & Kennedy, 2004).

Immigrant – “a person who voluntarily leaves his/her country of origin and comes to settle in Canada as a permanent resident” (Immigration and Refugee Board of Canada, 2006).

Newcomer – for the purposes of this paper, the term ‘newcomer’ refers to both immigrants and refugees resettling into a different host country. When distinguishing refugees from immigrants, the term ‘newcomer refugee’ will be used.

Permanent resident – “a person who has been granted permission by Citizenship and Immigration Canada to settle in Canada permanently”, and who may later apply to become a Canadian citizen. The previous term was “landed immigrant” (Immigration and Refugee Board of Canada, 2006).

Refugee – “a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (United Nations High Commissioner for Refugees [UNHCR], 1951).

Resettlement - "a long-term, dynamic, two-way process through which, ideally, immigrants would achieve full equality and freedom of participation in society, and society would gain access to the full human resource potential in its immigrant communities" (Galway, 1991).

1.7 Summary

The Karen Burmese community is a vulnerable group upon immigration to Canada. Their food choices and dietary practices often change putting them at health risk. Since behaviours vary greatly between ethnic groups, it was important to study them separately or as an independent group. This thesis reports on a study to examine the post-migration dietary patterns and acculturation issues of this population group. The following chapters present a literature review and the research methodology used for this project. Results and discussion are then presented, followed by recommendations.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

There are many new experiences as one resettles into a different host environment. The transition differs from person to person, however for some it is extremely difficult. Refugees are often faced with challenges related to Canada's Immigration and Refugee System, airport arrival and other new realities. One particular challenge relates to the food environment. New realities include introduction into a new food environment and facing different food choices. Dietary patterns and food choices can reflect cultural traditions, food availability, education, knowledge, and lifestyle, among other factors (Elmubarak, Bromfield, & Bovell-Benjamin, 2005). Changes in diet upon arrival to a new environment can be both positive and negative. More research on health issues may provide a better understanding of food culture and how newcomer refugees cope with a new or different food environment.

2.2 Refugees in the World

According to the United Nations High Commissioner for Refugees (UNHCR), at the end of 2007 there were 11.4 million refugees and 26 million internally displaced people forced to flee their home by conflict or persecution (UNHCR, 2009a). These numbers show an increase of 12 percent since 2007. The rates of migration have more than doubled in the past couple decades, reaching an estimated total of 185-192 million people worldwide in 2005 (IOM International Organization of Migration, 2006).

The UNHCR estimated that approximately 250,000 people across the world were in need of resettlement in 2010. Of these, about 79,000 people will be resettled to a new host country in any given year (UNHCR, 2009b). The remaining refugees will continue to wait in refugee camps, many for up to 15- to 20-years, until they can be resettled to a host country.

2.3 Canada's Immigration and Refugee System

Canada is well known and recognized by the United Nation High Commission for Refugees (UNHCR) as a leading refugee-resettlement country (UNHCR, 2002). Canada's immigration and refugee system is comprised of three main branches (Immigration and Refugee Board of Canada, 2006). The first, Citizenship and Immigration Canada (CIC) has overall

responsibility for immigration and refugee matters. The second, the Canada Border Services Agency (CBSA) is responsible for border services following strict national security priorities. And, lastly, the Immigration and Refugee Board of Canada (IRB) is a national board system, which makes decisions on immigration and refugee matters.

The IRB has two main programs: 1) The Refugee and Humanitarian Resettlement Program and 2) The In Canada Asylum Program. The Refugee and Humanitarian Resettlement Program is a global resettlement program, which resettles refugees of about 70 different nationalities (Immigration and Refugee Board of Canada, 2006). The In Canada Asylum Program works to help provide refugee protection to people in Canada who cannot return to their home countries due to high risk of torture, punishment and other severe persecutions. CIC uses the term ‘resettlement’ to describe the legal process of bringing a refugee to Canada to live as a permanent resident (CIC, 2008d).

The IRB recognizes two main types of refugees: 1) People who have been sponsored and selected for resettlement by the Government of Canada or by a private group. These people are usually called “resettled refugees” and mainly come from refugee camps around the world. Refugees in this category are granted permanent residency as soon as they arrive in Canada. And, 2) People who have fled their country and applied for asylum (protection) through the in-land refugee determination system offered by the IRB.

Upon selection, refugees must “demonstrate an ability to eventually reestablish their lives in Canada and pass medical, security and criminality assessment” (CIC, 2008d). Once refugees resettle in Canada, they are entitled to basic health services and settlement support. Resettled refugees receive initial assistance from either the Government of Canada, or private sponsors. Government sponsored refugees are provided with income support for one year through the Resettlement Assistance Program, and up to two years for refugees with special cases. Citizenship and Immigration Canada, in partnership with service provider organizations to newcomers, also funds other programs, to ultimately help refugees settle, adapt, and integrate as into Canadian society (CIC, 2008c).

Service provider organizations offer programs that can give newcomers the resources and training they need to live and work in Canadian society (CIC, 2008c). They also provide

orientation, guidance and advice. The programs assist with daily activities such as finding accommodation, taking public transportation, or booking a doctor's appointment. Staff from such organizations can help refugee newcomers to complete forms and applications (e.g. bank card, health insurance card, social insurance card). Since many refugees come to Canada with low skills in English, these organizations provide language training services to newcomers. They also offer interpretation and translation services.

With funds from CIC, two service provider organizations' programs are available to refugees: 1) Resettlement Assistance Program (RAP) and 2) the Host Program. With the RAP, refugees are provided with the initial financial support to cover the costs of essential needs (e.g. food, furniture, clothing, basic household items), and a monthly allowance for food and shelter. This program also helps with temporary housing, required paperwork, orientation, and life skills specific to the newcomer refugees' unique needs (CIC, 2008c). The Host Program relies on volunteers from the community whom are linked with newcomer refugees to help them adjust to their new environment. Volunteers help newcomer refugees build their skills needed to reach their full potential in Canadian society.

Several service provider organizations and agencies in Saskatoon, Saskatchewan provide key services and supports to help newcomers adapt to a different environment. Saskatoon Open Door Society (SODS) was the main resettlement organization in Saskatoon, and was the one first approached by newcomers to the city. SODS partners with other city organizations, and makes referrals based on client needs. The mission of SODS is "to welcome and assist refugees and immigrants to become informed and effective participants in Canadian society and to involve the Saskatoon community in their hospitable reception and just acceptance" (Saskatoon Open Door Society, 2007). As of 2009, a collaborative initiative was initiated with the help of the main settlement agencies. The organization that is now first approached by newcomers is the Newcomer Information Center (NIC). The NIC is funded by Advanced Education, Employment and Immigration (AEEI).

Other resettlement and newcomer support services or organizations include Saskatchewan Intercultural Association, Mennonite Central Committee, Global Gathering Place, International Women of Saskatoon and, Saskatchewan Capacity of Internationally Trained Professionals.

Saskatoon also has several faith-based organizations and churches, which also provide support and assistance to refugee newcomers. There are also other organizations which work indirectly with newcomers to the city; these include Child Hunger and Education Program (CHEP) and programs offered by the Saskatoon Health Region (e.g. Food for Thought, Healthy Mother Healthy Baby).

Simich, Beiser, Stewart and Mwakarimba (2005) found that there were “fundamental challenges to providing supportive services” to newcomers. Challenges were linked to the marginalization of immigrants, government policies and the discrepancy between newcomers’ expectations and the realities of living in Canada. Newcomer refugees in Canada are entitled to basic health services and settlement support in terms of orientation and referral services, language training and financial support for settlement costs and vocational training (CIC, 2008c). However, despite the available supports for the refugees, they often struggle to settle and adapt.

2.3.1 Strategies to Meet Refugee Needs

The Canadian Council for Refugees (1998) has identified 12 core values that underlie their Best Practice guidelines. These values are regarded as fundamental for the development of national standards to meet the needs of refugees. Optimal care is based on core values of access, inclusion, empowerment, user-defined services, holistic approach, respect, cultural sensitivity, community development, collaboration, accountability, orientation towards positive change, and reliability (Canadian Council for Refugees, 1998). The Best Practice guidelines are:

1. Services are accessible by all who need them.
2. Services are offered in an inclusive matter, respectful, or, and sensitive to diversity.
3. Clients are empowered by services.
4. Services respond to needs as defined by users.
5. Services take account of the complex, multi-faceted, interrelated dimensions of settlement and integration.
6. Services are delivered in a manner that fully respects the rights and dignity of the individual.
7. Services are delivered in a manner that are culturally - sensitive.

8. Services promote the development of newcomer communities and newcomer participation in the wider community, and develop communities that are welcoming of newcomers.
9. Services are delivered in a spirit of collaboration.
10. Service delivery is made accountable to the communities served.
11. Services are oriented towards promoting positive change in the lives of newcomers and in the capacity of society to offer equality of opportunity to all.
12. Services are based on reliable, up-to-date information.

(Canadian Council for Refugees, 1998).

2.3.1.1 Canadian Multiculturalism

The Canadian government expresses dedication to meeting the needs of its citizens, and to treat all citizens as equals. In 1971, Canada became the first country in the world to adopt multiculturalism as an official policy (CIC, 2008a). The 1971 Multiculturalism Policy of Canada became a law - Canadian Multiculturalism Act - in 1988. Multiculturalism “ensures that all citizens can keep their identities, can take pride in their ancestry and have a sense of belonging” (CIC, 2008a).

Multiculturalism is a policy that encourages cultural integration, and is often described as the optimal resettlement strategy for newcomers (Beiser & Hou, 2006). Multiculturalism policy works to facilitate newcomer resettlement by strengthening and supporting ethnic communities; and by providing the opportunity to newcomers to participate in all areas of society (Beiser & Hou, 2006; CIC, 2008a). Under this policy, issues of racism and discrimination can be prevented and ethnic harmony and cross-cultural understandings are encouraged (CIC, 2008a). Under the Canadian Multiculturalism Act (1988), all Canadians are guaranteed equality before the law and equality of opportunity regardless of ethnic origins, language, or religious affiliations (CIC, 2008b).

The Government of Canada is committed to reaching out to Canadians and newcomer immigrants, refugees and asylum seekers, and to developing and maintaining life-long relationships with ethnic and religious communities in Canada (CIC, 2008a). As stated in the annual report on the operation of the Canadian Multiculturalism Act of 2006-2007,

multiculturalism goes beyond celebrating the rich heritage of the many cultures present in Canada (CIC, 2009). It is an important component of acknowledging diversity, which requires making efforts to create an inclusive society in which Canadians of all backgrounds can participate and meaningfully contribute to the ongoing evolution of a multicultural Canada.

2.3.2 Refugees in Canada

Canada is a diverse country that is well known for its tradition of welcoming immigrants. It continues to bring newcomers into the country and the number of immigrants has grown in recent decades. There are over 200 ethnicities in Canada with 41% of immigrants stating they have more than one ethnic origin (Statistics Canada, 2008).

From 1986 to 2006, the immigrant population grew from 3.9 million to 6.2 million, accounting for 15.6% and 19.8% of the Canadian population, respectively (Statistics Canada, 2008). Statistics Canada (2008) reports that if current immigration trends continue, the percentage of immigrants in Canada could reach over 22% of the population by 2017. In other words, by 2017, more than one in five Canadians will be foreign-born (Statistics Canada, 2008).

In 2007, Canada was the second largest recipient of applications among 51 UN countries, after the United States (UNHCR, 2009b). Every year, 19 countries around the world resettle approximately 100,000 refugees. Canada annually resettles 10,000 to 12,000 (CIC, 2008d). Additionally, approximately 28,000 people come to Canada annually seeking asylum (protection), however not every application is successful (CIC, 2008d).

2.3.2.1 Refugees and Immigrants in Saskatchewan

In 2007, 236,758 immigrants settled in Canada, of which 11,200 were refugees; of these, 3,517 immigrants settled in Saskatchewan and 1,558 in Saskatoon (Statistics Canada, 2008). In 2008, 247,243 immigrants settled in Canada, of which 21,860 were refugees (Government of Saskatchewan, 2008). With the Saskatchewan Immigration Provincial Nominee Program (SINP) and other immigration initiatives, the number of immigrants and refugees arriving in Saskatoon is increasing rapidly. In 2008-09, over 7,500 newcomers arrived in Saskatchewan (Government of Saskatchewan, 2008).

2.3.2.2 Karen and Burmese Refugees

Burma, also called Myanmar, is located in Southeast Asia, and borders Thailand, China, India and Bangladesh (Figure 1). The Bay of Bengal and the Andaman Sea lie to the south of Burma. With Burma's independence from Great Britain in 1948, some groups of ethnic minority were granted autonomy, while other groups such as the Karen or Karenni were not (Brees, 2008).



Figure 1. Map of Myanmar (Burma)

Burma is the source of one of the world's most protracted refugee crises (Barron et al., 2007). Many have been forced to live in neighbouring and nearby countries such as Bangladesh, India, Malaysia, and Thailand (Barron et al., 2007). Around 150,000 ethnic Karen or Karenni, are living in designated camps in Thailand (Barron et al., 2007).

The Karen Burmese population are a minority ethnic group who were forced to flee their country in 1995 after a major offensive by the Burmese government army against the Karen National Union (CIC, 2007a). These refugees lived in refugee camps along the Thai-Myanmar border; they have been identified as the largest refugee population in Southeast Asia.

The United Nations High Commissioner for Refugees identified Karen and Burmese refugees in Thailand as a vulnerable group in need of priority resettlement particularly because they have suffered severe persecution not limited to torture, imprisonment, rape, forced labor, the burning of villages, and forced relocation (CIC, 2007a).

In 2005 the Royal Thai Government allowed large-scale resettlement of Karen Burmese refugees (called ‘Group Destination Project’ by the Government of Canada) (CIC, 2006). The UNHCR began to refer and resettle refugees from these camps to Canada, the United States and Australia. Other resettlement countries were Finland, Denmark, Norway, Sweden, United Kingdom, New Zealand, Great Britain and the Netherlands (CIC, 2007b). Since 2005, UNHCR has referred 103,333 refugees of Myanmar nationality for resettlement consideration. Resettlement cases of approximately 66,000 refugees have been approved to date and more than 58,000 refugees have departed to third countries of resettlement such as Australia, United States and Canada (UNHCR, 2010).

Canada accepted their first group of Karen refugees (some identify themselves as Karen Burmese) for resettlement in November of 2006. Saskatoon became the first Canadian city to welcome Karen and Burmese refugees under Canada’s “Group Destination Project”. This project is designed to move an entire community and settle its members as a community in a safer environment (CIC, 2006).

2.3.2.2.1 Refugee Life in Thailand

There are nine refugee camps along the Thai-Myanmar border. The camps were originally set up as temporary living centers over 20 years ago, but the camps are currently home to over 150, 000 people (IOM International Organization for Migration, 2006). Recent data states that there are nearly 102, 000 registered refugees and more than 12,500 asylum seekers in Thailand (UNHCR, 2010). Most refugees are ethnic minorities from Myanmar, mainly the indigenous groups, Karen and Karenni, who live in nine camps in four provinces along the Thai-Myanmar border (UNHCR, 2010). The majority of refugees live in refugee camps, fleeing persecution, armed conflict, murder, rape, and mutilation. Being and living in a refugee camp does not mean these people – especially women and children - are safe, are being fed, or have proper nutrition. They are still at great risk for overcrowding, disease, malnutrition and other threats.

2.4 Issues/Barriers faced with Resettlement

Upon resettlement, refugees often still deal with similar issues faced in their previous situations, while having to face challenges in their host country. Researchers exploring barriers to a successful transition use words such as resettlement, settlement, adaptation, adjustment and

integration. There is no defined period as to when one is considered “resettled”, “settled”, “adjusted” or “integrated”. According to the Canadian Council of Refugees (1998), resettlement generally refers to adjustment and the early stages of adaptation in a new host country. The early stages refer to when the newcomer makes the basic adjustments in a new country; for example, finding accommodation, learning the dominant language, and securing employment.

All newcomers go through phases of adjustment. However, the nature of migration for refugees – forced - makes their integration into society more difficult than immigrants who make the decision themselves to migrate (Sundquist, Bayard-Burfield, Johansson, & Johansson, 2000). Refugees are faced with many challenges and barriers related to cultural adjustment and changing roles. General adjustments and challenges among immigrants include difficulty finding appropriate housing, difficulty finding employment and securing finances. They face challenges when it comes to education, as well as health issues and food and food-related situations. Newcomers have to cope with new realities and deal with everyday challenges – language barriers, role reversal in families, accessing health care services, changes in socio-economic status, changes in diet and cultural norms.

Neuner et al. (2004) have suggested a relationship between pre-migration traumatic experiences, such as torture and sexual violence, and the severity of subsequent psychiatric problems. The relationship between the number of traumatic experiences and subsequent psychological experiences has also been suggested (Momartin, Silove, Manicavasagar, & Steel, 2004).

Other barriers to resettlement in a different environment have been identified as social isolation, psychological and physical health issues, as well as hardship with practical needs (e.g. finding employment and receiving proper education). Since refugees often face a variety of stressors and significant physical and mental health challenges before, during, and after migration to a host country, it has been suggested that poor acculturation in the host country can result in an increased risk of health problems among newcomer groups (Wiking, Johansson, & Sundquist, 2004).

There are many external barriers that can prevent people from achieving healthy behaviors. These can include cultural norms about food, food availability, economic factors and a lack of

knowledge. Many immigrant groups have poorer health than the majority population, after five years of residency (Newbold, 2005). Evidence suggests that poor acculturation in a host country could be the cause of a higher risk of health problems among newcomer immigrant and refugee groups (Wiking et al., 2004).

Additionally, health risk behaviors, such as poor or unhealthy diet choices (e.g. consumption of a high-fat diet), increase over time to resemble those of the majority group (Acevedo, 1997; Beiser & Hou, 2006; Cardosa, Hamada, de Souza, Tsugane, & Tokudome, 1997; Newbold & Danforth, 2003; Newbold, 2005; Ng, Wilkins, Gendron, & Berthelot, 2005). Changes in diet and lifestyle following migration, such as an increased intake of fat and oils, and a less active lifestyle can be correlated to cardiovascular diseases and some cancers (Huang, Rodriguez, & Burchfiel, 1996; Koochek, Mirmiran, Azizi, Padyab, Johansson, & Karlstrom, 2008; Lutsey, 2008). In Canada, McDonald and Kennedy (2004) suggest that the worsening health of immigrants could be the result of Canadian social norms and the long exposure to a Western lifestyle.

2.4.1 Social Isolation and Lack of Social Support

Refugees can face social isolation due to language difficulties, cultural differences between country of origin and host country, and fear (Clinton-Davis & Fassil, 1992). Most refugee families have been separated from both their immediate family and extended families. This can lead to feelings of worry, frustration, helplessness, guilt, disappointment, sadness and to isolation. Family members who have moved to an industrialized or developed country often feel the need to financially support others back home. Matsuoka and Sorenson (1999) found that 72% of Southeast Asian refugees in New Zealand were sending money back to family members in their country of origin. Several other studies also show that refugees feel as though they are expected to send money back home (Manderson, Kelaher, Markovic, & McManus, 1998). Newcomers who move to the host country may also face a change in gender roles and social isolation. For example, women who have never had to work before and are mainly responsible for taking care of the home and tending to the children, may be faced with different responsibilities when moving to another environment. Manderson et al. (1998) investigated single unattached women newcomers and found that the women faced great difficulties,

including social isolation without having a family network that would normally provide them with financial and emotional support.

McMichael and Manderson (2004) suggest that the loss of social networks and ties can result in sadness, distress, anxiety and depression, leading to social isolation. Social support, from families and communities, may act as a protective factor against the persecution and trauma events experienced by many refugees (Khawaja, White, Schweitzer, & Greenslade, 2008; McMichael & Manderson, 2004). Social networks can enable access to information and services in the new environment, and also help to maintain a link with their home country (McMichael & Manderson, 2004). A longitudinal study by Robinson (1993) on the resettlement process of East Africans found that the presence of an existing community had a fundamental importance to successful resettlement in the new country. For immigrants arriving in a new host country, social networks can facilitate resettlement. Another study by McDonald and Kennedy (2005) also found that if a close-knit ethnic community is present in the area where the newcomer family is living, then it may be easier for the newcomer to settle and maintain their connections to culture and language. The pressures of acculturation are less as compared to a newcomer family resettling with no pre-established community.

Strong beliefs can help refugees adapt to challenges and difficulties faced in a new environment (Brune, Haasen, Krausz, Yagdiran, Bustos & Eisenman, 2002). Holding a strong belief system can have further advantages for the refugees such as higher educational achievement and fewer symptoms of post-traumatic stress disorder (PTSD) (Brune et al., 2002). Research looking at belief systems and post-migration health has several limitations such as small sample sizes and use of snowball sampling procedure as opposed to other sampling methods used in quantitative studies.

2.4.2 Health Problems

2.4.2.1 Psychological and Physical Issues

Psychological health problems are generally related to many physical health outcomes. The Canadian Task Force on Mental Health Issues (1998) lists the potential predisposing factors for psychological health problems in immigrants and refugees as: 1) separation from family and

community 2) an unwelcoming host community; 3) prolonged or severe suffering prior to migration; 4) being elderly or adolescent; 5) lacking knowledge of the host language, and; 6) loss of socio-economic status. There is research literature looking at emotional distress, levels of post-traumatic stress, anxiety and depression and other health issues among refugees. However, there seems to be inconsistencies throughout the literature studying the prevalence of mental disorders among refugees as the studies are either mainly descriptive, use instruments of untested reliability or use different methods of data collection and analysis (Hollifield et al., 2002).

A systematic review by Fazel, Wheeler and Danesh (2005) found that refugees resettled in Westernized countries were approximately 10 times more likely to develop post-traumatic stress disorder (PTSD) than age-matched general population of these countries. PTSD is defined as “a psychological reaction occurring after experiencing a highly stressing event (e.g. wartime combat, physical violence, or a natural disaster) that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the event” (Merriam-Webster, 2011).

Refugees and asylum seekers are at an elevated risk of developing mental health problems because they have experienced several adversities in life (Fazel et al., 2005; Fazel & Stein, 2002; Stein, Kataoka, Jaycox, Wong, Fink, Escudero, & Zaragoza, C et al., 2002). As a result, they are likely to experience a higher prevalence of psychological disorders such as depression and post-traumatic stress disorders (Fazel & Stein, 2002; Tribe, 2002). Eisenbruch (1988) assessed the health needs of refugees and identified major factors leading to post-migration anxiety and depression in refugees. These factors include discrimination, lack of social support, social isolation and unemployment. Additionally, post-migration conditions such as accommodation and financial stress in the new environments have been identified as major factors related to poor mental health outcomes (Porter & Haslam, 2005). The Brent and Harrow Refugee Survey in 1995 found that refugees were at a much greater risk to show symptoms of depression, anxiety and panic attacks than native-born peoples (Brent & Harrow Health Authority, 1995).

A review on the mental health of Southeast Asian refugees and immigrants to Canada found that exposure to tragic events such as torture and rape is likely to lead to post-traumatic

stress disorder (Beiser & Edwards, 1994). The researchers suggest that women in particular are at a higher risk for mental disorders over time.

2.4.2.2 Pre-Migration Trauma – A Major Psychological Health Issue

Prior to migration, many refugees are regularly exposed to human rights violations, torture and other types of hardships (Schweitzer, Melville, Steel & Lacherez, 2006; Steele, Silove, Phan & Bauman, 2002). Refugees have been victims of significant traumatic experiences including persecution, threats to personal safety, torture, and sexual violence. These traumatic experiences can present challenges for the refugees and may further affect mental state and associated difficulties with everyday life. Pre-migration trauma can be associated with increased likelihood of anxiety, depression, and post-traumatic stress-disorder. Schweitzer et al. (2006) suggest that traumatic experiences can challenge a refugee's sense of empowerment, identity and meaning in life. Traumatic events include but are not limited to forced separation from family, lack of food and water, lack of shelter, torture, and rape/sexual abuse.

Schweitzer et al. (2006) studied the relationship between pre-migration trauma, post-migration living difficulties and social support systems. From a sample of 63 Sudanese refugees living in Queensland, Australia, 54% had significant mental health difficulties. This was determined by self-reported experiences of five or more categories of trauma listed in the Harvard Trauma Questionnaire. The traumatic experiences were associated with increased vulnerability, and when combined with psychological stress resulted in poor adjustment in the host country. In addition, the amount and type of trauma events experienced by the refugees had a direct prediction on levels of depression and anxiety. Difficulties adjusting to the cultural life in the host country were also associated with increased depression, anxiety and other psychological conflicts. Conversely, social support systems such as presence of family, and support from others in the Sudanese community, were significant determinants of a more positive mental health status.

Steel et al. (2002) reported a significant association between pre-migration trauma exposure and risk of mental illness, especially among refugees with a high degree of exposure to trauma. They reported an eightfold increase in risk of mental health illness in refugee participants reporting three or more trauma events, and a two-fold increase in risk in refugee

participants reporting one or two trauma events. However, trauma-related mental illness seemed to reduce steadily over time.

It is important to note that data about refugee trauma and health status is often conflicting and difficult to interpret because of the different methods, definitions and instruments used for the data collection and analysis (Hollifield, Warner, Lian, Krakow, Jenkins, Kesler, et al., 2002). A critical review of 394 publications by Hollifield et al. (2002) found that the majority of the research done used descriptive data from instruments that had limited or untested validity or reliability. Limitations include small sample sizes and a difficulty generalizing results from one homogeneous ethnic group to other groups.

2.4.3 Post Migration Practical Needs – Employment, Education

An important part of resettlement is finding employment and education. Refugees are a diverse group in terms of their employment experiences, skills, qualifications and levels of education. Refugees often experience economic and social challenges due to the cultural and linguistic barriers. Unemployment may be a challenge for refugees because many who move to their new home have never worked before or have limited work experience (Beiser & Hou, 2001). Additionally, refugees and immigrants can experience a drop in employment status relative to their position back home (Chan & Christie, 1995). Aycan (1996) also found that newcomers to Canada, both immigrants and refugees, often experience a drop in employment status, which they refer to as a downward occupational mobility. For example, many who held managerial or professional positions in their country of origin might only receive positions such as a taxi driver or janitorial position in the host country. According to a survey of 525 resettled refugees in Alberta, Canada, recent refugees were more likely than other Canadians to be unemployed (Krahn, Derwing, Mulder & Wilkinson, 2000). The survey also found strong evidence of newcomers obtaining work positions in areas outside their field. Also, if the newcomers were employed, they were most likely to be found in temporary or part-time jobs.

Iredale and D'Arcy (1992) reported that proficiency in English language, resettlement problems, inappropriate job skills, lack of support networks and biased employer attitudes were explanations to why refugees and immigrants were worse off in terms of employment than citizens of the host country. Lack of language skills is a significant barrier to securing

employment and is discussed repeatedly throughout the research literature (Iredale & D’Arcy, 1992; Henry, Tator, Mattis, & Rees, 1995; Krahn et al., 2000). Without English proficiency, refugees are readily excluded from many aspects of society including employment, education, access to services and social networks. Discrimination on the part of employers (Henry et al., 1995) and having a visible minority status (Reitz & Sklar, 1997) are also barriers to entering the labor market.

2.5 Dietary Habits and Food Security

2.5.1 Karen Burmese Food Culture

White rice (called *htamin*) is the staple of the Karen diet, and is eaten with every meal (Barron et al., 2007). Chillies, salt, spices and, fish paste or fish sauce are used in nearly every meal. According to most cultural profiles on Myanmar such as the one designed for organized HOST Programs by CIC, the Myanmar diet is likely to include the following popular foods:

- *Ngapi* - a sharp-tasting, salty paste made with fermented fish, shrimp or prawns; is used to flavour many dishes
- *Talapo* - popular Karen dish; made of rice and bamboo shoots, lemon grass and fish paste
- *Magyi-ywet thok* - vegetable salad made with tamarind leaves
- *Shauk-thi thok* - fruit salad made with pomelos
- Mild curries (*hin*) made with assorted vegetables and meat, often chicken, fish or seafood
- Betel (or areca) nut chew - from the betel palm trees found in Asian countries is similar to a tobacco; also known as the “Burmese chew” is commonly eaten after a meal.

Food is eaten with the fingers of the right hand, and those who live in more urban areas may eat with a fork and a spoon. Sometimes, chopsticks are used while eating noodles.

2.5.2 Food Security and Health

Food security is an important component of a healthy and productive population. The Food and Agriculture Organization of the United Nations states “Food security [is] a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe,

and nutritious food that meets their dietary needs and food preferences for an active and healthy life” (FAO, 2003). Thus, food insecurity, to different degrees of severity (Tarasuk, 2001), “exists whenever the availability of nutritional adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain” (Health Canada, 2007). Therefore, food security has quantitative, qualitative, social and psychological dimensions. Food security follows a predictable sequence of severity, from worrying about not having enough money to buy food, to compromising on food quality, and then finally to compromising on the quantity of food eaten (Che & Chen, 2002). Food security is not just an issue of survival and healthy living but there are also negative psychological, social, economic, cultural and physical consequences to being food insecure.

A household is considered food secure when all members have access to enough food to sustain a healthy and active life (Whitney & Rolfes, 2005). Newcomer families with young children are faced with more preventable health risks due to the higher rates of food insecurity found in this population (Chilton et al., 2009). Experiencing food insecurity in childhood can have negative impacts on physical and socio-cognitive growth and development in children. This can ultimately jeopardize the children’s future and ability to contribute to the future economy as productive workers. Income, language and cultural barriers have been identified as mediating factors of food insecurity. Newcomer refugees and immigrants may have a higher prevalence of household food insecurity as they often face more challenges in the new host country.

Sellen, Tedstone and Frize (2002) studied food insecurity among young refugee children who were newly resettled in London, UK. Refugee families were highly vulnerable to food insecurity, especially within the first two years of arrival in the UK. Hadley and Sellen (2006) reported that the majority of immigrant families they studied experienced food insecurity upon recent resettlement in US. They found that employment and income played a major role in food security. They further suggested that accelerating transition into the labor force may be beneficial in reducing food insecurity.

Sellen and Hadzibegovic (2003) reported that 73% of 60 Sudanese refugee families living in the U.S. had an overall prevalence of food insecurity; and child hunger was found in 12% of the 60 families. Similar data was found in recently resettled Somalian refugees (n=35) in the

United States; 72% of households were food insecure (Dharod, Croom, Sady, & Morrell, 2011). Another study of 30 newcomer refugee families found all to be food insecure, with 60% of children in the family experiencing hunger (Sellen et al., 2002). Child hunger in this study was significantly associated with recent arrival to the host country.

Previous research indicates that food insecurity is directly linked with low socio-economic status (Campbell, 1991; Travers, 1996). Employers may not recognize educational credentials of newcomers, and thus many newcomers remain unemployed or are placed in undesirable positions (Newbold, 2009). As a result, they often have a decreased socio-economic status. Low socio-economic status is associated with poorer health affecting overall well-being (Lemstra, Neudorf, & Opondo, 2006). Within four years of an immigrant's arrival to the new host country, the proportion of immigrants reporting fair or poor health and well-being has been shown to almost triple (Newbold, 2009).

Language barriers may make it difficult for immigrants to access healthcare services and to use available health resources. Socio-economic factors such as income, education, and employment are directly related to food insecurity (Health Canada, 2007). The lack of access to enough nutritious and safe food is common among low-income families (Kirkpatrick & Tarasuk, 2008). To address these problems, many researchers are moving toward a community food security approach to tackling food insecurity. Community food security is a systems-orientated approach to food security and integrates a wide range of economic, environmental, cultural and social problems (McCullum, Desjardins, Kraak, Ladipo, & Costello, 2005).

Poverty is one of several factors which can prevent access to sufficient, safe and nutritious foods in Canada. Newcomers, especially government - assisted refugees, are particularly vulnerable to low income, resulting in poverty. Statistics Canada (2008) found that 32.5% of immigrants (note: this data includes refugees) who are attached (married), and 58.3% of unattached (not married) and had arrived within the last five years, have low incomes. Their non-immigrant counterparts had rates of 6.9% and 26.3% respectively. This has a significant effect on rates of food insecurity, affecting overall nutritional status of newcomers.

Refugee women are especially vulnerable if they have left their home countries by force, are separated by their families, have limited knowledge of the languages spoken in the host

country, or are visible minorities (Gagnon et al., 2006). Since food insecurity results in a lower consumption of fruits, vegetables, milk and fibre, as well as inadequate intakes of other vital nutrients (Kirkpatrick & Tarasuk, 2008), immune systems are compromised and the risk of developing a chronic disease increases (Che & Chen, 2002; Kirkpatrick & Tarasuk, 2008). People classified as food insecure have a tendency to binge eat, consume low cost, high calorie foods and develop higher body mass indexes (Che & Chen, 2002). Reports indicate 21% of people in food insecure households have at least three chronic conditions (e.g. cancer, cardiovascular disease, obesity, diabetes, distress, depression) (Che & Chen, 2002). The health risks related to food insecurity negatively impacts the employment, income and the socio-economic status of food insecure families.

2.5.2.1 Food Insecurity in Canada

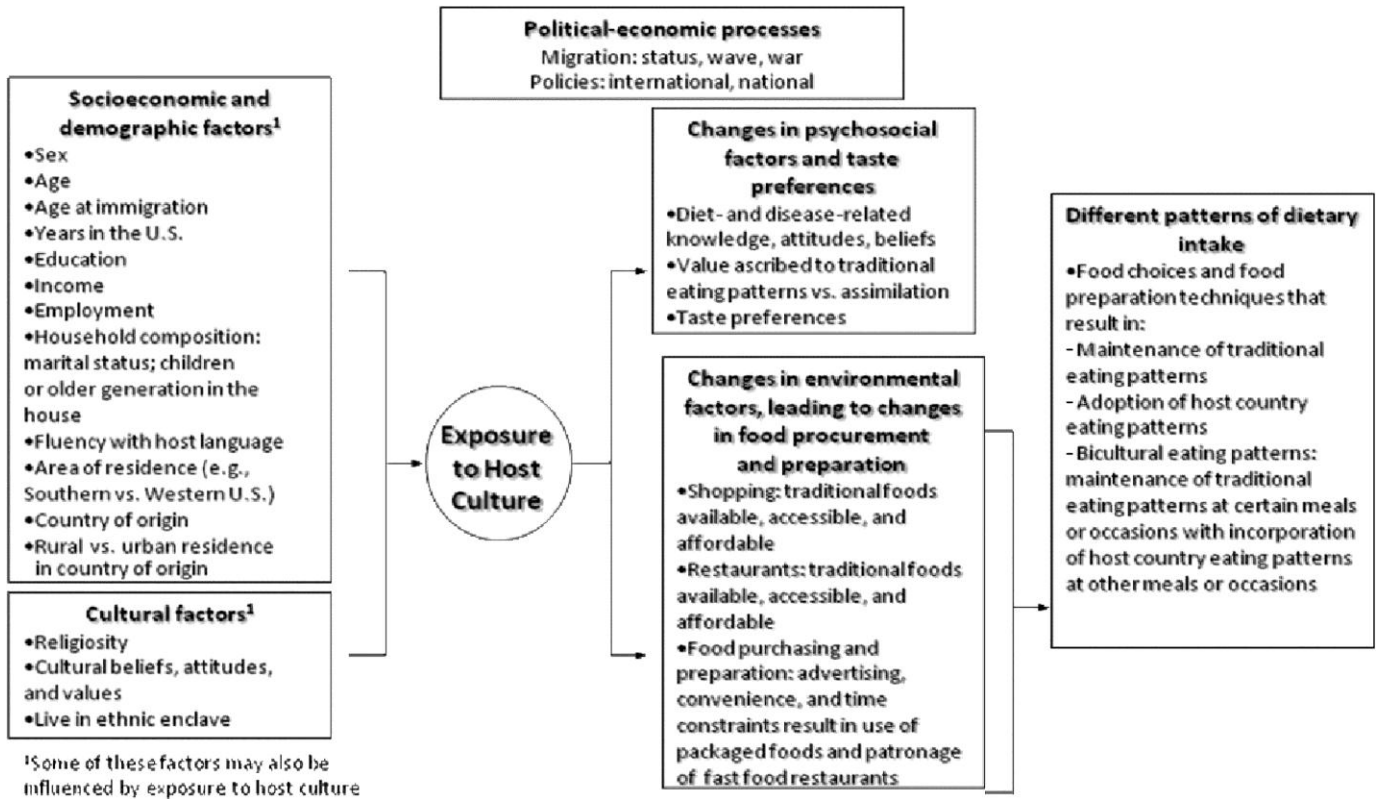
The prevalence of food insecurity in recent immigrants is considerably higher than in the general population, resulting in poorer health status. Canadian Community Health Survey (CCHS) Cycle 2.2 (2004) suggests that the prevalence of food insecurity is similar among immigrants and native-born Canadians, signifying a strong relationship between food insecurity and income and education (Che & Chen, 2002). There is a difference, however, in recent immigrant households (less than five years in Canada) of which 14.8% are food insecure when compared to food insecurity in non-recent immigrants and non-immigrant households (8.6% and 9.1% respectively) (Health Canada, 2007). According to CCHS 2.2, 4.9% of Canadian-born children experience some form of food insecurity while 5.6% of non-recent immigrant children experience food insecurity, a number that more than doubles to 12.4% in recent immigrant children (Health Canada, 2007).

The CCHS data must be interpreted with caution. The data may be underestimated as the immigrants were required to speak fluent English to participate. Thus, newcomers to Canada may have been underrepresented. In addition, the data does not differentiate between immigrant and refugee status. The prevalence of food insecurity seen in refugees specifically could be underestimated, as they often face more barriers and challenges than immigrants (e.g. linguistic and cultural barriers, discrimination, and differing value systems) (Che & Chen, 2002).

Data from Saskatchewan revealed from a pilot study sample size of 72 newcomers, that 66% of refugees and 39% of immigrants experienced some form of household food insecurity (Nisbet, 2011).

2.5.3 Dietary Acculturation - Changes in Dietary Patterns and Food Habits

Acculturation influences the dietary habits of immigrants by the retention of or changes in the intake of foods and nutrients (Satia-Abouta et al., 2001; Satia, 2010). Dietary acculturation refers to the process by which members of a minority group adopt the dietary practices of the host country. There are three different outcomes of dietary acculturation: 1) adoption of new foods characteristic of the host country; 2) maintenance of traditional foods, or; 3) both. Dietary acculturation can result in both healthy and unhealthy dietary behaviors. Satia (2010) proposes a model of dietary acculturation - a multi-dimensional, dynamic and complex relationship of socioeconomic, demographic, and cultural factors with exposure to a host culture (Satia-Abouta et al., 2002; Satia, 2010). Using this model, predictions on behavior changes in dietary habits and eating patterns can be made, which may ultimately affect the patterns seen in dietary intake. For example, the availability of traditional and familiar foods to a newcomer and the convenience of fast food, will affect shopping practices and food intake. The effect of acculturation on one's risk status is likely to vary by culture and ethnicity, particularly in adolescents (Yu, Huang, Schwalberg, Overpeck, & Kogan, 2003). As the proposed model suggests, dietary acculturation has a relationship with socioeconomic, demographic and cultural factors.



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Figure 2. Satia (2010) proposed model of dietary acculturation. The process by which racial/ethnic newcomer groups adopt the eating patterns of their host country. Some of these factors may also be influenced by exposure to host country.

Changes in food habits and dietary patterns may occur when immigrating to a new host country. Studies have explored these changes; they have investigated changes on the retention or abandonment of traditional foods, the adoption of new food habits, and the changes in food behaviors (LV & Cason, 2004; Renzaho & Burns, 2006; Story & Harris, 1989; Willis & Buck, 2007).

Dietary habits and patterns are important when considering risk of disease and measuring healthy living. Research indicates that the differences in disease rates among people from different countries could be partly due to differences in dietary patterns (Potter, 1996; Whittemore et al., 1990; Whittemore et al., 1995). Koo (1984) found that Chinese immigrants in

the United States adopted Western eating habits while maintaining traditional Chinese eating habits. Story and Harris (1989) reported drastic changes in food buying practices, although the Southeast Asian refugee families were able to maintain strong ties to their native traditional diets. However, other studies show a complete adoption of western foods which includes a significant increase in fat and sweets after immigration (Kruseman, Barandereka, Hudelson, & Stalder, 2004; LV & Cason, 2004).

LV and Cason (2004) suggested that the two main reasons for changing eating habits in Chinese immigrants living in the United States were: 1) convenience and 2) availability. The frequency of grocery shopping of Chinese immigrants decreased after immigration. Newcomers reported that they had less time for food preparation and therefore relied more on convenience and fast foods, which are often unhealthy (Sussner et al., 2008).

Renzaho and Burns (2006) examined post-migration food habits and eating patterns of 139 sub-Saharan African households in Victoria, Australia. In interviews, participants were asked about maintenance of traditional dietary practices; 93.5% of participants indicated difficulty locating familiar traditional food items. However, the migrants adopted a coping mechanism of substitution of absent or inaccessible ingredients with accessible ingredients for their traditional food recipes; they therefore still consumed many traditional dishes. Two of 10 of the most adopted foods among participants were pizza (44.5%) and McDonalds/KFC (22.7%). 33% of respondents consumed takeaway fast food at least once a week. The Sub-Saharan immigrants were successful in retaining some of their traditional food habits, however newly adopted habits (such as high prevalence of eating takeaway food) could have or lead to negative health effects. It is important to note that the participants in this study were linguistically fluent in the new environment which may have influenced their dietary habits and food choices.

Willis and Buck (2007) examined current dietary patterns of Dinka and Nuer refugees from Sudan to the US. The refugees ate a monotonous diet, consumed large quantities of convenience foods and sweetened beverages and lacked familiarity with US foods and preparation techniques. The researchers concluded that they did not eat a well-balanced diet in their new country. Therefore, these refugees were in great need of exposure and training in nutrition for the US

context in order to prevent any possible nutrient deficiency, excess calorie and sodium intake, and associated diseases (Willis & Buck, 2007).

Kruseman et al. (2004) explored perceived dietary changes and problems among recent African asylum seekers and refugees in Geneva, Switzerland, and found that all respondents reported eating fewer fruits and vegetables (an average decrease of 10 to 2 servings per week), and drinking more carbonated sweetened beverages. The participants expressed their difficulties in finding affordable African food and understanding local food. They discussed how their dietary changes were mainly due to price, taste, choice and accessibility. Roshania, Narayan and Oza-Frank (2008) also documented increased fat and sugar intake and a decreased fruit and vegetable intake implying that newcomers are likely to shift towards more unhealthy dietary patterns post-migration. However, region of origin is an important factor when looking at dietary change, and since there is such diversity among cultural groups, explanations for the differences in dietary change between ethnic groups varies. For example, immigrants from Asia are least likely to have dietary change, whereas immigrants from Latin America, the Caribbean and Sub-Saharan Africa are more likely to have dietary change, and most likely to be overweight/obese (Roshania et al., 2008). Thus, some ethnic groups may be at risk for unhealthy eating behaviours possibly leading to an unhealthy lifestyle characterized by some chronic conditions.

Ethnic identity has been shown to play a role in health behaviour. A study of Southeast Asian refugees in Canada showed that strong ethnic identity was associated with maintaining traditional diets (Hyman, Vu and Beiser, 2000). The authors suggest that programs that promote cultural retention may increase the effectiveness of health nutrition counselling. Those who are being counselled may better connect with the counselling material if it is culturally appropriate and relevant to them.

2.5.4 Perceptions of Healthy Behaviors

Every individual differs in how he or she perceives terms such as ‘healthy’ and ‘nutritious’. Perceptions can influence our health behaviours and lifestyle. A few studies specific to refugees and their perceptions of healthy behaviors were found in the literature. Barnes and Almasry (2005) found that refugees felt that some barriers to healthy eating included perceived cost of fresh fruits and vegetables, general cost of food in the U.S., limited amount of time

available to prepare food when adults had to work outside the home, and the low price and easy access to snack food and fast food restaurants. 61% of the participants thought they were eating more fat since arriving to the U.S. while 42% felt they ate more sugar or sweets. The researchers stressed the importance of studying each ethnic group separately as the perceptions can vary greatly. For example, Bosnians and Iranian refugees felt U.S food choices were less healthy compared to home country food because they were not as natural or wholesome. Cuban participants were very positive about food choices in U.S. and enjoyed foods such as hamburgers and pizza. Barnes and Almasry (2005) concluded that new refugees do have some knowledge of healthy food choices upon resettlement, but this knowledge does not always translate into healthy behaviors.

2.6 Nutrition Education & Nutrition Promotion Projects

Nutrition education is essential in a new environment, specifically a new food environment. Newcomers should be encouraged to retain the best aspects of the diet of their home country while embracing the healthy behaviors and food habits of their new host country. Burns (2004) suggests that this is best achieved with public health programs that incorporate traditional food habits into dietary guidelines, education programs for both migrant and native-born populations, and local food policies that ensure the supply of traditional foods to migrant populations. Additionally, when dealing with cultural groups soon after immigrating to the new host country, health professionals, including dietetics professionals, can make use of the model of dietary acculturation (Satia-Abouta et al., 2002; Satia 2010) to better understand the possible factors which affect food choices.

It would be ideal to have refugees' knowledge and contribution at every step in the design and implementation of a nutrition training process; this can further enhance training strategies as well as generate community-wide interest (Willis & Buck, 2007). Practitioners and educators should be encouraged to develop materials in the native language of participants. Culturally sensitive and appropriate materials may reduce the language barrier and assist newcomers to learn the material needed upon resettlement (Willis & Buck, 2007).

In order to design culturally appropriate nutrition interventions and promote refugee and immigrant health, an understanding of the factors associated with dietary change is important

(Hyman et al., 2000). Burnett and Peel (2001) stress that support for migrant children should be multi-faceted, aiming to provide as normal of a life as possible in the new home country. Hadley and Sellen (2006) suggest that programs designed to improve knowledge of shopping and budgeting would be highly beneficial for new arrivals. This may help to reduce the high prevalence of food insecurity in their homes. Suggestions have also been made that future studies focus specifically on spending and money management strategies, which would be valuable to the newcomers (Hadley & Sellen, 2006). Awareness of specific cultural meal patterns, personal requirements, dietary preferences, and disease patterns can greatly improve the services of dietitians, nutritionists and other health workers (Kim, Lee, Ahn, Bowen, & Lee, 2007; Story & Harris, 1989).

More knowledge is needed on refugees' perceptions of their health behaviors and their desire to change before a health and nutrition promotion project can be planned. Studies on the different groups of immigrants are also needed to understand the impact of immigration on nutrition-related issues.

Kruseman et al. (2004) suggest that standard nutrition education may not address the main needs and concerns of the population, but rather the focus should be on familiarizing the population with the names, uses and preparation of local foods. Other suggestions from the study included events such as organized visits to local food markets, cooking courses and food lists to display equivalencies between African and local food items.

2.7 Summary

Refugees arriving in a new country are faced with a number of stressful situations. These can include dealing with the loss of family members, unemployment, social isolation, a lack of English skills, difficulties with new climate and a new food culture, and tensions within the family. For many newcomers, the resettlement process presents many challenges, obstacles, anxieties and fears. Newcomers must make adjustments regarding their food behaviors as they face barriers surrounding food issues. Many studies are quantitative in nature and do not distinguish immigrants from refugees. The challenges and needs faced by an immigrant may greatly differ from those of a refugee, and it is therefore important to study this population.

CHAPTER 3: METHODOLOGY

3.1 Introduction

Culture is an abstract concept used to account for the beliefs, values, and behaviors of cultural groups. Culture is best studied through qualitative work rather than quantitative work. Qualitative research methods allow the researcher to gain insight and a deeper understanding about particular issues within a cultural group.

3.2 Research Framework

Qualitative research allows for exploration of a social or human problem or issue. Participants are able to express themselves, and have the opportunity to respond to open-ended questions in their own words. It may also be more appropriate for more sensitive topics. In qualitative research, the researcher builds a complex holistic picture, analyzes words, reports detailed views of participants, and conducts the study in a natural setting (Creswell, 2003). Exploratory research which essentially involves qualitative methods are best suited for research designs that seek to answer questions requiring the exploration of reasons for behaviours and the ways in which behaviour unfolds (Drew, Hardman & Hart, 1996). Qualitative research can also address questions needing exploration, explanation, description and illustration, and is effective when small sample sizes exist. In this study, focused ethnography will be used as a qualitative method to study issues dealing with post-migration dietary patterns and dietary acculturation surrounding new refugees of Karen or Burmese ethnicity in Saskatoon.

3.3 The Researcher's Story

My background includes a Bachelor of Science undergraduate degree from the University of Alberta in biological Sciences with a minor in nutrition and food science. My undergraduate degree allowed me to take a wide range of courses. During my final years of university, I enrolled in some upper level nutrition and anthropology courses, and it was then when I really became interested in nutrition with a particular interest in food and culture. I developed a strong interest for nutrition related issues surrounding people from different cultures living in Canada and vulnerable groups in developing countries. It was at this time, my final years of my undergraduate program, that I knew I had found something I was passionate about. I was

determined to study more nutrition and wanted to study community nutrition, with the ultimate goal of conducting research that would help to improve the quality of life for a vulnerable group.

Even though my interest for food and culture was heightened during my last years of my undergrad, I have always had a strong curiosity about different cultures, and the idea of trying new foods and exploring new and different cultural norms peaked my interest. I have had many interactions with people from around the world, and have developed close relationships with people of different ethnicities. Although I have only travelled to a few countries, I feel like I have some hands on experiences about countries just from my interaction with friends and volunteer groups. I believe I have received more insight from these interactions than I will ever receive by reading books about the country or culture. I am also an active volunteer with organizations working with newcomers across Saskatoon. I am currently a Host match volunteer with several newcomer families. I started with an Eritrean family of eight. Working with this Eritrean family – mainly helping them learn English and adapt to a more Western lifestyle – has provided me with some remarkable experiences and insight into their culture. This family has inspired me to continue volunteering with new families to the city, and my second Host match was a Karen family from the Thailand refugee camp. Through this family, I have been further connected with the Karen Burmese community, including both the elders and the youth.

I pursued a Master of Science degree in Nutrition with an emphasis on community nutrition. My natural interest in food and culture led to my exploration of studying a new group of people, the Karen Burmese refugees from Myanmar, who have lived in Thailand refugee camps. I had initially wished to study an African group – Sudanese or Eritrean refugees - in Saskatoon; however, after much discussion with both Open Door Society and my supervisor, we decided to look at a newer group of refugees to Saskatoon as their issues may need more attention. Also, the majority of the Sudanese refugees living in Saskatoon has been living here for years and has established networks with each other. The interviews conducted with the Sudanese population would mainly rely on their memory, which can affect the overall trustworthiness of the data.

My program consisted of both a required thesis and several courses: Health Promotion, Program Planning and Evaluation, Research Methods and Advances in Public Health Nutrition Research.

Throughout my Master's degree program, I was fortunate enough to become very involved with the Karen Burmese community. I was often invited to their homes for a meal and to events such as new years and birthday celebrations. I was also asked to become a leader in their newly organized Youth Group. I quickly became a familiar face in the community, and felt that my relationship with them would be long lasting. I often received calls to help with resumes, interpret recipes that they brought home, read letters, and help with English homework. Not only was the community learning from me, but I was learning from them. They reminded me how we should always appreciate the little things in life, and to not take anything for granted. Being born in Canada, I have always thought about what it would be like to live in a refugee camp, and the challenges faced, but everything becomes more real when hearing the stories from the refugees themselves. I only hope that my relationships with this community will become even stronger, and that I can continue to support them through tough times. I also hope that the community feels the same about me.

The stories that were shared with me by the newcomers were inspiring and motivational. I am happy and thankful that they have allowed me to share some of their stories for this study.

3.4 Qualitative Research Design

This study was best approached with ethnography, more specifically focused ethnography. Ethnography is a description and interpretation of a cultural or social group (Creswell, 2003), which provides a means for an in-depth study of the culture of a particular group of people (Marshall & Rossman, 2010; Richards & Morse, 2007). Focused ethnography works to study a specific set of issues within a single culture or social group (Richards & Morse, 2007). This study was focused around food issues surrounding Karen Burmese refugees from Myanmar, therefore focused ethnography enabled me as the researcher to evaluate and to elicit information on this particular area. I was able to study, gain understanding and insight into the food-related issues of Karen Burmese refugees, specifically how they experienced, perceived and interpreted their food environment. Ethnographic data collection consists of strategies for obtaining data that

enabled the researcher to describe cultural norms, perspectives, characteristics, and patterns (Richards & Morse, 2007). Strategies used in this study included interviews, participant observations, field notes and a diary.

3.5 Study Population and Sampling procedures

3.5.1 Study Population

The target group for this study was Karen Burmese refugees from Myanmar (previously known as Burma), who have lived in Thailand refugee camps. The participants were contacted and recruited through the Saskatoon Open Door Society, as this organization was the first point of contact for most refugees in Saskatoon. Karen Burmese families have been arriving in Saskatoon since 2006. There are currently about 70 families in Saskatoon. Prior to meeting this community, I was told that challenges I may encounter with this group include limited education, high health care needs, limited life experiences and inadequate English literacy skills (Saskatoon Open Door Society, personal communication, August 21, 2009). Key informants were also recruited for the study. Key Informants are persons who have worked very closely with the Karen Burmese community over many years and would further our understanding on the population. In the study, key informants included settlement counsellors, community workers, and English as Additional Language teachers.

3.5.2 Sampling Procedures

In qualitative research, sample sizes are often smaller due to the depth of information collected during interviews. The number of participants required in qualitative research is dependent on the purpose of the study and the richness of that data (Creswell, 2003). In-depth descriptors are essential for this study. By using a smaller sample, a more personal understanding of the issues can be gained. The results can contribute valuable knowledge to the community. Fifteen Burmese or Karen men/women (one per family) were invited to participate in this study. Overall, 20 individuals participated (14 Karen Burmese; 6 key informants).

3.6 Participant Recruitment, Data Collection Procedures and Instruments, and Interview Process

3.6.1 Recruitment Process

3.6.1.1 Participant Recruitment

I worked closely with Saskatoon Open Door Society (SODS) to recruit participants. Due to the language barrier in the participants – most have been assessed at a Level 1 or pre-level 1 English level (meaning they did not have skills to pass Level 1), SODS assisted in recruiting a reliable independent translator/interpreter for this study. An independent interpreter was then hired to translate/interpret the individual interviews. The settlement counsellor from SODS, who is fluent in the Karen or Burmese native language, initially contacted Karen Burmese participants in Saskatoon. She compiled a list of names and through random selection sampling (e.g. blindly pulling names for a list) 15 families were contacted on my behalf. Random sampling was chosen because of the restrictions of the SODS in recruiting participants. The settlement counselor would be the initial contact with the community. To ease her burden in deciding which families to recruit (she knew and worked with all families), it was thought a random approach would be most suitable. We also felt that all the Karen Burmese families in this small community would have personal experiences to share related to food. Thus, we wanted to give all families an equal opportunity to participate.

Prior to the interviews, a recruitment script (Appendix A) was drafted and discussed with the settlement counsellor to ensure it was culturally appropriate and that she was able to both translate and interpret the information accurately. The script was finalized, and was given to the settlement counsellor to contact and invite potential participants. Each study participant was at least 19 years old and was a recent refugee (less than five years in Canada). They also held the most responsibilities in the house for food and food-related activities (e.g. grocery shopping, preparation, cooking of meals). However, each participant essentially represented one Karen Burmese family. After two weeks, (I) the researcher followed up with the settlement counsellor regarding respondents and their acceptance or rejection of the invitation. All 15 randomly selected families were very willing to participate in the study. The settlement counsellor notified me that they were no questions at time of recruitment, other than a few inquiring about honoraria

as they had participated in another research study and thought it was the norm. I offered each participant a \$25 grocery gift card as a token of appreciation for his or her time.

3.6.1.2 Key Informant Recruitment

Key informants were selected based on *purposeful sampling* – a non-random method of sampling where the researcher selects “information-rich cases for study in depth. Information-rich cases are those from which [the researcher] can learn a great deal about issues of central importance to the purpose of the research” (Patton, 2002). Key informants differed in their experience and expertise with the Karen Burmese community, however were purposely selected because they had some experience with this group. Cover letters with attached consent forms (Appendix B) were sent either by regular mail or by email to selected organizations in Saskatoon that offered services to newcomers or to those who had experiences with the Karen or Burmese community. Thirteen letters were sent. Some key informants gladly wished to participate, others felt they were not in a position to do so, had limited experience with the refugee community, and were mainly responsible for administrative duties. Some contacts suggested other people to interview. A total of six key informants were recruited for this study.

3.6.2 Data Collection Procedures

Data collection is often carried out with multiple techniques, namely open-ended and semi-structured interviews and observations. In this study, the researcher was the primary mode of collecting the information. Data collected in this study came from interviews with the study population (Karen Burmese community) and key informants from selected organizations who work closely with the community. Data was also collected through participant and on-site observations at various settings and locations.

Data was collected and recorded during semi-structured interviews with the consent of each participant. Methods of recording interviews include audio recording, note taking, and remembering (Kvale & Brinkmann, 2009). For this study, I (the researcher) used an audio recorder to record the interviews, which was followed by note taking based on memory, directly after the completed interviews. Extensive notes during the interview were not taken, as it is likely to be distracting to the participant, and can interrupt the flow of conversation (Kvale & Brinkmann, 2009).

During data collection and analysis, awareness of self is essential. The researcher must be aware of his or her own cultural values, beliefs and biases and the way they could influence what data is collected (Richards & Morse, 2007). I recorded self-observations in a research diary which assisted me in avoiding any misinterpretations. For example, I recorded any instances during the interviews which seemed surprising to me, or which raised a “red flag” so that I could reflect on them again at another time. Also, by making notes in the diary, I minimized any personal biases. An example of one “red flag” was the emphasis of cold weather in Saskatoon seen in one interview transcript. It was noted that the date and time of that particular interview was done on the coldest days last winter. A second example is when a participant told me her story in the refugee camp and having lost all her grandchildren. This particular woman had suffered a great amount of trauma and difficulty in her life, and therefore it is quite possible that her concerns were expressed differently than other participants who may have not suffered the same trauma.

Observations were a valuable method in this study as it allowed the researcher to approach participants in their own environment rather than having the participants come to the researcher. The data obtained through participant observations served as a check against participants’ subjective reporting of what they believe and do (Bogdewic, 1999), and therefore helped the researcher to understand the context of the data collected during the interviews. This method also allowed for more insight into contexts, relationships and behavior (Flick, 2002). Also, through participant observations, the researcher can uncover factors important for a more thorough understanding of the research problem, as well as to ensure the cultural relevance and appropriateness of the interview questions (Flick, 2002). In this study, I observed the community’s attitudes and behaviours by attending special events and classes and by visiting their homes. I also participated in events such as New Years celebrations, birthday parties, and youth group meetings. The documentation of participant observation data consists of field notes – records of what the researcher experienced, learned through the interaction with the study group and what was observed (Flick, 2002; Richards & Morse, 2007).

3.6.3 Data Gathering: Instruments for Qualitative Research

The researcher in this study was the instrument gathering information. Semi-structured interviews were used in this study. The researcher knew information about the study topic (e.g. a

thorough literature review was done beforehand) to develop questions in advance of interviewing (Richards & Morse, 2007). The semi-structured interview was complemented by ideas about how to structure its content during data collection (Flick, 2002). The semi-structured interview protocol that was used included an interview guide outlining the topics to be covered. The interview guides were composed of closed and open-ended questions, with many probing questions for the researcher. Interview questions reflected the research questions (Appendices G, H).

Two interview guides were developed – one for Karen Burmese participants, and one for key informants. The Karen Burmese participant interview guide consisted of questions and probes focusing on food practices, food habits, food issues, factors and barriers influencing food habits, adjustments made in food behaviors and changes in food habits upon resettlement. The key informant interview guide focused on experiences working with refugees, and information pertaining to available services in Saskatoon. All interview participants were able to add insights and perspectives, and to bring up new issues or questions (Marshall & Rossman, 2010). This method allowed for the exploration of opinions and perceptions by enabling probing for more information and clarification of answers.

As the researcher in this study, it was important to acquire good interviewing techniques by practicing skills such as questioning, listening, observing and recording data. Marshall and Rossman (2010) indicate the importance of practicing the procedures and processes to be used before actual conduction of research activity. The researcher must also be careful and reflexive, that is to be conscious of his or her biases, values and experiences, as to not make inaccurate conclusions. In preparation for the interviews, I had several mock interviews with different people to ensure I was able to handle various situations. From these mock interviews, I adapted my interview guide based on feedback received; and sharpened my interviewing skills. Specifically, I was encouraged to ask simple and short questions, to pay attention to the pace and tone of my voice, to refrain from being monotone, and to speak more slowly.

3.6.4 Interview Process

In-depth interviews were conducted between December 2010 and March 2011. Dates and times varied for each participant to accommodate both the participant's and the interpreter's

schedules. The duration of the interviews ranged from 35 to 80 minutes long. The interviews took place in a meeting room at Saskatoon Open Door Society. During the interviews, I began by providing information about the study and obtaining consent. The interview then proceeded. The translator/interpreter was present in all interviews, and translated my words from English to Karen or Burmese to the participant, and then the words from the participant were translated back to me from Karen or Burmese to English.

3.7 Data Analysis and Interpretation

After interviews were conducted, interviews were transcribed. The naturalized style of transcription was used. Naturalized transcription is a method which transcribes data verbatim and attempts to capture as much detail in the interviews as possible (Patton, 2002). I (the researcher) completed the transcriptions of interviews myself. It allowed me to become further immersed in the data and gather more insight about the data collected (Patton, 2002). Each interview was transcribed within a week after the interview was held. No data management software was used in this study. I (the researcher) managed the data by hand, and with use of Microsoft Office.

Once the interviews were transcribed, I simplified and highlighted specific characteristics of the data through coding techniques (Richards & Morse, 2007). Types of coding include descriptive coding, topic coding and analytic coding (i.e. thematic analysis) (Richards & Morse, 2007). All mentioned types of coding were used in this study simultaneously. Descriptive coding noted data characteristics such as gender and approximate age of participant, the weather, interview length and other similar characteristics. Topic coding involved creating initial categories based on what appeared to be emerging from the data. Analytic (thematic) analysis required thinking deeply about the data and the major themes that were becoming apparent. Comparing the data within and among participants and to data from the key informants also occurred.

3.7.1 Data Saturation

To achieve rich information, we aimed to reach data saturation – the point where no new ideas or concepts are heard (Flick, 2002). Since data analysis was ongoing throughout the series of interviews, data saturation of a category was determined when the same material was being repeated throughout the interviews (Guest, Bunce & Johnson, 2006). In other words, no new

information (i.e. topics or themes) was emerging from the interviews. For example, during participant interviews, the impact of life in a refugee camp on life in Saskatoon was a category which was repeated throughout interviews. However, on the other hand, some categories may not have reached data saturation. For example, the category of racism or discrimination was not seen in all transcripts. Data saturation of most categories was noticed during the tenth interview, however the researcher decided to continue interviews to ensure that there was no new information, and that ideas were captured completely. It was noted that since the study population was a homogenous sample that saturation may be achieved earlier. After the fourteenth Karen Burmese participant interview, it was evident that data saturation was mostly achieved, and data collection was stopped. The last (15th) interview was not conducted.

3.7.2 Verification

Certain criteria measures are used during the implementation of the research study to assess the qualitative research done. Trustworthiness of a study is fundamental. Guba (1981) proposes four criteria for trustworthiness for qualitative research: 1) credibility, 2) transferability, 3) dependability, and 4) confirmability.

Credibility is important to establish reliable interpretations. Techniques used to establish credibility include persistent observation, triangulation, peer review or debriefing, negative case analysis, referential adequacy, member checks and prolonged engagement (Lincoln & Guba, 1985). In this study, three techniques were used – peer debriefing, member checks, and triangulation.

Peer debriefing sessions were held throughout the research process. One of the many roles of my supervisor and advisory committee includes acting as peer debriefers. A peer debriefer is an individual who keeps the researcher on track, asking questions about methods, meaning and interpretations, as well as listening to the researcher's concerns throughout the research process (Creswell, 2003). Member check is considered one of the most important techniques for establishing credibility (Lincoln & Guba, 1985) and was also used in this study. Member checking involves taking data, analyses, interpretations, and conclusions back to the research participants to have them judge the accuracy and credibility of the material (Creswell, 2003; Flick, 2002). Often during the interviews, I aimed to have at least two “on the spot” checks,

where I would repeat what I heard from the interpreter back to the interpreter who then translated to the participant. Then they could verify that what I heard was accurate. The third method used was triangulation, which is the use of different methods. Triangulation involves judging the accuracy of selected pieces of data using one of a combination of methods, which include inquiry through different sources (Lincoln & Guba, 1985). For this study, three methods were used: participant interviews, key informant interviews and observations. Participant observation data was particularly valuable for this study as it provided a context for understanding the data collected through the interviews.

To ensure that results/findings are transferable between the researcher and those being studied, thick description is necessary (Creswell, 2003). Thick description is a narrative that describes richly and in great detail features of the study group (Richards & Morse, 1998). It is attained through use of observations, interviews and diaries, all of which were used in this study.

Dependability and confirmability are both checked through an auditing of the research process (Creswell, 2003; Lincoln & Guba, 1985). Audit trails act as evidence that the researcher has kept track of research events and decisions in a way that can be checked by an independent auditor (Lincoln & Guba, 1985; Richards & Morse, 1998). Developing and maintaining an audit trail throughout the research is an important and major trustworthiness technique used in qualitative research (Lincoln & Guba, 1985). A study can be viewed as dependable if the reader can follow the decision trail of the research process (Lincoln & Guba, 1985). For this study, an audit trail was kept, but an audit was not conducted.

Lastly, a reflective journal was used to increase overall trustworthiness of the study. A reflexive journal included a log of the activities in my study, a personal diary for reflecting on what happened in the research and a methodological log for decisions on research (Lincoln & Guba, 1985). A reflexive journal can greatly assist the researcher to develop constructions, to think about future expectations and to state the perceived influence of one's own biases.

3.8 Ethical Issues

Ethical approval was obtained July 30th, 2010, from the University of Saskatchewan Advisory Committee on Ethics (Appendix I). The primary responsibilities of a researcher to his or her subjects are to obtain consent, to protect from harm and to ensure privacy (Marshall &

Rossmann, 2010). I ensured that all participants were fully aware of the procedures used in the study and that they had a complete understanding of the research that was conducted. Some qualitative research may be viewed as high risk in terms of potential harm to their subjects which can involve psychological stress, personal embarrassment and humiliation (Marshall & Rossmann, 2010). It was important that I as the researcher ensured confidentiality and discretion throughout the research. Permission was obtained from all participants prior to the research study.

3.9 Summary

This research study examined issues dealing with post-migration dietary patterns and dietary acculturation surrounding Karen Burmese refugees in Saskatoon, Saskatchewan. Qualitative research methods were used to gather data. Techniques for trustworthiness were used to verify the methods and results. Stringent measures were put into place throughout the research process to ensure confidentiality (with ethics approval and procedures implemented), discretion and other ethical issues to protect privacy of all participants.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Introduction

In this chapter, the study population are described based on results from: 1) participant and on-site observations, 2) Karen Burmese participant interviews, and 3) key informant interviews. A total of twenty participants took part in the study - fourteen Karen Burmese, and six key informants. Thematic analyses of qualitative results are presented and discussed. Nine themes have been identified.

4.2 Karen Burmese Community in Saskatoon

The Karen Burmese community are an accepting, gracious, hospitable and kind ethno-cultural group. When I was first introduced to them, I felt immediately accepted into the group. On each home visit, I was greeted with a smile, and a big bowl of freshly prepared food. Often, there was a silence in the room as my few words of Karenni or Burmese, and their few words of English were exhausted, and our hands gestures which we referred to as our “sign language” was no longer working as a communication tool. However, the silence never lasted long and was often followed by laughter. It didn’t take long for me to become a familiar face in the Karen community, and when the interviews began, I felt that rapport had been built. During the interviews, participants from the community seemed comfortable, pleased to participate and happy to talk to me.

I suspected prior to the interviews that I may face some difficulties obtaining a complete and thorough interview from each participant, as I was told by settlement workers, community workers, and friends of the Karen community that these communities can be rather quiet and reserved. And, after spending some time with the community, I agreed with this comment. With that said, long dialogues and long conversations were not commonly seen in my interviews, especially among the adults and the older adults (referred to as the elders). In an effort to bring them to discussion I often rephrased my questions while using examples. I also found that taking small breaks throughout the interviews with some small talk, helped keep the interview informal and therefore more comfortable for the participants. Examples of small talk included discussing the soccer game that we watched their children play, or the meal they prepared for a church

group. However, after reviewing the interviews, I am confident that complete interviews were achieved.

During observations, it was evident that this community aims to preserve traditions and promote their culture. For example, a Karen Awareness Night was organized for the Saskatoon community. Karen Youth and their families were introduced through stories, food, singing, dance and presentations. The community itself was heavily involved with the planning and organization of this event, and at the end of the event, you could see a sense of satisfaction, achievement, and accomplishment in the eyes of the community. The event was a great success and from it many new opportunities (e.g. Women's weaving club, youth soccer team) arose for the Karen community to interact with outside communities.

4.3 Demographics of Interview Participants

Fourteen personal interviews were conducted with the Karen Burmese community. Based on the selection criteria established beforehand, participants selected were the head of the household and responsible for food and food-related activities within the family. Thirteen females and one male were interviewed.

All participants had the following characteristics:

- Were 19 years or older
- Had lived in refugee camp for approximately eight to fifteen years
- Came from Mae La Oon refugee camp
- Were resettled with some family members
- Had children
- Arrived to Saskatoon as a refugee and became permanent residents upon resettlement
- Had been living in Saskatoon for an average of two years
- Still had family in either Burma or Thailand
- Did not have any formal education past the tenth grade
- Lived in apartment buildings located in a lower income area of the city
- Received formal assistance from a resettlement agency at the time of the interviews

4.3.1 Key Informant Interviews

Interviews were conducted with six key informants from selected organizations in Saskatoon. Selected organizations/services included the English as Additional Language (EAL) classes, the service provider organizations in Saskatoon, and program or community workers who have worked with newcomer refugees. For confidentiality reasons, the organizations or agencies may not be directly named. Also, since Saskatoon is a smaller city, in comparison to Edmonton or Toronto for example, it is difficult to protect the anonymity of key informants even while giving organization names.

The findings from fourteen semi-structured interviews with the Karen Burmese participants, and observations, and six key informant interviews are presented in nine major themes.

4.4 Themes

Nine major themes and associated sub-themes identified by the results are presented in Table 1.

Table 1. Themes and associated subthemes

	Theme	Subtheme(s)
1	Pre-Migration Lifestyle and Living Conditions	Faced with Hardships and Restrictions Cost and Access of Foods Limited Technology and Electricity Arriving with Higher Needs
2	Resettling in Saskatoon	The Resettlement Process Services Available Use of Services Recognizing Diversity
3	Karen Burmese Culture and Lifestyle Behaviours	Karen Burmese Food Culture and Identity
4	Post-Migration Living Difficulties, Issues and Challenges	Communication and Language Skills Education and Learning Finding Suitable Housing Discrimination and Racism Weather and Isolation

		Finding Meaningful Employment Dealing with Health Conditions Other
5	New Experiences with Canadian Food Culture	Environment of Food Abundance
6	Factors Influencing Food Habits	Media Friends, Family and Community Past Experiences in Refugee Camp Other: Shyness in New Environment
7	Life in Saskatoon – Food Issues	The Difficulties and Ease of Food Shopping Finding Foods New Foods Food Insecurity Food Storage and Food Safety
8	Changes in Food Habits from Camp to Canada	-
9	Coping Strategies to Overcome Challenges	-

4.4.1 Pre-Migration Lifestyle and Living Conditions

Past experiences living in a refugee camp has shaped life experiences including attitudes and behaviours. During the interviews, comparisons and contrasts were frequently made between life in Burma, life in the refugee camp, and life in Saskatoon. Subthemes for this theme include (a) Faced with hardships and restrictions (b) Cost and access of foods (c) Limited technology and electricity, and (d) Arriving with higher needs.

Faced with Hardships and Restrictions

Deprivation, lack of, insufficient and scarcity were words that were frequently used by the key informants. A settlement counsellor stressed the uneasy lifestyle the Karen refugees had living in Burma:

When they lived in Burma, there were a lot of problems and they were faced with severe persecution in Burma, including torture, imprisonment, forced labour and burning of their villages, forced relocation, and they were always starving. They had to flee to the jungle and there was no shelter or no food, so they could not stay for long in the jungle, so they flee to Thailand as a refugee.

Participants from the Karen Burmese community often told me how life in Burma was never safe. Most of them expressed their hardships in Burma, often having to flee their homes to safer homes at unexpected times. Their homes were sometimes burned down. They were often separated from their family. When they fled to the refugee camps, they also faced difficulties. The level of safety was slightly increased, but there was over crowdedness, starvation, and limited availability in food. Safety was the priority for participants when they lived in the camp; nutrition or healthy eating was not a concern. Their focus was on having enough food to eat from day to day, and in keeping each other safe.

A settlement counsellor talks about life in the refugee camps:

The Karen refugees in Saskatoon has been refugees for many many years, and their life in the camp is really difficult, they are not able to work, not able to go outside, and many generations live there... they have lived in Thailand refugee camps for many years, many have lived there for 20 years and more. So, they would like to come here, because when they live in Thailand or Burma, it was not safe for them, their life was really hard. And, also, I would like to tell you more about the life in the camp... it was really hard in the camp for them because they have to live.... There are many people there so it is very crowded.... And there is little food and water, it is really hard to get, especially clean water, and there is a lot of diseases there, so it is not safe for them because the diseases there spread very easy. World Health Organizations and other organization did help them but they can only help a few people because there are so many people in the camp, and also when they have a chronic disease, the organization groups referred them to a Thai doctor in the city... and it costs lots of money for them, so it's hard for them to go, and usually they did not go. It's really hard.

Through an interpreter, three participants briefly shared their story and compared it to their life in Saskatoon:

... If she compares [her life here] to Burma, they always had to flee, they were scared all the time because of the civil war, and the government didn't take care of them or anything. But, when she came to Saskatoon in Canada, and the government here took care of her and her family... for everything... medical, housing... and permanent accommodation, everything was taken care of. And, if she compares to Burma, she can freely work here, even here, they give her money per hour here, like she gets 10 dollars an hour here... but in Burma, even if she worked for a month, she can't even get 1 dollar there. So, it is really different, her life has really changed, and it's better than when she lived in Burma.

She compares her life to Burma and here. Why she doesn't tell you that there is no difficulty and that she doesn't have any obstacles here... it is because she compares her

life. Her life in the camp was so dangerous, she couldn't sleep, even at night time she had to pack her things all the time, and she was so scared, and had to flee all the time to a safer ground, because of the Burmese military troops and the Thai soldiers. So if they had civil wars, they were scared for that and had to flee to safer grounds. So because of the Canadian government that sponsored them... that's why... it's really a good opportunity for them and when they came here to Canada, it is more secure. In the camps, there is no security. They had to spend their life, many many years in the camp... over 10 years, sometimes more than 20 years, and generations and generations of people living in the camp. So... it doesn't matter... when she comes here, there is no difficulty, everything is perfect.

It was really hard to stay in the camp because of restrictions, and they are not able to work in the camp, but they need money so they would like to work sometimes outside of the camp but the police arrest them if they go outside the camp, so they were scared all the time. But, when she came here... the only thing she doesn't like is the weather, it is very cold for her, but the other things are really good. They can buy whatever they want, they can get whatever they want. It is only the weather that she doesn't like. She said her life here is much better.

During interviews, participants did not initially express any difficulties in Saskatoon, and this was because most could not compare any difficulty they may have faced in Saskatoon to a situation in Burma or in the refugee camp. As one participant stated, "Life here, and life there is incomparable". Participants often used words such as "perfect", "much better", and "really good" when talking about their lives in Saskatoon. Some participants did not use such words, but still expressed how their lives in Saskatoon has changed for the better, and that they are happy to have moved to Canada. Yet, some difficulties were mentioned throughout discussions.

Education and employment were two of the major difficulties. Many were not able to learn in the camps as education in the camps was limited. Grade 5 was the highest grade level offered; some participants were offered to the tenth. Most refugees were unable to work and had no means of earning money; other methods were then used to feed themselves and their families.

Cost and Access of Foods in Camp

While living in the refugee camp, food was available to the refugees through: 1) UNHCR rations which included rice, oil and fish paste; 2) small shared gardens, and 3) sneaking outside the camp gates, into the jungle and Thailand village, where they could find some food. The cost

of vegetables and meat were often discussed as being expensive and not easily accessible. A participant shared her experience in the camp:

... it was difficult to find the food in the jungle, but also if the Thai Authority saw that if they got only one bamboo shoot then would have to pay money... 500 Thai dollars... Thai bucks, and that was too much for them . So it's really hard to find anything for them. So what did they do? They have to plant the garden... they had a small garden... in the backyard, and they grow things such as beans... long green beans, squash, cabbage leaves, cilantro, chillies... small chillies, that they ate. Also, she said... it's really hard to find money, but sometimes if the people from the mountain side give them donations for food, they plant the seeds in their garden, so they got the food that way too.

To cope with the high cost of foods, several tactics were used to obtain food and to survive. These included trading food rations such as rice, oil and fish paste that they received from UNHCR, and planting a small shared garden. Trading and gardening were the two most common strategies:

The situation in the camp is really hard for her, because she has many (*emphasized*) children, and they had small children at that time, and yes... about the meat situation, they had to buy a kind of fish, one kilo is 40 bucks over there, Thai bucks... and the meat is also more than 40 or 50, more than that but she said they couldn't buy every time, like not every week or every month... just sometimes she can buy with money, but because they have no money, they did not buy too much. But, the rations that she got, like sugar or salt or fish paste, any extra she would trade with something else, she can sell it, get money and then buy something else. And, she has struggled her whole life in the camp. Also, the vegetables, she can grow in the backyard in a small space, and not everything, only a few vegetables she can grow. The other things that she wanted she would have to buy but because she had no money she couldn't buy. So that is basically her life in the camp.

It was really hard for her to get vegetables, and also meat, because sometimes they don't have the seeds to grow because they have to buy. Even the seeds they have to buy lots of the time, and grow it. And, what did she do for her family? She has to trade... the food that they get from UNHCR, like rice, oil and fish paste, she had to trade for vegetables and meat. You know the people from the village outside of the camp bought and sell and trade with them. So, these vegetables were like 5 bucks, and then they have to trade what they get from UNHCR to get them, because they cannot buy with money... it is really hard for them to get money, so they trade what they had.

Limited Technology and Electricity

Life in a refugee camp was quite simple; there was little to no electricity, and there were no appliances such as refrigerators, freezers, microwaves and rice cookers. Participants reported

living in bamboo huts, with no electricity in their homes. Nor was there cooking equipment and tools such as proper pots and pans, spoons, ladles, and can openers. Cooking was not always easy for those who lived in the camps. A typical example was the preparation of steamed rice. Preparing steamed white rice in the camp was a process of finding wood, cutting branches from trees, probably having to sneak out into the jungle to find wood, bringing water from the nearby river to the camp, and building a fire. Although many stated life in the refugee camp was very simple, it is important to note that ‘simple’ can not be confused with ‘easy’. Participants discussed their experiences of cooking in the camp:

... the way that she cooked in the way was really hard in the camp, because they have to collect the wood from the jungle, and then have to keep in their house, so they can burn it when they cook. And, the way that they cook... takes time to cook... also, the food... they are not able to eat like in Canada, they have to... eat only rice and fish paste, sometimes boiled vegetables... and sometimes, just only a few times, they can eat meat. Most of the time, they can't use too much oil because they only get oil from UNHCR once a month so they have to keep, so... instead of fried vegetables, then can eat boiled vegetables, soup and fish paste.

... In camp, they find 3 rocks or stones together and we just rub together [to make fire] and the pots are pretty dirty, because the smoke stains stay in the pot. And, also... it's a pretty poor situation... no technology... very simple.

Participants stated how food safety practices in refugee camps were not commonly practised due to the restrictive and limited supplies in the camp environment. Lack of education or knowledge was also a factor. Keeping hot foods hot and cold foods cold were not important or priority for the refugees. One participant stated how when they cooked, they ate everything.

It is really hot there, so we just cook and we eat everything. We don't keep anything for a whole day. We just cover some food in nets, and also after we cook, we all eat and everything is gone, so we have no food to keep. If we eat again, we have to cook again.

Without technology, electricity or power, refugees had to find different means of keeping their food safe. For example, to keep some food cool, it was sometimes kept under banana leaves:

And all the spoons are made by bamboo. Just make bamboo into spoons. And, sometimes we don't have a dish, so we just use banana leaves, and use banana leaves to wrap things.

A settlement counsellor discussed the lack of food safety knowledge prior to moving to Canada:

Before they come here they did not know anything about that [food safety], anything at all. We give them some information in orientation at their apartment about how to prepare the food... even when they buy, they have to separate fruit, vegetables and meat. It's easier to mix up, so we tell them that. After they move into the apartment, we tell them to separate the meat into sections for each time they cook and put in freezer. Before they would put a big piece of meat in the fridge or freezer, and would cut a piece off and then put back. But, now we tell them not to do this, and explain everything to them. And, we give them a piece of cardboard to help them separate their food into portions.

During on-site observations, I saw meat sitting on the counter, and canned foods in the refrigerator. I reminded families what they have been shown by their settlement counsellor and community workers regarding food safety. After visiting the families more frequently and with some reminders, I noticed that food safety practices were being employed. Some key informants expressed some anxiety and were worried that some families may be evicted from their homes due to improper food storage and safety. Thankfully, this was not the case for the families I had interviewed.

Without proper education of food safety, these families may be at risk for foodborne illnesses, and may face potential health problems.

Arriving with Higher Needs

Prior to migration to Canada, Karen Burmese refugees had difficult and deprived lives. Most lived in poverty. All key informants discussed the higher needs of this specific community compared to other newcomer refugee groups. A Life Skills worker (i.e. a community worker) stated:

.... They have higher [needs than other refugee groups] because a lot of the families that we are working with don't have really much experience with modern appliances, including things like showers, toilets, stoves and microwaves. And, a lot of them haven't had like... in their camp, there are almost two generations that would have been living in the camp almost their whole lives, so the younger generation is a lot more educated but the older generation isn't so much, so I just think.. There's the language barrier, and then all sort of foreign appliances and just sort of learning a cleaning routine or hygiene routine that is new things they have to learn from the start. Not that they didn't have it before, but it's so different here. For example, they have a different system of writing, like they don't use

Latin numbers or what we use, so... It's everything... From using a microwave to something more complicated like using a bank machine and looking at a calendar is complicated. I can imagine it must be really overwhelming for them, and it's a little bit complicated trying to figure out the best way to teach them and show them things, like I mostly use pictures and demonstrate something myself, and sort of encourage them to copy, so I know that they understand. Just like, written words and things like that aren't really that meaningful for them, at this point, because they are just starting to study English.

In summary, participants emphasized the hardships faced in Burma and in the refugee camps. They could not compare their situation in Saskatoon to Burma or Thailand. They felt their life was much better in Saskatoon with few major difficulties. However, the Karen Burmese community may still be faced with more challenges than other newcomer groups, and are likely in need of greater assistance from community workers and service provider organizations.

4.4.2 Resettling in Saskatoon

Subthemes include (a) The Resettlement Process, (b) Materials Available, (c) Use of Services, and (d) Recognizing Diversity.

The Resettlement Process

The process of resettlement from a Thailand refugee camp to Saskatoon, Canada consists of multiple steps, and would not be possible without the assistance of the Refugee Assistance Program and the resettlement agencies in Saskatoon. As government-assisted refugee newcomers are resettled into Saskatoon, they are offered and supported by several organizations within the city who are supported by Citizenship and Immigration Canada. These organizations include the Saskatoon Open Door Society (SODS), Newcomer Information Center (NIC), Global Gathering Place (GGP), Saskatchewan Intercultural Association (SIA), International Women of Saskatoon (IWS), and Mennonite Central Committee (MCC). Although all these organizations work with newcomers, Saskatoon Open Door Society is the main resettlement organization in the city and makes first contact with the government-assisted newcomer refugees upon entry into Saskatoon.

Staff from the Settlement and Integration Department at SODS help to “welcome, assist, and support refugees and immigrations in their transition to an independent and self-sufficient life in Canada (SODS, 2007). To achieve this goal, a variety of programs and services are

offered: ‘Parenting and Nutrition Education Programs’, ‘Children, Youth and Young Adult Engagement and Support’, ‘Immigration Women’s and Men’s Support Programs’ and ‘Community Engagement Programming and Services’.

After interviewing settlement counsellors who work closely and on a day-to-day basis with the Karen Burmese group specifically, I was introduced to the many steps involved with refugee resettlement. I noted the many tasks (e.g. booking transportation, arranging appointments, ensuring adequate supplies) for which staff are responsible. Through observations with the Karen community, it was also obvious that settlement counsellors are a key part to integration into a new society leading to successful resettlement. The counsellors are dedicated and hard working.

Resettlement in Saskatoon begins with “Pre-arrival preparation”, where the settlement counsellors arrange temporary and permanent accommodation, and transportation. Refugee newcomers are usually temporarily set up in hotel rooms. Some newcomers are able to stay in a reception house, a recent and preferred alternative. The reception houses can accommodate many people and have kitchens. A settlement counsellor discussed the “pre-arrival preparation”:

On day 1, before they come to Saskatoon in Canada, we have to prepare before they come, we call it pre-arrival preparation. So, we have to book hotel for them... and now we have a reception house for them, but we still need a hotel. If they come as a big group, many families at the same time, some of them we will put in the reception suite. We have 2 reception suites, with 3 bedrooms. And, if they come at the same time, many groups or families together, so some of them we put in the hotel, and others in the reception suites.

Settlement counsellors are also responsible for searching and finding permanent accommodation for the families. Before they arrive, they have to make arrangements with the landlords and secure good and affordable accommodation. The residence is always an apartment or shared apartments for bigger families. The settlement counsellors working with SODS are usually able to secure an apartment or apartments in a more affordable area of the city, typically located on the West side of Saskatoon.

Counsellors also arrange required transportation. A settlement counsellor briefed me on the details, and highlighted the many small details or tasks involved:

... we have to arrange transportation before they come... I mean we have to call the taxi company and make sure they know what time to go to the airport, so from airport to hotel,

or airport to reception house, we have to arrange for that. And, the day that they arrive in Saskatoon at the airport, we have to call airport reception.

When newcomer refugees first arrive, a settlement worker who is fluent in their first language, and who is often of the same ethnicity or culture, greets them at the airport. Initial rapport with the newcomers is extremely important, as this first contact will be the beginning of a long relationship as they resettle into the new environment.

... we have to introduce ourselves as counsellors and that we are going to work with them for a year and in the future, sometimes for 2 years and more.

Once they arrive at the hotel or reception houses, the settlement counsellor gives them an orientation and makes an effort to discuss the essentials. During this time, they are provided with information on rights as a tenant, safety practices, fire alarm systems, mailing systems, cooking equipment and household cleaning products.

...when they arrive to their temporary accommodation, so to the hotel or to the reception house, we have to check in, and give them an orientation in the room. The rules of the hotels, what to do, we also have to show them how to use the equipment in the kitchen, show them how to go to the bathroom. Because our clients come from the refugee camp, accommodation is really different compared to the camp and in Burma, they use toilets differently, so we have to show them everything in details. So we show them how to use water, everything. And, also, fire regulations. So, because they have no experience, we have to explain to them this, and also what to do in an emergency. We give them our phone numbers so they can contact us first, or if they cannot contact us, we show them how to press 9-1-1, for emergency cases. We have to explain to them what an emergency is, it is not a headache or stomach ache, but really really important things, we explain this to them. And, we have to explain to them about hygiene. This is really important.

Government-assisted refugees receive help and support from the Canadian government and from the resettlement agencies for one year. However, there are situations when some may require assistance for a longer period. As the settlement counsellor mentions in the statement above, it is anticipated that some may require help for more than two years. It is presumed by the resettlement agencies that the Karen Burmese refugee community in particular will require more help than other groups because of their living situation prior to resettlement (e.g. living in a war-torn country, and fleeing to a refugee camp).

Within a few days of arrival, the settlement staff have to ensure they are up-to-date with the refugees' medical records and health issues.

... We have to check if they are healthy or not. This is very important (*emphasis*) on the day that they arrive because some of them will bring their medical record with them, so we have to check it. And, we have to make sure we claim their language [take note of their preferred language and keep record of it], and that it isn't lost.

The first months of resettlement are characterized by new information regarding their new environment and home. A settlement counsellor often reminded me how "the first six weeks are very very important". During these first months, the refugees are introduced to a completely new environment. They are assisted by the counsellors with completing the necessary paperwork including required forms such as health care card, social insurance card, and bank card applications. Everything is explained to the newcomers "step by step" and in repetition to help ensure that everything is clear, and that the information is acknowledged and processed.

Refugees are also introduced to a new shopping system at two main supermarkets, the Superstore and the Wal-Mart:

.... we bring them to the grocery store, Superstore and Wal-Mart orientation and help them buy basic items, show them where they can find basic items, and encourage healthy habits, we show them things that are healthy, but for this group, they eat a lot of vegetables, more than others. We also help them compare prices. And, when we show them Canadian food like the cheese, they don't like it... and it is more expensive too. We also explain to them about expiration dates, and sales and how to budget their money because they are not used to having lots of money like this before because they were not able to work before. So, we explain everything to them on the same day.

My observations were that participants were very appreciative for the services they have received in Saskatoon. Most participants were not aware of the names of the organization, and only knew the names of the people that had helped them. Thus, they were connected to those who have helped them on a more personal level. However, many participants were not fully aware of which services were available to them in the city. Some participants found that some classes, particularly English classes, had long waiting times – some waited many months before they could register.

Services Available

Various services and resources are offered for the newcomers. Key informants were asked about known available services. There are four partner agencies which offer services to newcomers – both immigrants and refugees. These are Global Gathering Place, Saskatoon Open Door Society, International Women of Saskatoon and Saskatchewan Intercultural Association. There are culture and language specific associations including FILCAS (a Filipino association), Ukrainian Canadian Congress German Concordia Club and the Association Fransaskoise. There are also language schools and churches that offer services and resources, and support to newcomers.

SODS can refer newcomers to programs offered through the organizations and schools. Two examples programs regarding health and diet are ‘Food for Thought’ and ‘Healthy Mother Health Food’, described below:

... Food for Thought is a walk-in program for prenatal women and women with infants less than 6 months of age. Healthy Mother Healthy Baby is... is a self-referral program and it’s a prenatal support program. There are many people involved – nurses, outreach workers, and the nutritionist - as part of our team.

Newcomers seek support from friends and communities, and faith-based organizations (e.g. churches).

Use of Services

Karen Burmese newcomers do not participate as much as other newcomers in the classes (e.g. English classes, cooking classes, summer camps) offered by resettlement agencies. Most have attended the English and EAL classes. Some attended cooking classes as well as joined a sports team (e.g. soccer) that were organized through the resettlement agencies and their referral programs. However, the reason why many stopped using services, attending programs, or partaking in activities was not clear. From the key informants’ perspective, English was a major barrier. A community worker stated:

... When most Karen people arrive in Canada, they do not have strong English skills in writing or speaking, and tend to gather with other Karen people, rather than participating in English programs.

... It's often students or people who have work views or goals and are really really keen on learning English the most, and are sort of eager to participate. Sometimes with the refugee clients, you provide the information but a lot of them are newer and have less English and I think are sometimes more hesitant to join.

Community workers try their best to encourage newcomers to participate in programs:

Sometimes what we've been trying to do... like for different activities, we would sort of talk to 5 families and encourage them to come to one. And then, for the next one, we might not mention... like if there was a limit for the cooking class, there's only about 10 or 15 people that could come, so if we had sort of asked people to come.. we would just open it up to other people and next time ask them if they wanted to come, and just try to make sure that everyone has the opportunity to do it. And, when we have a little bit more control over who comes, we try to sort of make sure everyone has the chance to participate.

Refugee adults and elders particularly need encouragement and motivation to finish a class or course:

... We always have to remind them [adults and elders] all the time. Sometimes they say they are too old to be in school, and if they go, it is too slow to learn anything, it is really hard... they say that if they go, because they are old they will not learn any more English, they get really down-hearted, so I have to encourage them that even one word, two words, is good, you are learning every day, so I have to encourage them all the time. They always tell me they don't want to learn because it is too hard... they want to give up.

Recognizing Diversity

Key informants discussed how they and/or their organization recognized diversity.

Diversity was defined as recognizing and acknowledging differences between and within each group. Although they mentioned that they don't receive any sort of "real formal training", there are materials and resources available if needed. Additionally, key informants often described working as part of a team, within their organization, and with other partner organizations, as the most effective approach towards newcomer resettlement. Three key informants talked about their organization:

There is no formal course that staff have to attend, but we use every opportunity to exchange ideas with other settlement agencies. We all attend conferences where this is addressed, plus we are provided with cultural profiles to read and understand the backgrounds of the countries and cultures our clients are coming from.

Key informants saw cultural profiles as valuable. However, the profiles only describe the main characteristics of a cultural group. These tools can be useful as long if one understands that

cultural groups differ from each other and within each other. There are many features, which are not captured in these profiles.

.... we approach it [diversity] similar to how we approach all our clients individually... with open mindedness, asking questions if we aren't sure... asking what's ok... like 'is it okay if I do this' or 'is it okay if I ask you this'... respecting boundaries. And, it's difficult because we are working with women from all walks of life, and all different cultures within Canada or outside Canada, so I think the biggest thing... is trying to be respectful of boundaries. We are not going to know the ins and outs of every culture... they all value different things and have experienced many different things in their lives, and things that I may not even begin to understand, and I struggle with this. Where do I begin to build rapport with these women... like how are they perceiving me... I try to sit back and think about how I am portraying myself... I think just being conscious of boundaries and being willing to ask questions helps to build rapport with clients.

Being aware of one's own biases and judgements was highlighted by the key informants as a necessary skill.

.... it's important to let go of any judgments you may have. We all have our judgements, we have all been raised a certain way with which has shaped our perceptions and values... which... you know we all have our pre-conceived notions, but realizing that one must just let them go in the workplace setting. But no, no formal training. We are such a great close team, and if I feel a need to seek further training or to provide specific training to our other team members, there is a lot of support to do so.

4.4.3. Karen Burmese Culture and Lifestyle Behaviours

Key informants frequently described the Karen Burmese culture as a welcoming, responsive and independent community. Some also discussed how they are shy, quiet and reserved. These characteristics are perhaps why many of the Karen Burmese do not attend or register as often as other newcomer groups:

...The Karen Burmese aren't actually as actively involved as many of the other groups. They tend to be a very independent group... being independent is really important to these families.

... A lot of them are just so quiet, so it's really hard ... and I mean part of that could be the language barrier, part of it could be cultural. Especially the Burmese women... they are very quiet... and I would say they have some of the largest issues with language... they are very kind, they always have a smile on their face, and they are always willing to help... in the kitchen, they are very hard workers... so they are just always willing to help. But, there is... I just sense that there is something... I guess you just get a sense of what's going on or what might be going on [food insecurity]... but how do we know?

Others described the warm, welcoming and appreciative nature of this group:

...they are incredible, and the families that we're involved with are just so grateful for anything that we do for them, or with them. So they are just such a great... they are such a very grateful group. And, very content. The families are very content. Very gracious and hospitable.

My experience with this community supports the above comment. "Grateful" and "hospitable" are two words that I would use myself when describing the nature of this community. Observations showed their gratefulness for having the opportunity to resettle into a new and safer environment with members from the same community. I am often told by someone how happy they were to be able to move to Canada, and for many to have the opportunity to move to Canada with family. The community is grateful for small things in life – they appreciate things that others may take for granted. They are grateful to their friends and family for the help that they receive from each other when resettling and integrating into a new environment.

Although this community is regarded as a very independent group, members are not reluctant to ask or to receive help from outside their community. Their perceptions about receiving assistance from the food bank are positive and could relate to their previous life situation. In the refugee camps they often had wait in line while waiting to receive food rations from UNHCR. A community worker shares her story about a Karen family and how they perceive the food bank:

... I don't know if this family [Karen family] still gets food from the food bank but I know they did there for awhile. And, for them. It's interesting because we actually have another lady connected to the team [sponsorship team] for awhile and she just found that she really wasn't having the time, but so the lady had been through a really difficult time in her life where she was forced to go to the food bank and so she thought it was so degrading, that the family would go there, and actually the family just said 'no for us it's just an opportunity', like they didn't feel like it as degrading at all, they didn't see themselves as being poor and that's why there were needing it, it's just a resource that was available in the community... probably something like lining up in a refugee camp for your meals right. They viewed it very differently than what we do in our culture.

The importance of the Karen Burmese community to each other was apparent in key informant interviews. As new Karen Burmese are resettled into the city, they are connected with relatives and friends, and often make a request to live near each other. One key informant highlighted this strong support system:

...The Karen Burmese populations continue to grow in Saskatoon making their support systems for one another stronger and stronger.

With this growing community, refugees are becoming more dependant on their community and less dependant on their settlement counsellors and staff from the resettlement agencies. The resettlement agencies have noticed this, and made the remark that they now have more time to focus on other needs when possible. One settlement counsellor stated:

...we show them only one time [the grocery store], because we [resettlement agency] know they will rely on their community and relatives to show them more. It's more convenient and better for them than having [someone from the organization] go with them. So, they don't rely on us too much for that because they have many people in the community here, and we can focus on other problems.

However, the strong closely connected community also has some drawbacks. Such an independent group might also be suffering from isolation from the greater community and opportunities.

This is clearly stated by a community worker:

...the Karen Burmese families... they just have a really tight-knit community and it's... hard sometimes for them to sometimes go outside of their community and connect with other people, and I think it's hard for other people to understand and know how to connect with them.

Karen Burmese Food Culture and Identity

All participants prepared mainly Karen Burmese meals for their families, as well as some Thai dishes. These dishes included rice, vegetables, homemade fish sauce and pounded chillies. Participants often discussed how their traditional meals were part of their identity. They placed emphasis on some meals when asked about their favourite traditional foods. Rice is a traditional food for all participants. An important observation made was that they choose to only consume white rice. They expressed no interest in brown rice. Not only is white rice a traditional food but it is an essential staple food. Many mentioned rice as an important meal because it is considered “nutritious”, and you “feel full” after; others saw rice as a means of survival. This finding was also reported in other studies looking at Asian cultures. Franzen and Smith (2009) examined the impact of acculturation and environment changes on dietary habits of Hmong adults in St. Paul/ Minneapolis and reported that rice, as part of the traditional Hmong diet, was a “substantial

proportion of the diet and served as a determinant for whether or not food was considered a ‘meal’”.

Three participants captured the importance and significance of rice in their diets:

...the main [traditional] food, rice, is very important. If you try to eat other foods, you still feel hungry. But, with rice, is the most important thing. When she eats this, they feel full and satisfied. They want to keep this.

... She said rice is the main [traditional] food. She has tried different foods, and different tastes, but she does not feel.... They have to eat rice, it is very important for them... they have to eat rice. Without rice, they feel like they can't survive.

... [traditional foods] is very important, especially the rice. Without rice, she said that we still feel hungry all day. And, even though we try other snacks and things like that, we need to eat rice, every morning and regularly. Without rice, she said she has no energy and feels weak all the time.

As the above excerpts states, rice consumption by the Karen Burmese was associated with satiation. Franzen and Smith (2009) also found that Hmong adults did not have the sensation of fullness until after consuming rice or a meal with rice. However, some of the Hmong adults associated the consumption of rice with illness and obesity. The researchers reported a link between rice and a feeling of satiation. Some Hmong would eat a second meal of Hmong food [which consists of rice], after eating any American foods, even if it were just a snack, therefore doubling their food intake, which could be leading to weight gain contributing to obesity.

Kiptinness and Dharod (2011) found similar findings: Bhutanese families continued to prepare traditional meals consisting of rice, vegetables, lentils, meat curry or fresh pickle. However, as with the Karen Burmese, the Bhutanese refugees were also a relatively new group of refugees thereby making it difficult to relate dietary changes to acculturation.

Based on the interviews and on-site observations, Karen Burmese meals always consist of three main ingredients: rice, fish paste and pounded chillies. With these three main ingredients, traditional meals are prepared and cooked. During my home visits, I noticed many families beginning to use fewer chillies in their dishes when I came to their home. When asked why, they would say “Scarlett we know Canadians do not like spicy foods, so we make food less spicy for

you”. After some laughter, I would explain to them that I really enjoy spicy foods. It was interesting to watch the families learn and make their own generalizations about Canadians.

4.4.4 Post-Migration Living Difficulties, Issues, and Challenges

Most participants initially had not identified any difficulties or challenges – except for language barriers. With probing and through observations, several difficulties and challenges were identified. These include: communication difficulties, finding suitable housing, socio-cultural and psychological issues, unable to find employment, and others. Subthemes within this theme include (a) Communication and Language Skills, (b) Education and Learning, (c) Finding Suitable Housing, (d) Discrimination and Racism, (e) Weather and Isolation, (f) Finding Meaningful Employment, (g) Dealing with Health Conditions, and (h) Other.

Communication and Language Skills

The Karen and Burmese community, particularly adults and elders, struggles with learning English. Some do not feel learning English is a priority for them, and would rather learn employment skills. From their perspective, becoming independent, finding employment and maintaining a stable income to support their family are priorities. Some did not quite understand why learning English was necessary in order to find employment and to succeed economically in Canada. Other members felt that learning English was necessary to find employment. Many of the participants were appreciative to be given the opportunity to learn English, despite it often being very difficult and frustrating.

Two participants comment on the importance of learning English:

... the language... is really hard... and it is really important for her. If she can learn English, she can do many more things. But, because she can't speak English, she finds many things difficult to do, like finding a job.

... she said that if she compares with Burma... even in their old age, no one would accept [allow] them to learn English, or have any education... so here she can't write English very well, but is improving, and speaking, she is also improving as you can tell... so she is really happy for that.

Language and literacy skills ultimately pose unique challenges for this community. When most the Karen Burmese refugees come to Canada, they do not have strong skills in writing,

reading or speaking English; many do not even have strong skills in their own language. This language barrier and low literacy can create many challenges:

A LifeSkills worker (i.e. a community worker):

... language barrier is probably one of the biggest challenges because it inhibits being able to connect with the wider community and it's difficult to provide information or help people build skills or help people find work, sort of helping them settle in a permanent way without language is very difficult.

A community worker:

... The better their English is, the more comfortable they become, and they can just become more involved in general, in general community things.

A settlement counsellor:

...there are many [challenges], but everything comes down to language, it is the biggest barrier and prevents them from doing many things, and understanding many things.

Since many are having difficulty learning the language here, they “tend to gather with other Karen people, rather than participating in English programs”. There is only a handful in the community that are fluent in either Karennic or Burmese language, and the community has become reliant on them:

A fluent community member (also a settlement worker):

... they rely on us for everything, every details, for letters... they bring here, for forms, from school, from hospital, from housing supplement, every (emphasis) form they bring here, and we have to help them. And, also the language barrier is really hard for them. If they cannot speak English, how can they communicate with the landlord? How can they communicate with their doctor, teachers, everybody? Just only groceries are easier for them because they can just grab what they know and buy, it's not very hard. Language is the main problem for them.

Unfortunately, sometimes communication and misunderstandings can occur. Also, this community may be facing racial profiling, and as a result may not be given opportunities or information that they should be. A member of a community church (church sponsor) who helped support a Karen woman through her pregnancy shared a story:

... the baby arrived on Friday Jan 21th, 2010 (date changed to protect confidentially) in the evening. Sometime between Friday evening and when I arrived at the hospital on Saturday morning the staff at the hospital had decided that both mom and dad did not

speak or understand any English and could not make informed decisions. I was quite angry about this, and found the process very disrespectful. The family we work with are a shy and quiet people and this was misinterpreted as unknowledgeable. The 2nd baby was born on March 9th, 2011. Before the mom left the hospital she was told it was mandatory that she have a Whooping Cough immunization, and that the father should go to a clinic within the next few weeks to be immunized as well. The mom that had the baby on Jan 21th was also given a Whooping Cough immunization in hospital before going home. Interestingly, [a family friend] recently had a baby and was told about the option of having a Whooping Cough immunization – given the information but told she had a choice. So we have different information given to different cultures – someone making a value judgment.

Their limited English skills may also place them in situations where they are not provided with enough details or information regarding matters. For example, during a visit to the pharmacy or medi-center, I observed how the staff dealing with the customer often lacked the patience to explain things, and chose to omit some information in order to speed up things. This can lead to misunderstandings by the refugees, and they may leave the situation with incorrect information, or having the feeling of being “taking advantage of”.

Upon observations, it was evident that this group is indeed a quieter and more reserved group, perhaps leading others to not giving them complete information. One key informant (church sponsor) who works closely with the community shared her experience:

.... She [Karen woman] was given a form, and it was a consent form... or some registration form for a study at the University... so she said ‘what is this’ and so I read it and I asked ‘is this all the information that they gave you?’ and she said ‘yes’ and so I said what should happen is you should have a choice whether or not you participate in a research study or not, before you decide... they should give you information as to what they are studying, how much time is expected, what is expected, they should give you all this information, but they wanted all her contact information and just said that she needed to sign it and bring it back, and so...I explained about this, and I said ‘you don’t have to’. So... I thought that this is: either 1) taking advantage of someone, or 2) assuming that they won’t understand so were not going to give them information because it really doesn’t matter, which to me reflects a big lack of respect and dignity to the person. And, so I think that there are ways that because they don’t know... people kind of just say well ‘do this’ thinking that maybe it will be easier for them but really it’s disrespect.

Education and Learning

All key informants stressed the need for the Karen Burmese community to learn English. Although the community seemed to prioritize finding employment, key informants placed education and learning as a priority for the community. Learning English is necessary in order

for them to find proper employment, and to reach their goals. Karen Burmese community members are encouraged to begin, continue and finish their English program. A settlement counsellor expressed her concern for the community and need for encouragement and motivation:

.... they have to try to learn... most of my client's weakness is they don't want to learn, they want to work more than learning English. This is a problem. Because they just want money, in the camp... I understand the trauma that they couldn't work for many many years, and they even took many risks to work there, and risked being arrested by Thai Authority, and would put them in prison, and they were scared all the time. So, here... when they come here, they know they can work freely so they would really like to work than learning English, so we really have to encourage them to learn English and tell them that to learn English is better.

Differences that exist between education systems in countries were discussed as the possible cause to why some newcomer students are facing more difficulties than other students. Since many refugees coming to Canada come with low literacy skills, it is more likely that they will struggle with general education while adapting to the Canadian education system, and will need more support while they are learning. During my observations, refugees often read and wrote in English fairly well; it was the verbal communication that was a real challenge. Three key informants commented on the difficulty of learning in the Karen Burmese group.

A community worker:

... some ESL students and the children in the Homework Help program struggle more with their school work. Education systems are not as strong in many countries, so individuals are not only facing the language barrier, but the way we are taught here in Canada. People coming from countries with a different alphabet learn more slowly, as they need to start with the very basics.

An EAL teacher:

... for some of the kids coming with no literacy skills, no first language literacy skills, the ones that haven't had a chance to go to school in their home country, and we don't have enough programs for kids coming with no literacy skills. We have one beginner class, one intermediate class and... this year we had a sheltered career work education... we have sheltered grade 10 English. But, with kids coming with no first language literacy, they really need more support.

A church sponsor:

... they have such challenges, such huge challenges... if they are coming with no first language education, and they are often very motivated to begin with. But, as they discover that they can't cope in classes, then they lose hope, and lost interest, and they feel so frustrated. And it's difficult when someone doesn't know how to learn in school... it's difficult to try to tell them what they need to do to learn. We just have to take little steps. It's really tough.

During in-home visits and on-site observations, I encountered numerous occasions where members from the community would approach me and ask for help with English, or would tell me that they wanted to quit English classes usually for one of two reasons: 1) it is too hard, or 2) they wish to find a job and become more independent – they do not want not to rely on social assistance. Usually after some discussing, I was able to convince them, or rather help them make a choice, to continue in their English classes. However, I felt like I had to continuously encourage them to make sure they attended. Yet, some young men did drop out of high school and EAL classes and found full-time employment. They do intend to go back to receive their high school diploma in the near future – or at least this is what they told me.

Finding Suitable Housing

Within the Karen Burmese community, there are both small and large families. Larger families in particular face difficulties in finding appropriate and affordable housing:

... Housing is becoming a problem. We have large families living in a small apartment. Many newcomer families are a lot larger in numbers than what we see in Canada. Currently, rental costs are so high that families of 6 or 7 people are living in 2 or 3 bedroom apartments. These little apartments aren't adequate for the larger families but they cannot afford larger housing.

There have also been times when members were unable to find housing due to past problems with a newcomer group. Some newcomers had a reputation or false stereotype of being “unclean” and as a result, were not accepted to rent particular housing. They often remain in unsuitable apartments:

....there have been problems.... lots of people won't rent to Karen families because they kind of have this reputation for not being as clean or... because... like maybe 1 or 2 families, bugs have come into their houses and landlords are afraid. And, also they cook with an ingredient that sort of has a strong smell, so I think... there have been problems

with landlords, and it's really unfortunate because the buildings that I think most of them live in are some of the worst apartments in the city.

I also observed similar situations described by the key informant above. Many of the problems with the landlords arise mainly due to miscommunication, and many of the Karen families are scared to call the landlord. They have often asked me to call on their behalf. Although I have done this for them a few times, I often encouraged them to take action and call the landlord, and they have usually done so with my presence. I believe that being present with them gave them a sense of security and they were more confident in speaking with the landlord.

One problem with housing, which was dealt with several times, was that of bed bugs. During the study period, many cases of bed bugs were reported in Saskatoon. Bed bugs can spread easily, and are carried into a residence on clothing, suitcases, bedding, mattresses and furniture (Saskatoon Health Region, 2009).

The issue of bed bugs was a difficult situation for me – the families seemed confused and did not understand how the problem had started or how it could be resolved. I have never encountered a situation of bed bugs before moving to Saskatoon so I did not know how to deal with it. After some research and receiving some advice from a resettlement agency I volunteer with, I was able to assist some families through their bed bug problem. From understanding, to resolving to preventing the problem – I feel I was successful in sharing this knowledge with the families. The families accepted the information, and made the necessary changes (e.g. before a furniture purchase, ensure it is bed bug free) in order to prevent a bed bug problem.

Discrimination and Racism

The Karen Burmese faced several issues of discrimination and racism both at work and at school.

A settlement worker:

... Yes, yes [they are facing issues of discrimination or racism]. Some of them are facing this problem at work...he is working a cleaning job and ...at work when the Canadian people carry only the light things and always make my client carry the heavy things, that's what he said. So I am worried for that.

.... Yes. I hear stories [that the children are facing issues of discrimination or racism]. I heard from one client that on a school bus, the client... he said he stays by himself all the time, but then a Canadian child was always teasing him, and sings some bad songs to him.

A church sponsor:

.... I think that there's still a lot of stereotypes and stigma in society, and it's a challenge or a barrier, it's huge, you just hear comments so often, or just assuming that they aren't intelligent people, and they are... they are very intelligent in their own way, in their own rights. And, more intelligent in some ways than I am, like in some areas. And, so... I think we still have a lot of education to do... just to kind of decrease the stereotypes and stigma that's out there.

Interestingly, one key informant mentioned that the community does not talk about being discriminated against. However, it is not clear whether the community feels they are facing issues or not. They do discuss issues of discrimination among other groups, therefore are aware of issues occurring:

...you know they don't really talk about it [issues of discrimination, stereotype or racism] much. They have talked about First Nations people being discriminated against, and also how they have to be careful about them. But.... they haven't really talked about being discriminated against.

Weather and Isolation

Saskatoon is a chilly city in the winter and adapting to the cold winter is an ongoing concern, and a challenge for many in the Karen Burmese community. For the refugees, it is the first time experiencing cold weather, snow, and icy conditions. The elderly in particular face difficulties adapting to the cold climate. Often during winter, they remain in their homes and become isolated.

Sometimes the older people, 60 or older, they say that it is a shock for them, and when it is really cold outside they do not want to go outside...

Some of the younger boys were also not prepared for the winter weather – they did not have the appropriate clothing or they chose not to wear their winter clothes. They also remained at home and would only go outside when necessary – for example, to attend school or to attend an appointment.

Participants are struggling with staying warm with dressing in layers. They choose to stay home, missing their EAL and other classes. Participants often expressed difficulties adapting to

the cold winter, and some even discussed the weather as being the *only* problem they have. Many participants became have become fairly isolated in the winter.

...when she lived in the camp, one thing that was really good was the weather, the weather is really good there....But the accommodation or the food was not good there, only the weather was good over there. But here, everything is good except the weather. So if she goes out, she has to prepare and buy warm clothes, this is really hard for her... but otherwise everything is good, for the food, for the health... she`s healthy... she only gets a cold, and that`s it. She is happy to stay here. When she lived in Saskatoon, everything is sufficient here, the food is plenty in her home. Only one thing, it is cold outside, so she stays in the house, and she eats lots and worries that she might gain weight.

Finding Meaningful Employment

Key informants discussed the employment challenges faced by this group. Some Karen Burmese are able to find employment; many do not due to the language barrier and to some health conditions.

A settlement worker:

.... Before one year, some of them can find a part time or full time job, and some of them can`t because of the language problems and health problems. So many of them are not working even after the first year [after they are `cut off` from gov`t money], so we have to apply for social service, and meet with social workers to find more financial support for them.

A LifeSkills worker (i.e. a community worker):

.... Unemployment and underemployment is a huge barrier. It is very difficult for newcomers to find meaningful employment. This unemployment barrier coincides directly with the housing barrier, as newcomers cannot always afford housing, leaving them to depend on social assistance or subsidies to survive.

The most common job positions are janitorial and housekeeping positions, and construction and meat industry labourers. Many in the Karen Burmese community, particularly the young men, choose to work for one of the meat industries in Saskatoon. There is a large number of Karen Burmese members working in this industry, therefore language is not an issue. They can communicate in their own language, and rely on one or two members who have adequate English skills. Since there are already some Karen Burmese members established in the industry, it is easier for other members to obtain a job in the same industry through word of mouth. This is clearly captured by a key informant (a settlement counsellor):

... They really need to learn English first. If they can't speak or don't understand little things, they cannot work... they can only go to work with other people from the community. It is really hard. But only one thing that I notice from the Karen group is they are quite independent, they would like to work, they are very willing to work. So, most of them... what do they do? The people who can speak a little bit, they got a job first at [name of meat plant], and then the other people... ok these people can speak a little English so I can rely on them at work, so they apply for the job and then they get the job, and then later on more and more apply, in the same section same department where they can work together, and help each other.

... The cleaning jobs... if they do not speak English very well and are older like 50 years or more, can work a cleaning job at Thai Cleaning, but it's a night job, but it's not very good for them, because it is so late at night. But they try to work there because they don't need to use language there. So if they work, they try to work as a group, a Karen group, speaks the same language, they can help each other. But the cleaning jobs are only casual jobs, so sometimes they can work 3-4 hours in a day, sometimes 5-6 hours and sometimes not at all. Sometimes if it's busy they will call them in, sometimes not busy, they just don't work.

During observations, I noticed that many of the young men are working in construction. They are working for the same construction company for similar reasons why many chose to work for one meat industry – it is easier to find job, and they do not need strong English skills.

Having employment and earning an income, in general, are considered very important for this community. As mentioned, they are very independent and wish to earn their income to support their family, as opposed to receiving social assistance and various subsidies. They were not allowed to work in the refugee camp, and now that they are given the freedom to work, they wish to do so. Therefore, they are willing to work any job, regardless of the schedules or the wages. During my observations and interaction with this community, finding employment is important to them. The youth and young adults especially would like to work, so they can help support their parents and young families, respectively. Often employment comes before education. Key informants mentioned several times how many in the Karen Burmese community prefer finding employment before learning English.

...the one gentleman was in ESL for probably a month and then he said 'you know what I am not a student, I am going to get out to work' and he has been working two jobs... for probably 3 years now. He has a daytime job, and has a cleaning job in the evenings. And, so he works 2 jobs, and so... I mean... he's just so energetic and such a go-getter.

Dealing with Health Conditions

Many of the Karen Burmese refugees arrived to Canada with health conditions. Key informants were aware of and have seen health issues arise in this group, which include chronic diseases, Hepatitis B, HIV, mental illness, high blood pressure, loss of hearing and signs of depression.

...the Karen Burmese group, when they came to Saskatoon they have chronic disease... most of them have chronic diseases such as Hepatitis B, Hepatitis B can spread easily in Thailand camp because it was very crowded, and also... they didn't know about safety when they do tattoo... they have lots of tattoos in this Burmese group, so the Hep B was transferred by that.

...they have chronic disease such as skin disease, HIV, and also TB... not TB active.. Inactive... they are just carrier.

Resettlement organizations in the city are busy with this group "all the time" helping to make sure they have regular doctor's or specialist's appointments, ensuring they do not miss appointments and helping to translate medical instructions.

Signs of depression are often seen as a prevalent health issue among this group, particularly the elderly. Reasons for depression include cold winter weather, missing home, unfamiliar and difficulty understanding Canadian culture and living, and language issues. As one key informant said:

...some of them [have shown signs of depression], but most of them are older people... 50 and older get really depressed because of the weather, and they are missing home. And... also they have to stay in home all the time because of the children kind of use them, so they stay home to take care of the children and grandchildren. So we have to encourage our clients not to.... Well they have to give freely to their mom or dad...to help out with their parents, so they don't stay at home all the time, they need to learn English. If they are used to their own culture, in Burma, the older people always stay home, and the younger people always go to school. But here we explain to them that it is important for everyone to learn... everybody has rights here... You cannot use people. Language barrier is the reason many of my clients are depressed too, they always stay at home because they don't want to go out because they don't understand anything. And then become stressed even more.

Other Challenges

Other post-migration challenges include proper parenting according to Canadian laws, proper hygiene practices, doctor-patient communication, household cleaning, and awareness of rights and responsibilities as a permanent resident, and future Canadian citizen.

4.4.5 New Experiences with Canadian Food Culture

Resettlement in a new environment means exposure to new cultures (e.g. cultural norms, beliefs, customs). All participants were able to find their traditional foods in Saskatoon, and were happy to be able to continue eating these foods. However, it was not unusual for participants to have some interest in “new” foods. Interest for Canadian foods was expressed and seen more in the younger generations – children and young adults, then in the older generations – adults and elders. However, although interest was seen, some participants expressed not seeking out the foods mainly because of the communication barrier – not knowing the name of the food, or where to find it. One subtheme exists within this theme: (a) Environment of Food Abundance

Environment of Food Abundance

Participants often contrasted their lives in Burma and a Thailand refugee camp, to living in Saskatoon. Moving to Saskatoon meant moving to an environment of food abundance. Many do not worry about not having enough food to eat; but are beginning to worry about gaining weight.

She eats more... like more food, and different kinds of food. Especially rice, and fish paste and pounded chillies, and also soup... and boiled eggs and fish... Small fish for fish curry. She said many many things, she said she has to worry about gaining weight now (*laughs*).

A possible result of living in an environment of more accessible and available food, and with limited knowledge of healthy food choices, this community might be at risk for unhealthy behaviours (e.g. weight gain, inactive lifestyle, chronic diseases).

4.4.6 Factors Influencing Food Habits

Within this theme, subthemes include (a) Media, (b) Friends, Family and Community, (c) Past Experiences in Refugee Camp, and (d) Other: Shyness in New Environment.

Media

Participants often told me how they saw “lots of good food on TV” but they could not recall the names of the foods. However from their descriptions, I was able to speculate what some of these “delicious” foods might be - KFC chicken, Doritos chips, McDonalds (also known as the “big yellow M” foods).

Participants were interested in new foods, in particular fast foods, after seeing a commercial on TV. Fast foods seen on TV, which were considered as favourites, included pizza, hamburgers, and French fries. These foods are commonly bought, particularly for the children. Not only are these foods interesting to the community, but some fast food restaurants are located within walking distance to their homes, so the fast foods might also be perceived as an easy, convenient, and affordable option for these families.

Participants also mentioned seeing other “tasty” and “delicious” foods such as cakes and pasta, but they often did not wish to find the foods and purchase for two main reasons: 1) language barrier, and 2) not knowing how to prepare and cook some foods.

Through informal conversations during in-home visits, some of the older Karen Burmese residents, known as the elders in the community, expressed their worry about the influence of Canadian society and television on their children. They placed emphasis on the importance of keeping tradition and culture within their community. From my experiences, traditions and cultural events hold strong in the community, although this may change with time.

Friends, Family and the Community

Participants identified friends and family from within and outside the Karen Community as influencing their food habits. Friends and family were considered important because they provided information regarding grocery shopping, cooking, and foods. Friends, particularly from outside the community, may have influenced the types of foods participants bought, consumed, and prepared. For example, participants often used frying as a main method of cooking. Less frying occurred when participants were introduced to other cooking methods (e.g. baking).

Participants briefly discussed some events at school, and how it affected their and their children’s interest in different foods. They have often participated in potlucks both at school and within the community. A potluck is when a group of people come together and each brings a food dish that is to be shared among the group. During my observations, this group are often excited to attend potlucks for two main reasons that 1) to see and try new foods, and 2) to make a dish for “Canadian people” to try. A potluck was also a great opportunity for them to connect with people from different backgrounds. It was at these events that the community was

introduced to foods such as lasagna, spaghetti, sandwiches, salads, soft drinks, chips, cookies and cake.

Past Experiences in Refugee Camp

As the first theme ‘Pre-Migration Lifestyle’ suggested, past experience in a Thailand refugee camp has shaped the lives of the Karen Burmese community in Saskatoon. In terms of food, the Karen Burmese are eating the same foods they had in camp, but in larger quantities. Participants said they are able to eat more in Canada than in the refugee camp. The majority of the participants linked eating more food with greater food availability, food access and an improved financial situation. Key informants indicated the Karen Burmese eat more of the foods (e.g. meat) that were costly in the camp. Participants also reported that they consume more meat.

Yes, they eat more when they come to Canada. There is more food here, and you can see my refrigerator is full of meat.

Besides meat, they are eating more vegetables and fruits.

.... they eat more vegetables, and less meat because meat is very expensive there so they could not afford to buy. And, here they eat more meat and even more vegetables, and lots more fruit, because in Burma or Thailand they can only eat fruit in season, and here they buy fruit in any season. So it is really different. They can eat more food here. They still eat their own tradition food, they really like. Canadian food, they eat less, most of them don't like it, they don't like Canadian food.

.... they never complain or worry about gaining weight, because in the camp, they were starving all the time in Burma and in Thailand. They did not have sufficient food there. So, here whatever they would like to eat, or whatever their children would like to eat, they give it to them.

Other: “Shyness” in New Environment

As described earlier, Karen Burmese traditional meals consist mainly of rice, fish paste and pounded chillies. These are the main ingredients of all meals ate throughout the day. It differs from what many Canadian students bring to school (e.g. sandwiches). Karen Burmese school aged children have some reservations about eating their food from home. During observations at a school, I noticed that some children were shy and embarrassed about eating their lunches.

Some children even chose not to eat lunch at all. Three key informants commented on how children are not eating food at school because they “are too shy”:

An EAL teacher:

...a big problem is that kids often feel embarrassed to bring their lunch. And, so they go all day without eating. And... sometimes, they don't eat breakfast... I don't know if that's cultural or if they just get up too late... I think sometimes kids get food that takes longer to prepare in the morning, and maybe they don't have so much time. So... often we see kids really tired, and they haven't eaten... I've seen kids go eat in secluded places, or even the study carrels... they go eat there and kind of make a little shelter and eat there. Especially one of the Karen boys... he would always eat in very secluded place. I don't know where he would go... and he would come back very quickly and I'll say 'have you eaten your lunch', and he'll say 'I've finished'. So, he was going somewhere, or else he wasn't eating at all.

A settlement counsellor:

...I had a meeting with the teachers, and she asked why the children weren't bringing food to school... and the children said they are too shy, they do bring food to school but they hide it because they are shy. The teacher explained to them that they can eat whatever they want and it doesn't matter. They can eat their own food at school, so I had to explain this to the clients.

A community worker:

... they do bring their own food to school and they are very shy to eat because it is very different... than bread like the Canadians eat. They bring rice and it is hard for them to eat, and bread is easier to eat.

However, during a potluck situation at school everyone eats because as one EAL teacher stated “No one is different”. Being shy or scared to eat their traditional foods in public may also be a factor to why the children begin to like Canadian food more. They do not want to look “different”.

... Only the children like the Canadian food because it is from school and their friends eat, and many of them have a school lunch program that gives them food and it is always Canadian food.

4.4.7 Life in Saskatoon – Food Issues

Subthemes include a) The Difficulties and Ease of Food Shopping, b) Finding Foods, c) New Foods, d) Food Insecurity, and e) Food Storage and Food Safety.

When asked about life in Saskatoon, the initial reaction from all participants was one of great gratitude and thankfulness. They all responded with smiles, and expressed their appreciation to the Government of Canada and UNHCR for their sponsorship. After some probing, greater reflections were made, and several subthemes emerged.

The Difficulties and Ease of Food Shopping

Grocery food shopping is a new experience for this group of refugees, and on their first trip to the grocery store, feelings of being scared, afraid and overwhelmed were reported. Upon site observations, participants were often shy and cautious of others in the store, whereas others showed no such feelings and were very comfortable. Most participants adjusted to food shopping in large supermarkets fairly quickly; after the first few visits, some mentioned they had no problems or difficulties shopping. However, they shop mainly three areas of the grocery store – produce, meat, and the aisle with rice and Asian foods – and this could be suspected as the reason they do not have many difficulties. Some participants also reported no difficulties shopping for food, as they often compared it back to their situation in the camp:

... in here [Saskatoon], the shopping is pretty easy because in camp if you want to buy something, we have to ask who owns the restaurant or the person who owns the store, and we have to ask for every single thing... like food and the price for everything. But in here, it is different... you can go and pick anything you want. You don't have to ask for the price.

Others reported some challenges while shopping. The most commonly discussed challenge was language:

It is difficult [to go grocery shopping] because he didn't know the language. It is easy to grab everything but hard for him to go and scan the things and to pay, because they don't know the numbers. He also doesn't know how to use Canadian money...

Some participants were also concerned about the cost of food; these participants were usually the caregiver of a larger family:

...sometimes she worries about the cost; sometimes it is very expensive for her... so she will just buy the next time, or the next week.

...when she goes shopping, she prefers to buy cheaper things.

... when she decides for the family, she usually goes by cost. But, lots of the time, she doesn't know how to read letters or the numbers, so she just grabs the food and goes. But, other times, if she goes with somebody like her sons, she tries to buy by the price and not to buy really expensive things. The language here is a problem, and sometimes she prefers food by taste, so the cost doesn't matter... sometimes.

However, most were not concerned with the cost:

... if she would like to eat, she just buys, the cost does not matter, she just buy.

Adjustments made by participants while they go grocery shopping included making a list of foods before going to the grocery store, and going with a relative or friend who speaks more English.

She always goes with other people, she never go [goes] alone because it would be really difficult because of the big language barrier. She can choose foods, she can see the costs and things... but when she goes to the cashier, she is sometimes scared because when the cashier asks her something, she does not understand. So she always calls someone in the community to go with her. It's not a good idea for her to go by herself.

Finding Foods

Finding traditional or cultural foods in the city was not seen as an issue by the key informants. Some even mentioned how their clients (refugees) often have their own means of finding their ethnic foods.

... [They] are very resourceful at finding food they are accustomed to eating. Some even order food in from other provinces.

This can be further supported by on-site observations during some in home visits, where several families came together, and were placing orders for food products from Thailand. Some of these food products included sunflower seeds, dried fish, mango candies and spices. Some families also make regular visits to nearby cities, including Edmonton and Regina, to purchase foods and other items from a speciality store.

Often during my visits to some participants' homes, we would make regular visits to the grocery store. The families knew how to find the stores. It was not uncommon for us to visit both the large grocery store, and the smaller ethnic stores on the same day. Food they could not find

at the larger grocery store (e.g. Superstore), they could find at the smaller ones. Sometimes foods at the smaller stores were less expensive than Superstore, so this was another reason we usually had to visit both grocery stores.

When asked if participants were able to find all the foods they wish, they often responded with “yes”, “yes we can find everything”, or “yes we can find most things”. All participants shopped from three grocery stores in Saskatoon: Superstore, and two small Asian ethnic speciality stores. Superstore was the first choice of all participants. They could find most of the ingredients they wished to purchase here. Items that they couldn’t find at Superstore, they could find at the speciality stores. However, some participants mentioned they were missing some foods, specifically some vegetable leaves - the names of these foods are undetermined as there is “no English name” and were foods found from the jungle. Foods they could not find were often replaced with other new vegetables for them, such as broccoli, cauliflower and carrots.

New Foods

When participants were asked about new favourite foods in Saskatoon, they often related the purchase of new foods to their situation of food deprivation in the camp. “All the food here in Saskatoon is new” was a common response. During my in-home visits and attendance of cultural events, I was often asked for names of foods, since many of the families either did not know the name entirely or weren’t confident with their pronunciations. I had the same experiences during the participant interviews, and they often told me that there are lots of new foods they eat – especially new produce – but they just do not know the names. Vegetables, fruits and meats were commonly named as favourite foods because they were more available and accessible. Table 2 shows a list of some foods considered new by participants. Drinks, in particular juice and soft drinks, are very popular among the community.

... everything is new to her. It’s very expensive in Burma and in the camp. So all the drinks and food here are new for her, she likes to drink and eat many things.

Table 2. Favourite new foods

Type	Favourite new foods
Vegetables	Broccoli, cauliflower, carrots, mushrooms, asparagus, squash, others (names unknown)
Meat and Fish	Pork, beef, chicken, canned fish
Fruits	Oranges, watermelon, cherries, other fruits
Other	Ice cream, hamburger, pizza, pasta in cans, hot dogs, Doritos chips, sandwiches, chicken nuggets
Drinks	Juices (orange, apple, strawberry, grape), soft drinks (Pepsi, Sprite, Orange), coconut drinks

Food Insecurity

Another food issue seen in this community is food insecurity. Although this issue was not directly asked to key informants during the interviews, they did see this as another great barrier or challenge for this population. As the literature reveals, food security is linked to many factors including income, education and employment. Knowledge is another important factor. These same factors were discussed by key informants as possible reasons to why the group of refugees may be facing issues of food insecurity.

A church sponsor:

Definitely food insecurity is a factor... and part of that could be due to low access to foods that they would traditionally eat in their country... so just not being able to find the ingredients or just not knowing what to do with Canadian ingredients or North American ingredients. I think income does play a role.... Food insecurity and sometimes... access... or ... just feelings of isolation and just being scared to go out when they are just new to the city, that could cause food insecurity as well.

A community worker:

... Food insecurity is an even bigger issue for them [refugee population]... again, in terms of employment, income, and then the language barriers. I think finances are a big one. ... It can be difficult and especially when you're dealing with food insecurity, where do you start nutritionally? Where do you start? So it can be very challenging.

A LifeSkills worker (i.e. a community worker):

... the Burmese women, specifically, never just come out and say it, but just from other things that are going on, one can predict that there may be a food security issue ... because you become aware of their family life, what their husbands do.... Or if they are single or whatever the situation may be...I can imagine some of the barriers [food security] that they may be experiencing.

From the participant interviews, it was not clear that they were in situations of food insecurity. However, from my observations, some factors leading to possible food insecurity were noticeable. The main three that I noticed were accessibility to food, knowledge regarding food choices, language as a barrier to selecting proper food choices.

Food Storage and Food Safety

Food storage and food safety were discussed by all key informants. They often reiterated that the Karen Burmese refugees migrated from a refugee camp where there were no proper storing facilities, and food safety was not a major concern. A few key informants mentioned that the largest challenge facing this group is storing food properly and at the right temperature, and this was often observed by myself. For example, canned soups and frozen foods were found in the fridge, and fresh meat sat on the counter. Many do not have the knowledge about proper food storage, and often have to be reminded. As a result, some families have been evicted from their home. A participant stated the different situation regarding food preparation in Saskatoon:

...it [food preparation] is completely different, because here you have to clean everything before you eat, and then you have to clean stuff, and prepare for things, like keep your refrigerator clean and neat. And, food safety stuff that we learn in classes is different here than in the camp.

One key informant shared her experience and discusses her approach to educating the families:

... This [food safety and food storage] is something specifically with the Karen Burmese families. A challenge that we've found a lot of the time is that... in terms of maintaining their house and sort of storing food, and storing waste, garbage and things like that...like that is something that can be sort of tricky to get used to, so... we have had some bad experiences. Like sometimes, I've gone over to families... like food storage is a really really big issue with these families... like sometimes, we go over... and I don't think a lot of them are used to using a fridge so we would find meat, or a bowl of meat sitting in the cupboards, or its been there for a few days. I guess food isn't always stored in the

fridge, it's sort of just out on the counter, so we try to do a lot... for example, talking about proper storing, putting in a Tupperware, putting in a fridge, cooling it off properly... But sometimes, they've been problems and some families have been evicted because bugs have come into their house, because of improper food and waste storage.

4.4.8 Changes in Food Habits from Camp to Canada

As mentioned earlier, life in camp was simple. Every day was the same. In regards to food, they used basic cooking methods and tools. They received the same food rations in camp, limited spices, and had little variety in their meals. Most participants ate three meals a day in camp.

Table 3 summarizes the key differences reported by participants regarding their food habits.

Table 3. Summary table of key differences discussed by participants in food habits between Thailand refugee camp, and life in Saskatoon, Canada

Refugee Camp, Thailand	Saskatoon, Canada
2-3 meals/day	2-4 meals/day
Few snacking practices	Snacking throughout day
Skipped meals due to no food available	Skipping meals due to snacking
No variety in food	More variety
No spices available – less tasty foods	More spices available – more tasty foods
Little meat consumption due to expense	Increased meat consumption due to availability and affordability
Soft drinks and fruit expensive and high status foods; little consumption	Increased consumption in soft drinks and fruits due to preference, low cost, availability
Long cooking times due to lack of electricity	Faster cooking times due to electricity and new appliances (e.g. rice cooker)

Snacking or eating between big meals was expressed by most participants as something that they do often because food is simply more abundant here. Common snacks included rice noodles, pizza, fruit, cookies, cake, chocolate, chips (store bought and handmade), and some traditional snacks. These commonly named foods, particularly the processed foods, could also be indicative of a diet higher in sodium, fat and cholesterol – all of which could put this community at health risk.

It's different between Burma and here. In Burma, they usually only ate rice and curry, or fried vegetables and that's all in one day. No fruits, no milk, no anything else because they

didn't have money to buy those things. But, when they came here, ok in the morning time – breakfast, and afternoon – lunch, and then supper, but between that, they can buy some snacks, some juice, some milk... for her children, so it is really different, they eat more.

Eating habits of the children were often discussed during the interviews. Although the adult parents and elders have a preference for traditional foods, the situation is not entirely the same for the children. Children and young adults often expressed their interest for Canadian foods, and what foods Canadian people eat. Many parents still continue to pack some traditional foods for their children, although whether their children consume the food at school is unknown. Yet, other families are starting to buy some Canadian and Canadian-like foods for their children's lunch.

It's different [for my children than for me]. What she packs for her children is different than home. She didn't pack rice or anything. Just only what Canadian eats, like snacks... wafer cookies, also drinks... juice, or orange juices, and fruits... some oranges. That's what she packs for lunch.

Many of the families are also now consuming more soft drinks and fruits. Not only are these foods available and accessible in Saskatoon, but there are also regarded as high status foods in Burma and in the Thailand refugee camp. High status foods were foods usually only consumed by the rich. Some participants also compared fast foods in Saskatoon to something that only rich people would eat in the refugee camp.

Hamburger... pizza.... If that was in the camp, only the richest *richest* (emphasis) people would have that.

Kiptiness and Dharod (2011) stated that the Bhutanese families who moved to a Westernized country commented on how the availability and variety of food is greater. The type of food that newcomers are eating is the key issue researchers should be studying. Several researchers have investigated how newcomer groups adapt to their host country's dietary habits over a period time, known as acculturation (Burns, 2004; Hadley & Sellen, 2006; Willis & Buck, 2007). For instance, Burns (2004) found that the intake of Westernized food items such as pizza, noodles, chips, and sugar sweetened beverages increased significantly in Somali women after resettlement to Australia. Kiptiness and Dharod (2011) speculated that refugee groups such as the Bhutanese may follow a poor acculturation trend of adopting mostly high calorie, low-nutrient-dense foods due to many factors including poor economic conditions. Perez-Escamilla

and Putnik (2007) reveals that acculturation among low-income immigrants leads to weight gain, low intake of fruits and vegetables, and high consumption of fats and high calorie foods. It is therefore possible that the Karen Burmese community may be at risk for weight gain and future health conditions.

Preparing rice in Canada is a much simpler process with the access to water, electricity and technology (i.e. the rice cooker). Most of the Karen Burmese homes were equipped with a rice cooker upon resettlement, and this appliance is with no doubt, and evidenced through interviews and observations, a favourite. Kiptinness and Dharod (2011) explored dietary habits and food shopping practices of Bhutanese families upon resettlement in the United States, and they found that although there were no major changes in dietary habits, all participants preferred cooking in the United States where running water and electricity is available.

4.4.9 Coping Strategies to Overcome Challenges

Several coping strategies have been noticed in the Karen Burmese community by key informants. Some isolate themselves, others receive social supports from settlement agencies, and still others work several jobs to keep themselves busy and to provide for their families both here in Canada and back home. Also, it was stated several times that coping strategies used by this group of refugees related to their experiences in a refugee camp:

... When they have come from places where their struggles were really intense, they have gone through really horrible times, they have really good coping skills, like they are often really very positive. And, I find them really motivated and determined, just kind of embracing meeting people. They take a lot of pride in their house and really just want to soak up whatever knowledge they can about anything.

However, they do face challenges and difficulties that they likely never thought of before coming to Canada. A community worker discusses this notion of disillusionment:

....there are struggles with being abit disillusioned, like I think lots of people thought coming to Canada is... like 'I'm going to be happy and safe' and 'it's going to be perfect here', and then you come, and you have all these other barriers like the language, finding jobs, being really isolated.. Lots of people come from a place where they know everybody, they have a family, and they can visit with friends or whoever they want all day. And, here a lot of people would just know a few other families.

Mitschke, Mitschke, Slater, and Teboh (2011) also found 'disillusionment' as a major topic in their study looking at the same population. They found that some participants' expectations of

living in the United States were different from the reality. Many felt they were facing difficulties in the transition from a refugee camp to a resettlement host country, and thought they would be receiving more assistance with their transition. Some even expressed “life in the refugee camp [as] preferable to life in their new country”.

The Karen Burmese community continues to grow in Saskatoon, making “their support systems for one another stronger and stronger”. However, it is not just the Karen Burmese community that they find support in, it is also other communities such as church groups. From the key informants’ perspective, a community was seen as a central way of coping with various challenges:

... A community is a huge way of them being able to cope with some of the challenges and just like reaching out to people. People sort of in their immediate community or building or neighbour area, even if they are not from the same community group.

.... I think.... I know they have actually adapted very well. They are accessing the Karen community... and also I think that the faith community is also important for them. I think the Karen faith community. They are connected there and so I think that is a coping... you know access to supports as well.

However, the Karen Burmese community itself was seen as the main community which helps each other through difficult times:

...they seem to cope so well, and adapt so well.... they just seem to have adapted so well and I think it’s just that they have a strong community here and I think that’s the biggest piece for them

... They want to stay in that community [Karen Burmese community], close to the school that they are familiar with, and close to other family members, and probably friends too. So they know exactly where they want to be. ...One of the young men said ‘I don’t want to live like too close to X’, so they kind of have their area mapped of where they felt safe. But, if they got a little bit beyond that, that area, he didn’t feel safe. I guess they feel it’s safe because it’s familiar and it’s the people they know, and they haven’t had any negative experiences there... in the last 3 ½ years of living there, so that community... like I know I do hear negatives things about Y [the area where they live] and whatnot, but having said that, they feel safe there, but if you go a little bit further out, then they don’t feel as safe.

... I read a lot about clients feeling ‘sad’, ‘missing family’, and I think they still try to talk on the phone with them, but from what I see, I would say family is their largest support....

4.5 Suggestions Provided by Interview Participants for Resettlement Services

When asked “Can you think of any new services that would have been helpful for you as a newcomer?” some participants gave suggestions. Some participants believed it is important to have more services directed towards the youth such as a Youth Group. A few mentioned how they would benefit from attending a multicultural cooking class where they can learn new recipes from other countries – not just Canadian food recipes. Other services and classes suggested were: language classes, more translation services, daycare services, and employment training.

Key informants gave several suggestions when asked about new services or services which could be developed. Many believed it would have been helpful for newcomers to have more information prior to coming to Canada. More information may be helpful for them in knowing about what to expect in Canada.

Key informants suggested providing nutrition education on the following topics: Food budgeting, how to make informed choices, using various cooking methods (frying vs. baking), sugar and caffeine in soda drinks and how to read recipe instructions.

4.6 Summary

The personal interviews with Karen Burmese refugees and with those who work with this community, provided insight into the issues, challenges and adjustments faced by this community. Based on the results, recommendations may be made for resettlement agencies, service-provider organizations and health care providers.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In this chapter, the research findings will be summarized by research question, and will be followed by a presentation of major research findings. Recommendations are then made after thoughtful consideration of research findings, and asking the question “what can one do to help this community”. Challenges and limitations are also discussed. The chapter concludes with suggested areas of future research.

5.2 Summary of Research Findings by Research Question

The following section will discuss the three research questions based on the findings of the project.

5.2.1 Research Question 1:

What are the issues, barriers and supports surrounding food that Karen Burmese refugees have faced upon migration to Saskatoon, Saskatchewan?

Many important food issues were identified by participants. Barriers and supports against and towards a positive food environment were also identified. Issues which emerged included difficulties shopping for foods, finding traditional foods, understanding new foods, issues of food safety, and food insecurity. The major barrier surrounding food related to language barriers. Language barriers prevented the Karen Burmese group from integrating into the wider community. Strategies included taking a member from the community who is fluent in English to assist with grocery shopping, or buying only foods that are known (e.g. rice, vegetables, oil). A second major barrier surrounding food is related to previous life and food-related experience. Spending many years in a refugee camp with limited and unvaried food, and then moving to a food environment with numerous food options can be exciting, yet overwhelming. The Karen Burmese community viewed their supports as their family, friends, volunteers, resettlement agencies and settlement counsellors. Churches and church groups were also considered as supports.

5.2.2 Research Question 2:

What adjustments have Karen Burmese refugees made regarding their food behaviours since arriving to Canada?

Adjustments made by the community included: the reliance on family and friends for information, regular church attendance, and the maintenance of traditional eating habits - although some did show interest in new Canadian foods. Many children have adopted Canadian foods and food habits. Due to an environment of food abundance, most families did not express any problems obtaining food, although their food choices might likely be different with more education. Specific changes made included: overall increased food consumption, increased meat consumption, increased consumption of high status foods such as soft drinks and some fruits, frequent snacking resulting in meal skipping, increased variety of food, more selection of spices, and faster cooking and preparation times.

Outside of food-related discussion - The community is active and likes to engage in activities with the public. They appreciate support and guidance from members from the community who speak English and are willing to guide them. Many youth show leadership, which they pass onto their younger siblings, as a way to adjust to life in Canada. Within the community, there are leaders in both the elders and youth. Leaders are people who the community turns to in times of need and for support. Not only does the community look up to these leaders, but these leaders invest much of their time in activities and planning community events.

5.2.3 Research Question 3:

What resettlement services do newcomers receive when resettling in Saskatoon? And, how have the new Karen Burmese refugees utilized the services and how could the services be enhanced?

Newcomer refugees and immigrants are provided with many services upon migration to Canada, and throughout their resettlement and integration phase (which is an undefined period). Most services are provided during their first year of migration, however services and resources are always offered, particularly during times where some education would be particularly helpful

and useful to the immigrant (e.g. employment services, prenatal and postnatal classes). The newcomers for various reasons, however, do not use many services. For the Karen Burmese refugees, language was often regarded as a major barrier. Many from the community withdrew from classes, unless they were given continual support and guidance throughout the classes, as well as frequent reminders. Suggestions for improved as well as new services were discussed during both participant and key informant interviews. Most common suggestions included more available and accessible English classes (complemented with encouragement to attend the classes), more employment training classes and, cooking and nutrition education classes which incorporate both traditional foods and Canadian foods.

5.3 Major Research Findings

- 1. A prolonged stay in a refugee camp can lead to vulnerability; and life experiences prior to migration have important consequences in new host environment.** Due to situations in war-torn countries, and living in a refugee camp for many years, many newcomer refugees came to Canada with limited life experiences (e.g. no educational background, no work experience). Because of the refugees' previous living conditions and lifestyle, these families face multiple challenges in Canada including adapting to Canada's cold weather, becoming familiar with technology and modern housing (note: they lived in bamboo housing), and employing food safety and general hygiene practices. Many have experienced trauma and may be suffering from post-traumatic stress disorders. These circumstances should be taken into consideration when providing services and support to newcomers. Also for the refugees, the challenges they face in Canada may not appear so difficult or so different after spending years fleeing and being scared. Therefore, it can be difficult to measure one's acculturation.
- 2. Resettlement is multifaceted and can be challenging. Resettlement agencies and organizations play a large factor in successful resettlement.** The term 'resettlement' encompasses a wide range of factors. It is a complex term, and varies from newcomer to newcomer. Exploring issues of resettlement and researching ways to smooth the transition and minimize the barriers is challenging. From this research, factors regarding the resettlement of the Karen Burmese refugee community were identified. Main factors included learning and retaining English language, finding appropriate

housing, accessing secure employment, receiving support from community organizations, accessing available classes and services, and becoming independent. The mission of most resettlement agencies and community organizations, in a very general way, is to help refugees ensure a smooth transition into Canada, and to become self-sufficient (note: particularly after their assisted one year government funding, and/or sponsorship runs out). This consists of facilitating an education, finding employment and suitable housing. Participants expressed their appreciation to the agencies and the people who work there, but they wished for longer hours, evening hours, more staff and more accessibility to services. At the same time, the key informants also recognized that they provided limited services. Their desire to offer more services was restricted by available funding.

3. Refugee communities rely on one another to facilitate the integration process.

Participants rely on help from friends and family while food shopping and cooking, and trying new foods. They establish networks with each other to facilitate finding employment, grocery shopping and learning about new foods, and food preparation techniques. They rely on each other for support and advice throughout the settlement process and as they integrate more fully into a different socio-cultural environment.

4. Most participants require more education on income, savings and employment.

Participants expressed that they wanted to receive education on: 1) becoming more independent, 2) earning an income (as opposed to receiving subsidies and social assistance payments), 3) savings accounts, and 4) interest rates and payment plans should they wish to acquire a credit card. The most frequent want expressed by participants and key informants was the need for employment, and the processes involved with obtaining employment (e.g. resume building, mock interviews, attire or uniforms, required certificates, benefits).

5. Education is a key component for refugees' transition. All types of education – whether it is EAL classes, high school, college or post-secondary education - are key to a successful transition into a new environment. A new environment such as the one many Karen Burmese refugees were resettled in – Canada – is one where a new language must be learnt. Basic education is required in order to obtain employment. Education is especially important for children.

- 6. The Karen Burmese refugee community has a strong sense of community, despite perceived and unperceived challenges.** During observations, participants seemed to always have positive attitudes, and the youth were especially highly motivated with a strong work ethic. Key informant interviews also noted how appreciative and gracious the community is, however expressed their concerns that they do face many challenges. These challenges may not be seen or obvious to the community itself. Identified issues included discrimination, racism and a lack of understanding by the community. Such issues can create feelings of isolation in the community, and can inhibit a successful settlement and integration process.
- 7. The links between food choices, health, and general well-being are complex.** The qualitative methods used in this study reveal that the links between food choices, health and wellbeing are not linear and are complex. For example, why one makes the food choices they do (e.g. is it preference, it is cost, it is driven by peers or media) should be explored. Unhealthy or healthy food choices in part will determine one's overall well-being. Health conditions which may be prevalent in refugee communities are important to consider while making food choices. Health professionals need to understand these links in order to develop appropriate programs and services. Also, healthy food choices may not be a top priority after living in a situation of deprivation. This may be due to having life experiences where the priority was safety and protecting one's family, and having to survive on very little.
- 8. Cooking with technology was a new experience for many participants.** Learning to cook rice in a rice cooker, make stir-fry over the electric stove, bake fresh bread in the oven, and freeze foods in a freezer, were all new concepts to most participants. The garlic press, can opener, and potato peeler, to name a few, were also new tools to the refugees. Education on how to use the new cooking equipment and technology was a necessity. Most were initially introduced to the new equipment through the settlement counsellors working at a community organization, and were shown how to use them by other members in the community.
- 9. School and events outside the home influenced food habits.** Some of the Karen Burmese community's food habits were influenced by outside influences such as

school peers, co-workers, friends, and the food bank. The community was also introduced to some new foods (for them), at potluck events.

- 10. Children have more desire to eat new foods, while adults show some interest but maintain traditional food habits.** The Karen Burmese children were excited to talk about new foods they have tried. Adults also showed some interest in trying new foods, however because of the challenges faced such as not knowing how to prepare and cook the food, or where to purchase the food; they have not tried many new foods. Additionally, many expressed their preferences for their own familiar traditional dishes.
- 11. Eating habits changed for participants once in Canada.** In general, eating habits changed for all participants in this study. Although there is desire to maintain traditional foods, habits such as eating more food overall, snacking, and the number of meals a day have changed.
- 12. Karen Burmese community can find most traditional foods at ethnic specific stores or the speciality ethnic sections in the Superstore.** Participants did not express much difficulty when looking for traditional foods. However, some observations showed the contrary – and some families prefer importing some foods from Thailand, even with the high cost of shipping.

5.4 Recommendations

Based on the results of this study, the following recommendations can be made:

- 1. Assist refugee newcomer families to maintain their traditional habits.** Karen Burmese refugee families have a strong desire to maintain their traditional eating habits. Therefore, providing them with the knowledge on how to maintain healthy habits while incorporating and introducing new healthy habits is important. Education should be provided and encouraged for all refugees, including both children and adults. Continued education should be provided throughout the resettlement and integration period.
- 2. Ensure refugee communities have access to the information they need regarding resettlement in Canada, in a way that they understand.** Providing newcomers, particularly refugee newcomers, with information they need about resettlement prior to

migration, and after migration, would be helpful as they adjust in a different environment. Information should be provided in different ways – not only paper handouts – but in ways that the newcomers will understand and comprehend. For example, by demonstrations, and handouts with pictures.

3. **Conduct more research in the area of resettlement in Canada and how we can best address the difficulties faced by newcomers.**
4. **Create more partnerships between Saskatoon Health Region and community organizations.** Results showed that participants benefited from programs and initiatives, which were created through partnerships. By creating more partnerships, we may be able to enhance a successful transition into a new environment, by reducing gaps in services and addressing the challenges faced by newcomers.
5. **Assist with outside influences (e.g. School, work).** Results suggest that the community needs particular help with employment training skills, and English as an Additional Language (EAL) classes.
6. **Minimize issues of discrimination or racism, and create awareness in the school and workplaces, by celebrating diversity.** This may be achieved by the development of new programs and events aimed at various groups (e.g. students, teachers, employers, employees). By implementing and enforcing procedures, institutional racism may be decreased or eliminated.
7. **Help strengthen and maintain bonds within the refugee community.** Members from the community rely on one another for support; therefore by helping them to maintain these relationships through social and community events, perhaps we may help to prevent any health and mental problems or difficulties.

Some recommendations that I would make as a result of working with the Karen Burmese community are the following:

1. **Help organizations and agencies define Best Practice Guidelines.** Best practices or Best Practice guidelines for newcomer refugee groups should involve immediate and inclusive supports followed by integration into the wider community with a strong focus on skill-building, leadership, gaining independence, empowerment and capacity

building. Community building practice is used to build new relationships among members in a community and develop change out of the connections these relationships provide for solving member-defined problems (Minkler & Wallerstein, 2004). Central to community building is the concept of empowerment. By recognizing guidelines and by using community building skills and approaches, program planners can help communities identify their own issues, ultimately to design the most effective and successful programs.

2. **Create and maximize opportunities to empower and build capacity by giving voice to those from the community.** The concept of empowerment is viewed as an enabling process through which individuals or communities take control over their own lives and environments (Minkler & Wallerstein, 2004). Finding ways to empower the community and create new and meaningful opportunities for them is important during resettlement. By empowering individuals and communities, we can help them to identify their own issues to ultimately design the most effective programs. Additionally, while designing and implementing any project or program, representatives from the community targeted should be involved. By involving them at every step, cultural factors will be addressed, and more effective and attractive programs can be designed.

5.5 Strengths and Challenges

We were faced with challenges and limitations throughout the study. The main challenge was that of low literacy and English skills of our study population. No participants in this study were fluent in English, and so the study was heavily reliant on interpreters. There could have been potential inconsistencies in the questions that were asked, and in responses when translated. Many responses to the interview questions were short. I rephrased most questions and paraphrased most answers several times to ensure that I reached an accurate understanding of the participants' responses to the interview questions. However, it is possible that some context may have been lost or "silenced" in conversations due to the language barriers. The Karen Burmese community in Saskatoon is rather small and well-connected, and most fluent speaking members were very well known to the community. Hence, the interpreter was familiar to participants, so it is possible that the presence of a familiar person may have influenced their responses. However,

this limitation may also be seen as a strength because the participants could have also felt more comfortable with their presence and felt freer to speak. Overall, the quality of the interviews may have been influenced, due to the barriers of low literary, possible translation issues, and the translator.

A second challenge was sample size of the key informants. Some previous studies have concluded that findings may be limited due to a smaller sample size. This study could have benefited from a wider range of key informants who had experience not only with the Karen Burmese community, but with refugee communities in general. To ensure data was complete and rich, we aimed to reach data saturation and in doing so, we collected useful informative data. Some categories seen in data were not “saturated”. Data collection was much complemented by the participant observation sessions.

Another limitation was the nature of the project which was very time sensitive in that refugee communities are arriving to Canada every few months, and the demography is changing rapidly. When this project was started, the Karen Burmese were the largest refugee newcomer group to Saskatoon, and now it is a different group. Even though the community studied in my project may not directly benefit from my research, the results will hopefully help future newcomer groups to Saskatoon.

Another challenge was weather. Since some interviews took place during the winter months, some participants missed the bus while coming to their scheduled interview. Fortunately, no participants withdrew from the study, and were happy with rescheduling interviews to another date.

It could be argued that my personal involvement with the Karen Burmese community may have some possible impacts on the findings due to potential bias. To help minimize my biases, I kept a personal journal and referred back to it often while writing this thesis. I believe that my own personal involvement, interest and passion, helped rather than hindered my findings. By giving voice to the community, I felt that they were given a sense of confidence and support in the new environment, and are becoming more comfortable in their surroundings. Many are becoming more comfortable with talking to “Canadians” about their life in Burma and their life now.

A strength of this study was its qualitative nature allowing for greater insights into the attitudes, behaviours and perceptions of the Karen Burmese community. Ethnography allowed me to become immersed into the community, and to have a more holistic view of any issues, that other research methods might have not allowed. Participant and on site observations helped me establish rapport with the community prior to interviews, and to observe them in their natural settings.

5.6 Areas for Further Research

Some areas of further research include nutrition education, and particularly education directed towards children who are more under the influence of peer pressure, and “Canadian environment or tendencies” than adults; And, not just education, but creating knowledge that they will carry on with them throughout life. We need to research how to make education “attractive” and what works best for vulnerable populations such as the Karen Burmese refugee community. A future study looking at the trauma groups of refugees have suffered and how it impacts their food security status could allow for a better understanding of their food habits and food-related behaviours. It would be interesting to do follow up studies with this community, to see if and how their food habits have changed as they integrate into the Canadian society. Follow up studies might include a quantitative component such as a dietary assessment, and a food security questionnaire. It would also be interesting to pursue further studies with this community regarding general resettlement issues, and find ways that might help newcomers to integrate into a Canadian environment, or more western style environment successfully. It would be fundamental to involve the community members in all stages of any future studies, particularly where program and services are being developed.

5.7 Significance of Study

The study results might help in developing culturally appropriate and linguistically accessible resettlement and support services for newcomers. It can also contribute to the development of more ethnic specific and culturally sensitive materials and services. This project provided up to date and valuable information for researchers, health professionals, service provider organizations, and policy-makers to understand any food-related and resettlement problems faced with these groups of refugees. By collaborating with community organizations

and sharing these study results, we can inform policy, change practice and improve conditions in the community.

The results may also be used to provide recommendations to modify current approaches and/or to plan new and specific strategies for improving well-being of refugee families. In addition, results from this study will help individuals transitioning from one country to another, helping maintain traditional food habits. Retaining a traditional diet may provide the refugee populations with some protection against chronic diseases associated with living in Canada.

5.8 Conclusion

The Karen Burmese community is a community which is faced with challenges after migration to Saskatoon. The community is one in which they strive to keep their heritage alive, and many of their practices in Burma and/or in the refugee camp are still practised. Many are still adjusting and adapting to the Canadian lifestyle and eating habits. This community could benefit from more education in language and employment skills.

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Appendix A
RECRUITMENT SCRIPT

(To be used by settlement counselor during recruitment)

Hi, _____. This is _____, the Settlement Counselor at the Open Door Society. I am calling you today to discuss a volunteer opportunity. There is a graduate student named Scarlett Ewen at the University of Saskatchewan that is conducting a study about food habits and food culture issues of Karen and Burmese refugees in Saskatoon.

She is curious to see if you would be interested in meeting with her for about one hour at the Open Door Society where you can talk about food! This will give you the chance to discuss your food habits and any food-related issues since moving to Canada. For example: What are your traditional dishes that you ate in Burma? Are you able to find these foods here in Saskatoon? What resources and services do you use in Saskatoon?

Your participant is completely voluntarily. Your participation in the study would be confidential and she will not record any information that will reveal your identity. If you do wish to participant, she would first like to meet you at the Open Door Society where she will be able to tell you more details about her study, and also to allow you to ask any questions. From there, if you choose to participant, she will ask to set up a time for the interview. You will be provided with a \$25.00 grocery gift card for you time and participation.

What do you think?

If yes: Ok great, thank you, I will let Scarlett know, and I will call you again in about 1-2 weeks to let you know when we will all meet at Open Door Society. If you do change your mind, please feel free to contact me.

If no: Ok no problem. However, if you do change your mind, feel free to contact me.

For settlement counselor: Please keep track of the responses from the participants.

Appendix B
COVER LETTER TO KEY INFORMANTS

(date)

(name of key informant)
(mailing address)

Dear (name)

My name is Scarlett Ewen and I am a graduate student in the College of Pharmacy and Nutrition at the University of Saskatchewan. I am currently conducting research for my Master's degree on dietary issues surrounding a group of refugees in Saskatoon, Saskatchewan. The title of my thesis is "Insight into the Food Culture Issues Surrounding Karen Burmese Refugees in Saskatoon, Saskatchewan". The research has been approved by the U of S Behavioral Research Ethics Board on July 20th, 2010.

The purpose of the study is to describe and examine the post-migration dietary patterns and dietary acculturation issues of Karen Burmese refugees in Saskatoon, Saskatchewan. More specifically, we wish to gather information about refugee's food practices and food-related issues since moving to Saskatoon. I am very interested in learning some of the issues they face, as well as resources they have used and their experiences with them.

I would like to hear your experiences with working with newcomers, as well as any thoughts and insight on resettlement issues that this population may face. I am also interested in hearing of any experiences you may have working specifically with refugees in general, and/or Karen Burmese refugees. Additionally, I am interested in hearing about what kind of resources are available, where they can be found, how they are being used, and how you feel about their usefulness and appropriateness. The process will involve a semi-structured interview which is flexible in nature and will allow for new questions to be brought up. The interview will be approximately 1 hour in length and can be scheduled to a date and time that best fits with your schedule. Complete confidentiality is assured throughout the study. The information will be reported in a way that will not identify individual participants.

If you have any questions or concerns, please do not hesitate to call me at **717-2632** (cell) or send me an email at **sce918@mail.usask.ca**. My research supervisor, Dr. Shawna Berenbaum, may also be contacted at 966-5836 (office). It would be greatly appreciated if you could either email or phone me with your response. If you agree to participate, I will contact you and we can explore possible dates.

Thank you for your time and participation.

Sincerely,

Scarlett Ewen
Master's Graduate Student
College of Pharmacy and Nutrition
c.c. Dr. Shawna Berenbaum, Research Supervisor

Appendix C
KEY INFORMANT INFORMATION AND CONSENT FORM

You are invited to participate in a study entitled “**Insight into the Food Culture Issues Surrounding Karen Burmese Refugees in Saskatoon, Saskatchewan**”.

Researchers:

Scarlett Ewen
M.Sc. Graduate Student Researcher
College of Pharmacy and Nutrition
University of Saskatchewan
717-2632 (cell)
966-6346 (office)
sce918@mail.usask.ca (email)

Dr. Shawna Berenbaum
Professor and Research Supervisor
College of Pharmacy and Nutrition
University of Saskatchewan
966-5836 (office)

Purpose of Study: The purpose of the study is to describe and examine the post-migration dietary patterns and dietary acculturation issues of Karen Burmese refugees in Saskatoon, Saskatchewan. More specifically, we wish to explore food practices and food-related issues since moving to Canada. The three main questions we wish to address are: 1) What are the issues, barriers and supports surrounding food that Karen Burmese refugees have faced upon migration to Canada? 2) What adjustments have Karen Burmese refugees made regarding their food behaviors since arriving to Canada? 3) What services do new arrivals receive when resettling in Saskatoon? And, how have this group utilized the services and how could the services be enhanced?

Risks and Benefits: Your participation will help provide valuable knowledge that will be useful for nutrition educators, health professionals and others. The information gathered from this study may help with development of more culturally appropriate services for newcomers. Your participation is completely voluntary. It will involve a personal face to face interview with the researcher for approximately one hour, where you will be able to express your opinions and/or concerns. I do not expect any risk to you in participating in this study.

Process: With your permission, I would like to record the interview to improve the accuracy of my work. The tapes will be transcribed, and both the audiotapes and hard copies of the transcripts will be coded so they can not be identified by names.

Confidentiality: Complete confidentiality is assured. I will keep the interview notes, drafts and audio tapes in a locked drawer at the University of Saskatchewan. The results will be presented in a Master’s thesis, and may also be presented at conference presentations and published in journal articles. However, the results can not be traced back to the individual participants.

Right to Withdraw: Your participation is voluntary, and you can answer only those questions that you are comfortable with. You are free to withdraw at any time, in which case records of any information collected from you would be destroyed.

Debriefing and Feedback: Hard copy transcripts of your personal interview will be made available to allow you to check for accuracy in the transcribing and for confirming the data collected from your interview. You are free to revise the transcript if you need to expand or clarify. You will also be asked to sign a Transcript Release Form to signify the transcript does accurately reflect what you said in the interview. A summary of study results will be made available to you if so requested.

Additional Information: If you have any questions concerning this study, please feel free to ask at any point, or contact Dr. Shawna Berenbaum or Scarlett Ewen. The research has been reviewed and approved on ethical grounds by the U of S Behavioral Research Ethics Board on July 20th, 2010. If you have any questions regarding your rights as a participant, you may contact the Office of Research Services (966-2084).

I _____, have read the consent form and understand my participation in this research study. I have been provided with an opportunity to ask questions and my questions have been answered. I understand that my participation is voluntary and I am free to withdraw from the study at any time.

Participant Name Signature of Participant Date

Researcher's Name Signature of Researcher Date

A copy of this consent form has been given to you to keep for your records and reference. The researcher has kept a copy of the consent form.

Appendix D
PARTICIPANT INFORMATION AND CONSENT FORM

You are invited to take part in a study entitled “**Insight into the Food Culture Issues Surrounding Karen Burmese Refugees in Saskatoon, Saskatchewan**”.

Who is doing the study?

- Scarlett Ewen, M.Sc. Graduate Student Researcher, College of Pharmacy and Nutrition, University of Saskatchewan
966-6346 or 717-2632 or scarlett.ewen@usask.ca

- Dr. Shawna Berenbaum, Professor and Research Supervisor, College of Pharmacy and Nutrition, University of Saskatchewan
966-5836

Why we are doing this study?

- To talk about how you have adjusted in Saskatoon.
- To talk about food, and what food means to you.
- To describe your food habits in Burma.
- To describe your food habits in Canada. Are they different? Are they the same? Why?
- To understand any food issues you have.
- To talk about the resettlement and other services you use in Saskatoon.

Is there any risk/danger to you if you join this study?

- No
- No effect on services you use if you leave the study

What do I have to do?

- One hour interview, just between you and me
 - In a room at Saskatoon Open Door Society
 - Audio-recorded
 - Your name will not be used
 - You do not have to answer every question
 - You can stop at any time
- You will receive a \$25 grocery gift card for your time

What do I do with the notes and audio tapes?

- Keep in a locked drawer in my office at University of Saskatchewan
- Only I have access
- If you choose to leave study, all notes and audio tapes will be destroyed
- We keep notes and audio tapes in a locked drawer for at least 5 years after which they are destroyed

Do you have any questions?

Other Information:

- If you have questions at a later time, you can call me, my supervisor or the Research Ethics Office (966-2084).

I read and explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

Participant Name Signature of Participant Date

Researcher's Name Signature of Researcher Date

Witness' Name Signature of Witness Date

A copy of this consent form has been given to you to keep for your records and reference. The researcher has kept a copy of the consent form.

Appendix E
INTERPRETER AND TRANSLATOR CONFIDENTIALLY AGREEMENT

Researchers:

Scarlett Ewen
M.Sc. Graduate Student Researcher
College of Pharmacy and Nutrition
University of Saskatchewan
966-6346 (office)
381-3327 (home)
sce918@mail.usask.ca (email)

Dr. Shawna Berenbaum
Professor and Research Supervisor
College of Pharmacy and Nutrition
University of Saskatchewan
966-5836 (office)

I, _____, as an interpreter and translator, will assist the researcher during interviews for the study “Insight into the Food Culture Issues Surrounding Karen Burmese Refugees in Saskatoon, Saskatchewan”.

I agree to keep all information that I learn about the participants confidential. I understand that I may not discuss or disclose any information related to the participants to anyone outside the interview setting. I understand that this duty will extend after the contract is terminated.

I certify that I have read and understand the foregoing agreement.

Interpreter/Translator Signature

Date

Witness Signature

Date

Appendix F
TRANSCRIPT RELEASE FORM

**Insight into the Food Culture Issues Surrounding Karen Burmese Refugees in Saskatoon,
Saskatchewan**

I, _____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with the researcher, Scarlett Ewen. I hereby authorize the release of this transcript to the researcher to be used in the manner described in the consent form.

Name of Participant

Date

Signature of Participant

Signature of Researcher

A copy of this Transcript Release Form has been given to you to keep for your records and reference. The researcher has kept a copy of the consent form.

Appendix G
INTERVIEW GUIDE OUTLINE (MAIN INTERVIEW QUESTIONS with PROBING QUESTIONS)

Introduction. I first would like to thank you very much for taking some time to talk to me today. The focus of this talk will be on food and what you make and eat. If there are questions that you are not comfortable answering or that you do not know that is okay. And, if you have any questions for me, please feel free to ask me at anytime. Let's get started.

1. Traditional and cultural foods.

- What are the traditional foods that you ate while in Burma?
- How do you have access to these foods in the refugee camp?
- How important are these traditional/cultural foods for you?
- Can you find or make these foods in Saskatoon?

I'm interested in hearing more about the food situation in the refugee camp, would you be able to describe it for me, or share a story?

2. Experiences with food in Canada. Food habits and cultural adjustments.

- What are your favorite foods that you eat here in Saskatoon? Did you eat any of these foods when you lived in Burma?
- What types of food do you think Canadians eat? Are you eating any of these foods?
- Do you eat more or less food than when you lived in Burma?
 - If yes, what is the difference? What foods are you eating more of?
 - How was the transition when you first moved to Saskatoon?
- Have you made any changes regarding your food behaviors since moving to Canada? What changes?
- While you lived in Burma, how many meals a day did you eat? And, in Canada how many meals a day?
- What would be a typical breakfast (or morning meal) for you and your family? Lunch? Dinner? Snack? Portion sizes? And, when you lived in Burma?
- And, do your children bring food to school? What do they bring?
- Who in the family is responsible for shopping, food preparation, cooking, feeding the children? How does this differ, if at all, from when you lived in Burma?
- Where do you usually buy your food? How does this differ from where you bought your food in Burma?
- And, how do you get to the grocery store? How long is the trip? How long do you usually spend in the store?
- How do you decide what foods to buy yourself and/or your family? (taste, cost, location of store) Were these the same things you considered when you lived in Burma?
- How easy or hard is it for you to shop for food? (e.g. transportation)
 - If hard, how do you cope with it? (E.g. Go shopping with friends, someone who speaks the language, shop regularly?)

- Are you able to buy all the foods you wish? How does this differ from when you lived in Burma?
- How do you usually prepare or cook foods here in Saskatoon? Is this different than when you lived in Burma?
- What type of cooking equipment do you use to make your food? How does this differ from what you used in Burma?
- Do you think you can tell me a story of when you first moved here? Maybe something funny?
- Do you have any difficulty in deciding what food to shop for, what food to prepare and what food to eat? What influences your decisions? (for example: television, friends, school mates, co-workers) How does this differ from when you lived in Burma?

3. Services.

- Could you tell me which resources and services that your family has used in Saskatoon since moving here?
- How helpful were these services to you?
- Is there anything in particular that you have had difficulty with since moving to Canada?
- Could you tell me your ideas about any new services that Saskatoon could offer to newcomers? What resources or services would have been useful for you as a newcomer to Saskatoon? (in general and related to food)

Those are all the questions I have for you. Is there anything else that you would like to share with me?

Participant Observation. I am interested in observing your activities surrounding food at your home. I am very curious about different cultural foods, and would like to see what kinds of ingredients you use, how you prepare your meals, and other such activities. A member of the Open Door Society will contact you in the near future and if you are comfortable with this idea, you can let them know, and then they will contact me, and we can set up a time!

Appendix H

KEY INFORMANT INTERVIEW GUIDE

Introduction. I first would like to thank you very much for taking some time to talk to me today. The questions will focus on overall experiences with working with immigrants and refugees that have arrived to Saskatoon, and information about available services. Please feel free to add as much insight, perspective, and bring up any new issues that I may not have been thought of.

1. Current experiences with newcomers.

- What experience do you and/or your organization have with recent immigrants/refugees to Saskatoon?
- In your view, what are some of the challenges and impediments that recent immigrants/refugees face on arriving in Saskatoon? Getting settled in Saskatoon? [Probe barriers, e.g. language, unemployment, housing etc.] Are these challenges the same for female and male immigrants/refugees?
- In your view, what coping strategies are generally used by immigrant/refugee groups in overcoming the challenges?
- In your view, what are the food issues that may arise with new immigrants/refugees?
- Have you had any experience working or dealing specifically with Karen Burmese refugees? NO; if YES please explain.

2. Services and resources.

- What resources and services in Saskatoon are available for recent immigrants/ refugees to Saskatchewan? {Seek details, copies of resources etc...}
- What has been the experience of your organization in working with recent immigrant/refugees? [Explain] [Probe: history of the organization, types of services offered, to whom; likelihood of serving Karen Burmese refugees]
- How does your organization approach diversity? What education/ training is provided to staff about culturally and linguistically appropriate services delivery?
- Are you aware of the Best Practice guidelines proposed by the Canadian Council for refugees? No; if YES, have these been adopted by your organization? In what way are they being integrated into the organization's policy?
- In your view, are the current services available to recent immigrant/ refugees in Saskatoon adequate? If YES, please explain. If NO, What gaps do you perceive in the resources or services offered to immigrants/ refugees to Saskatoon? Do you see any opportunities for addressing these gaps?

3. Thank you for your time and your interest.

- Before we end, is there any provincial level organization, NGO, or charitable organization that I should seek to interview about these matters?
- Are you aware of any documents, published studies on these issues that would be beneficial to this project?