

## Case study

# NUTRITION EDUCATION AS A VECTOR FOR SOCIOCULTURAL INTEGRATION? LESSONS FROM THE CASE STUDY OF THE “ROMA” FAMILIES OF THE SÉNART PROJECT, FRANCE

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## ABSTRACT

**Introduction:** Between 2000 and 2007, 34 Roma families participated in an exceptional affirmative action programme addressed to a specific ethnic minority in France. These families had been living for 10 years in the urban interstices of the conurbation of Sénart, a lower-middle-class residential area on the outskirts of Paris. In the wake of the urban policies against social exclusion launched in the mid-1990s, the Sénart Project developed a local public action that combined accommodation and a social

accompaniment programme, which included an educational component to teach healthy eating, time organization and household budget management. By focusing on the nutrition-related actions implemented, in this article I analyse how the cultural aspects of food and eating habits were addressed within the project.

**Methods:** I undertook a four-year ethnographic fieldwork 18 months after the Sénart Project ended. This included documentary analysis of its archives, interviews with its beneficiaries

and the professionals involved, and ethnography among three extended families with distinct integration histories.

**Conclusion:** This study sheds light on the pivotal significance of taking into consideration communities of care and applying a comprehensive intercultural understanding of social practices in nutrition interventions. These conditions are the sine qua non for providing nutritional benefit equally to all.

**Keywords:** NUTRITION EDUCATION, COMMUNITY OF CARE, CULTURAL DIMENSIONS OF EATING PRACTICES, SOCIOCULTURAL INTEGRATION, ETHNIC MINORITIES

## INTRODUCTION

Current urban policies of eradicating shanty towns in France are rarely accompanied by measures aimed at integration of the slum dwellers. Urban foreign poverty is mainly addressed by means of a technology of power governing poor people's lives, which is based on either a generalized attitude of absolute neglect or the systematic eviction of the inhabitants of illicit settlements. Following Foucault's social theory (1), we are witnessing a phenomenon of “*biopolitics* of rejection” with regard to socioeconomically deprived migrants, namely, a mechanism of social control that makes use of a technological arsenal administered at the local level, intended to dissuade marginalized

poor foreigners from remaining in France (2). As public policies relating to migrant Roma populations settled in the “cracks” of Western cosmopolitan metropolises illustrate, no real political project governs them; instead, a locally based managerial rationality of space policing is aimed at “cleaning” them out (3).

Despite a prevailing political context of inhospitality, a few exceptional local initiatives have been launched in France for the integration of Eastern European Roma slum dwellers over the past 15 years. Some of these initiatives have achieved most of their policy objectives, raising doubts about the widely assumed ideas towards Roma populations of their culture-grounded lack of will power for social

integration, and their irreconcilable cultural patterns of life with the common norms of living together, and the French Republican universalist ideal of citizenship, which fosters an individualist, universal and difference-blind conception of citizenship (4). This paper focuses on the Sénart Project, whose originality not only rests on its success in meeting its objectives of labour market integration and housing, but also because it involves a close partnership between the State, local authorities and a wide range of community health, education, economic and social actors that allowed the development of a multidimensional social accompaniment programme (5).

Launched in 2000, the Sénart Project was a local affirmative action that targeted 34 Roma migrant families who were natives of a rural village of the județ of Timis (Romania). They had been living for approximately 10 years in huts made of recycled materials and old caravans in the urban interstices of the conurbation of Sénart, a lower-middle-class residential area on the outskirts of Paris. With the support of the Prefecture of Seine-et-Marne, the Project started as a two-year emergency solution for the temporary relocation of these families (5). In the wake of the urban policies against social exclusion launched in the mid-1990s, it was extended for five more years in order to develop a local public action that combined accommodation and a social accompaniment programme, which included an educational component to teach healthy eating, time organization and household budget management. Indeed, in France, cities are considered as privileged places for the conception and implementation of policies of integration. By targeting specific areas to redress background socioeconomic inequalities, urban policies are able to develop transitory, priority actions addressed to particular populations, without questioning the republican principles of universality (6). These further five years were conceived in line with the founding ideas of the Guidance law of 29 July 1998 relative to the struggle against exclusion (i.e. the multifactorial definition of exclusion, the prerequisite of temporary housing support, a beneficiary-centred accompaniment, and access to leisure and culture as vectors for social integration). Over seven years, the Sénart Project achieved integration in terms of employment, housing, schooling, health care and tax payment for 28 out of the 34 extremely disadvantaged families (39 women,

35 men and 69 under-18 children) who participated. This public action aimed at promoting the economic development of its beneficiaries, and contained a multifaceted educational component in order to make sustainable the upward social mobility of these families (4,5).

Along with the growing recognition of the role of nutrition in the prevention of “lifestyle diseases” (also called diseases of longevity or civilization) and their self-management, an increasing number of food-related health promotion initiatives and policies have been undertaken in France (7). There is a large amount of sociological and anthropological literature on the sociocultural dimensions of food consumption (8–12), and a growing body of work on the social practices of eating, which show how eating habits are related to phenomena of sociability and social binding, the construction of a collective identity and structuring of everyday life (13). Policy experts’ discourses that claim to ensure the cultural appropriateness of health-related interventions and, in particular, to involve collaborative work with family members and communities are still minimal (14,15). There is scant literature in the social sciences that has analysed integrative and health-promoting actions aimed at empowering and strengthening the integration of minorities through interventions focusing on food and eating. This void reflects not only the compartmentalization that public policies make between “health issues” and “social matters” but also indicates how politically intricate and transgressive it is to implement global health policies (16) in socioculturally diverse and unequal societies.

This article focuses on the nutrition education of the Sénart Project, which formed part of its integrative social policy initiatives. It analyses how the cultural aspects of food and eating habits were addressed. It shows how, despite the good intentions underlying these Roma-targeted health-related actions, they were drawn from an unquestioned stereotypical image of the Roma culture that was essentially linked to the slum environment in which the families were living since their arrival in France. They disregarded that eating was above all a *family affair* embedded in culture and meaning, both of which were *shown to be modifiable* through the challenging *dynamics of their life-course*. They disregarded the normative system that underpinned their eating practices, at the core of

which was the dual concern of these families for an economy of means and time, as well as a communion of palates. Directed exclusively at young women, they neglected the gender- and generation-based *social organization* of their eating practices. This article ultimately reveals the colour-blind agenda of acculturation (17–18) to the lifestyle standards of the suburban, poor, low-skilled, manual working class that this affirmative action programme intended to assimilate the families with. But before addressing these, further details on the empirical work conducted are provided below.

## THE ETHNOGRAPHIC STUDY

This case study is part of a larger research project on health matters, care work (34) and the use of the health system among socioeconomically distinct populations of Roma living in the Paris area. It started 13 months after the Sénart Project ended. It represents a privileged fieldwork to study the trajectories of integration of Romanian Roma families who, after living in slums in France for around 15 years, finally became proper city dwellers. Due to the difficulties of apprehending, with minimal bias, changes during biographical transitions among people whose symbolic universe and living conditions are remote from those of the researcher, and who do not easily enter the relationship of trust necessary for sociological research, I chose to use an ethnographic methodology. Ethnographic study involves long-term presence in people's everyday lives. It allows direct observation during fieldwork of the habitat, events, relationships, use of objects and actions that shape their ordinary lives, as well as in situ ongoing verbal inquiries about what is happening (19–22).

The four-year fieldwork was divided into three phases. For the first 18 months, I carried out a series of conversational interviews with 32 families at their homes (i.e. the ones currently living in Sénart) to obtain an initial panoramic overview of their life narratives. At the same time, I undertook an analysis of the documents produced by the social actors involved in the Project (20,22) (the six daily communication notebooks used by the two social workers of the Sénart Project, working documents on the interventions undertaken, annual activity reports,

and press coverage of the Project). I supplemented these with thematically focused interviews with health, education and social work professionals who had been involved and were still in contact with the families. Finally, drawing from the panoramic study, I selected three separate extended families according to their different living conditions, on whom I conducted a two-year monographic study of their life courses.

Qualitative data were analysed following the Critical Discourse Analysis method (23,24) with the support of the Atlas.ti software. The analytical framework built on the articulation of two theoretical bodies of work: the life-course perspective (25–28) and the theories of practice (29,30), a pragmatic approach to social life that focuses on the dynamics of social action, in particular, on how practices change, the temporal and contextual structure of social activities, and the tension between routine and reflexivity. Practices are defined as constituting a nexus of “doings” and “sayings” studied as blocks or patterns of activities, meanings, competencies and things, which become organized by understanding, procedures and engagements (13). Practice theories can strengthen the analysis of public policies aimed at regulating individuals' behaviours in a variety of fields (health, food consumption, addictions) by overcoming some shortcomings of the approaches based on individual education and incentive (31).

Food was a secondary topic of the research but very quickly turned out to be a recurring concern in the daily life of the Roma families of Sénart. Moreover, nutrition education was considered by the Sénart Project as a vector for labour market inclusion and children's schooling, as well as a significant issue in maternal and perinatal health care. Food became thus a preferred field of analysis to observe how families dealt with severe material constraints, inherited cultural norms and values, and the changing environment in which they were evolving. It also revealed which notions of autonomy and its related ideas of citizenship underlay the behavioural changes sought by the implemented nutrition education actions. The next section describes the Project's food-related interventions, which contained the major educational content.

## PERINATAL NUTRITION INTERVENTIONS

To begin with, as documented in the Project archives, an informative meeting was held in collaboration with the Maternal and Child Protection Services (MCPS) in January 2003 on ante- and postnatal maternal and infant care, which included the issue of a balanced diet as a main topic. Although the great majority of the women participated in this meeting, the ones whom I interviewed during my fieldwork could hardly remember the contents provided by the gynaecologist and the midwife of the MCPS. Families described it as a women's meeting that provided the occasion to personally meet the two health professionals who would start providing maternity care among them. As recorded by the social workers in different documents in which they provided accountability for their interventions, this meeting helped legitimize the midwifery care that would be regularly delivered within the temporary caravan rehousing that was provided for the families while waiting for their proper social housing from 2003 to mid-2005. It is worth noting that midwifery visits were arranged at the initial demand of the social workers of the Project. Mainly due to their lack of knowledge of the health-care system and their health-care rights, which resulted from the multifaceted exclusion that they faced, the maternity care that these Roma women had previously received, in France and in Romania, was reduced to delivery at a hospital.

These visits allowed the midwife to develop more woman-centred care by initiating a conversation with each woman on her own experience of her current and past pregnancies. The social workers of the Project conceived these visits as an empowering encounter through which Roma women would gain confidence in dealing with health professionals. But if we stick to the description of the contents delivered, the primary focus of these visits was limited to transmission of information and advice of a health education type. The midwife–woman relationship was thought of as a medium by which to ground the learning process and trust needed for the women to apply the paediatric prescriptions provided.

Women valued the direct and close contact with the midwife, as it gave them a voice and comfort level that would not have been possible in a conventional

medical framework. As expressed by one of them, "For the first time I felt a doctor was listening to me, truly concerned about me and my baby, even if what I said was not specific to health problems but about my projects, my fears for the future of my children" (Daniella, 25 years old, mother of two young children).<sup>1</sup> Criticisms were expressed mainly by the most schooled mothers (eight-year schooling in Romania) who felt that the midwife seemed unable to posit their experiences of pregnancy and motherhood within the context of the insecurity and poverty they were facing at that period of time: "I think, Kati, she did not understand that we had never lived in caravans before, in such a dirty environment. Our priority was to get proper housing; the pressure of the Project was to find a job. If I had lived how I live now, I would have done differently. I would have observed all the antenatal visits of the pregnancy protocol!" (Felicia, 35 years old, three children).<sup>2</sup>

Moreover, according to the analysis of the Project archives and confirmed by the interviews conducted, postpartum depression was given particular attention. Professionals from the MCPS diagnosed postpartum depression in young mothers who were faced with two concurrent situations: they refused to breastfeed their newborns and were leaving their babies "too early" to the care of the grandmothers. As overtly expressed by one of the young mothers suspected of suffering from postpartum depression: "Well, even now I can't understand the pressure put on breastfeeding by the doctor and midwife at the MCPS. When I look back, we were not eating much, even if we were earning more as we had jobs, we kept this money to buy the things we would need once we'd get a house. Would you not have given bottle-milk to your baby, Kati, if you weren't eating enough? And, look, even most women in France and Romania do not breastfeed! I've been bottle-fed myself and look how resistant I am [laughs]" (Dorina, 22 years old, two children).<sup>3</sup>

The practice of breastfeeding was in conflict not only with their family customs, but more so with their incredulity that, in the context of food insecurity,

1 Interviewed at her home on 28 March 2010, author's translation (cf. (6) for more details on the languages used in the fieldwork). All names used in this article are pseudonyms.

2 Interviewed at her home on 9 September 2009, author's translation.

3 Interviewed at her home on 4 June 2011, author's translation.

their breastmilk would contain the right balance of nutrients for their baby. Moreover, they reported guilt at having had to return to their economic activities two–three weeks after childbirth, which they believed necessary to provide enough resources for their babies. “Of course I would have stayed at home with my baby if I had a *real* choice, instead of rushing all day long cleaning the municipality schools and then doing the domestic chores (...). I had my mum who could look after my baby as it is common in my family and I wanted to keep my job; these were the first wages I had received since my arrival in France” (Cornelia, 31 years old, two children)<sup>4</sup>. But this was regarded with concern by social workers and health professionals as symptomatic of an insecure parent–child attachment.

## CHANGING EATING BEHAVIOURS THROUGH COMMUNITY ACTION

The local association Domicile Action launched a community action entitled “Social accompaniment towards a sedentary way of life in Sénart”. This was carried out by two technicians for social and family interventions (TISF) for nine months, as reported by the Project archives. They were present at the temporary rehousing site during a whole working day, every two–three weeks. The TISF worked exclusively with the nine young working-age women who shared the following characteristics: they lived as a couple, had children who were 6 years of age or younger, and had not joined any vocational training scheme. This community action provided domestic lifestyle education focused on food safety, household budget and daily food intake, with particular emphasis first on the notion of sufficiency, and second, a balanced diet. Activities usually took place in small groups of three women, at the caravan of one of the participants. In addition, two shopping tours per group of three were organized at a supermarket and the street market to address in a pragmatic way the issue of how to adapt the recommendations of healthy eating to their budget constraints. At the request of the social workers of the Sénart Project, supplementary individual encounters were undertaken with women who were dealing directly or indirectly with a chronic

<sup>4</sup> Interviewed at her home on 16 February 2010, author’s translation.

illness (diabetes, hypercholesterolaemia, hypertension and cardiovascular diseases).

As the nine participants stated, the TISF somehow wandered into their intimate spaces, with a polite attitude but little inclined to enter into an empathetic dialogue. This led them to miss out on the fact that the eating practices developed by the women due to their shanty-like living conditions were related to their struggle to preserve their family bonds and a credible social identity. In addition, the women did not find them qualified to provide advice on nutrition and food-related issues as they lacked medical qualifications and were not cooks. All this put a growing distance between the TISF and the participating women, as related by Mariana (29 years old, two children) “I simply got fed up, Kati, of always listening to this kind of criticism about having to reduce the fat and salt in our cooking; that it was bad to drink soda or to put too much sugar in our coffee! If we had known we wouldn’t have offered them a cup of coffee [laughs]! And this blah blah about eating more vegetables... As if we did not already know all this! And the worst, they thought we did not know how to cook them! They spoke, spoke, without ever tasting our traditional dishes! Do you think they made the effort to come one evening to taste our *ciorba*? Our Sunday meal?”<sup>5</sup>

In the face of the tension between their material limitations, time constraints and allegiance to their family culinary culture, the women had reached a compromise by preparing meals that were simple to make and had a high calorie and carbohydrate content. A paradigm of comfort food, with this type of meal, priority was given to feeding “well” all the household members by having them eat their fill of something they enjoyed.

## GEOGRAPHICALLY INSIDE BUT SOCIOCULTURALLY OUTSIDE

Both the nutrition education interventions (by the MCPS and TICF) addressed the issue of food as a determinant of health. The community action project also considered it a factor for occupational and school integration. These actions visualized working-age

<sup>5</sup> Interviewed at her parents’ house on 6 May 2009, author’s translation.

mothers of young children as privileged actors for inducing changes in their household's eating practices. They turned their backs on the older women who traditionally transmitted the family culinary heritage and were frequently in charge of food preparation while the young adults were out, trying to make a living (32). They also neglected the centrality of children's food preferences in the compromises that these families made around their eating activities, also common among French working-class households (33). In such a social configuration, with serious budgetary and time constraints, and a marked gender-segregated organization of everyday life, the mother's feeding role is highly valued and spoiling children with food is a major source of achievement and pride.

No consideration was thus given to the community of care (i.e. the interdependent network of actors providing care) (34) based on a gendered and generational-based social organization. This led to the maintenance of a social distance between the families and the professionals, which prevented the families from taking into account most nutritional standards in their daily food practices. As shown by a recent sociological study on how consumption prescriptions affect food practices (35), a differentiated class culture underpins individuals' choices of legitimate and relevant sources of prescriptions: while lower-class individuals tend to consult their intimate circles, upper-class individuals tend to consider expert, impersonal and written sources. In this case study, families preferred family orientation and relationships with individuals rather than institutions.

The development of the nutrition education actions at the women's living environment paradoxically led the professionals to overemphasize the effects of personality traits on the individuals' ability to incorporate the intended behavioural changes. It ended up underestimating the social conditioning that structured the women's capability for negotiating nutritional prescriptions into their food standards and practices. As the traces of their past lives of shortage and uncertainty overshadowed their ongoing new relationship with food, the professionals could hardly make appropriate sense of the categorical denial of these already deprived families to submit to self-constraints with regard to their eating practices.

## CONCLUSION

The educational approach applied in these nutritional interventions was developed according to a taken-for-granted appraisal of Roma women as carriers of a deficient and undeveloped culture, and the tendency to psychologize the social interactions with them. Indeed, professionals usually explained the conflicting situations by stressing the lack of motivation or the psychological vulnerabilities of the individuals who resisted following a nutritional prescription. Communication problems were also often mentioned, insisting then on the language barriers as well as the supposedly intellectually deprived background of the recalcitrant women. Yet, none of them seem to have understood the need to question the culturally-based normative content of the nutritional prescriptions they were disseminating, which could be consistent with their own eating practices but were in contrast to the rationales held by the women on the "sensible things to do" (36).

Professionals who intervene in individuals' daily lives should begin by mobilizing an intercultural, self-reflexive reading of social practices. This starts by decoding the sociocultural dimensions of the medical and socioeducational intervention they plan to undertake (37–40). They would continually fail if they followed the socioculturally blind acculturation-type of approach that prevails in most educational actions targeting economically deprived and socially stigmatized minorities (14,41). We would then go on witnessing an increase in health inequalities, as the scientific progress in nutrition is by no means of equal benefit to all. As a common ground in sociological research on the subject, significant improvements in health are mainly observed among the privileged social categories, whose social conditions are close to that of the prescribers (42) and whose health-care capacities (43) lead them to more easily adopt standards consistent with public health prescriptions.

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