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1 **"I cannot sit here and eat alone when I know a fellow Ghanaian is suffering": Perceptions**
2 **of food insecurity among Ghanaian migrants**

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ABSTRACT

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Abstract

In the UK, ethnic minority groups tend to have higher levels of poverty than the white British population and therefore may be at high risk of food insecurity. Ghanaians, living in Ghana or as migrants are thought to have a high level of social support in their communities, but the role of this resource in relation to food security is unknown. We explored participants' perceptions of social and economic factors influencing food security among Ghanaian migrants in Greater Manchester.

Participants aged ≥ 25 years ($n=31$) of Ghanaian ancestry living in Greater Manchester were interviewed using a semi-structured interview guide developed by the researchers. Participants varied in socioeconomic status (SES), gender and migration status. Interviews were transcribed verbatim and analysed thematically using a framework approach.

Participants offered similar accounts of the social and economic factors influencing food security. Accounts were based on participants' perceptions and/or personal experiences of food insecurity within the community. Participants indicated that they and their fellow Ghanaians can '*manage*' even when they described quite challenging food access environments. This has negative implications on their food choices in the UK. Participants reported food insecure households may be reluctant to make use of food banks for fear of '*gossip*' and '*pride*'. Paradoxically, this reluctance does not extend to close network. Many participants described the church and other social groups as a trusted base in which people operate; support given through these channels is more acceptable than through the '*official context*'. Government assisted food banks could partner with the social groups within this community given that these

44 are more trusted. Keywords: food insecurity; food choice; social networks; Ghanaians; healthy
45 eating; migrants

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INTRODUCTION

48

49 Research evidence indicates migrant-origin households have a high prevalence of food
50 insecurity.^{1,2} Food insecurity is an important concept because it may result in unhealthy dietary
51 behaviors.³ Food insecurity is also associated with some poor health conditions, including
52 hypertension, hyperlipidaemia, and poor socio-emotional health status.^{4,5}

53 The concept of food insecurity has evolved since its first introduction in the 1940s.⁶ Among
54 the different definitions that have evolved, the prevailing one is adopted from the World Food
55 Summit of 1996: Food security at a minimum includes the readily availability of nutritious,
56 adequate and safe foods and the assured ability to acquire acceptable foods or preferred foods
57 in a socially acceptable way.⁷ This definition emphasizes multidimensionality and has
58 established the four pillars of food security as availability, accessibility, utilization, and
59 stability.^{6,8} The components are hierarchical, with availability necessary but not sufficient to
60 ensure access, and accessibility necessary but not sufficient for effective utilization. If one of
61 these conditions is not met, food insecurity is said to exist.⁹

62 Most published work on food insecurity in high-income countries has come from the United
63 States (US), Canada and Australia.^{10,11} Findings from the US show that Blacks and Latino
64 households are at the highest risk of food insecurity.¹² Additionally, it has been reported that
65 non-US born families are more prone to food insecurity than native-born families.^{1,2} Though
66 limited in number, studies on the food insecurity situation of migrants from sub-Saharan Africa
67 have focused on specific migrant groups, for instance, refugees and asylum seekers from
68 Liberia and Somalia living in the US.^{12,13} In the United Kingdom (UK), the Low Income Diet

69 and Nutrition Survey was the most comprehensive survey to investigate dietary habits and
70 nutritional status of people living in material deprivation in the UK. It found almost a third of
71 families were food insecure.¹⁴ However, this survey did not specifically take into account
72 migrant groups. In addition, previous studies have shown a relationship between social support
73 and food security.¹² but, there is a lack of understanding of food insecurity among migrant
74 groups in the UK and how migrants mitigate against it. Ghanaians are one of the largest West
75 African migrant groups living in Europe. The first wave of emigration of Ghanaians was in
76 1965 when Ghanaians experienced an economic crisis.¹⁵ However, a large number of
77 Ghanaians arrived in the UK in the early 1980s to seek political asylum, while others migrated
78 due to the economic situation around the same time. Most of these Ghanaians reside in London,
79 Greater Manchester, Birmingham and Liverpool. A survey conducted among Ghanaians in low
80 paid jobs residing in London showed that 94% earned less than the minimum wage
81 (£6.70/hour) in 2008.¹⁶ There has been little attempt to explain how these social and economic
82 factors may affect food insecurity among Ghanaian migrants in the UK.

83 This study aims to fill this gap by exploring participants' perceptions of social and economic
84 factors influencing food security among Ghanaian migrants in Greater Manchester.

85 **METHODS**

86 **Setting**

87 Greater Manchester was chosen as the study site because it has one of the largest populations
88 of Ghanaians in the UK and it also has high levels of poverty as compared to other parts of
89 England.¹⁷ Recent studies have shown that there has been an increase in the number of ethnic
90 foods and ethnic shops as Greater Manchester has become more ethnically diverse as compared
91 to other parts of England.¹⁸

93

94 **Ethical approval**

95 Ethical approval for the study was obtained in March 2015 from the University of Sheffield's
96 School of Health and Related Research (ScHARR) Ethics Committee with an approval
97 number: 002878. Written informed consent was obtained from interviewees and participants
98 were offered a £20 gift voucher to thank them for participating.

99 **Sampling and Recruitment**

100 Purposive sampling was used to recruit thirty-one participants to ensure diversity regarding
101 socioeconomic status (SES), gender, migration status (first and second generation) and age.
102 Participants were eligible if they were aged ≥ 25 years, resident in Greater Manchester and
103 self-identified as Ghanaians. The Ghana Union of Greater Manchester, an organization, serving
104 the Ghanaian population in the UK by keeping the Ghanaian community informed and ensuring
105 that Ghanaian migrants are able to connect, was used to help recruit participants. Also, the
106 snowballing technique was used to make sure that participation was not limited to members of
107 the Ghana Union, as there are many other Ghanaians who do not identify themselves as part of
108 the Union as has been shown in previous studies.¹⁸ Most interviews were conducted in
109 participants' homes while two were conducted in cafés. Recruitment ceased when preliminary
110 analysis revealed that no significant new issues emerged.

111 **Interviews**

112 An interview guide was developed by the researchers and has been included as Supplementary
113 material. Participants were interviewed using in-depth face-to-face interviews in 2015 by one
114 of the researchers (HO-K) who is Ghanaian and speaks some Ghanaian languages fluently.
115 Participants were given the option to speak English or a Ghanaian language, but most
116 interviews were conducted in English as it is widely spoken among Ghanaians. However, some
117 participants preferred to be interviewed in a Ghanaian language, "Twi" and therefore the
118 questions were translated into the Ghanaian language verbally during interviewing. All the

119 audios of the interviews conducted in “Twi” were translated into English during transcription.

120 Interviews lasted between 60 to 120 minutes.

121 Interviews began with open-ended biographical questions (“*can you tell me about yourself?*”)

122 to open up a story about migration and participants’ current situation. Responses to these

123 questions also provided an insight into participants’ socioeconomic status (education or

124 occupation) and demographic status (age, ethnicity). Classification of participant occupation

125 was guided by the Goldhorpe occupation classification.¹⁹ This classification focuses on skills

126 required for jobs to make an estimate of SES, and where participants did not provide

127 information on occupation, SES was estimated using their level of education. Occupation

128 ranked as high SES are those that required the most training and thus attract the highest

129 rewards. For instance, higher managerial, administrative and professional occupations, while

130 low SES referred to elementary occupations such as cleaning. Semi-structured questions were

131 then used to explore participants’ dietary practices. Given the lack of a simple understanding

132 of food insecurity, participants were asked about their food situation, by probing for availability

133 and accessibility of food (including participants’ food preferences, traditional foods, and

134 healthy foods), after which this was explained to them as representing food security. Due to

135 the sensitive nature of the topic and HO-K’s knowledge and understanding of the Ghanaian

136 context (i.e., they tend to put a high value on their privacy especially on issues to do with their

137 financial situation), participants were not directly asked about their personal experience of food

138 insecurity; rather it was asked generically, for instance, “*do you know anyone in the Ghanaian*

139 *community who might be food insecure*” and “*have you been in a situation where you helped*

140 *anyone who might be food insecure*”. This was a very useful way of getting information about

141 the Ghanaian community in Greater Manchester including participants’ personal experiences.

142 By probing indirectly, some participants talked about their own experiences and food situation,

143 while others discussed perceptions of their families and friends. Other qualitative studies on

144 food insecurity have used this naturalistic approach to explore food insecurity more sensitively
145 and in a more nuanced way. In a naturalistic inquiry, the researcher seeks to develop an
146 elaborated conceptualization of an issue from a thorough understanding of experiences, rather
147 than focusing directly on pre-defined categories.²⁰

148 **Analysis**

149 All interviews were audio-recorded and transcribed verbatim, and notes were taken in the
150 interview setting. Nvivo, a software package that is used to organize, analyze and find insights
151 in qualitative data, was used to facilitate data management.²¹ The five steps in framework
152 analysis were followed for analysis: familiarization, identifying a thematic framework,
153 indexing, charting, mapping, and interpretation.²² Each audio recording was listened to at least
154 twice while checking for the accuracy of the transcripts to assess their validity. Line by line
155 coding was used to generate initial ideas that were later built into a framework. Two of the
156 researchers (HO-K and KP) independently coded a sample of the transcripts to ascertain the
157 level of agreement in the coding matrices after which the rest of the transcripts were coded by
158 HO-K and shared between all researchers (authors) and discussed. This was a way to ensure
159 that the potential bias from HO-K having a shared background with the participants was
160 controlled. The initial codes were consolidated into a number of themes that were applied to
161 all subsequent transcripts as the first working analytical framework which later evolved from
162 several discussions among the researchers to redefine themes. Other strategies to ensure
163 credibility included: collecting thick data and presenting verbatim participants' responses and
164 presenting a clear description of data collection and analysis process.

165 To identify themes, a combination of inductive and deductive approaches was employed. For
166 instance, in seeking to understand experiences and perceptions of food insecurity, we drew on
167 the pillars of food insecurity, i.e., availability, accessibility, and utilization; but also used
168 emergent themes from the data such as perceptions of shame and official channel of support.

169

170

RESULTS

171

172 Participants

173 The sample consisted of 19 women and 12 men aged between 25-68 years. Most participants

174 (n=26) were first-generation migrants. Half of the sample described work and education levels

175 that can be classified as low SES and the remaining half of middle/ high SES across the age

176 range (Table 1). Two-thirds of the participants were employed. Participants classified as low

177 SES were mainly cleaners while high SES varied and included a medical doctor, a project

178 manager, and nurses. Most participants described themselves as belonging to the biggest ethnic

179 group in Ghana, the Akan (mainly Ashanti and Fante). Other participants were Ewes, Gas,

180 Enzemas and Walas. Participants were mostly Christians (87%) and few Muslims.

	Males n=12 (39%)	Females n=19 (61%)	Total
Age (yrs)			
25-44	8 (67%)	10 (53%)	18 (58%)
45-64	2 (17%)	8 (42%)	10 (32%)
65+	2 (17%)	1(5.3%)	3 (9.8%)
SES level			
Low	4 (33%)	10 (53%)	14 (45%)
Middle/high	8 (67%)	9 (47%)	17 (55%)
Migration status			
1 st generation	10 (83%)	16 (84%)	26 (84%)

2 nd generation	2 (17%)	3 (16%)	5 (16%)
Duration of stay in the UK for 1 st generation migrants (years)			
≤20	5 (50%)	15 (94%)	20 (77%)
≥21	5 (50%)	1 (6.3%)	6 (23%)

181 **Table 1: Summary of participants' characteristics (n=31)**

182 Four major themes were discernible through the framework analysis: perceptions of shame and
 183 official channel of support; perceptions of availability, accessibility and utilization; factors
 184 perceived as contributing to food insecurity and perceptions of how the Ghanaian community
 185 mitigates against food insecurity.

186 **Perceptions of shame and official channel of support**

187 Except for a couple of participants, most participants did not suggest that they were food
 188 insecure themselves. One participant said her family could not afford foods they wanted to eat
 189 at some point in time, so thought they had been food insecure at some point:

190 *"I think so, I think we have been there before, we couldn't afford Ghanaian foods"* (Participant
 191 31, 1st generation, 45-64yrs).

192 However, others recognized food insecurity existed within the community. These participants
 193 were of the view that Ghanaians may be food insecure but would not want the community to
 194 know. They would rather keep their situation a secret because of pride, being stigmatized or
 195 the fear of being gossiped about. For instance:

196 “It is common, [participant referring to food insecurity] but we Ghanaians have the mentality
197 that if we go to queue for food, it is demeaning, and if people see you they will gossip about
198 you. Therefore, even if the person is on social welfare, she will rather buy cheap, unhealthy
199 food rather than go to food banks. When I lived in Holland, I knew some Ghanaians who went
200 for such foods but here we are shy to be seen going there” (Participant 12, 1st generation, 45-
201 64 yrs.).

202 Apart from the fear of stigma, participants linked the possibility of non-disclosure of one’s
203 insecurities especially financial situation within the community to pride and the high-value
204 Ghanaians place on their privacy. Thus, those who are food insecure would not let their fellow
205 Ghanaians know. However, this reluctance to disclose their insecurities does not extend to their
206 close and trusted network often in the church, as this quotation illustrates:

207 “You go to tell someone about your problem, and before you know, people are talking about
208 you. So, people are very conservative. Even us, when we started going to this church, they said
209 we were secretive because no one knew anything about us. Ghanaians are like that, we have
210 Ghanaians in our network, who will occasionally say oh am not well, can you lend £20 or £100
211 and I will return it. We do it for each other; we have that relationship” (Participant 29, 1st
212 generation, 25-44yrs).

213 The participant, however, did not indicate specifically whether such moneys borrowed were
214 used to purchase food or not.

215 Pride and fear of being stigmatized were also associated with going to food banks, as this
216 quotation illustrates:

217 “It’s a matter of pride; it’s not in our culture to go to places to look for food. People will think,
218 what if I am seen?” (Participant 4, 1st generation, 45-64yrs).

219 Although the bulk of participants indicated that Ghanaians would not use food banks, there
220 was one exception who reported visiting a food bank, but perceived the foods served at the
221 food banks as culturally unappealing:

222 "I quite remember in 2009, we went to a food bank, and what they had was cereal, baked beans,
223 tomato soups that's it! It was not what we were expecting to have, so it puts people off, so why
224 should I go there" (Participant 11, 1st generation, 25-44 yrs).

225

226 **Perceptions of availability, accessibility and utilization**

227 The findings from this study do not indicate a problem regarding the availability of food for
228 the Ghanaian community. Participants referred to traditional foods as culturally acceptable
229 foods, which they unanimously perceived were readily available, particularly in recent years
230 as this quotation illustrates:

231 "The traditional foods are available in the shops; the issue may be affordability" (Participant
232 25, 1st generation migrant, 45-64 yrs.).

233 Some participants compared the food market in the UK with that of Ghana before they migrated
234 to the UK. They narrated that in Ghana, sometimes, Ghanaian foods were unavailable during
235 certain times of the year in contrast to the UK where food was generally available all year
236 around. What seemed to be a concern for some participants was access regarding the distance
237 to travel to specialty shops. Participants mentioned that ethnic specialty shops were found in
238 specific areas in Greater Manchester, so some had to travel quite a distance to purchase items,
239 as this quotation illustrates:

240 "Sometimes our foods can be a bit costly, depending on where you live. So, I live in the North
241 of Manchester, so we have to go like Cheetham hill or Hulme [where the same foods are
242 cheaper] to buy certain ingredients" (Participant 14, 2nd generation, 26-44 yrs.).

243 In contrast, others were of the view that in Manchester, because there were reliable
244 transportation systems even if you do not drive you can easily access food. Some supermarkets
245 were also mentioned to sell ethnic foods, especially in areas with large migrant populations.

246 For instance:

247 “Now Tesco has begun to supply ethnic foods because of the Asian population in this area”
248 (Participant 14, 2nd generation, 26-44 yrs.).

249 Regarding affordability, the interviews revealed that the bulk of participants could buy food
250 because most of them were engaged in paid jobs. The high cost of traditional foods was only
251 mentioned by a few participants when they discussed difficulties in accessing traditional and
252 healthy foods. However, these participants identified strategies they employed to be able to eat
253 traditional foods including combining cheaper alternatives of ingredients to prepare traditional
254 foods.

255 Concerns over unhealthy dietary behaviors among the Ghanaian community were mentioned
256 by some participants. For instance, one participant echoed that rather than the availability of
257 food it was access to healthy foods and a balanced diet which is a major concern to Ghanaians
258 in the UK:

259 "We cannot eat the same food every day, but sometimes we just have "belly food" you just want
260 your belly to be full, *and it's not a balanced diet*, and it's one way [not a diversified diet]. So,
261 *that's where I think we Ghanaians find difficult*" (Participant 11, 1st generation, 25-44 yrs.).

262

263 **Factors perceived as contributing to food insecurity**

264 The main factor perceived as contributing to food insecurity was finance. According to
265 participants, perceived food insecurity was a transient period only for people who were

266 struggling financially due to unemployment or immigration issues or newly arrived
267 immigrants to the UK, as this quotation illustrates:

268 "But when you have some of the Ghanaians having work permit issues then the availability of
269 work and money becomes an issue especially with the government changing immigration issues
270 *leading to poverty in a sector of the community*" (Participant 4, 1st generation, 25-44 yrs.).

271 Participants mentioned the financial pressure to remit money back home as another factor that
272 could result in Ghanaians living in the UK being food insecure:

273 "But our main issue is money. Our money is not enough because the money is not for us alone,
274 we have people at home we have to take care of, we have to pay bills, the bills are too much,
275 and we *have kids*" (Participant 11, 1st generation, 25-44 yrs.).

276 Also, the pressure to be able to have properties back in Ghana was also cited as having financial
277 implication on food choice in the UK:

278 "I know so many Ghanaians that eat fufu frugally here, and yet if you see the houses they are
279 building back home you'd be amazed. It's sad" (Participant 21, 1st generation, 65+ yrs.).

280 Financial pressure from payment of bills in the UK was also cited as contributing to unhealthy
281 dietary practices.

282 "*Most of the times what Ghanaians can afford is not healthy. We think about the bills,*
283 *especially bills and it makes us not to think or eat good foods. If I want to grill fish, no! I will*
284 *think of the gas bill and instead fry because it's faster to fry. There are so many ways we*
285 *Ghanaians feel the pinch. We worry about those things even though we work normally; we are*
286 *not healthy because we don't eat healthily. We know what healthy foods are, but we do not have*
287 *a choice, for instance, there are certain cheap meats that you will never find a white person*
288 *buying, but we will buy*" (Participant 11, 1st generation, 25-44 yrs.).

289 **Perceptions of how the Ghanaian community mitigates against food insecurity**

290 There were frequent references to the social support that exists among Ghanaians whenever the
291 issue of food insecurity was discussed. Participants explained that their cultural practice of
292 sharing and looking out for each other served as a buffer against food insecurity.

293 *“Ghanaians have always been communal people by large with a few exceptions. And wherever*
294 *we are, the communities have still been there, and that's why we have the Ghana Union. And*
295 *the culture of looking out for each other continues wherever you see Ghanaian community”*
296 (Participant 30, 1st generation, 45-64 yrs.).

297 Another participant echoed this perception in this quotation:

298 *“Most people may be living with relations, so even if they don't have money, they will get*
299 *access to food to eat”* (Participant 9, 1st generation, 25-44 yrs.)

300 Some participants shared experiences of having to help other Ghanaians who were financially
301 struggling. Others mentioned having to rely on family and friends from the church during hard
302 times as the following quotations illustrate:

303 *“Even myself and my mom, sometimes we know people who don't even say anything themselves,*
304 *but we hear that this person is struggling and we do a bit of shopping and send it to them and*
305 *say this is for you guys and you know what it just stays between us. It's not something you will*
306 *go and broadcast”* (Participant 8, 2nd generation, 25-44yrs.).

307 One participant revealed how she had identified a person within her network that she relied
308 upon in times of need:

309 "If I need money, I have a Ghanaian woman I borrow from, and I make it a point to pay back"
310 (Participant 29, 1st generation, 25-44yrs).

311 In another example, a participant mentioned her support to fellow Ghanaians, and explained
312 that helping one another was a cultural norm for Ghanaians:

313 *“When I see that my fellow Ghanaian is not working, I would say have this £20 to get*
314 *something for yourself. We as Ghanaian people do well with this kind of support. Or someone*
315 *can just shop, especially if someone delivers a baby and finds herself in some financial*
316 *difficulty. Another thing is ...when we know that someone is in financial difficulty we will reach*
317 *out to the person. I cannot sit here and eat alone when I know a fellow Ghanaian is suffering;*
318 *we were not brought up that way. So even if one Ghanaian doesn't work, his fellow Ghanaian*
319 *will give her food to eat”* (Participant 2, 1st generation, 45-64 years).

320 Another participant explained how he supported a fellow Ghanaian who was in need by making
321 food available.

322 "I had a friend who had issues, suffered a divorce, had a bit of mental disorder, so he needed
323 a bit of help. I wasn't able to do much, the council gave him a place as I couldn't really help
324 much, but as a friend, I cooked and gave him some. I help by making food available”
325 (Participant 9, 1st generation, 25-44 yrs).

326 The interviews revealed that social support was not always in the form of making food
327 available. Sometimes it was in cash and other times in kind such as providing temporary
328 accommodation.

329 *“There are some people who offer others [referring to Ghanaians] rooms in their homes, till*
330 *they are financially okay and even buy them food too”* (Participant 9, 1st generation, 25-44
331 yrs).

332 The church appeared to play a prominent role in their lives. Within the church, participants
333 mentioned that they had a network of close family and friends that they rely on in times of
334 needs. Belonging to the same church was perceived as being one big family.

335 "So, when you belong to the same church, oh my God you are a family" (Participant 28, 1st
336 generation, 25-44 yrs).

337 Participants also perceived providing support to other members of the community as a religious
338 obligation, for instance:

339 "As a Christian, I say it's by the Grace of God; we believe that God will not allow his creations
340 to go hungry. For instance, ever since my daughter came to join me, my loved ones have
341 shopped for us, my church members give me stuff" (Participant 2, 1st generation, 45-64 yrs.).

342 *"What God asked me to do is...[pauses] .We find it difficult to see people suffering because of*
343 *food. So I ask myself, can I make a difference, if I can, how can I? and in what way? So what I*
344 *did, my husband and I, so we organized, every month, milk, toiletries, from perishable, to long*
345 *life, a variety of stuff. So people *pick it up at church*" (Participant 28, 1st generation, 25-44*
346 *yrs).*

347 Some participants described themselves and other Ghanaians as very hard working and having
348 a positive attitude generally to work. This trait was described with pride. According to
349 participants, "Ghanaians will do anything", implying, engage in low paying jobs or work
350 several hours to earn a living to feed their families.

351 *"Ghanaians want to earn a living, even if they have to work several hours even if it is cleaning.*
352 *It doesn't matter if the job is respected or not. Ghanaians will want to do so they can take care*
353 *of themselves"* (Participant 29, 1st generation, 25-44yrs.).

354 Participants used the word 'manage' in describing how they obtained food on limited
355 resources. There were several examples of budgeting and cooking in bulk as a means of
356 managing food on a limited budget. Often these practices were considered to be typically
357 Ghanaian, as the following quotation shows:

358 “Because for instance, if a Ghanaian has £5, she knows she can buy tomatoes, this and that
359 and make soup, and If I make soup I can eat for 3 days or more but other people [referring to
360 non-Ghanaians] spend their money straight away, and then the next day they don't have money
361 to buy food and then they have to go to the food banks. We manage, and we try to work, we
362 don't want to depend on things like that, so we try to work, to get the money to buy the food
363 that we want” (Participant 11, 1st generation, 25-44yrs).

364 Two other strategies that were highlighted by participants were buying or always having staples
365 or some basic food at home and shopping in different shops for the best price, as a means of
366 mitigating against food insecurity.

367 The trait of being able to ‘*manage*’ was described with pride by most participants and perceived
368 as common Ghanaian trait.

369 “The Ghanaians I know have a lot of food to eat, I don't know how they get it, but even when I
370 was young, my dad always found a way to get food for us. Ghanaians always have rice, loads
371 of tin tomatoes and some sort of meat. And once you have these you are sorted. I think we are
372 much resourceful. I think when I was growing up people always commented on how I managed
373 my resources in terms of foods. I shop at different shops for different things, usually, I know
374 where to go for the different things” (Participant 16, 2nd generation, 25-44 yrs.)

375 Figure 1 summarises perceptions of how the Ghanaian community mitigates against food
376 insecurity, hence, ensure food security. The main factor that was identified to have a positive
377 impact on perceived food security was the social support within the community, and this was
378 shaped by an individual's social network, which in turn was perceived to be influenced by
379 participants' cultural identity as Ghanaians and their religious beliefs. Social support was
380 channelled through the churches and social groups within the Ghanaian community.

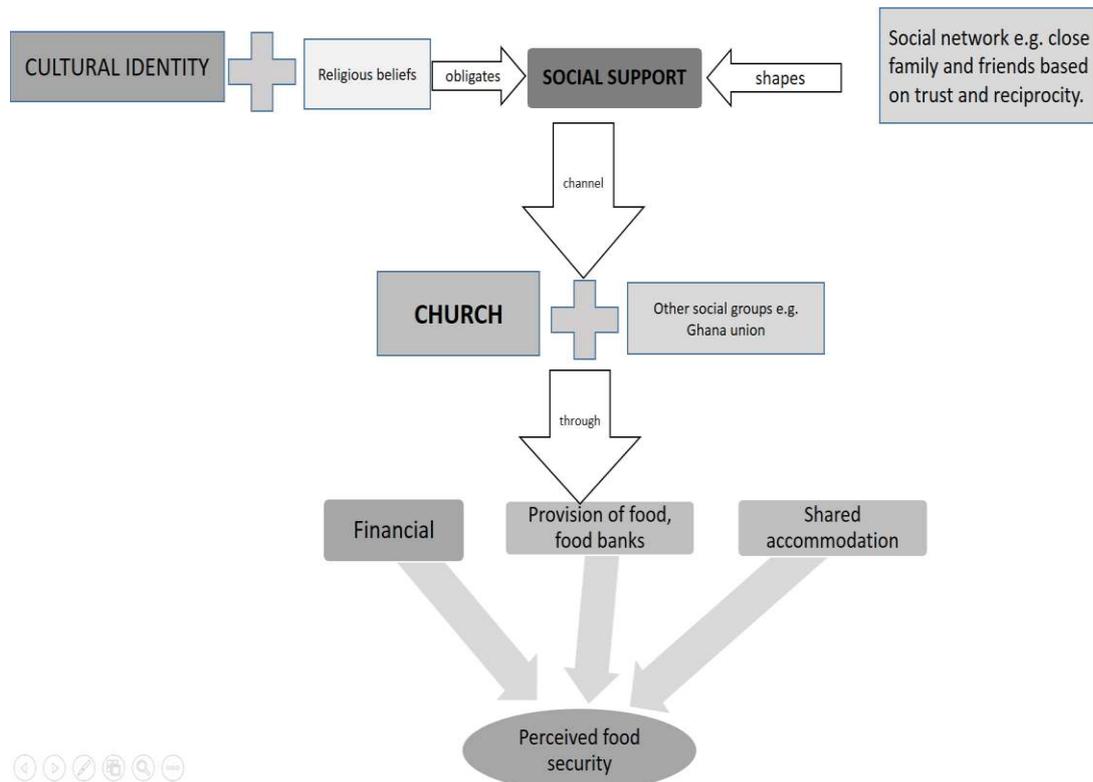


Figure 1: Perceptions of the factors perceived to mitigate against food insecurity within Ghanaian migrants in Greater Manchester.

386

387

DISCUSSION

388

389 The aim of this study was to explore participants' perceptions of social and economic factors
390 influencing food security among Ghanaian migrants living in Greater Manchester.

391 In this study, most participants did not suggest that they were food insecure themselves. A few
392 participants indicated that food insecurity might be a transient period only for people who may
393 have newly arrived in the UK, struggling financially due to unemployment or immigration
394 issues. This finding is similar to findings from previous studies that have reported associations
395 between food insecurity and unemployment.¹² It also corroborates reports from studies in
396 Canada that showed that recent immigrants had more issues, for instance, lacked money to
397 purchase food (A. Gauthier, unpublished report, 1996). Other participants in this study were of
398 the view that Ghanaians were proud and valued their privacy and therefore, may be reluctant
399 to admit they were in need because of the fear of being stigmatized as being lazy or gossiped
400 about. However, this reluctance to disclose their insecurities about food did not extend to their
401 close and trusted network, often in the church.

402 **Perceptions of factors contributing to food insecurity**

403 Findings showed that participants perceived barriers to accessing healthy foods as contributing
404 to food insecurity within the community, rather than unavailability of food per se. Even
405 traditional foods were perceived to be readily available in recent years in the UK; partly
406 because the food environment was compared with that of Ghana before migration in which
407 participants reported food was unavailable during certain times of the year. This finding
408 corroborates earlier findings published on Ghanaians living in Greater Manchester that showed
409 that participants perceived traditional foods to be readily available in Greater
410 Manchester.¹⁸ Indeed, in many Sub-Saharan African countries, there may be food scarcity

411 during certain times of the year. This could be due to lack of food processing and storage
412 facilities in most farming areas but also because in many communities food production is
413 dependent on subsistence agriculture and rainfall.²³ These, combined with drought, inadequate
414 agricultural policies, high population density and natural disasters may contribute to food
415 insecurity. This is in contrast to high-income countries, where people have easy access to both
416 healthy and unhealthy foods if they have sufficient income. People on a low income, however,
417 have easy access to cheap, unhealthy foods all year around²⁴ and this enabling factor has been
418 reported in many studies to influence food choice.²⁵ Also, in high-income countries like the
419 US, Australia, and New Zealand, studies indicate that migrant-origin populations tend to reside
420 in poor neighborhoods where healthy foods are scarce; even when healthy foods are available,
421 they tend to be unaffordable to these groups of people.²⁵ This suggests that the nature of food
422 insecurity is different for the different contexts (low and high-income countries). This might
423 help explain participants' perception regarding food insecurity; as food is always available in
424 the UK, even if it's *'belly food'* which participants explained as "food that just fills the belly,"
425 (refers to foods eaten just to get a feeling of fullness and the suppression of hunger) so they
426 may not describe their situation as being food insecure.

427 Given that food security at a minimum includes not only nutritious foods but also culturally
428 acceptable foods, availability and accessibility of traditional foods were also explored in this
429 study. Participants who could not always afford traditional foods devised strategies to continue
430 eating traditional meals including substituting and combining cheaper alternatives from the
431 supermarkets. This study also showed that most people had financial obligations to send money
432 home towards supporting other family members and securing property in Ghana. This was
433 prioritized and thus had implications for access to healthy foods. An implication of this finding
434 is that migrants prioritize financial obligations in their home country, and this tends to influence
435 their dietary habits negatively in the UK. This is consistent with findings from a study in

436 Australia that indicated that over two-thirds of refugees run out of food and the reasons they
437 attributed to this included sending money home and large household bills.²⁶ The high cost of
438 utility bills was also deemed as a barrier to healthy dietary practices in this study. For instance,
439 being compelled to fry foods rather than grill as the frying method is quicker and saves energy.
440 The overconsumption of foods rich in fats and oils is implicated in the onset of obesity and
441 nutrition-related non-communicable diseases NCDs.^{27,28}

442 **Factors mitigating against food insecurity**

443 Factors that emerged as contributing to the perceived food security within the bulk of the
444 Ghanaian community included having a positive attitude to work. By this, participants implied
445 that one has some level of choice regarding food security. Thus, if you were willing to work
446 hard, that is engaged in two jobs or do anything it takes, then you can feed your family. This
447 attitude may explain the reluctance of some people to admit to being in need as the community
448 may perceive them as lazy.

449 One major finding is the fact that social support from within the community was seen to play
450 a vital role in mitigating food insecurity by these participants. This social support was deemed
451 as a common trait that all Ghanaians showed and was perceived either as a cultural or religious
452 obligation. The practice of kinship support, either emotional or social, has been identified as a
453 normal practice among African populations, usually in rural areas before migration and plays
454 a social role that serves as a pre-requisite for cultural harmony rather than reflecting coping
455 mechanisms.²⁹ Several studies have shown the relationship between social support and food
456 security.^{12,30} The church and other social groups such as the Ghana Union seemed to have an
457 important role in ensuring food security within the community. Within the church, people
458 seemed to have close allies that they engaged with for specific needs, be it food or financial
459 support when needed. Indeed, participating in social activities allowed people to relate to each
460 other and develop a bond that is important for the development of social networks.³¹ If the

461 churches and social groups can target the most deprived, there is the need for research to find
462 out whether the resources of the church are sufficient to meet their needs, as effective
463 interventions depend on being able to effectively target the vulnerable.

464 This study also showed that individuals were reluctant to make use of food banks due to fear
465 of gossip, being perceived as lazy by the community or because food on offer at the food banks
466 may be culturally unappealing. Paradoxically, this reluctance did not extend to their
467 close/trusted network, often from the church. The disclosure of need and acceptability of help
468 from the church could be because the church context forms a trusted base from which people
469 operate. Another possible explanation could be because food banks in the church were open to
470 all and not targeted specifically at people who may be perceived as vulnerable. In the UK and
471 other European countries, accessing food banks is based on a proven need and therefore, it is
472 possible people do not want to be seen as being 'officially needy'. An implication of this
473 finding is that food insecurity might be difficult to detect and underestimated among Ghanaian
474 migrants if people within the community do not make use of formal services and where there
475 seems to be a certain amount of pressure to not admit when you are experiencing food
476 insecurity. Involvement of social groups within the Ghanaian community can facilitate access
477 to food banks. Another implication is that the government assisted food banks could partner
478 with the social groups given that these are more trusted.

479 Many participants used the word 'manage' in describing how they obtained food on limited
480 resources and appeared to be very proud of this skill. For instance, instead of going to eat out,
481 money was saved and used in buying ingredients to cook food which could last for a longer
482 period. Being resourceful was reported in a similar study that explored food insecurity among
483 elderly African Americans in the United States.²⁰

484 This study is the first to explore participants' perceptions of social and economic factors
485 influencing food security among Ghanaian migrants in the UK and any high-income country.
486 A major strength of this study was that dietary practices were explored more generally, and
487 therefore, the topic of food insecurity was approached sensitively as it surfaced in the context
488 of wider discussions around food. This helped better enrich the data and resulted in more data
489 than would normally have if the focus was on just food insecurity. One possible weakness in
490 the study was that, we sought for maximum variation in age, SES and generation type, to ensure
491 credibility and also as a way to get a diverse view on dietary practices in general and therefore,
492 it is not surprising that food insecurity was perceived as low within the sample. There is the
493 need for studies that specifically target lower SES groups within the community and
494 participants who will report on their personal experiences of food insecurity rather than
495 perceptions of how other Ghanaians deal with food insecurity as this may have different
496 implications for how food insecurity can be addressed. Also, although migration status has
497 been shown to be associated with dietary behaviours,¹⁸ only a few second-generation migrants
498 are represented in this study. Hence the findings may be biased toward first-generation
499 migrants. In considering our findings, it is important to be mindful of the limitations.
500 Perceptions data through qualitative research is best situated for when little is known about a
501 topic for a hard to reach group like in this case and to understand in depth people's experience
502 and perceptions on a situation. However, this may not suffice to capture the extent of food
503 insecurity within the Ghanaian community; therefore, future survey-based research, using
504 objective validated tools is needed to assess the prevalence of food insecurity within this
505 population.

506 Another potential weakness is language bias. There have been debates on the implication of
507 translation in research. While this is an acceptable process, it is known to potentially introduce
508 bias, the researcher who conducted the interviews also served as the translator, which has an

509 advantage over using others in the translation , as this process was a way of checking the
510 validity of interpretations.³¹

511 There is a need to explore the implications of food management and coping strategies such as
512 eating ‘belly foods’ for dietary quality and health among this population. Like other qualitative
513 studies, findings from this study did not seek to be generalised to all other migrant groups in
514 the UK. Rather, theoretical concepts generated from the findings may have relevance to other
515 migrants’ groups in a similar context. For instance, the role and importance attached to social
516 networks and social groups as a food resource may be similar among Ghanaian migrants in
517 other European settings. Thick descriptions have been provided on the context, for example,
518 occupation, age and social networks of participants so that readers can judge if findings are
519 transferable to similar migrant groups.

520 **Conclusion**

521 Food insecurity might be difficult to detect and underestimated among Ghanaian migrants
522 where there seems to be a certain amount of pressure to not admit when you are experiencing
523 food insecurity and if people within the community do not make use of formal services.

524 Several factors particularly financial barriers to accessing healthy foods and prioritization of
525 financial remittances to Ghana may contribute to food insecurity among Ghanaians migrants
526 in Greater Manchester. This has negative implications on their food choices in the UK.
527 However, social support within the Ghanaian community was seen to play a vital role in
528 mitigating food insecurity. Government assisted food banks could partner with the social
529 groups given that these are more trusted.

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