10-2007

Refugee Diet in a context of Urban Displacement Part Two: Selecting and incorporating food: diet and perceptions of risk among Southern Sudanese refugees living in Cairo

Peroline Ainsworth

THE AMERICAN UNIVERSITY IN CAIRO

Forced Migration and Refugee Studies Program (FMRS)

Refugee Diet in a context of Urban Displacement Part Two

Selecting and incorporating food: diet and perceptions of risk among southern Sudanese refugees living in Cairo

Peroline Ainsworth
FMRS Working Paper N0.8
October 2007

The Forced Migration and Refugee Studies Program (FMRS) at the American University in Cairo (AUC) offers a multi-disciplinary graduate diploma. Central to the program is an effort to incorporate the experience of displacement and exile from the viewpoint of refugees and other forced migrants. FMRS supports teaching, research, and service activities that promote a growing appreciation of the social, economic, cultural and political relevance of forced migration to academics, the wide range of practitioners involved, and the general public. While maintaining a global and comparative perspective, FMRS focuses on the particular issues and circumstances facing African, Middle Eastern and Mediterranean peoples.

The Forced Migration and Refugee Studies Working Paper Series is a forum for sharing information and research on refugee and forced migration issues in Egypt and the Middle East at large. The Working Papers are available in hard copies as well as in electronic version from the FMRS website.

Forced Migration and Refugee Studies (FMRS)
The American University in Cairo
113 Kasr El Aini Street, PO Box 2511
Cairo 11511, Arab Republic of Egypt

Telephone: (202) 797-6626
Fax: (202) 797-6629
Email: fmrs@aucegypt.edu
Website: http://www.aucegypt.edu/fmrs/

CONTENTS

ACKNOWLEDGEMENTS

This study was conceived and supervised by Professor Jeya Henry, head of the Food Science and Nutrition Department at Oxford Brookes University in the UK. It was given seed funding from the DFID project on Globalization, Migration and Poverty and received a small grant from the Nuffield Foundation for Social Science. Thanks to the Forced Migration and Refugee Studies program at the American University in Cairo for hosting the study, and to Dr Hania Sholkamy for additional supervision and advice on methodologies and analysis in Cairo. Many thanks to the research team Tongun Sebit Faragalla, Regina Jiggi Augustino, Rafa Omar Abdl Godo, and Saturnino Olaa without whom the study would not have been possible, also to Michael Dada and Joseph Bol for translations into Dinka and Juba Arabic languages and to Elizabeth Bandasi and all the staff at Western Equatoria Community Development and Building Association for hosting and assisting at follow-up workshops. Thanks to Claudette Turnbull, Dr Nabil Morcos, Dr Eman Kamal and all the staff at *Refuge Egypt* for hosting the fieldwork, and giving us invaluable support and input. Thanks also to Laura Maxwell, Olivia Mosely for comments and to Emily Speers Mears for editing. Finally special thanks to all those refugees who participated in our surveys and discussions.

1. INTRODUCTION

The changes in diet and food consumption practices experienced after displacement can have serious implications for the physiological health of forced migrants and refugees, as noted in Part One.[1] These changes can also express cultural loss and social dislocation; the exchange, sharing, preparation and consumption of foods carry important social and cultural values and significances that often reflect and reinforce the very modes of social organization and codes of conduct which become undermined and fractured during displacement (Counihan et al. 1997:3, see also Levi-Strauss 1978, Mead 1970, Appadurai 1981). Altering and reconstructing food consumption habits and feeding practices is therefore integral to people's adjustment to and experience of displacement. Despite this fact, there is scarce research into the food selection decisions and changing food consumption practices of refugees, particularly those living in urban areas in the developing world.

The following report is the second to arise from a 12-month exploratory study that aimed to document changes in the types of foods consumed by southern Sudanese refugees over place and time, as they move from South Sudan to Khartoum, and finally to Cairo, and to explore the decision-making process as participants reconstruct their diet in the context of displacement.[2] During the course of the research, it became evident that this decision-making process was affected by a number of complex factors. It was therefore decided that the findings on this issue should be presented as a separate, complementary study.
Qualitative anthropological fieldwork explored how the change in diet over place and time—and the decision-making processes that lead to these consumption changes—relate to participants' experience and negotiation of the risks and changes engendered by forced displacement. We did not want simply to catalogue the problems faced by southern Sudanese in Cairo.[3] Rather, we aimed to explore how and why participants' consumption practices evolve in the context of these adverse conditions. This is, to our knowledge, the first study to explore the process of food selection and dietary reconstruction among self-settled refugees living in an urban centre in the developing world.

At a practical level, better knowledge of why refugees are choosing to eat what they do will benefit local initiatives attempting to address health—and other—problems encountered by southern Sudanese refugees in Cairo. At a broader academic level, engaging with a group of people who have been uprooted and displaced from the environment in which the organization of daily life—including modes of food selection, preparation and consumption—was inculcated, can bring new perspectives on the ways in which people make decisions and respond to change. Displacement offers a setting in which to observe the reconstruction of a diet and gain insights into the complexity of the food selection process. It has been suggested that the 'unique contribution' of considering displaced groups is

[1] See Peroline Ainsworth (2007), "Refugee Diet in a Context of Urban Displacement: some notes on the food consumption of Southern Sudanese refugees living in Cairo". FMRS Working Paper No. 8 Part One. 2007. (Referred to throughout as Part One.)
[2] For a brief background on the war in southern Sudan, see Part One.
[3] There are several reports and documents available which describe the various obstacles, problems and risks faced by refugees living in Cairo , which can be accessed on the FMRS website: www.aucegypt.edu/fmrs

that they have 'no ready-made cultural "script" for their experiences, they must remake their stories as they go, telling of illnesses and social breakdowns for which ordinary metaphors are profoundly unsuited [...] the future, present, and even the past become the "unknown terrain" that must be relearned.' (Coker 2004). How this terrain is 'relearned' infuses everyday life and activities, including the acquisition and consumption of food.

In Part 1 of this Working Paper, we discussed the reasons why we chose to focus specifically on southern Sudanese refugees as a separate group existing within the urban poor of the host country: as foreigners and outsiders they face a distinct set of problems including exclusion from official support mechanisms such as food ration cards, and social and economic marginalization. As refugees our participants also used systems and services (NGOs and the UNHCR) which Egyptians cannot access. Many participants felt unable to integrate into Egyptian society and chose rather to send their children to refugee-serving schools. Many said they were wary of social interaction with Egyptians.[4]

It is, however, of paramount importance to understand dietary decisions and food intake within the context in which they occur. In this paper we will therefore discuss more closely the contextual factors affecting dietary decisions by exploring the impacts of the city environment and the shifts in social interactions and structures after displacement on food habits.

Unfortunately, we were unable to gather comparable data about the consumption practices of Egyptians living in the same areas as respondents. Our questions were specific to how refugees construct risk, and the effect this has on their diet. There are, however, likely to be points of similarity between the food concerns of Egyptian urban poor, and of Sudanese refugees in Cairo. It would be an excellent undertaking for a researcher to perhaps follow the dietary intake and consumption patterns of a sample of Egyptians and Sudanese living in similar conditions in the same area, and compare findings.

Research Questions

The questions asked in this complementary study were:

- What factors, material and psychological, affect the decision-making process of refugees when selecting their food in Cairo?
- How do refugees articulate and formulate responses to the risks perceived to be associated with consuming foods in Cairo?

Research Objectives

The main objectives of the study were to:

- Contribute knowledge to the fields of health and migration, food selection behaviour and urban forced migration.
- Encourage further follow up research on this issue.
- Inform those offering assistance in Cairo (and elsewhere) by

[4] Cairo is an enormous and overcrowded urban conglomerate, in which the median age is 24, and some 20% of the population live below the poverty line. Statistics taken from CIA factbook: http://www.cia.gov/cia/publications/factbook/geos/eg.html.

- signposting possible areas of concern related to food consumption practices;
- gathering information on participants' own priority concerns and fears when consuming food in their new environment;
- providing information on how people themselves are addressing the problems or mitigating the dangers as they have construed them.

Organization of the report

This report is organized into four sections. The first section will provide some background on research participants and explain research approach and methods used. Section 2 will discuss the selection process by which refugees choose their diet, and outline the factors that have an effect on this process. Section 3 will explore how narratives of risk and danger emerge to guide people in their decision making. The final section will offer some concluding remarks, and suggest possible directions for further or comparative research, as well as how the findings might be useful to policy makers.

2. METHODOLOGY AND APPROACH

The study was multidisciplinary and used qualitative field methods to build on and analyze the results of a more quantitative survey discussed in a separate, complementary paper (see methodologies below; Part One). Our approach was informed by nutritional anthropology, a sub-field of medical anthropology that seeks to bring together the physiological and socio-cultural aspects of food consumption by exploring the interface between anthropology and nutrition science. Food selection—the processes through which people accept food items as 'edible' or reject them as 'inedible'—is an important area of study for nutritional anthropologists (Pelto et al. 1989). However few studies have focused on the food selection of people who have been uprooted. Methodologically, we have drawn from the principles of nutritional anthropology by using data collection techniques from both nutrition science (an adapted food intake survey) and anthropology (interviews and observation).

Terms and concepts

Risk Factor

Risk has been defined as 'the possibility embedded in a certain course of social action to trigger adverse effects (losses, destruction, functionally counterproductive impacts, deprivation of future generations and so on.).' (Cernea *et al* 2000:19). We take 'risk factors' to mean contextual factors which encourage or force people to make decisions and/or follow courses of action which may carry risk, that is, which may trigger adverse effects to nutritional health. For instance, low income would be considered a 'risk factor' in the context of food selection and consumption because it may encourage or force an individual to cut nutritionally important but expensive foods from their diet.

Cultural construction of risk

Sorting out what is safe from what is unsafe to eat involves a process of identifying, interpreting and ordering threats and potential sources of danger—of constructing risk. We draw on the analysis of risk construction in public health by Constance Nathanson, who argues that: 'Dangers to public life abound. Whether or not those dangers will elicit 'community action to avoid disease' depends on relevant actors' perception of a credible and avoidable or at least controllable threat. Judgements of what dangers should be most feared, how to explain them, what to do about them, even whether they are public health problems at all are the outcome of social processes' (Nathanson 1996:614).

Nathanson suggests that there are three key factors shaping the cultural construction of risk to health: first, the 'existence of groups or individuals with the authority to define and describe the danger that threatens'. It is important to note that these 'authorities' may not necessarily be official medical experts. Second, the 'assertion of a causal chain to account for the danger'; and finally the 'designation of potential victims. Risks may be portrayed as universal (we're *all* at risk) or particular (only *they* are at risk); victims may be described as innocent or culpable'. (Nathanson 1996: 615).

Perhaps the most well-known articulation of food and eating as potentially threatening and risky is Mary Douglas' theory of purity and pollution which 'suggests that pollution is a quality attributed to things that do not fit the category

system… (see Douglas 1966). Foods that are polluting violate the boundaries of the underlying system of categories.' (Meigs 1988:95).[5] The ways in which food can be 'polluting' are articulated in Claude Fischler's notion of 'incorporation'. He argues that when we eat we 'incorporate' food in ideological, social and psychological as well as biological terms (1988). The danger presented can therefore be multilayered, threatening not only physiological health, but also social relationships and self.

Using the term 'refugee'

All those who participated in our survey and discussion groups described themselves as refugees. Definitions of the category 'refugee' are contested. The United Nations High Commissioner for Refugees (UNHCR) follows the legal definitions set out in the 1951 Convention relating to the Status of Refugees and the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa (see Part 1).[6] However many scholars, activists and assistance providers adopt a broader definition of the term refugee[7] understanding the label as denoting a person who has lived through certain kinds of experiences (uprootedness, flight, violation of human rights), an historical process 'of becoming,' (Malkki 1995, Al- Sharmani 2003 see also Grabska 2005), as well as a set of legal and social categories which are linked to concepts of self and society.[8] Those who consider themselves refugees may frequently construct or circumscribe their behaviour in their host society according to this self-perception of themselves as refugees.

All those who participated in our survey and discussion groups described themselves as refugees. We did not include respondents who had rejected the label of 'refugee' and the opportunities it provides, even though they may have legitimate claims for asylum, or even have been granted refugee status from the UNHCR. We did include in our sample respondents who had been granted refugee status by the UNHCR, respondents with closed files (refused refugee status by the UNHCR), and those who were awaiting the decision on their status. Those 'closed file' participants we included had been refused refugee status by the UNHCR, but continued to live in refugee communities and consider themselves refugees.

[5] Douglas links that which is polluting (threatening, risky) with that which is 'out of place', 'formless'. This idea becomes particularly charged in the context of displacement, where people are themselves viewed as 'out of place', where there might be extreme disorder and loss of structure/form and where normative categories become confused; for our research participants, defining what is 'pure' (un-corrupted, safe) or 'polluting' (corrupted, dangerous) is critical.

[6] Under the 1951 Convention and its 1967 Protocol, a refugee is a person who is outside his or her country of origin, and cannot return due to a 'well-founded fear' of being persecuted 'for reasons of race, religion, nationality, membership of a particular social group or political opinion,' (Art. 1).

[7] James Hathaway (1991), for instances suggests that 'refugee status could become the entitlement of all persons whose basic human rights are at risk' (quoted in Mehta 2003: 28).

[8] The 'process of becoming' is not passive. Forced migrants in Cairo are most often aware of the limitations, opportunities and social consequences of being considered refugee and respond to it in different ways. Some people wholly reject the label refugee, frustrated by the connotations of helplessness and victim-ness. Some research participants said they adopt it in certain situations and avoid it in others, keeping various forms of identification about them. Others consider that it has become an essential part of their identity, which must be confessed and discussed with those whom they meet. Most make a distinction between being a refugee in Cairo and wanting to become a *citizen* in the US or Australia.

First generation refugees and food issues

Literature on the subject of changing food habits and/or nutritional health problems of first generation refugees living in urban areas in the developing world is scarce. There have, however, been a number of studies focusing on the evolving dietary behaviour of longer-term forced migrants who have established themselves in cities in the North. These tend to discuss longer-term issues of acculturation, assimilation and identity transformation, examining inter-generational conflict, strategies of maintaining cultural identities in the long-term and social and political implications of certain food selections (Kalka 1998, Harbottle 2000). A smaller number of studies have explored the process of food selection decisions and resultant dietary changes among first generation refugees newly arrived in urban areas in the North, usually focusing on associated chronic disease (Burns 2004, Saleh 2002, Palinkas 1995).

Most of the literature concerning refugees' food consumption in developing countries focus on the camp setting and discuss how the authorities running a camp make decisions *for* the people living in the camp. Questions centre around the ideological assumptions behind donor attitudes (Harrell-Bond et al. 1992, Kent 2004, Keen 1992), modes of distributing and rationing food aid (Harrell-Bond et al. 1992, Wilson 1992, Marsden 1992), ways in which scientific progress can be used to enhance and improve the food distributed (Henry et al. 1992) nutritional health indicators and nutrition-related illness (Nieburg et al. 1992, Bhatia et al. 1992) and factors affecting food security and effectiveness of food assessment missions in camps (Hansch 1992).

Refugees in Cairo

Since 2000, the Forced Migration and Refugee Studies (FMRS) at the American University in Cairo (AUC) has built up a body of localized studies on different aspects of life for different groups of refugees in Cairo. These include studies on the situation for Palestinian refugees (El-Abed 2003), livelihoods and constructions of identity among Somali refugees (Al Sharmani 2003), livelihood and coping strategies of Sudanese refugees (Grabska 2005), the experiences of unaccompanied minors seeking asylum in Egypt (Maxwell & Al-hilaly 2004) and health education among urban refugees (Coker et al. 2003). Recent studies looking more specifically at Sudanese in Cairo have focused on evolving gender roles (Lejukole 2000), traditionally brewed alcohol as livelihood strategy and cultural symbol (Curley 2003) and domestic labour among Sudanese women (Ahmed 2003).

In 2004, nutritionist Claudette Turnbull, in collaboration with the local charitable organization *Refuge Egypt*, conducted a study comparing height-weight variables among infants of Sudanese and other refugees attending the clinic (Turnbull 2004). Her findings are significant for this study, because they demonstrate that nutrition-related problems are occurring or being exacerbated in Cairo (see **Part One**). Elizabeth Coker has written on the narratives of illness and pain among southern Sudanese refugees in Cairo and argued that the people whom she interviewed used 'certain narrative styles in discussing their illnesses that highlight the interconnection of bodily ills and refugee-related trauma.' Her work explores the link between pain and illness and people's sense 'of Self as human

beings and as part of a distinct community and culture'. The ingestion of food and its potential consequences is bound up in 'illness talk' and 'body metaphors', and these ideas have informed this study (Coker 2004).

Research Methods

Phase 1 of research involved a survey of food intake and food acquisition behaviour conducted with 131 respondents. For analysis of these findings, see Part One. Phase 2 of the research collected qualitative data on food selection and people's own concerns about consuming food in Cairo through semi-structured discussions with 62 people, most of whom had also filled in survey questionnaires.

The Participants

All research participants were originally from the three provinces of Western Equatoria, Bahr al Ghazal and Upper Nile in South Sudan, with the exception of one person from Darfur and three who had been born in Khartoum. The majority of participants had experienced several phases of displacement during their lifetime both within the South, and to the capital Khartoum as a result of war, conflicts between groups in the South, food shortages, or to search for work or further education. All research participants were over 18 and had applied for asylum to the UNHCR Regional Office Cairo. Beyond those core requirements, we purposely sampled for a variety of variables including age, gender and area of residence (see Appendix 1). All those who participated in our survey and discussion groups described themselves as refugees (for a discussion of the term's use, see above).

All respondents were given a clear explanation verbally and in writing of research methods and objectives and were given a choice as to whether or not they participate. Each signed a consent form before participating.

The Researchers

Survey interviewed and discussions were led by three field researchers (2 women and 1 man) from South Sudan, who between them speak 6 languages (see part 1). The team underwent four weeks' preparatory training that focused on qualitative methodologies, interview techniques and discussions of key readings on the different aspects of food consumption. Researchers were fully involved in the development of the survey and discussion topics. Analysis of data collected in interviews was discussed with the team throughout the fieldwork phase and their comments have been incorporated into this report.[9]

[9] Research of this kind cannot be undertaken without the collaboration of researchers and research assistants from within the community. The commentaries and qualifications offered by the researchers are included in field notes. These researchers were in fact key informants in this project. Their comments on how to administer the survey, what kinds of effects my presence would have on responses, and how their communities reacted to them working for a high profile institution such as the AUC were invaluable and often unexpected. Researchers entering a society from the outside often fail to observe or underestimate the effect that employing certain people from within an impoverished community can have. The field researchers chose not to discuss these problems but I became aware of tensions within communities when I was directly challenged by more senior members of the community on my choice of assistants during follow-up workshops conducted in Hadayek el Maadi.

Sampling methods: challenges of the urban environment

Conducting fieldwork among a vulnerable and marginalized group in a large urban centre in the developing world is challenging.[10] People can be difficult to locate and access, particularly if one is seeking to conduct a series of interviews over a period of time. Refugees in Cairo are often change domiciles at short notice—either by choice or because of evictions.

Collaboration with the church-based organization *Refuge Egypt,* which offers some assistance and medical services to refugees in the city, was crucial.[11] The organization is widely known and respected by southern Sudanese in Cairo. We were able to access respondents on the premises of All Saints Cathedral, where *Refuge Egypt* is based. In our survey of 131 people, 49 were interviewed there. Field researchers identified other possible respondents who then suggested friends or acquaintances that were willing to answer our questions (the snowball method). A community-run organization which helps mothers and children living in the popular market district Hadayek el Maadi was also approached. All the people who took part in the follow up interviews and discussion groups lived in Hadayek el Maadi, which accommodates a substantial southern Sudanese population.

Among participants, capacity to acquire food varied considerably.[12] The field researchers are all relatively highly educated and speak fluent English; hence they and their families and friends are possibly more likely to successfully find livelihoods in Cairo, or perhaps have better prospects for resettlement to the West. All those respondents identified at *Refuge Egypt* had already some access to assistance and advice. Our sample may perhaps therefore be skewed towards the more affluent—or at least the better informed—members of the population. We tried to redress this balance by approaching mothers in Hadayek el Maadi who were unable to afford to travel to the *Refuge Egypt* clinic and had very little access to assistance. We also conducted questionnaires with a group of respondents living in the shanty town area of Arba Wa Nuus on the outskirts of Cairo and in the poor, densely populated area of Ain Shams, both of which are long distances from the main assistance providers.

Survey methods: Food Frequency Questionnaire and follow-up interviews

A modified version of the Food Frequency Questionnaire (FFQ) survey[13] was administered to 131 respondents (see Part One; below for a brief summary of the main findings), to record recalled food consumption in South Sudan, Khartoum and then Cairo.

Additional information was collected during open-ended, semi-structured individual interviews and group discussions involving 62 southern Sudanese men and women aged between 18–55 years. Discussions were guided by topics developed from past observations and focused on concerns about consuming food in Cairo and perceived risks and dangers. Our discussion topics covered the

[10] In April 2003 FMRS held a workshop on challenges of conducting fieldwork in an urban environment. A report on the issues discussed during this workshop is available on the FMRS website http://www.aucegypt.edu/fmrs/Outreach/Workshops/Urbanworkshop.pdf

[11] For more information on the organization see www.refuge-egypt.org

[12] A variety of livelihood strategies are employed by Sudanese in Cairo with varying degrees of success (see Grabska 2005).

[13] Adapted from the model in Cameron & Van Staveren (1988).

different aspects of risk construction suggested by Constance Nathanson: sources of information, prioritizing of risks, and speculations about the affects of the danger. However, we aimed to be as flexible as possible to encourage participants to discuss any issue they associated with food consumption. Notes were recorded by hand after the interview.

Most discussions were conducted at people's homes. Discussions were informal, and it was not always possible to control the numbers of people involved. Discussions that began with one or two persons frequently developed into group or household debates. With some participants whom we visited on several occasions, we would stay to eat or take tea after the 'official' interview period was over, and conversations would continue. Discussions were led by the field researchers, and it was stressed that translation must preserve as far as possible the words, expressions and categories used by participants.

Observational notes collected over the 18 month research period also contributed to this report. Security issues for some refugees in Cairo hinder the extensive participation of researchers in community life. It was nonetheless possible to partake in social events, celebrations, cooking sessions and visits to restaurants, markets and traders.

We used a grounded approach to analyze our qualitative data. That is, we did not look for a pre-determined set of categories or issues but rather identified risk factors and important issues inductively from the data.

Limitations

Our findings are based on recall and reports and must therefore be viewed as qualitative and descriptive. However, we can identify important trends and patterns, which are likely to reflect the food consumption behaviour of the wider southern Sudanese population in Cairo.

Role of the Interviewer

During interview-based research, participants play an important role in co-constructing the discussion process, establishing their own agendas and priorities with regards to what they want to get from or give to the interview. As a western expatriate I represented an opportunity and a possible resource, either in terms of finding employment, or offering direct or indirect assistance. It is often assumed that the research team might have influence with the authority structures from which participants can officially claim their assistance and resettlement opportunities (namely the UNHCR). These factors are likely to influence the kinds of emphases people give to their answers. For instance it is possible that some participants might exaggerate grievances, or else conversely feel embarrassed to admit the extent of their poverty, or shameful or illegal strategies they are employing to fulfil material needs. At times, participants wished to talk about subjects other than food and eating, in particular many were concerned to seek advice or voice frustrations about their resettlement prospects. It is important to consider how resettlement, a clear overarching priority for most people, affects their day-to-day decision-making.

The diet of Southern Sudanese refugees in Cairo: findings of the FFQ survey

The main findings of the FFQ survey are presented and discussed in Part One. In brief, they show that the majority of participants reported experiencing a significant change in the foods they regularly consumed during the move from South Sudan to Khartoum, and then to Cairo. Certain foods that had been an important part of participants' diets in South Sudan are lost from the diet and there is evidence of increased consumption of other foods, many of which had been introduced to participants' diets in Khartoum. Very few foods were added to people's diets in Cairo; exceptions are spinach and *tahena*. Comparison of data on short and longer-term residents suggested that dietary patterns adopted upon arrival tend to be maintained. It is likely that these dietary patterns reflect those of the wider community and could be a contributory factor to poor nutritional health among Sudanese communities in Cairo.

3. SELECTING FOOD IN A CONTEXT OF CHANGE, MOVEMENT AND ADVERSITY

During the FFQ survey we asked respondents what they felt was the most significant problem they and their family faced related to feeding. Their brief responses indicate the range of concerns voiced by participants (**Table 1**).

Table 1

Reason cited	Number of people mentioning
Lack of money	41
Lack of employment	9
Exhaustion from long work hours	2
Poor medical services	1
Missing ingredients / unfamiliar foods	6
Poor dietary practices	8
Being a foreigner	4
No freedom to move	1
Social Mistreatment/hostility	3
Psychological Problems	14
Loss of appetite (because of unemployment, depression, tastelessness in the food)	2
Chemicals	15
Illness	20
Poor quality food	14
Anxiety about children's health (all three categories)	4

The list displayed in this table is by no means comprehensive. Many more complex and less visible concerns emerged during discussions. However it provides a starting point from which to discuss the contextual factors that respondents felt limited and shaped their food habits and food consumption in Cairo.

Availability of food in Cairo

There is no shortage of food in the markets of Cairo. A wide variety of products are available from street markets, travelling fruit sellers, groceries, butchers, bakeries, hot food stands, convenience stores and government subsidized food outlets. Most research participants shop for food at the market. Sudanese vendors also supply many staple Sudanese cooking ingredients, implements, and other goods, and a small number of restaurants sell cooked Sudanese food at reasonably cheap rates. Only those with resources to spare, however, can afford to buy ingredients from Sudanese traders and vendors and there are many items missing from their stock. Participants complained that certain key ingredients and foods are sorely missed in Cairo. Most notably, the staple sorghum grain cannot be easily found in Cairo. Cassava is also unavailable, and participants reported being unable to find several leafy green vegetables used in traditional stews.

Ability to access and acquire food

> **Lewis, 52** *How can you buy one pound* koshari *if you do not have one pound?*

Some 41 respondents to the FFQ survey cited lack of money as their primary concern when it comes to deciding what food they will consume. Many

participants survive on an extremely tight budget, and cannot afford to buy the ingredients and foodstuffs they would otherwise choose.[14]

For several participants, the economic difficulties faced in Cairo came as a shock and disappointment. They had expected that life would be cheap, that there would be plenty of opportunities to work and that assistance would be available from the UNHCR and other international organizations. One young man explained that he 'thought it would be easy to get a job, easy to integrate—I had heard that the food is cheap and I did not know about the chemicals.' (Perceptions of chemicals in food is discussed in Section 3.)

Refugees in Cairo live in a context of increasing poverty and discontent, insecurity and anxiety. Cairo is an enormous and increasingly overcrowded urban conglomerate. The median age is 24, and some 20% of the population live below the poverty line.[15] Competition for jobs and resources is fierce and rising prices of food and economic struggle are framing risk factors that affect all people with limited means living in Cairo. [16] Levels of stress and frustration are high. Conversations repeatedly return to complaints about the price of food, failures of the authorities and people's anxieties about their future and the future of their children. In areas in which there are significant numbers of Sudanese, such as Hadayek el Maadi where discussions were held, some local Egyptians have commented that foreigners are taking jobs and raising the price of rent and food; anxieties sometimes translate into suspicion of or hostility towards foreigners, including refugees.

Exclusion from formal support mechanisms

The Egyptian authorities address the food needs of the Egyptian population through a food subsidy program which currently subsidizes flat local *baladi* bread, wheat flour, cooking oil and sugar. Several mechanisms are used to distribute subsidized goods. Subsidized bread and flour is available to all households at government cooperative outlets known as *gam'iyyaat*. Subsidized sugar and cooking oil are available on a monthly quota basis to most Egyptian households through a ration card system (Abdel-Khalek et al. 2000:73, Ahmed et al. 2001).[17] As foreigners, refugees are not eligible for ration cards entitling them to subsidised foodstuffs. Only 4 participants said they shop for subsidised staples in the *gam'iyyaat*.

Exclusion from informal support mechanisms

Perhaps more important to the immediate fulfilment of material needs in daily life for participants was their exclusion from the informal networks of support within

[14] Grabska found that most people spend between EGP151 and 300 on food per month. The average reported monthly salary among her sample was EGP250–350 for men, and EGP400–600 for women.

[15] Statistics taken from CIA factbook: http://www.cia.gov/cia/publications/factbook/geos/eg.html

[16] The 2000 Egyptian Demographic and Health Survey found that 19% of children under 5 are stunted and 6% are severely stunted. They also found that more than 45% of pregnant women, 32% of lactating women and 26% of women of child-bearing age who are neither pregnant nor lactating who participated in their survey are suffering some level of anemia.

[17] However, the recent removal of subsidies from all but basic food items has hit the poorest of households who cannot afford the prices on the free market and find their already meagre food budgets stretched even further.

Egyptian communities. Informal networks are built on blood ties, long-standing friendships and marriage. They not only provide mechanisms for sharing and managing limited resources among a community and approaching often inaccessible services and benefits, but also serve as a means of maintaining and reinforcing moral norms and homogeneity, particularly through the important role they play in arranging marriage (Singerman 1997). Without social cohesion and accepted norms these important networks might become endangered. For a religious and cultural outsider, with only limited resources to offer, they are very difficult to penetrate. Indeed such an outsider may well constitute a threat.
Several participants complained that they had experienced hostile and sometimes aggressive conduct. Some 74 respondents reported that they had encountered problems when going to the market to buy food. Complaints ranged from being charged higher prices than Egyptians, to verbal abuse and insults, to actual physical assault, usually stone-throwing.

Such incidents increase anxiety, which suppresses appetite, and can lead to some people avoiding the market. However, in principle many participants were used to and understood the ethos of the informal network systems, and in a few cases said it was normal that Egyptians would want to 'help their brother' before an outsider. In fact, this was one of the key reasons people felt they would be unable to integrate or prosper in Cairo.

The four participants who cited 'being a foreigner' as a key problem associated with acquiring food were therefore alluding to more than formal legal restrictions. Exclusion from vital informal networks is one contextual risk factor which renders southern Sudanese, and other displaced groups in Cairo, potentially more vulnerable than other poor Egyptians. Cernea and others have argued that displacement entails a loss of 'life-sustaining informal networks of reciprocal help, voluntary associations, and self-organized mutual service are disrupted. This is a net loss of valuable 'social capital' that compounds the loss of natural, physical, and human capital.' (2000:19).

From Cultivating to Buying

The shift from direct communal involvement in cultivating the food consumed in Sudan to the money-centred buying system for procuring food first in Khartoum and then in Cairo was often evoked in terms of a loss of 'social capital', such as that expressed by Andrew below.

Andrew, 40,
Even in Khartoum, if you can't buy a bus ticket you can just ask the bus driver to take you and he will. In Sudan there is always someone growing something somewhere about that you can have when you really need it

While narratives about South Sudan describe planting, harvesting and sharing food, discussion participants felt they had become disconnected from the food production process in Cairo. This disconnect, combined with suspicion of Egyptian vendors, creates an atmosphere of distrust around the origins and quality of foods, the consequences of which will be further discussed in section 3.

Social exclusions was also perceived to impact commercial enterprise and prosperity. The few Sudanese business and restaurants in Hadayek el Maadi were frequented only by Sudanese customers.

Peter, 40s, *Egyptians do not want to go to Sudanese restaurants. The government uses strategies to prevent people going into restaurants – for instance, if lots of Egyptians start going to the restaurant they will have to start paying tax – the taxation system keeps people outside of the system, their restaurants (and aragi houses) are for their people only. They do this to aragi houses to protect the beer industry and they say 'make it for your own people, don't let Egyptians drink. Don't spoil Egyptians.' Muslims do not want to eat from Christian places – maybe Christian Egyptians would eat Sudanese food.*

Michael, 38, *Egyptians will not eat in Sudanese restaurants. They do not want to come because they think that by paying for food from you they will improve your situation*

Responding to exclusion

Participants discussed a number of strategies employed to counter marginalization, many of which have direct or indirect impacts on feeding and food consumption:

Refugee-specific support mechanisms

Given the difficulties in penetrating both formal and informal support systems in Egypt most Sudanese refugees first turn to refugee-serving international and charity organizations, in particular the UNHCR but also a number of faith-based organizations for assistance. Over the past decade, the UNHCR in Cairo has focused most of its energies and budget on its Refugee Status Determination program. The resources left to carry out 'care and maintenance' programs are limited and declining every year.[18] At the time of research they provided limited assistance including some education grants and medical coverage and very limited means-tested monthly financial assistance.

Faith-based organizations and other NGOs also offer some financial, healthcare, education and food support. *Refuge Egypt*, for example, gives fortnightly bags of food to pregnant women, TB sufferers and new arrivals in their main centre at All Saints Cathedral in and also in a poor shanty town area on the outskirts of Cairo, where many of the poorest forced migrants live.[19] At the time of fieldwork these food bags consisted of a bottle of oil, a packet of powdered milk and bags of sugar, rice, dried white beans and lentils. The staff at *Refuge Egypt* were looking into ways of possibly altering the food bags and adding perhaps more culturally appropriate or desired ingredients such as peanuts, honey or *tahena*.[20] Churches in other districts also distribute some food, and the children attending schools there are sometimes given lunch, usually *fuul* or *tameya*.[21]

Overall, these organizations have a minimal impact on the livelihoods of Sudanese refugees in Cairo (Grabska 2005). Several of the mothers living in Hadayek el Maadi said that the organizations were too far away, and that they

[18] For more information on RSD procedures see www.rsdwatch.org and Kagan 2002. Grabska reports that the UNHCR Cairo budget has decreased by 50% since 2000 (2005: 47-48). She notes that the budget decreased from $3.9 million (1996-8) to $2.2 million in the last 4 years.

[19] Because of limited resources, Refuge Egypt has unfortunately had to limit its assistance to those refugees who have only been in Cairo less than 2 years. The belief is that after that length of time, people will have found ways of taking care of themselves. Turnbull's research, which found poor nutritional indicators among children whose mothers have lived more than two years in Cairo challenges this assumption.

[20] Peanut butter has now replaced the white beans.

[21] The WFP runs several initiatives in Egypt, but most of these are focused on Egyptian rural development. Those programs based in urban areas do not at present include refugees.

could not afford to travel there. Others are ineligible for assistance for various reasons; some have been in Cairo more than two years and therefore cannot avail themselves of the services offered at *Refuge Egypt*, others are without UNHCR status and so on.

Informal support networks

In the absence of strong official systems of support, one of the most important strategies refugees use to counter marginalization, maximize opportunities and share limited resources is developing and maintaining their own networks among their compatriots. Employment and assistance opportunities are passed to friends and within community groups there is evidence of small-scale joint investment and community-based micro-loan schemes (Grabska 2005). Certain entrepreneurial individuals form links with Egyptian officials and administrators to their mutual profit, acting as a bridge between the Sudanese communities and the Egyptian bureaucratic system. Those who are able to secure work in an NGO or through the FMRS program become important links for communities to foreign volunteers and residents who sometimes facilitate work, monetary assistance or (it is hoped) access to resettlement either through direct intervention or assistance with filling out forms and so on. In addition, several groups have mobilized themselves to create their own community-based organizations, which offer services to refugees in more outlying areas and can be an effective way of securing resources through applications to donors. Networks operate at an international level also. Household members who are resettled are expected to send resources to those people they left behind in Cairo. In her study of livelihood strategies of Sudanese refugees in Cairo, Grabska found that several of her respondents relied wholly on remittances from friends or family members working abroad and that well over half received remittances of some description (Grabska 2005:67).

Newcomers are rapidly assimilated into established networks. Upon arrival in Cairo all of our participants were met by friends or relations with whom they stayed until they were able to secure their own living arrangements. During this time they were given advice on how to comport and provide for themselves and warned about difficulties *vis-à-vis* the host population. Part of this induction included warnings about foods which should be avoided. As a result, most people rapidly accumulated references and responses, without having learnt them through first hand experiences. For example, many participants explained that they did not like and would not eat *koshari* even though they had never tried it; they had been warned by other household members not to eat it. Such misinformation is repeated and reinforced within the community.

To cover the high price of rent and to maintain community links, most southern Sudanese share living accommodation and live in areas where other Sudanese live. Shared living arrangements and rapid assimilation into established networks has potential advantages and disadvantages relating to food consumption. It provides a safety net for those unable to secure a livelihood and some protection against the insecurity and instability of living in Cairo, and it also provides emotional support for individuals and families. However, it can create a situation where one breadwinner is responsible for as many as 8 people, and the stress and burden can be overwhelming. Overcrowding can lead to poor sanitation and rapid transmission of contagious disease such as tuberculosis or gastro infections

which can inhibit nutrient absorption. Data on the impact of poor living conditions on infection and illness and consequently nutritional health is very important but unfortunately beyond the scope of this study.

Freedom to move

Only one participant mentioned the issue of restricted movement as a primary concern in the FFQ survey; however, it was a recurring theme during discussions. Concerns around lack of freedom and movement encompassed disappointment at being unable to leave Cairo, frustration at the expense and dangers of moving around the streets of the city and also the sense of lethargy and weakness individuals described feeling in their own bodies.

Although some participants admitted that the quality of housing in Cairo was better than in Khartoum, when participants talked of their residence, the overwhelming feeling was one of being trapped and unable to move. The high-rise enclosed apartment blocks in Cairo stand in stark contrast to the communally structured low-built complexes, makeshift shelters and mud huts of South Sudan and Khartoum. Grabska notes that 'when asked about their first impression of their living situation in Egypt, Sudanese immediately refer to their feeling of 'being detained and constrained within their own apartments' due to insecurity and the need to share small spaces with a large number of people who are often strangers. When referring to their housing in Sudan refugees talk about their 'feeling of freedom to move around and living with family members.' (Grabska 2005:56-57).

Physiological Impacts of Restricted Movement

Lack of movement has direct impacts on health. Some men reported becoming weak and overweight as a result of being forced to stay indoors all the time. Others argued that they were remaining indoors and inactive because the poor quality of the food was making them lethargic and weak.[22]

Besta, 46
In Sudan you get up early, you sweep, you prepare food you feel happy so you are healthy and you are hungry - you keep working and eating. In Egypt it is the reverse - nowhere to move so people are idle - they get up at 12 or 1 and take tea. People sleep a lot because they are depressed.

Disrupted Sleep patterns

Lethargy, weakness and inactivity, combined with the feelings of despondency and depression, impact people's daily rhythm, and in particular their sleep patterns and mealtimes. Many Sudanese, including families with small children, stay awake until the early hours of the morning and than sleep through the day, skipping meals, or eating ad-hoc snacks as and when they wake up.

Visiting and receiving guests

The impact of restricted movement on social interaction and exchange was frequently raised as an issue. Over a third of research participants said that the cost and risks of moving around the city combined with complaints from landlords

[22] Restrictions on movement outside might also lead to rickets, the softening of bones caused by a lack of Vitamin D that can lead to deformities in children. Vitamin D can be absorbed through the skin from the suns rays and a probable cause of rickets among Sudanese children in Cairo is that for reasons of security, children often remain locked inside apartments while their parents are at work.

and neighbours had negatively impacted their social lives. Socializing, visiting and receiving guests is a central aspect of participants' daily lives and sociability: generosity and hospitability are key elements in narratives of Sudanese identity, both northern and southern.

Lucia *In Sudanese culture you share when you have little, I feel for my brother, I cannot leave him tired, outside. I have to bring him in and give him something… selfish people are very much hated.*

It is expected that individuals and families visit friends and acquaintances regularly, and particularly at times of illness, death or birth. Guests must be welcomed at any time of the day or night, with refreshments, tea and food if possible. Failure to visit on significant occasions or to welcome a guest can incur severe social sanctions and those who are labelled and talked of as 'selfish' or 'unsociable' may find themselves excluded from these cycles of visits and visiting.

The consequences of such exclusion can be significant. Visits establish, consolidate and maintain links and networks and represent a mechanism for informally sharing resources and fulfilling material needs when individuals or families face difficulties. Participants also emphasized the importance of socializing as a means of emotional support in Cairo. A number of participants complained that when they found themselves alone, they were unable to eat—bringing groups to cook and eat together is an important way of increasing or 'opening' the appetite of those who feel depressed and frustrated in Egypt.

Daniel *When people come you provide for them whatever you can, as you would in Sudan…. In Sudan people can come at any time and surprise you and you have to hurry and make something – or people will say you are not good – you are not giving. If you call before to tell people you are coming, then food is prepared. Here, some people are beginning to become more western. It is common for people to telephone before they come. It is necessary to call for security reasons. Movement can be dangerous although it is better now than it used to be. They used to round people up and arrest them, there was trouble on the streets, stone throwing, but things are improving.*

Tombei *we are not brought up to an individual way of life, we are brought up collectively…*

Deng
There are people with financial problems who will ask me and my housemates to lend them money - but at the end of the month we will be paid back. We never ask for the money back but it is up to the person to think of paying it back. Sometimes because of financial problems people cannot return the money - we never ask for it though because these things move like a wheel. One day I might need help.

Although the importance and necessity of hospitability and generosity was repeatedly asserted during discussions, not all individuals are able or willing to fully meet their social obligations and most prioritize support for their own tribe or affiliated groups. The structures of refugee status processes and resettlement opportunities in Cairo prioritize individuals and their immediate family (based on a western model of the family) in a way that runs counter to communal values and resource-sharing. In one case a young man admitted to avoiding visiting a family he knew who had just had a baby, because he would be expected to offer some money and he had none.

Systems of social organization that rely on informal rules of social etiquette and high expectation of hospitality are also liable to be taken advantage of by certain people, particularly in a context of displacement in a large city where the actions of individuals become less visible and where community disapproval and sanctions are more convoluted and fragmented and therefore less powerful.

Sudanese households in Cairo sometimes find themselves supporting uninvited 'guests' for several months. Although on the one hand most people say they are happy to receive visitors and asking a guest to leave or contribute to household expenses or chores is considered unthinkable, they can represent a considerable burden both in terms of resources and energy.

Working arrangements

Many of the women who participated in the research expressed concern about their children's health and feeding. Common complaints were refusal to eat, allergies and poor growth rates. One participant explained that 'the health of the children depends on the mother. If she is working she must prepare breakfast for her children before she goes and then in the evening prepare food again. If she is a mother she should not take a job where she stays away from the house all week.'

In Khartoum and in Cairo, it is easier for women to find work as domestic workers for foreigners and Egyptians (Ahmed 2003; Lejukole 2003). Many female participants expressed anxiety and guilt about leaving their young children in the care of elder siblings or their husbands.

Theresa, 42

Mothers are very worried – especially when the father is left in charge of the feeding. The fathers often just give the children money to go and buy chips and chocolate if they are hungry. My own daughter [now six months old] would not take milk before I left for work and I would not return until 3, which meant the child would not feed all day. This was very worrying for me. And I think that this is bad not only for the child's health but also causes psychological problems…. I am worried that this causes psychological harm as well as harm to the baby's health.

… Mothers are very worried about their children's health because of the food here and also some are working up to late hours and men cannot feed children like mothers, who are always patient in what they are doing… Many women are staying in the work place and come home once a month. Staying away for such long times affects the children because their fathers cannot do things like mothers do.

Mothers worry that their husbands are unable to feed the children adequately and that children's immediate health will suffer. Theresa (quoted above) was also concerned about the longer-term consequences on the mental health and happiness of her child. She felt distressed that her failure to fulfil her role as food-giver could have such far-reaching consequences. While many fathers are taking on the role of caregiver, they do not necessarily assume responsibility for their children's upbringing. Statements like 'fathers cannot do things like mothers do' are likely to reinforce this attitude in both parents. Male participants who had become care-givers expressed a variety of attitudes towards their new role. Some felt ashamed and resentful, others accepted it as part of the perverse order of life in Cairo. All regarded it as a temporary arrangement that would be reversed after resettlement.

Exhaustion and long working hours

Anxiety about the health and psychological welfare of their children are not the only problems faced by working mothers in Cairo. They themselves often suffer from chronic hunger and under-nourishment. Many women work extremely long hours and are required to live at their place of work. More than half (38) of participants who were working said they were given no form of food at work and had the choice of going hungry or buying themselves sandwiches using their own money.

Two women participating in a focus group discussion in Hadayek el Maadi said they were worried about their husbands who were becoming weak and ill. Their husbands were working as drivers and would begin work at 6.30 am and finish at midnight. By the time they reached home, it might be one or two in the morning, and they would be too exhausted to eat anything. One of the men was given one *fuul* sandwich, while the other sustained himself on sweetened tea only. Being employed, and hence out of the home, may in fact put the breadwinner at more risk of malnutrition than the unemployed members of his or her household.

The importance of appetite and the detrimental effects of 'psychological problems'

Ellen Messer has suggested that 'unwillingness to eat and lack of appetite and occasional over-indulgence are signs of illness [and] restoration of "normal" appetite is the sign of renewed health state.' (Pelto *et al*: 1989). Sixteen survey respondents said that their primary concerns were not the difficulties of procuring food, but the loss of appetite and desire to eat brought about by what is most commonly termed 'psychological problems'. Loss of appetite due to 'psychological problems' was usually articulated by men or about men. Women also suffered from loss of appetite but tended to explain it as distaste for the food.

The notion of 'psychological problems' was explained variously as depression, anxiety, frustration, homesickness or a mixture of all these. One participant described it as 'not studying, not doing anything, drinking alcohol to stop yourself thinking…'. Another explained that it meant 'worrying about friends and family in Sudan'. Loss of appetite is understood as symptomatic of 'psychological problems'. This is often expressed as the inevitable result of being where they should not be, as being out of place. One young woman, just graduated from Khartoum University and working as a cleaner in one of the richer suburbs of Cairo put it thus: 'Of course I cannot eat here, when I am not doing what I should be doing… when I am active I am hungry. Not here'.

To stimulate appetite, people try to prepare traditional 'village' foods (in particular *aseedah*) and organize social gatherings where friends encourage one another to eat. However, these strategies are hindered by some ingredients being unavailable and by the lack of time and resources necessary to prepare 'village' foods,[23] as well as the difficulties of holding regular social gatherings.

Michael, 34
People think of travelling not of health; people know the problems but they cannot do anything. They are just surrendering, submitting to the situation because they have nothing to do. Health is 'not a priority. People are not aiming for Egypt. It is a station, we are just passing through.

Transition and limbo

Disappointment at being unable to travel to the West was repeatedly given as a cause of the onset of 'psychological problems'. Most refugees in Cairo hope to be resettled in the West, but only a small proportion are actually found eligible for resettlement. As people struggle to find livelihoods and opportunities in Cairo, even those who had not in the beginning wished to travel abroad increasingly see resettlement as the only solution to their problems. Almost all participants considered their time in Cairo short-term and temporary. All but four said they were planning to leave Cairo within the next 5 years either

[23] For further discussion of some of these factors, see Working Paper No.8 Part One, 2007.

through resettlement, or else by eventually returning to Sudan.

It can take years before all possible avenues for resettlement have been exhausted and many people remain suspended in anticipation of departure for long periods of time. Some of our participants have lived in Cairo for more than 10 years but still consider their stay temporary (Coker 2004, Grabska 2005). This sense of transience *vis-à-vis* their time in Cairo, the feeling that life is simply on hold, that Cairo is a 'station' through which people are 'just passing' pervades all actions and decisions. It is likely to reinforce resistance to integration and prevent people from investing seriously in their new environment. Some cease to care about their day-to-day patterns—what they eat, when they sleep and so on. Most focus on avoiding immediate danger such as sickness, trying to preserve or save resources and planning what they will do once they leave Egypt.

One important consideration for assistance providers should be the extent to which people themselves prioritize long-term health in general and long-term nutritional health in particular when they are making decisions about daily life. Advocacy on the harmful impact of poor nutrition, particularly among infants and young children, even in the short or medium term, should be a priority.

Vivian, late 30s
I keep myself together but other members of my family – especially the men – get very depressed and lose their appetite…. nothing could open the appetite except moving abroad. Then I will feel good. I suffer often from exhaustion, which reduces my appetite, but chemicals and tastelessness do not affect me, though it does lots of others. The only thing which I think might help is leaving the country. That is all.

Deng, 22
I don't really care about food, it is just a question of surviving and staying alive until I get to America. When I first arrived I remember not at all liking the food, but now I have gotten used to it.

Reported illnesses

Participants identified a number of physical ailments which they felt was caused by the food they were *consuming*, as opposed to that which was lacking from their diets. Over a third of participants said that they felt that their bodies were negatively affected by food in Cairo. Table 2 shows the sicknesses described:

Table 2

Description of feeling	No. Respondents
Burning	2
Constipation	2
Hunger	1
Itchiness	11
Pain	3
Digestive problems	5
Psychological Problems	1
Stomach problems	12
Vomiting	4
Weakness	3
Weight Gain	4
Weight Loss	1
Total No. Respondents	**49**

These conditions may not be, or may only partly be linked to consumption of food. Constipation and vomiting are also linked to feelings of stress and depression, for instance, and the itchiness of which many (mainly) women complained and which is thought to be indicative of food allergies, may be caused or exacerbated by other factors such as air pollution, or stress.

The risks participants prioritized when selecting their diets are discussed at length in the following section. However, it is important to note that through various processes of self or community diagnosis, our participants associate these feelings and ill effects with the food they are eating and therefore organize their diet in response to these feelings. Many of the food selection decisions made by participants are made in response to these complaints. These are the discomforts that refugees are experiencing and with which they are concerned. It is important that any intervention or educative program begin by understanding these complaints.

4. CONSTRUCTIONS OF RISK AND RESPONSES TO DANGER

Peter, early forties
In Egypt medicine is put into the food to stop people reproducing - this is upsetting because for the Sudanese having lots of children is very important. Everyone knows this and there is evidence. Those cultivating put in pesticides and that is when those medicines would be added. This happens because Egyptians are deceitful. In Sudan we can see the foods, where they come from, here there is an obsession with money. In Sudan - especially in the South - if you had no money you could still go out to what you cultivate and have something to eat. In Cairo if you have no money you can do nothing.

Fischler has suggested that when we eat we 'incorporate' a food in both biochemical and ideological terms and that the process can therefore be perceived to carry multiple risks (Fischler 1988). Peter's comments evoke the sense of suspicion and unease with which research participants regard consuming food in Cairo and capture many strands of the narratives that emerged during discussions concerning the risks associated with eating food in the city. Peter and other refugees' suspicions are heightened by their sense of exclusion from the food production process. The perceived risk of reduced fertility, in particular, threatens the very core of Sudanese society, and is embedded in narratives of exclusion, insecurity and threat to the 'community' and social networks.

People's own constructions of risk, are often ignored or poorly understood by policy makers (Nathanson 1996). Yet fears of adverse affects such as infertility can have significant impacts on the food selection and consumption decisions of individuals, regardless of whether or not the risks have actually been proven.

Like many groups of displaced people, southern Sudanese refugees in Cairo find themselves in an unfamiliar and potentially unsafe environment in which they often feel threatened from many sides. It is sometimes assumed that increased impoverishment and vulnerability renders people more willing to adapt and less discriminate about their food consumption. We did not find this to be the case. The majority of our research participants were extremely fearful of and careful about which foods they consume, despite living in difficult circumstances and within a very restricted budget. Their concern about the quality of the food they were eating seemed heightened rather than diminished by the difficulties of their circumstances.

Nathanson argues that there are three essential elements of risk construction in public health: the existence (or perhaps lack) of groups or individuals to 'define and describe' risks; narratives of the cause of risks and judgments about who is vulnerable to risk and why. During discussions, we attempted to explore these elements by asking participants to explain the types of risks they face, the possible causes of these dangers and the nature of these causes (malign, accidental and so on). We also asked them to consider who was most vulnerable to these potential dangers. We attempted to get a sense of where people were hearing about risks associated with food and upon which information or authority risk assessments were formed. Participants would often share with us the kinds of strategies they use to counter or mitigate the risks they have identified. These strategies can offer concrete beginnings upon which policy makers could and

should build. They can also represent another axis of risk; the actions people take in response to dangers they themselves have identified can lead to behaviour which in fact places them at further risk of health problems.

What kinds of dangers do people fear?

Most participants worried about the quality of foods and the risks of ingesting them. Dangers associated with eating the foods in Cairo were perceived to operate at many levels; the individual body, the individual mind, the family, the tribe and the wider southern Sudanese population, and in the long and short term. Participants reported that the food in Cairo causes the following:

- **Illness:** many participants complained that their bodies, or the bodies of their children or spouses, were suffering ill effects as a result of ingesting the food in Cairo. Short-term problems, such as itchiness, stomach problems, burning sensations in throats and intestines, were linked to specific foods such as fish, eggs and dairy products. Long-term problems such as cancer or weakness were blamed on the poor quality of the food in general (see **Table 1**).
- **Loss of Fertility:** a repeatedly expressed fear was loss of fertility as a result of eating certain foods. People expressed their concern for this at both an individual and a communal level: individual failure to have children was linked to collective failure to propagate the culture and population.
- **Loss of appetite/never feeling satisfied:** as a result of 'psychological problems' and the tastelessness of the food.
- **Personality Change:** one participant asserted that people feared taking on the more negative characteristics of Egyptians as a result of eating 'their' food. Another explained that Sudanese men who 'marry Egyptian women and start eating Egyptian food become far from us'.
- **Loss of tradition and culture—forgetting:** several participants were concerned that their children would grow up not knowing how to prepare traditional foods. One participant warned that one must be careful not to 'dissolve' into Egyptian culture. He explained that by 'dissolve' he meant 'to forget your culture, you become Egyptian'. Most participants wished to leave Egypt and perceived the affiliative or integrative connotations of sharing food with or eating the same foods as Egyptians as undesirable, even dangerous.

> …koshari *is not good, it is not clean and southerners are not used to it. It is the reason why Egyptians are like paper, they have water in their bodies from the food…*
>
> *…we are all poisoned. Egyptians are ok, they do complain about chemicals, but they are used to it. One of the problems is that Egyptians do not* 'aseedah, *which is what makes you strong.*

> *Children start refusing milk after just a few months, because they can taste the chemicals.*

Micheal, 45

Because of fertilizers the vegetables taste different – the mulokhia *is not really* khodura*, it has a different consistency, smell and taste. Egyptians are advanced in some things but when it comes to food they are backwards – Egyptian don't care about health.*

America is an advanced country and I am sure the food is clean and healthy. There is one thing that affects the Sudanese here – they fear that the food is full of chemicals, but in America or Australia, things are healthy and clean. (He is also concerned that) the meat grows too fast and cooks too fast. Sometimes people say kofta etc. is not real meat – (he does not know what they think it is.)… I buy fresh meat, not frozen because I do not know what it is….In Sudan tomatoes are safe. You can eat them from the ground. In Egypt I have to take the skins off before I eat them.

I have heard rumours from other Sudanese people about (long life) *milk. That they put the chemical to preserve dead people in it.*

What are the perceived causes of these dangers?

Much of our discussion focused on people's explanations of the adverse affects they were experiencing when consuming food in Cairo. Participants had a clear sense of why the foods in Cairo were affecting them in negative ways, and widespread and consistent causal narratives emerged from discussions. The prevailing causal narrative concerned contamination and corruption of food in Egypt. 'Artificial' and 'chemical' foods in Cairo were repeatedly contrasted to 'pure' and 'clean' foods in Sudan. Several kinds of contamination and corruption were described:

- Participants expressed **suspicion about the origins of the foods** they were buying at the market, particularly meat products. Several participants worried that donkey or camel meat is substituted for beef. Two women had bought slabs of cheap frozen meat from butchers before, but most were suspicious of it. There are rumours that it is several years old and that it could be beef from BSE-infected cows sent over from Europe. Suspicion of meat products was linked to being unable to see the animal or be involved with its rearing.
- Participants were also concerned with the **poor hygiene in the preparation and serving of food** (particularly from street stalls).
- Participants were worried about the **chemicals** in the food. This was the most commonly cited problem with the quality of the food, and was a source of much anxiety.

Vivian, late 30s
The main rumours we hear concern chemicals… The Egyptian government is trying to reduce the population by introducing family planning measures…. There is a lot of resistance to this among the population so the government is putting chemicals in the food to try to reduce fertility.

Lucy, 25
Chickens are grown using strange medicines. I believes all of this because the chickens and rabbits that I see in the shops just stay there, standing still. In Sudan you have to run after a chicken to catch it.

- According to participants, chemicals enter the food in different ways, either through fertilizers and pesticides used to make the foods grow; as additives and preservatives to improve the foods' appearance or preserve it; or else as part of a systematic policy to affect the population (usually by reducing fertility), as Peter described. Certain foods were perceived to be particularly affected by chemicals, including meat and dairy products, especially milk, and fruit.

Who is vulnerable to risks?

It was generally felt that every person living in Cairo is at risk of being harmed by the food. Participants did not feel personally targeted, although they did feel that they were more likely to be harmed because they are not as used to the chemicals as Egyptians. Two male participants said that their wives were more affected than men. However, others disagreed. It was strongly felt that if you could afford to buy more expensive products you were less at risk—however, it was observed during meetings where food was prepared that certain participants

were reluctant to consume beef bought from even the most expensive supermarket, even when they themselves prepared it.

Who is identifying and describing risks?

As Nathanson points out, the 'credibility of medicine and science is not a given'. Many participants were suspicious of Egyptian doctors. Several rumours about doctors and hospitals misdiagnosing, over-charging and stealing vital organs from patients in Cairo have been documented and these were repeated during our discussions (Coker 2004). Doctors do not always know which foods are familiar or affordable to southern Sudanese patients. One Dinka man who had gone to visit a doctor out of concern for his 11-year-old daughter who is very weak and lethargic and suffers frequent headaches was told to feed her red meat and milk. He dismissed the advice and said 'these are not refugee foods', but had not brought up this problem, or discussed alternatives with the doctor.

There is very little official nutritional and health information available to southern Sudanese in Cairo. *Refuge Egypt* have started short nutrition education sessions which are conducted weekly to those waiting for their check up and a mobile well-baby clinic has recently been established to monitor the nutritional health and feeding patterns of infants and offer advice to new monthers.. However, these can reach only a limited number of people.

Joseph, mid 40s
Sometimes there is food and sometimes there is no food. I am not strong. I feel weak. I suffer from stomach problems. Last year I had to have water pumped from my chest. People say this is because of the cold and because of imbalance in the food.

Participants therefore rely on themselves and those immediately around them to assess the quality of foods, and explain food-related problems. When asked how they got information about problems with the foods most people replied that either they could tell from the appearance and taste of the food, or else that they had been told by other Sudanese who had spent more time in Cairo (and more occasionally Egyptians). Information spreads through informal channels as soon as people arrive in Cairo and diagnoses—and misdiagnoses—are passed on and repeated. Of our 62 discussion participants, more than a third mentioned that they thought they or their child may be allergic to eggs or fish, and suffered rashes and itchiness when they ate them. Others knew family members or friends who suffered the same problem. Not one had had this diagnoses checked by a doctor.

Strategies for Mitigating Danger

Participants explained that concerns about the potentially harmful effects of the contaminated and corrupted food in Cairo influences their selection and consumption of food. Most had developed strategies to mitigate the threats posed by ingesting foods; these play a significant part in dietary decisions and therefore could impact nutritional health. Four main types of strategy emerged from discussion: avoiding risky food, replacing missing foods, combating the harmful elements in the food or ignoring the risks.

Jane, 22
My son developed a rash 6 months ago. It is either from milk, eggs or meat, so I am making sure he does not eat any of these…

Avoiding risky foods:
Many participants had made the decision not to eat or prepare foods that they felt may be

harmful. This course of action could have negative impacts on nutritional health, particularly because many of the foods regarded as most harmful, such as eggs and fish, are very important sources of nutrients.

Combating risks:
Participants reported trying to rid the food of chemicals by washing fruit and vegetables thoroughly, usually with soap, washing powder or bleach, preparing foods in the 'Sudanese system' (which serves the dual purpose of combating problems with the foods and stimulating the appetite) and using certain ingredients thought to burn out chemicals, in particular '*kombo*'.

Replacing missing ingredients:
Eighty-four respondents said that they replace certain ingredients with ingredients available in Cairo. Most common substitute food items were *tahena* (sesame paste) which replaced Sudanese peanut and sesame pastes and spinach, which replaced the green leafy vegetables usually used in stews. The introduction of these foods into the diet, in particular spinach is encouraging from the nutritional health perspective. Some discussion participants, however, reported giving increased amounts of crisps, biscuits and soft drinks to children in the absence of more traditional porridges.[24] Several participants choose to buy ingredients from Sudanese traders in order to replicate as closely as possible their traditional cooked 'village' food. Ingredients bought from traders include dried or salted fish and meat, powdered okra, peanut paste, sesame oil, mud from the Nile in Sudan (very popular among pregnant women) and a variety of spices.

Ignoring risks:
Only a tiny minority of participants claimed that they took no action to try to limit the risks associated with ingesting the food in Cairo. These people normally felt either that they have no power to change their situation or that they would begin addressing health problems after resettlement. The majority were more concerned with avoiding short-term illness only, however, explaining that they would address longer-term health issues once they had left Egypt.

Table 3 summarizes the ways in which people suggested that the problems associated with feeding and diet might be addressed. The responses indicate several avenues for policy makers or assistance providers. There were repeated requests for improved information and education about issues of food and health. The kinds of information requested related to the specific concerns of participants, such as chemicals in the foods, loss of appetite and seeking trustworthy medical care. Once fieldwork was completed we conducted several follow up workshops with a number of men and women living in the Hadayek el Maadi area, which looked at these more specific concerns.

[24] There was considerable variation between participants concerning their understanding of the nutritional value of foods. One mother expressed concern that fathers tended to give their children high-sugar snacks instead of preparing cooked food. Another, however, was worried that her child did not like to eat snack foods, and that he would not become fat.

Table 3	
Suggestion	**Number of Respondents**
Employment	10
Education about feeding	8
UNHCR and/or international organizations should give assistance	6
Leave the country	17
Nothing to do/no change possible	4
Trust in God	2
Seek medical advice	4
Increase income	2
Remove chemicals from food	1
Find peace	3
Avoid certain foods	6
Research	2

5. COMMENTS AND CONCLUDING REMARKS

This study has yielded information about the obstacles and risk factors which bound and limit refugees' dietary options and shape their consumption decisions, and narratives of risk and danger which are likely to influence food selection decisions. It is worth noting that while lack of income is a significant concern for most participants, it was not always their primary focus. Other forms of impoverishment were also significant, in particular loss of social support and changing living and working conditions. The importance of appetite and desire to eat emerged as a significant theme, emphasizing how closely food and eating are intertwined with psychosocial as well as socio-economic processes. The causal link—perceived or otherwise—between certain foods and illness must also be taken into account: often refugees would avoid foods they felt were causing or exacerbating physical ailments.

The extent to which narratives of risk assessment and danger affect actual food selection and consumption is difficult to quantify. However, given the consistency and repetitiveness with which the themes outlined above emerged during our discussions, it can be inferred that they have some influence on how refugees construct their diets. The assessment and response to risks associated with consuming foods may themselves be considered a risk-factor: they trigger or encourage certain decisions and courses of action which could potentially have harmful effects on nutritional health.

The prevailing theme that emerged from discussions was one of the perceived contamination and corruption of the food in Egypt, in contrast to the purity of the food in Sudan. Views about the potentially harmful affects of this contamination varied—some participants simply felt it spoiled the taste of the food, others were fearful that they may become sick or even infertile. The narrowing and homogenisation of the diet observed during the food intake survey may be partially explained by the mistrust of Egyptian foods, which is continuously reinforced by information circulating within the Sudanese communities in Cairo.

Findings suggested that fears about the potential damaging effects of foods lead people to avoid certain foods and resist experimentation. There is a clear process of appraisal and assessment of risks associated with food in Cairo; perceived risks are articulated and passed on to friends, neighbours and new arrivals. Because the vast majority of our research participants regarded their time in Cairo as temporary, their primary concern was avoiding illness in the short term and food selection decisions did not prioritize long term nutritional health, which some said they would invest in after resettlement. Overall, our study has found that although most of our participants had very insecure livelihoods, and often live from day-to-day prioritizing short term needs, the food consumption of southern Sudanese in Cairo is not haphazard and random, but based on a number of reasoned decisions that people make within the context and constraints of their daily lives.

Knowledge of the narratives of risk can point to issues that may require further medical research and may help doctors to consider the likelihood of patients adhering to their advice or believing their diagnoses. It also represents an area in which non-governmental agencies may be able to offer effective and inexpensive

help. The follow up workshops addressing some of the questions raised by participants during research, in Hadayek el Maadi were well-attended.

For the researcher

Several general and specific issues and questions arose during this exploratory research which merit further study by nutritionists and social scientists. The ways in which social networks manifest themselves among southern Sudanese (and other displaced groups) in Cairo are extremely important and should be a central part of research in this field, as should the perceptions and realities of temporariness and the consequent short- verses long-term responses. The complexity of the urban environment and the multiplicity of factors affecting behaviour can be overwhelming, but engaging and documenting how the city environment (the housing space, the sense of insecurity on the streets, the modes of transport and so on) shapes people's decisions and actions is crucial. This requires longer term research than most policy-makers are able to sustain.

More specific questions which might be of interest to researchers include:

- Comparison with the host society: Observation suggests that there is substantial overlap between the perception of Egyptian and refugee communities, and that a similar narrative around purity and contamination is emerging among Egyptian communities who feel that the quality of food has deteriorated over time.
- The issue of information and knowledge and how it is accessed and formed is very important in contexts of self-settled forced migration, where, as Coker (2004) suggests the terrain must be 'relearned': this 'relearning' process might be explored as it applies to aspects of daily life apart from diet.
- Examination of other groups within the Sudanese communities: Our study focused only on adults and it would be interesting to document the views of, for instance, children and younger people.
- Other specific nutrition-related complaints: cases of rickets should be investigated. It would also be useful to look into the many cases of allergies to fish and eggs, to establish whether this diagnosis is correct.

For the policy maker

In urban contexts where refugees are mobile, self-reliant and poorly visible and the relief camp model of food distribution is not a viable option, the importance of engaging with the decisions and actions of people is paramount. Gittelsohn *et al* have emphasized that 'it is crucial to know the most salient systems of food classifications, food proscriptions and prescriptions, the system of valuation of people and how this is implemented in a given setting …it is important also to understand that these rules are part of a dynamic process. We need to learn how to take this process into account in our planning,' (2003). It may be a waste of time and resources to plan programs which do not address the problems, or take into account the fears of the people themselves. The challenges of the urban environment, the limited resources of international agencies and the Egyptian authorities' prioritization of their own citizens can seem insurmountable and,

perhaps as a result, very few initiatives have been put in place to address the food needs and nutrition problems of refugees in Cairo.

One effective and inexpensive way in which to intervene would be to offer a forum in which information about health and feeding is exchanged. Wider issues regarding the relation between stress, depression, fertility, energy levels and feeding should also be discussed. Four workshops we carried out in Hadayek el Maadi attempted to do this, and were well-received.

Discussions demonstrated how much food and eating are intertwined and embedded in all aspects of daily life. This underlines the usefulness of integrating issues of feeding and nutrition health into programs and policies which aim to address different kinds of needs. The 'school lunches' approach is a good example of integrating nutrition and other health considerations into wider programs with different overall objectives. Other initiatives should also take into consideration potential impacts on feeding. For instance, income generating projects or programs assisting people to find employment should also offer advice on how to manage feeding of babies, infants and children around working hours (such as using breast pumps). The links between personal and social wellbeing, appetite, eating and community solidarity and identity might also be used as a central part of community building and psycho-social support interventions.

Finally, forced displacement to Khartoum and Cairo upsets and transforms family structures and the roles of individuals in the households. For this reason interventions must aim to work with the entire household, including fathers and children themselves.

The research found that the constructions of risk emerging from the experience of urban displacement have affected people's feeding decisions, and that medical or nutrition experts do not have the monopoly on what is interpreted as an adverse affect or a risk. Discussions confirmed that food selection decisions are not always based on availability, affordability or nutritional value. Efforts to understand the real limits of people's options and the many factors behind people's decisions and actions should be the starting point for responses to refugee health problems, and nutritional health must be assessed within its social context.

Appendix 1: Demographics of Sample

1. Age of Respondents

18-25 years	19
26-30 years	28
31-35 years	31
36-40 years	30
41-45 years	14
46-55 years	8
Over 55 years	1

2. Sex of Respondents

Female	66
Male	65

3. Religion of Respondents

Christian	126
Muslim	5

4. Marital Status of Respondents

Single	27
Married – partner in Cairo	86
Married – partner not in Cairo	13
Divorced	3
Widowed	2

5. Occupation in Sudan

Tradesman (carpenters, electricians, drillers)	9
Commercial enterprise (traders, services)	5
Public Sector/government administrative workers	14
Police/ army	3
Teacher	10
Professional (Accountant, doctor etc.)	6
Housewife	5
Student	51
Nursing or relief work	5
Unskilled Labour	2
Agricultural	4
Unemployed	3
High Level Official	2
(No Answer)	11

6. Status with UNHCR

Not yet registered with UNHCR	7
Registered with UNHCR (yellow card)	10
Granted Refugee Status	79
Rejected and waiting for appeal	11
Closed File	24

7. Work Status

Not Working	53
Full time employment	44
Part-time employment	34

REFERENCES AND OTHER SOURCES

Affifi W. (2005). "Revisiting Weapons of the Weak: Refugee Cheating and Implementing an Education Grant Programme in Cairo," *unpublished paper*.

Ahmed A.U., Bouis H.E., Gutner T., Löfgren H. (2001). "The Egyptian Food Subsidy System: Structure, Performance and Options for Reform," *Research Report*, International Food Policy Research Institute, (http://www.ifpri.org/pubs/abstract/119/rr119.pdf).

Ahmed, A. (2003). "Gender, Forced Migration and Paid Domestic Work: Case studies on refugee women domestic workers in Cairo," *MA Thesis,* Dept. of Anthropology, American University in Cairo

Al-Sharmani M. (2003). "Livelihood and Identity Constructions of Somali Refugees in Cairo,"*Working Paper*, Forced Migration and Refugee Studies Program, The American University in Cairo.

Appadurai A. (1981). "Gastro Politics in Hindu South Asia," American Ethnologist, 8:494-511.

Azzam F., FMRS Researchers (2006). *A Tragedy of Failures and False Expectations: Report on the Events Surrounding the Three month Sitin and Forced Removal of Sudanese Refugees in Cairo, September–December 2005,* Research Report, Forced Migration and Refugee Studies Program, American University in Cairo.

Bekker G. (2002). *Report on the Situation of IDPs and Refugees in Northern Sudan: Findings of an exploratory study.* Research Report, Dept. of Anthropology, American University in Cairo.

Bichard A., Coker E., Nannipieri A., Lejukole J. (2003). *Health Education for Urban Refugees in Cairo.* Research Report, Forced Migration and Refugee Studies Program, American University in Cairo.

Bourdieu P. (1984) [1979]. Distinction: *A Social Critique of the Judgement of Taste,* Trans. R Nice, Routledge, London.

Burns C. (2004). "Effect of Migration on Food Habits of Somali Women Living As Refugees in Australia," *Ecology of Food and Nutrition*, 43:213-29.

Burr M. (1998), "Quantifying Genocide in Southern Sudan and the Nuba Mountains, 1983-1998," Report, U.S. Committee for Refugees.

Cameron M.E., Van Staveren W. (eds.)(1988). Manual of Methods for Food Consumption Studies,Oxford University Press.

Cernea M.C.M., Mcdowell C. (eds.) (2000). Risks and Reconstruction: Experiences of Resettlers and Refugees. World Bank Publication, Washington.

Cernea M.C.M. (1997). "The Risks and Reconstruction Model for Resettling Displaced Populations," *World Development*, 25 (10): 1569-1588.

Coker E.M. (2004). "Traveling pains": Embodied metaphors of suffering among Southern Sudanese Refugees in Cairo," *Culture, Medicine and Psychiatry*, 28:15-39.

Crisp J. (2003). "No solutions in sight: the problem of protracted refugee situations in Africa," *New Issues in Refugee Research,* UNHCR.

Curley, B. (2003). "Aragi: an Ethnography of Sudanese Displacement," *MA Thesis*, Dept. of Anthropology, American University in Cairo.

Douglas M. (1966). *Purity and Danger: an analysis of concepts of pollution and taboo*, Routledge.

Egyptian Demographic Health Survey (2000). (Arab republic of Egypt: Ministry of Health and Population, National Population Council).

El-Abed O. (2003). "Palestinian Livelihoods in Egypt—Executive Summary" *Working Paper*, Forced Migration and Refugee Studies Program, American University in Cairo.

Firth R. (1934). "The sociological study of native diet," *Africa* 7, 4:401-414.

Fischler C. (1988). "Food, Self and Identity," *Social Science Information*, 27(2):275-93.

FMRS (2003). *Research on Refugees in Urban Settings: Methods and Ethics,* Workshop Report, Forced Migration and Refugee Studies Program, The American University in Cairo.

Galal O.M. (2002). "The nutrition transition in Egypt: obesity, undernutrition and the food consumption context," School of Public Health, University of California.

Gittelsohn J., Vastine A.E. (2003). "Sociocultural and Household Factors Impacting on the Selection, Allocation and Consumption of Animal Source Foods: Current Knowledge and Application," *Journal of Nutrition*, 133:4036S-4041S.

Goody J. (1982). *Cooking Cuisine and Class: A study in Comparative Sociology,* Cambridge University Press.

Grabska K. (2005). "Living on the Margins: the Analysis of the Livelihood Strategies of Sudanese Refugees with Closed Files in Egypt," *Working Paper*, Forced Migration and Refugee Studies Program, American University in Cairo.

Hansch S. (1992). "Diet and ration consumption in central American camps," *Journal of Refugees Studies,* 5(3/4):300-312.

Harrell-Bond B., Voutira E., Leopold M. (1992). "Counting the Refugees: Gifts, Givers, Patrons and Clients," *Journal of Refugee Studies,* 5(3/4):205-225.

Hassan-Wassef H. (2004). "Food habits of the Egyptians: newly emerging trends," *Eastern Mediterranean Health Journal,* 10(6):898-915.

Hathaway J. (1991). "Reconceiving Refugee Law as Human Rights Protection," *Journal of Refugee Studies*, 4(2):113-131.

Henry C.J.K., Seaman J. (1992). "The micronutrient fortification of refugee rations to prevent nutritional deficiencies in refugee diets," *Journal of Refugee Studies*, 5(3/4):359-367.

Hubert A. (1997). "Choices of Food and Cuisine in the Concept of Social Space among the Yao of Thailand," in *Food Preferences and Taste: continuity and change*, H Macbeth (ed), 167-174, Berghahn.

Kagan M. (2002). "Assessment of Refugee Status Determination Procedure at UNHCR's Cairo Office 2001-2002," *Working Paper*, Forced Migration and Refugee Studies Program, American University in Cairo.

Kalka I. (1988). "The changing food habits of Gujaratis in Britain," *Journal of Human Nutrition and Dietetics*, (1):329-335.

Keen D. (1992). *Refugees: Rationing the Right to Life: The Crisis in Emergency Relief,* Zed Press, London, New Jersey.

Kent G. (2004). "Refugees' Human Right to Adequate Food" (Draft).

Kibreab G. (1996). "Eritrean and Ethiopian Refugees in Khartoum: What the Eye Refuses to See," *African Studies Review*, 39(3): 131-78.

Lejukole J. (2000). "Changes in Family Gender Roles Among The Southern Sudanese Refugee Families in Cairo," *MA Thesis*, Dept. of Anthropology, American University in Cairo.

Macchiavello M. (2003). "Forced Migrants as an Under-Utilized Asset: Refugees Skills, Livelihoods and Achievements in Kampala, Uganda," *New Issues in Refugee Research*, UNHCR.

Majak D. (2000). "Rape of Nature: Environmental Destruction and Ethnic Cleansing in the White Nile Basin," *White Nile Black Blood: War, Leadership, and Ethnicity From Khartoum to Kampala*, 39-54, Red Sea Press.

Malkki L. (1995). *Purity and Exile: Violence, Memory, and National Cosmology among Hutu Refugees in Tanzania*, University of Chicago Press.

Marsden P. (1992). "Afghans in Pakistan – Why Rations Decline," *Journal of Refugee Studies,* 5(3/4):289-299.

Maxwell L., El-Hilaly A. (2004). "Separated Refugee Children in Cairo: A Right-Based Analysis," *Working Paper*, Forced Migration and Refugee Studies Program, American University in Cairo.

Mead M. (1970). "The Changing Significance of Food," *American Scientist*, 58 (March-April):176-181.

Mehta L., Gupte J. (2003). "Whose Needs are Right? Refugees, Oustees and the Challenges of Rights-Based Approaches in Forced Migration," *Working Paper,* Institute of Development Studies, Sussex.

Meigs A. (1988). "Food as a cultural construction," *Food and Foodways*, 2(4): 341.

Mitchell C. (2005). "Deciding Who Eats: The Politics of Food Aid in Refugee Camps," October Seminar, Forced Migration and Refugee Studies Program, American University in Cairo.
Nathanson C. (1996). "Disease prevention as social change: toward a theory of public health," *Population and Development Review*, 22(no.4).
Ohnuki-Tierney E. (1993), *Rice as Self: Japanese identities through time*, Princeton University Press.
Palinkas L.A., Pickwell S.M. (1995). "Acculturation As a Risk Factor for Chronic Disease among Cambodian Refugees in the United States," *Social Science and Medicine*, 40:1643-53.
Pelto G.H., Pelto P.J., Messer E. (1989). *Research Methods in Nutritional Anthropology,* The United Nations University, http://www.unu.edu/unupress/unupbooks/80632e/80632E00.htm.
Prendergast J. (2000). "Mortality, Food Insecurity and Food Aid Dependence in Sudan, "*White Nile Black Blood: War, Leadership, and Ethnicity From Khartoum to Kampala*, 55-72, Red Sea Press.
Renzaho A.M.N., Burns C. (2006). "Post-migration food habits of sub-Saharan African migrants in Victoria: A cross-sectional study," *Nutrition & Dietetics,* 63:291-102.
Richards A. (1932). *Hunger and work in a savage tribe*, Routledge, London.
Saleh A., Amanatidis S., Samman S. (2002). "The effect of migration on dietary intake, type 2 diabetes and obesity: the Ghanaian Health and Nutrition Analysis in Sydney, Australia," *Ecology of Food and Nutrition*, 41: 255–70.
Shacknove A. (1985). "Who Is a Refugee?," *Ethics*, 95:274-284.
Singerman D. (1997). *Avenues of Participation: Family, Politics, and Networks in Urban Quarters of Cairo*, Princeton University Press.
Spaulding J., Beswick S. (2000). *White Nile Black Blood: War, Leadership, and Ethnicity From Khartoum to Kampala,* Red Sea Press.
Storey M., Harris L.J. (1989). "Food Habits and Dietary Change of Southeast Asian Refugee Families Living in the United States," *Journal of the American Dietetic Association,* 89 :800-3.
Turnbull C. (2004). *An exploratory investigation of nutritional status of urban refugee children born in Cairo and the health and feeding practices of their care-givers*, (Unpublished Summary Report).
UNHCR (2006). Country Operations Plan (Arab Republic of Egypt), Executive Committee Summary.
UNICEF (2005). Sudan: Summary for 2005, UNICEF Humanitarian Action Report (http://www.unicef.org/emerg/files/sudan_summary2005.pdf).
United Nations Economic and Social Council (1999). E/C.12/1999/5. (General Comments), The right to adequate food (Art.11).
Whitehead H. (2000). *Food Rules: Hunting, Sharing, and Tabooing Game in Papua New Guinea*, University of Michigan Press.
World Health Organization (2005). "Health is key to sustained peace and prosperity in Sudan," http://www.who.int/hac/crises/sdn/sudan_peace/en/.
Zetter R. (1988). "Refugees and Refugee Studies – A Label and an Agenda," *Journal of Refugee Studies*.