13th Conference of the European Sociological Association

(Un)Making Europe: Capitalism, Solidarities, Subjectivities

ESA 2017
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security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences. Food security is a critical component for assuring adequate nutrition and is listed among the social determinates of health. Inadequate nutrition has been observed among asylum seekers resettled in developed countries. There are however few studies investigating food security among this vulnerable group. The aim of this study is to investigate health challenges and barriers to food security among asylum seekers living at Norwegian reception centers.
The study took place in three Norwegian reception centers. Data were collected through participant observation and qualitative interviews. The study indicated that the food provided at asylum reception center did not meet the food culture of refugees and that there was little variation. New eating habits were based on the strategy to survive on as little money as possible. Aspects related to acculturation such as lack of knowledge on the new food environment, communication difficulties, lack of availability of food complying with religious rules restricted food consumption to a limited number of food items. Also structural aspects as distance from grocery shops and lack of kitchen facilities hindered the preparation of food. The study provides indication that asylum seekers living at the reception centers are not entitled to food security. This can have relevant health consequences. It is important to know more about challenges to food security and entitlement to food for this vulnerable group is in welfare state societies.

New Migrations, New Inequalities? Health Professionals on the Move in an Age of Turbulence

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The study of skilled migration in the health sector is an opportunity to question the processes of global inequalities. In this vein, the implementation of austerity measures, particularly in an increasingly female social area, such as the National Health Services, proves the role of transnational actors in labour segmentation, cognitive injustice and regional unbalances. Moreover, the rhetoric discourses of mobility tends to replace the migrat labour practices, associated with insecure labour and educational paths, precarization and economic cost-effectiveness in the health sector.
In an age when there are several challenges, among others, the increase of population in need of care (refugees, asylum seekers, elderly, chronic patients); the migration of health professionals could be an opportunity to discuss the (re)framing of structural inequalities accordingly to socio-geo-historical positioning (global South/ global North; center/ periphery; `emigrant country`/ `immigrant country``; `origin country/ `host country`). This paper seeks to be a contribution for that debate. It results from a longitudinal qualitative study made in a semi-periphery European country, like Portugal, with a colonial past and an e-/immigration experience.
The (re)production of mobility and migratory discourses, practices and actors along time are tacking into account, considering the world system theory, the `international migratory system` and postcolonial studies; and its effects on global healthcare (re)distribution.

Setting limits in uneasy times - early overweight in migrant families

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The aim of this paper is to provide knowledge on barriers to preventive action on early childhood overweight in non-Western migrant families. It investigates the underlying understandings of the parental role in relation to weight control present in health-care professionals and in families.
The study is based on qualitative interviews with parents who are engaged in interventions aimed at helping them and their children to adopt a healthier life style, and on interviews with health-care professionals.
The paper shows that the participating parents, most of them migrants, all low-SES and living under different forms of insecurity, perceived their parental task for the present as creating wellbeing for their children, and they were, therefore, reluctant to enforce dietary changes. The health-care professionals, in contrast, considered the need for change through a perspective on future risks, and perceived early childhood obesity as a result of parental inability to restrict their children from unhealthy foodstuff.
The contrasting understandings, the paper argues, question the suitability of the universal model of parental feeding styles, which most health care professionals rely on, and it illuminates the implications of implicitly applying this model in health interventions which involve vulnerable categories of parents such as refugees to Western societies. The paper makes the point, that health care professionals preoccupied with what they see as inadequate parental assertiveness in ethnic minority families with unhealthy and overweight young children might fail to see the whole story of parental capability, and do not fully understand the rationale behind the parental practices they are trying to change. This can result in misrecognition of already stigmatized families and decrease the likelihood of successful intervention.

RN16 | Session 07a Unemployment, precarious work, and health (care) from a comparative perspective: Contributions to the development of an institutional approach.