

Food and Nutritional Security in the Refugee Women's Life Narratives

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Abstract

Objective: To understand, based on the life narratives of refugee women, food and nutritional security. **Method:** Qualitative, descriptive, exploratory study, Narratives of life method, by Daniel Bertaux. Conducted with 11 participants, refugee women residing in the state of Rio de Janeiro, Brazil. **Results:** The meanings and feelings evidenced in the life narratives of refugee women expressed the insecurities and weaknesses with food in the resettlement. **Final Considerations:** Given the meanings and feelings regarding food in the refuge, it is expected that the present study will contribute to the elaboration of new action plans and intersectoral public policies of agile action to meet the demands of the refugee population, in the attempt to mitigate starvation, poverty, social differences and the compromised health status of the refugee population.

Keywords

Food Security, Feeding Behavior, Refugees, Human Migration, Human Right to Adequate Food

1. Introduction

Recent international humanitarian crises in Africa, the Middle East and Central America and Latin America are issues that become evident due to the migratory flow of refugee population in search of new resettlements [1] [2]. The Report of the United Nations Organization on Forced Displacement Trends published in

2020, pointed out that around the world there were 26.4 million living in refugee status, and of these, 3.9 million people were Venezuelan refugees [3].

The displacement of the refugee population is a migratory movement that aims to maintain the integrity of the human person, and thus a migration forced by the conditions of non-guarantees of the preservation of their integrity in the country of origin, refugees are impelled to seek such guarantees in other countries to recover and rebuild their lives [4]. In this process, they find barriers that are imposed from the difficulties of communicating with a new language, passing through the barriers in access to work, income and other basic needs of life, such as access to housing, education, health, as well as in barriers to food, which can greatly impact food and nutritional security [5] [6].

In Brazil, the Organic Law on Food and Nutritional Security has been in force since 2006, establishing definitions, principles, guidelines, objectives and the composition of a National Food and Nutritional Security System, through which the government, together with organized civil society, develops and implements programs, plans, policies and actions to guarantee the human right to adequate food, such as inter-ministerial actions [7]. Furthermore, since 2010, with Constitutional Amendment No. 64, in Article 6, food has become a social right in the Federal Constitution, and should therefore be guaranteed to every citizen, including the refugee population resettled in Brazil, since they have the same rights as all Brazilians [8].

Food, in addition to nutritional and food aspects, plays an important role in preserving the tradition and culture of peoples, and thus, in the representation of meanings and preservation of the identity of peoples and communities. In the situation of refuge, it is evident that the difficulties in eating still encompass practical aspects such as the habits and customs of the country of resettlement, and others that directly impact the food and nutritional status, such as barriers to access and availability of food, in information, and even in habits with handling and preparing food [9] [10]. And given this importance, given the changes that have occurred in the resettlement process of the refugees, it is assumed that these suffer from a compromised nutritional and food status, even in Brazil, where the Federal Constitution includes food as a social right. Thus, it is essential to understand what refugee women experience in terms of food and nutritional status and their meanings.

2. Objective

Understanding the food and nutritional security of refugee women based on their life narratives.

3. Method

3.1. Ethical Aspects

This study is an excerpt from the Doctoral Thesis [11] entitled “Food and nutritional (In)security: life stories of refugee women” which related the theme of refuge to food, defended at the Federal Fluminense University-Nursing school Au-

hora de Afonso Costa. The present research project was approved by the Research Ethics Committee of HUAP/UFF, on January 31, 2019, and met the ethical requirements recommended by Resolution n° 466/12 of Health National Council/Brazilian Ministry of Health. After the invitation to participate in the research, the participants were presented with the objectives and explanations about the research, and they signed the Free and Informed Consent Form.

3.2. Theoretical-Methodological Framework

The life narrative method was used, from an ethnosociological perspective. And the theoretical-methodological framework of Daniel Bertaux [12] and the conceptual framework of food and nutritional security of Brazilian Law n° 11.346/2006, Organic Law of Food and Nutritional Security [7] were adopted.

The methodological theorist Daniel Bertaux uses the term life narrative to avoid conflicts with the terms “life history and life story” in the English language. In this study, the narrative type interview was used, obtaining as products the refugee women’s life narratives [12].

According to sociologist Daniel Bertaux, social objects are inserted in social worlds, and from these it is possible to understand their subcultures [12]. Expanding the lens of Daniel Bertaux’s theoretical-methodological framework, this study sought to understand the food security of refugee women (Figure 1).

Furthermore, the concept of food and nutritional security used in the present study was the concept published in Law n° 11.346/2006, called the Organic Law of Food and Nutritional Security which is: “... the right of all to regular and permanent access to quality food, in sufficient quantity, without compromising access to other essential needs, based on health-promoting food practices that respect cultural diversity and are socially, economically and environmentally sustainable.” [7].

3.3. Type of Study

This is a descriptive, exploratory research, of a qualitative nature from an ethnosociological perspective, which started from the hypothesis that refugee women have compromised nutritional and food status during resettlement.

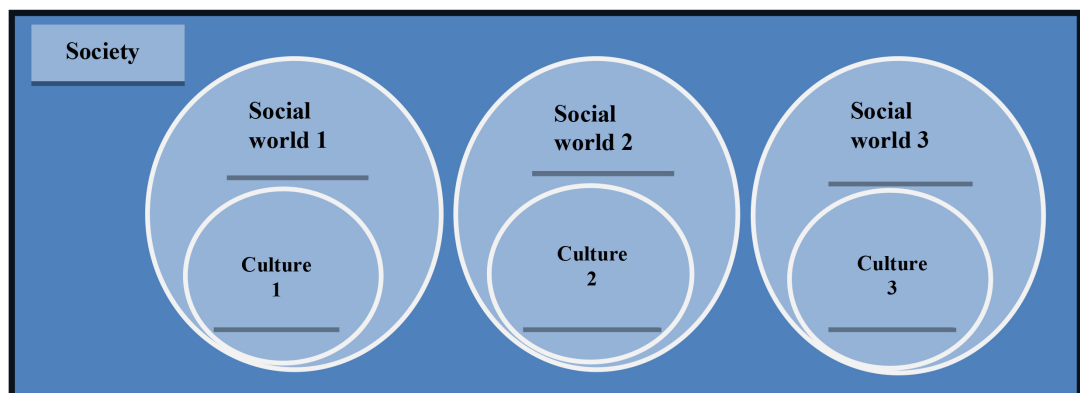


Figure 1. Social objects, according to Daniel Bertaux [12]. Prepared by the authors.

3.4. Study Participants

For the selection of participants, the non-probabilistic sampling technique Snowball sampling was used, a technique that is commonly used in social research, where an individual indicates another or others successively, in such a way as to reach the subjects with the profile necessary for the research, dispersed in the general population [13].

The study sample consisted of 11 participants, refugee women. As inclusion criteria, the following were established: 1) being a refugee woman, aged over 18 years, regardless of the country of origin and time of acceptance of refuge; 2) understand the language: Portuguese or English, or French or Spanish, the researchers' domain languages. As exclusion criteria it was established: presenting space-time disorientation.

3.5. Ambience, Collection and Organization of Data

In the first moment of the study, the researcher attended, for two weeks, two places that offer support to refugees: a reception and assistance center in the city of Rio de Janeiro, and a public university that presents a partnership to offer Portuguese classes for refugees. Thus, the intention was to set up the setting, in order to favor the connection between the researcher and possible participants, as well as to promote familiarity and commitment. After the initial setting phase, the refugee women were presented with the study and invited to participate. It is necessary to highlight that the first contacts with refugee women took place in their language, in order to reduce the distances between researcher and participant, as well as to provide opportunities for participants to express themselves more comfortably, in their native languages, to promote bonding.

The interview technique used in the research was the narrative interview, which was carried out at the choice of the participant: in the language of their country, or in Portuguese. The guiding question of the study was: Talk about your life story that is related to your diet.

The interviews took place, according to the participants' time availability and in public places, also according to the participants' choice. These locations were: in commercial food services inside shopping malls, and in classroom hallways at a public university. The interviews were carried out between September and December 2020, until the theoretical saturation point was reached, a phenomenon described as one in which the researcher has the perception that there are no new signs in the participants' life narratives. To confirm the reach of the saturation point, a systematic search for negative cases was also carried out [12], as recommended by the method, which indicated the absence of negative cases and confirmed the study hypothesis, consolidating the saturation of the narratives.

The transcription of the narratives took place immediately after each interview so that the systematic search for negative cases could be carried out, and as soon as the analysis process began. The anonymity and privacy of the participants were assured, who were identified by the abbreviation P (participants) and

arranged in numerical sequence, according to the order in which the interviews were carried out.

3.6. Analysis of Narratives

Comparative analysis was the analytical process employed, as recommended by the theoretical-methodological framework [12]. After the interviews, the interviews (narratives) were transcribed and the stage of their exhaustive readings began. In this way, the comparison of the routes that were narrated by the participants was carried out concurrently, allowing the identification and grouping of statements into units of meaning. After comparing the routes, the unit of meaning emerged: 1—Food (In)security, cooking, culture and social relations by refugee women.

4. Results

The study included 11 refugees, aged between 19 and 40, that is, all women of reproductive age, and from six different nationalities—Colombia, Cuba, Venezuela, Guinea-Bissau, Togo and Nigeria. Regarding the time of residence in Brazil, as refugees, this varied between 3 and 56 months. Thus, confirming the diversity, homogeneity, and multiplicity of narratives proposed by the method, in relation to having covered the greatest variety of narratives possible, with individuals of different nationalities, different times of residence in the resettlement, as well as narratives in different languages.

As for academic education, almost half of the refugee participants in the study had completed higher education, however regarding the labor issue, only one refugee had a work contract, the others performed activities in the informal sector. The participants evidenced the difficulties in accessing work, in the refuge, despite having a high level of education (Table 1).

The narratives also highlighted the difficulties and dissatisfaction with the type of reception perceived in the resettlement, such as the difficulties in understanding the language of the country of resettlement, as presented by the fifth participant interviewed, who, upon arriving in Brazil, encountered difficulties and experienced living in a situation of road.

Yes, because when I arrived here in Brazil I didn't know what it was and how it was. I felt really sad. Very sad because no matter how hard I tried people didn't understand me. They didn't understand me. No. It was when he called people who were walking, and they didn't understand. That there are times here that they feel like... like one... they belittle us like... this nonconformity that a foreigner is like they don't help them? How come they don't look and say something for me to understand how things work? How can they not help one? No. There is not. (P05)

Six refugee women reported evidence of food insecurity in their narratives from the perspective of food selection and handling, evidencing a selection of foods with low nutritional quality. The consumption of these ultra-processed

Table 1. Characterization of the participants, according to age, nationality, time of residence in the resettlement, level of education and work occupation in the resettlement, Rio de Janeiro, RJ, 2019.

Participant (P)	Age (years)	Country of origin	Residence time in resettlement (months)	Level of Education	Occupation in Resettlement
P01	30	Guinea-Bissau	3	High school	Stay at home
P02	25	Guinea-Bissau	3	High school o	Day laborer
P03	38	Venezuela	19	Higher Education Degree	Cook
P04	31	Venezuela	4	Higher Education Degree	Day laborer
P05	20	Colombia	4	High school	Day laborer
P06	28	Venezuela	20	Higher Education Degree	Day laborer
P07	28	Cuba	56	Higher Education Degree	Day laborer
P08	40	Nigeria	53	High school	Cook
P09	21	Togo	9	Higher Education Incomplete	Unemployed
P10	25	Venezuela	4	High school	Unemployed
P11	38	Venezuela	7	Higher Education Degree	Unemployed

foods, as narrated by the fourth participant, in addition to the scarcity of resources and the strategy of asking for financial help to try to make food possible, demonstrate the vulnerability to which they are susceptible in resettlement, and the difficulty of guaranteeing stable and permanent food.

Well, the uncle of one of the girls I met. They were very friendly. He would go out and get money, and we would buy rice, sausage, which could not be missing. And I do not know. With that we would go to the favela, and the uncle would cook rice with sausage. Rice with [...] what he ate most was sausage and bread with sausage. (P04)

If, on the one hand, dependence on strategies for maintaining resources and acquiring food emerged, with the aim of carrying out daily meals, albeit insufficiently to meet needs, on the other hand, access to ultra-processed foods also denotes the use of these foods due to their low commercial value and ease of handling.

The consumption of ultra-processed foods to the detriment of foods with a lesser degree of processing, such as minimally processed or processed foods, was also evident by the participants. Despite knowledge about food and its role in health, some refugees changed their eating habits due to the food available in the resettlement, replacing fresh or minimally processed foods with ultra-processed ones, as evidenced by the third participant.

In Venezuela, our culture is to eat less meat. For these issues that speak a lot about triglycerides, health, meat affects more. And meat in Venezuela is consumed less. It is also a little more expensive. So by choice. Of these differences, I can't get fish, I don't like the taste of chicken, so I'm going to eat meat because it's the freshest. Because here the meat is fresh. In a market the meat is always

fresh. In the supermarket where I buy the meat, they're cutting right now, they're putting it on a tray and I'm going to get it. The chicken can't do that. And the chicken is always very frozen. And what they sell without freezing is almost [...] already bad. It's almost green. Tough guy. It's a little tough for me, so I end up eating sausage. I love Brazilian sausage. I switched from eating chicken to now buying sausage. (P3)

Furthermore, the narratives showed that food choices are not defined only by physiological needs, but also focus on cultural, environmental, marketing and price factors applied to food, as demonstrated by the first participant in relation to the preference for processed and ultra-processed foods when he did not feel comfortable and did not know the foods presented to him.

I didn't agree to see a nutritionist because I know she'll explain the food to me. The food she is going to explain to me I don't like. Because there for breast-feeding the food they asked me to eat... those cabbage things. Not to eat canned foods. But I don't get the food that I like to cook, I prefer to eat the canned foods that I already know a little about. I'm trying to eat that. (P1)

The narratives also showed the monotony in the food consumption of refugee women, as reported by the sixth participant who had experienced select food consumption, due to the economic difficulty of accessing food diversity. Thus, with limited access to food, little or no diversity. Food monotony is represented by limited and select access to food, and is one of the reflections of food insecurity. Therefore, food groups are accessed, while others remain unable to be accessed by the population, in this case by refugee women, which can have repercussions on a limited repertoire of foods that manage to compose their daily diet, and may have an impact on their health with nutritional risks, such as deficiencies in macro and micronutrients, which lead to nutritional deficiencies.

Yes. Good. When I arrived here, I didn't have a good economic situation. I live in refuge, my dinner was [...] my dinner was my lunch. I didn't have money to buy ingredients, not even to buy pizza. So I had to eat rice and beans and chicken. And had dinner the same as lunch for a long time, until now. (P6)

The participants expressed in their narratives the evidence that consolidated the hypothesis that they were experiencing some degree of food insecurity in the refuge of varying magnitudes. It is possible to observe food and nutritional insecurity in their journeys, from the perspective of the concept of food and nutritional security, compromising needs such as housing, education, employment and leisure. Furthermore, it is interesting to note that the diachrony in the life stories allowed expanding on what they experienced before the refuge, still in the country of origin, as reported by the sixth, ninth and tenth participants, already demonstrating a compromised state of food and nutritional insecurity before resettlement.

I can keep doing it with any food. I don't mind going to the supermarket and buying food. I can buy food [...] working I can get what I want to eat. I can buy any kind of food. But not in Venezuela. He works, works, works and works and doesn't know if he will be able to eat a day. People think it's a joke. It's not a

joke. I don't invent. There are many Brazilians who say to me: "But it's bad here too." It's bad? Hell! And I say: "Spend one, two days in my country so that you understand what is bad. So that you understand what is need and hunger, eating from the garbage". (P06)

Yes it does. The common problem I'm talking about is food and money. Yes. A little more money and we could eat. Do you understand? No? It's an economic problem. Malnutrition is a bit of negligence, which happens and we have no way of doing it. We have no way. And that's it [...] that's it. (P09)

[...] And these people here in Brazil, they helped us. Now we are eating better. My son is eating more. And he has everything. He has his four foods, and so do we. He eats his daily meals. In the morning, and lunch, in the afternoon, and dinner. And it's easier to be able to live than in Venezuela, the situation that was going on there. So, we came here for a better future for our child, as well as for us. And our family too. Working here also to help our father, our mother, our brother, because the situation is also very difficult there. (P10)

In the narratives of the participants, the feelings they experience in the refuge also emerged, when faced with the difficulties encountered in their life paths with regard to food in the home country and in the country of resettlement. Evidencing, discontent, food inappetence, and hunger.

That's [...] that's how it tastes [...] you lose your appetite for eating [...] you lose your appetite, because you don't feel like eating. You eat just to eat, because you don't feel like it. You eat the same thing every day [...] you lose the desire to eat. (P02)

Yes, because I feel that eating candy, I despise myself. I don't know. And how it provokes me, and thinking about everything I'm going through, and what I'm not going through. Venezuelan problems. I feel that it is an anxiety that I have to treat and control. (P04)

It is a right that they took away from me in Venezuela. Food is very important for human life. We no longer had it in Venezuela. Here in Brazil we can exercise this right. (P05)

Arriving at my house and being able to see. So how to deal with the language? There has been problem with the internet. In this way, having a bad diet is a lack of re-education, because I don't have it [...] The ability to understand this foundation of certain things [...] because I'm tired [...] to sleep, I want to sleep. I want to rest. I have no strength. I'm hungry. I won't be focused on certain activities if what I want is to eat. So, when I eat, I'm going to eat whatever, however much [...] because I need to satiate the urge to keep myself going for a certain time, to then make this composition. (P11)

5. Discussion

The narratives of refugee women resettled in Brazil are discussed, analyzing them from the perspective of Daniel Bertaux and the concept of food and nutrition security, in order to understand the internal coherence in the social object, thus revealing the social mechanisms imbued in the social object. As recurrently

narrated by refugee women, the occurrence of some dimension of food and nutritional insecurity was consolidated in resettlement, the refuge. From the logic of the participants' paths, and highlighting that the participants were from different nationalities, age groups and even expressed themselves in different languages, it is important to highlight that for the analysis of the social mechanism, this multiplicity of narratives was essential for the consolidation of the method adopted in the study [12].

As emerged in the refugee women's narratives, the language was an obstacle, as well as the lack of access to employment, and consequently income, regardless of the high level of academic education of the participants. These difficulties were found both in participants who had been resettled for 3 months in the country, and those with more experience in resettlement, which draws attention to the oppression of means of access that emerges as a consequence of the non-guarantee of basic rights. Studies carried out in 2019 by the UN Refugee Agency (UNHCR) with a sample of 487 refugees residing in eight Brazilian states showed that despite the participants having a high level of education, when compared to the level of education of the Brazilian population, these were unable to carry out their professional skills for various reasons, including: the difficulty in validating their university degree, lack of information and lack of opportunity, lack of language skills, prejudice and lack of documents, in addition to the lack of resources to seek work [14]. These obstacles, or oppressive axes, corroborate the difficulties in obtaining financial resources, to the point that the participants refer to informal employment as a strategy, with activities that are far from their academic skills, and that do not guarantee permanent livelihood, with uncertainties in access to food fit and healthy.

Handling and selecting food with consumption of ultra-processed foods was demonstrating the difficulties in accessing adequate and safe food. Studies demonstrate that food and nutrition issues are of wide reach in the world and in societies, having great relevance for public health [15] [16]. In addition, in Brazil, we can highlight the existence of the National Food and Nutrition Policy (NFNP), which aims to improve the food, nutrition and health conditions of the Brazilian population, through the promotion of adequate and healthy eating practices, surveillance food and nutrition, the prevention and comprehensive care of diseases related to food and nutrition [17]. Although it is the right of every human being to adequate and healthy food, this pervades the biological point of view, also relying on culture, economic and environmental sustainability, availability and stability of access, in order not to compromise other needs of the individuals, such as education, housing, employment and leisure [18].

Furthermore, in the relationship between food and food preferences, it is observed in the scientific literature publications that show an increase in the trend of consumption of ultra-processed foods by the Brazilian population in large urban centers, highlighting that these are considered more viable from the point of view economical and require fewer preparation steps, even when related to non-transmissible chronic diseases [19] [20]. About variety in the food reper-

toire, food monotony, that is, a food repertoire with low diversity, denotes evidence of compromised nutritional and food status, which may have repercussions on health in terms of short- and long-term nutritional deficiencies [20].

Ultra-processed foods, such as stuffed cookies, “packaged snacks”, soft drinks and “instant noodles” do not have good nutritional quality, causing health problems. In addition, the form of production, distribution, marketing and consumption adversely affect culture, social life and the environment. The increased consumption of ultra-processed foods has led to an increase in obesity and diabetes and has been linked to the evolution of chronic diseases such as hypertension, cardiovascular disease and certain types of cancer, as a result of excessive consumption of calories and an unbalanced supply of nutrients in food [21]. However, with the aim of reversing this situation, the World Health Organization (WHO) reinforces that the population should receive information that guides them regarding the conscious consumption of food, based on healthy, sustainable food choices that consider the local culture [22].

In this sense, since 2006 the Ministry of Health has adopted the strategy of publishing and publicizing the Food Guides. In its most current version, published in 2014, and an international reference, the Food Guide for the Brazilian Population (FGBP) presents the NEW food classification, based on the level of food processing, as a strategy to inform and clarify the population correct information for a better food selection. Furthermore, this publication also reinforces the promotion of commensality, and the senses and meanings that food represents for individuals. It is interesting to note that the GAPB is available for reading on the websites of the Ministry of Health, and that it is a highly prioritized tool at all levels of health care in Brazil, which corroborates for a more up-to-date and accessible health promotion practice for the entire population, with special deference to primary health care, the population’s gateway to public health services [22].

The study presented as a limitation the difficulty in reaching refugee women from Syria and other countries in the Middle East who are experiencing humanitarian crises as participants, regardless of the time of residence in Brazil. Furthermore, the study did not apply any food status assessment scale, since it was not intended to measure the status of food and nutritional insecurity. Thus, limiting the analysis of the evidence and the interpretation of the meanings narrated by the participants.

It is understood that from the understanding of the refugee women’s narratives, health professionals can undertake in health care, creating a space of respect for the particularities and subjectivities of these women. And considering the feelings and meanings when traveling from the home country to resettlement, and all the difficulties that arise, with the limitations on basic needs, such as food and its consequences on the well-being of the refugees.

6. Final Consideration

The study confirmed the hypothesis from the perspective of refugee women, that

they have some level of compromised food and nutritional status, with variable magnitudes. It also made it possible to understand the social mechanism, feelings and eating practices that these women experience in the refuge. It should be noted that this study gave a voice to a vulnerable population, in order to enable the understanding of their trajectories, that is, a place of speech to provide an understanding of their realities and the commitment of the state of health from a basic need: food, that should be guaranteed, as a social right. It is believed that the present study can contribute to the elaboration of action plans and intersectoral public policies with agile action to meet the demands of the refugee population in terms of guaranteeing the human right to adequate food and guaranteeing food and nutritional security.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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