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DEFINING HEALTH IN THE INTERCULTURAL SENSE

A COMMUNITY BASED RESEARCH TO EXPLORE THE MEANING OF HEALTH FOR SYRIAN WOMAN IN UTRECHT OVERVECHT

ABSTRACT - The World Health Organization of the United Nations defined health with their constitution in 1948 as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". As of today, this definition is argued to be outdated and is therefore globally under debate. In 2016, Machteld Huber proposed a new framework for health, called "positive health", which is currently gaining popularity at the UMC Utrecht. However, Huber also acknowledges that her framework was constituted in a Dutch context and that it may not reflect the attitudes and beliefs of other, "especially non-western" populations. The goal of this research was thus to achieve understanding for the health beliefs and values of Syrian woman and how these relate to the concept of "positive health". The larger purpose was to improve intercultural communication in Dutch health care systems. A community-based approach was chosen as a design for this research. A semi-structured interview was held with six Syrian women at a community house in Utrecht. From an analysis of their expressions, a framework of five dimensions with 22 aspects was defined. The first three dimensions of this research fitted, to some extent, in the framework "positive health" of Machteld Huber. The last two dimensions, "religion and faith" and "female health", were not present in Huber's framework. Most of the aspects matched at least to some extent aspects of Huber's framework, with the most important differences being trauma and loss, stress and worrying, family and financial and material well-being. Further research is valuable for improving intercultural communication in health care organizations.

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Table of contents

1. Forward

One of the first steps in writing this thesis took place a few months ago, when I was invited to speak about interculturality with the executive of patient communication at the UMC Utrecht. We discussed several issues, but she eventually told me that she knew of local community centres in Utrecht that give health counselling in their surrounding neighbourhoods. However, the cultural adaptability of these counselling sessions and the material used were never tested. From this train of thought, the executive proposed that it would be interesting to find out what health meant to a specific cultural group, in this case Syrian women. She suggested that I could additionally see how these values and beliefs fit into the framework of "positive health", developed by Machteld Huber, which she felt was an interesting upcoming definition of health in the UMC Utrecht.

At this point, I was under the impression that I would do research at the request of the UMC Utrecht, with the goal of providing intercultural insights for the hospital and the community centres. This would then be for the purpose of improving intercultural communication. It quickly became clear that the proposed research wasn't much more than a topic suggestion and that no one in particular wanted this research to be done. This, in a sense, changed the whole goal of the thesis because there was no longer a specific stakeholder that would benefit from this research.

However, I still very much wished to add to the bigger purpose of improving intercultural communication in any type of relevant societal situation. The goal thus changed from gaining intercultural insights for a stakeholder to gaining intercultural insights for that purpose. Knowledge of cultural difference adds to cultural competence. If the cultural competence grows it can only benefit the intercultural communication. With the hopes of having the hospital still as a hidden audience, the goal of this research would still serve the purpose.
In conclusion, the goal of this research is to achieve understanding for the health beliefs and values of Syrian woman and how these relate to the concept of "positive health". The larger purpose is then improving intercultural communication.

2. Introduction

Taking the multiple considerations and the general background of this thesis into account, this research will deal with the following question:

What are health dimensions and health aspects for Syrian woman in Utrecht Overvecht and how do these fit into Machteld Huber's framework of "positive health"?

The terms "dimensions" and "aspects" are used for this research question because these terms were also used in Machteld Huber's framework of "positive health". This concept will be further discussed in the background section. The academic relevance of the goal of this research will then also become clear, as Huber in her research acknowledges that since the concept was constituted in a Dutch context, it may not reflect the attitudes and beliefs of other, "especially non-western" populations (Huber," Towards a 'patient-centred' operationalisation" 1). In other words: a framework like hers for other cultures has not been established yet. This research will add to that knowledge gap because it provides a step into defining health for a non-western group.

The relevance of the purpose of this research becomes clear when we observe recent studies of intercultural communication. In 2019, language and communication scientist Tessa Charldorp stated that hospitals pay too little attention to comprehensible communication, particularly for patients with low health literacy and patients with different cultural backgrounds ("Ziekenhuizen moeten meer aandacht hebben"). On the topic of intercultural communication there is a lot to gain. Hospitals often don't have someone appointed to deal with intercultural issues, which results in ineffective communication, for example when family members are deployed as interpreters during consults.

An earlier research study in 2017 on the same health communication topic was conducted by Janine van der Giessen of the UMC Utrecht. Van der Giessen found that among patients who were diagnosed with breast cancer, people who had low health literacy skills or a different cultural background (the latter often influenced the first) were less likely to be referred to genetic counselling and testing (van der Giessen et al. 5). This was for a major part due to the communication between the patient and doctor. Patients with a migrant status would less often ask questions during counsels, while asking questions "increases the likelihood of being referred for genetic counselling" (6). Van der Giessen states that for that reason, it is important that physicians "adapt their communication to this group of patients" (6). Van der

Giessen also adds that a difference in socio-cultural beliefs, for example a “stigma about cancer of inherited risk of cancer”, has been identified (2) and can influence the conversation between doctor and patient.

This thesis will first set out a theoretical background to further explain the framework “positive health” and also review some literature on health and the Syrian culture. There is no framework like that of Huber yet for Syrian women, but some researches might give an idea of what constitutes health for them. Subsequently, the method section will provide an overview of how this research was set up. The results of the research will follow after and they will be interpreted with more dept in the discussion section. The limitations of this research will then briefly be considered and finally the conclusions of this research will be presented.

3. Theoretical background

This chapter will provide an overview of some important theories and frameworks that will be used. The framework "positive health" by Machteld Huber will be introduced. To get some idea of what might constitute health for Syrian women, a short literature review on this will follow. It should be noted that some of this literature will be on Arab cultures rather than Syrian cultures specifically, since their beliefs and values as a national group haven't been researched much yet.

3.1. Machteld Huber's framework of "positive health"

In 1948, the World Health Organization was constituted by the United Nations to improve, promote and coordinate worldwide public health. As of today, the WHO states that:

> More than 7000 people from more than 150 countries work for the Organization in 150 WHO offices in countries, territories and areas, six regional offices, at the Global Service Centre in Malaysia and at the headquarters in Geneva, Switzerland.
>
> (WHO – organizational structure)

With their constitution, the WHO also formulated a definition of health that reads "health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Huber et al., "How should we define health" 1). At that time of the constitution, the definition was considered ground-breaking. However, over the years the criticism grew and with that the need for a reformulation. As Huber et al. (Huber et al., "How should we define health" 3) stated, the WHO definition falls short on their description on health as a "complete" state of well-being. Especially with the type of diseases changing from infectious to chronic diseases, this definition would consider almost everybody unhealthy.

Huber thus proposed, a shift of a "static" to a "dynamic" concept (Huber et al., "Heroverweeg uw opvatting" 1). Instead of a new definition, the new formulation would be a "conceptual framework" of health. (Huber et al., "How should we define health" 3). The eventual general concept read health as "the ability to adapt and to self-manage". In the light of realizing the measurability of the new concept, Huber set up a large research project:

> Participants were stakeholders from seven main dimensions within healthcare: healthcare providers (physicians, nurses, physiotherapists), patients with a chronic condition, policymakers, insurers, public health professionals, citizens (as a

representative reflection of society) and researchers from different professional backgrounds. (Huber et al., "Towards a 'patient-centred' operationalisation" *2)*

The first step of this research was a qualitative study of interviews. From these interviews, six dimensions and 22 aspects were established. These are shown in Fig. 1. In this study, 78% of the stakeholders evaluated the framework as representing their indicators of health.

Table 2 Six dimensions of health indicators, covering 32 aspects of health

Bodily functions	*Mental functions and perception*	*Spiritual/existential dimension*	*Quality of life*	*Social and societal participation*	*Daily functioning*
▸ Medical facts	▸ Cognitive functioning	▸ Meaning/meaningfulness	▸ Quality of life/well-being	▸ Social and communicative skills	▸ Basic ADL
▸ Medical observations	▸ Emotional state	▸ Striving for aims/ideals	▸ Experiencing happiness	▸ Meaningful relationships	▸ Instrumental ADL
▸ Physical functioning	▸ Esteem/self-respect	▸ Future prospects	▸ Enjoyment	▸ Social contacts	▸ Ability to work
▸ Complaints and pain	▸ Experiencing to be in charge/ manageability	▸ Acceptance	▸ Perceived health	▸ Experiencing to be accepted	▸ Health literacy
▸ Energy	▸ Self-management		▸ Flourishing	▸ Community involvement	
	▸ Resilience, SOC (sense of coherence)		▸ Zest for life	▸ Meaningful work	
			▸ Balance		

ADL, activities of daily living.

Fig. 1 Machteld Huber's framework "positive health" from: Huber et al. "Towards a 'patient-centred' operationalisation." *BMJ*, 12 January 2016, p. 4.

3.2. Literature on health of Syrian women

An important limitation of Huber's research was mentioned by her: her study of "positive health" was "restricted in the Netherlands and its generalisability to other, especially non-western populations, cannot be guaranteed" (Huber et al., "Towards a 'patient-centred' operationalisation" 1). This implies that the health dimensions and aspects of the framework she presented might not align with those of other cultures. Even though a framework like that of Huber doesn't exist for Syrian woman, there is some literature that might give an impression of what could be important in establishing this. Three topics seemed to frequently return: general health, health and religion, and health and war.

3.2.1. General health

In 2007, Asfar et al. conducted a cross-sectional survey among adults in Syria to examine their self-rated health (SRH) and its determinants. They state that in the Syrian society "chronic diseases such as diabetes and coronary heart diseases are on the increase while infectious diseases still constitute a major cause of mortality and morbidity" (2). Interestingly, the results of the survey showed that women were more likely to report poor SHR than men. Married women were more likely to report poor SRH than unmarried women. Although the survey didn't elaborate on the explanation for this, it was suggested that this discrepancy has its roots in the different gender roles and traditions of the Syrian culture. Married women bear a greater burden because of their responsibilities regarding household duties and child care

which at the same time prevents them from the participating in recreational activities. Other important indicators for poor SRH of women were low socioeconomic status, chronic conditions, functional disability, high BMI, low physical activity and lack of social support. Only one fifth of the men compared to half of the women reported low levels of activity. Smoking and obesity were also suggested to be highly prevalent in Syria. However, in both disease patterns there is a gender difference. Cigarette smoking prevalence among men is significantly higher (51.3%) than among women (8.4%) (Asfar et al. 6). Asfar et al. stated that obesity on the other hand, in 2007 affected half of the women in Aleppo (2). Again, both cases may find explanation in Syrian traditional gender roles: smoking has traditionally been a male activity, and a lack of physical activity is associated with the high BMI scores in women.
One thing to keep in mind is that this survey did not actually test the beliefs of their participants: they merely linked health rates to different life aspect rates. The participants weren't asked if they actually believed whether or not the life aspects were part of their health: the links were called indicators by researchers.

As mentioned, no specific health dimensions and aspects for Syrian women are yet defined. However, some health beliefs of "Arab cultures" are examined. The "Arab cultures" refer to cultures from a specific geographical area, which includes Syria. It may thus be that some of these beliefs will reflect those of Syrian people. A major aspect of health within the Arab culture for women, is the topic of fertility. This will put a lot of pressure on a woman's status as a bride in the home of her husband (Kridli 180). Her marriage will even remain unsecure until she becomes pregnant, gives birth and thus proves that she is fertile. Then follows the pressure of having a second child, in the case the first one dies and leaves her and her husband childless. If both of the children are female, pressure will still remain to have a boy. This in particular can affect the health status of a women since she is expected to continue delivering children until she gets a boy. Women also believe that being pregnant is a sign of good health (Kridli 180). Family planning is in the first place not part of health because of the pressure to create big families (Kridli 181). Big families, especially ones with lots of boys, are prized in Arab culture. Additionally, reproduction is motivated by religion, although this is open to interpretation and sometimes disputed. The effect of religion on health beliefs will be further discussed in the next section.

3.2.2. Health and religion

Abdel Yosef (284) states that "cultural factors arising from religious beliefs and practices can have a profound impact on health". For this reason, Yosef explores the value of health in Islam and give implications for nursing care in order to provide "culturally competent care". The first tenet presented is the value of health in Islam. Yosef states that "Muslims believe that God created human beings and gave them their bodies as gifts to be cared for. On the Day of Judgement, God will ask what they did with their bodies and health" (285). Through the Quran and the Hadith, Muslims are taught how to maintain a healthy lifestyle. Yosef discusses four aspects, starting with general hygiene. Muslims believe that God is pure and clean and therefore the same is valued as part of daily activity. Before praying, which happens five times a day, Islam expects Muslims to wash their body. In that way bodily hygiene is promoted. With regards to diet, the Quran states: "eat of the good things we have provided for your substance but commit no excess therein" (Yosef 286). The yearly fasting during the month of the Ramadan, also one of the pillars of the Islam, is not only for the purification of the soul, but it is also said to have physical benefits. Alcohol and drugs are prohibited because of their toxicity to the mind and body. Daily exercise is promoted by Islam through the physical ritual of prayer five times a day.

These healthy lifestyle descriptions are complemented by some more beliefs on health practices and causes. Although practices will not be the main focus of this thesis, these aspects are still important to consider when trying to understand a definition of health. Yosef highlights the aspect of causation of sickness in combination with practices. He distinguishes four categories of possible illness causation found in the Islamic faith: supernatural, social causes, natural causes, and hereditary causes (287). Additionally, some Muslims might not participate in health promotion activities because they believe that they cannot prevent something that God wants to happen. Yosef also highlights the practices of "Arab family patterns of caring", which means that the family might want to take control of giving information to a diagnosed patient. Abortion is prohibited, since only God can give or take a life, unless the mother's life is threatened. Organ transplants are allowed in the case of saving a patient's life (287).

3.2.3. Health and war

It would not be possible to explore beliefs of health of Syrian women without considering the impact of war. The Syrian civil war has forced 2.9 million Syrians to flee their country

(Pfortmueller et al., 2). Refugees have a strikingly different health pattern from that of the people from the country they arrive in. Pfortmueller et al. examined this health pattern in the case of Syrian refugees. They found that a remarkable number of their participants suffered from psychiatric diseases like post-traumatic stress disorder. The reason for this is the experiences of trauma in war-like conditions such as the loss of loved ones, imprisonment or torture. The long waiting process when seeking asylum and the experience of arriving in a new country and having to face the associated difficulties can also worsen post-traumatic stress symptoms (8).

4. Method

4.1. Participants

The contact persons of the three local community centres ("buurthuizen") in Overvecht were directly contacted about possible participants. Eventually one responded positively. An introduction took place during one of the weekly meetings of Arab women. The women were provided with a brief oral explanation about the background and procedure of the research. This conversation was translated from Dutch to Arabic by the contact person and group leader to the women, and their responses were translated by her from Arabic to Dutch as well. Eventually six Syrian women participated in the interview. No further demographics of the women were provided.

4.2. Material

The interview was recorded on an iPhone X. During the interview, short quotes were written down on paper, also stating who said what. The fragments that were considered to reflect health beliefs were described using InqScribe.

4.3. Procedure

This section will explain the two types of research methods that were used: focused group interviews for data collection and discourse analysis for data analysis.

4.3.1. Focus groups

To address the research objective of gaining insight into attitudes of a specific group, a qualitative research approach with a semi-structured interview held in focus groups was chosen for the method design. Focus groups can "identify participants' preferences, attitudes, motivations and beliefs, and they also provide researchers with interviewing flexibility and insights regarding group dynamics that product manufacturers and service providers find particularly useful" (Brennen 61). More importantly however, they are considered "user-friendly" and create a safe environment for talking about sensitive topics. They are also said to "bridge social and cultural differences" (Morgan 141). These last two aspects are particularly important because the participants of the research might feel insecure or to some extend even reluctant to express themselves about health issues.

Focus groups involve a direct conversation about a specific topic or subject, led by a moderator that guides and encourages the discussion. The goal of a focus group discussion is to learn how people think individually and within a specific group (Brennen 62). The role of the moderator is to create a safe, comfortable, and friendly space for participants. Brennen suggests that starting with general "icebreaker" questions to introduce interviewees will help them feel at ease and keep the conversation going. Therefore, some general first questions were defined. After this, introducing a topic and starting to ask open-ended questions will encourage participation in the conversations. The interview question list was thus set up with open ended questions, but topics were not introduced to avoid leading the conversation too much. To get more in-depth information, Brennen states that the moderator could follow up with more probing questions. Therefore, some possible follow up questions were also added. Brennen's suggestions are in line with the interview model presented by Dörnyei, on which this list of questions was based. Dörnyei suggests starting with "first few questions" and then follow with "content questions" that can be characterised as (a) experiences/behaviours, (b) opinions/values, (c) feeling, (d) knowledge, (e) sensory information, or (f) background or demographic information (137, 138). Following the literature review on health, four major questions were defined, with more in-depth follow up questions based on Dörnyei's characteristics. The final list of questions can be found in Appendix I. It should be noted that although the questions that were set up were helpful for guiding the conversation, they didn't generate very clear answers, which is possibly due to the attempt to avoid leading questions. I ended up adding examples to the questions after all, to give the women some direction.

A few weeks after the first meeting with the participants, the interview took place at the community house. Again, the group leader of the women operated as translator during this conversation. After an explanation of the research and publication of the research, the women were asked if they agreed to record their verbal consent and after that start the interview. All of the four women present agreed. About halfway into the interview, two other women joined the conversation. These two women were later asked for informed consent to which they both agreed. During the interview, one woman decided to speak in Dutch and another woman decided to speak in English. The results will therefore consist of both referential "she says" quotes expressed by the interpreter, and direct "I" quotes that were expressed either by the woman speaking in Dutch or the woman speaking in English. The latter expressions were for that reason not translated by me.

For the transcription of the interview, the recording was first played completely. While listening, any important fragment with expressions that could indicate health beliefs was written down. These conversation fragments were then transcribed using InqScribe. Subsequently, transcribed fragments that were generally about the same topic were then grouped together (Appendix II).

4.3.2. Discourse analysis

James Gee (17) defines discourse as ways of "saying, doing and being" to project a specific identity. It is "who & what" will get you recognized as an identity, with "big D" Discourse being 'interactive identity-based communication of both language and everything the else at human disposal" (Gee 24), meaning for example the tools, clothes, choice of words, objects, values and beliefs people use to present themselves with. The "little d" discourse on the other hand means language-in-use or stretches of language (like conversations of stories).

Since this research focuses on the values and beliefs of a specific group, or identity, a discourse analysis followed after the interviews. The "little d" discourse, conversations and stories of the interview, is therefore assumed to be representative of "big D" Discourse: values and beliefs of health. Barker gives a short explanation of how conversations can be a tool to analyse Big D discourse:

> Common themes, public debates, motifs we use in conversation that are widely known in society (e.g. terrorism, global warming) and where people know about the various sides. All the discussion that goes on in society concerning such a theme. We interpret each other's language through what we know about these Conversations. (2008)

Thus, the discourse will be analysed as follows: the language expressions will be presented through a table and by treating these as conversations, they can be interpreted from "what we know". This way, the "little d" discourse can be used to say something about the "Big D" discourse.

4.3.3. Coding of topics

The coding of the topics was based on a similar process as Huber's in her research of defining positive health. Huber et al. named her dimensions by studying literature on health aspects and comparing them to the results of the qualitative research about health ("Towards a 'patient-centred' operationalisation" 9). Following her considered literature, the same articles

of Stewart et al. and Willemstein et al. were used for this thesis, because they represented these results best as well.

5. Results

This section will explore the results of the focus group interviews. The first three topics were coded as: 1) physical health, 2) mental health, and 3) social and environmental wellbeing. In line with the literature and the interview, two additions were made: 4) religion and 5) gender specific issues. The selected conversation fragments are assumed to represent "Big D" discourse, in this case health beliefs, of Syrian women. Shortened quotes taken from these fragments are therefore presented through a table distributed among the "Big D" health dimension it refers to. The complete fragments can be found per dimension as well in Appendix II.

5.1. Dimension 1: physical health

The first aspect the women mentioned was food in relation to health. They would often speak of this in terms of "eating healthy food", by which we can assume they mean, as they would also often add or mention, food that contains vitamins. When asked what would make a person sick, they would express the contrast: "less vitamins, vegetables and fruit, more meat". Very often they would also, in the same conversation about food, state that different types of activity benefit their health. The guideline mentioned by one woman "walking for a minimum of half an hour a day" has been a discussed guideline in conversations about health in society. Therefore, even though the women don't explain how walking benefits their health precisely, we know what they mean from the context of familiar conversations. Food and sports were mentioned frequently in combination with terms like "daily tradition", "habits" and "lifestyle". This could therefore be assumed to be part of a larger way of living. Finally, the women expressed that their weight affected their health. These expressions are also understood because of the relation between weight and health is of societal concern.

Table 1:
Physical health and its aspects

Food	Activity	Daily health
"food"	"running"	"daily tradition"
"eating well and healthy"	"doing sports, twice of thrice [a week]"	"daily habits"
"I always try to, even if I don't cook healthy, eat a salad with it"	"regardless of pain I try to keep walking"	"healthy lifestyle"
"eating vegetables"	"I try to walk for a minimum of half an hour a day"	"sleeping and eating"

“less vitamins, vegetables and fruit, more meat”	“if you don’t do sports, you have to walk”	“the more weight I gain the more problems I get”
“she eats salad in the morning too”	“no moving”	
“in the first place eating healthy, or eating varied actually”	“she is busy, so she rarely sits”	“she has extra fat in her body. […] she can’t gain weight at her spine cause that can cause more damage.”
“am trying the wholemeal bread. I find it's supposed to [help] lose weight and it’s healthier and it’s got less carbohydrates		
no salt, no fat things, because of her, her children are also excluded from tasteful things.		

The next four aspects are pain and complaints, medical conditions, illness and physical functioning. Medical conditions and illness differed in a sense that when talking about health issues, the woman made distinctions between issues that were more chronic, like diabetes, and issues that were often temporarily and of somewhat less significance, like a cold. The issues mentioned most all had to do with having “troubles with” specific parts of the body. In this context, the word “troubles” would be used to refer to pain, but pain would sometimes be mentioned as well. It was also important to the women that they had the ability and energy to function. One woman said that her energy was very low, and that she wasn’t able to “practice her life”. Lastly, the women felt that their age also affected their physical functions and thus their health.

Table 2:
Physical health and its aspects

Pain and complaints	**Medical conditions**	**Illness**	**Physical functioning**
“troubled by her joints”	“her diabetes was high”	“having a cold”	“health for me is to be able to move. To have power”
“joint wear”	“for me I have a lot of problems... I came here to Holland two years ago. And I have a very bad hernia. Two hernias.	“A headache you can fix yourself too”	“I don’t have any power, any energy to practice my life”

“troubled by her knees”	“cholesterol”	“diarrhoea”	
“she gets tired very quickly”	“high blood pressure”	“the flu, I was invited because of my health to have a flu shot”	
“troubled by her joints and pain in her body”			“the eyes are getting worse... the older you get, the less the body will function”
“back pain”			“yes, I always and I think especially for women, when they turn 40 for example. I am tired sometimes, I am 41, I don’t always feel well”

5.2. Dimension 2: mental health

Table 3 shows the first and most discussed aspects of mental health: the emotional and psychological state and trauma and loss. In fact, “emotion” was the first mentioned thing in the interview. The woman would refer to the emotional and psychological aspect of health in those precise terms, or by drawing examples like “being sad” or “suffering from depression”. From conversations about these feelings, also naturally followed conversations about the background of their mental health. These conversations would often include references to “the war”, “home”, and “family”, all in the context of what they lost and how that affected the women. Trauma and loss were distinguished from the emotional and psychological state, because the latter could be of individual concern whereas the former could occur to anyone by external factors.

Frag 1.

[01:15:32.22] E: and.. do emotions always occur after something happens or can someone be predisposed to have specific emotions as a person?

[01:15:56.00] T: no, after something happens.. both.. emotions can occur in both. Her husband now has heart complaints, because of the war. He didn’t have them before.

Table 3:
Mental health and its aspects

Emotional and psychological state	Trauma and loss
"she says emotion. emotion plays a big part in my health"	"she says we were doing well with our health and taking our medicines, but when we came here everything that we had been through, the war and how we feel, was put aside"
"the psychological side for me is affecting my health more than food"	"emotions, feelings, and traumas... they have been through a lot"
"Being sad"	"I'm getting worse here because of home sickness. All of us as refugees, we lost our family, we lost our mothers and fathers"
"a lot of people, especially men here, are suffering from depression"	"war has an influence"
"for me, I consider the psychological part half of the health"	"everything they have been through to arrive here... their whole lives were turned upside down"
	"we are just swallowing and swallowing it."
	"so, we are full of very bad psychology problems. It is affecting all of our health."

The next three aspects had to do with the way the mind was used. The women expressed that experiencing "stress" and "thinking" influenced their health. A "healthy mind" and "using the mind" was also marked important, in order to be able to direct one's life. Lastly there were several comments on the connection between mind and the body, specifically in regard to the effect of the mind and mindset on physical issues, in terms of "making your sickness worse" or physical "complaints because of the war".

Table 4:
Mental health and its aspects

Stress & worrying	Cognitive functioning	Cohesion between mind and body
"putting stress aside"	"thinking of the things you do, using your mind"	"imagine you have got some pain somewhere and your thoughts make it bigger. Your thoughts will make your sickness worse. Negative thoughts."
"a lot of thinking makes you sick… worrying, yeah, worrying"	"when my mind is healthy, I can do things, I can decide, I can think things through, I can control my life"	"to me it is also important that mental and physical health are parallel and well"

"stress, thinking…"	"her husband now has heart complaints, because of the war. He didn't have them before"
	"she feels psychologically, emotionally and physically that her health is decreasing, and she feels very different than..."

5.3. Dimension 3: social and environmental wellbeing

The third dimension is mainly concerned with social relations and environmental factors. Especially with regards to settling in a new country, the social factor seemed important to the women. In the first place, because they were often relying on their social network when seeking for advice and sharing experiences. One woman expressed that whenever she would come across something new, like a new type of food, she shares her experience with people from her own culture who are also new in the country. Additionally, coming together with those women, like in the community centres, were often said to give the women "positive energy" and make them feel better. Another type of social relations was found in the "big family". Having family was also valued deeply because of the "long experience" of family members and the "warmness" of having so many family members around. Some women said that she would also talk to family when she would have health issues. From the terms the women used in the way the they spoke about family, it can be assumed that this is a different aspect than "just" a social network, especially because they rely on their children to "serve" them as well.

Table 5:
Social and environmental well-being and its aspects

Social Network	Family
"we exchange our experience"	"but we are [an] Arabic family, we have a lot of members, relationships, family, warmness, the children are still serving the family. So, this makes you happy."
"new culture [thing] for us. When we try some need food especially if it's healthy or our... the Dutch people are doing something so if it's a useful thing we tell each other"	"especially, which is another thing related to the health, if you have your mother or your grandmother, they have a long experience about the healthy life. They can advise you what to eat... tell you "this is good, this is bad, this is..." and here we don't have anyone to ask"
"if I go to this group, I take positive energy with me"	

“being around others, makes her feel better. She has got positive energy then”
“but like you said, if we go outside or something like this for one day a week, like this [community centre meeting] it's something funny”
“she takes the telephone and asks her friends who are specialized in the specific disease, and she takes their advice”
“I feel better when I speak to others”

The environmental changes also create a materialistic aspect to health, even though this wasn’t mentioned explicitly. The experience of losing a house or a job or money was said to have an effect on health. Connected to that is the daily practice, which was important because working and going to school was valued and not being able to do so affected the women. Lastly, the women also expressed that now that in The Netherlands, they feel more space to spend time on things they want to do themselves, like taking care of kids, relaxing or having the ability to realize dreams. These expressions might reflect the need for a degree of freedom of choice in life.

Table 6:
Social and environmental well-being and its aspects

Financial and materialistic wellbeing	**Individual autonomy**	**Daily activities**
“all of the men, they lose their work, their money, their countries. And now they are sitting in the social welfare, they are not working. So, this is affecting all the men very, very much and the family. So, it's related to the health.”	“in our country, we are always busy and working...”	“it's affecting. Especially [since], I am not a housewife. I'm a work woman... doing... 20 years ago I was a teacher, a supervisor, a translator, so my life was only full of jobs. So, I was working and now I'm only sitting here. My health is not serving me...”
“yeah sure, when you lose a lot of things, you lose happiness”	“but here in the Netherlands we have time.”	“I want to learn at something”
	“she can be herself and relax there [at community meetings]”	“with working they had a structure”
	“she says we can dream and plan to make those dreams come true”	“if I am healthy, yeah really, because I would… because I really like the school and I am the smartest student”

"they give rest as well, weekend, holidays"
"a weekend away, using it to do a big clean-up, to cook more, to work more than other times"

5.4. Dimension 4: religion

The dimension of religion was added because in many ways, religion played an important role in health beliefs and practices. It was never specifically expressed that "religion" would refer to Islam, but the fact that "prophet Mohammed" was brought up indicated this. The first thing mentioned with regards to religion was the general idea that because their life was given by God, the women felt they had the responsibility to take care of it. The expression "taking care" would in this context mean making sure the body is healthy. What was done to stay healthy was also they believed to be questioned by God "later", possibly referring to the afterlife. The same responsibility would apply to mental health. Apart from a general responsibility, religion also provides some practices related to health. These categories were divided in daily and specific practices, meaning that some would only occur at specific times or at specific situations in life. One of those is Ramadan, an important yearly month-long practice. Women would specifically refer to this as a "healthy" month which "detoxes" the body, in a physical but also a spiritual way. Another practice was that of circumcision, but this was not included in the results because it only applies to boys.

Daily practices include praying, with "staying clean" referring to the washing that is part of the praying ritual. These expressions could reflect the belief that bodily hygiene is a part of health too. There were also some food-related notes that related to religion. A very specific belief was that of the concept called *hadith*, which was described by the prophet Mohamed. This concept holds that the stomach should be filled with three things: food, water, and air ("breath"). Eating to the point where one feels full, or over-eating for that matter, should be avoided. The prohibition of alcohol, drugs, and pig meat was also mentioned. Although this wasn't explained, we know from broader discussions and conversations in society that these are believed to be harmful to the health and therefore they are prohibited by Islam. Lastly, the cause of sickness and health was also strongly connected to religion. If one was to follow the rules and practices of the Islam perfectly, this would ultimately result in complete health. Additionally, when it comes to diseases beyond control, for example chronic diseases, it is

believed that these are given by Allah as a test to see how one copes with difficulties and how this affects faith.

Table 7:
Religion and its aspects

General responsibility	Specific religious practices	Daily religious practices	Cause of sickness and health
"we are born healthy. We have a responsibility towards God that we have to take good care of the health"	"yes, the Ramadan for example is also a healthy month when your body..."	"yes, praying actually, you will stay... yes, it's more moving, praying, but also staying clean..."	"but if we follow it, we will not have diabetes, we will not have cholesterol... all of these things. Because we are [now] imbalanced"
"so that's something that we will be asked about later. What did you do to stay healthy?"	"she says the Ramadan is for your body to [de]tox..."	"praying, you will do all year long, only if you're on your period, but it means that you move and at the same time have some satisfaction for the soul. But also, before praying, you will wash and thus clean your body"	"this is another thing in religion we believe. This is our faith, that Allah, that Allah created you like this as a kind of a test to testing you that you're going to be... patient and [inaudible] and thanks a lot or you are going to complain. Everything is connected"
"in our religion health is always important. [switches so Arabic] ... [it] taught us about take care of our body, eating healthy..."		"our prophet Mohammed [says] that our stomach... when you eat or you practice your life, you have to fill your stomach with three things, not with one. So, you have to divide the three things: one for food, one for the drink and water, and one for breath[ing]. So, he advises us to not fill our stomach at full"	"all the sickness we got, we got from Allah"
"and also take care with our mind, no		"they prohibited alcohol and the drugs"	

stress. We find tips in our religion"	
	"pig meat and this is related to health"

5.5. Dimension 5: female health

The last dimension concerns health beliefs that are related specifically to the experiences of women. It should be noted that the considered literature on the constitution of health almost never includes gender in the frameworks they provide, understandably because they are concerned with a more general notion. In the case of this thesis, I decided to include this aspect because it quickly became clear that in the Syrian culture gender made a difference in health beliefs for women. The first aspect that reflects this is the matter or family. The family status is of specific concern for the woman: the participants expressed that there is a pressure to marry at a certain age and that it affects the health of the woman if she fails to do so. Additionally, the participants expressed that the woman has to be able to have and want children, because otherwise her husband will remarry, or she even has to find "another woman" for her husband. Words like "stress" and "worth less" and "difficult" were linked to not marrying. This reflects again that creating and having a family is an essential part of a healthy life, specifically in an emotional way. Related to that is the aspect of motherhood. After the initial stress of finding someone to create a family with, being a mother is also said to have a significant effect on health. This seems to be a twofold issue: on one hand, as a mother, the women felt a distinct responsibility for their children's wellbeing. The mother is expected to "keep an eye" on the health of family members. The participants also illustrated their beliefs by providing a contrasting picture of the woman without kids: she was said to have "money", "holidays" and "freedom". Responsibility was also sometimes mentioned in combination with the term "stress" and from that it can be assumed that the role of a mother is sometimes seen to affect health in a negative way. This assumption becomes even more plausible when considering the expressions about the body of the mother. Often the participants would state that the woman who does not have children, keeps her "pretty" body and that the woman who has children is a "little bit less tangible". On the other side though is the strong belief that a family is essential to a person's health. This is reflected by quotes stating that the mother will at a later stage in life not be alone and experience the happiness of having her children around, also in the sense that they can take care of her. One woman

explained that her childless friend would worry about her future and her health with regards to staying alone:

Frag 2.

[01:23:04.00] Woman: **yes, also nadir [friend] is always nervous about [at] the doctor…when she dies… about her memory…**

[01:23:31.07] Eva: and she founds that tensive?

[01:23:32.11] Woman: yes, or getting older...

[01:23:34.20] Translator: when she gets older, she doesn't have anyone to take care of her you mean?

[01:23:37.11] Woman: yes, yes

The women would almost always start with mentioning the disadvantages of being a mother, and then give the other side, stating the advantages. This might indicate that to them the advantages weigh heavier than the disadvantages.

Table 8:
Female health and its aspects

Family status	Motherhood
"stress to marry"	"so just the health of all the family members is also important for the mom, that she keeps an eye on that" [2]
"too emotional and sensitive, because everything is about children when you tell something. And the women who can't have kids, you'll see that they'll get emotional"	"here in the Netherlands I have a friend, they're women who don't have children, but her body is really pretty, and she always has money for holidays... more stuff to do, no thinking about her kids" [2]
"she says actually in Arabic countries the woman has to have children because otherwise her husband will remarry. So, it's not her own choice"	"yes, also nadir [friend] is always nervous about [at] the doctor…when she dies [will die]… about her memory…"*
"some cultures mark you as non-woman if you can't have children. You are worth less then"	"we say that the woman that is not married, that is not a mother, she is a little bit [more] healthy, more than the other one, because of the stress and the responsibility"
"sometimes, women who don't have children, in Arabic countries, they have to make sure for another woman to be with their husband"	"but she has a lot of happiness, because she is a mother, she is acting the role of

	the mother. She is, in the life she is not alone"
"the health of a woman who can't have children is more difficult"	"physically we are a little less tangible... emotionally and mentally heavier burdened than children… than those not having children"
"girls who are not married at a certain age, they get aggressive and sensitive. They view themselves worth less, and so does society. So, every parent wants their daughter to marry. But this isn't the case for a man, that's different"	"physically better, her body is more beautiful, her feelings and emotion are..."
"the woman has to be fertile"	
"the same situation, woman who marry, can't have sex without marrying. Good for the psychology and her body"	

*an explanation and the contextual conversation of this quote are provided in the above text

The specific physical effects of childbirth were also said to be important to the health of the women. The process of "getting pregnant" was mentioned, which in relation to health can be assumed to mean fertility. Other physical issues include "problems with the womb" and "caesarean section". These terms were in this context understood, because as a woman I had the necessary background knowledge. Lastly, for some women periods were heavy and inconvenient to the body. However, once the periods stopped and the women would get into menopause, they felt that they would get other health issues because the body wouldn't get rid of "waste" anymore.

Table 9:
Female health and its aspects

Fertility & childbirth	**Periods and menopause**
"the first-born child also had consequences for her health"	"your period too" [2]
"getting pregnant as well"	"when you are in the menopause, your health then goes… you also get… less vitamins in your body, dislocations, decalcification, you get... by having the periods, all those things… waste… your body gets rid of it. And now, not anymore. So, everything stays inside"
"problems within the womb"	
"I got all kids [via] caesarean section. Four"	

6. Discussion

The abovementioned results provide some useful representations of health for Syrian woman. From the analysis of the language expressions, the following framework can be established:

Table 10:
Five dimensions of health covering 22 aspects

Physical health	**Mental health**	**Social and environmental well-being**	**Religion and faith**	**Female health**
• Lifestyle • Medical conditions • Illness • Pain and complaints • Physical functioning	• Emotional and psychological state • Trauma and loss • Stress and worrying • Cognitive functioning • Cohesion of mind and body	• Social network • Family • Financial and materialistic wellbeing • Individual autonomy • Daily activity	• General responsibility • Specific religious practices • Daily religious practices • Cause of sickness and health	• Marital and family status • Motherhood • Periods and menopause

In the physical health dimension, food, exercise and daily habits were taken together and coded as the aspect "lifestyle", because they were all concerned with a daily way of living. The coding of aspects medical conditions, illness, pain and complaints and physical functioning all remained the same as when they were grouped. It should be noted that the aspect lifestyle was sometimes connected to other dimensions and aspects. The woman who was on a diet because of spine problems, also stated that her family was excluded from specific food, which could indicate that eating is a family matter and that the mother's medical conditions ultimately effects that of the family. The dimension and aspects of the mental health dimension represented all quotations well and were thus coded the same as when they were grouped, as well as the dimensions of social and environmental well-being and their aspects.

To the dimension of religion, the term "faith" was added, because from the aspects it seemed that there was a difference in health between following the rules of religion, and remaining faithful when facing health issues. All the aspects of this dimension represented their quotes so there were no further changes to the coding. When considering the relation between religion and health, it could be argued that the complete perception of health is based on religion, in that sense that Islam provides a way of living that includes health beliefs. Almost

all considerations and practices derive from the word of Islam. However, during the interview, there also seemed to be more general ideas about health that didn't necessarily come from a religious perception. Especially the emotional health and the social and environmental well-being dimensions seem to be a part of health because the women experienced this rather than it being prescribed by religion. However, interpreting expressions about two "big D" topics such as religion and health and connecting them, will always be debatable, especially from an "outsider" position.
Moving on to the dimension of female health, the term "marital status" was added to the aspect of family status, because marrying and having children seemed two important aspects affecting health. The aspect motherhood was then combined with the earlier distinct aspect of fertility and childbirth, because these were both related to the advantages and disadvantages of becoming or not becoming a mother. To the aspect of periods and the menopause remained no changes were made.

Something that needs to be considered is the relation between the dimensions and aspects of the framework. Even though the dimensions and their aspects are established separately, they also influence each other. The women for example stated that losing things, like jobs or houses, significantly influences happiness up to the point of depression. Another example that illustrates the relation is the lack of energy and body strength experienced by one woman, making her unable to go to school, which resulted in feelings of unhappiness.

The dimensions and aspects of health for Syrian woman have now been analysed, presented and discussed. To finalize answering the research question, the established framework needs to be compared to the framework of "positive health" of Machteld Huber. The most significant similarities and differences will be discussed per dimension and aspects.
The first observation in terms of difference would be the length of the frameworks. Huber's framework contains six dimensions, the framework of this thesis only includes five. The coding of the dimensions is also completely different, although it could be argued that the dimensions are to some extent covering the same thing. Starting with Huber's "bodily functions", this could be just a more explicit term for the more general "physical health". Two matching aspects can be observed in the frameworks ("physical functioning" and "complaints and pain"). The same observation of similar coding for "mental functions and perception" and "mental health" can be made. The framework of this research seems to refer less to "functions" of health and more to "experiences". Again, two matching aspects can be found ("cognitive functioning" and "emotional state"). An important addition to the framework of

this research is that of the aspect “trauma and loss” that can’t be recognized in Huber’s framework. The aspect of “stress and worrying” is also not present in the “positive health” frameworks.

The two dimensions of Huber’s framework, “spiritual/existential dimension” and “quality of life” are missing in the framework of this research. This could be explained by the fact that spirituality and existentialism are embedded in the religious dimension. Quality of life wasn’t analysed to be part of health and is therefore not assumed to be a significant dimension for this group. There are no similarities in aspects in the aforementioned dimensions.

Huber’s dimensions of “social and societal participation” and “daily functioning” are also different in coding and there are no matching aspects that can be found in the framework of this thesis. However, the content might be similar to that of the dimension “social and environmental well-being” of this research. Her aspects of “social contacts” and “the ability to work” could be related to the aspects of “social network” and “daily activities” of this research. An important addition of this research is the explicit mention of financial and material well-being. An explanation for this might be that the Syrian women, because of their refugee status, are more conscious of what it means to lose their houses and jobs than non-refugees. The specific addition of family is also significant because the presence of family is valued highly within the researched group.

Lastly, an obvious difference in the frameworks is the dimension of female health. As stated before, this research deals only with female participants so this addition naturally followed. The framework shows the importance of awareness of gender difference, especially because the perception of gender and the relation to health is very much culturally dependant. The beliefs of male and female health in the Syrian culture, for example regarding marriage and fertility, could be very different from perceptions in The Netherlands and thus affect intercultural communication between Dutch medical staff and Syrian patients.

7. Limitations

Before reaching a conclusion, some important limitations need to be addressed. The first and foremost is the matter of language. Every assumption and interpretation of this research was based on quotes given by the interpreter. Quotes were thus not direct but channelled through and affected by the translation abilities of the interpreter. It is possible that participants would have translated them differently if they had been able to express themselves directly. The established dimensions, aspects and quotes used were for this reason presented to the participants to make sure the interpretation was correct. All participants agreed to this, but again, this verification happened through a translation.

Another important limitation is the scope of this research. Huber's framework was established after a lengthy research with 140 different stakeholders. This research only includes data of six participants from one interview and the framework wasn't, like Huber's, statistically tested for agreement. This framework might therefore be useful to get an idea of what constitutes health for Syrian woman, but further research is needed to extend the framework and add more detail. It might then also be more effective to question aspects of health more directly, because not every belief just "pops ups" without a trigger.

Lastly, the demographics (for example age, geographical background, educational level) of participants may also play an important role in health beliefs. This was not included in this research, but it may generate interesting and important differences. For the same reason, it should always be taken into account that a framework is, like Huber said, a direction to look at. It is not a fixed definition but depends on a number of variables. Lastly, further research should also include health (care) practices, since participants expressed deep frustrations about this matter.

8. Conclusion

The general framework that was established includes five dimensions: physical health, mental health, social and environmental wellbeing, religion and faith, and female health. Over the five dimensions, 22 aspects were determined. The first three dimensions could to some extent fit in the framework "positive health" of Machteld Huber. The last two dimensions, religion and faith and "female health" were not present in Huber's framework. Most of the aspects matched at least to some extent aspects of Huber, with the most important differences being trauma and loss, stress and worrying, family and financial and material well-being. This shows that even though there is some overlap between the frameworks, awareness of the cultural differences is important. However, to further analyse these cultural differences, more research is needed. Ideally this research should take into account the various limitations of this study, namely the use of an interpreter, the scope of the research, the design and the demographics.

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Appendix I: interview set-up list of questions

First questions

- How long have you been living in Utrecht?
- What does your family her in the Utrecht look like?
    - Follow-up: Do you still have family abroad? Where do they live?
- Where else have you lived besides Utrecht? From when to when have you lived in that/those place/places?

Content questions

(a) experiences/behaviours, (b) opinions/values, (c) feeling, (d) knowledge, (e) sensory information, (f) background or demographic information

Topic: General health (physical, mental, social)

- **What/who do you think influences your health? (b,a)**
  Sub questions and follow up:
    - Do you feel healthy at this moment? ©
    - What makes you particularly feel healthy? ©
    - Is health important to you? FU: How important? Why is it that (un)important? (b)
    - How do you make sure to live healthy? (a)
    - How do people around you make sure to live healthy? (a)
- **Have you ever been ill? How ill? How did you feel that? (a,c)**
  Sub questions and follow up:
    - What caused that illness? (b,d)
    - Has anyone near you been ill? FU: Was it the same illness as you experienced? (a,d)
    - What do you do first when you get ill? (a)
    - Are there types of illness for which you would do something else?
- Who do you talk with about health? FU: What health topics do you talk about? (a)
    - How do you know what a healthy lifestyle is? (b,d)
    - Where do you get trustworthy information from? (b,d)
    - Is it important to know about health and illnesses? FU: Why (not)? (b)

Topic: Health and religion

- **What can you do about your health? Who else can do something about your health? How? (a,b)**
  Sub questions and follow up:
    - Do you think that illness can be cured most of the time? FU: What do you think are the best options to cure illnesses? Can you influence getting better yourself? (b)

Topic: Health and war (fleeing, different countries)

- **When and where were you healthiest in your life? Why? (b)**
  Sub questions and follow up:
    - Has your health been different in different places? FU: How do you think this happened (if anything has changed)? (a)
    - Is the experience of being healthy in the Netherlands the same or different from other places you have lived? FU: What are differences/similarities? How come? (a,b)
    - Is the experience of being ill in the Netherlands the same or different from other places you have lived? FU: What are differences/similarities? How come? (a,b)

Possible:

- What is the difference between a happy life and a healthy life? Do you think they are related? Can you be unhappy and still healthy? (b)
- If something good happens, do you feel healthier? Why? What kinds of things?
- Have you ever experienced loss? Of a friendship or a job? How did that influence you? Did it influence your health? *(a,b)*

Appendix II: transcribed interview fragments categorized per dimension

E = Eva
T = Translator

Physical

[00:08:51.14] Woman 3: eating
[00:08:52.25] T: eating
[00:08:53.07] Woman 3: yes
[00:08:54.08] Woman 3: **daily tradition**
[00:08:55.13] E: whether you eat healthy or not?
[00:08:56.18] Woman 3: yes
[00:08:57.26] E: yes
[00:08:57.26] [switches to Arabic]
[00:08:59.26] T: oh yes **daily habits**
[00:09:01.15] E: oh yes
[00:09:01.29] Woman 3: habits

[00:13:11.05] T (about vrouw 2): she says there is also a benefit regarding her **diabetes**
[00:13:14.06] E: hm-hm
[00:13:14.13] T: Because in Syria **her diabetes was high**
[00:13:17.01] E: hm-hm
[00:13:17.26] T: and she got different **insulin** which wasn't perfect
[00:13:21.13] E: hm-hm
[00:13:21.22] T: so, when she came her, they gave her insulin, and so her diabetes that was high before is nu stable. That is one side of the story.
[00:13:31.04] T: the other side is that she is **troubled by her joints** and I think she has **joint wear**. But they can't understand her. She takes her son who speaks Dutch, but they can't understand her. And there [in Syria] she got some medicine and it [the joints] was well, but here she doesn't get the medicine.

[00:17:53.12] T (about woman 2): she was **troubled by her knees**. She says she had a medicine and the medicine she had there [Syria] was helping her. After six months the doctor said she didn't need it anymore, but because of the war the doctor there... she can't anymore... she doesn't know his name anymore. So now she got all those complaints.

[00:19:27.05] T (about vrouw 2): she says here in the Netherlands she is troubled by tiredness. She can't... **she gets tired very quickly**. She can't do household things and then it turned out that **the vitamin D was very low**. She got some extra, which they didn't have in Syria. She was also **troubled by her joints and pain in her body.**

[00:21:16.20] Woman 5: Okay, **health for me is to be able to move. To have power**. Because sometimes, because of all sickness I have, in the morning when I get up, I don't have any power, **any energy to practice my life**. I'm suffering of my legs, because of the same of nervous related to diabetes. So, this is what I'm really suffering of with my health. That sometimes I lose my energy and you know what's energy. It's all the vitamins... So sometimes

I didn't feel the power to get off my bed. To stand up. I wanted to wear my socks, without it taking my breath. Really, this is what is health for me. To have the energy to practice.
[00:22:05.05] E: So, and the ability to move around
[00:22:08.03] Woman 5: Yeah
[00:22:08.21] E: ... have power
[00:22:09.09] Woman 5: to have the power and energy. And it's not related to the food or something like this, because I'm eating my breakfast. It's related to lacking a lot of vitamins, a lot of blood, a lot... so many things.
[00:22:24.03] E: so, its physical... mainly
[00:22:25.20] Woman 5: Yeah... yeah. So many things.

[00:23:08.13] E: maybe we can talk about how you can take care of staying healthy yourself. Or what influence you have yourself.
[00:23:20.06] T: eating
[00:23:21.26] Woman 1: **eating well and eating healthy**
[00:23:24.28] Vr1: and **doing sports**
[00:23:26.23] T: sporting
[00:23:27.24] T: do you do that?
[00:23:28.09] Woman 1: yes
[00:23:28.19] T: okay! Good
[00:23:28.19] Woman 3: **running!**
[00:23:32.06] T: running?
[00:23:32.21] E: running? great!
[00:23:32.21] T: ah! okay!

[00:23:34.22] Woman 3**: twice or thrice...** [inaudible]
[00:23:38.11] E: twice or thrice
[00:23:39.24] E**:** per week! that's great!
[00:23:43.06] Woman 3**: I try.**
[00:23:44.12] E: Great!

[00:23:53.06] T (about vrouw 2**): I try to walk**
[00:23:55.24] T: yes
[00:23:57.17] T: **for a minimum of half an hour a day**
[00:24:02.10] T**: regardless of pain I try to keep walking**
[00:24:14.03] T: **she is busy, so she rarely sits**

[00:24:19.06] E: eten other ways, like indeed eating healthy….
[00:24:27.29] T (about vrouw 2): **I always try to, even if I don't cook healthy, eat a salad with it** or those kind of things
[00:24:39.09] T: **she eats salad in the morning too**

[00:24:58.23] T (about vrouw 2): I try to get my weight down. So, I try to... **the more weight I gain, the more problems I get**
[00:25:18.06] T: she was referred to a dietician
[00:25:41.06] T: she's advised that if she eats healthy, she can use less insulin

[00:25:53.28] Woman 3: **I do sports**
[00:25:55.29] T: sports, yes

[00:25:56.28] Woman 3: **yes, and vegetables**
[00:26:00.15] T: **eating**
[00:26:03.12] Woman 3: **a healthy lifestyle**
[00:26:13.13] Woman 3: **sleeping and eating**

[00:43:38.23] T (about woman 6): she says what health means to her is **in the first place eating healthy or varied actually**. **Doing sports, and if you don't do sports, you have to walk**. Putting stress aside. Thinking of the things you do, using your mind.

[00:44:33.06] T (about woman 4): **backpain**. She can't sleep **and she has extra fat in her body**, her organs. At physiotherapy they try to loosen the joints. **She can't gain weight at her spine cause that can cause more damage.**
[00:45:21.00] T (about woman 4): **cholesterol**
[00:45:26.29] T: **high blood pressure**
[00:46:06.20] T: **no salt, no fat things, because of her, her children are also restricted from tasteful things**
[00:46:23.10] T: **high fever**

[00:50:22.05] T (about woman 4): yes, **a cold**
[00:50:41.19] T: She actually had troubles with her uterus, that kind of things. She got something and now she doesn't have to go to the doctor, she can get the medicine herself. And if you have **a sore throat**, you can do things yourself about it, you don't have to go to the doctor.
[00:51:01.11] T: **A headache you can fix yourself too**.
[00:51:05.29] T: If you have **diarrhoea** you can do things yourself too.

[00:51:36.19] Woman 5: **the flu** [switches to Arabic]
[00:51:40.14] T: oh yes, **the flu shot**

[01:13:01.00] Woman 3: eating bad and less...
[01:13:02.16] T: eating bad
[01:13:03.11] E: so, if some eats bad, that person would... gets sick
[01:13:05.16] Woman 3: **less vitamins, vegetables and fruit and more meat... and no moving**

[01:21:01.06] T: yes, of course, **the eyes are getting worse... the older you get, the less the body will function**

Mental

[00:08:43.21] T: **she says emotion**
[00:08:44.26] E: hm-hm emotion
[00:08:45.19] T: yes, **emotion plays a big part in my health**, you said so too
[00:08:50.02] E: hm-hm

[00:09:50.13] T (about woman 4**): she says we were doing well with our health and taking our medicines, but when we came here everything that we had been through, the war and how we feel, was put aside.** This is very important to take into account. Nobody looks at us."

[00:10:16.26] E: so, the illness pattern has changed by
[00:10:18.14] T: yes... changed, yes
[00:10:19.02] E: coming here
[00:10:20.12] T: **especially the emotions and feelings, and traumas. They have been through a lot.**

[00:20:34.20] T (about woman 4): health and physical health are two important things
[00:20:44.20] T: **when my mind is healthy, I can do things, I can decide, I can think things through, I can control my life**.
[00:20:55.17] E: and those are connected? The mind and body?
[00:21:01.00] T: yes both
[00:21:02.09] T: have to be well
[00:22:45.22] T (about woman 1): She says to me **it is also important that mental and physical health are parallel and well**. At this moment, I am healthy. I was healthy and I am still healthy.
[00:23:02.10] E: That's good!
[00:23:01.15] T: I thank God

[00:26:17.11] Woman 3: **and with my worries**
[00:26:23.18] E: hm hm mentally
[00:26:25.11] T: **less stress**
[00:26:25.12] Woman 3: yes, **not only with my body but also with my mind**

[00:43:38.23] T (about woman 6): she says what health means to her is **in the first place eating healthy**. **Doing sports, and if you don't do sports, you have to walk**. **Putting stress aside. Thinking of the things you do, using your mind.**

(talking about mothership)
[00:56:04.04] E: but… and mentally?
[00:56:15.19] T: you get a whole lot of **responsibility** with it. And then **sometimes stress too**.
[00:56:24.11] T (about vrouw 2): she found it fun, she was in a good place.

[01:12:28.00] T (about woman 3): **Imagine you have got some pain somewhere and your thoughts make it bigger. Your thoughts will make your sickness worse. Negative thoughts** of course."
[01:12:46.24] T (about woman 2): When you have an illness, for example the flu or a cold, and you **start listening to that illness and hiding in bed, you will only get worse**. You have to start moving.

[01:13:23.07] T (about woman 2): **a lot of thinking makes you sick… worrying, yeah, worrying.**

[01:13:31.27] Woman 5: the **psychological side for me is affecting my health more than food. Stress, thinking, being sad, especially here for me, I'm getting worse here because of home sickness. All of us as refugees, we lost our family, we lost our mothers and fathers,**

[01:14:05.14] Woman 5: sometimes, when you have some disease or some complaint, you are going to your mother or your father or your sisters to complain to them. This way it's not affecting you in a psychological way. **But here, we don't have any family, no big family. So, we are just swallowing and swallowing it**. **So, we are full of very bad psychology problems. It is affecting all of our health.**
[01:14:30.26] E: so, if you lose a family member, or if you don't have a lot of family members around you, then you feel less healthy? Less happy?
[01:14:40.23] Woman 5: really!
[01:14:41.05] E: **so, happiness and healthiness are really**
[01:14:44.09] Woman 5: are connected, exactly
[01:14:50.00] T: definitely
[01:14:52.26] Woman 5: **especially, which is another thing related to the health, if you have your mother or your grandmother, they have a long experience about the healthy life. They can advise you what to eat... tell you "this is good, this is bad, this is..." and here we don't have anyone to ask.**

[01:15:17.02] T: **war has an influence. Everything they have been through to arrive here... our [of the women] whole lives were turned upside down.**

[01:15:32.22] E: and... do emotions always occur after something happens or can someone be predisposed to have specific emotions as a person?
[01:15:56.00] T (about woman 2**): no, after something happens... both... emotions can occur in both... her husband now has heart complaints, because of the war. He didn't have them before.**

[01:16:14.05] Woman 5: I heard from one Dutch woman, she's working also in this eh... something like you said. **She said a lot of, especially men here, they have... they are suffering from depression.** Specifically here because, number one they lose their work. **All of the men, they lose their work, their money, their countries. And now they are sitting in the social welfare, they are not working. So, this is affecting all the men very, very much and the family. So, it's related to the health**. **For me, I consider the psychological part half of the health**. Even you are eating healthy, eating fruit, but you are living in a bad atmosphere, with depression, and something, it will not...

[01:17:12.10] E: so you feel that um... if I'm saying this right, you feel sad if something happens, if you lose money or a house, um then you feel sad, and if you feel sad, you don't feel healthy?
[01:17:25.11] Woman 5: yeah sure, **when you lose a lot of things, you lose happiness.**

[01:18:49.06] T (about woman 3): There is a dialogue between her and her self. Because she has reached the 40s, **she feels psychologically, emotionally and physically that her health is decreasing, and she feels very different than...**

Social-economic

[00:28:14.13] Woman 3**: in our country, we are always busy and working**... men and women. We don't have time, not enough time, to take good care of our kids. **But here in the Netherlands we have time.**

[00:28:34.28] E: so **here you have more social contacts**
[00:28:41.26] Woman 3: **yes**
[00:28:43.16] E: do you think that's important?
[00:28:44.15] E: To be socially active...
[00:28:44.27] Woman 3: yes... yes
[00:28:46.25] T: very important

[00:28:53.09] E: and with who do you talk about health?
[00:29:13.02] T (translates loose words): **mothers, with friends, the group they participate in, family, mothers...**

[00:29:17.11] Woman 5: we give others our experience. **we exchange our experience** because... **I am trying the wholemeal bread. I find it's supposed to [help] lose weight and it's healthier and it's got less carbohydrates**, so I advise my friend who has the same problem […] we are exchanging experience about... suppose there is some new vegetable here in Holland that we didn't know about, or some **new culture [thing] for us. When we try some need food especially if it's healthy or our... the Dutch people are doing something so if it's a useful thing we tell each other. Especially about** [inaudible] we experience something. Something like "oh this is good", so with different...
[00:30:07.00] E: so now you're talking about lifestyle things
[00:30:10.00] Woman 5: yeah
[00:30:10.10] E: in ways you can eat healthy. but what if you fell... if you fall ill, who do you talk about [to M] ... when she gets sick, with who does she talk first?
[discussion]
[00:30:33.02] E: or what do you do first? do you go to the doctor?
[00:30:43.11] Woman 5: **my husband** because he is...

[00:52:44.05] T (about woman 4): she says, for example, **if I go to this group, I take positive energy with me.**
[00:52:51.11] T (about woman 5): **for example, school, that's to her stressful**
[00:52:58.29] T (about woman 5): To her, **being around others, makes her feel better**. She has **got positive energy** then. To her, school is stressful. Groups are fine, **she can be herself and relax there.**
[00:53:12.05] E: and school isn't... doesn't help with that?
[00:53:14.22] T: no... no

[00:53:21.00] Woman 5: **I lose my energy and my health here because of the effects of diabetes. But like you said, if we go outside or something like this for one day a week, like this [community centre meeting] it's something funny**. It's something to enjoy or something like this. It gives me energy. But three days, in the school, sitting for more than three hours, working mentally, and working, really, it's exhausting. Really, for me it's exhausting. Three days school, and one day in a group, and another day for shopping [inaudible]
[00:53:59.11] E: and if you were healthy, do you think that you would enjoy school more?
[00:54:04.05] Woman 5: if I am healthy, yeah really, because I would... because **I really like the school and I am the smartest student**, I'm not hating it or something like this. Yeah, I am good at school. But in the morning when I don't have any energy, when I go two days, I can't continue there all days of the week
[00:54:24.24] E: and does that make you feel sad that you can't go to school?

[00:54:29.11] Woman 5: so much... so much. **It's affecting. Especially [since], I am not a housewife. I'm a work woman… doing… 20 years ago I was a teacher, a supervisor, a translator, so my life was only full of jobs. So, I was working and now I'm only sitting here. My health is not serving me**… I can't take as you say the... I have a permission from the municipality to not, because of my health, to not continue my study. You understand...
[00:55:01.19] E: yeah you don't have to do it
[00:55:02.10] Woman 5: Yeah, I don't have but I don't want this. **I want to learn at something**

[00:55:26.01] E: and those factors... like having a job, or marrying, or having kids, or not having kids... does that have an influence?
[translates]
[00:55:40.11] T: yes, definitely.

[00:56:43.00] T (about woman 5): To her, **with working they had a structure.** When she works, she really has a structure, and everything went well. She has less stress

[01:11:32.28] T (about woman 4): **she takes the telephone and asks her friends who are specialized in the specific disease, and she takes their advice**

[01:17:32.00] Woman 3: I always think we have… for example, **I feel better when I speak to others**

[01:26:05.19] **Woman 5: We say that the woman that is not married, that is not a mother, she is a little bit healthy, more than the other one**, [who is not married or a mother] because of the stress and the responsibility. But for a specific time, because both of them [mother and no mother] have the side effects. The mother, she has the responsibility and the stress because of the children, and she loses something of her body. **But she has a lot of happiness, because she is a mother, she is acting the role of the mother, she is, in the life she is not alone,** but if we look to the other woman, maybe in her thirties and forties she is very healthy. She is practising her life in freedom. But after forty she will have the same problems as the mother, but she will stay alone. She doesn't feel happy; she is starting [to think] about what she's doing in her life: nothing. Absolutely, I have seen this in Dutch [people] that in the age of sixty they are living alone. No one is caring about them and a lot of people are dying in their houses without anybody. **But we are [an] Arabic family, we have a lot of members, relationships, family, warmness, the children are still serving the family**. So, this makes you happy. We feel the responsibility in the age of 40 but we get relaxed in 50ies and 60ies. Because we are depending on what we build in the past. But here the other people, they get more alone in the 50ies and 60ies and no helps them.
[01:28:05.00] E: so, it's important to have children?
[01:28:07.23] [approving sound]

[01:28:56.07] T: **Girls who are not married at a certain age, they get aggressive and sensitive. They view themselves worth less, and so does society.** So, every parent wants their daughter to marry. But this isn't the case for a man, that's different.

Religion

[00:57:00.23] E: and how does religion play a role in health?

[00:57:28.29] T (about vrouw 2): the first thing she thinks is, because the health... **we are born healthy. We have a responsibility towards God that we have to take good care of the health so that's something that we will be asked about later. What did you do to stay healthy?**

[00:57:47.13] Woman 4: **in our religion health is always important. [switches so Arabic] ... [it] taught us about take care of our body, eating healthy...** having to
[00:58:17.00] T: move, you mean?
[00:58:18.07] Woman 4: move
[00:58:18.25] T: yes move,
[00:58:19.07] Woman 4: **and also take care with our mind, no stress. We find tips in our religion**
[00:58:35.12] T: yes, so they follow the tips that we have in our religion to try to stay healthy

[00:59:03.28] T: **yes, the Ramadan for example is also a healthy month when your body...**
[00:59:12.06] T: **yes, praying actually, you will stay... yes, it's more moving, praying, but also staying clean...**
[00:59:19.00] E: and praying is a general thing, that's not only during the Ramadan, right?
[00:59:22.06] T: yes, yes, no, **she says the Ramadan is for your body to tox**... what do you call that
[00:59:27.07] E: detoxing?
[00:59:28.15] T: detox your body[laughs] but for example **praying, you will do all year long, only if you're on your period, but it means that you move and at the same time have some satisfaction for the soul. But also, before praying, you will wash and thus clean your body.**
[00:59:46.19] E: that's a daily ritual
[00:59:47.14] T: yes, that's a daily ritual

[00:59:51.22] T: **oh yes that's also health, that boys... a circumcision for boys. That's very important, so they won't get diseases. This is also within the religion**

[01:00:08.12] Woman 5: ehh as [..] said that our prophet Mohamed said... hadith... that [inaudible] in the Dutch system... or all the European systems... when we go to the doctor he will say that healthiness [is] eating and drinking healthy [inaudible]… playing sports… we have a good *hadith*. In Arabic it's...
[01:00:31.12] T: Yes! That's right!
[01:00:32.17] Woman 5: I will explain it for her [the Arabic translation of hadith]. It means that you have to... your stomach is like a bag. This is the meaning of hadith. It should be divided to two... three to three parts. One for eating...
[01:00:46.18] E: how do you write the word?
[discussion]
[01:00:59.00] T: Oh yes, you have to consider this…
[01:00:59.00] Woman 5: **our prophet Mohammed [says] that our stomach... when you eat or you practice your life, you have to fill your stomach with three things, not with one. So, you have to divide the three things: one for food, one for the drink and water, and one for breath[ing]. So, he advises us to not fill our stomach at full.**
[01:01:27.28] T: can't.
[01:01:28.18] Woman 5: so, we can breathe. So, we have to just... and this is big, hadith, in us. It is one of the establishments, hadith, in Islam.
[01:01:36.27] E: so, everyone learns this

[01:01:38.09] M and woman 5: yeah! everyone
[01:01:40.16] Woman 5: and when we eat food, we try to follow this because you know when we fill our stomach with food, we cannot breathe

[01:02:01.00] Woman 5: **another thing about religion that in Islam they prohibit... you understand prohibit?**
[01:02:06.23] E: hm hm yeah
[01:02:07.05] Woman 5: **they prohibited alcohol and the drugs**
[01:02:10.24] T: pig meat
[01:02:11.12] Woman 5**: pig meat and this is related to health.** The prophet Mohammed doesn't say anything in any way. When they... this was maybe 2000 years ago. When they prohibited alcohol and drugs and the pig meat.

[01:02:55.12] Woman 5: so, this is the relationship between our religion and our food. So, what Allah says, and prophet Mohamed advises, we follow. If all of the people follow the instructions of the Islam very well, all of us, we're gonna be healthy.

[01:03:27.23] E: if you get sick so, any type of sickness, does that mean that you didn't follow the rules of the religion?
[01:03:37.25] Woman 5: we can't say this at first [straightaway]... because it's not coming from one time.
[01:03:44.29] E: hm-hm
[01:03:45.10] Woman 5: it's coming through the system of the life. If we follow really, if we follow it, one hundred percent we will not get all of this... especially the diabetes
[01:03:53.17] E: you will never get sick?
[01:03:55.08] Woman 5: sorry?
[01:03:56.03] E: you will never get sick?
[01:03:56.21] Woman 5: yeah, yeah, because if we divided our... because Allah, who has created us, tells us this. The rules. We try to follow it one hundred percent. **But if we follow it, we will not have diabetes, we will not have cholesterol... all of these things. Because we are [now] imbalanced.**

[01:04:23.05] E: so, can you be born sick?
[01:04:26.03] Woman 5: born sick?
[01:04:27.11] E: can you be born sick... is that possible?
[01:04:28.09] Woman 5: **this is another thing in religion we believe. This is our faith, that Allah, that Allah created you like this as a kind of a test, to testing you that you're going to be ... patient and [inaudible] and thanks [thankful] a lot or that you are going to complain. Everything is connected.**
[01:04:53.11] E: so, some illnesses are fate? To see how you cope?

[01:05:04.05] E: what I'm trying… what I understand is that if you follow the rules of the religion, you will never get sick
[01:05:11.28] T: yes, that's right
[01:05:12.17] E: however, for example when you are born sick, that's then fate which is... because she said "fate", which is translated as 'lot' [fate in Dutch], from English…
[01:05:22.07] T: yes
[01:05:22.17] E: then you become… then that's how it's supposed to be and then that's a kind of test from God to see how you cope with that

[01:05:29.05] T: yes, yes that's right. Then you'll see how religious you are, and how you… [inaudible] with what you got
[...]
[01:07:26.00] T (about woman 2): that's possible at birth, but you can have it any moment
[01:07:30.04] E: and that doesn't necessarily... hm?
[01:08:02.11] T: **all the sickness we got, we got from Allah**
[01:08:07.09] E: all sickness?
[01:08:08.04] T: yes, and we have to accept that. How happy we are when we healthy, if we get something, we shouldn't be mad and accept it.

Fertility & female health

[00:26:25.12] Woman 3: yes, not only with my body, also with my mind
[00:26:34.02] Woman 3: for me, also for my children
[00:26:37.29] Woman 3: in Holland I learned: a mom should take care of all her...
[00:26:46.04] T: family members
[00:26:46.26] Woman 3: yes

[00:26:49.13] T: **so just the health of all the family members is also important for the mom, that she keeps an eye on that**
[00:26:52.23] E: hm hm

[00:27:11.11] E: and do you think that a mother has a different health pattern than someone who isn't a mother?
[T translates]
[00:27:44.08] Woman 3: no, I learned from my... I've also got Dutch friends here in the Netherlands…
[00:27:51.12] E: hm hm Dutch friends…
[00:27:51.20] Woman 3: they always give good advice for good life
[00:27:59.29] T: so, it doesn't have to do with whether you have children or not, you seek for advice and she has in her friend network Dutch friends too, from who she takes advice and how she can stay healthy in life

[00:55:45.05] Woman 4: I **got all kids [via] caesarean section. Four**
[00:55:48.28] T: oh! Caesarean section!
[00:55:52.00] M over vrouw 1): she as well. **The first-born child also had consequences for her health**
[00:55:58.00] E: so negatively?
[00:55:59.00] T: yes, physically actually

[01:19:28.22] E: and, are there things they experience in their health specifically as a woman?
[01:19:43.00] T (about woman 4): **when you are in the menopause, your health then goes… you also get… less vitamins in your body, dislocations, decalcification, you get... by having the periods, all those things… waste… your body gets rid of it. And now, not anymore. So, everything stays inside.**
[01:20:19.23] T: so of course, it influences your health
[01:20:21.28] Woman 3: **your period too**

[01:20:33.14] Woman 3: getting pregnant as well

[01:20:35.28] Woman **3: problems within the womb, stress to marry, I think more stress than men**
[01:20:46.05] E: stress because you have to get pregnant?
[01:20:48.11] T: No, she says in general, women have to deal with more stress than men
[01:20:54.15] T: for example, to her, the periods are a problem monthly.

[01:21:18.00] E: and, fertility, does that have to do with health, as a woman? So, whether you are able to have children or not?
[01:21:46.03] T: so actually, **physically we are a little less tangible... emotionally and mentally heavier burdened than children… than those not having children**

[01:22:05.11] T: **too emotional and sensitive, because everything is about children when you tell something. And the women who can't have kids, you'll see that they'll get emotional**
[01:22:16.04] E: you don't or can't get kids, it will be tougher than...
[01:22:20.03] T: tougher emotionally, mentally and feelings and those things…

[01:22:25.10] Woman 3: **advantage and disadvantages. Also, differences between Arabic and Dutch women. Here in the Netherlands I have a friend, they're women who don't have children, but her body is really pretty, and she always has money for holidays... more stuff to do, no thinking about her kids…**
[01:23:03.11] E: no responsibilities
[01:23:04.00] Woman 3: **yes, also nadir [friend] is always nervous about [at] the doctor…when she dies… about her memory…**
[01:23:31.07] E: and she founds that tensive?
[01:23:32.11] Woman 3: yes, or getting older...
[01:23:34.20] T: when she gets older, she doesn't have anyone to take care of her you mean?
[01:23:37.11] Woman 3: yes, yes

[01:23:46.00] T (about woman 2): **she says actually in Arabic countries the woman has to have children because otherwise her husband will remarry. So, it's not her own choice.** Here in the Netherlands women might be able to choose to not have children, but in Arabic countries, it doesn't matter who, **the woman has to be fertile**, otherwise...

[01:24:26.18] T: **some cultures mark you as non-woman if you can't have children. You're worth less then**

[01:24:43.00] T (about woman 4): **sometimes, women who don't have children, in Arabic countries, they have to make sure for another woman to be with their husband**

[01:25:20.13] T (about woman 4): **the health of a woman who can't have children is more difficult.**
[discussion]
[01:25:31.00] T (about woman 3): **physically better, her body is more beautiful, her feelings and emotion are...**

[01:26:05.19] Woman 5: **we say that the woman that is not married, that is not a mother, she is a little bit [more] healthy, more than the other one, because of the stress and the responsibility.** But for special [a specific] time, because both of them [mother and no mother] have the side effects. The mother, she has the responsibility and the stress because of the

children, and she loses something of her body. **But she has a lot of happiness, because she is a mother, she is acting the role of the mother. She is, in the life she is not alone.** But if we look to the other woman, maybe when she's thirty or forty, she is very healthy she is practising her life in freedom, but after forty she will have the same problems as the mother, but she will stay alone. She doesn't feel happy. She is starting [to think] about what she's doing in her life: nothing. Absolutely, I have seen this in Dutch [people], that in the sixtieth age they are living alone no one is caring about them and a lot of people are dying in their houses without anybody. But we are [an] Arabic family, we have a lot of members, relationships, family, warm ship, still the children are still serving the family. So, this makes you happy. We feel the responsibility in the age of 40 but we get relaxed in 50 and 60. Because we are depending on what we build in the past. But here the other people, they get more alone in the 50 and 60 and no one helps them.
[01:28:05.00] E: so, it's important to have children?
[01:28:07.23] [approving sound]
[01:28:08.00] Woman 3: **the same situation, woman who marry, can't have sex without marrying. Good for the psychology and her body.**

[01:28:56.07] T: **Girls who are not married at a certain age, they get aggressive and sensitive. They view themselves worth less, and so does society. So, every parent wants their daughter to marry. But this isn't the case for a man, that's different.**

Other: on differences between Dutch and Arabic ways of health
[00:26:56.09] Woman 3: dreaming
[00:26:57.03] Woman 3: here in the Netherlands we can dream
[00:27:05.02] T: **she says we can dream and plan to make those dreams come true**

[01:30:06.00] E: whether they gained new or different perspectives on sickness now that they live in the Netherlands
[01:30:38.24] T (about woman 2): if they look at the society, they notice that people here are much more paying attention to their health in the sense that people walk their dogs in the park in the morning, they cycle, they do things.. That's the first impression she has, that people more consciously... they are dealing with food more consciously, with exercising, with everything they... **they give rest as well, weekend, holidays**
[01:31:10.10] Woman 3: **lifestyle, a lot of vegetables, little amounts of meat, walking every day**. I think old people here have an aristocratic lifestyle. Calm. Better than our country.

[01:31:56.11] T (about woman 4): **a weekend away, using it to do a big clean-up, to cook more, to work more than other times...**

Other: on practice differences
[00:10:30.21] Woman 3: especially in our country, I work about nine years at UNICEF. UNICEF in Syria always takes care of children, especially children, and also older people above 40. Every month they take care of blood tests and body and medicines
[00:10:58.15] hm hm
[00:11:01.29] T: check-ups
[00:11:02.20] Woman 3: check-ups
[00:11:03.02] T: every month
[00:11:03.26] Woman 3: yes

[00:11:04.06] T: monthly check ups
[00:11:04.16] E: UNICEF for free control

[00:31:12.29] Woman 5: **for me I have a lot of problems... I came here to Holland two years ago. And I have a very bad hernia. Two hernias.**

[00:31:29.11] Woman 5: here's the problem of the system, that they are not... really... and this is what I want to complain. They don't put the person in the correct way or in the good solution till he loses his self. They have to try number 1, number 2, number 3, number 4, number 5, all these [..] and this will take time, one year. And you know what is one year affected in: the health. It gets health worse and worse and this is what happened with me, that I came [in] with a hernia. I was walking on my legs but after six months
[00:32:10.01] E: your hernia... you've got a hernia in your...
[00:32:11.05] Woman 5: yeah, yeah, I'm not talking now about the diabetes, this is another problem
[00:32:15.15] E: yeah, this is another problem
[00:32:15.28] Woman 5: yeah, so my hernia, it was decided I had to have an operation for my hernia. And my doctor [was] warning me that you will not be able to walk after [in] two months and I tell my doctor the same thing. He said no we cannot make the operation; we have to try paracetamol and after paracetamol diclofenac. What is paracetamol and diclofenac for the hernia patient? It's nothing. And they take a photo for MRI to show to see how it's serious and they know, but they try all these things and the injection of then if you know it, in the back, and then the physio therapy. And when they find that I cannot… and it gets worse. Then, after six months they decided an operation for me in April 2017
[00:33:05.06] E: so, it moves very slow
[00:33:06.21] Woman 5: very, very slow
[..time will kill you]

Other: age and meaningfulness
[01:17:45.16] Woman 3: **yes, I always and I think especially for women, when they turn 40 for example. I am tired sometimes, I am 41, I don't always feel well**
[01:18:04.29] E: so, age, for you, also has to do…
[01:18:06.00] Woman 3: yes
[01:18:07.26] E: everyone?
[discussion]
[01:18:19.00] T: yes… yes
[01:18:19.29] E: age for everyone?
[01:18:20.27] T: yes

[01:18:49.06] T (about woman 3): a dialogue between her and herself... because she reached 40, she feels psychologically, emotionally and physically that her health is decreasing, and she feels very different than...
[01:19:02.26] E: so, it also has to do with aging on itself? Life fulfilment or something...
[01:19:08.24] T: yes, yes
[01:19:09.00] E: a kind of existentialism
[01:19:11.01] T: yes, that's right she says, it's different from when I was still young, because I am now 40
[01:19:19.15] E: So, getting older is a little scary?
[01:19:22.07] T: yes, yes to her it's scary…