

Dietary Habits of Punjabi Immigrants and Health Implications

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Abstract: India has the largest number of persons born in the country who are now living outside its borders. Migration involves interaction of different cultures, the culture that themigrants bring from their home country, and the culture they encounter in thehost country. Settling in a new region poses many challenges, irrespective of immigrants' backgrounds. With regard to food habits, immigrants are influenced by the food culture of the majority and hence change their dietary habits. Food plays an integral role in Punjabi culture and Sikh religious practice,asa celebratory symbol serves as a means of preserving culture and as an offering to God. The influence of the host countries has affected different generations of Punjabi Indiansdifferently. First generation Punjabi Indians tend to hold on to traditional Punjabidietary pattern, whereasproceeding generations are more likely to adopt a more Western stylediet or a combination of Indian and American foods. The cumulative effect of numerous lifestyle changes upon acculturation to the foreign land has resulted in a number of health disparities negatively affecting Punjabi immigrants. The changing dietary pattern of Punjabi Diaspora towards unhealthier pattern has exposed them higher risk of obesity, diabetes, and cardiovascular disease. There is a need to determine the degree to which dietary counselling should be focused on maintaining traditional eating habits and adopting the smart food choices while living in foreignland.

Introduction:

Migration is a global phenomenon. Migration is the result of many factors vis. economic, social, political or environmental cause. To find work or follow a particular career path and realize one's dreams or moving somewhere for a better quality of life or to be closer to family or friends are some strong reasons causing migration.

Migration causes interaction of at least two cultures, the culture that themigrants bring from their home country, and the culture they encounter in thehost country. The Punjabi Diasporais one of the largest ethnic groups.

Settling in a new region poses many challenges irrespective of background. Language barrier, suitable employment ,housing, access to various services, transportation, culture differences, isolation, prejudice and racism, different weather conditions, eating pattern etc to name a few.

Dietary habits are established early in life and may be difficult to change. Traditional foodof a community strengthens the feelings of belonging, identity and heritage, which help persons to retain and reinforce their cultural identity and quality of life. Therefore it is important to understand the relationships between dietary acculturation and health transitions in order to developappropriate intervention strategies for a multicultural population that requires more and more cultural competencies.

Dietary Acculturation:

With regard to food habits, immigrants are influenced by the food culture of the majority, leading to changes in their dietary habits. Studies conducted on immigrants indicate that socioeconomic and demographic factors together with the cultural factors that immigrants bring along influence the degree of exposure to the host culture, which, in turn, leads to changes in psychological factors, taste preferences, and changes in food procurement and preparation, and thus dietary changes. The process by which immigrants adopt the dietary practices of the host country is called "dietary acculturation". Dietary acculturation is a multidimensional and complex phenomenon and is dependent on a variety of personal, cultural and environmental factors.

Dietary habits of Punjabi people:

Food plays an integral role in Punjabi culture where it plays many important functions. Food is a celebratory symbol inthis culture. It is meant to be enjoyed and plays a large role in celebrations, such asweddings whererich traditional items are served. These events also tend to be communal in nature, revealing the function that food serves in bringing the Punjabi community together.

Food also serves as a medium of preserving the culture of immigrants. Punjabi immigrants utilize food to keep a connection to India and instill strong cultural ideals in their future generations.

Traditional Punjabi food:

Punjabi people prefer homemade food and consume lesser amount of processed foods.

The influence of other religions in India has led to a largely vegetarian diet for Punjabi population. Chicken or fish are usually consumed non-vegetarian food items. High-fat items, such as ghee and butter, are considered healthy for their children. People take small, frequent meals to avoid overindulging at one time. Eating leftovers is very uncommon and is given to the servants. It is also a common belief that refrigerating and microwaving leftovers could lead to negative health outcomes. Parents teach their children to consume their entire meal and not to leave food in plate.

Wheat is a staple for Punjabi Indians, and a typical meal includes some kind of roti, a flatbread made from wheat flour. Makki roti is a version of roti made from corn flour. The traditional Punjabi meal contains assorted vegetables along with roti. 'Saron da Saag' is a very common vegetable dish made from mustard leaves, spinach, and spices topped with butter or ghee. Makki roti with saron da saag is considered one of the most traditional winter dishes of the Punjab region. In addition to a variety of vegetables, there are also some very popular chicken and dishes prepared very relished by Punjabi Indians. Punjabi people are fond of lassi is a prominent drink made from yogurt or curd, full-fat milk, and sugar. Shikanjavi or lemonade is another popular summer beverage.

Transition in immigrant Punjabi Dietary pattern:

The influence of the host country is likely to affect different generations of Punjabi Indians differently. First generation Punjabi Indians tend to feel the need to hold on to traditional Punjabi food practices, while second and third generations are more likely to adopt a more Western style diet or a combination of Indian and foreign foods. Many researchers feel that this scenario can cause tussle within the household when older generations try to push traditional Indian views on younger generations.

Staple foods:

Many studies based on the dietary patterns of immigrants found that a reduction in whole grains consumption occurs in diet of even population adhering to traditional staple foods. Many of them substitute traditional wheat flour with white flour. substantial increase in energy and fat intake and a reduction in carbohydrates after migration has been found by Holmboe and Wandel (2012). Concomitant with this reduction there has been a switch from whole grains to more refined carbohydrates, which has resulted in a low intake of fiber, as shown in the study from Norway. Owing to increased availability and convenience, people tend to consume highly processed foods, such as burgers, pizzas, French fries, chips, cakes, biscuits, and sweetened breakfast cereals. The most striking changes after migration seem to be in total energy intake and percent of energy from carbohydrates. The increased length of stay in new country also tends to raise the intakes of fat, including saturated and trans fats, dietary cholesterol and n-6 fatty acids. According to Shetty et al. (2011) Biculturalization due to migration could result in consumption of both Indian and Australian food and not replaced with each other. These dietary behaviors place the already at-risk Asian Indian population at an even higher risk of cardiovascular disease.

Complementary foods: A traditional Punjabi diet contains generous amounts of pulses. The consumption of fruits and vegetables may vary according to seasonal variations and socioeconomic status and food preferences. The average consumption of fruit and vegetables is much below WHO recommendations. The intake of meat, fish, and dairy products also varies among vegetarians and non-vegetarians. However, due to poverty as well as culture or religion, the intake of meat/fish and dairy is often low, even in non vegetarians. Among the often reported changes by migrants to high-income countries is a reduction in intake of pulses and an increase in intake of meat and sometimes also of fish (Holmboe ;2012, Lane et al.2019)

According to another study on north American immigrants, The older generations tend to regard fruits and vegetables grown in India to be of higher quality than those grown in North America. For this reason, fresh fruits and vegetables tend to become less of a staple in the Punjabi diet as they adjust to Western lifestyle. Balancing between American and Indian values and culture remains a barrier for this population.

Accessory foods: Punjabi people are fond of rich food and big consumers of milk and milk products. A study from Birmingham showed that South Asians were more likely to deep fry and use butter, ghee, and full fat milk than the other ethnic groups (Holmboe;2012, Mukherjea,et al. 2013). The proportion of energy from saturated fat and polyunsaturated fatty acids (PUFA) has varied in the different studies. It has earlier been shown that the intake of n-3 PUFA may be especially low, whereas that of n-6 PUFA is high among immigrants from South Asia. A longer length of residence in the USA was associated with higher intakes of alcoholic beverages, mixed dishes including pizza and pasta, fats and oils, and lower intakes of beans and lentils, breads, grains and flour products, milk and dairy products, rice, starchy vegetables and sugar, candy and jam was found by a study conducted on south Asian immigrants (Talegawkar 2016). Some Studies investigating dietary composition found that, in general, Asian immigrants are at higher risk of inadequate intake of calcium, iron and protein. Dietary acculturation of Canadian immigrants tends to be associated with an increased fat and sodium intake. One study involving older adult immigrants in London (Sanou ,2014), Ontario found that continuance of traditional eating habits and consumption of special ethnic foods can increase the sodium intake, which was found to be as high as 238–474 % of the RDA. Azar et al.(2013) opined that new immigrants may incorrectly assume that traditional festival food habits are preferable to Western diets for prevention of chronic disease despite being high in fat, sugar, and other refined carbohydrates, and are less desirable than traditional daily ethnic foods.

Life style changes:

A significant change since immigration occurs in the transition from a very rural farming atmosphere to more urban living. Many Punjabi Indian men were farmers and hence were very active and habitual of labor. Owing to changed life style, physical activity declines and exposes them to many of the chronic diseases. Similarly unfamiliarity with the grocery stores, lack of learned cooking skills compounds the problems of . Sanou et al. (2014) opined that in attempting to acquire the ingredients necessary for replicating familiar dishes, those immigrants who tend to maintain a traditional diet may be limited to highly processed versions of these foods that are high in fat and sodium; therefore increasing their risk for chronic conditions. Further increased accessibility and affordability of many foods high in saturated fat and refined sugar, once reserved for the wealthy or for special occasions in

Punjab, they have now become a consistent part of their diet, which is yet another reason they are at higher risk for life style diseases. The cumulative effect of numerous lifestyle changes upon acculturation to the United States has resulted in a number of health disparities negatively affecting Punjabi immigrants.

Conclusion:

Punjabi Indians are an important immigrant population. Generational differences exist regarding the influence of the host country on the dietary pattern of immigrants. The First generation Punjabi immigrants tend to hold on to traditional Punjabi eating pattern, while later generations are more likely to adopt a more Western style or combination diet. A lot of shift occurs in physical activity pattern, which falls drastically, and the accessibility and affordability of many foods high in saturated fat and sugar increases.

Punjabi diaspora tend to have changed their diet after migration toward a healthier pattern leading to a higher risk of obesity, diabetes, cardiovascular and other life style diseases. These changes that have led to a higher intake of fatty and energy-rich foods. In sum, these changes result in higher intake of energy relative to need, less fiber, and lower intake of micronutrients and antioxidants.

There is a need to understand and analyze the risks and benefits of retaining of traditional Punjabi dietary pattern. Designing of proper mechanisms for the immigrants to make smart healthy choices can help in ensuring their good health.

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