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Festival Foods in the Immigrant Diet

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Abstract

Dietary acculturation for immigrant groups has largely been attributed to the “Westernization” of indigenous diets, as characterized by an increased consumption of unhealthy American foods (i.e. fast foods, hamburgers). However, acculturation and adoption of western dietary habits may not fully explain new dietary patterns among racial/ethnic minority immigrants. The immigrant diet may change in such a way that it elaborates on specific ethnic traditions in addition to the incorporation of Western food habits. In this paper, we explore the role that festival foods, those foods that were once eaten a few times a year and on special occasions, play in the regular diet of immigrants to the U.S. This paper will focus on the overconsumption of ethnic festival foods, which are often high in carbohydrates, animal protein, sugar and fat, as opposed to Western “junk” food, as an explanation for the increased risk of cardiometabolic disorders among new immigrant groups.

Key Terms

obesity; diet; dietary acculturation; behavior; health disparities

Introduction

Racial/ethnic health disparities in cardiometabolic disorders may be explained by a number of factors including socioeconomic characteristics,[1,2] barriers to health care, such as language differences,[3–6] lack of awareness of cardiometabolic disease risk factors and symptoms[6–8] and health behaviors, such as diet and physical activity.[1,8–10] The prevalence of preventable cardiometabolic diseases, such as obesity and type 2 diabetes, continues to rise in the U.S.[11–13] Racial/ethnic minorities in particular have higher prevalence rates of cardiometabolic diseases. Hispanic/Latino Americans, particularly Hispanic women, have higher prevalence rates of obesity[13] and type 2 diabetes[14,15] compared to Non-Hispanic Whites (NHWs). Further, higher rates of type 2 diabetes exist for some Asian Americans despite lower BMI levels compared to NHWs.[16–18] Additionally, a much larger percentage of Hispanic (37%) and Asian Americans (66%) are foreign-born in contrast to NHWs (8%) and African Americans (9%).[19] While newly arrived immigrants tend to have lower rates of obesity and diabetes compared to the general population, these rates increase rapidly with duration in the U.S.[20–22] The need to address these health disparities becomes more urgent as new immigrant populations in the U.S. continue to grow. In the year 2009, an estimated 38.9 million foreign-born persons resided in the U.S., which

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represents approximately 13% of the total population.[23] Approximately one in five people are either an immigrant or a child of an immigrant.[24] In part because of these large numbers, it is important to understand how the process of immigration and acculturation may uniquely affect dietary behaviors that lead to chronic disease in our large and growing foreign-born population.

Diet in particular is the focus of many treatment and prevention strategies for chronic diseases including obesity, diabetes, cardiovascular disease and cancer. While physical activity is an important factor in the development of chronic disease, this paper will focus on the immigrant diet as it is an especially important factor in cultural identity retention.[25,26] Research has found that a poor diet, deficient in fruits and vegetables, and high in animal protein, sugar, and fat, is associated with development of chronic diseases.[27–32] Food may be of particular importance for racial/ethnic minorities, especially immigrant minorities, as they face the challenge of adapting to new cultural norms and attitudes. Acculturation is the process by which an individual integrates aspects of their new culture and heritage culture.[33] Increased acculturation to U.S. culture has been associated with poor diet and increased prevalence of cardiometabolic diseases among Hispanic/Latino and Asian immigrants.[20,30,34] Dietary acculturation has largely been attributed to the “Westernization” of immigrant and indigenous diets, as characterized by an increased consumption of unhealthy American foods (i.e. fast foods, hamburgers). However, acculturation and adoption of western dietary habits may not fully explain new dietary patterns among racial/ethnic minority immigrants. While there are many factors that influence food choice, such as convenience,[35] affordability, and taste, for racial/ethnic minority immigrants, food choice may be an important means of identifying with their ethnic background.[36–39] Ethnic festivals are events that center on community and family, evoking positive emotions. The consumption of particular and specific festival foods may be a way for immigrants to express their ethnic identity, promote family togetherness, and even deal with the stressors of adapting to a new culture. The immigrant diet may change in such a way that it elaborates on specific ethnic traditions, in addition to the incorporation of Western food habits.[40,41] This paper explores the role that festival foods, those foods that were once eaten a few times a year and on special occasions, play in the regular diet of immigrants to the U.S. This paper will focus on the overconsumption of ethnic festival foods that are often high in carbohydrates, animal protein, sugar and fat, as opposed to the role of Western “junk” food as an explanation for the increased risk of cardiometabolic disorders among new immigrant groups.

The Role of Food in Emotional, Social, and Physiological Wellness

It has been scientifically proven that comfort can, in fact, come from food.[42] The experience of consuming food possesses the uncanny ability to evoke recollection, which can result in a deeply emotional and even physical experience that is separate from its nutritive effects.[43] Factors which influence the motivation to eat as well as the frequency, quantity and choice of food that is eaten may have very little to do with individuals physiological needs or the nutritive value of the food in question.[44] Whether motivated by subconscious physiological,[45,46] sociological,[43,47] or psychological[43,48] necessity, individuals often affix great importance to certain foods for consolation, pleasure, and relief from stress.[49] Physiologically, sweet foods that are high in sugar and calories have been linked to opiate serotonin and endorphin production in the brain, which elevate mood.[46,50,51] Comfort foods are consumed in positive social contexts, and result in a positive association between the food and emotional wellbeing.[48,49] It is no wonder that the food preferences and habits which persist throughout the course of an individuals life are formed in large part through childhood experiences.[48] The nostalgic remembrance of comfort

foods can invoke happy childhood memories, temporarily distracting from the reality of current hardship and distress.[47]

In light of this powerful connection among food, memory and emotional state, the choices an individual makes regarding the foods with which they choose to “self-medicate” in times of stress and distress may have serious consequences on their long-term health and well-being in terms of increasing risk for developing chronic diseases. Over indulgence and consumption of foods that are high in calories, fat and refined carbohydrates leads to abdominal obesity and has been associated with the occurrence of metabolic syndrome, hypertension, type 2 diabetes, and cardiovascular disease morbidity and premature mortality. [27,52–54] This, in turn, has national implications in health policy and healthcare spending in the U.S.. An estimated 133 million people in the U.S. had at least one chronic illness in 2005. In 2004, 85% of every healthcare dollar in the U.S. was spent on the care and treatment of people with chronic health conditions, [55,56] such as hypertension, high cholesterol and diabetes.

Influence of Immigration on Diet and the Festival Foods Syndrome

It has been well documented that exposure to Western lifestyles increases risk for chronic diseases in immigrants to the U.S., resulting from changes in access to healthcare, physical activity and diet, which accompany such a transition.[57] However, dietary change does not necessarily mean a total abandonment of ethnic food traditions. Dietary acculturation can be a very complex process and is not simply a linear phenomenon whereby immigrant groups shed their previous dietary traditions in exchange for the eating patterns and food choices of the host country.[58] Food can be understood as a cultural construct, in terms of the meanings and emotions it evokes in individuals. The preparation of traditional “ethnic” food serves as a marker for immigrant families and communities.[43] Holtzman[43] eloquently describes the “longing evoked in diasporic individuals by the smells and tastes of a lost homeland, providing a temporary return to a time when their lives were not fragmented.” Foods from ones homeland may be important in reinforcing ethnic identity, preserving and passing on cultural traditions, providing gustatory pleasure, and alleviating homesickness, as much as it is in fulfilling physiological and nutritional needs [25,26]. “Bicultural eating patterns” can emerge, during which individuals maintain “traditional” foods and eating patterns at certain meals or occasions and incorporate host country eating patterns at other times, as opposed to simply adopting the diet and customs of the host culture and neglecting their own.[57]

Changes in types of “traditional” foods that immigrants choose to prepare may also be a result of changes in food supply and availability, the prestige associated with certain foods and the time or technological constraints of the food preparer.[47] Satia-Abouta et al proposed a model for dietary acculturation which delineates the changes in psychosocial factors at the micro level and depicts preferences as well as changes in environmental factors at the macro level which may lead to a change in the way foods are acquired and prepared.[57] While there is greater heterogeneity in the socio-economic class backgrounds of today’s immigrants, many also see their purchasing power rise, as most new immigrants are coming from lower-income countries in Asia and Latin America. Increased affordability and availability in the new environment of foods such as meat and refined carbohydrates makes the purchasing and consumption of these foods much more convenient and probable.

Ethnic diets then are reinvented and reflective of a uniquely immigrant phenomenon. This may include the regular preparation and consumption of festival foods that are often perceived by the host country as “traditional” in the sense that they are ethnic and foreign to the host country may not be traditional in the sense of being cooked regularly at home in the

country of origin. Created in the U.S., a decidedly new immigrant diet emerges, yet one inspired by previous homeland memories. While their diets may remain “ethnic” to the outsider, this should not be mistaken for their traditional diet.

In this case, a distinction should be made between traditional festival foods and traditional daily foods, with the former referring to those foods associated with festivals and other special occasions in the home country that are eaten a few times a year, and the latter referring to those foods an individual ate on a more regular basis prior to immigration. In fact, the traditional daily diets of many U.S. immigrants and indigenous groups are healthier than the modern-day American diet.[59–61] Most research has indicated that U.S. immigrants and racial/ethnic minorities eventually change their traditional daily food habits which have been high in fiber, fruits and vegetables, and low in saturated fats, and increase their consumption of processed food, animal meat, refined carbohydrates, sodium, and overall calories.[30,58,62–64] As noted earlier, this dietary change has detrimental consequences for the health of immigrant and ethnic minorities, putting them at elevated risk for chronic diseases.[58,59,62]

For poor immigrants, their new lives in the U.S. may translate to an increase in purchasing power for foods previously reserved for feasts. Examples can be traced back to the immigration of Europeans to the U.S. during the late 19th and early 20th century, as parts of the country were undergoing rapid urbanization and industrialization. For example, early Italian immigrants arriving to the North-eastern cities came from peasant backgrounds whose pre-migration diet was largely vegetarian, not by choice, but due to economic constraints.[65,66] In Southern Italy, where the majority of these immigrants originated, pizza, spaghetti and meatballs were foods that were reserved for the wealthy and occasionally eaten during communal feasts. Although their wages were meager, Italian immigrants were able to transform their humble diets so that pasta, rich tomato and meat sauces and cheese became regular fare, and therefore reinvent their usual, daily, culturally “traditional” meals.[65,66] Similar effects of immigration have been described for Japanese immigrant families recruited to work on Hawaiis sugar plantations.[67] As their wages increased, the initial diets of the earlier Japanese plantation families took on elements of the dietary practices of the wealthy back in Japan.[67] Rice, fish, beef, and pork may have been served on special occasions, such as for religious observations or New Year’s for small farmers back in Japan,[68] yet these foods formed part of the basic diet for Japanese families living in Hawai’i. Polished white rice, in particular, was a luxury food that only the wealthy could afford and that was rarely eaten by farmers back in Japan in the earlier part of the 20th century.[67] As with the case of Italian immigrants in urban cities, the foods that were once out of financial reach and only eaten during festival times and rare, special occasions prior to their migration to Hawai’i had become an integral part of the regular diet of these Issei (first generation Japanese American) families. As Dickie surmises, “This was not peasant food, but food of peasant ambitions.”[66]

The impact of immigration and acculturation on the process by which an individual leaves a well-defined cultural lifestyle for a new and evolving bicultural existence is extremely complex, and this experience plays a large role in an individual’s sense of identity and ability to thrive. The stresses of immigration and acculturation contribute to coping behaviors involving food preparation and the over consumption of foods traditionally reserved for festival times among immigrants and ethnic minority groups in the U.S. Acculturation occurs on micro and macro levels, at the individual as well as at the group level.[57] Inevitably, an individual begins to change his or her attitudes, beliefs, behaviors and even values as he or she adapts to life in the host country, while an immigrant group may experience social, political, physical and economic upheavals.[57] The role of diet as it relates to this transition is not well understood, though diet is critical for chronic disease

prevention and treatment. Previous studies have shown that behaviors surrounding the preparation and consumption of ethnic foods are some of the most resilient aspects of a migrant culture.[40] Relatively sudden shifts in available foods and customary activities are often faulted for the failure of people to eat wisely.[47] Festival foods become in a sense comfort foods after immigration due to a variety of emotional associations, whether tied to childhood memories, a sense of self-identity, nationalistic expression, or a means of expressing a sense of improved socioeconomic status and wealth.

Case Studies of Festival Food Syndrome

Specific racial/ethnic groups, such as Asian Indian, Filipinos, Korean and Mexicans appear to be at particularly high risk for type 2 diabetes[16,17] and coronary heart disease.[69,70] These racial/ethnic groups are largely new immigrants, with the highest proportion of foreign-born population.[71] Festival food syndrome may be particularly relevant in explaining cardiometabolic risk for, Asian Indians, Filipinos, Koreans, and Mexican Americans.

For immigrant Asian Indians, increased consumption of carbohydrates and fats may result from increased consumption of traditional festival foods as opposed to Western foods. A study examining food beliefs and practices among British Bangladeshis found that dietary practices post-immigration did not generally incorporate the adoption of 'Western' foods but instead included increased quantities of 'special' menu Bangladeshi foods such foods previously reserved for festive occasions (i.e. meat and sweets).[40] Increased consumption of carbohydrates, especially refined grains, and fats among South Asians is associated with increased prevalence of cardiometabolic disorders.[72,73] Festivals are marked by special regional food preparations, such as jalebi or pongol, made from refined grain and sugar.[74] For Hindus, foods are ranked in a hierarchical order according to their degree of purity, with ghee (clarified butter), cows milk, and sugars ranking highest above all other foods.[74] Food offerings to Hindu gods and goddesses are generally high in sugar or fat, reflecting the believed food preferences of these deities (e.g., Ganesha's favorite food is modak or sweet dumpling).[74] Older, less acculturated Asian Indian immigrants are more likely to believe that traditional festival Indian food is healthier than Western food, compared to younger, more acculturated Asian Indians.[39,75] This belief may result in increased consumption of unhealthy festival foods, as tradition may trump knowledge of fat and sugar content. In addition, the consumption of festival foods by all religious sects in India (e.g., Jainism, Buddhism, and Hinduism), represents an opportunity not only to honor religious beliefs, but also to demonstrate social power and hospitality through food.[74]

While in earlier times these festival foods were consumed two or three times per year, in diaspora communities, festival foods are consumed regularly at weekly social gatherings, to retain cultural identity, maintain social relationships, and recapture the good times experienced in India and South Asia.[37][76,77] Adoption of western dietary habits, including consumption of beef, is less likely in this immigrant group, due to a high prevalence of vegetarianism. While the consumption of nontraditional foods, such as soda and chips, has increased among Asian Indian immigrants, traditional foods continue to be the primary source of nutrition.[76] However, a study among South Asians living in the United Kingdom found that among nonvegetarians, the traditional preparation of food is primarily responsible for fat in this population.[78] The overconsumption of festival foods is arguably more deleterious than Western acculturation.

As in Asian Indian culture, the consumption of refined carbohydrates, such as white rice, contributes to increased cardiometabolic risk in Filipino populations. An everyday diet in the Philippines consists primarily of grains, starches and vegetables. Fish is a primary source of

protein. Historically in the Philippines, white rice was considered a very prestigious and elite food item and has since been transformed, by the end of the nineteenth century, to a dietary staple.[79] During this time, a shift occurred in which people of the Philippines were no longer solely producers of white rice, but consumers.[79] While the focus of this paper is to explore dietary changes that occur with immigration and bicultural acclimation, it is important to acknowledge that the festival foods syndrome can occur as a result of colonization and urbanization as well, as can be observed in both Asian Indian and Filipino examples. With immigration, many of the simple and more nutritious food choices consumed at home are perceived to be part of a “poor mans diet” and are replaced with increased consumption of festival foods that are very rich and high in sodium, saturated fat and cholesterol. Aside from white rice consumption, starchy foods such as taro and yams and vegetables such as mung beans are consumed more regularly in the traditional “every day” diet.

Similar phenomenon can be explored among Korean immigrants to the U.S. One study compared the diets of Korean American families living in California to Korean families living in Seoul, Korea.[80] The authors found that Galbi gui (roasted beef rib), which is high in saturated fat, was the most favorite dish of Korean families in California, but it ranked only fifth for Korean families in Seoul. Kimchi jigae (a pot stew with kimchi and tofu, and small quantities of seafood or pork), a healthier dish, was the most favorite dish of Korean families in Seoul. In Korea during ancient times, beef had previously been a food of the nobility class. By the 1980s, the growing Korean middle-class were increasingly able to eat barbeque beef as agricultural techniques advanced yet its consumption was generally reserved for special occasions.[81] It is not always the case that American foods are replacing Korean ones, but rather their more decadent special occasion foods are increasingly becoming more part of their regular diets.

Mexicans are the largest immigrant group in the U.S.[82] To what extent do Mexican immigrants increase their consumption of festival foods is unclear in the literature. While the “typical meal” varies regionally, the traditional Mexican diet is generally high in fiber and low in fat[62] and includes a variety of vegetables and beans, accompanied with corn tortillas and hot chile sauces.[83] Research on Mexican American food habits tends to agree that their diets, like other immigrant groups, trend toward the unhealthier side after arriving to the U.S.[63,84] In fact, those immigrants that adhere most closely to the “traditional Mexican diet”, as identified as consuming more tortillas and legumes than meat, poultry, milk, baked products or alcohol, have the highest caloric intake of all the dietary patterns identified.[85] Additionally, Mexican Americans generally consume more meat than their counterparts in Mexico.[86]

What role do festival foods contribute to their higher consumption of carbohydrates, meats, and overall calories? While the specific festival foods of Mexico vary regionally, some common festival foods include tamales-sachets of corn dough stuffed with fillings wrapped in corn husks and moles-a rich sauce prepared with chocolate, cumin, ground nuts and other ingredients.[83,87] Benavides-Vaello states that these foods are unlikely to be part of everyday home-cooking for most Mexican American families because they traditionally have been prepared communally, and hence are labor intensive and time-consuming. However, the mass-production of Mexican food products has made them readily available in mainstream U.S. grocery stores as well as Latin food markets. In fact tamales have become one of the most popular “heat and eat” foods in the U.S., beating out American hamburgers. [88–90] Mole and other Hispanic cooking sauces are popular prepared food items that have become widely available. While these foods are increasingly popular among the general U.S. population, the Latino consumer drives a large portion of these sales.[88,91]

Meat plays an important part of many meals in Mexican celebrations and holidays. Meat may constitute a tiny part of the regular pre-migration Mexican diet, especially for the indigenous and those from the rural and southern areas of Mexico.[83,86] The cost of meat, especially beef, makes its daily consumption unaffordable for many Mexicans.[83] More quantities of meat may appear during festival times; some villagers may eat meat once a year such as during the yearly patron-saint fiestas. It appears that after their migration to the U.S., meat forms part of their daily diet.[86,86] U.S. Hispanics, which Mexican Americans make up the vast majority of, are a popular consumer of beef, and Hispanics spend 33% more on beef than non-Hispanics.[92] This increased consumption of meat may not necessarily be wholly in the form of western foods such as hamburgers and hot dogs. Rather it is highly likely to be in the form of *carne asadas* (barbeque beef), tamales, moles, and pozoles. Both increased consumption of festival foods and western “junk” foods are immigration related dietary changes, and are equally detrimental.

Practice Recommendations

Our bodies are not accustomed to celebrating as much as we do- so we must choose our personal celebrations carefully. Practitioners should take care to query not only about frequency of ethnic food consumption, but also types and amounts. Whenever possible, ask about preparation methods. Ask how often the consumed foods were prepared in childhood, compared to currently. While there is ample evidence of the incorporation of unhealthy Western foods into the immigrant diet, practitioners should also consider how immigrants modify their own cultural diets in decidedly ethnic-specific ways that could also put them at elevated risk for chronic diseases. Questions about the ethnic diet should have greater depth, changing from “How often do you eat Japanese food?” to “What Japanese foods do you eat?” The former assumes that ethnic food consumption is preferable and healthier than Western foods, and the latter acknowledges that there is a range in the nutritive qualities of ethnic food.

In general, frying should not be done more than two to three times per year. In our experience, it is often most prudent to “assume the worst” when considering the nutritive quality in prepared and purchased ethnic foods. While nutritional information can often be inaccurate, we have found that labeling, when available, on ethnic foods especially, can sometimes be misleading. Ask patients to bring in foods that are often consumed, as examination can sometimes offer clues on calories, fat, refined carbohydrate, and sodium. As with all patients, use of pre-packaged convenience food products should be discouraged, in favor of whole, unprocessed foods. Patients who are eager to maintain ethnic food traditions should be encouraged to eat traditional “every day” foods, every day. Some examples of suggested substitutions are presented in Table I.

Conclusion

For immigrants to the U.S., dietary acculturation in the classic meaning of preparing and consuming more “western” foods may not be entirely to blame for the role that changes in diet play in increased incidence of chronic disease among ethnic minorities. Immigrants are not necessarily cooking western food; instead, immigrants may be eating the foods of their festivals (“festival foods”) as part of their new daily diet. These rich and calorically dense foods were typically consumed only a few times a year, during specific festivals or special occasions in their prior home countries, usually in limited amounts. After immigration, these festival foods become more frequently prepared, eaten in larger quantities, and consumed by immigrant populations as a result of the micro and macro level factors previously mentioned. Festivals and rituals have been viewed as fertile soil for planting food centered memories and evoke the positive emotional connection between food and comfort that

immigrants may draw upon while coping with the stress of acculturation in a new country. Thus “festival foods” have become perceived as “traditional” in the process of acculturation.

New immigrants may incorrectly assume that traditional “festival food” habits are preferable to Western diets for prevention of chronic disease. However, festival foods are high in fat, sugar, and other refined carbohydrates, and are less desirable than traditional daily ethnic foods. With rapid urbanization and increased wealth, these daily foods may be underconsumed, even in countries of origin. More qualitative studies are needed in the future to further investigate the role of festival foods in the immigrant diet. Practitioners should strive to be aware of the nuances of ethnic food consumption, and realize there are healthier ethnic food options in every cultural tradition. Culturally competent dietary counseling should strive to maintain ethnic traditions, while recognizing that the stress of immigration can lead to overconsumption of less nutritional festival foods.

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Table I

Examples of Substitutions of Traditional “Every Day” Foods for “Festival Foods”

Culture	Traditional “Festival Foods”	Traditional “Every Day” Foods
Asian Indian	Jalebi, Pongol, white rice, ghee	Finger millet, rye, cracked wheat
Filipino	White rice, red meat	Brown rice, vegetables, fish, taro
Korean	Galbi gui, red meat	Kimchi jigae, tofu
Mexican	Tamales, red meat, mole	Vegetables, beans, corn tortillas