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Assessment of diet composition of Pakistani ethnic groups in the UK – does dietary pattern change between 1st and 2nd generations?

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Dietary acculturation in immigrant groups can impact health and may increase the risk of conditions like diabetes and cardiovascular disease among East Asian immigrants as they adopt host-country eating patterns⁽¹⁾. Pakistani immigration to the UK has resulted in a dynamic cultural exchange, including modifications in culinary preferences and practices among Pakistani ethnic groups. Prior research indicates that second-generation adults exhibit more signs of acculturation in their choice of diets than their first-generation counterparts⁽²⁾. There is limited understanding of the food habits or the effects of acculturation on this group. The primary purpose of this study was to investigate intergenerational disparities in food preferences among Pakistani immigrants and the impact of dietary acculturation.

This cross-sectional study examined the food habits and acculturation experiences of 51 first (1G) and 51 second-generation (2G) participants of the Pakistani community living in London. Data was collected using survey questionnaires modified from previous studies^(3,4). We compared traditional foods like paratha and samosa with Western options like fish and chips through a set of questions, from which a dietary score was calculated (Global scale)⁽⁵⁾. We measured food acculturation using a 5-point scale, with higher scores indicating greater Western influence and lower scores indicating less Western acculturation. Scores ranged from 6 to 30 and were categorised as low, moderate, high, or very high. Data was analysed using SPSS (version 28.0). Chi-square and t-tests were applied to identify differences between groups with significance levels set to $p < 0.05$.

Most of the participants were male (67%) with 38.8% aged 36-45 years. Urdu ethnicity predominated in both generations (64.8%). Significant differences in dietary restrictions for health conditions ($p = .008$), language ($p = .001$), consumption frequency of traditional Pakistani cuisine ($p = .001$), desserts/sweets ($p = .001$), chai/lassi ($p = .017$), popular UK meals, fizzy drinks, and inclusion of rice/flatbread ($p = .003$) emerged between first and second generations. Health-related dietary behaviours differed in fruits/vegetables, dairy, and meat consumption ($p = .001$). 'Traditional' and 'Western' dietary scores were significantly different between generations ('Traditional': 1G: 17.15 ± 3.52 vs 2G: 13.68 ± 4.71 , $p = .001$; 'Western': 1G: 16.29 ± 1.98 vs 2G: 18.21 ± 3.84 , $p = .001$). The results demonstrated a preference for traditional eating patterns by 1G, whereas a nuanced move towards Western food preferences was observed among the 2G participants, falling into the high category of global scale. 1G Participants cited language acquisition, time constraints, and financial issues as factors affecting their dietary changes.

This study found significant differences in dietary habits and preferences between first- and second-generation Pakistani immigrants in the United Kingdom. The second generation displayed a more significant shift towards Western food patterns, possibly because of socio-cultural variables, language fluency, and adaptability to the local environment.

References

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