

# Food Decision Making in Punjabi British Columbian Families



Researchers from UBC and Dalhousie University completed a study of family food decision making in Punjabi British Columbian families, as well as in families from other ethnocultural groups in Canada.



## Why **this topic**

Some minority groups are known to be at above-average risk for cardiovascular diseases and diabetes, and eating habits are known to be associated with these diseases. Yet very little is known about why people make the food choices they do, especially in the context of family, culture, and community. What research does exist has been conducted with families of European heritage.

The Canadian Institutes for Health Research (CIHR) funded this study to move toward culturally appropriate health promotion and nutrition education strategies that are based on the everyday realities of people's lives. Gaining a better understanding of how Punjabi British Columbian families relate food to well-being is a key part of this process.



## The Study

- Twelve families of Punjabi origin living in Metro Vancouver participated; more than two generations were living together in eight families.
- Most participants had emigrated from India; others were from England or born in Canada.
- There were 39 participants (27 females/12 males), aged 13 to 70 years.
- Data collection included:
  - in-depth individual interviews with at least three members of each family about what family members eat, how food decisions are made, health issues, and other factors influencing family food choices
  - observation of a typical family meal and grocery shopping trip.

## Study findings



*“My mother-in-law prepares the Indian food and I prepare the kids’ dinners pretty regularly, at least three or four days out of the week. I prepare the kids’ dinner because they’ll have something else. Myself, my mother-in-law and my husband, we’ll be eating the Indian food.” (45 year old woman)*

### Punjabi British Columbian families: What and how they eat

- There was no one way that Punjabi British Columbian families ate. Not surprisingly, families ate differently depending on things like the number and ages of family members, the length of time they have lived in Canada, health concerns, preferences, and work schedules.
- Elders tended to eat traditional Indian foods most of the time (especially a ‘roti meal’ consisting of roti, dahl, and vegetable subjee). Other family members ate these foods regularly, and also often ate ‘Canadian’ foods or a variety of foods from around the world. Children and young adults in particular frequently sought out ‘Canadian’ food.
- Women did virtually all of the food work in these homes, with elders and middle-generation women working smoothly together with well-defined areas of responsibility.



## Different ways of thinking about food and well-being

As participants talked about food and eating, it became apparent that there were different ways of thinking about how food influences well-being. Their discussions included at least three dimensions:

### 1. Physical well-being

- to do with the body and how it functions
- having energy and strength to be able to work and play
- eating to prevent illness (e.g., by eating healthy foods).

*“If someone said that I should eat meat, I would challenge that person and say ‘you eat meat and I eat vegetarian diet, come let’s see if you have more strength or I have more strength.’ (36 year old man)*

### 2. Family well-being

- to do with the social well-being of the family
- making sure everyone in the family felt cared for.

*“I give the kids something to eat, whatever they tell me in the morning. One says make me tea, the other says I’ll have cereal. They eat and go. It’s up to the kids, whatever they want. I feel that they should eat and be happy.” (70 year old woman)*

### 3. Cultural well-being and identity

- to do with maintaining Indian culture and identity
- to do with supporting a sense of belonging in ‘Canadian’ culture.

*(70 year old woman)*

## Different ways of thinking about **healthy eating**

In talking about food and health, participants drew on two main ways of thinking about healthy eating:

1. A scientific approach to food, nutrition and health. This related to specific components of food that are defined as 'good' (such as vitamins, minerals and fibre) or 'bad' (such as fat, cholesterol) for long-term health (such as causing heart disease or preventing diabetes).
2. Traditional ways of eating from India based on knowledge that has been passed down for generations. The focus here was on the fairly immediate effects of certain foods and ways of eating on the body (such as strength-giving, energy-providing, and healing).

Children and young adults who were educated in Canada tended to express the scientific way of thinking about food and nutrition. Elders generally (but not always) talked about 'healthy' aspects of eating in traditional terms. The middle generation related to both ways of thinking about food and nutrition, often drawing on them in a 'mix and match' fashion.

When people talked about specific foods and ways of eating, there was a tendency for younger people to equate healthy eating with 'Canadian' foods, and to criticize Indian foods and food preparation methods as being unhealthy. This was often contradictory, however, even within what one person believed, and many participants also talked about Indian food being healthy because of the emphasis on legumes and vegetables. Overall, there seemed to be some confusion within the community about the healthfulness of Indian food.



*"I think in our culture we eat a lot of greasy food and all that but we don't - like the way my mom makes our Indian food, she doesn't make it that greasy or she doesn't put a lot of butter in it so she has helped, helped it a lot."* (14 year old girl)



*"When I am making vegetables, I put in ghee or even refined oil. I put onions, ginger, garlic, salt, chili, spices, everything. Because they are good for health as they are hot and they prevent nausea and watering in the mouth. If you eat cold things then your body contracts and you feel sick but if you eat hot foods then you feel better and do not fall sick."*

(62 year old woman)



*"My children eat roti, as it is healthy food and it is not junk food. And they will remain healthy; if we remained healthy eating roti for so long, then they will stay healthy. [Later in interview] But we do not get all the nutrition from roti, so we eat food from different cultures. Sometimes when we cook dahls, we lose its nutritional value as we cook it for a long time. When we cook it less, the vegetables are not overcooked, we get more nutrition."*

(37 year old woman).

# Conclusions and implications



- Food and the meanings associated with it are deeply rooted in people’s lives; food and eating are not just about disease prevention, but relate to multiple dimensions of well-being. Everyday food decisions within a family are the product of all of these dimensions.
- While food decisions made for cultural or social reasons have implications for health, diet changes to improve physical health also have complex implications for social, family, community, and cultural well-being.
- The scientific approach to food and health is used and valued within the Punjabi British Columbian community. At the same time, other understandings of food and health based on centuries of tradition are prevalent. Individual members of the community differ in the extent to which they use different approaches depending largely on age and education.
- Health professionals and nutrition educators working with the Punjabi community need to recognize that their own understandings of healthy eating are based in a specific scientific way of thinking, which is only one of the approaches considered valid in this community.
- It is important to be clear that both ‘Canadian’ and Indian foods can be ‘good’ or ‘bad’ for reducing disease risk depending on food choice and preparation methods.

While the findings of this study pertain to one ethnocultural group, it is likely that multiple meanings of food and eating exist in every culture. Understanding these meanings and how they operate in families is an important base for making decisions about healthy eating, nutrition counseling or health promotion.

## Study team:

Gwen Chapman, RD, PhD  
 Department of Food, Nutrition and Health  
 Faculty of Land and Food Systems  
 University of British Columbia  
 Vancouver, BC V6T 1Z4

Brenda Beagan, PhD  
 School of Occupational Therapy  
 Dalhousie University  
 Halifax, NS B3H 3J5

Svetlana Ristovski-Slijepcevic, PhD  
 Department of Food, Nutrition and Health  
 University of British Columbia

## For information contact:

[gwen.chapman@ubc.ca](mailto:gwen.chapman@ubc.ca)



*“From the beginning in India, we are used to eating roti. My son, he has grown up here in Canada, and he doesn’t want to eat roti. They are happy eating western food. So culture does have something to do with it. Because we have come from India, we couldn’t give up roti if someone asked us to. We do eat other foods, but we mostly like roti. Like if we look at Chinese people, they are happier eating rice. It is their natural food. Our natural cultural food is roti. If I don’t eat roti now, I don’t feel satisfied.”*

(62 year old man)

## Funded by:



**CIHR IRSC**  
 Canadian Institutes of Health Research  
 Instituts de recherche en santé du Canada

[www.cihr.ca](http://www.cihr.ca)

## Advisory committee (BC):

Lucki Kang, MSW, Research assistant

Ryna Levy-Milne, RD, PhD, BC Cancer Agency

Shefali Raja, RD, Public Health Nutrition, Fraser Health

Satnam Sekhon, RD, BC Cancer Agency