Taste of Home: A Sociocultural Exploration of Food Habits and Health Among Bangladeshi Immigrants in New York City

Fatema Kamal

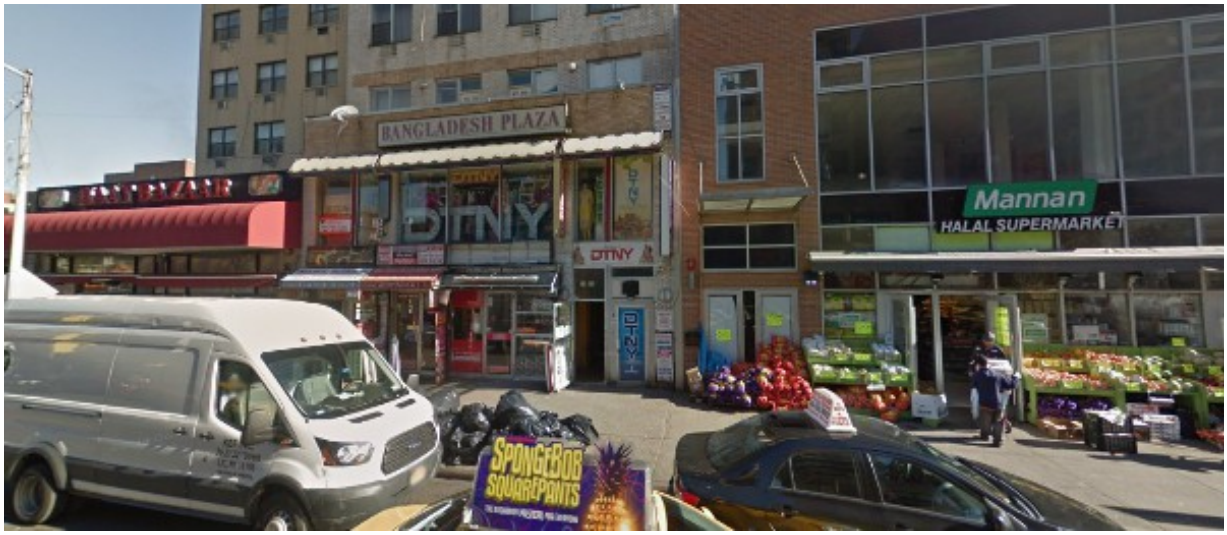
Resettlement in an entirely different country may have drastic consequences for an individual's health. This is particularly true among immigrants to the US from South Asia; people from India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka, and the Maldives experience particularly severe obesity, cardiovascular disease and diabetes post-migration. Sociologist Fatema Kamal investigates the nutritional practices of Bangladeshi adults living in New York City, exploring the influence of cultural identity on eating habits and health.

Nutritional facts

Dietary acculturation is the process by which immigrants implement some or all of the customs and traditions representative of their new home into their lives through their food habits (Saccone and Obeng 2015). How immigrants make sense of resettlement in a new land depends upon what goods they consume; what they eat is an especially strong signifier of how they integrate into a new culture (Hodges and Wiggins 2013). People enact their cultural identities through their eating habits and continue to adhere to certain dietary traditions for a variety of reasons. When individuals resist Western dietary recommendations, they may be resisting cultural assimilation (Beagan and Chapman 2012). On the other hand, it has been consistently reported that traditional diets tend to be healthier than a more Western style of eating (Misra *et al.* 2007; Sanou *et al.* 2014).

Consumption is defined as a set of practices that "extend beyond the purchase, use and reuse of goods to include sets of practices that enable people to express their sense of self in relation to others" (Hodges and Wiggins 2013). According to Bernardo Canteñs (2009), cultural identity, which in turn influences other behaviors, is an essential component of selfhood. Our unique lived experiences also determine our cultural identity. Participation in a specific culture, therefore, is a matter of degree, and our association with a specific culture is quite fluid. People define for themselves what it means to belong to a group, and ethnic food can be a metaphor with which to so do.

Figure 1. Bangladeshi neighborhood on 37th Avenue, Jackson Heights, Queens, New York City



Source: Google Street View.

Throughout 2017/2018, I conducted interviews with 24 Bangladeshi adults living in Jackson Heights and the Bronx. The former is a neighborhood in the northwestern part of Queens, and I chose it specifically because of its large, concentrated South Asian population. I walked up to random strangers on the streets and inside shops and restaurants in an area spanning about four blocks. Most of them agreed to speak to me after I explained my research. The majority of my informants were men, as women were not as willing or eager to reveal information about themselves. I also interviewed individuals inside a private medical practice in the Bronx, in the Parkchester area.[1] The ways in which informants related to food on a daily basis can be classified along several axes: in terms of their sense of post-migration loss of culture and familial/geographical connection; in terms of their attempts to maintain ethnic identity; and in terms of the struggle to maintain all aspects of their health in a new cultural environment.

Food and longing for home

Many informants voiced frustrations that their expectations of America fell far short of reality. They admitted, with more than a touch of regret, that America was not the "dream country" they had been hoping to find. One of my informants, Shiv, who came from a well-to-do family, taught for a few months at a college in Bangladesh after completing his master's degree in education. He later applied for and attained the DV, or Diversity Visa,[2] to come to the US and thus took the opportunity. But when he arrived, he faced difficulties finding work, and struggles to make ends meet working in a gift shop.

[1] My research is exploratory and seeks to investigate the connection between food and culture, and the subsequent nutritional impact upon immigrants' health. I did not set out to prove a hypothesis, but to observe patterns and offer nascent interpretations. All interviews were done in Bengali, which I simultaneously translated to English while transcribing, before coding them for themes using *ATLAS.ti*. I loosely followed an interview guide that included questions about culture, the immigrant experience, food habits, and self-perceptions of health. I situate my findings within the broader framework of multiple theories that explain social systems and structures.

[2] Every year, the US Department of State randomly selects entrants from a pool of visa applications based on quota numbers from a particular region, in hopes of diversifying the US population. This is known as the Diversity Visa, and the final acceptance into the country is contingent upon the individual's interview at the American embassy in their own home countries (see: www.uscis.gov/greencard/diversity-visa).

Figure 2. A Bangladeshi farmer harvesting rice

(cc) Balaram Mahalder/Wikimedia Commons (CC BY-SA 3.0).

Before settling here, respondents had never lived away from their homes, so they all remarked that they missed their families. To this day, it remains customary in many Asian countries to live in extended family units. Consequently, those who migrated by themselves suddenly felt lost and alone. The process of incorporation is also an inherently embodied one. In addition to feeling the loss of those left behind, informants also explained how they missed the sights, sounds, smells, tastes, and even the *feel* of Bangladesh.

Figure 3. A dried-fish market in Chittagong, Bangladesh

(cc) Silver Blue/Wikimedia Commons (CC BY-SA 2.0).

Food as a marker of identity

Saira, a mother of two in her late forties, knowingly looked at me and said, "*Mache bhaate bangali*," which refers to a combination of fish and rice. This idiom is symbolic of the Bengali identity, encompassing both the culture and the food. Fish and rice, both of which are staples in Bangladesh, epitomize Bangladeshi cuisine as well as culture. Other South Asian nations like Pakistan and India do not place such significance on fish, and it is what actually distinguishes Bangladesh itself as a "country of rivers" with food reflective of its geography.

When I asked Saira to distinguish between what she considers "Bangladeshi" versus "American" or "foreign" food, she immediately recounted to me that idiom. She claimed foreigners "don't eat the way we do," stating that Bangladeshis use various "masala" (spices) to flavor their food, as opposed to foreigners only steaming or boiling and seasoning with salt and pepper. Collectivities define group identity by distinguishing between members and nonmembers (Lemert 2013). By stating that she prefers consuming spiced, and often hot, foods, Saira sets herself and others like her apart from those she considers to be "foreigners."

Figure 4. A plate of hilsa (or ilish) fish, a delicacy typically consumed with rice on Bangladeshi New Year

(cc) Debeshpaul001/Wikimedia Commons (CC BY-SA 4.0).

Food and the challenge of health

Eastern conceptions of health in relation to food are often markedly different from Western ones. The English word "healthy," for instance, has an unusual connotation in Bangladeshi circles depending on who is speaking. One young man in his early thirties complained that he had eaten much better when he lived in Bangladesh, noting that he had lost 15 to 20 pounds (7 to 9 kilograms)

after migrating to the US, primarily due to work-related stress. Being stick-thin has traditionally and historically been equated with poverty and/or malnutrition: having more flesh, or "meat," on one's body serves as a marker of wealth and status. In this context, the term, "health" implies a fuller, more well-rounded figure than the standard Western idealized notion of beauty—and by extension health—would deem acceptable. When informants were concerned about their health, they did not worry or feel self-conscious about the numbers on the scale so much as about the *implications* of being overweight or obese. But, regardless of appearance, weight was not a great concern, even among women.

Informants also conceptualized their health in relation to their mental state. For example, Shafiq, a man in his mid-fifties, stated:

> To me, being healthy is someone who is at peace mentally, is happy. If you're stressed, you're not at peace mentally, so you can't be healthy […] I think to maintain good health, you can't have tension, you need to be stress-free, maintain your *namaaz* (obligatory prayer for Muslims five times daily).

Shafiq also brought elements of religion and spirituality into his self-perception of health. He, and other Muslim informants who regularly prayed, declared that this was an important factor in their emotional and mental well-being and, consequently, their physical health.

Figure 5. People praying in congregation at Baitul Mukarram National Mosque in Dhaka, Bangladesh; Muslims are obligated to pray five times daily

(cc) Azim Khan Ronnie/Wikimedia Commons (CC BY-SA 4.0).

By contrast, some of the other informants, particularly the younger men and also, interestingly, mothers, had a more Western, medicalized perception of health. Many believed their health, with respect to their diet, had worsened after migration. A few spoke of having had to start watching what they ate due to high levels of cholesterol or "high sugar," meaning that they are borderline diabetic. Many of my respondents who expressed dissatisfaction about their own weight complained that they ate all of the right foods, yet their physicians had warned them about having high cholesterol, fat, and/or blood glucose levels. One middle-aged man reiterated traditionally

Western understandings of maintaining one's weight in order to prevent chronic conditions like heart diseases, hypertension and diabetes. He explained that when cooking for himself, he did not like to use as much oil or spices, though when the women in the family cooked they tended to use more of these ingredients in order to preserve the richer flavor of the food.

In Bangladesh, urban dwellers, such as those living in the capital Dhaka, tend to have a less active daily routine. The majority of rural inhabitants are farmers, and even if they are not, getting from one place to another requires significant walking. But Dhaka's inhabitants may still have a lower risk of developing weight-related problems than urban Bangladeshis in the US. The fact that processed items are more expensive outside the US probably accounts for this paradox. While there are increasing numbers of fast-food joints in Bangladesh, particularly in urban areas, they are much higher-priced than groceries. Unlike in the US, purchasing fast food on a daily basis in Bangladesh is actually *more* expensive. Meat and fish also cost more than produce. Consequently, people in Bangladesh who have more money may have higher body mass indexes (BMIs), whereas the opposite occurs in the US. The general trend seems to be that rich immigrants are getting thinner, while immigrants on the lower rungs of the socioeconomic ladder gain weight.

Additionally, the work–life balance in Bangladesh tends to be better. On average, white-collar employees are able to leave at the end of the day without "bringing their work home" or "being available 24/7 remotely." So they have more time to spend on their own, and with friends and family. When Bangladeshis migrate to America, their formerly relaxed lifestyle turns upside down. The discourse on the proper maintenance of one's nutritional and physical health caters to an audience with the money and time to adhere to the guidelines. In contrast, my informants who worked long hours with few breaks in between often had to opt for cheap, fast, and unhealthy options such as items from Bangladeshi diners. Less affluent Bangladeshi immigrants assimilate to "American" ways of eating by choosing greasy, high-calorie items on the go.

Conclusion

While cultural beliefs and customs frequently color people's perceptions of their own health status, particularly in relation to their eating habits, they are not the culprits in this situation. It has been reported across several previous studies that immigrants often tend to be healthier than the native population upon arrival, but that the adoption of a Western diet may lead to worse health outcomes, particularly for less-affluent minority populations. To briefly reiterate, my interviewees inhabited ethnic enclaves that for the most part are isolated from mainstream American society and culture. As such, the immigrants, especially the older ones, hold fast to their own ideals of nutrition and health, and are not really influenced by their Western or American counterparts. At the same time, however, they are also forced to assimilate to their new environments and lives in certain ways. As it currently stands, the combined stress of living paycheck to paycheck, and the constant racing against time, dictate the lives of these immigrants.

Stories of food intertwine closely with those of power, capitalism, social interactions, and, of course, people's own perception and presentation of self in relation to others. Food is necessary for survival, and therefore comprises an integral component of our lives. Immigrants' interactions with food can be particularly fraught, because cooking and eating habits both negotiate their relationship to a "sending" culture and define (as well as being defined by) their relationship to a "receiving" culture. Ethnic enclaves in New York City are interesting cases, because these immigrants are among their own people. But if they happen to step outside these borders, they become exposed to "American" ways of eating and thinking about food and health. My informants were attached to flavors, ways of thinking about food, and customs around food that they associated with Bangladesh, but they were also performing difficult balancing acts as they adapted to life in a new

place. While some have both feet firmly planted in one of the two worlds, others choose to remain with one foot on each side.[3]

Bibliography

Beagan, B. L. and Chapman, G. E. 2012. "Meanings of food, eating and health among African Nova Scotians: 'certain things aren't meant for Black folk'", *Ethnicity & Health*, vol. 17, no. 5, pp. 513–529. DOI: https://doi.org/10.1080/13557858.2012.661844.

Canteñs, B. J. 2009. "On the metaphysics of cultural identity: a Darwinian paradigm", *Latino Studies*, vol. 7, no. 2, pp. 167–196.

D'Sylva, A. and Beagan, B. L. 2011. "'Food is culture, but it's also power': the role of food in ethnic and gender identity construction among Goan Canadian women", *Journal of Gender Studies*, vol. 20, no. 3, pp. 279–289. DOI: https://doi.org/10.1080/09589236.2011.593326.

Hodges, C. E. M. and Wiggins, G. 2013. "Three Families—One Street: A Study of Culture, Food, and Consumption in East London", *Family & Consumer Sciences Research Journal*, vol. 41, no. 3, pp. 254–266. DOI: https://doi.org/10.1111/fcsr.12021.

Kandola, K., Sandhu, S. and Tang, T. 2016. "Immigration and dietary patterns in South Asian Canadians at risk for diabetes", *Journal of Diabetes and Its Complications*, Philadelphia: Elsevier, vol. 30, no. 8, pp. 1462–1466. DOI: https://doi.org/10.1016/j.jdiacomp.2016.08.003.

Lemert, C. 2013. *Social Theory* (20th ed.), Boulder: Westview Press.

Misra, A., Misra, R., Wijesuriya, M. and Banerjee, D. 2007. "The metabolic syndrome in South Asians: Continuing escalation and possible solutions", *Indian Journal of Medical Research*, New Delhi: Indian Council of Medical Research, vol. 125, no. 3, pp. 345–354.

Saccone, B. H. and Obeng, C. S. 2015. "Food choices and eating patterns of international students in the United States: A phenomenological study", *International Public Health Journal*, Hauppauge: Nova Science Publishers, vol. 7, no. 4, pp. 357–361.

Sanou, D., O'Reilly, E., Ngnie-Teta, I., Batal, M., Mondain, N., Andrew, C., Newbold, B. K. and Bourgeault, J. L. 2014. "Acculturation and Nutritional Health of Immigrants in Canada: A Scoping Review", *Journal of Immigrant and Minority Health*, New York: Springer US, vol. 16, no. 1, pp. 24–34. DOI: https://doi.org/10.1007/s10903-013-9823-7.

World Health Organization. 2018. *Nutrition* [online]. Retrieved on 21 May 2018, URL: www.who.int/topics/nutrition/en.

Fatema Kamal recently graduated with a BA in sociology from the State University of New York (SUNY) at Purchase and is planning to pursue a master's degree in public health. She hopes to work in the nonprofit sector, conducting further research on the social determinants of health and continuing to advocate for communities of color and underserved populations.

To cite this article:

Fatema Kamal, "Taste of Home: A Sociocultural Exploration of Food Habits and Health Among Bangladeshi Immigrants in New York City", *Metropolitics*, 22 May 2018. URL: http://www.metropolitiques.eu/Taste-of-Home-A-Sociocultural-Exploration-of-Food-Habits-and-Health-Among.html.

[3] Due to length restrictions, I was unable to discuss in detail the theoretical framework surrounding the power relations and structural oppression that immigrants experience after coming to the US, and how that ties into food consumption, as well as an overall conceptualization of the urban ethnic enclave. I also did not have room to include these research findings in a more critical examination of the labor-market experiences of Bangladeshi immigrants in New York City, or to fully explore the substantial literature on the cultural and political factors that influence cooking and eating among different urban minority populations.