

**CENTRE FOR MIGRATION STUDIES**

**UNIVERSITY OF GHANA, LEGON**

**MIGRATION AND CHANGING FOOD HABIT AMONG  
GHANAIAN MIGRANT IN LONDON**

**BY**

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## DECLARATION

I, Raymond Agyekum, declare that except for the people's investigations which have been duly acknowledge, this work is the result of my own original research, and that this dissertation, either in whole or in part has been presented elsewhere for another degree.

Sign .....

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Date.....



Sign.....

Prof. Agnes Budu

(Supervisor)

Date.....

## **DEDICATION**

This work is dedicated to Almighty God, my family and friends.



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To God be the glory, great things He has done. Amen.

## ABSTRACT

Migration and food habits are two areas with commanding interest and analysis in contemporary society. There are often many new experiences to deal with when arriving in a new country. In addition to coming to terms with a different monetary system, social stratification, language and also changing in food habits. Emigrants tend to miss their country, specific food and dishes and their taste for their traditional food following migration and together with many other aspects, the food habits change either voluntary or involuntary.

The objective of this study is to investigate how migration has changed the food habits of Ghanaian migrants in London. A survey research was adopted for this study. Open and close ended questionnaire was the main instrument for data collection. The questionnaire was administered to the respondents in London. Total population for the study was 100, consisting of male and female Ghanaian migrants lived in London from the period of 5 to 20 years above.

The main finding of the study was that there was a change in food habits among the Ghanaian migrants due to socio-economic factors such as availability of migrants native food, accessibility which can be due to limited market for the food as well as how affordable these Ghanaian foods were and socio-cultural factors.

The study concluded that findings of the research remain important to dietary and health implications, hence the need to tailor research findings through effective dissemination to the respondents. The study therefore recommended that migrants should be encouraged to retain their best aspects of the diet of their homeland and embraced the best foods and food habits of

their host country as this could be achieved with incorporation of traditional food habits into dietary guidelines of the respondents.

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the study

Eating behaviour is influenced by inter-related factors reflecting ones' personal, social and cultural experiences and environment. There is however in the context of food and migration, a preference for researching food in relation with health concerns (Mellin-Olsen and Wandel, 2005).

According to Monteiro and Pinto (1998), to emigrate means to leave the homeland to work temporarily or to establish home in another country, foreign to the individuals. Migration is not an easy process. It implies to leave a life behind, family and friends and restart in another place. It is, therefore, a search for a better economical (and social) status.

The new life, together with new culture, new living and working conditions affects the life of the newly arrived immigrant to a large extent. The immigrants may never feel totally adapted even when living in the receiving country for decades. The Ghanaian emigrant lives always with the myth of return (Rocha-Trindade and Raveau, 1998). It involves a nostalgic feeling towards what was left behind, the people, the culture, the habits... and also the food (Monteiro and Santos, 1995).

Emigrants tend to miss their country, specific foods and dishes, the meals and the taste of food. Following migration, and together with many other aspects, the food habits change either in a

voluntary or involuntary way. Acculturation, a complex process of cultural contact also occurs (Monteiro and Santos, 1995). The immigrants assimilate the norms and cultural values of the host society, when the different cultures are put together. This is obviously extended to food habits, as they form a central aspect of the people's culture.

According to Opare-Obisaw, Fianu and Awadzi (2008), food habits have been defined in several ways by a number of authors. For instance, Burgess and Dean's (1962) early definition, which is still useful, sees food habits as the way in which individuals or groups select, consume and use the available supplies of food within the total pattern of a culture. Food habits are deeply embedded in the personalities of individuals and are stable and long-lasting, but they are subject to change. Such change may be induced by factors including changes in the physical or social environment.

Food habits are determined by the interplay of a number of factors, including climate, economy, beliefs, education and advertisements, among others. In the final analysis, what people choose to eat determines their nutritional well-being, which subsequently affects their general health status. According to Blair (1966), African food habits have developed over a long period of time in response to the environment, culture contact and migration among other factors. There is a close relationship between people's lifestyles and what they eat; hence, changes in lifestyle can bring about changes in food habits. This migration results in a change in environment and lifestyle, affecting food habits as the migrant gives in to the pressures of the new environment. These changes might improve or reduce the quality of the previous diet. In many developing countries such as Ghana, migration will continue to increase and will probably continue as long as opportunities for economic and social advancement elude most Ghanaians.

According to Burns (2004), migration is often accompanied by dietary changes. Food is not always about feeding ourselves but food is the description of our culture and what we are.

Burns (2004) further stated that over the last century, eating habits in Britain have changed dramatically which is influenced by all kinds of factors such as the technologies in our kitchens, the modes of transport supplying our shops, the media and the government and trade and migration. The eating habits of our parents, grandparents and great-grandparents would be completely unrecognisable to many of us today. Our experiences of shopping and cooking have been transformed as have our attitudes towards health, table manners, 'foreign' foods, waste and choice.

Windella et al. (2008), confirm Burns assertion that, today fast food chains are a global phenomenon - fried chicken, burgers and submarine sandwiches are available on the streets of London, New York, Edinburgh, Paris, Shanghai, Accra and Lagos etc. Thus, this is not a new phenomenon, nor a phenomenon restricted to population groups moving from non-Western to Western countries.

Numerous changes in the socio-cultural environment may occur with immigration, which in turn may lead to shifts in socio-economic status, work status, access to food and life style may interact with the changes occurring after migration. Furthermore, the deprivation in early life, deprived socio-economic conditions upon arrival in the new country, and an enthusiastic adoption of behaviours may also influence ones' eating habit (Kelleher et al. 2006).

Diner (2001) in support of Kelleher et al's (2006) assertion contended that the immigrants' own values and food traditions are challenged by food norms, food accessibility and economical conditions in the new country. The adaptation to new food habits may follow very different trajectories in the various immigrant groups. For example, studies from USA have pointed to differences between immigrant groups in assimilation into the American way of life (Diner (2001), particularly differences in the cultural emphasis on maintaining the traditional cuisine, versus adoption of new food habits.

Migration and food change may be as a result of food abundance and lifestyle. This exploratory study was therefore undertaken to find out the nature of changes in the food habits among Ghanaian migrants in London.

## **1.2 Statement of Problem**

Several thousands of people relocate or migrate from one place to another each day globally. Migration has come to stay with some major challenges. Some of these challenges that most migrants face include changes of food consumption, variety of food available at their disposal, lifestyle, cost or price of the food and time. Studies on migration and changing food habits have been carried out at length by many researchers in the past (Diner, 2001). All literature that exists on migration and food changing habit among Ghanaian migrants in London has focused on eating habit of Ghanaian in Ghana. It is in this light, that this research seeks to fill the knowledge gap between migration and food habits among Ghanaian migrants in London.

Emigrants tend to shift away from the way they used to eat when they were in their country of origin. They have also lost touch with specific dishes from their native countries. Following migration and together with many other aspects, the food habits change either in a voluntary or involuntary way. Acculturation, a complex process of cultural contact, occurs (Monteiro and Santos, 1995). The immigrants may take on the behaviours expected by the host culture, including speaking the language of the culture, dressing like it was in most people in their cultures do, and eating what these people eat. This is obviously extended to food habits, as they form a central aspect of the people's culture. Many aspects contribute to this change in the food habits, such as prices of the food (den Hartog et al. 1996) the immigrants tend not to eat the new foods as adaptation to this new food becomes a challenge to the immigrant. The problem becomes compounded when the immigrant who is unable to adapt decide to resort to the traditional food only to be faced with unavailability and higher prices (den Hartog et al. 1996).

This study therefore seeks to find out how migration influence food changing habits among Ghanaians migrants in London.

### **1.3 Objectives of the study**

The main objective of the study is to investigate how migration has changed the food habits of Ghanaian migrants in London.

The specific objectives of the study are;

- To describe demographic and socio-economic characteristics of Ghanaian immigrants living in London

- To evaluate the food habits and food preferences of Ghanaian immigrants living in London
- To compare the current food habits of Ghanaian immigrants in London with their food habits before they left for London.
- To ascertain what could have contributed to the changes in food habits if any in 2<sup>nd</sup> generation.
- To ascertain the health implications of changing food habits of migrants
- Find out relationship between their work and eating habits.

#### **1.4 Research Questions**

The study seeks to answer the following questions:

- How does migration affect changes in food habits of Ghanaian migrants in London and what are the present food consumption patterns?
- Is there a change in the eating habits of Ghanaians living in London?
- What are the demographic and socio economic characteristics of Ghanaian immigrants in London?
- What is the relationship between demographic/socio-economic features influence food habits of Ghanaian migrants in London?
- What are the health implications of changing food habits of migrants?

### **1.5 Justification of the study**

To intervene successfully on negative aspects of dietary acculturation in a new environment, it is important to study culture-specific food habits and processes by which immigrant incorporate new and potentially less desirable dietary practices following migration (Satia et al. 2002). There is limited research on the eating habits of Ghanaian immigrants in London hence the study would help to explore the challenges facing Ghanaian immigrants in relation to their eating habits. Also the body of knowledge from this study could be used by the University and other learning institutions to provide empirical basis for further research in this study area.

### **1.6 Organization of the study**

The study was organized in five chapters.

Chapter one looked at the introduction which comprises the background of the study, statement of problem, research questions, objectives, justification of the study, and organization of the study.

Chapter two comprises a review of literature relevant to the study as well as previous work documented.

Chapter three concentrates on the method used in measuring the objectives which comprises the research design, population and sampling, the research instrument, data collection and data analysis.

Chapter four was the results of the study.

Chapter five provides discussions conclusions and recommendations based on the results of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The purpose of this chapter is to provide an overview of the literature on studies conducted in the area of migration and food habits across the world. It provides definitions, theoretical and empirical literature pertinent to the research study. Secondly, this chapter organizes its review under the following thematic areas: brief history of migration in Ghana; diaspora formation, food habit of Ghanaian in London; food, culture and identity; immigrant identity and food way, migration and food habits, factors that affect availability of Ghanaian foods in the United Kingdom, foods consumed by migrants, children and changes in eating habits, Obesity and changing food habits, elderly people and changes in eating habits and changing food habits and health concerns.

#### **2.2 Brief History of Migration in Ghana**

Ghana has a long history in both internal and international migration (Peil, 1974). Migration after independence was within the borders of the country and involved individuals from different ethnic groups moving into others in search for new land safe for settlement and fertile for farming (Boahen 1975). Farmers migrated in search of empty land for the cultivation of both

food crops and cash crops (Addea–Mensah, 1983). The introduction of cocoa farming in Ghana resulted in unprecedented migration of farmers around Ghana.

These migrations led to socio-economic change. According to Addo (1968), socio-economic features normally led to changes in eating habit as migrants learn from indigenes new skills into their economic life, and sometimes by opening up opportunities in terms of profitable investment in the areas where they lived.

Some studies on the north-south migration phenomenon in Ghana have focused on the emerging trend of the youth particularly young females from the northern parts of Ghana to the southern cities, particularly Accra and Kumasi to engage in menial jobs (Awumbila and Ardayfio-Schandorf, 2008).

After her independence, Ghana continued to attract migrants because of its relative affluence to its neighbours (Bosiakoh, 2008). The prospect of landing a good job, the development of industry and higher wages, especially in urban areas, made the Ghanaian economy attractive and therefore induced not only rural urban migration, but sub-regional migration as well. Further there was an upsurge in migrants because of Nkrumah's foreign policy which, among other things was geared towards the promotion of pan-Africanism.

According to Brydon (1985), a number of African freedom fighters and Pan-Africanists entered the country, describing it as 'a haven'. In the 1960 census for example, immigrants accounted for 12 per cent of the enumerated population. By 1969, when many 'aliens' were expelled, Ghana's

alien community constituted about 2 million out of its population of about 8.4 million (Bosiakoh, 2008).

Mensah-Bonsu (2003) argues that rural outmigration in northeast Ghana is for employment purposes, and that, it is dominated by the youth. Many studies in Ghana have identified rural-urban migration to be the most predominant of all movements within Ghana (Twumasi-Ankrah, 1995). It has been observed that, migrants have generally moved from resource-poor to resource-rich areas, with a higher tendency for movements from the northern parts of the country to the southern cities (Anarfi and Kwankye, 2003).

In addition, some authors Twumasi-Ankrah (1995); Anarfi and Kwankye (2003) and Awumbila, (2008) explain the north-south pattern of migration to be due to spatial inequalities in levels of development brought about by a combination of colonial and post-independence economic policies and environmental factors among others. Another factor that has forced migrations in Ghana is conflict. According to Black et al. (2006), from 1994 to 1995, about 100,000 people were estimated to have been forced out of their homes in northern Ghana as a result of ethnic conflict.

On the international level, Peil (1995) identified Ghana's economy and educational system as one of the reasons why Ghanaians migrate to other countries. His stance was that, the situation in Ghana offered little opportunities for the then growing population. But various reasons including employment, education and training underlie much of Ghanaian migrants to other West African states as well as to Europe and North America (Nuro, 1999).

A study by Fosu (1992) revealed other problems such as political instability attributed to the increase in Ghana's international out-migration in the late 1970s and early 1980s. However, the period of large-scale emigration started in the 1970s and 1980s. The Convention Peoples Party (CPP) had maintained a liberal immigration policy to promote its pan Africanism (Dzorgbo, 1998). This was cut short by the promulgation of the Aliens' Compliance Order in 1969 which saw the expulsion of a large number of immigrants in Ghana in the same year.

Following the Order in 1969, the economic policies pursued in the 1970s by the National Redemption Council and the Supreme Military Council (1972-1978) and the frequent changes in government as well as the non-continuity of policies, created an economic downturn in Ghana (Addo, 1981). According to Dzorgbo (1998) the country's inflation and unemployment figures increased. The result of these was that, for some Ghanaians, a close exit option through migration was pursued. According to Manuh (2001), migration emerged as a 'tried and tested strategy' for dealing with the 'deteriorating economic and social conditions'. This set the stage for large-scale emigration of Ghanaians to African countries and the world at large which continues till date.

The most recent phase of the migration of Ghanaians is more importantly characterized by their "diasporisation", which had begun in the middle of the 1980s. Van Hear (1998) classifies Ghana as one of the ten countries involved in producing a 'new diaspora' in recent times. Since the 1990s, large numbers of Ghanaians have moved to major cities such as London, Amsterdam, Hamburg and New York (Anarfi et al. 2003).

According to Anarfi et al. (2003), Ghana was among the top ten sending countries to the UK in 1996, and in a decade (1990–2001), about 21,485 Ghanaians entered UK. Meanwhile, North America has also become increasingly dominant as a destination for Ghanaians.

### **2.3 Diaspora formation**

Study on Ghanaians in the Diaspora has been done with their presence all over Europe, North America and elsewhere Anarfi and Kwankye (2003); Awumbila (2008) and Katseli (2006). Ghanaians are one of the largest Black African groups in the United Kingdom. Faini (2002) estimated that, at least one-tenth of the Ghanaian population lived abroad: in Africa, North America, Europe, Asia and Australia. According to Owusu (2011), Ghanaians are now found in every country, rich or poor, but particularly the United Kingdom seems to attract a lot of them due to the colonial linkage.

Ghanaians migrants have constituted themselves into immigrant organizations to ensure their survival and adjustment (Owusu, 2000). They help migrants to forge durable social networks and facilitate migrants' settling and integration processes. Ghanaian migrants also utilize these associations as resources to enhance their participation in the social and economic activities at their destinations.

Some Ghanaians have also employed religion as an intermediary tool for identity formation and identity affirmation in the diaspora (Mensah-Bonsu, 2003). When Van Dijk (2001) used Ghanaian Pentecostal diaspora in the Dutch society, or the much broader description localisation and Ghanaian pentecostalism in Botswana (Van Dijk, 2001), there was a single underlying theme

of the role religion appears to play in the formation of identity among Ghanaians in foreign lands. Mazzucato (2006) also indicates that with the firm grounding of hometown associations, some members have transformed them into an opportunity for fund raising to support development projects such as schools or clinics in the home area.

## **2.4 Food habits**

According to Amin (2000), there are many new experiences to deal with when arriving in a new country. In addition to coming to terms with a differing monetary system, social stratification, housing, schooling and language, there are changes in food habits. Amin (2000) further explained that there is possibility that upon arrival new negotiation of food habits may occur if there is no local food which the migrant used to.

Ibrahim (2003) contended that a change in food habits can be caused by a number of factors. Familiar foods may be unavailable and therefore substitutions need to be made. This can have repercussions on nutritional status. For example, in many African countries camel's milk is the milk regularly consumed. Camel's milk is very high in Vitamin C and the substitutes in Australia, cow's milk, is not as high in Vitamin C.

Familiar foods may be available but not readily accessible. This can be due to the limited market for the food item in, and consequently it is only available in specialist stores. The food may also be called by a different name.

According to Ibrahim (2003), when familiar foods are not available, a vacuum is created in which foods of the host country are adopted.

Khan (1981) described food habits as the way in which individuals in response to social and cultural pressures select, consume, and utilise portions of the available food supply. Food habits

evolve from learned experience, which leads to the development of attitudes towards food. Thus food habits become a form of self-expression. It may be said that cultures and traditional practices are the foundations on which all food choice decisions are built. For many people these provide the framework within which an individual's food choice may evolve (Khan, 1981).

The impact of culture on food choice is immense and varied. However there are still many differences in food choices, and in food likes and dislikes, among members of the same culture (Rozin and Vollmecke, 1986).

## **2.5 Food, Culture and Identity**

What we eat, how we eat, and when we eat reflect the complexity of wide cultural arrangements around food and food ways, the unique organization of food systems, and existing social policies. Food plays a key role in human socialization, in developing an awareness of body and self, language acquisition, and personality development (Gabaccia, 1998).

As we learn what to eat, how to eat, when to eat, we learn "our" culture, "our" norms and "our" values and through this process we learn who "we" are. According to Gabaccia (1998), the socio-economic and cultural variations expressed ethnocentrism through food habits. Gabaccia's (1998) study examines how food choices are shaped by various individual, cultural, historical, social, and economic influences. From a sociological perspective, patterns of change and resistance in food preferences also offer us insights about tendencies for acculturation, assimilation, adaptation, social distancing, integration and consequent improvements or risks to quality of life (Capella, 1993).

## 2.6 Immigrant Identity and Food Habit

The fluid nature of identity can best be observed in the immigrant behaviour. Moving between the boundaries of cultural and geographical space, the immigrant experience offers a rare glimpse to the fluidity of identity, and the cultural boundaries of resistance and change. As a transitional status, the immigrant cultural experience also offers us insights into the complexity of patterns of relationships between dominant and minority groups, change and resistance, and patterns of “ethnic” experience, racism, and identities.

Immigrant diets and food habits need to be contextualized within a global framework where food choices are no longer limited to the social and cultural contexts of the country of immigration, or country of origin (Cook and Crank, 1996). Modernity and globalization have been functioning as influences, transforming not only the conditions of production and consumption, but also many cultural signifiers which have been used to demarcate ethnic identities and authenticities (Franke, 1987).

In the global system, cultural meanings attached to food are often based on conflicting notions of physical health, aesthetics, tastes, and social prestige, reflecting the contradictions between the private and public sphere and often contradictory messages in the marketplace. Like food, identities are also creolized globally, and the immigrant experience reflects this complexity. One can never be certain to what extent changes in consumer behaviour reflect cultural incorporation, or global diffusion. Offering insights from consumer studies, Caglar (1997) argues that examining person-object relations and focusing on commodities and consumption could help us to avoid predefining collectivities as cultures in isolation. A multiculturalism of consumption is a

multiculturalism of the market, in which consumers are left to define for themselves who they are, away from top-down constructions by the state or by fictive 'communities (Caglar, 1997).

Caglar's (1997) analysis offers us insights into the relationship between consumption patterns and identity construction in multicultural societies. Yet, identity formation is not just a subjective evaluation of membership at any given time isolated from the everyday lived experiences and realities of subjects. How one defines self and membership depends not only on the accumulation of unique cultural experiences and consumption patterns, but also on how others view the membership, entitlements, and rights of personhood/citizenship of a particular individual or group. Membership, in the modern nation state involves experiences of inclusion, empowerment, entitlement, rights, comforts or quality of life. In this sense, integration, the ability of an individual or a social group to utilize and contribute free of systemic barriers to every dimension of economic, social, cultural and political activities in the society, becomes an equally important component of identity formation.

For immigrants who go through a dramatic cultural and spatial transition, not only the familiarity of cultural experiences and consumption patterns, but also rights, entitlements, choices and quality of life make comparison points, as these will have immediate effects on the health and well being of immigrants and their families. When we talk about food and food habit we need to examine not only familiarity but also accessibility as an issue of identity formation. The feeling of belonging, or identification with the host society, cannot be achieved without full membership, or integration (the ability of an individual or a social group to utilize and contribute free of systemic barriers to every dimension of economic, social, cultural and political activities

in the society.) For this reason food security, like other basic rights, needs to be conceived as an important analytical tool in evaluating how immigrants perceive their membership, and reconstruct their identity, and integrate successfully.

## **2.7 Migration and Food Habits**

Migration and food are two areas of study which are commanding increasing interest and analysis in contemporary society. Ongoing public and academic debate about the causes and consequences of migration is matched by growing speculation into food related practices and their social, economic and cultural outcomes.

When migrants prepare food or meals in the new host country, they draw on their memories of food and eating in the past (Sutton 2001). New, synergetic food habits are created which reflect new social, economic and cultural arrangement or patterns which are different from what they used to practice in their native countries (Sutton, 2001).

Familiar food habits help them retain a significant aspect of their sense of ethnic identity. Ethnic food represents a symbolic and cultural connection with the country of origin. The response of natives and other migrants to incoming food habits play a part in this process and relate to processes of identity construction among these groups as well as within an immigrant group. These processes deliberately create statements, through food habits, of continuity or change. According to Dwyer, et al. (2001), individuals or groups may draw on new ideas about suitable feeding habits as well as offering and sharing relationships concerning food and drink, and about the suitable elements and structure of eating and drinking events, to modify relationships within

the migrant group as well as to generate new relations outside the group. Biddle, Kennedy and McDonald (2007) are of the view that migrants might also adhere to existing food habits and the relationships which go with them to resist change.

According to Sutton (2001), the importance of sensory indications in reconnecting and remembering experiences and places in their home countries, sometimes affects their readiness to embrace the food of their new environment. There is also the assertion that products or food can shift identity when experienced in new environments, “becoming a symbol not just of home or local place, but of countries or perhaps regions. For instance, the smell of food can bring to mind reminiscences on which identities are formed. The main meal of the day is usually the last to change in character, and weekend and festive meals are normally also characterized by traditional food (Anderson and Lean 1995). After several years of uninterrupted stay, memories may fade and become inaccurate, but in considering current food choices and habits, the memories of past experiences with the same or similar foods are relevant (Pliner and Rozin 2000).

Gordon-Larsen et al (2003), argue out that these complex processes are likely to lead to tensions within a migrant groups. Food habits are not normally static. However, with migration, food habits have a tendency to become addictive and take on a symbolic role to some extent. However, there not any systematic attempt to compare and contrast the ways in which food plays a role in the process of migration among different migrant. The role of migrant foods in the creation of identity among natives and other migrant groups is also an area of research which has received little attention.

## **2.8 Factors influencing Migrants Food Habits**

One of the outstanding factors that result in migrants adopting the food of their host country or area is the unavailability of native food. According to Cardona (2004), good availability of reasonably priced ethnic food ingredients enables migrants to create and maintain their own food culture.

The establishment of grocery shops and restaurants together with other “ethnic” institutions is a natural development in the migration process and an important step in regenerating the migrant community (Diner 2001). Ethnic eating locales are important means of cultural identification and an enactment of the past.

The unavailability of native food also results in less or no restaurants or food centres that deals in those delicacies. As a result of this migrants are compelled to patronize the foods of the host country which most often are junk foods which have adverse health effect (Diner, 2001). For instance, the majority of Ghanaian food retail outlets and restaurants were not established until the late 1980s and 1990s.

Ghana Review International (2000) reported that “Ghanaian drink, dine and dance venues in Britain” and listed a total of 18 eating places, all in London. At the time, there were around 30 other food retailers in the metropolis. Most, albeit not all, were in areas with a higher concentration of Ghanaians. Typically, food stores carried Ghanaian names and were small in size, often smaller than many others nearby ethnic stores, such as Indian, Pakistani or Turkish shops.

They are also reminders of social and communal solidarities within various ethnic minority groups in the Diaspora (Cardona 2004). Most of the Ghanaian in Britain opened up food-related businesses very early in the migration process, such as the Chinese and South Asians (Grove and Grove 2008). However, this was not the case for Africans, whose lack of involvement has not been studied in detail before.

In the present study, Ghanaian food related businesses were engaged to assess the extent of availability of Ghanaian food in London, the types of meals served within restaurants, and to analyze the difference between food in the domestic and public spheres in terms of gendered preparation, content and consumption.

## **2.9 Food Consumed by Migrants**

A number of demographic and socio-cultural factors contribute to the changes in food habits after migrants. According to Dhalla et al. (2002), majority of Sri Lankans were reported to have increase in the consumption of meat, milk, butter, margarine and potatoes in the United Kingdom. In the same study, around half of those from Pakistan reported increased consumption of oil, meat, fish and potatoes. In a similar study by Akresh (2007), the use of a multivariate regression showed that age was negatively related to increases in butter and margarine consumption. Owusu (2002) also reported that the likelihood of having present fat and sugar rich food patterns were reduced with age and years of education.

In a similar study by Biddle et al. (2007), other foods nominated as new adoptions from Australia were: lasagne, doughnuts, the institution of the barbecue, cordial, chicken and chips, ham and salami, Asian food, Vegemite, meat pie, sausage, seafood, tinned food, frozen food and chocolate. Most of these migrants were from Turkey, Philippians and Ghana who were involved in the study.

In a study carried out in Canada by Holmboe-Ottesen (2004), thirteen food items were eaten by the greatest proportion of migrants on a daily basis. These were all indigenous foods. The proportion of migrants consuming “tandoori roti, dal” with vegetables, potato and ghee on a daily basis was highest in migrant group, intermediate in the urban sample and lowest in the rural group. Holmboe-Ottesen (2000) concluded that diet consumed by most migrants living in Canada is predominantly indigenous in nature, thus migration does affect the choice of food, and hence there is a prevalence of daily western food consumption being high.

## **2.10 Children and changes in eating habits**

According to Pérez, (2002), the eating habits and diets of children and young people have been the subject of growing concern in recent years, particularly in relation to the increasing prevalence of childhood obesity. A study conducted by Owusu (2009), in South London on eating habit of primary school children revealed that children developed greater control over their eating habits, and there is growing concern that the adequacy of their diets may suffer.

Renzaho and Burns (2006) contended that eating habit of children changes in relation to concept of acculturation which is described as ‘culture change that results from continuous, first hand-

contact between two distinct cultural groups'. According to Rissel (1997), changes of eating habit of immigrant children to a process through which migrants and their children acquire the values, behavioural norms and attitudes of the host society'. Rissel (1997) further stated that such adaptation may include the adoption of the beliefs and behaviours of the host country, such as beliefs about the manner in which people interact with their social and physical environment, beliefs surrounding food habits, including how food is shared within a household, and the feeding patterns or cultural understanding of foodstuffs.

Dovey et al. (2008) attribute the changes of eating habit of children when migrated or change of environment to food neophobia which is defined as the rejection of foods that are novel or unknown. On the other hand, changes of eating habit of children can be a rejection of a large proportion of familiar (as well as novel) foods, resulting in a habitual diet characterised by the consumption of a particularly low variety of foods. Nicholls et al. (2001) refer to 'selective eating', 'few foods', 'restricted eating' or 'faddy eating', which they describe as a highly selective pattern of food intake in terms of the range of foods eaten.

## **2.11 Obesity and changing food habits**

Public concern with being overweight is matched by a growing problem and there are many questions about people's ideals of body shape and size and how they perceive themselves. With the changing population structure by developed countries like the US and UK, nutrition of the elderly has become an increasingly important topic and has been a longstanding interest. According to De Schutter (2012), food eating habit of some people making them becomes sick.

To Ziegler (2008), the United Nations Special Rapporteur on the right to food reported that one in seven people globally are undernourished, and many more suffer from the 'hidden hunger' of micronutrient deficiency, while 1.3 billion are overweight or obese.

“Faced with this public health crisis, we continue to prescribe medical remedies: nutrition pills and early-life nutrition strategies for those lacking in calories; slimming pills, lifestyle advice and calorie counting for the overweight. But we must tackle the systemic problems that generate poor nutrition in all its forms,” the independent expert indicated that there must be a report on nutrition to the UN Human Rights Council (De Schutter, 2012).

“The right to food means not only access to an adequate quantity of food, but also the ability to have a balanced and nutritious diet,” De Schutter (2012) further underlined that “Governments must not abstain from their responsibility to secure this right.”

De Schutter (2012) has identified five priority actions for placing nutrition at the heart of food systems in the developed and developing world:

- taxing unhealthy products;
- regulating foods high in saturated fats, salt and sugar;
- cracking down on junk food advertising;
- overhauling misguided agricultural subsidies that make certain ingredients cheaper than others; and
- supporting local food production so that consumers have access to healthy, fresh and nutritious foods.

“Urbanization, supermarketization and the global spread of modern lifestyles have shaken up traditional food habits. The result is a public health disaster,” the Special Rapporteur said. “Governments have been focusing on increasing calorie availability, but they have often been indifferent to what kind of calories are on offer, at what price, to whom, they are accessible, and how they are marketed.”

The UN Special Rapporteur highlighted (2010), for example stated that in U.S. alone companies spent \$8.5 billion advertising food, candy and non-alcoholic beverages, while \$44 million was budgeted for the U.S. Government’s primary standing healthy eating program. “We have deferred to food companies the responsibility for ensuring that a good nutritional balance emerges. Voluntary guidelines and piecemeal nutrition initiatives have failed to create a system with the right signals, and the odds remain stacked against the achievement of a healthy, balanced diet,” he said.

The UN Special Rapporteur (2010) also identified the abundance of processed food as a major threat to improving nutrition. “Heavy processing thrives in our global food system, and is a win-win for multinational agri-food companies. Processed items can be produced and distributed on a huge scale, thanks to cheap subsidized ingredients and their increased shelf life.”

“But for the people, it is a lose-lose,” “Heavily processed foods lead to diets richer in saturated and trans-fatty acids, salt and sugars. Children become hooked on the junk foods targeted at them. In better-off countries, the poorest population groups are most affected because foods high in fats, sugar and salt are often cheaper than healthy diets as a result of misguided subsidies whose health impacts have been wholly ignored.”

The UN Special Rapporteur (2010) noted that the West is now exporting diabetes and heart disease to developing countries, along with the processed foods that line the shelves of global supermarkets. By 2030, more than 5 million people will die each year before the age of 60 from non-communicable diseases linked to diets.

De Schutter (2012) agreed that “we should not simply invest our hopes in medicalizing our diets with enriched products, or changing people’s choices through health warnings. We need ambitious, targeted nutrition strategies to protect the right to adequate food, and such strategies will only work if the food systems underpinning them are put right.”.

## **2.12 Influence of demographic Characteristics on eating habits**

Migration had made a strong impact on the food habits of various groups of migrant especially elderly women. Introduction of items such as a large array of western-style deserts, cookies, cakes, savory snacks with decreased consumption of fresh fruits, vegetables, nuts and seeds were especially noteworthy, in that they can involve reduced intakes of dietary fiber and increased intakes of saturated and trans fatty acids and sugar, leading to high energy food consumption.

According to Edwards et al. (2010), the importance of meals and food has not always received prominence when considering the overall acculturation process, which elderly people might go through, yet it is food which can have the greatest impact on adjustment. Edwards et al. (2010) further explained that there are a number of models that have been proposed to describe the adjustment process. Lysgaard (1955) suggests that adjustment follows a ‘U’ shaped curve; the first stage being characterised by positive feelings, followed by a stage of maladjustment until

final adjustment is reached. This model was further developed and consolidated by Mohamed (1997).

The work of Brown and Holloway (2008) on international students did not support the assertion that a state of euphoria exists on arrival, rather, they supported the work of Ward et al. (2001) who found that stress was at its most intense at the very beginning of the course, characterised by more negative mood states of anxiety, depression, loneliness and stress. Rejecting the linearity and prescriptiveness of the U Curve models, Brown and Holloway (2008) suggest that adjustment is a multifaceted process fluctuating throughout the stay as a result of individual, cultural and external factors. In Brown's (2009) research on the changes in food eating habits, only a minority of students embraced diversity in food choice, not just because of taste differences, but also because food became a symbol of home and a means of bringing fellow nationals together. Consuming home-country food alleviated homesickness during a time when students were beset by the stress of operating in a foreign language and adapting to a new culture (Locher, et al. 2005). Hence their concern with diet and reluctance to try new foods was less important, supporting Warde's (1997) claim that eating habits are the slowest to change among migrants. Pliner et al. (1995) found that people were least neophobic in low fear and low hunger situations. Only once that initial phase was over, they had settled in, made new friends, and located local suppliers for familiar foods, did food neophobia start to become an issue.

### **2.13 Changing food habits and Health Concerns**

The consumption of an “wealthy” diet with high amounts of fat, salt and sugar with low fruit and vegetables intake is of great concern for public health nutritionists because this type of diet, coupled with a sedentary lifestyle, affects the development of nutrition-related chronic conditions that constitute major public health problems in western countries and urbanizing areas of the world (Popkin, 2001). These chronic conditions include obesity, hypertension, cardiovascular disease and noninsulin dependent diabetes mellitus, to which immigrants in western societies seem to be particularly susceptible (Hyman et al. 2002).

Adequate nutrition, a fundamental cornerstone of health, is especially critical for women whose reproductive role creates unique nutrition needs (for instance women need more calcium and iron than men).

According to Zelman and Chang (2012) many people are skeptical about changing their diets because they have grown accustomed to eating or drinking the same foods, and there is a fear of the unknown or trying something new. Even when they want to change, old habits die hard. Over time, habits become automatic, learned behaviours, and these are stronger than new habits you are trying to incorporate into your life.

Zelman and Chang (2012) further explained that even those who manage to change their bad eating habits can easily fall back on their old ways during times of stress. When you're feeling weak or vulnerable, automatic responses often override good intentions. Everything can be going along just fine until you hit a rough patch and feelings of boredom, loneliness, depression, or ... any kind of stress.

Satia et al. (2000) also contended that eating a healthier diet may be intimidating at first. But once you see for yourself how good it makes you feel and how good healthy food can taste you have a better chance of succeeding. Over time, your preferences will change and cravings for bad-for-you foods will fade away.

Mainstream health and nutrition information offered to majority groups needs to be adjusted to the food habits and cultural heritage of immigrants and directed toward their gaining new skills such as how to utilize locally grown foods which are less expensive and available (Perez, 2000).

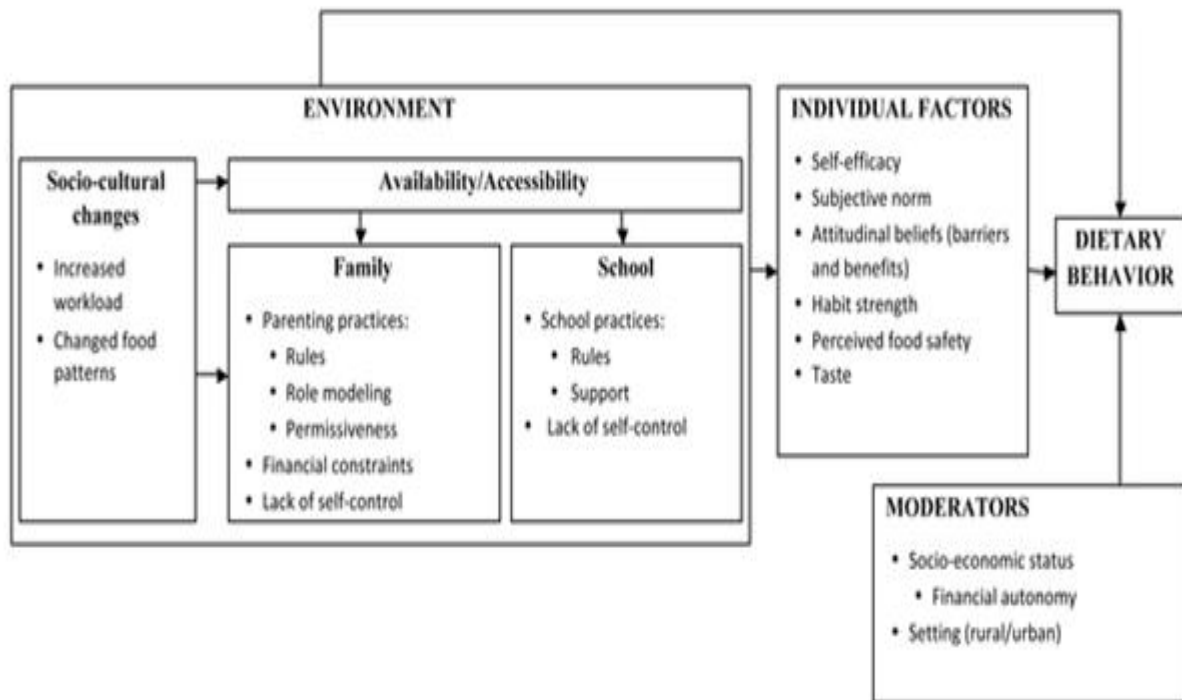
Foreyt (2012) outlined that for someone to change food eating habits for a better health, there is the need to take baby steps in making small changes in diet and lifestyle to improve health as well as trimming your waistline.

Another expert notes that you are much more likely to be successful at changing your habits if you take things one step at a time and you try to gradually incorporate new habits over time, and before you know it, you will be eating more healthfully and losing weight (Gans, 2011).

## **2.14 Conceptual framework**

Considering the nature of the topic, composite conceptual framework was proposed, in which Ghanaian migrants eating behaviour is conceptualized as a function of the identified individual and environmental influences (Figure 1). The conceptual framework emphasize the interaction of factors such as perceived food safety, lack of self-control, financial autonomy, habit strength and changes in socio-cultural environment. All of these factors may directly or indirectly influence dietary behaviour of migrants. In addition, traditional influencing factor and culture-specific may

also serve as a key factor for migration and changing food habits among migrants. Verstraeten, Van Royen, Ochoa-Avilés, Penafiel, Holdsworth, Donoso, Maes and Kolsteren (2014) contented that although interaction of factors may influence food habit, the influence of these factors on behaviour may differ according to socio-economic status and setting. This multilevel, interactive framework is useful for understanding and explaining the factors influencing food change habits of migrants.



**Figure 2.1: Conceptual Framework for eating behaviour** (Source: Adopted from Verstraeten, et al. 2014).

Composite conceptual framework was adopted by the researcher to study the extent to which migration influence food change habits. Moreover, looking at the model shows that food habits

are influenced by factors such as environment, individual factors, and moderators. According to Verstraeten et al. (2014), food change habit may be influenced by socio-economic status, financial autonomy and setting.

In this model, dietary behaviour is viewed as the interaction between, and interdependence of, factors within and across multiple levels of influence. In other words, it highlights people's interactions with their physical and socio-cultural environments (Rodriguez, 2009).

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

Data gathering is crucial in research, as the data is meant to contribute to a better understanding of a theoretical framework (Bernard 2002). It then becomes imperative that selecting the manner of obtaining data and from whom the data will be acquired be done with sound judgment, especially since no amount of analysis can make up for improperly collected data.

This chapter deals with the methods used for the study. It serves as the basis for analyzing the survey. The chapter covers the following: research design, sources of data, study area, population size, sampling technique, research instrument, data analysis, data quality, reliability, validity and limitation of the study.

#### **3.2 Research Design**

Research design is the overall plan for collecting data in order to answer the research question. It also involves the specific data analysis techniques or methods the researcher intends to use. In planning social science research, several research strategies can be adopted. Survey method was adopted by using convenience sampling techniques for gathering data. The reasons for using the survey methodology lie in its potential for quantification, replication and generalization of the findings to a larger population within known limits of error (Khan, 2006).

To accomplish the objectives of the study, convenience sampling method was used to select the respondents. According to Saunders, Lewis and Thornhill (2007), convenience sampling is a case where respondents are selected haphazardly on the basis that they are easiest to obtain. Also, this method was chosen because the researcher did not know the total population of the Ghanaians living in London.

Osuala (2005) added that convenience sampling selects a particular group of people but it does not come close to sampling all of a population. The sample would generalize only to similar programmes in similar like Ghanaian Migrants in London. Convenience sampling is widely used in student research projects. Students contact professors that they know and ask if they can use their classes to recruit research subjects.

Kryilk and Finn (2007) also added that convenience sampling is a nonprobability sampling method in which the selection of sampling elements is based on the most available elements to constitute the sample. The researcher makes no attempt, or only a limited attempt, to insure that this sample is an accurate representation of some larger group or population. The classic example of a convenience sample is standing at a shopping mall and selecting shoppers as they walk by to fill out a survey.

To Dillon, Madden and Firtle (1987) with convenience sampling, there is very little or no control over who is included in the sample. Findings from a convenience sample would be considered less definitive and it is much more targeted and narrowly defined population.

### **3.3 Population**

The population for this study comprises of male and female between the ages of 26 to 45 years of Ghanaian migrants in London who are engaged in all kinds of works that earns them an income. The population of the study therefore comprises Ghanaians living in London in the areas such as Lewisham, Streatham, Brixton, Hackney Central, Croydon, Peckham and Edmonton. These areas according to the researcher's own observation have more Ghanaians.

### **3.4 Sample Size**

Out of the areas in the population, eight (8) respondents each were selected based on availability. To have the total number of the respondents for the study, the researcher used Ghanaian restaurants and other food stalls to administer his questionnaire. In all, a total of 100 respondents were selected. Alreck and Settle (1985) stated that a sample size of hundred (100) respondents selected from a population appropriate.

### **3.5 Sampling Techniques**

Sampling is a process of selecting the portion the researcher wants to study from a population. Literature on research method identified two primary methods of selecting sample from population. These are probability sampling and non-probability sampling. Each of these has different techniques for selecting its participants. Examples of probability sampling technique are: simple random sampling, stratified sampling, systematic sampling and cluster sampling.

However, some examples of the non- probability sampling are: convenience or haphazard or accidental sampling, purposive sampling, quota sampling, snowball sampling (Neuman, 2006).

The nonprobability sampling technique was used in selecting the respondents. This is because; they are especially informative and can provide the necessary information to assist the researcher in this area of study. Kumar (2005) asserts that “the primary consideration in nonprobability sampling is the judgment of the researcher as to who can provide the best information to achieve the study”. Aina (2001) indicates that a major advantage of nonprobability sampling is that, it is a way to assure that at least some information from respondents is critical to the study. The nonprobability sampling technique try to get all possible cases that fit particular criteria, using various methods.

### **3.6 Sources of Data**

#### **3.6.1 Primary Data**

Primary Data was collected through a well structured questionnaire. Open ended questions as well as closed ended questions were used to get diverse view of the eating habits of Ghanaian immigrants in London.

#### **3.6.2 Secondary data**

The secondary data for the study was obtained from information on the subject matter ascertained from textbooks, articles and journals. These materials aided in getting most of the information for the research.

### **3.7 Research Instrumentation**

Questionnaire was used to collect data. The choice and use of the questionnaires as research instrument is due to the busy schedule of respondents. Questionnaire affords respondents the chance to answer the questions at their own convenient time. Sample of the questionnaire can be found in the appendix A. The questionnaire covered the following areas:

1. Socio-demographic information about the respondents
2. Migration and changing food habits
3. Eating patterns and habits.
4. Health implications
5. General attitude

### **3.8 Reliability**

Reliability means consistency in the event of someone else doing the same survey with the same people at the same time; the results should be consistent (McDaniel and Gates, 2004). The questionnaire was simple and unambiguous to promote reliability. For the measures to be reliable, it is important that the researcher is accurate. For reliability to be high there must also be a description of how the measures were conducted and that they were precise and accurate. Another requirement is that the researcher documents everything done. This is because in retrospect other researchers will be able to use the data gathered for comparison purposes.

### **3.9 Validity**

There has been a tremendous doubt in evaluating qualitative research as compared to quantitative research. In view of this, there is the need for researchers to motivate the choice of methodology. According to Neuman (2007), researchers have to argue on the fact that their results are accurate and trustworthy. In order to fully fulfill the purpose of the study, the researcher chose concepts and models that helped to analyze the study accurately. Fillis (2001) argued that, in order to make sure whether or not the research measures what he or she is intended to measure the term validity is used.

### **3.10 Data Analysis**

For the purpose of this research cross-case analysis was applied to the empirical data because the researcher was investigating migration and changing food habits of Ghanaian living in London. The data was coded in the Statistical Package for Social Science (SPSS) software version 17 and analyzed.

Kumekpor (2002) emphasized on two strategies for analyzing data: these are within case analysis and cross case analysis. According to them, case analysis is said to be the only kind of strategy that a researcher goes within the case and compares it to previous research. Moreover they further argued that where they are said to be more than one case, the researcher can use a cross-case strategy for data analysis, thereby comparing one case to the other.

## **CHAPTER FOUR**

### **RESULTS**

#### **4.1 Introduction**

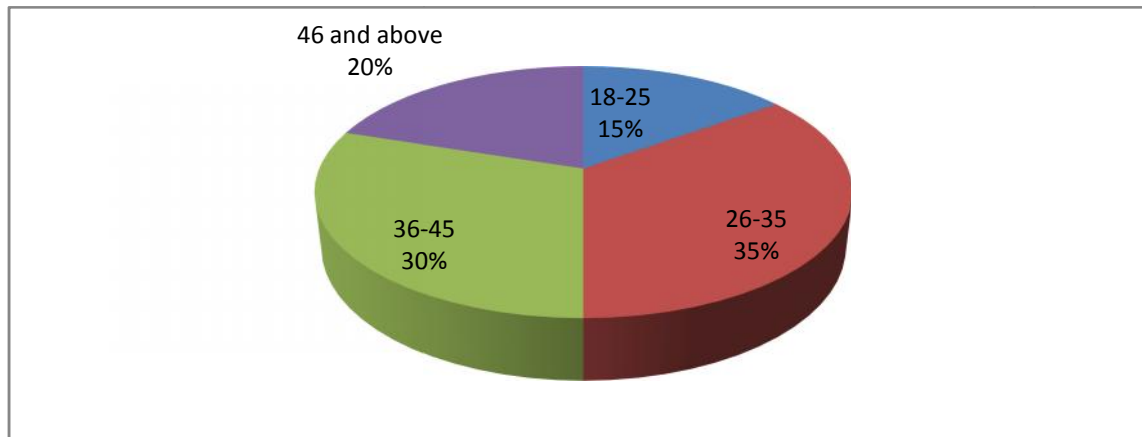
This chapter looks at the analysis of the data collected through questionnaire and the presentation of results. It analyses the data in relation to the objectives of the study. The results have been presented in tables showing frequencies, percentages and figures of the responses given by the respondents. The response rate was 100%. This was possible because questionnaires were randomly administered until a total number of questionnaires were correctly completed. The chapter has been organised under the following major subheadings: demographic data, migration, changing food habits and eating patterns and habits and health implications of migration and changing food habits.

#### **4.2 Background of Respondents**

Data was gathered on the background of respondents in order to determine how it ultimately influenced the eating habit. The background information included age group, sex, number of years of living in London, marital status, educational status and profession.

##### **4.2.1 Age distribution of respondents**

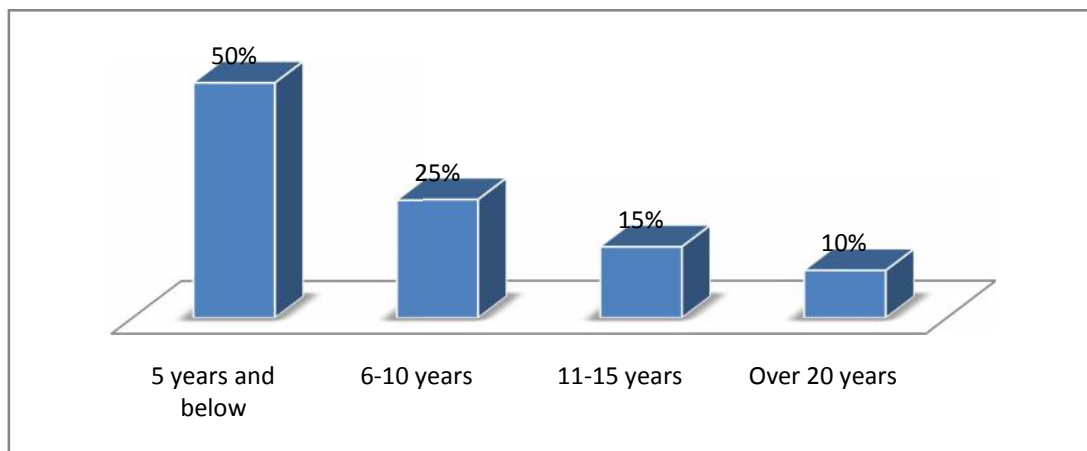
It was revealed that 35 (35%) were the highest age group of respondents that fall between the ages of 26-35 years followed by 30 (30%) of 36-45 years, 20 (20%) were 46 and above. It can be deduced from the analysis of the study that the most represented age were those between 26-45 years. Out of these age groups, 52% were female whilst 48% were male (Figure 1).



**Figure 4.1: Age distribution of respondents (Source: Field work, 2011)**

#### **4.2.2 Length of stay in London**

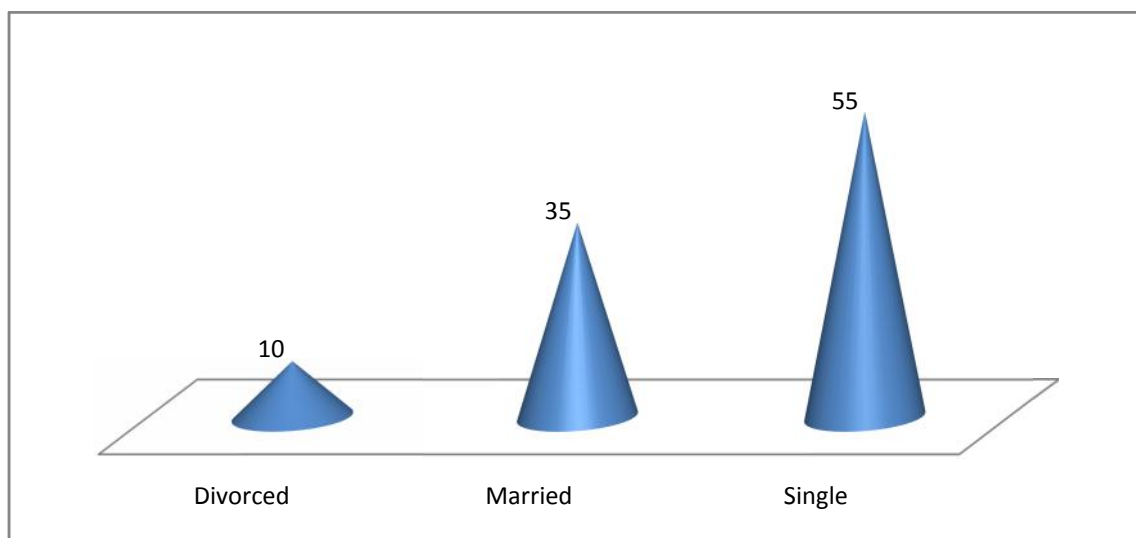
Figure 2 shows data collected on respondents' length of stay in London. It was revealed that (50%) of the respondents stay in London for 5 years and below, 25% were in London for 6-10 years, 15% were in London for 11-15 years, (10%) were in London for over 20 years. It can be concluded that all the respondents have been in London for quite a long time and this can influence their eating habit (Figure 2).



**Figure 4.2: Respondents' length of stay in London (Source: Field work, 2011)**

#### 4.2.3 Marital status

Figure 3 below shows the marital status of the respondents. Out of the total population sampled, 55% were single, 35% were married whilst 10% of the respondents were divorced. To conclude, it can be said that majority of the respondents were single and this can have influence on their eating habit as one does not care much for what to eat regularly (Figure 3).



**Figure 4.3: Marital status of Respondents (Source: Field work, 2011).****4.2.4 Educational background**

Data collected on highest level of education of the respondents shows that there were 40 (40%) of the respondents who had attained first degree level, 25 (25%) attained secondary level, 10 (10%) attained the level of postgraduate and HND respectively whilst 5 (5%) had attained professional level. It can be concluded that all the respondents got some level of education (Table 4.1).

Highest level of education	Frequency	Percentage
Secondary	25	25 %
HND	10	10 %
First degree	40	40 %
Professional	5	5 %
Post graduate	10	10 %
Total	100	100.0

**Table 4.1: Educational level of respondents (Source: Field work, 2011).****4.2.5 Profession**

Table 2 below shows the profession of the respondents. From Table 2, it can be seen that most of the respondents were students, shop attendants, self employed, hospitality and Health workers among others (Table 4.2).

<b>Profession of respondents</b>	<b>Frequency</b>	<b>Percentage</b>
Self employed	15	15 %
Nurses	15	15 %
Health worker	12	12 %
Educationist/Teacher	5	5 %
Lawyer	1	1 %
Engineer	5	5 %
Secretary	4	4 %
Shop attendant	15	15 %
Driver	5	5 %
Student	22	22 %
Military	1	1 %
Total	100	100.0 %

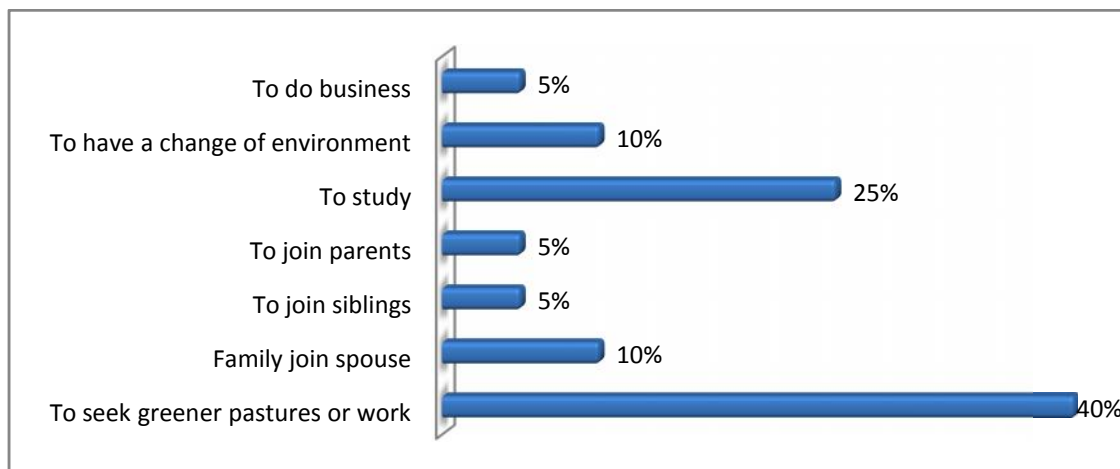
**Table 4.2: Profession of respondents (Source: Field work, 2011).**

### **4.3 Migration and food habits**

People migrate based on several reasons such as primary pull factors that includes proximity to distance education centres, cheaper food sources, and opportunities for extra incomes, peer exchanges and learning materials as well as better educational and health facilities (Twum-Baah et al. 1995). In the same vein, it can be said that people travel to European countries in search of these factors. To find out how this factors affect the eating habits of the respondents, the researcher sought to know why respondents migrate to London. Figure 4 below depict the responses received.

### 4.3.1 Reason for migration

Figure 4 below shows the reasons why respondents migrate to London. From Figure 4, it can be concluded that most (40%) of the respondents migrate to London to seek greener pastures or work whilst 25% migrate to study. To establish the findings, it shows that 40% of the respondents migrate in search for greener pastures, to live with their parents, relations, husband and wife can influence their eating habits as living become comfortable.



**Figure 4.4: Reason for migrating to London (Source: Field work, 2011).**

As follow up question, the researcher sought to know whether respondents patronise Ghanaian food in London. To this, majority 96% of the respondents indicated 'yes' whilst 4% indicated 'no'.

### 4.3.2 Patronised Ghanaian foodstuffs

Table 3 below highlighting the findings points to the fact that 52 (52%) of the respondents buy Ghanaian foodstuffs once every month whilst 45 (45%) of the respondents buy Ghanaian foodstuffs once every two weeks. It can be concluded that most respondents eat Ghanaian foodstuffs to supplement their food they eat.

<b>How often do you buy Ghanaian food?</b>	<b>Frequency</b>	<b>Percentage</b>
Once a week	2	2 %
Twice a week	1	1 %
Once every two weeks	45	45 %
Once every month	52	52 %
Total	100	100.0 %

**Table 4.3: Statistics of respondents patronising Ghanaian foodstuffs in London (Source: Field work, 2011).**

As a follow up question, the researcher wanted to know why respondents buy Ghanaian foodstuffs. To this, it was revealed that most respondents buy Ghanaian food to feel as if they are at home. Some also stated that they buy the Ghanaian foodstuffs because it tastes better than western food. And also, they are more healthy and nutritious than western food. Others also were of the view that once used to something it is very difficult do away.

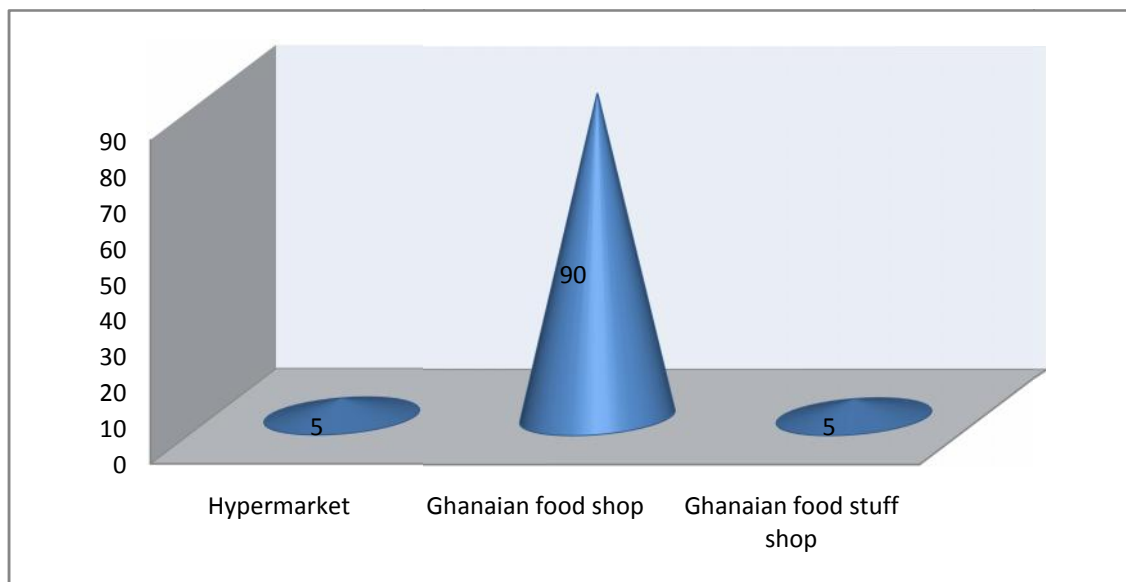
#### **4.3.3 Accessibility of Ghanaian foods in London**

Again, a follow up question was posed to the respondents to find out the accessibility of Ghanaian foodstuffs in London in relation to their eating habit. Interesting results were obtained from the respondents. It was revealed that Ghanaian foodstuffs were accessible as 55% of the respondents have testified whilst 45% of the respondents were of the opinion that although Ghanaian foodstuffs were accessible but very costly. It can be consequently asserted from the

findings that migrants who are Ghanaian can have whatever dish they prefer although away from home.

#### 4.3.4 Obtaining Ghanaian foodstuffs

The study revealed insights of where Ghanaian foodstuffs can be obtained in London. Majority (90%) of the respondents indicated that Ghanaian foods can be obtained from Ghanaian food shop in London, 5% - Hypermarket whilst 5% of the respondents also indicated that Ghanaian foodstuffs can be obtained from Ghana if one so wish.

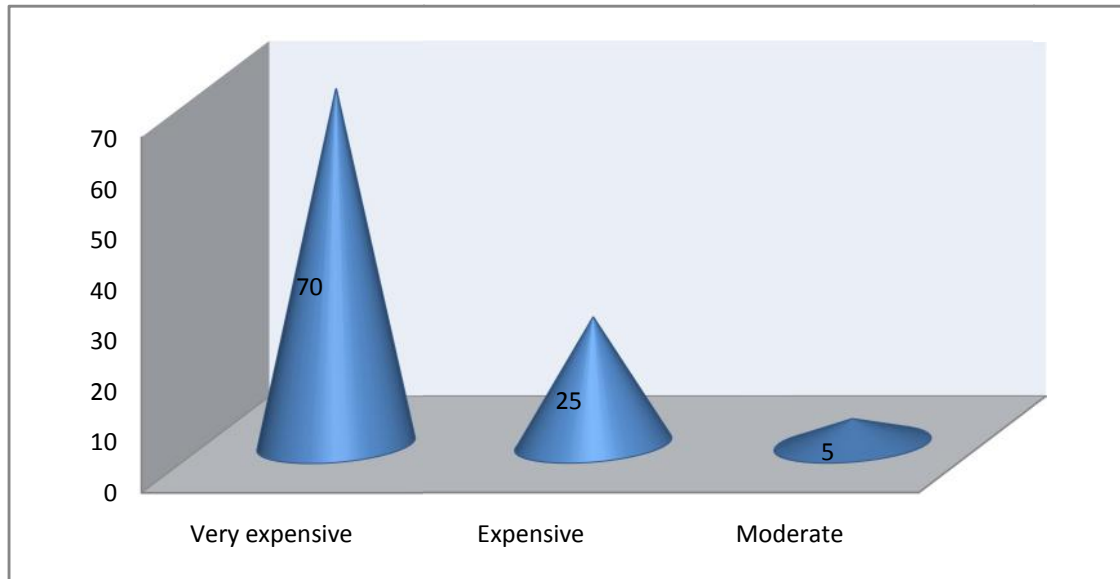


**Figure 4.5: Where to obtain Ghanaian foodstuffs (Source: Field work, 2011).**

#### 4.3.5 Prices of Ghanaian food in London

Data collected on prices of Ghanaian food in London Market revealed that most of the Ghanaian foodstuffs were very expensive as 70% of the respondents have indicated, 25% of the

respondents said Ghanaian foodstuffs were expensive whilst 5% of the respondents said prices of the Ghanaian foodstuffs were moderate.



**Figure 4.6: Prices of Ghanaian food in London Markets (Source: Field work, 2011).**

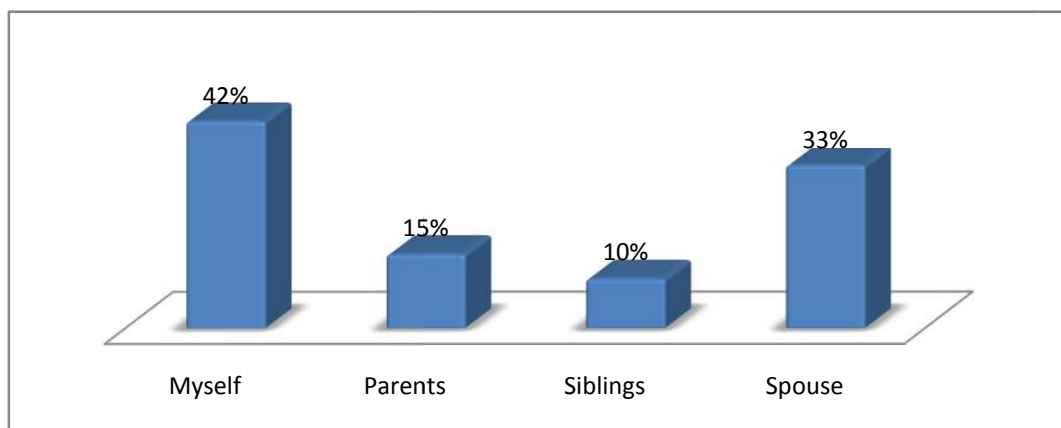
#### **4.3.6 Eating habit**

Considering the eating habit of migrants, the researcher sought to know if the expensiveness of the Ghanaian foodstuffs affects their eating habit and their purchasing power. The findings revealed that 65% of the respondents indicated that it has affected their purchasing power and this has compelled them not to buy more often but 35% were of the view that once a habit has been created it must be fulfilled and this has compelled them to buy them irrespective of their prices.

### 4.3.7 Food available in London

As a follow up question, the researcher wanted to know how respondents feel about the food they are eating currently. The analysis revealed that most of the respondents just feel okay or not bothered about it. Respondents further explained that they have no choice but to make use of the one available.

Figure 7 shows the preparation of food. When respondents were asked who prepares food for them, it was revealed that 42% of the migrants prepare food for themselves, 33% of the respondents also indicated their spouse being the one who prepares the food.



**Figure 4.7: Preparation of food (Source: Field work, 2011).**

### 4.3.8 Food for breakfast before migration

Table 4 below reveals the types of food being eating (for breakfast) before migrating to London. From Table 4, it was shown that 28% of respondents were taking oats or rice and stew for breakfast, 20% were taking Hausa Koko with 'kosay' or tea with bread and "Waakye" Beans with plantain respectively. Other respondents 17% were taking tea with bread or Koko with

groundnuts or ‘kenkey’ with stew whilst 15% were taking tom brown with bread, rice or ‘banku’ as breakfast in Ghana. From the findings, it can be concluded that eating habit has changed due to types of food being eaten.

Types of food being eaten before migration	Frequency	Percentage
Hausa Koko with ‘kosay’ or Tea with bread	20	20 %
Tom brown with bread, Rice or ‘banku’	15	15 %
Tea with bread or Koko with groundnuts or ‘kenkey’ with stew	17	17 %
“Waakye” Beans with plantain	20	20 %
Oats or rice and stew	28	28 %
Total	100	100.0 %

**Table 4.4: Food being eaten before migration (Breakfast) (Source: Field work, 2011).**

#### **4.3.9 Type of food being eaten now in London**

When respondents were asked what type food they are eating now, few stated that for their breakfast, they take Eggs, toast, bagel, muffins, French toast, cereal, pancakes, waffles, leftovers, sausage, fruit, granola, oatmeal, cereal bars, string cheese, yogurt, pizza, smoothie, sandwich, ham, donuts, pop tarts, toaster strudel, cinnamon rolls, biscuits, milk and juice. For lunch, they eat chips and chicken, burger, pizza, ham and turkey tumble, turkey tortilla, turkey burger-sliders and chips and for dinner, rice with stew and salad or salad with juice, noodles. Other respondents also indicated for lunch they take foods such as pizza meat loaf and mashed potatoes, chicken fried steak, chicken fried chicken, garlic chicken, lemon chicken, spaghetti with meat sauce,

packaged red bean and rice with cooked smoked sausage, fried shrimp and french fries, lasagna, hamburger helper, soup, salad and sandwich, pork medallions with mustard sauce, casseroles, tuna, chicken, stir fry over rice, can add shrimp, chicken, pork or beef, steak and baked potatoe with package salad, grilled or fried pork chops with applesauce side, loose hamburger with melted cheese on ciabatta rolls, salads topped with fresh cooked shrimp and crusty bread, chicken and dumplings, chicken and noodles, baked chicken or turkey breast, turkey wrapped brocolli with cheese sauce, fried chicken with mashed potatoes and coleslaw, bean soup with chunks of ham added, tacos, tostadas, tamales and enchiladas, stuffed pork chops, burgers with mushroom soup over mashed potatoes, chicken picatta with rice, western omelettes, large fried ham slice with macaronni and cheese side. For dissert, the findings revealed that almost all the respondents takes fruits, juice and yoghurt.

#### **4.3.10 Lunch food before migration**

Table 5 below shows the type of food been eaten for lunch before migrating to London. From Table 5, most (23%) of the respondents while in Ghana took kenkey with fried fish or meat or banku/akple with okro stew for lunch.

From the findings it can be said that currently different foods are taken such as chips and chicken, burger and pizza among others.

What type of food do you take when in Ghana	Frequency	Percentage
'Waakye' with salad/macaroni and meat/egg or fish	18	18 %
Kenkey with fried fish or meat or banku/akple with okro stew	23	23 %
Rice with stew/omo tuo, jollof rice/tuo zaafi	21	21 %
Beans with fried plantain/bambara beans with gari/egg	10	10 %
Banku with okro stew/fufu with peanut soup and meat/fish	10	10 %
'Ampesi' with 'kontonmire' stew	18	18 %
Total	100	100.0 %

**Table 4.5: Food being eaten before migration (Lunch) (Source: Field work, 2011).**

#### 4.3.11 Food for dinner before migration

Table 6 below shows the type of food respondents used to eat before migrating to London for greener pasture or to live with relations, husband, wife or friends.

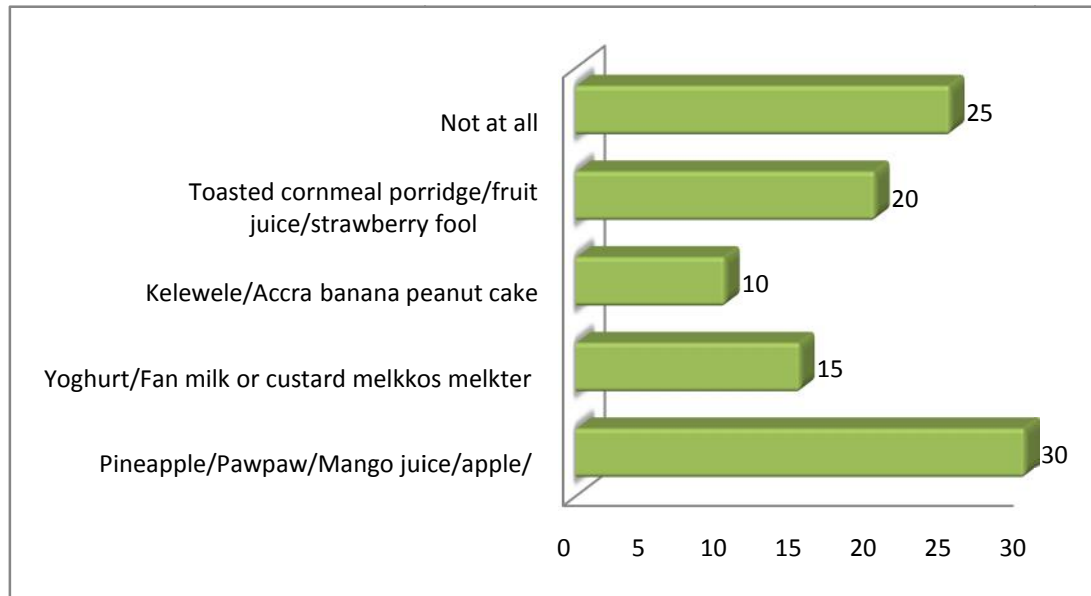
Before you migrated to London what was your food for dinner?	Frequency	Percentage
Rice with stew or tuo zaafi, waakye or fried rice with egg/fish or meat	38	38 %
Banku with soup/roasted tilapia with pepper/	14	14 %
Fufu with palm nut soup/peanut soup and fish or meat	33	33 %
Yam with stew/plantain with stew/rice and stew	15	15 %
Total	100	100.0 %

**Table 4.6: Food being eaten before migration (Dinner) (Source: Field work, 2011).**

#### 4.3.12 Types of food being taken for dessert before migration

Figure 4.8 below reveals the types of food being taken for dessert before migration to London.

As revealed in Figure 4.8, most (25%) do not take anything for dessert.



**Figure 4.8: Types of food being taken for dessert before migration to London (Source: Field work, 2011).**

#### 4.4 Eating Patterns and Habits

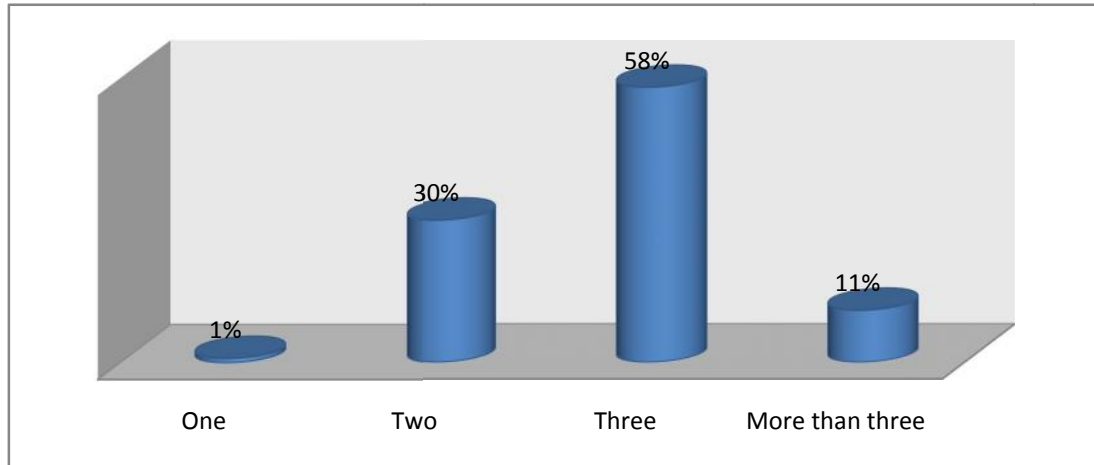
In this section, the researcher wanted to know the eating patterns and habit of the respondents as they have migrated to London.

##### 4.4.1 Meals

Figure 9 below shows how many times meals were eaten each day since they became migrants.

Out of the total population sampled, 58% indicated that they have meals three times each day

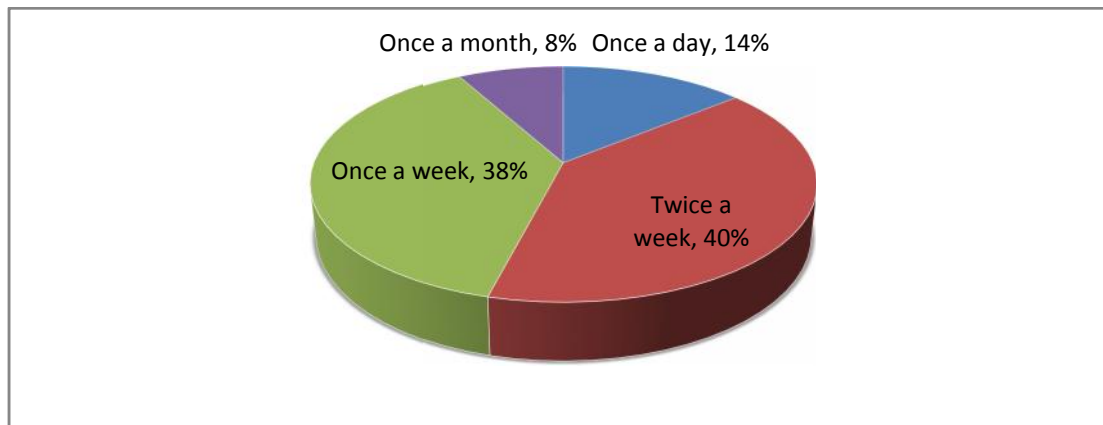
followed by 30% who indicated twice each day whilst 11% of the respondents indicated they eat more than three times each day. It can be said that majority of the respondents eat twice each day.



**Figure: 4.9: Meals for each day (Source: Field work, 2011).**

#### 4.4.2 Visiting grocery store

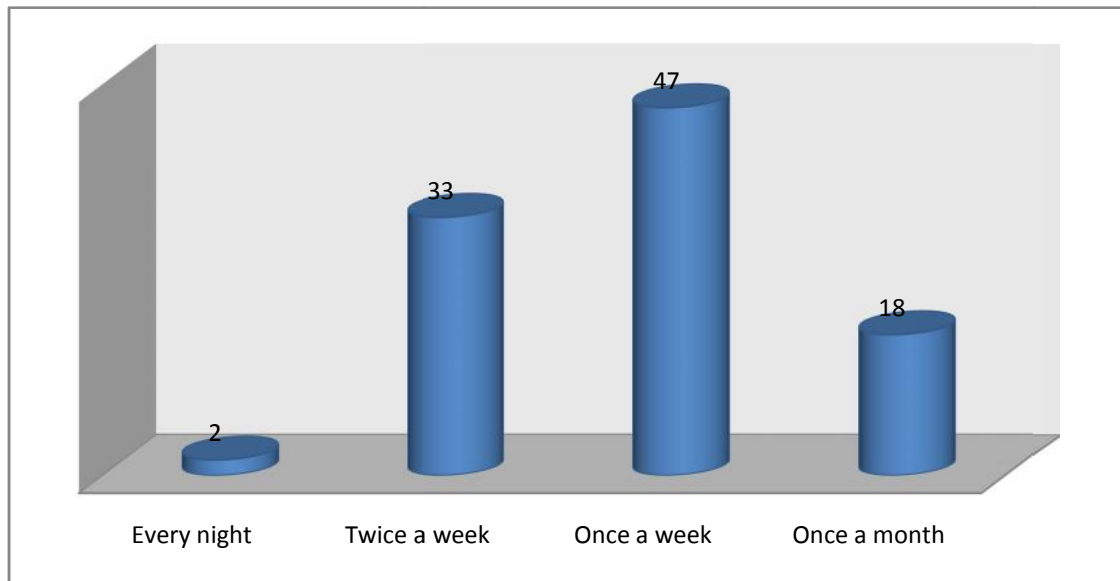
Figure 10 depicts how often respondents visit grocery store for their food items.



**Figure 4.10: Visiting grocery store (Source: Field work, 2011).**

#### 4.4.3 Eating take-out dinner

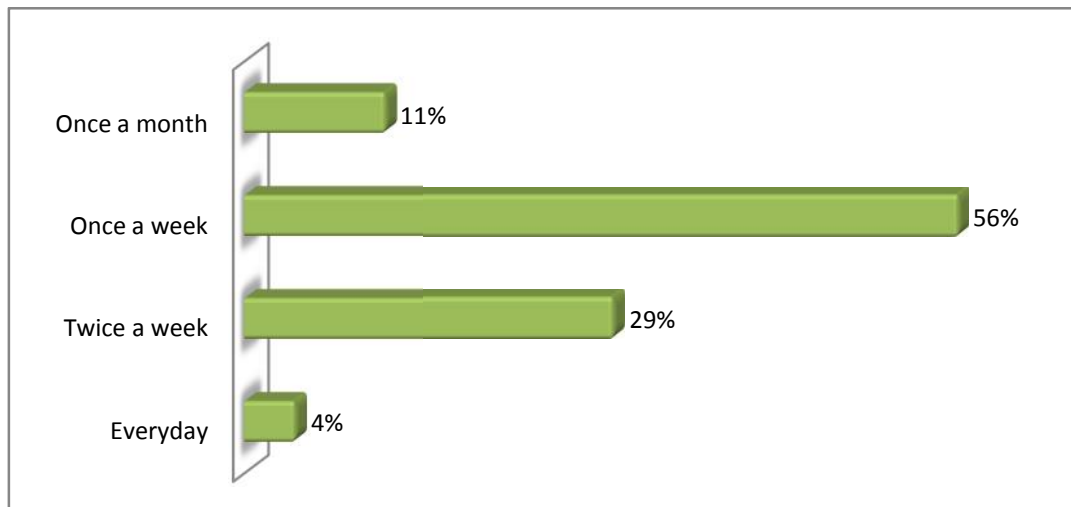
Figure 11 below shows how often respondents eat take-out dinner. As shown, 49% of the respondents eat take-out dinner twice a week as against 33% of the respondents who preferred buying it twice a week whilst 18% of the respondents eat take-out dinner once a month.



**Figure 4.11: Eating take-out dinner (Source: Field work, 2011).**

#### 4.4.4 Eating in restaurants

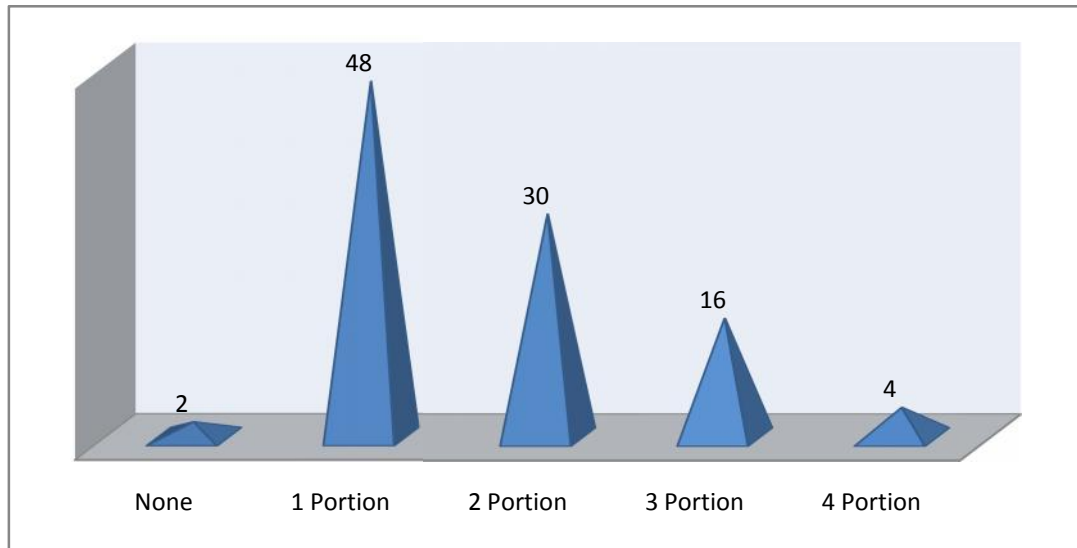
Figure 12 below shows how often respondents visit restaurants for food. Out of the total population sample for the study, 56% indicated that they eat in restaurants once a week, 29% - twice a week whilst the rest 11% and 4% eat in a restaurants once a month and everyday respectively. To establish the findings, it shows that majority of the respondents preferred eating in the restaurants.



**Figure 4.12: Eating in restaurants (Source: Field work, 2011).**

#### **4.4.5 Consumption of vegetables and salad a day by Ghanaian migrants**

The researcher sought to find out the level of consumption of vegetables and salad a day by the respondents. From Figure 13 below, 48% of total number of respondents indicated that they consumed vegetables and salad on average 1 portion in an average, 30% consumed 2 portions of vegetable and salad in an average, 16% consumed 3 portion an average, 4% consumed 4 or more portions of vegetables and salad an average whilst 2% consumed none.



**Figure 4.13: Consumption of vegetables and salad a day (Source: Field work, 2011).**

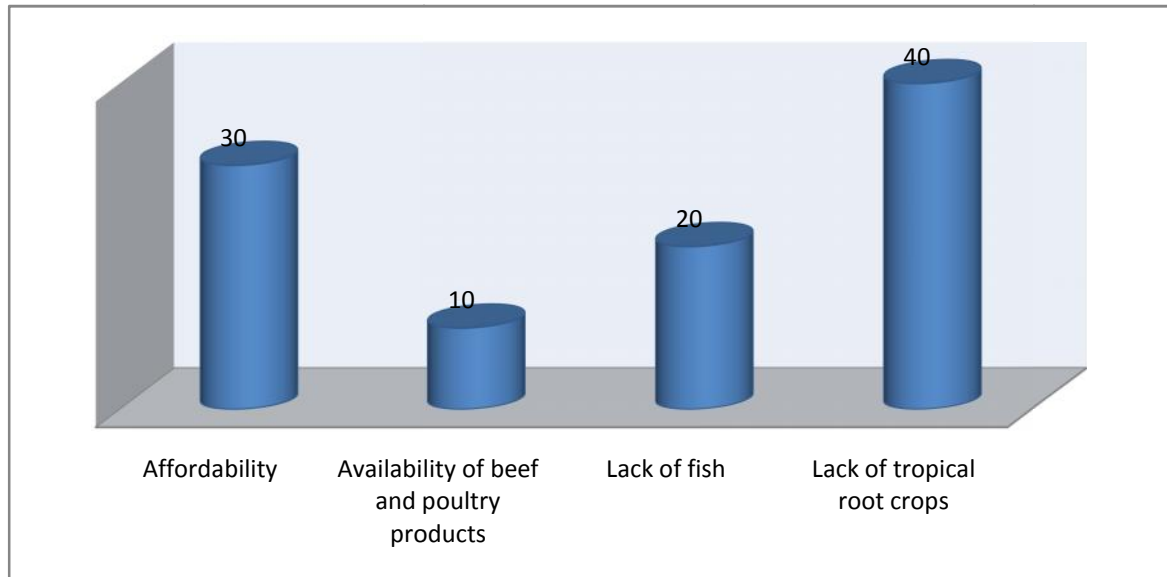
#### **4.4.6 While in Ghana**

Respondents were further asked to indicate if the consumption of vegetables and salad in a day is the same in Ghana. To this, 70% of the respondents indicated 'no' to the question whilst 30% of the respondents indicated 'yes'. It can be deduced from the findings that vegetables and salad are now consumed more than before whilst in Ghana.

#### **4.5 HEALTH IMPLICATIONS OF MIGRATION AND CHANGING FOOD HABITS**

This section of the analysis aimed to investigate the health implications of migration and changing food habits that occur upon migration. When respondents were asked whether they can say that migration has changed their food habits, 62% of the respondents said yes while 38% of the respondents indicated no.

Again, respondents were asked what motivate them to change their food habit. Figure 14 depicts the responses.



**Figure 4.14: What influence the changing food habits of migrants (Source: Field work, 2011).**

From Figure 4.14, it can be said that most of the respondents are influenced by lack of tropical root crops to other sweets replacement followed by affordability of food and lack of fish while others also indicated that they were influenced by availability of beef and poultry products. These findings link to similar study conducted by Ashraf, Soumela & Samman (2002) that food habits of Ghanaian migrants may have a strong influence on their food change and important implications on health. The study further stated that most traditional Ghanaian dishes include fish as an important ingredient. However the affordability and availability of beef and poultry relative to fish may lead Ghanaian migrants to replace fish with fatty meat, thereby further increasing their intake.

In addition to what influenced fatty meat intake, respondents were asked if they have ever been told by a doctor that they had diabetes. From the data, it was revealed that 18% were told by their medical doctors of their health status whilst 82% indicated no to the question posed to them.

Furthermore, respondents were asked if they are aware of anyone of their immediate family who has been told by doctor that he/she had diabetes, high blood pressure, or suffered a stroke or heart attack due to change in food habits. Again, answers to the question revealed that 20% of the respondents were told by their doctors whilst 80% said no idea. To this finding, Ashraf, Soumela & Samman (2002) of the view that when there is a substantial decrease in fruit consumption upon migration can leads to a decrease in anti-oxidant intake, thereby further increasing the risk of cardiovascular disease.

## CHAPTER FIVE

### DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Discussion of the findings

##### 5.1.1 Demographic characteristics

In relation to the findings, Weinstein et al. (1997) attest to the fact that to date, no studies have examined the impact of interrelationships between dietary restraint and disinhibition on the direction of changes in food intake in both males and females. The present study was designed to identify the changes of eating habit that occurs in Ghanaians who migrate to London in search of greener pastures. A confidential questionnaire format was employed to allow respondents to answer questions about sensitive, sometimes secretive eating behaviours in real life contexts, without the threat of identification. The study revealed that most of the Ghanaian migrants were staying in London for more than 5 year and above and this has influenced their change of food eating habits.

##### 5.1.2 Migration and changing food habits

The study found that (40%) of the respondents migrated to London in search of better jobs and other opportunities. The study also found that more respondents prefer eating a healthy lunch than breakfast, perhaps because of time and environment in which they find themselves. To this finding, Fieldhouse (2002) stated that when there is better job and opportunities migrants

food habit changed based on factors that may influence the processes of change in food habits, such as the social context of migration, new social networks, life change pattern, and work or school attendance. Similar research findings of Satia-About et al. (2002) found that dietary changes do occurred in different immigrant groups. They attribute their findings to demographic factors as well as cultural factors that influence the degree of exposure leads to changes in psychological factors, taste preferences and changes in food procurement and preparation. These, in turn influence the different patterns of dietary intake.

### **5.1.3 Eating habits**

From the analysis it was found that majority (58%) of the respondents (Ghanaian migrants) living in London have their eating habit changed due to their migration. This finding confirmed Baker (2001) and Kelleher's et al (2006) study that came out that there are numerous factors that changed ones eating habits such as socio-cultural environment which may occur with immigration, which in turn may lead to shifts in socio-economic status, work status, access to health care and life style, including diet and physical activity may change. Baker and Kelleher et al. (2006) further opined that deprived socio-economic conditions upon arrival in the new country, and an enthusiastic adoption of behaviours can lead to the classic food habits.

### **5.1.4 Changes in Food habits of Ghanaian Migrants**

From the findings it was discovered that about (58%) of Ghanaian immigrants in London have a change in eating habit to a more affluent country, with the potential consequences regarding life style. The study also found out that respondents eating habit changes due to changes in their

daily work schedules and adaptation to the climate and life style in London, which entailed less outdoor activity and less physical activity compared to Ghana. To the researcher, the changes in eating habit of the respondents can be due to foods they were accustomed to. These striking changes may be the sources of food procurement, the number of meals prepared at home and the relative frequency of consumption of some staple foods.

To these findings, Opare-Obisaw et al. (2008) contended that there are two factors that lead to migration and food changing habits. Opare-Obisaw et al. (2008) further explained rise in income can lead to change in eating habit if the respondents have to contend with and compared with the lifestyle of the new environment.

However, the nutritional significance of keeping the traditional diet or adapting to the diet of the new country depends on what either of these processes entails. Kocturk-Runefors (1990) posits that a food change occurs even when migrants ate mostly traditional foods they may change as the traditional dishes with the same ingredients, but the amounts may changed.

### **5.1.5 Changes in food consumption**

The study also found that many of the Ghanaian migrants who participated in the study reported to have increased the consumption of foods that contribute substantially. This is in agreement with the data from the food frequency part of the questionnaire used in the present study, which indicated that there are changes in daily intake of food. These differences may be interpreted in the light of the difference of length of stay in London (Mellin-Oslen and Wandel, 2005).

### **5.1.6 Factors related to change in food patterns and consumption of selected foods**

The results from the analyses showed that many factors could have influenced the changes in food patterns and food consumption by Ghanaians in London. Although Ghanaian immigrants are still consuming Ghanaian foods from Ghanaian food shops, there more information on food and nutrition, since such information has included both recommendations to change from butter to oil, and to cut down on the intake of oil in order to combat obesity.

The results, shows that using more Ghanaian dishes is positively related to the index of integration, reflect an acculturation process which is in line with the postulations made by Fieldhouse (2002).

## **5.2 Conclusion**

To conclude, Ghanaian migrants living in London tend to have changed their diet after migration. Changes in food habits after migration are commonly defined as dietary acculturation (Colby, Morrison, and Haldeman, 2009).

The main findings of the study was that there are relatively few dietary changes among Ghanaian migrants in London due to socio-economic factors and aspects related to integration and changes that occurred after migration. The study also found that there are some few Ghanaian shops where local food can be obtained when one wishes. From the study it was also found that Ghanaians have a cultural eating pattern with a heavy reliance on traditional dishes for lunch and dinner.

The results also showed that socio-economic factors and aspects related to integration were able to modify the changes that occurred after migration. According to Devine (2005), these changes are related to aspects of food availability, food procurement and preparation, organisation of meals and confidence in food. The concept of turning points in food changing habit is captured as an element of change not addressed by models of dietary acculturation (Satia-Abouta, 2002).

Although it is beyond the scope of this study to specifically address this topic, some aspects could be highlighted for further study, such as the possible impact of early phase of migration and changing food habit for further study.

### **5.3 Recommendations**

Based on the findings of the study, it recommended that Ghanaian migrants in London should watch their food habits pattern and the total energy intake at each meal should also be taken into consideration.

A large meal containing both a high carbohydrate load and a high proportion of fat may lead to a high and long-lasting blood glucose level after the meal. In this case, excess glucose will most likely be part of de novo synthesis of fat in the liver and lead to an increase formation of very low density lipoprotein, which is converted to LDL, the main atherogenic lipoprotein.

For some ethnic groups, this is of high significance, especially for those who tend to have the biggest meal at the end of the day before going to bed. This could make the effect of high blood glucose and even more deleterious since physical activity after the meal would most likely be extremely low. Low physical activity after a meal may attenuate the blood glucose response considerably in health implications.

The process of migration and changing food habit described in this study may have started already before migration, due to the nutrition transition also occurring in the immigrants country of origin, the pattern and speed of change in diet may differ from country to country. Thus, the extent and nature of change after migration can be expected to vary according to place of origin and time of migration. As suggested in the model of Verstraeten, et al. (2014) who proposed that changing food habit must be governed by socio demographic, economic, and cultural factors as well as the extent of exposure to host country.

It is also recommended that migrants should be encouraged to retain the best aspects of the diet of their homeland and embrace the best foods and food habits of their host country. This could be achieved with incorporation of traditional food habits into dietary guidelines, education programs, and local food policies that ensure the supply of traditional foods to migrant populations.

Despite some short falls of this study, the findings of this study are relevant because they provide insight into the migration and changing food habit. Themes that emerged from the study may also be applicable in other contexts. Moreover, the study is unique in providing data about migrants in London.

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**APPENDIX****QUESTIONNAIRE**

**THIS QUESTIONNAIRE IS PART OF A PURELY ACADEMIC RESEARCH. PLEASE ASK YOURSELF HOW SATISFIED YOU ARE WITH EACH OF THE FOLLOWING AND INDICATE BY TICKING THE APPROPRIATE RESPONSE. DO NOT BE BOTHERED ABOUT BEING IDENTIFIED BECAUSE INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL. YOUR HELP IS VERY MUCH APPRECIATED**

**PART ONE: DEMOGRAPHIC DATA**

1. Name (Optional): .....

2. Age group: (a) Below 18 Years (b) 18 - 25 (c) 26-35 (d) 36-45 (e) 46 and above

3. Sex: Male [ ] Female [ ]

4. Number of years of living in London: 0-5 [ ] 6-10 [ ] 11-15 [ ] over 20 [ ]

5. Marital status: Single [ ] Married [ ] Divorced [ ] widowed [ ]

6. Highest level of formal education?

(a) Illiterate (b) Primary/Middle/JHS (c) Secondary (d) HND (e) First Degree (f) Professional qualification (g) Post graduate

7. Profession:

.....

**PART TWO: MIGRATION AND CHANGING FOOD HABITS**

8. Why did you migrate to London? .....

.....

9. Do you buy Ghanaian foodstuff? (a) Yes (b) No

10. How often do you buy Ghanaian foodstuffs?

(a) Daily (b) once a week (c) Twice a week (d) once every two weeks (e) once every month

(e) others (Please specify).....

11. Why do you buy Ghanaian foodstuffs?.....

.....

12. How accessible is Ghanaian foodstuffs in London?

a. Very accessible [ ] b. Accessible [ ] c. Rare [ ] d. Very rare [ ]

13. Where do you buy Ghanaian foodstuffs from?

(a) Supermarket (b) Mini-market (c) Hypermarket (d) Ghanaian food

Shop (e) Purchases from Ghana (f) others (please specify).....

14. How expensive is Ghanaian foods compared to the western food?

(a) Very expensive (b) expensive (c) moderate (d) cheap (e) very cheap

15. Has the price affected how often you buy Ghanaian foodstuff? (a) Yes (b) No

16. If Yes how has it affected the purchase of Ghanaian foodstuff? Please explain your answer.....

.....

17. How do you feel about the food you eat currently?

(a) Worried (b) Not bothered (c) Happy (d) Just OK

18. Please explain your choice of answer for Q15?

.....

.....

.....

19. Who usually cooks the food you eat? (a) Yourself (b) Parents (c) Siblings (d) Spouse

(e) Other (Please specify).....

20. What food do you usually eat now for breakfast.....?

21. What food do you usually eat now for launch.....?

22. What food do you usually eat now for Dinner.....?

23. What do you usually take now as dissert.....

24. Before you migrated to London what was your favorite?

a. Breakfast: .....

b. Lunch: .....

c. Dinner: .....

d. Dissert: .....

### PART THREE: EATING PATTERNS AND HABITS

25. How many main meals do you have each day?

a. None, all small snacks [ ]

b. One [ ]

c. Two [ ]

d. Three [ ]

e. More Than Three [ ]

26. Do you eat something for breakfast every day?

Yes [ ] No [ ] Sometimes [ ]

27. What is your morning beverage of choice?

a. Coffee (caffeinated) [ ]

b. Coffee (de-caf) [ ]

c. Tea (caffeinated) [ ]

d. Tea (de-caf) [ ]

e. Soda [ ]

f. Juice [ ]

g. Milk [ ]

h. Nothing [ ]

i. Other  
(Specify).....

28. What do you take for mid-day snack?

a. An energy drink [ ]

- b. A coffee [ ]
- c. A candy bar or other sweets [ ]
- d. Chips, nuts, pretzels [ ]
- e. Fruits or veggies [ ]
- f. Nothing [ ]
- g. Other (Specify).....
29. How often do you go to the grocery store?
- a. Once a day [ ]
- b. Twice a week [ ]
- c. Once a week [ ]
- d. Once a month [ ]
- e. Never [ ]
- f. Other (Specify).....
30. Where do you typically eat your lunch?
- a. Out usually at a restaurant [ ]
- b. At my desk [ ]
- c. At home [ ]
- d. I skip lunch [ ]
- e. Other (Specify).....
31. How often do you eat take-out dinners?
- a. Every night [ ]
- b. Twice a week [ ]
- c. Once a week [ ]
- d. Once a month [ ]
- e. Never [ ]
- f. Other (Specify).....

32. How often do you eat out?
- a. Everyday [ ]
  - b. Once in week [ ]
  - c. Once in 2 weeks [ ]
  - d. Once in a month [ ]
  - e. Never [ ]
  - f. Other (Specify).....
33. Number of portions of vegetables and salad consumed in an average day?
- a. None [ ]
  - b. 1 portion [ ]
  - c. 2 portions [ ]
  - d. 3 portions [ ]
  - e. 4 or portions [ ]

#### **PART FOUR: HEALTH IMPLICATIONS OF CHANGING FOOD HABITS**

34. Can you say migration has changed your food habits?
- a. Yes [ ]
  - b. No [ ]
35. If yes, what influence the changing food habits?
- a. Affordability [ ]
  - b. Availability of beef and poultry [ ]
  - c. Lack of fish [ ]
  - d. Lack of tropical root crops
36. Have you ever been told by a doctor that you had diabetes?
- a. Yes [ ]
  - b. No [ ]
37. Are you aware of anyone in your immediate family who has been told by doctor that he/she had diabetes, high blood pressure, or suffered a stroke or heart attack?
- a. Yes [ ]
  - b. No [ ]

END OF QUESTIONS

THANK YOU

