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Dietary and Lifestyle habits in relation to the risk of type 2 diabetes among ethnic minorities in London: generational shift

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Introduction:

Changing dietary and lifestyle habits is complex task, which depends on both country of origin and host country, includes well as socio-economic status, culture, and the circumstances in where they live.

Immigrants at the host country, have higher risk to develop long term conditions as they follow westernized dietary and lifestyle habits South Asians, Africans and Caribbeans than the people that remain at the country of origin; it was observed in our previous study that the first-generation people in UK consume low fruits and vegetables, however, second and third generation consume mixed foods adopting Western lifestyle. Physical activity level is low on those populations due to lack of awareness, restrictive social and cultural norms, new work environment, and responsibilities in the host country. Research demonstrated that by increasing acculturation improves physical activity level in them a little bit. Smoking is related with acculturation level, reported 3-4 times and 4-8 times higher tobacco use in assimilated and marginalized respectively than integrated acculturation style.

The difference in consumption of food choices, cooking styles, food processing, acculturation period and the effect of those on T2D development is not clear in inter and intra generations of these ethnic minority groups who live in London. Thus, the aim of the study is examining the habits and views of immigrants in London related to dietary habits and lifestyle. Their perception of healthy lifestyle and their barriers and facilitators to follow such lifestyle.

Method & design:

Qualitative data were collected from 15 South Asian, African and Caribbean adults in between November 2023 – January 2024. Respondents were from 1st, 2nd, and 3rd generation and included both sexes who were T2D free, except one 1st generation Bangladeshi.

First generation were identified as those who immigrated to UK in around 1950-1975; expected age 65+ years. Second generation people were defined as those who born in the UK, with expected age 32-60 years. Finally, third generation people were considered as those who born in the UK, now aged around 18-30 years, and at least one parent of them born in UK.

Semi-structured interviews were used, and the sampling was convenience and snowball sampling technique. The interviews were transcribed, and the analyses was thematic analysis.

Results:

The findings indicate an increased awareness and practices of healthy dietary and lifestyle choices over generations in all ethnic groups, however, every ethnic groups interpret the information differently. Younger generations are more likely to eat processed food, to take physical exercise, beside that alcohol and smoking habits also increases. Participants indicated that they would follow advice if they were diagnosed with the condition.

Conclusions:

A change in dietary and lifestyle was observed both healthy direction and unhealthy direction over generations. Thus, interventions based on ethnicity and generational difference will improve healthy eating and lifestyle behaviors and prevent them from T2D.