Oliffe et. al. (2010) Masculinities diet and senior Punjabi Sikh immigrant men- food for Western thought?


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In this article, the authors try to find out why senior Punjabi Sikh men who immigrate to Canada have a huge pronounced risk of heart disease and other health issues from their diet. Punjab is a state located in Northern India, and the region has one of the highest rates of diabetes in the world (Oliffe et. al. 2010: 762). There are many changes to men's diets after they immigrate. According to the article, the reason why they are studying men only is that there are differences between masculine and feminine eating and drinking habits in Western civilizations, so they want to see if it is true for these men (Oliffe et. al. 763). For example, masculine food tends to be meat and they try to keep the masculine stereotype of heavy drinking.

The authors conducted research to find out the relationship between masculinity and diet in Punjabi Sikh men (Oliffe et. al. 764). Essentially a bunch of these men who lived in Canada anywhere from nine to 41 years and were from the ages of 63 to 88 were interviewed by a native speaker about their diets. After interviewing many men, it was obvious that there was a difference between their diets in India and in Canada (Oliffe et. al. 765). They found that most of these immigrants had previously been farmers in India, and their masculine ideal was to be self-sufficient producers -- they would sell and eat whatever would be grown on the farm. The women would cook healthy meals that would give men strength to work in the fields, adding extra sugar or butter to keep them from passing out in the hot sun (Oliffe et. al. 766). When immigrating, the men seemed to still hold the image that food was fuel, keeping most of their vegetarian diet but adding more sweets that were eaten on special occasions in India because they were much more affordable in Canada. To refuse to eat the sweets that someone gave you would be insulting him (Oliffe et. al. 768). In India, people reflected how much wealth people had with how much butter they cooked with (Oliffe et. al. 767). Interestingly, when these men are informed of their health issues and that they are caused from their diet, they immediately blame women since they are the ones that cook (Oliffe et. al. 771). This seems to be similar in Western countries.

Although this data seems to be skewed because they are only interviewing senior male immigrants from Punjab, most immigrants probably have an issue with their previous diets and social manners. Many of these men coping with their health problems resulting from their new life seem to be having a hard time handling their newly affordable luxuries. It is like a kid in a candy store -- once he sees the candy, there is no stopping him from wanting to buy it. Everyone who immigrates has trouble picking between the culture of their new home or their old one. Choosing a healthy lifestyle seems to take the back seat. This article does seem to have a valid point, but it lacks a solution to the problem. Once the immigrants get a feel for their new home, they will be able to make decisions to live healthy -- they just need the education.