



Continuity and changes in food consumption pattern among Tibetan refugee community in India

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The Food consumption pattern of refugee communities is being carried out by many scholars and few acknowledged the food continuity, its implications on the health of refugees in the host country. The present study highlights food continuity among Tibetan refugees in the Bylakuppe settlement, India. 200 household data were administered to understand food consumption patterns by employing a structured household questionnaire. Simultaneously, 23 individual data were collected consisting of first migrants (15) and second-generation (8) for the qualitative study. Households derive energy mainly from carbohydrates and animal fats, and there is a prevalence of food insecurity among the Tibetan community. It is a proven fact that food insecurity will have serious health consequences in terms of emotional and mental well-being and suggest the need for further study of food insecurity among Tibetan refugees across the world.

1. Introduction

Types of food and its consumption pattern have implications on food and nutrition security. Nutrition refers to everything that we eat and drink, which includes carbohydrates, proteins, fats, vitamins, and minerals in the right amount that give nutrients to stay healthy. Food insecurity is prevalent across the globe, especially among vulnerable communities such as asylum seekers and refugees (Henjum et al., 2019). Refugee experience trauma, food insecurity, interrupted education, and social upheaval (Peterman et al., 2011). While nutrition studies have identified implications of food and nutrition insecurity on various physical and mental health-related issues, very little is known on changes in food consumption behavior

among the refugee communities and its possible implications on health from a social scientist perspective (Pelto & Freake, 2003). Refugees, unlike local inhabitants, have to adapt to the available food in new places while struggling to access food at the same time. Therefore, it is interesting to understand the changing pattern of food habits. These changes have implications on nutritional balance leading to various health implications.

1.1 Food consumption pattern in Asian countries

Food consumption patterns and nutritional status of women laborers from Coastal areas of Karnataka



were investigated. 120 women were interviewed using standardized interview schedules drawing information on their demography, food purchasing pattern, and frequency of consuming different foods. Anthropometric measurements such as Weight, height, Mid-upper arm circumference (MUAC), and Waist-hip ratio (WHR) were recorded using standard procedures and equipment. Comparisons were made between daily wage earner and monthly earner and diet type in terms of receiving proper nutrition. It was interesting to find that both types of payment and diet type affect the nutritional status of women while daily wage earner (68.5%) and the monthly payment (72%) had BMI of the normal range. The prevalence of obesity was less among both the group but 84% of all the women who participated in the study had central obesity (Archana & Khyrunnisa, 2012). WHO stepwise questionnaire was used to obtain information on demographic and socio-economic characteristics as well as food consumption patterns of the adult population in rural and urban areas in Faizabad, Uttar Pradesh, India. The main objective of the study was to collect data to understand food consumption patterns and their implication on nutritional deficiencies and non-communicable diseases (NCDs).

A cross-sectional survey with a total of 400 respondents was selected for the study age above 18 years using simple random sampling. The study concluded that the rural population consumes low-cost, easily available, and staple foods while less healthy foods such as fast food, pastries, sweets, chocolates, and soft drinks were frequently consumed by the urban population (Pandey; Neerubala, 2016). This clearly shows that efforts should be made on nutrition education strengthening the positive trends and combating negative ones improving dietary intakes, lifestyle, and nutritional status of the population. Data on consumption pattern, method of food procurement, and adequacy of dietary intake of Burmese refugees in Thailand were analyzed. A total of 182 households (1159 members) were surveyed.

Food consumed was weighed and measured using a 24-hour recall for the household unit and the status of nutrition was analyzed using microtise tape and digital standing scales. The data revealed that household derives energy from carbohydrate (84%), Protein (9%) and fat (7%). Protein intakes were derived from animal sources (12%) and iron intakes were derived

from rice, fermented fish, mung beans, green leafy vegetables, and eggs. The intake of vitamin A, B, B2, C, and Calcium ranged from 24.2% to 53% of RDA. 60.5 to 98.18 of all nutrients consumed in the households come from ration supplied by the Burmese Border Consortium. However, it was not sufficient to meet the daily nutrition requirement. They are unable to purchase additional food due to low income (Banjong et al., 2003). The Food consumption patterns of adolescents aged 14-16 years in Kolkata, India were examined. A self-administered, semi-quantitative, 59 items meal-based food frequency questionnaire was used to assess the dietary intake of adolescents over the previous day. A total of 1026 students attending private schools in Kolkata were selected. The result indicated that students consume only 30% of vegetables and the remaining 70% engage in eating energy-dense snacks and aerated drinks. At the same time, it was found that girls tend to eat more nutritious food than boys (Rathi et al., 2017). The relationship between socioeconomic variables like the size of the households and total income to consumption pattern of food items such as protein, fats, sugar, eatable oils, etc. A sample size of 375 household data was collected randomly through a structured questionnaire. Statistical and econometric techniques were used to analyze the data using the ordinary least square method.

The data revealed that household monthly income and household size had a positive correlation on food items i.e wheat flour, milk, vegetables, tea, and fruits. The study stressed that with the growing population, more research should be encouraged on the food consumption pattern of households as it directly affects health and without proper nutrition and health, a nation cannot grow (Begum et al., 2010).

1.2 Tibetan refugees in India

There is a dearth of research on the food and nutrition of Tibetan refugees in India. Tibetans are faced with serious health issues due to migration and changing food habits in the host country. A study was conducted from April 2017 to March 2018 on 5391 school-children and 786 staff in 11 Tibetan schools to detect tuberculosis using radiography, molecular diagnostics, tuberculin skin testing. The result indicated that there is a high prevalence of tuberculosis among Tibetan school children and suggested a need for strong leadership and community mobilization to control

TB effectively (Dorjee et al., 2019). India is developing country cannot provide refugees with benefits equivalent to developed countries. Therefore, Tibetans living in India have poor health as they cannot afford health facilities. The health perception and health behavior of elderly Tibetans living in India and Switzerland were analyzed. It was found that Tibetan elders living in Switzerland enjoy better health than those living in India due to the availability of old-age benefits, pensions, and health insurance. Also, they have better access to health care facilities (Wangmo, 2011).

Changes in dietary habits also lead to high consumption of energy-dense food and switching from whole grains and pulses to more refined food resulting in a low intake of fiber-rich food. The effect of changes in diet contributes to various health issues such as cardiovascular disease, obesity, and type 2 diabetes (Ottesen & Wandel, 2012). A comparative study of two Himalayan communities in Nepal revealed that Tibetan women are better off in terms of nutrition status compared to Nepali women. However, the study also manifested the prevalence of malnutrition among Tibetan women (Madjdian & Bras, 2016).

A study concluded that there high health risk for Tibetan women living in lower altitudes than higher altitudes due to decreased physical activity. Tripathy, et al., 2006 study analyzed the nutritional status and hypertension among Tibetan refugees in Bylakuppe, Chandragiri, and Choglamsar settlements in India. The findings revealed that out of the total sample, 4.8 are underweight, 55.6 are normal, 27.9 are overweight and 11.7 are obese. Also, Tibetan women tend to have a higher BMI than men.

1.3 Research gaps

It is clear from the above study that there is a presence of serious illnesses (chronic /long term /short term) among Tibetan refugee communities in India. This could be due to poor eating habits. Also, findings from an Asian study revealed that most of the Asian population consumes energy-dense food and neglects healthy food such as vegetables and fruits. Although food banks provide food to the vulnerable population, however, it lacks proper nutrition to have a healthy body. India stands at 94th rank out of 107 countries in 2020 (Global Hunger Index, 2020). One refugee community that of Tibetan refugees has been

residing in India since 1959 after the Chinese occupation. Therefore, this study looks into the shift in food habits using the food security framework (Availability, Accessibility, Utilization, and Sustainability) of High-Level Panel of Expert (HLPE, 2020), a much-neglected area of research on the Tibetan refugee community. Questions on challenges obtaining nutritious and culturally satisfying food by first migrants (those who are born in Tibet) are an important area to explore (Moffat et al., 2017). The food consumption pattern of first migrants and the younger generation (those who are born in India) may throw some light in terms of understanding the food continuity in the host country. Tibetan refugees in India face challenges in terms of procuring a quality health care system; there is a need to educate the Tibetan community about healthy eating habits. Thus, the main objective of the study is to understand food consumption patterns and dietary changes among Tibetan refugees in India. Previous research studies used country-level data but this study used cross-sectional data.

2. Materials and Methods

The study is a mix of quantitative and qualitative approach and the study area is the Bylakuppe settlement in the district of Mysore in Karnataka State, South India, which has the maximum population of refugees. Bera (2004) study found that Tibetans living in low altitude has more health risk compared to high altitude. Therefore, the Bylakuppe settlement in the Mysore district of the state of Karnataka, South India having a maximum population which comes under low altitude was selected for the present study. A total sample of 200 households was collected from both the old and new camps. 60 % of the data was collected from old camp as old camp households are more afflicted with diseases (Planning Commission, 2010).

Therefore, a total of 120 household data was collected from the old camp and 80 household data from the new camp. Researcher along with local community persons administered a structured questionnaire to 200 households. The questionnaire consists of demographic profile and food consumption frequency. The data was filled in by the interviewer as the majority of the sampled population was either illiterate or hesitant in filling the form. For the qualitative data collection, the researcher interviewed fifteen households from first migrants (aged above 75 who have food habits of



Tibet) and eight younger generations (Tibetan youth below 40 years of age) during the same course of the quantitative data collection period. Four dimensions of food security were based as a theme for collecting information concerning to food availability, accessibility, utilization, and sustainability.

3. Results

The study focuses on analyzing the food consumption

pattern of Tibetan refugees in the Bylakuppe settlement. At the same time, an attempt has been made to understand the food insecurities of Tibetan refugees and their implication on health. The food consumption patterns are presented in the form of descriptive statistics due to their explorative nature. For qualitative, four dimensions of food security were used. The results are in the form of narratives and stories shared by the early Tibetan migrants and the younger generations.

Table 1. Socio-economic profile of the repondent households

Socio-economic profile	Categories	Frequency	Percentage
Age of the respondent	30	5	2.5
	31-40	24	12
	41-50	44	22
	51-60	38	19
	61-70	41	20.5
	71& above	48	24
	Total	200	100
Gender	Male	66	33
	Female	134	67
	Total	200	100
Marital Status	Married	120	60
	Unmarried	15	7.5
	Divorced	3	1.5
	Separated	61	30.5
	Widower	1	.5
	Total	200	100
Educational Qualification	Below Primary	90	45
	Primary	71	35
	Higher Secondary	22	11
	Graduate	17	9
	Total	200	100
Occupation	Farming	40	20
	Business	13	6
	Government	4	2
	Not working	144	72
	Total	200	100
Monthly Income	<10000	4	2.0
	10001-20000	8	4.0
	20001-30000	35	17.5
	30001-40000	22	11.0
	40001-50000	63	31.5
	50001&above	68	34.0
	Total	200	100.0
Monthly Food Expenditure	<5000	39	19.5
	5001-10000	124	62.0
	10001-15000	33	16.5
	15001-20000	4	2.0
	Total	200	100.0

Source: Primary Data



3.1 Socio-demographic profile of the respondent households

The age of the respondent shows a majority in the old age category since households consist mainly of older generation people due to mass migration towards the west. Almost 70% of sampled population is female which was done purposefully due to their major role in cooking. The majority of the sample respondents are married but there is a high percentage of separated marital status as they have fled Tibet to seek refuge in India. 90% of the respondents are below higher secondary school level and 72% show not working due to old age category. 70% of the respondents have a monthly income above Rs. 30000 and 80% spend above Rs.10000.

3.2 Type of Diet

The following table shows the type of diet followed by Tibetan refugees in Bylakuppe.

The type of diet followed by households manifested that 97.5% of the respondents are non-vegetarian and 2.5% belong to pure vegetarian. This shows Tibetans still maintained food habits of Tibet consuming non-veg at a high rate. 96% of the households use refined cooking oil and only a few households consume other types of cooking oil which is considered healthy such as olive and mustard oil.

3.3 Major diseases afflicted by Tibetans in Bylakuppe settlement

The study examines various types of diseases prevalent in Bylakuppe settlement

Young Tibetans are faced with poor vision as 50% of the household members have some or other problems related to vision. 45% reported high blood pressure in the household. It was also found that arthritis is the second most affected disease in Tibetan households. It was found that children often encounter headaches, poor vision, and anxiety.

3.4 Consumption pattern of Tibetan refugees in Bylakuppe settlement

It is imperative to understand the daily consumption pattern of Tibetan refugees to understand food-frequency.

Tibetans follow a diet rich in carbohydrates daily such as rice and wheat, consuming a less protein-rich diet from fish and meat. Sugar consumption is high in terms of quantity, an average of 5 kgs per month and people consume fewer fruits daily. Many households never eat dry fruits due to their high price. The Indian government provides monthly subsidized food items through the public distribution system. However, the majority belong to the above poverty line (APL) and can avail only rice, which indirectly promotes carbohydrates. 88 % of the respondent households have a ration card. Out of which, 74 % are above the poverty line and 14 % are below the poverty line. The State government provides only rice for above poverty line

Table 2. Type of diet

Type of Food	Category	Frequency	Percentage
	Veg	5	2.5
	Non-veg	195	97.5
	Total	200	100
Cooking Oil	Refined	192	96
	Ordinary	2	1.0
	Others	6	3.0
	Total	200	100

Source: Primary Data



Table 3. Type of disease

Poor Vision	Yes	101	50.5
	No	99	49.5
	Total	200	100
Arthritis	Yes	20	10
	No	180	90
	Total	200	100
High Blood Pressure	Yes	90	45
	No	110	55
	Total	200	100
Tooth Decay	Yes	5	2.5
	No	195	97.5
	Total	200	100

Source: Primary Data

households whereas below poverty line households are provided with rice, dal, and ragi. Around 12 % do not have ration cards either due to illiteracy or uninterest.

3.5 Association between income and food expenditure.

As per previous research, there is a direct relationship between household income and food expenditure meaning increasing income leads to increased food expenditure and vice-versa. Therefore, chi-square was employed to examine the relationship.

The result shows a positive relationship between income and monthly household expenditure and is significant at the 10 percent level. As household income increases, household expenditure tends to increase and vice-versa.

3.6 Qualitative Interpretation

Interviews from twenty-three individuals (fifteen first migrants and eight second-generation) were coded and categorized by theme into one of the four food security pillars (availability, accessibility, food use, and stability) to find the changing diet pattern and its implication for the Tibetan community.

3.7 Food availability

3.7.1 First generation

All the fifteen participants shared their personal experiences from the beginning of their journey and life-style in Tibet and their current status in exile. Participants were asked about their dietary intake while they were in Tibet. All the participants gave similar responses as Tsampa (made of mostly wheat) being the staple food in Tibet followed by Curd, Chura (paneer), Meat (Yaksha, Drisha, Lamb), Tibetan tea (made of milk, butter, and salt), Potato, Raddish, Thukpa (noodles), Nyungma (wild plants), Butter, etc. Wealthier families consumed Mutton and various kinds of pulses on a daily basis while rice consumption is less. The result indicated that all 15 participants show a change in their food consumption pattern. They all have faced hardship in terms of life-threatening journeys experiencing trauma, fear of Chinese persecution, and thirst on their way towards India. Despite these challenges, they have to deal with food insecurity in the host country. They could avail only beef in India due to various socio-economic reasons. Few of them mentioned its unusual taste and slowly adjusted to the taste due to lack of food preferences. They developed poor digestion in the process and were prescribed medication on other occasions. Almost all the participants reported that the quality and freshness available in the camp were not as good as those in Tibet.

“Whatever food I wish to cook, materials are not available in the nearby market.” (Participant 3)

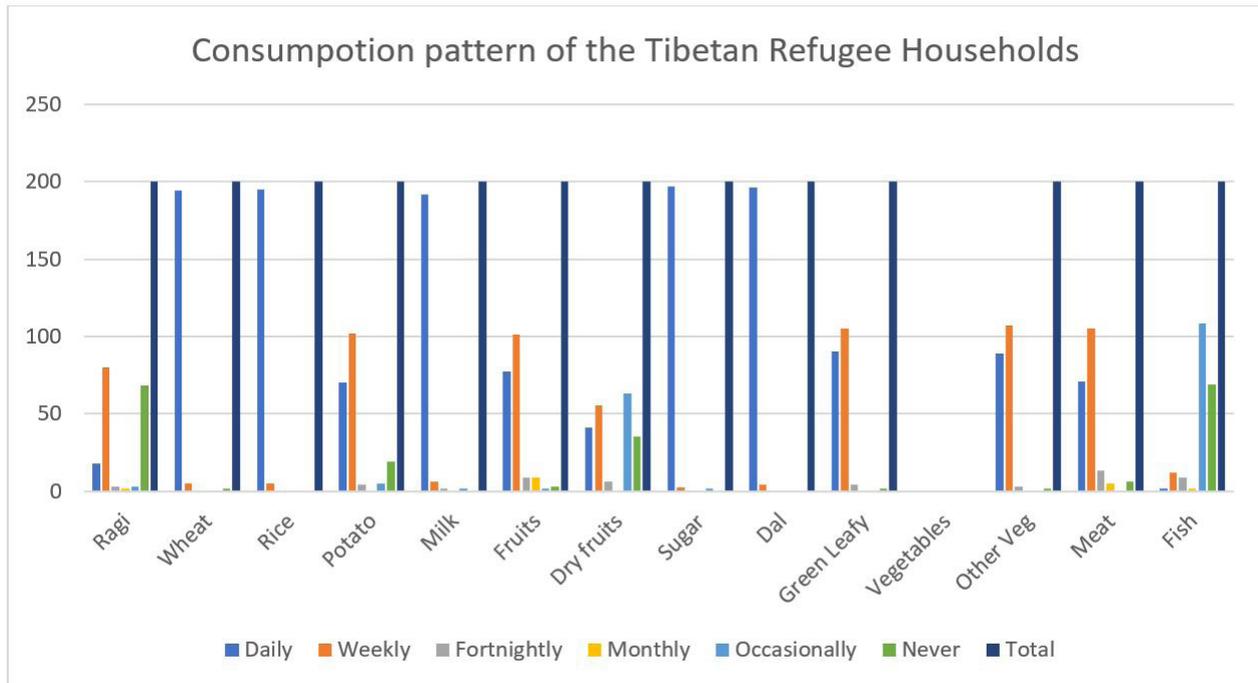


Figure 1. Consumption pattern of the Tibetan households in Bylakuppe settlement. (Source: Primary Data)

Table 4. Relationship between income and household expenditure (Rupees (Rs))

Monthly Income	Expenditure				
	<5000	5001-10000	10001-15000	15001-20000	Total
<10000	1	3	0	0	4
10001-20000	3	4	1	0	8
20001-30000	9	21	5	0	35
30001-40000	3	14	5	0	22
40001-50000	12	43	7	1	63
50001&above	11	39	15	3	68
Total	39	124	33	4	200

Source: Primary Data

3.7.2 Second generation

Eight participants from second-generation (between 26-39 ages) expressed a lack of availability of their food choices. They are mostly graduates from various Indian Universities and adapted to city food culture, mostly junk and fast food. The profiles of respondents include teachers in the Tibetan settlements or home-makers. They shared the taste of food they used to enjoy in the Indian cities.

One participant said, “I miss fish, prawn, sausages, and bacon that I used to consume when I was in Bangalore city. In the settlement, I rarely get to consume all these”. (Participant 1)

Another participant said, “I miss KFC and Pizzas of Bangalore city”. (participant 2)

A participant from Dharamsala, in North India, mentioned, “I miss south Indian food such as chicken, fish, biryani. Although we get here, the taste differs”.



From the above, it is clear that the Tibetan second-generation does have the problem of attaining food of their choices due to availability issues in the Tibetan settlements.

3.8 Food accessibility

3.8.1 First generation

Two major factors hinder Tibetan refugee households in terms of accessing food. The first reason is due to a lack of steady income. Secondly, the experience and trauma they had in terms of hunger during their early settlement preventing them from buying quality and nutritious food because of the poor eating habits they have developed. Although the purchasing power has improved due to remittance flow from abroad, they are unsure of perpetual remittance flow.

One participant explained the frequency of remittances. *“Till now I am receiving remittances from my son and daughter every month. However, I am unsure if they will send money regularly”.* (Participant 15)

Unemployment is another challenge in the Tibetan community. Thousands of Tibetan youth graduate from Indian Universities, yet they are unable to get a decent job. There is also a lack of job creation in the Tibetan community. This often leads to the state of shock to feed the young members in the households; increasing inflation adds to the agony. It is observed that all the respondents have food insecurity and live-in fear of being hungry again. A few of them rely on the public distribution system for monthly ration availing mostly rice and sugar. They have acquired ration cards of below the poverty and above the poverty line from the Indian government. They are reluctant to avail the facilities due to the quality of food they receive from the public distribution system. A few of them do not utilize the facilities due to local language barriers especially new arrivals from Tibet face difficulty communicating with local Indians. The illiteracy among the household members who cannot read food labels leads to the exploitation by shop owners selling expired products.

3.8.2 Second generation

Accessibility, according to second-generation has

mixed responses. Those who have a permanent job have never faced food accessibility issues, and those without a stable job and unemployed do have problems in procuring food of their choices. They have to compromise something to acquire something else.

A participant of 26 years of age said, *“I have to give up buying clothes to suffice my food requirements”.* (Participant 3)

Seasonal fluctuation does have an impact on household food purchasing behavior on certain items.

A participant said, *“Last time when onion price rose to Rs 120 per kg, we do not consume onion and purchase more of tomato instead”.* (participant 5)

A similar response *“I buy less of onion due to its high price and minimize its usage in daily food”.* (participant 8)

3.9 Food utilization

3.9.1 First generation

Older generation people have shown indifference to the problem of food insecurity. However, they expressed the insufficiency of quality food and compromise their choices and adapt to the local diet. This may affect their mental health in the long run as eating traditional food is linked to sound health, which was found by Brown et al. (2010) that it is an antidote to reduce stress and loneliness and plays a role as a symbol of home. They all shared the positive changes in the settlement regarding access to clean water, sanitation, and hygiene for cooking the food in the households.

3.9.2 Second generation

All the second generations responded to clean water, sanitation, and a hygienic place to cook food to acquire healthy life.

3.10 Sustainability

3.10.1 First generation

With the increasing emigration towards western and



European countries, the standard of living has improved, leading to higher purchasing power within the households. Older people do not have problems in acquiring food regularly but are food insecure because of unstable income or fear of remittance delay.

3.10.2 Second generation

The majority of the respondents do not have food insecurity as most of them belong to an employed category.

“I do not worry about food insecurity as I have a steady income and saved enough for future use”. (participant 1,2,4,5,6,7 & 8).

“My husband is in the army, and food insecurity is out of the question”. (participant 5)

4. Discussion

This study concludes that first-generation Tibetan refugees used to consume a protein-rich diet in Tibet. However, a close examination of current food habits reveals that the food consumption pattern has changed drastically towards more carbohydrates as suggested in primary data. Also, sugar consumption is high, along with artificially sweetened beverages by household members. As per Koning et al. (2011) study, sugar-sweetened beverage consumption is strongly associated with type 2 diabetes. The study revealed that households tend to spend more on food expenditure of their monthly income towards dense energy food rather than on quality food. The majority of the sample respondents were old age who reside in settlements looking after their grandchildren. They are not in a position to prepare food and opt for alternative purchasing food from nearby restaurants. Also, income plays a vital role in the food consumption pattern, which is in line with other studies. The qualitative analysis supports the results that Tibetan youth who are working and having stable income have an opportunity for saving and they are food secured.

Thus, there is a need for creating job opportunities in the settlement for encouraging the sustainability of Tibetan youth. Also, the lack of food choices may lead to youngsters opting for urban cities or migrating abroad, which is currently one of the main issues

in the Tibetan community. A field study reveals that there is an increasing number of diseases such as high blood pressure, child obesity, and impaired vision among the young generation. It is evident that the eating habits and lifestyles of older generation people are strongly influenced by past cultural associations (having meat as staple food). In contrast, the young generation prefers fat-rich purchased food. Therefore, various NGOs and the Tibetan government should be focusing on in-depth analysis of the possible link between food continuity leading to nutritional deficiency and its implications on overall health.

Practical implication

This is the first study exploring the food continuity of Tibetan refugees in India. Previous studies highlight the changing food consumption pattern leading to long-term negative health impacts. This study highlighted the discontinuity of traditional food by Tibetan refugees in India. Lack of food choices, rising child obesity, and unhealthy eating habit may lead to serious health consequences. Hence, there is a strong need for policy interventions from NGOs and Central Tibetan Administration (CTA) by promoting awareness on nutrition and prevent further degradation of Tibetan refugee health.

Theoretical implication

The study is in line with the literature that migration has induced changes in dietary patterns and food insecurity among refugees.

Limitation and future recommendation

The study has covered only Tibetan refugees in South India due to time and resource constraints. Future researchers can take into consideration of other zones to have a clear picture of this refugee group. Also, in-depth research is required in terms of understanding food security. A qualitative approach is recommended rather than quantitative to draw further insight.

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Conflicts of interest

The authors declare that there is no conflict of interest related to this manuscript.

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