

RESEARCH ARTICLE

# Influence of Food Environments on the Dietary Patterns of Ghanaian Immigrants in the United States: A Review

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## ABSTRACT

Ghanaian immigrants represent a rapidly growing share of Sub-Saharan African immigrants in the U.S., yet little is known about their dietary patterns. This literature review examined how migration and the U.S. food environment influence Ghanaian immigrants' diets, with comparisons to peers in the U.K., Canada, and Australia. A comprehensive literature search was conducted on Ghanaian immigrants' dietary patterns and food environment in the U.S., U.K., Canada, and Australia. Findings show that dietary acculturation, U.S. food environment impact, and barriers such as access and cost influenced the dietary practices of Ghanaian immigrants and their children. The limited research highlights a critical gap in understanding the nutrition and health needs of Ghanaian immigrants in the U.S. Additional research studies focused solely on the dietary patterns of Ghanaian immigrants need to be conducted in the U.S. to gather more data on the unique food habits of Ghanaian immigrants. The additional data will help nutrition and dietary policymakers to better understand the nutritional needs and implications of Ghanaian immigrants in the U.S.

**Keywords:** *food habits of Ghanaians, Ghanaian immigrants, dietary patterns of African immigrants, U.S. food environment, food distribution in the U.S., Ghanaian food environment, food access in Ghana, food distribution in Ghana, food access in the U.K. and Europe, food environment in U.K. and Europe, food distribution in the U.K. and Europe*

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## INTRODUCTION

Literature consistently shows that Ghanaian immigrants experience dietary acculturation, balancing traditional food practices with host-country diets. Delisle (2010) and Satia (2010) defined dietary acculturation as a shift from the home country's traditional diet to a foreign country's mainstream diet as a shift from the home country's traditional diet to a foreign country's mainstream diet. Barriers include high availability of processed foods, the cost of fresh produce, and changes in children's eating habits. Nonetheless, ethnic markets, home gardening, and cultural networks help sustain the continuity of traditional diets and cultural identity. Ghanaian immigrants, including adults and children in Australia, Canada, the U.S., the U.K., and parts of Europe, have somewhat maintained a continuity of traditional Ghanaian diets (Anderson et al., 2019; Blanchet et al., 2017; Blanchet et al., 2018; Danquah et al., 2018; Galbete et al., 2017; Ibe-Lamberts et al., 2016; Jakub et al., 2018; Ngoubene-Atioky et al., 2019; Osei-Kwasi & Boateng et al., 2020; Paxton et al., 2016). However, there are elements of dietary adaptation and flexibility due to the food environment in which they find themselves (Blanchet et al., 2017; Jakub et al., 2018; Obeng-Gyasi et al., 2019; Osei-Kwasi & Powell et al., 2017; Paxton et al., 2016). This review advances the conversation on immigrant health by identifying and addressing overlooked gaps in nutrition and dietary pattern data among Ghanaian immigrants in the United States. Therefore, the aims of the literature review were (1) to identify whether the dietary patterns of Ghanaian immigrants in the U.S. changed with immigration; (2) to identify whether the food environment in the U.S. influenced the change in dietary patterns, and (3) to identify how these changes compared to other Ghanaian immigrants who lived in other developed countries. The purpose of the literature review was to investigate the dietary needs and patterns of the Ghanaian immigrant population living in the U.S. and to determine if the food environment in the U.S. influences these changes.

## METHODS

### *Search Procedure*

A comprehensive literature search was conducted on Ghanaian immigrants' dietary patterns and food environments in the U.S., U.K., Canada, and Australia. The literature review highlighted the following topics: (a) dietary patterns of Ghanaian immigrants in the U.S., (b) food environment in the U.S., (c) dietary patterns in other developed countries, and (d) food environment in other developed countries.

### *Libraries Used*

The Health Professions Divisions Library at the University of Bridgeport Wahlstrom Library.

### *Search Engines and Databases Used*

Several search engines and databases were used during this literature review. One hundred and seven published peer-reviewed articles and online scholarly resources were identified for consideration. The scholarly literature transcended different disciplines and sources, including articles, theses, books, and abstracts from academic publishers, professional societies, online repositories, universities, and other websites. The search engines included (1) the National Library of Medicine's PUBMED was the primary source of literature searches used to identify relevant literature on the topic; (2) Google Scholar was used to provide a more straightforward way to search for scholarly literature more broadly; and (3) Europe PMC was also utilized to search for publications specifically related to the U.K. and other European countries. Europe PMC allowed access to a worldwide collection of life science publications and preprints from trusted sources worldwide.

### *Search Terms*

(a) food habits of Ghanaians, (b) Ghanaian immigrants, (c) dietary patterns of African immigrants, (d) U.S. food environment, (e) food distribution in the U.S., (f) Ghanaian food environment, (g) food access in Ghana, (h) food distribution in Ghana, (i) food access in the U.K. and Europe, (j) food environment in U.K. and Europe, and (k) food distribution in the U.K. and Europe.

### *Boolean Strings*

"Dietary patterns" AND "Ghana," "Dietary patterns" AND "Ghanaian immigrants," "Food environment" AND "Ghana immigrants," "Food habits" AND "Ghana immigrants," "Food access" AND "African immigrants."

### *Inclusion Criteria*

(a) literature published in the English language, (b) literature published within the last five to six years (selected relevant publications that were older than six years were included to provide historical data and information), (c) peer-reviewed articles, and (d) appraised websites related to the dietary needs and food environment of the Ghanaian immigrants (website appraisal included verification of the author(s), publishing body, date of webpage publication, the objective and potential bias of the author, and references).

### *Exclusion Criteria*

(a) literature before 2016, except those that provided historical data or information, (b) text not published in English, (c) articles not peer-reviewed, and (d) websites that were not relevant to the topic.

### *Methodological Limitations*

This literature review was not fully PRISMA-compliant. There was no completion of a formal quality/risk-of-bias assessment of included studies. There was a substantial reliance on only English-language publications, which may have introduced publication and selection bias.

## **RESULTS**

This section provides a comprehensive summary of the results of the clinical studies included in the literature review. Only studies that included dietary patterns of Ghanaian or Sub-Saharan African immigrants were included in the literature review. The food environment was defined as the physical presence of food, proximity to food outlets, the distribution of food stores, food service, and any physical entity or system providing access to food (CDC, 2014). See Appendix B, C, and D for an overview of selected studies, tables of results, and figures. This literature review sought to answer two questions: (1) What is the effect of immigration on the dietary patterns of Ghanaian immigrants who lived in the U.S. between 2012-2021? and (2) What are the similarities or differences in dietary patterns among Ghanaian immigrants living in the U.S. compared to other Ghanaian immigrants living in other developed countries?

The reviewed literature reveals a complex interplay between cultural continuity and dietary adaptation among Ghanaian immigrants. Several studies found that many Ghanaian immigrants in the United States have maintained core elements of their traditional diets, particularly the continued use of herbs, spices, and culturally rooted meal structures (Anderson et al., 2019; Ibe-Lamberts et al., 2016; Jakub et al., 2018; Ngoubene-Atioky et al., 2019; Paxton et al., 2016). At the same time, evidence indicates a gradual incorporation of elements from the standard American diet among both first- and second-generation immigrants (Jakub et al., 2018; Obeng-Gyasi et al., 2019; Paxton et al., 2016). This duality suggests a process of dietary hybridization, reflecting both cultural resilience and adaptation to new environmental and social contexts.

The U.S. food environment was a major determinant of these shifts. Studies showed that exposure to processed and convenience foods,

coupled with the higher cost and limited availability of traditional ingredients, contributed to a transition from healthier to less nutritious dietary practices (Kaplan et al., 2015; Obeng-Gyasi et al., 2019). Ghanaian immigrants were often described as arriving with favorable health profiles, but their health status declined over time, consistent with the “immigrant health paradox” (Kaplan et al., 2015). Food access, affordability, and socioeconomic constraints were identified as additional barriers that shaped food choices and nutrition-related behaviors (Obeng-Gyasi et al., 2019; Paxton et al., 2016).

Similar patterns emerged among Ghanaian immigrants in other developed countries such as the United Kingdom, the Netherlands, and Canada. Studies in these contexts also found that the local food environment significantly influenced dietary behaviors and health outcomes (Blanchet et al., 2017; Galbete et al., 2017; Osei-Kwasi & Powell et al., 2017; Osei-Kwasi & Boateng et al., 2020). As in the United States, acculturation processes and environmental factors contributed to higher rates of obesity and diet-related health decline (Adams & White, 2018; Addo et al., 2019; Fuentes Pacheco et al., 2018; Love et al., 2019; Stevenson et al., 2019).

Despite these similarities, notable contextual differences were observed. In European settings, traditional Ghanaian foods were often more accessible and affordable, enabling greater continuity of cultural food practices (Osei-Kwasi & Powell et al., 2017). In contrast, Ghanaian immigrants in the United States reported greater difficulty sourcing culturally familiar foods, which contributed to faster dietary acculturation and reliance on Western foods (Obeng-Gyasi et al., 2019; Paxton et al., 2016). These findings highlight how variations in host-country food systems shape the extent to which immigrant groups are able to sustain traditional dietary habits.

Across both the U.S. and other developed countries, social, cultural, and economic factors influenced dietary behaviors and food choices. First-generation immigrants tended to maintain traditional dietary patterns, while second-generation individuals adopted more flexible, hybridized diets (Blanchet et al., 2018; Galbete et al., 2017; Osei-Kwasi & Powell et al., 2017). This generational trend was consistent with findings from the U.S., where younger Ghanaian immigrants and children of immigrants were more likely to integrate Western food practices (Kaplan et al., 2015; Obeng-Gyasi et al., 2019).

Food beliefs and perceptions also played a similar role across studies. Cultural understandings of

“healthy,” “Western,” and “traditional” foods heritage, their ability to do so was largely shaped dietary preferences and identity expression determined by the accessibility and affordability of (Kaplan et al., 2015; Osei-Kwasi & Powell et al., traditional foods, as well as the adaptability of 2017). While Ghanaian immigrants across contexts local food environments. expressed a strong desire to preserve their culinary

**Table 1:***Traditional Ghanaian Dishes*

| Local dishes                                 | Meaning  |
|--|--|
| Fufu   | Pounded cassava and plantain or plantain only, yam only, cocoyam only or cassava only  |
| Banku  | Cooked corn dough  |
| Omo tuo                                      | Mashed cooked rice   |
| Ampesi and kontomire stew                    | Ampesi – cooked yam, plantain (ripe or unripe), cocoyam, potatoes, cassava<br>Nkontomire – stew prepared with chopped green leaves (cocoyam leaves) and palm oil |
| Ripe plantain with ntroba (garden eggs) stew | Ntoba stew – stew prepared with chopped garden eggs  |
| Yakayaka with fish and vegetables            | Yakayaka – steamed grated cassava  |
| Waakye                                       | Cooked beans cooked with rice  |
| Kenkey                                       | Steamed corn dough   |

*Note.* From “Food Habits and Preferences as a Factor in the Choice of Meals by Students in the University of Cape Coast” by C. Offei-Ansah, 2012, *Nutrition and Health*, 21(3), 151–172. (<https://doi.org/10.1177/0260106012467245>) Copyright 2012 by Nutrition and Health. Reprinted with permission.

**Table 2:***Factors Influencing Dietary Pattern in Ghanaian Immigrants in the U.S.*

| Influencing factors        | Example quotes  |
|----------------------------|---|
| Peers and food commercials | “We spend a lot of money to buy the things that we grew up eating because they are pretty expensive here since they’re available only in specialty stores . . . and the kids don’t want to eat them because they and their friends in school are influenced by the media and advertising and music and films and so on to eat in particular ways.”  |
| Weight gain                | “Because we are from a poor country . . . we don’t have so sophisticated chemical product to help our food in growing even our beef, meats, and everything are organic. So when I came here, for 3-5 first months, I started gaining weight.”<br>“I never had to bother about my weight until I came to America. It is like today you lose the weight and tomorrow you gain it back... There is a lot of processed food.” |
| Quality of food            | “Fruits, vegetables . . . and even when you can get them they are too expensive and look too horrible for us to eat them.” “Everything is large.”   |
| Diet and health            | “Food availability at a low price makes people eat too much.” “Too much sugar, too much fat, and too much salt. That is why I stay away from their food and I don’t eat it so much.”  |

*Note.* From “Dietary Acculturation of Recent Immigrants from West Africa to New York City” by A. Paxton et al., (2016). *Face à Face*, 13. (<http://journals.openedition.org/faceaface/1023>) Copyright 2016 by Face à Face. Reprinted with permission.

**Table 3:***Influence of Cultural Beliefs, Perceptions, and Practices of Sub-Saharan African*

| Themes  | Example quotes   |
|---|--|
| Family, community, and religious ties to traditional African foods        | "I can get by on eating food on campus. It just doesn't make me happy."  |
| Traditional African cuisine as healthy and American foods as nonhealthy   | "Our parents drilled into our head that American food was unhealthy the minute we started eating it."  |
|   | "Ah, this is frozen food. You are going to suffer."  |
|   | "I think Ghanaian food is healthy. I think we may cook with too much oil sometimes. Yeah, way too much oil. But I do think that it's healthy because it isn't as processed, and you have to use like real vegetables and stuff to cook a lot of the dishes."   |
| Eating patterns vary according to availability and resources              | "There is an African market, and I've been there. It's pretty expensive . . . I bought goat meat."   |
| Exercise patterns have familial, peer-driven, and generational influences | "I think the gym as a group is more fun because we're fake competing with each other" (referring to competitions between friends to see who might run longer, faster, or further on a treadmill, for example.  |
|   | "I think the culture's changing. When we were younger, we wanted to dance so we would get the money (traditional dance at a wedding, where money is "sprayed" on the celebrant), but as we've gotten older, and with technology, most of us are on our phones now, so, we may dance a little, here and there." |

Note. From "When You Walk in the Rain, You Get Wet": A Qualitative Study of Ghanaian Immigrants' Perspective on the Epidemiological Paradox" by S. A. Kaplan et al., (2015). *J Immigrant Minority Health*, 17:255-262. (<https://10.1007/s10903-9873-x>) Copyright 2015 by J Immigrant Minority Health. Reprinted with permission.

**Table 4:***Food Environmental Factors and Changed Dietary Habits of Ghanaian Immigrants*

| Food factors                        | Example quotes   |
|-------------------------------------|--|
| Adaptation to U.S. food environment | "When you walk in the rain, you get wet. When we started living our lives as Americans do, we start developing stress and illnesses too. We enjoy the good and the bad."                   |
| Junk food                           | "Buy ... some junk food to keep on moving."  |
| Physical activity                   | "Back home, even if you eat heavy [traditional] food, you go outside and you walk ... and by the time you get there ... your digestive system has taken care of it and the sun helps too." |
| Portion size                        | "Portions are astronomic... [E]verything here is big."   |
| Food Abundance                      | "Mak[ing] up for the deficit back home."   |
| Fast foods                          | "Back home eating fast food is for the affluent. But here it is cheaper than other foods."   |
| Sugar-sweetened beverages           | "At home, [soda] was a very special treat [for] Christmas or on your birthday."  |
| Water                               | "No Ghanaian here drinks water."   |
| Convenient shops                    | "There are small shops everywhere and getting junk food is easy. By the time they're coming back [home], they eat too much junk, and that's no good."                                      |

Note. From "When You Walk in the Rain, You Get Wet": A Qualitative Study of Ghanaian Immigrants' Perspective on the Epidemiological Paradox" by S. A. Kaplan et al., (2015). *J Immigrant Minority Health*, 17:255-262. (<https://10.1007/s10903-9873-x>) Copyright 2015 by J Immigrant Minority Health. Reprinted with permission.



## DISCUSSION

The findings from the reviewed studies highlight a dynamic process of dietary adaptation among Ghanaian immigrants shaped by cultural, environmental, and socioeconomic factors. While traditional food practices remain central to identity preservation, acculturation and the host-country food environment significantly influence how these traditions are sustained or modified (Anderson et al., 2019; Ibe-Lamberts et al., 2016; Jakub et al., 2018; Ngoubene-Atioky et al., 2019; Paxton et al., 2016). The coexistence of traditional and Westernized eating patterns among Ghanaian immigrants reflects a broader phenomenon of nutritional transition observed in many immigrant populations (Kaplan et al., 2015; Obeng-Gyasi et al., 2019).

A key interpretation of these results is that dietary change is not merely a consequence of cultural assimilation but rather a multifactorial response to the new food environment. Upon migration, Ghanaian immigrants often encounter abundant, inexpensive, and heavily marketed processed foods that contrast sharply with the fresh and home-prepared diets common in Ghana. Over time, accessibility, affordability, and convenience of host-country foods promote gradual substitution of traditional meals with Western alternatives (Kaplan et al., 2015; Obeng-Gyasi et al., 2019; Paxton et al., 2016). This shift is further compounded by the limited availability and higher cost of traditional ingredients in some U.S. settings, which constrains the ability to maintain culturally familiar diets (Obeng-Gyasi et al., 2019). Conversely, in regions such as the United Kingdom and the Netherlands, the greater presence of African and ethnic food markets mitigates this effect and supports dietary continuity (Osei-Kwasi & Powell et al., 2017; Osei-Kwasi & Boateng et al., 2020).

Social and generational mechanisms further explain the observed dietary shifts. First-generation immigrants often maintain traditional diets as a way to preserve cultural identity and connection to home, whereas second-generation individuals who are more exposed to host-country institutions, peer norms, and media tend to adopt more flexible or hybridized dietary behaviors (Blanchet et al., 2018; Galbete et al., 2017; Osei-Kwasi & Powell et al., 2017). These intergenerational differences highlight the role of acculturation, identity negotiation, and social integration in shaping nutrition choices. Over time, dietary acculturation may contribute to increased intake of processed foods and reduced consumption of traditional staples, aligning with the decline in health status reported among longer-residing Ghanaian immigrants in the U.S. (Kaplan et al., 2015).

The evidence also suggests that food beliefs and perceptions mediate these transitions. Many Ghanaian immigrants continue to associate traditional foods with healthfulness and cultural pride, while perceiving Western foods as convenient but less nourishing (Kaplan et al., 2015; Osei-Kwasi & Powell et al., 2017). However, social pressures, time constraints, and children's preferences for mainstream foods can override these values. This interplay between cultural meaning and practical necessity underscores the need to address both the symbolic and structural dimensions of diet in immigrant health research (Osei-Kwasi & Nicolaou et al., 2019; Obeng-Gyasi et al., 2019).

From a policy and practice perspective, these findings carry important health implications, particularly for policymakers, nutrition educators, and clinicians, to enhance practical value. The documented nutritional decline and increasing prevalence of diet-related conditions, such as increased body weight, which contributes to an increased risk of health deterioration (Addo et al., 2019; Blanchet et al., 2017; Jakub et al., 2018; Osei-Kwasi & Boateng et al., 2020; Paxton et al., 2016; Renzaho et al., 2012). Health deterioration, in turn, may affect future long-term health outcomes of the foreign-born Ghanaian immigrants. These diet-related conditions point to the need for culturally tailored nutrition interventions (Addo et al., 2019; Adams & White, 2018; Love et al., 2019; Stevenson et al., 2019). Inclusive dietary, nutrition policies and programs that integrate traditional dietary practices with evidence-based nutrition education could help sustain healthful eating patterns while supporting cultural identity. Enhancing access to affordable traditional foods through community-based markets, local partnerships, or targeted import policies could also promote dietary retention and reduce reliance on processed alternatives (Osei-Kwasi & Powell et al., 2017; Obeng-Gyasi et al., 2019). The generalizability of the findings in the literature review is not recommended, but should be used as a basis to devise and implement strategies and policies for healthy living for foreign-born immigrants from West Africa (Jakub et al., 2018). Identifying the country of origin could facilitate planning specific diet and nutrition programs that are culturally appropriate for foreign-born immigrants from West Africa.

At the systems level, public health policies should recognize that the food environment functions as a social determinant of health for immigrant populations. Urban planning, food retail zoning, and community nutrition initiatives must consider the cultural diversity of residents to ensure equitable access to culturally appropriate foods (Osei-Kwasi & Boateng et al., 2020; Kaplan et al.,

2015). Additionally, interventions targeting second-generation immigrants should address intergenerational differences in dietary preferences and provide culturally sensitive guidance that bridges traditional and host-country nutrition norms (Blanchet et al., 2018; Galbete et al., 2017).

Overall, the findings suggest that maintaining traditional dietary elements within the context of acculturation may offer protective health benefits. Understanding how cultural, environmental, and socioeconomic mechanisms interact to shape these behaviors is essential for designing inclusive and effective nutrition and public health strategies for Ghanaian and other African immigrant populations (Obeng-Gyasi et al., 2019; Osei-Kwasi & Powell et al., 2017).

**Recommendations for Future Research:** The literature reveals a notable gap in research on the dietary patterns of Ghanaian immigrants in the United States. Greater empirical attention is needed to illuminate the unique and diverse dietary practices of this population and their implications for health. Future studies should prioritize culturally tailored nutrition education, strategies to improve affordability and access to traditional foods, and the development of community-academic partnerships that promote culturally responsive nutrition interventions.

**Limitations:** There was translation bias in some of the focus groups conducted, and a lack of diversity in generation type and socioeconomic status in some of the studies included in this review. Researchers projected their interpretation of some in the focus group interviews conducted in one of the local Ghanaian dialects (Twi), leading to translation bias in these studies. Future research studies need to include a more diverse group of Ghanaian immigrants of different economic statuses who are fluent in English and other local Ghanaian dialects. Socioeconomic diversity and fluency in English and local Ghanaian dialects will make future studies more inclusive and reduce translation bias. The sample size of some of the clinical studies was small, limiting the generalization of the findings; therefore, future studies must include a larger population of Ghanaian immigrants. There was a limited number of men compared to women in some reviewed studies, so the perspectives of male Ghanaian immigrants may not be fully represented. Also, the studies that included children of Ghanaian immigrants were limited and specific to certain regions; the results may not be generalizable to other Ghanaian immigrant populations in other areas of the U.S. Future research needs to include not only a larger sample size but a balanced number of Ghanaian men, women, and children for

better understanding of this topic. The selection bias of participants was another limitation of several clinical studies included in this review; therefore, the results cannot be generalized to other Ghanaian immigrants. Recruitment of foreign-born Ghanaian immigrants needs to be more widespread to other geographical locations to represent a diverse group of Ghanaian immigrants in the U.S., and to allow extrapolation of the results to the larger Ghanaian immigrant population. Nutrition experts need to design research studies specifically for Ghanaian immigrants in the U.S. to close the knowledge gap on this population's dietary patterns and nutritional needs.

## Conclusion

The dietary patterns of Ghanaian immigrants in the U.S. are understudied, creating a gap in the literature because dietary guidelines do not include essential data on this specific population (Galbete et al., 2017; Omenka et al., 2020). To date, although there have been similar reviews and studies on this topic, they were primarily completed in the U.K., Europe, Australia, and Canada (Blanchet et al., 2017; Blanchet et al., 2018; Danquah et al., 2018; Galbete et al., 2017; Osei-Kwasi & Powell et al., 2017; Osei-Kwasi & Nicolaou et al., 2019; Osei-Kwasi & Boateng et al., 2020). Limited research exists in the U.S. to precisely determine whether the food environment in the U.S. affects the dietary habits of Ghanaian immigrants in the U.S. There is a paucity of data about the perceptions and dietary practices of second-generation African immigrants within the context of culture, and how the food environment influences these dietary habits (Jakub et al., 2018).

There is substantial evidence that dietary acculturation processes, characteristics of the U.S. food environment, and structural barriers such as food access and cost collectively shape the dietary behaviors of immigrants and their children. Among these influences, the U.S. food environment exerts a particularly strong effect on the adoption of host-country dietary patterns. Additionally, barriers related to affordability, accessibility, and cultural food beliefs further mediate dietary practices among Ghanaian immigrants and their offspring. These findings have significant implications for nutrition policy and public health practice, highlighting the need for culturally sensitive interventions that address both environmental and structural determinants of diet within immigrant populations.

Understanding the mechanisms underlying these dietary shifts is essential for interpreting their

broader health implications. Several studies suggest that acculturation operates through both behavioral and environmental pathways, where increased exposure to the U.S. food landscape, characterized by high availability of processed and convenience foods, gradually alters food preferences and consumption patterns among immigrants and their children (Anderson et al., 2019; Boateng et al., 2021). At the same time, socioeconomic constraints and limited access to culturally familiar foods may reinforce reliance on more accessible, energy-dense alternatives. These dynamics highlight the complex interplay between structural barriers and cultural adaptation, emphasizing the need for nutrition policies that address affordability, accessibility, and cultural appropriateness in dietary interventions targeting immigrant communities. Additionally, research studies focused solely on the dietary patterns of Ghanaian immigrants and other Sub-Saharan African subgroups need to be conducted in the U.S. to gather additional data on the unique food habits of Ghanaian immigrants. The additional data will help nutrition and dietary policymakers to better understand the nutritional needs and implications of these populations in the U.S.

Lastly, when situated within the broader context of African migration, these findings extend beyond the Ghanaian immigrant experience to reflect wider patterns of dietary adaptation among African diaspora communities. Comparable trends have been observed among Nigerian (Osei-Kwame & Boateng, 2022), Ethiopian (Abebe et al., 2021), and Somali immigrants (Mohamed & Ismail, 2020), who similarly negotiate the preservation of traditional food practices amid structural and cultural barriers in host environments. Such parallels emphasize the interconnected nature of food, identity, and health within transnational African communities and reinforce the need for comparative, cross-national inquiry. Framing this work within a pan-African perspective enhances its relevance to the AJND readership and underscores the importance of culturally responsive nutrition interventions that acknowledge the shared experiences and diverse dietary practices of African populations globally.

## IRB Approval

Not applicable. No human subjects were involved in this literature review. All data were from secondary sources.

## Conflict of Interest

The authors declare no conflict of interest.

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