Abstract: A large number of migrants move to Delhi every year for various reasons and a large group of people migrate from UP and Bihar to Delhi. So it is very important to find changes and effect of migration in their daily diets, therefore, it becomes a very critical factor in determining their physical and mental well-being. The review aims to examine the changes in their diet after migration. The main focus is to analyse the comparative qualitative differ in migrant before and after moving to Delhi. The relationship between socio-economic factors and responding demographic, and various dietary changes have been studied. The findings show a shocking trend towards all migrants—in the consumption of vegetables, milk products, meat, fish, mutton, nuts, & fresh fruits along with the simultaneous trend of a significant increase in the fast-food consumption.

Keywords: Migration, Demographic, Food Consumption, Interstate migration

1. Introduction
Migration involves the movement of people from one place to another for the purpose of settling down, permanently or temporarily in a new place. individuals may migrate as individually, in family units or in large groups. In India, inter-state migration has grown by more than 100% from 1991 to 2001, indicating higher growth rates than intra-district migration. As per the census 1991, nearly 20 million people migrated to other states. From last decade, migration almost doubled to 41 million people, as per census of 2001. The migration status has also changed to more permanent forms, as migrants travel with their families. By this observation, it becomes important to examine the food habits of migrants [1].

India is a very large country, the geography, religion, and different indian culture, as well as Indians eating habits. Regional diversity in food consumption exists in all states. But it can be assumed that regional variations in food consumption across states have declined. This study is based on the fact that migration between regions has increased since 1991. The current study examined whether regional variation in food consumption have decreased over the years. The regional diverseness is declining in these times and that both rural and urban consumers shifted their choices from cereals to non-cereals. Therefore, it also provides some evidence that regional diversity still exist in India. In this study people who migrated from rural to urban cities of India over a period time have been interviewed for their changed dietary habits according to their culture with effect of migration and the effects of these changes in consumption are discussed [1].

2. Demographics of Migration in Delhi
Migration is of two types – Migration with the permanent residence and by birth place. If a person is classified as a Census locally, i.e., town or village, different from his place of birth, he would be considered as a migrant by place of birth. A person could be considered a migrant for the last residence, if he/she ended up living somewhere other than his/her place of residence. The Census also records the various reasons for migration. The reasons for migration are as follows: marriage, moved after birth, Work/Employment, Business, Education, Moved with household and any other [2].

2.1 Migrants by Place of Birth
Migrants by place of birth are those people who are residing at a village or town at the time of census other than the place of their birth. By seeing the latest list of the migrations in the cases where the person has migrated more than once, that will give the clear picture of the present migration scenario. Like previous data 2001 Census had collected migration details of the individual by place of birth and last residence [3].

Out of the1.02 billion people within the country, (30%) were reported as migrants by place of birth. There has been an increase in the migrants in number in decade. Whereas in 1961 there have been about 144 million migrants by place of birth, in 2001 Census, it had been 307 million.

As per 2001 Census, Maharashtra entered largest number of settleers (7.9 million) by place of birth from other states in 1991 tale it had been (4.3million), followed by Delhi (5.6 million) in 1991 it was (3.7million) indicating a sharp rise in migration over the decade [3].
The data on migration in India as per Census 2001 shows that the total number of migrants was 31.4 crore. In the decade 1991-2001, about 9.8 crore people migrated to a new place from the place of their last residence. Out of the migrants by last residence, 8.1 crore are found to be intra-state migrants. The largest volume of the migration is from the one state to other state [2].

![Southern districts have a higher share of migrant population](image)

**Fig1: Where do migrants live [2]**

### 1.2 Reasons of Migration

The large influx from Bihar and UP has always been a part of researchers’ interest, as it has become a metaphor for migration led by under-development and poverty. The violent reaction of the political party and host community of Bihar migrants has accelerated the debate on various issues related to migration from the state. Bihar migrants face increasing hatred from political sector but a continous urban planning policy, translated in to a rich segment of urban populations and exacerbatin the survival of poor migrants [4]. Migration is an integral part of developmental process. Display a dynamic link between both the traditional location and destination. Migration occur in term of social, cultural, economic, and institutional conditions and it plays an important role in changing the environments in which these processes operate [4].

Migration happen as a result of asymmetry of development between area of origin and destination. P However, there is complete disagreement about the effect of relocating to a traditional place. On the view of developmentalist that with flow of migration, counter flows of capital and knowledge are also generated to area of origin, which can be invested and are believed to subsequently stimulate development and modernization. Other view believes that in the capitalist system, the process out-migrants from area of origin is a part of the larger process of draining away of resources from an underdeveloped region to developing region. Recent literatures on migration don’t exclude the relationship between context and periphery through the development, but emphasize the important role of remittance in the development process. In this study, the volume, procedure, pattern and causes of migration has been attempted to assess. The amount of remittance is also assessed [4].

Reasons:

<table>
<thead>
<tr>
<th>Work/Employment</th>
<th>14.4 million (14.7 %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>1.1 million (1.2%)</td>
</tr>
<tr>
<td>Education</td>
<td>2.9 million (3.0%)</td>
</tr>
<tr>
<td>Marriage</td>
<td>43.1 million (43.8%)</td>
</tr>
<tr>
<td>Moved after birth</td>
<td>6.5 million (6.7%)</td>
</tr>
<tr>
<td>Moved with household</td>
<td>20.6 million (21.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>9.5 million (9.7%)</td>
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**Table 1; reasons of migration [3]**
2. Impact of Out Migration

The contribution of payment is equally important for all the section of migrants. In the poorest quintile, in which around 20 per cent of entire household receive payments which contribute more of Social and Economic Studies than half of total household expenditure. Even among the richest quintile, 26 per cent of them receive money which contribute to 43 per cent of their household spending and 69.3 per cent of household mentioned the first use of payment for food and 10 per cent of household used money for the other consumption needs. Around 6.5 per cent of remittances used it for health care, and around 6 per cent used it for other needs [4]. It shows the differences in use of remittances to different wealth expences. Poorest family use money more for their need of food (78 per cent) compared to 53 per cent use among the richest families. The other items on household expenditure are also financed by remittances in a significant proportion, exclusively among the richer families. The health care expenditure met by payment is higher among rich compared to poor families. However, the fact remains among the migrant households irrespective of economic status, remittances are very important source of food expenditure in Bihar and UP. Thus, the importance of payment in mitigating food insecurity in Bihar is important and this must be recognised by policy makers[4].

3. Cuisines of Bihar

Cuisine is integral part of culture. Cuisine is a prism that reflects artistic marvels of a host. It is a good medium to study the way a culture operates and expresses itself [6]. Bihar, with its abundant natural coffers of rich soil, abundant water, climate and fat artistic heritage is one of the fascinating states of India. This makes the husbandry of Bihar rich and different. The growers are veritably intelligent and hard working. Agriculture is the veritably important part of food culture and force of wealth within the State of Bihar. Bihar plays a veritably important part in productive donation in cereal, fruit, vegetables, spices [6].

4.1 A Few Features of Bihari Cuisines are:

1. Bihari cuisine is one of the best Indian cuisines, with many vegetarians as well as non vegetarians options. They have a variety of options for serving sweets and snacks.
2. People prepare and eat large meals.
3. The awareness of the dishes is relatively less but they are delicious to its core and are very satisfying.
4. They hand picked vegetables from farms and grind fresh spices.
5. Some restaurants are coming up with Bihari foods as their major offerings.
6. The main Ingredients are Cooking Medium - Mustard oil, Ghee, Vanaspati, sesam seed oil. Dairy Products - Milk, butter milk and Curd - used extensively - Chana saag, Ingredients – Bari, cauliflower/ Cabbage, Sattu - Chana Sattu, barley, maize etc., Garam Masala, coriander seeds, cumin seeds, peppercorn Non Veg - Meat –lamb, Chicken, Fishes - Rohu, Katla, Pothia, fish shell. Litti - choose the most popular dish in bihar province.

5. Cuisines of Uttar Pradesh

India is a country of diversities. That Indian cuisines is strongly influenced by availability of local spices, climate diversity, soil diversity, culture, food traditions and customs etc. Uttar pradesh, is one of the most economically lagging provinces in India but has a rich cultural heritage in which cuisines are major component[8].

North India are very different from the south in terms of type of food, recipe and taste[15]. The main traditional food of Uttar Pradesh are both vegetarian and non vegetarian – vegetarian foods are- Arhar ki Dal and Roti, sahi paneer, gajar ka halwa, son papdi, raabdi, petha, cham cham, peta, and non vegetarian dishes are - Mutton kofta, Teheeri, Moradabadi Biryani, Chicken Qorma, Shami Kabab, Nihari, Toneed Kabab, Haleem, Shermaal etc. This province have a warm climate and dry winter. Uttar Pradesh is the largest and most populous region in this country. This province is the largest producer of wheat. Therefore most people take Roti or Paratha during lunch and dinner[15].

Awadhi Cuisine is a feature of Uttar Pradesh. This cuisine is mix of Hindu and Muslim cuisine. includes dishes of both vegetarian and non vegetarian. Lucknowi dishes such as Shaami Kebabs, Kakori Kebabs, Namash, mutton Biryani, Pasanda Kebabs, etc. the most popular dishes made and eaten in whole India and even in other countries. In the town of Lucknow, there are more than thousand shops that sellss kebabs and are made at home also. At the same time, there are many lost recipes, unfamiliar and unusual recipes that require a higher level of skill that quickly disappears from the public domain due to the lack of master craftsmen that can prepare them.

4. Differences between Eating Habbits in Delhi and Bihar

The use of handpicked vegetables from farms and freshly processed spices are used, which is not possible in Delhi. Delhi is a very dense area and there is no space to grow fresh vegetables near the house. Since Bihari cuisines include littichokha ,sattu is very common In Bihar but not very famous in Delhi .sattu is very rich in protein , fibre, and carbohydrates. the fish is also very common in Bihari cuisines which is very rich in nutrition and omega-3 fatty acids, which is also available in Delhi but at higher rates they get these fish at cheaper rates in Bihar. So,they do not consume them very frequently in Delhi as they consume in Bihar. With the availability of wheat and rice through rashan card system for poor people the rice and wheat become the staple food of them. Coarse cereals such as bajra, ragi, maize and jawar, which are rich in micronutrients and minerals, are readily available in their native state is no longer being consumed in large quantity by moving to delhi. The rice and wheat become only cereal in their diet.

5. Difference Between Food Habbits in Delhi and Uttar Pradesh

Uttar Pradesh cuisines are mainly two cuisines, Awadhi and Mughlai and the food cooking pattern is same every where. This food is very easily available in Delhi. wheat is a UP based food made in a variety of ways including rumali roti, tandoori roti, naan, kulcha, and pratha. In India, cereals are most important element of the diet, Consumption of pulses are very low. this may be due
to increasing prices of pulses. Consumption of milk, fruits and vegetables and animal food is also very low. Consumption of all foods increases with increasing income. So the food choices of the migrants depend on their income and even their transition to Delhi. This is mainly true for sugar, oil, and animal products. With the availability of wheat and rice through ration card system for the poorer part of the population it has transformed into rice and wheat as the main grain. As cereal consumption and energy intake is high but under nutrition rates are also high. This is perhaps due to high-energy costs among poor in these provinces among manual labour [11].

The quality of food is categorised into three categories namely the poor, the middle and good according to the nutrients in the food taken by the rural poor. The families consumed only cereals come in the first category and families who consumed cereals with pulses belongs to second category. Instead of these the consumption of milk, fruits and vegetables or animal food continue to be considered as good quality of food [11].

6. Cultural Values and Health

The food is the basic necessities of all societies. Therefore, there is no culture without food. Food serves as a way to provide a structure for daily life and mark the passages from one formal life stage or informal life stage to another. Traditional cultural values are associated with better health outcomes that emphasize the importance of cultural values and how they can influence health [13].

7.1 Family Values

Values are human or mental faculties that help a person achieve his or her goal of life. It affects a person’s work, pesonality and behaviour. prices have two aspects of first content and second durability. They are internal and some are local. area based values vary depending on where they live. play an important role in family values. Some values are permanent while other are derived from others. It varies according to the socio and cultural environment of people. It defines value as a fundamental interest or motivation in an individual’s personality. Other values are based on health, environment, self, community and culture as well as personal values [14].

Strong family values can influence food quality as an example, an idea that the family’s needs are more important than the individuals. For young boys and girls, families are associated with high family reunions. Traditional Gender Roles are also associated with higher family communication. There is a relationship between family eating habits and child food quality. The quality of food in a family is greatly influenced by the parents and availability of food. Children who participated in the family meals away from the television had a healthier habits than other families who did not participate in the family dinner or eat dinner in front of the television. Parents who eat fruits and vegetables have positive effect on their children. Parent’s eating habits have both a positive and a negative impact on their children’s diets. Food among youth focused on youth of all races noted that food quality increased with family meals. There is a link between regular family meals and food they eat that affect young people in their diet. A typical family diet was closely associated with an increase in daily intake of vegetable, food rich in calcium, dietary fiber, and a number of nutrients including calcium, magnesium, potassium, iron, zinc, pyridoxine, and folate for both young man and women. There is also a positive association of sodium depletion among women although not so in men. Those who were supported by their families often followed dietary recommendations and engaged in exercise to control their condition. Familial support can be defined as the need for encouragement, counsel, and guidance from a large number of family members. Family support is one ways cultural value of families are expressed in effort to change behavior [14].

7.2 Gender Roles

Traditional gender roles define men as patriarchal authority while women tend to function as domestics. The status of women in India is closely linked to family relationships. In India, the family is considered the most important, and in many lands the family is governed by the patrilineal. Families tend to have many generations, and the bride goes to live with their in-laws. Families are often dominating, the elders having authority over the younger generations, and the men over women. The extent to which women participate in out of home community life varies from place to place [12].

Gender roles can play a major role in determining food quality. Some study shows that women in a traditional home ate less fast food, less saturated fats, more fiber, and less dietary fats compared to women who living at home when making shared decision. The highest level of poverty for women is reflected in many provinces such as, Orissa, Madhya Pradesh, Uttar Pradesh, West Bengal, Haryana, Punjab, and Andhra Pradesh. Some states have gender inequality in use of pluses as well. Similar to milk consumption, the highest level of gender gap is found in fruits consumption, in all provinces except Bihar and Gujarat. consumption of nonvegetarians (Fish/Chicken/ Meet) in female is very low in Northwestern provinces [10]. Gender bias is widespread in terms of food consumption in all provinces, Punjab, Haryana, Rajasthan, Madhya Pradesh, Uttar Pradesh, Orissa etc. And there is no evidence of gender bias in Gujarat regarding food consumption [10].

7.3 Religious Values

The relationships between religion and the human life and populations has become increasingly evident in the social, ethical and health sciences. Systematic research programs investigate the nature of religion with in the context of coherent theories that explain the cause and effects of religious involvement in health outcomes. Recent research has confirmed many aspects of religious involvement and investigated how religious aspects work with various biobehavioral structures and mental health to influence the state of health through the proposed method that link religion to health. The development of Methodology and analysis in the field allows for the development of complex models of religious effects, in line with the proposed theoretical interpretations. religious and health research has ethical and practical consequences that should be addressed by the ordinary people, health professionals, the research community, and clergy. Future research guides point to new areas of research that may include religion and health building [9].

In the medical and medical sciences, there is growing recognition that religious and spiritual concerns are important in understanding health-related behaviors, attitudes, and beliefs and are especially important for people whose health is at risk [9].
Evidence from epidemiological and clinical studies and medical research supports the impact of religious affiliation and participation in a variety of mental and physical health indicators and disease conditions. Several studies suggest that religious involvement is associated with better outcomes for people recovering from physical and mental illness [9].

Conclusion: Out-migration from Bihar and up is a well-established phenomenon started back in the nineteenth century seems shot up in the recent decade. The flow and direction of migration has more in the states like Delhi, Maharashtra, Punjab, Haryana and Gujarat account half of the inter-censal migrants. The main reason of migration is related to employment. People migrating not only because of unemployment from there places but also to secure a better earning also. It is mostly spent on food and other items of consumer expenditure, health care and education of the family members [4]. Migrants eating behavior of has been shifting from fresh vegetables from farms to vendors, shops and shifting from cereals to non-cereals [1].

It is seen that people who migrated have some change in their diets as they grow vegetables in farms gets at very low prices and after shifting to the metropoleten cities food items are little costly example fruits vegetable, meat, mutton, fish. Migrants cant grow vegetables after migrating because of lack of space in populated dense places.

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