

Influences on Healthy-Eating Decision Making in Latino Adolescent Children of Migrant and Seasonal Agricultural Workers

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ABSTRACT

Introduction: Latino children demonstrate high rates of unhealthy weight, and children of Latino migrant and seasonal agricultural workers are heavier than their Latino peers.

Method: This one-group, cross-sectional, mixed-methods pilot study explored healthy-eating decision making with 12- to 14-year-olds recruited from a Midwest summer migrant education program. Demographics, decision-making, self-efficacy, and social support survey instruments were used, along with gender-specific focus groups.

Result: In the convenience sample, which included 24 participants, students felt varying degrees of uncertainty when choosing healthy foods in social situations, and 67% made poor-quality decisions. Parents offered greater support for healthy eating compared with friends. Qualitative analyses identified three themes: healthy decision making

includes fruits, vegetables, and physical activity; mothers have influence over health and healthy decisions; and friends encourage unhealthy food choices.

Discussion: Influences on healthy-eating decision making in Latino adolescent children of migrant and seasonal agricultural workers, which were previously missing from the literature, were identified. Future research includes development of interventions to assist these adolescents with healthy-eating decision making. *J Pediatr Health Care.* (2016) 30, 224-230.

KEY WORDS

Adolescent, migrant, decision making

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In the United States, Latino children tend to be more overweight or obese than the remainder of the child population, with 40% of Latino children 10 to 17 years of age being overweight or obese compared with 31% of all U.S. children (U.S. Department of Health and Human Resources, 2015). Unhealthy weight in U.S. Latino children puts them at greater risk of developing cardiovascular disease: overweight adolescents 12 to 19 years of age have an estimated 49% risk, and obese adolescents have a 65% risk for the development of at least one cardiovascular disease risk factor (Parker & Fineberg, 2013). Children of Latino migratory and seasonal agricultural workers (MSAWs) in particular are more overweight/obese than their Latino peers. In research pertaining to the children and adolescents of MSAW populations, high rates of overweight/obesity (47% to 65%) have been found in federally funded summer migrant education programs (MEPs; Kilanowski, 2012; Kilanowski & Lin, 2014) and in MSAW work

camps with mothers and children (45% to 51%; Kilanowski & Gordon, 2015; Kilanowski & Lin, 2013).

In a secondary analysis of data examining the health status of Latino youth in the second wave of the longitudinal Los Angeles Family and Neighborhood Survey (LA.FANS-2; $n = 1,143$), in adolescents 12 to 17 years of age, 39% of females and 54% of males were overweight/obese compared with 33% of females and 49% of males among non-Latino White adolescents (Buttenheim, Pebley, Hsieh, Chung, & Goldman, 2013). When the sample was further stratified to examine Mexican-origin and immigrant generation status, first-, second-, and third-generation females were overweight/obese at rates of 33%, 86%, and 36%, respectively. First-, second-, and third-generation males were overweight or obese at rates of 61%, 66%, and 55%, respectively. LA.FANS-2 data were also compared with respondents in the California Health Interview Survey ($n = 25,487$) obtained from random digit dialing of land and cell phones with an oversampled ethnic minority. Although somewhat lower rates of overweight/obesity were found, the California Health Interview Survey logistic models showed that overweight/obesity status was a characteristic of ethnicity-nativity, specifically Mexican-origin compared with non-Latino respondents (Buttenheim et al., 2013).

DECISION MAKING AND ADOLESCENTS

Weight, body mass index, and body mass index percentiles are influenced by diet and physical activity (Harvard School of Public Health, 2015). As adolescents become increasingly independent, they are confronted with making their own eating decisions, which have an impact on their food selections and therefore on their diet. Research shows that adolescents are unsure about the process of decision making in general, which is poorly practiced in teens younger than 15 years (Hollen, 1994; Mann, Harmoni, & Power, 1989; Ormond, Luszcz, Mann, & Beswick, 1991). This developmental characteristic, combined with the higher prevalence of obesity in second- and third-generation Latino immigrant adolescents, demonstrates the need to research overweight/obesity within this population (Baker, Balistreri, & Van Hook, 2009; Hernández-Valero et al., 2012; Liu, Chu, Frongillo, & Probst, 2012).

Research on the concept of decision making in adolescents has focused on risk-taking behaviors such as sexual activity (Cortese & Lustria, 2012; Gordon, 1996), smoking (Gersick, Grady, & Snow, 1988), and both consumption of alcohol and gambling (Noël, 2014). Decision-making quasi-experimental and experimental intervention studies conducted with adolescents who have survived cancer showed that the higher the decision-making quality criteria they adhered to, the lower the risk behaviors that were reported. Adolescent cancer survivors who were enrolled in an intervention for improved decision making

demonstrated significant changes at 1 and 12 months after the intervention ($n = 52$, predominately White), and this improvement in decision making was repeated in a second study with adolescent cancer survivors ($n = 64$; Hollen & Hobbie, 1996; Hollen, Hobbie, & Finley, 1999). Similarly, among adolescents with asthma ($n = 41$) who were enrolled in a prospective, two-group randomized intervention decision-making program, White participants in the intervention group showed significantly improved decision-making quality over 6 months compared with the control group, with no significant differences in the non-White participants (Rhee, Hollen, Belyea, & Sutherland, 2008). It is important to note that decision making has also been studied as a mediating variable to predict risk behaviors, as seen in one study: 33% of participants ($n = 243$, 72% White, 12% Latino) were found to have inflated their baseline decision-making skills (Rhee et al., 2008). In all these decision-making studies, Latinos were minimally represented.

There is a dearth of research on adolescent children of Latino MSAWs and their healthy-eating decision making, despite the higher prevalence of overweight/obesity in this population compared with the remainder of U.S. children. One Belgian study found that adolescents who were overweight or obese ($n = 64$) had impaired decision making compared with participants with average weight ($n = 66$) and insensitivity to future consequences (Verbeken, Braet, Bosmans, & Goossens, 2014). Another study ($n = 61$) found dimensions of impulsive behavior in overweight or obese adolescents compared with healthy-weight adolescents (Fields, Sabet, & Reynolds, 2013); this finding complemented the findings of a meta-analytic review (23 articles covering 3,898 participants) of the role of impulsivity in pediatric obesity (2 to 21 years) in which overweight/obese youth had higher levels of impulsivity compared with those of healthy-weight youth (Thamothran, Lange, Zale, Huffhines, & Fields, 2013). Research submits that health-related decision making of adolescents requires cognitive and psychological skills (Hollen & Hobbie, 1996). Furthermore, research suggests that adolescents need to be taught how to judge costs and evaluate benefits of prospective decisions to minimize risks and negative outcomes from that decision. Published literature contains few samples with Latino participants and has limited focus on healthy-eating decision making.

METHODS

Design, Sample, and Setting

This study was a one-group, cross-sectional, mixed-methods pilot study. The setting was a Midwest summer MEP that supports MSAW youth in remedial studies of mathematics, reading, and recovery of academic credit lost as a result of migration. Inclusion criteria included being 12 to 14 years of age, enrolled in the Midwest

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