

Bonding and Bridging Social and Cultural Capitals: Perceived Factors Associated With Family Eating Practices Among Hmong, Latino, and White Mothers and Fathers

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ABSTRACT

Objective: To examine perceived social and cultural capitals associated with family eating practices among Hmong, Latino, and white mothers and fathers.

Methods: Six focus groups composed of 52 Hmong, Latino, and white mothers and fathers of young children were conducted to examine parental perceptions of social and cultural capitals associated with eating practices.

Results: Whereas Hmong participants unanimously emphasized the healthfulness of their traditional food, Latino groups had divergent views on their traditional foods' healthfulness. Hmong parents highly valued their traditional foods whereas white and Latino mothers were more accepting of new foods from other cultures. Participants noted divergent views on gender roles in family eating practices and food culture preservation efforts.

Conclusions and Implications: Identifying and promoting bonding and bridging of cultural assets for healthy dietary practices among different cultural groups may be important for developing successful nutrition education programs across ethnicities in the community.

Key Words: cultural capital, social capital, eating practices, children, food culture (*J Nutr Educ Behav.* 2015;47:540-547.)

Accepted August 23, 2015. Published online September 28, 2015.

INTRODUCTION

Childhood obesity is a major public health concern in the US, especially among low-income ethnic minority populations.¹ There is growing interest in examining the value of traditional dietary habits from cultural groups that may be associated with healthy eating practices and potential prevention of childhood obesity. Past research suggests that immigrants and refugees often bring with them socio-cultural assets such as healthful eating habits, which have the potential to make significant contributions not only to reducing health disparities

but also to promoting the well-being of US society.^{2,3} There is a need to examine and use sociocultural assets or capitals among different ethnic groups to combat the childhood obesity epidemic in the US.¹

Latinos and Hmong are the 2 largest ethnic minority groups in the area where the current study was conducted. The Hmong are an Asian refugee group with an increasing population in the US. Thirty-five percent of the US Hmong population resides in California.⁴ Their cultural assets, including traditional dietary practices, have been under-researched. Socio-cultural assets among different ethnic

groups may be well incorporated into a community capitals framework that brings together cultural, social, and other capitals in the whole community to reduce multiple contributors to childhood obesity.¹ Cultural capital is defined as the knowledge and resources an individual gains as a result of his or her membership in a particular cultural group,⁵ and includes the concept of food culture preservation within a family or community. Largely embedded in the social network and interactions that provide information and mutual support for individuals, social capital may contribute to redirecting communities toward healthier diets and lifestyles as well as improved food security.⁶

Roles of ethnicity in cultural and social capitals may become more clear when the concepts of *bonding* and *bridging* are used, as originally developed by Putnam.⁷ *Bonding* capital is derived from relationships within an ethnic group, whereas *bridging* is derived from relationships among different ethnic groups. In the context of childhood obesity prevention, bridging and bonding may serve as

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Conflict of Interest Disclosure: The authors' conflict of interest disclosures can be found online with this article on www.jneb.org.

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<http://dx.doi.org/10.1016/j.jneb.2015.08.017>

factors to determine whether individuals in an ethnic group will constrict their knowledge and new experiences to remain within the group (bonding) or extend their cultural beliefs or support to another group (bridging). Kim et al⁸ suggested that increases in bonding social capital (support within one's ethnic group) will strengthen parenting practices and, by extension, promote healthy eating. While bonding promotes solidarity within a group, social bridging (networks between ethnic groups) expands access and knowledge about healthy eating practices stemming from differences among individuals.⁸

In addition to ethnicity, gender is an important factor affecting social and cultural capital levels. Different gender roles relative to food and nutrition have been reported among different cultural groups in the US. Whereas changing gender roles in food habits among some immigrant groups have been reported, gender roles remain similar in other cultural groups.⁹ To date, there is limited information about both gender-based perspectives on social and cultural capitals regarding eating practices pertinent to childhood obesity prevention.

Furthermore, little research has investigated social and cultural capital for healthy food habits and childhood

obesity prevention among different cultural groups. Specifically, few studies have examined fathers' perceptions of child feeding practices, although fathers also have an important part in deciding what to feed their children.¹⁰

The objective of this exploratory study was to examine perspectives on cultural and social capitals related to family eating practices, including child feeding practices, among white, Latino, and Hmong fathers and mothers of young children. Latino and Hmong groups, the largest ethnic minority groups in the northern California study area, were chosen because these 2 groups represent both divergent and convergent views on the research topic based on their geographical, historical, and cultural backgrounds. The current study aimed to identify effective ways of identifying social and cultural capitals for healthy eating and childhood obesity among Hmong, Latino, and white mothers and fathers of children.

METHODS

Study Participants

The current study included self-identified Hmong, Latino, and non-Hispanic white parents of children (kindergarten through second grade)

residing in 2 small cities in northern California. Parents of early elementary school-aged children still have direct influence on children's food intake at home. Study participants were contacted by school staff for the opportunity to participate in a focus group interview. Eligibility criteria included parental identification as Hmong, Latino, or non-Hispanic white with a child in kindergarten, first, or second grade. Eleven Hmong women and 10 Hmong men, 10 Latino women and 8 Latino men, and 6 white women and 7 white men (52 participants in total) agreed to participate in the study. White parents, representing the mainstream culture in the US, were recruited to participate in this study. Although white participants had different cultural backgrounds (eg, Italian descent), they shared typical American food habits, and it was important to examine similarities and differences between the mainstream culture and the other 2 cultures (Hmong and Latino).

The Table lists the demographic characteristics of participants, whose ages varied from 22 to 53 years. Length of residence in the US also varied. Of the 21 Hmong participants, only 1 was born in the US and she was bilingual. All Latino participants except 1 were born in Mexico. Length of residence in the US among Latino

Table. Demographic Characteristics of Latino, Hmong, and Non-Hispanic White Parents

Characteristics	Latino Mother (n = 10)	Hmong Mother (n = 11)	White Mother (n = 6)	Latino Father (n = 8)	Hmong Father (n = 10)	White Father (n = 7)
Age, y (mean ± SD)	32.6 ± 6.7	28.2 ± 4.0	40.6 ± 11.8	41.6 ± 8.5	30.9 ± 5.2	36.3 ± 5.0
Years of US residence (mean ± SD)	16.5 ± 11.0	19.4 ± 12.9	40.6 ± 11.8	19.0 ± 8.1	17.5 ± 12.8	35.6 ± 4.6
Was participant born in US? n (%)						
Yes	1 (10)	1 (9)	6 (100)	0	0	6 (86)
No	9 (90)	10 (91)	0	8 (100)	0 (100)	1 (14)
Education, n (%)						
No school	0	3 (27)	0	0	0	0
High school degree/general equivalency diploma or less	9 (90)	5 (45)	3 (50)	7 (87)	7 (70)	0
Some college	1 (10)	3 (27)	3 (50)	0	2 (20)	5 (71)
Bachelor's degree or more	0	0	0	1 (13)	1 (10)	2 (29)
Marital status, n (%)						
Never married	1 (10)	0	1 (17)	0	1 (10)	0
Married	8 (80)	1 (9)	3 (50)	8 (100)	9 (90)	1 (14)
Living in marriage-like relationship	1 (10)	10 (91)	1 (17)	0	0	6 (86)
Widowed	0	0	0	0	0	0
Separated/divorced	0	0	1 (17)	0	0	0

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