

Culture and Diet Among Chinese American Children Aged 9–13 Years: A Qualitative Study

Cassandra S. Diep, PhD^{1,2}; Randall Leung, BS³; Debbe I. Thompson, PhD, RD¹; Beverly J. Gor, EdD, RD, LD⁴; Tom Baranowski, PhD¹

ABSTRACT

Objective: To examine Chinese American children's behaviors, food preferences, and cultural influences on their diet.

Design: Qualitative individual interviews using constructs from the proposed model of dietary acculturation.

Setting: Community centers and Chinese schools in Houston, TX.

Participants: Twenty-five Chinese American children aged 9–13 years.

Phenomenon of Interest: Diet, favorite restaurants, and parents' cooking and grocery shopping habits.

Analysis: Content analysis and thematic data analysis to identify code categories and themes. Coders also identified patterns based on demographic and acculturation factors.

Results: Overall, participants described their diets and associated behaviors as Asian and non-Asian. Key themes included preference for Asian and non-Asian foods; consumption of non-Asian foods for breakfast and lunch, but Asian foods for dinner; infrequent dining at restaurants; grocery shopping at Asian and non-Asian stores; and familial influences on diet. Acculturated children and children of higher socioeconomic status appeared to prefer and consume a more Westernized/non-Asian diet.

Conclusions and Implications: Results illustrate that Chinese American children in this study practiced both Asian and non-Asian dietary behaviors. Findings corroborated existing acculturation research with parents and caregivers; supported constructs in the model of dietary acculturation; and provide guidance for research and programs related to dietary behaviors, determinants, and culture among this population.

Key Words: diet, Chinese, children, culture, food preferences, interviews, acculturation (*J Nutr Educ Behav.* 2016; ■:1-10.)

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INTRODUCTION

Chronic diseases such as heart disease and cancer are major public health concerns and represented 7 of the 10 leading causes of death in the US in 2010.¹ Diet has an important role in many of these diseases.^{2,3} Because dietary

behaviors formed during childhood may carry into adulthood⁴ and influence risk for chronic diseases later in life,⁵ nutrition research and interventions among children are needed.

One crucial population for such research is that of Asian descent, the fastest-growing immigrant group in

the US.⁶ Although rates of chronic diseases are relatively low among recent Asian immigrants,⁷ there is increasing disease risk among Asian American populations. For example, Asian American adolescents born in the US had greater obesity risk than did first-generation residents, with obesity rates similar to non-immigrant youth.⁸ Furthermore, the risk markers of type 2 diabetes and metabolic syndrome are evident at lower body mass index levels among Asian populations compared with non-Hispanic white peers.^{9,10} Traditional Asian diets, which are rich in fruit and vegetables, may protect against many chronic diseases,¹¹ but qualitative research with Asian American primary caregivers showed that their children preferred and consumed more Western foods (eg, sweetened beverages, pizza) than did the primary caregivers.¹²⁻¹⁴

Of all Asian subgroups, the Chinese American subgroup is the largest and one of the longest-standing in the US. In 2013, Chinese American people accounted for 23.9% of the

¹US Department of Agriculture/Agricultural Research Service Children's Nutrition Research Center, Department of Pediatrics, Baylor College of Medicine, Houston, TX

²Department of Health Disparities Research, University of Texas MD Anderson Cancer Center, Houston, TX

³Department of Health Sciences, Boston University, Boston, MA

⁴Office of Planning, Evaluation and Research for Effectiveness, Houston Health Department, Houston, TX

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Address for correspondence: Cassandra S. Diep, PhD, Department of Health Disparities Research, Unit 1440, UT MD Anderson Cancer Center, PO Box 301402, Houston, TX 77230-1402; Phone: (713) 794-5007; Fax: (713) 792-1152; E-mail: CSYeung@mdanderson.org

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Asian-American population, with a population over 4.5 million.¹⁵ Previous research revealed that Chinese American individuals demonstrated changes in dietary patterns,^{12,14,16,17} increased cardiovascular disease risks,¹⁸ and increased obesity risk¹⁹ across subsequent generations and over time. These patterns may be partially explained by dietary acculturation, or the process by which members of 1 group adopt the eating patterns of a new environment.^{17,20}

With increasing numbers of Chinese American people living in the US, it is important to understand their dietary behaviors and determinants, including those related to dietary acculturation and culture, at an early age. Prior research in this area sampled primary caregivers¹²⁻¹⁴; research directly involving Chinese American children is lacking and needed. Children's accounts may complement caregivers' accounts by providing insight into children's food preferences, perspectives about what they eat and who influences that, and understandings about food.²¹⁻²³ In addition, parental observations about their children may differ from children's perceptions, so that proxy information may be inadequate or inaccurate.²⁴ Children may hide behaviors from their parents or have influences outside their parents and home environment.^{25,26}

The purpose of this study was to better understand Chinese American children's behaviors, food preferences, and cultural influences on diet through qualitative interviews. The proposed model of dietary acculturation (MDA), which was conceptualized and illustrated by Satia-Abouta et al,^{17,20} provided a comprehensive framework for this study. Constructs of the MDA include socioeconomic and demographic factors (eg, sex, age, household income), cultural factors (eg, cultural beliefs, living in an ethnic neighborhood), psychosocial factors (eg, diet-related knowledge), taste preferences, and environmental factors (eg, shopping, restaurants), with interactions and changes in these constructs leading to different patterns of dietary intake.

METHODS

Participants and Recruitment

A convenience sample of Chinese American children aged 9–13 years was recruited through Houston-area com-

munity/cultural settings (ie, Chinese language schools, community centers) and the Children's Nutrition Research Center's volunteer database. For in-person recruitment, study staff distributed information packets to parents and/or children to review at home. For recruitment through the volunteer database, parents were contacted and then mailed an information packet. Information packets included a flyer, information sheet, demographics questionnaire, study eligibility questionnaire, and consent form. If the parent and child agreed to be in the study, they provided written informed consent and assent, completed the questionnaires, and returned the completed forms to study staff by mail or for pickup at the community/cultural setting.

Eligibility criteria included (1) self-identification as Chinese or Taiwanese (either full or part) and (2) age 9–13 years. This age range was chosen to understand better the transition from late elementary to middle school, which represents a developmental period critical for nutrition education and promotion,^{27,28} and which may be an ideal opportunity for influencing dietary change.²⁸ Children were excluded if they could not speak, read, and write English, or if they had a limitation that would inhibit their ability to complete an interview or influence their diet or physical activity. Of 27 children who agreed to participate, 2 did not meet eligibility criteria, which resulted in 25 children in the study. Enrollment and interviews were continued until data saturation, or the point at which no new information emerged, as deemed by the interviewer. Data collection ceased after several interviews with redundant information.

Procedures

The first author, who was trained in qualitative data collection methods, interviewed each child privately over the phone ($n = 10$) or in person ($n = 15$). Before each interview, the interviewer explained the purpose of the interview (ie, to learn more about the child's cultural identity and diet). Each interview followed a semistructured interview guide with open-ended questions; probes were also used to elicit clarification or additional responses. All inter-

view questions were developed by the first author based on constructs from the MDA^{17,20} and were approved by the coauthors. Table 1 includes interview questions and associated MDA constructs. All interviews were conducted between October 2014 and July 2015, and lasted an average of 14 minutes.

Participants also completed a revised Suinn-Lew Asian Self-Identity Acculturation scale (SL-ASIA).²⁹ The SL-ASIA, which was originally developed for adults, was modified for children by the current authors before this study. Revisions were based on cognitive interviews with a different sample of Chinese American children aged 10–13 years ($n = 9$), each of whom read through directions, items, and responses and provided feedback on comprehension. Revisions included changing words that children did not understand (eg, Oriental), making response categories collectively exhaustive, and revising phrasing that confused children. For example, response options for How would you rate yourself? were changed from very Asian, mostly Asian, bicultural, mostly Westernized, and very Westernized to very Asian, mostly Asian, both Asian and Americanized (bicultural), mostly Americanized, and very Americanized.

Each child received a \$40 gift card for completing the interview and revised SL-ASIA. All study procedures were approved by the Institutional Review Board of Baylor College of Medicine (Protocol H-32020).

Data Analysis

Interviews were audio-recorded and transcribed verbatim. Transcriptions were double-checked against the original recordings, imported into NVivo qualitative data analysis software (Version 10.0, 2012, QSR International Pty Ltd, Doncaster, Victoria, Australia), and analyzed using a hybrid approach³⁰ of content analysis³¹ directed by the MDA and thematic data analysis.³² First, 5 code categories, which reflected the MDA and questions in the interview guide, were selected: favorite foods and drinks, parents' cooking (later expanded to typical foods), restaurants, grocery stores, and influences on diet. Thematic analysis was then conducted to identify themes that emerged within these

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