

An Exploration of How Mexican American WIC Mothers Obtain Information About Behaviors Associated With Childhood Obesity Risk

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ABSTRACT

Objective: To explore how a sample of Mexican American mothers with preschool-aged children recruited from a Midwestern *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) clinic obtained information about 4 behaviors associated with childhood obesity risk: eating, physical activity, screen time, and sleep.

Design: One-on-one structured interviews in which participants were asked how they communicated with family, learned to take care of their first infant, and obtained information about the 4 targeted behaviors for their preschool-aged child.

Setting: An urban WIC clinic in the Midwest.

Participants: Forty Mexican-descent mothers enrolled in WIC with children aged 3–4 years.

Phenomenon of Interest: Exposure to information about the 4 targeted behaviors among Mexican-descent mothers participating in WIC.

Analysis: Quantitative and qualitative data were used to characterize and compare across participants.

Results: Participants primarily obtained information from their child's maternal grandmother during their first child's infancy and from health professionals for their preschool-aged child. Participants typically obtained information through interpersonal communication, television, and magazines. Participants were most interested in healthy eating information and least interested in screen time information. Some participants did not seek information.

Conclusions and Implications: Participants engaged in different patterns of information seeking across their child's development and the 4 behaviors, which suggests that future research should be behaviorally specific. Findings from this study suggest several hypotheses to test in future research.

Key Words: pediatric obesity, parents, Hispanic Americans, WIC (*J Nutr Educ Behav.* 2016; ■:1-9.)

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INTRODUCTION

The prevalence of childhood obesity is substantially higher among preschool-aged Mexican American children than

non-Latino white children (33% vs 21%).¹ This ethnic disparity persists through adulthood,² and as the Mexican American population increases³ it is likely to affect a growing proportion

of Americans. Children and foreign-born individuals are more likely to be living in poverty,⁴ which affects an estimated 25% of the Mexican American population⁵ and confers additional risk for childhood obesity.⁶ Recent statistics indicate that almost half of children participating in the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC) are identified as Latino.⁷

The causes of childhood obesity are complex and multifactorial,^{6,8} but among the myriad factors that influence obesity risk, parenting has a prominent role. During the preschool years, parents have primary control over the environments that influence children's development of health behaviors.^{9,10} Parents determine the quality and quantity of foods provided,⁹ regulate access to physical activity and screen time,¹¹ model healthy behaviors,^{9,11} provide verbal

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encouragement¹¹ and establish routines that contribute to children's health.^{9,11,12} Thus, it is imperative to involve parents in obesity prevention interventions for preschool-aged children.¹³

It may be critical to understand parents' information-seeking behaviors to develop effective obesity prevention interventions for low-income Mexican American children. Numerous health promotion theories suggest that knowledge, attitudes, and beliefs have a strong influence on health behaviors.¹⁴ It is therefore important to understand how Mexican American parents are exposed to information that shapes their knowledge, attitudes, and beliefs as they relate to regulating children's obesity risk. Information about how parents learn to take care of their children, what information they seek, where they look for information, and which sources of information they trust then can be used to inform decisions about the sources, content, channels, and timing of childhood obesity prevention messages.

Research suggests that several obstacles may make it difficult for low-income, immigrant Mexican American parents to access health information. For example, Latino individuals use the Internet at lower rates than do non-Latino whites,¹⁵ and Latinos who earn a lower income, are foreign-born, speak Spanish, or have less than a high school education are less likely to go online.¹⁵ When they do go online, foreign-born, Spanish-speaking Latinos with limited formal education are more likely to use a mobile device,¹⁵ which can make it more difficult to read, print, or save health information. Latino adults are also more likely to suspend smartphone service.¹⁶ Public libraries often provide free Internet access; however, foreign-born Latinos report more difficulty in getting to a library than do US-born Latinos or non-Latino whites.¹⁷ These factors may explain why Latinos are less likely than non-Latinos to seek health information,¹⁸ particularly if they speak Spanish.¹⁹ When they do obtain health information, Latino adults are foreign-born may prefer to get information from non-print sources.¹⁷ Spanish-speaking Latinos may be more likely to report that health information is hard to understand¹⁹ and less likely to trust information from the Internet or the media.²⁰ These observations may be linked to education levels, which are positively associated

with health information seeking^{18,21} and tend to be lower for Mexican Americans.²² Lower-income Latinos, in particular, may be more likely to obtain health information from the media, family, or friends than from the Internet^{18,23} or health professionals,²³ and less trusting of information received.²¹

Latino populations are diverse in terms of both sociodemographic characteristics²² and public health needs; hence, it is important to understand how Mexican Americans and other Latino ethnic subgroups encounter health information. At least 1 study suggested that information-seeking behaviors vary among Latino ethnic subgroups²⁴; however, prior research generally combined Latino ethnic groups. Prior research also focused on information seeking about cancer or generic health topics, which may differ from information-seeking behaviors intended to learn more about childhood obesity risk. Information seeking may vary further across specific obesity-related behaviors. Most extant studies of information seeking among Latinos used survey data to examine information-seeking behaviors quantitatively^{18-21,23-26} but did not include qualitative data to explore more nuanced aspects of information seeking. For example, there was little information about whether Latino parents actively sought or were passively exposed to different types of health information and how these 2 types of exposures affected interest or trust in information obtained. Together, these gaps in the extant literature suggest a need for a deeper understanding of how Mexican Americans, who represent the largest Latino ethnic subgroup,³ encounter specific types of information about childhood obesity prevention.

The goal of this mixed-methods study was to develop an understanding of how a sample of low-income, Mexican American mothers of preschool-aged children enrolled in a WIC program in Detroit, MI typically obtained information about 4 child behaviors that have been associated with childhood obesity risk: eating, physical activity, screen time, and sleep.¹⁰ This study explored how mothers typically communicated with family members, how they learned to take care of their first child as an infant, how they obtained information for their preschool-aged child about the 4 behaviors, whether such information was solicited (actively sought)

or unsolicited (passively obtained), and which information sources they trusted.

METHODS

Participants

Bilingual study staff enrolled 40 Mexican American mothers of preschoolers from the waiting room of a WIC clinic in a low-income, predominantly Mexican community in Detroit. The sample size and purposive homogeneous sampling²⁷ were selected to meet the needs of the parent study.²⁸ As WIC clients, all participants earned a low income (pretax income $\leq 185\%$ of US Poverty Income Guidelines). Thirty-nine participants completed both interviews in Spanish. Eligible participants had at least 1 child aged 3–4 years, were aged ≥ 18 years, had either a father or both paternal grandparents and a mother or both maternal grandparents born in Mexico, spoke English or Spanish, and reported child beverage intake exceeding age-appropriate nutrition recommendations, which was a requirement for the parent study.²⁸ National survey data suggested that almost half of preschool-aged children in WIC consume ≥ 1 sugar-sweetened beverages each day.^{29,30} Each participant who completed the study received a \$25 gift certificate to a local grocery store. This study was approved and monitored by WIC staff and the Institutional Review Board at the University of Michigan.

Data Collection

Participants completed 2 face-to-face interviews in a private room in the WIC clinic with bilingual study staff members who were not affiliated with the clinic. During the first interview, a 30-minute survey was administered to collect the following demographic and health-related data about each participant and her child: maternal education, marital status, employment status, and ethnicity; number of children in the home; child age; and child sex. Health literacy was measured using 3 items querying how often participants had difficulty understanding written health information ($\alpha = .66$).³¹ Participants were categorized as having adequate, marginal, or inadequate health literacy.³² Acculturation was assessed using the 12-item Brief Acculturation Rating Scale for Mexican Americans-II,^{33,34} which

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