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Effects of Latino children on their mothers' dietary intake and dietary behaviors: The role of children's acculturation and the mother-child acculturation gap



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ABSTRACT

Rationale: Research shows that acculturation is important to Latinas' dietary intake and related behaviors. Although evidence suggests children may also play a role, it remains unclear whether children's acculturation is related to mothers' dietary intake/behaviors.

Objectives: We examined the relationship between Latino children's acculturation and mothers' dietary intake/behaviors. We also examined the mother-child acculturation gap to identify dyad characteristics associated with mothers' diet.

Methods: Baseline surveys were collected in 2010 from 314 Latino mother-child (7–13 years old) dyads of Mexican-origin enrolled in a family-based dietary intervention in Southern California, USA. Mother's daily intake of fruits, vegetables, and sugary beverages, percent of calories from fat, weekly away-from-home eating, and percent of weekly grocery dollars spent on fruits and vegetables were assessed via self-report. Mothers' and children's bidimensional acculturation were examined using acculturation groups (e.g., assimilated, bicultural) derived from Hispanic and non-Hispanic dimensions of language. We also assessed the acculturation gap between mothers and children with the a) difference in acculturation between mothers' and children's continuous acculturation scores and b) mother-child acculturation gap typologies (e.g., traditional mothers of assimilated children).

Results: Findings show that having an assimilated versus a bicultural child was negatively associated with mothers' vegetable intake and positively associated with mothers' sugary beverage intake, percent of calories from fat, and frequency of away-from-home eating, regardless of mothers' acculturation. Traditional mothers of assimilated children reported more sugary beverage intake, calories from fat, and more frequent away-from-home eating than traditional mothers of bicultural children.

Conclusion: Results suggest that children's acculturation is associated with their mothers' dietary intake/behaviors and traditional mothers of assimilated children require more attention in future research.

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1. Introduction

Theoretical models including the Ecological Model (Bronfenbrenner, 2009) posit the role of family members in individuals' dietary intake/behaviors; however, most research has

focused on how family and parental factors influence children's outcomes (Collins et al., 2014; Mazarello Paes et al., 2015; Pinquart, 2014). For example, even though a well-established literature suggests that children regularly influence their parents' food-purchasing behaviors (Atkin, 1978; Gaumer and Arnone, 2009; Turner et al., 2006; Wingert et al., 2014), few studies have examined how child-related factors impact their parents' health practices and outcomes (Fisher, 2006). Understanding family influences on the health practices of family members are particularly relevant among Latinos given the importance of family and the interdependence observed among family members in the traditional Latino culture (Galanti, 2003).

Acculturation can also influence health behaviors, including dietary intake, among immigrant and US-born Latinos. Acculturation refers to the changes in beliefs, values, norms, and behaviors (e.g., dietary intake) that occur when individuals come into continuous and prolonged contact with a dominant culture that differs from their traditional culture (Berry, 2003). Some believe that the *bidimensional model* best describes the process of acculturation, where aspects of the dominant culture are adopted or rejected, while aspects of the traditional culture are simultaneously retained or shed (Berry, 1997). According to this model, there are four possible acculturation typologies: (a) *bicultural*, or maintaining elements of the traditional culture while simultaneously adopting elements of the dominant culture; (b) *assimilated*, or shedding the traditional culture and adopting aspects of the dominant culture; (c) *traditional*, or maintaining aspects of one's culture of origin and rejecting the new dominant culture; and (d) *marginalized*, or rejecting both cultures.

Evidence suggests that Latinos who adopt the US culture and/or shed their traditional culture have a lower diet quality than those who reject the US culture and/or retain their traditional culture. In one systematic review, Latinos who were born in the US, spoke predominantly English, and/or adopted the dominant US culture (i.e., measured by acculturation measurement scales) consumed fewer fruits and vegetables, more salt, added sugar, and calories from fat, and engaged in more frequent away-from-home eating than their less assimilated counterparts (Perez-Escamilla, 2011). In another systematic review, Latinos who spoke predominantly English, were born in the US, or had spent more years in the US, consumed more fast food and snacks containing added fats than their Latino counterparts (Ayala et al., 2008a). Latinos who were acculturated to the dominant US culture consumed less fried foods but prepared more food using added fat than their less acculturated counterparts (Ayala et al., 2008a).

Although an individual's acculturation may partially explain their dietary intake/behaviors, theory suggests that family-level factors may also play an important role (Bronfenbrenner, 2009). One possible salient factor is children's acculturation. The acculturation process is often conceptualized as an individual-level phenomenon; however, it occurs within the family context with other family members also undergoing similar processes (Basáñez et al., 2014; Chun, 2006; Nauck, 2001). Research shows that family members tend to acculturate at different rates. For example, Latino immigrant children usually adopt the new dominant culture faster than their parents because children have greater exposure to mainstream media, more readily learn and adopt English in school, and are more susceptible to external social influences than their parents (Hwang, 2006). Children's adoption of "American" foods and/or shedding of their traditional food preferences (e.g., *dietary acculturation*) may also occur more readily than among parents because of children's exposure to these foods at school, through peers, and from the media (Arandía et al., 2012; Dondero and Van Hook, 2016; Satia-Abouta et al., 2002). Because family members may affect each other's acculturation processes (Basáñez et al.,

2014; Chun, 2006; Nauck, 2001), it follows that children's acculturation may influence their parents' dietary intake/behaviors by acting as cultural food brokers, introducing their parents to new foods and ways of consuming foods.

Different acculturation rates among family members result in an "acculturation gap" (Szapocznik et al., 1978), which may have its own role on dietary intake/behaviors. Stemming from Szapocznik and colleagues' work (1978), most research on the parent-child acculturation gap focuses on the resulting family and child maladaptive outcomes (Telzer, 2011). In this literature, the parent-child acculturation gap has been commonly conceptualized in two ways: the extent of the gap and the type of gap (Telzer, 2011). These two conceptualizations examine whether it is the difference in acculturation between parent and child or a specific type of acculturation gap (e.g., dyads consisting of bicultural mothers of assimilated children) that is associated with health behaviors. The parent-child acculturation gap has yet to be examined as potentially important to mothers' diet (Dondero and Van Hook, 2016). Thus, it is unclear which method of conceptualization is the most informative.

In keeping with theoretical models and frameworks that assert the role of family members on an individual's health behaviors (Bronfenbrenner, 2009), this study first examined the role of children's acculturation on mothers' dietary intake/behaviors. Second, the study also investigated the mother-child acculturation gap to identify the gap characteristics that were associated with mothers' diet. An innovative aspect of this study is our testing of two of the most common methods for conceptualizing the acculturation gap to examine whether the mother-child acculturation difference scores or mother-child acculturation gap typologies are important in Latina mothers' dietary intake/behaviors (Birman, 2006). Data were derived from 314 mother-child dyads of Mexican-origin enrolled in a randomized controlled trial (RCT) to promote healthier dietary intake. We expected to find mothers of assimilated versus not assimilated children to report a lower quality dietary intake/behaviors (e.g., fewer intake of fruits and vegetables, more frequent away-from-home eating). Furthermore, we expected to find lower quality dietary intake/behaviors among mothers who came from dyads with larger gaps in acculturation and from dyad types that were more culturally assimilated than culturally traditional (e.g., bicultural mothers of assimilated children versus traditional mothers of bicultural children).

2. Methods

2.1. Study design and sample

Baseline data were collected in 2010 from 361 Latino mother-child dyads of Mexican-origin who participated in the RCT, *Entre Familia: Reflejos de Salud* (Within the Family: Reflections of Health; Ayala et al., 2011). Participants were residents of Imperial County, California, which is located on the US-Mexico border. In 2010, about 80% of Imperial County residents were Latino and 77% of residents were of Mexican-origin versus 38% of California residents identifying as Latino and 31% who reported being of Mexican-origin (U.S. Census Bureau, 2010). A convenience sampling approach was used to recruit mother-child dyads from health fairs, clinics, and schools. Eligibility criteria for *Entre Familia* included mothers who (a) self-identified as Latina; (b) had a child between the ages of 7–13 years old; (c) were able to speak and read in Spanish; and (d) lived in the same household as their child for at least four days of the week. If a mother had more than one child between the ages of 7–13 years old, the child with the closest birthday to the baseline assessment was chosen to participate in the study. All study instruments and protocols were approved by the Institutional Review Board of San Diego State University.

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