



Exploring how bicultural and assimilated children of Mexican origin influence their Latina mothers' diet: Perspectives from mothers and children

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ABSTRACT

Social and cultural factors influence dietary intake and behaviors. Research shows that mothers consume a lower quality diet when they have a child who is assimilated to the US culture versus bicultural. The purpose of this study was to qualitatively compare how bicultural and assimilated children influenced their culturally traditional mothers' dietary intake/behaviors. Separate one-on-one interviews with 21 Mexican-origin mothers and their bicultural (n = 11) or assimilated (n = 10) children (10–13 years old) were conducted. We used framework analysis to reduce qualitative data to themes and subthemes. Data were analyzed separately and then compared between mothers of bicultural versus assimilated children. Mothers of bicultural children reported typically having an easier time consuming a better quality diet than mothers of assimilated children. For example, although all children requested non-traditional foods, bicultural children were typically more accepting of their mothers preparing traditional healthier foods than assimilated children. Furthermore, mothers believed their children's food preferences both influenced and were influenced by their own feeding styles. Mothers of bicultural children described using more “Mexican” (i.e., authoritative) feeding styles that they believed shaped their children's palate into preferring traditional foods. Mothers of assimilated children explained that their children's preference for non-traditional foods resulted in their use of more permissive or indulgent feeding styles. Longitudinal research is needed to test and confirm the directionality between feeding styles and child's food preferences. Interventions may need to consider the reciprocal influences between mothers' feeding styles, children's food preferences, and how children influence their mothers' dietary intake/behavior.

1. Introduction

As with many American adults, most Latinos are not meeting dietary recommendations necessary to help prevent chronic diseases including cardiovascular disease and cancer (Kirkpatrick, Dodd, Reedy, & Krebs-Smith, 2012; Krebs-Smith, Guenther, Subar, Kirkpatrick, & Dodd, 2010). Researchers have known for decades that risk for chronic disease tends to cluster in families (typically referred to as cohabitating, related kin; Venters, 1989), and recently, this has also been shown among Latinos (Carnethon et al., 2017). Shared health behaviors (e.g., diet and physical activity) between family members may be one of the primary reasons for the clustering of chronic disease observed (Drenowatz et al., 2014). Given that dietary behaviors tend to occur in the presence of others, as in the case of family meals or deciding to eat at a restaurant,

the family is very relevant to understanding the determinants of dietary risk for disease (Brown, 2006; Coveney, 2002; Nestle et al., 1998). However, most research examining the predictors of adults' dietary intake has been limited to studies that examine individual level factors (Brug, 2008; Nestle et al., 1998; Shaikh, Yaroch, Nebeling, Yeh, & Resnicow, 2008). The importance of family in the context of dietary behaviors may be particularly relevant to Latinos, given that Latino culture revolves around the family unit and individuals value interdependence with family members over independence (Galanti, 2003). To design effective, culturally appropriate dietary interventions for Latino populations, researchers need to explore the social and cultural context in which dietary intake and related behaviors occur (Brown, 2006; Coveney, 2002).

There is substantial evidence showing that children's dietary intake

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and BMI is influenced by parents' feeding style, modeling of dietary behaviors, and making specific foods available in the home (Larsen et al., 2015). Although evidence for the importance of parents on their children's diet is abundant, the evidence is limited for the role of children on their Latino parents' dietary intake (Brown, 2006); one exception is the well-established literature showing that children regularly influence their parent's food purchasing behaviors (Calderon et al., 2017; Turner, Kelly, & McKenna, 2006; Wingert, Zachary, Fox, Gittelsohn, & Surkan, 2014). Theories including Social Cognitive Theory (Bandura, 1998), the Ecological Model (Bronfenbrenner, 2009), and Family Systems Theory (Bavelas & Segal, 1982) suggest that the family context is as relevant to adult dietary behavior as it is to child dietary behavior. Evidence shows that children's food preferences play a role in what mothers cook for their families (Brown, 2006). Furthermore, qualitative studies exploring sources of influence on the foods Latina immigrant mothers prepare and consume with their family suggest that children's preference for "American" foods is a basis for conflict within the family and a motivator for keeping traditional foods in the home (Colby, Morrison, & Haldeman, 2009; Edmonds, 2005; Gray, Cossman, Dodson, & Byrd, 2005; Sussner, Lindsay, Greaney, & Peterson, 2008).

Another important determinant of Latinas' dietary intake and behaviors is acculturation (Ayala, Baquero, & Klinger, 2008; Perez-Escamilla, 2011). Acculturation is the process by which individuals learn and/or adopt certain aspects of the dominant culture while retaining some or most aspects of their culture of origin (Berry, 2003). Research shows that Latinas who have retained their traditional culture and have not adopted the US culture tend to consume more fruits, vegetables, less salt, and fewer added sugars and calories from fat than Latinas who have adopted the US culture (Perez-Escamilla, 2011). Studies also show that Latinos who have adopted the US culture tend to cook less frequently and eat out more often than those who have not adopted the US culture (Dubowitz et al., 2007; Mills et al., 2016), which contributes to lower dietary quality (An, 2015; Mancino, Todd, & Lin, 2009). Recent research suggests that the acculturation of Latina mothers' children is associated with mothers' dietary intake and behaviors (Soto et al., 2017). The results of that study provide evidence that even among culturally traditional Latina mothers, having a child who has assimilated to the US (i.e., adopted the US culture and shed their traditional culture) is associated with mothers' less favorable dietary intake and behaviors compared with having a child who is bicultural (i.e., adopted the US culture and maintained their traditional culture). Although this work provides evidence that children's acculturation may be important to mothers' diet, we do not know why this is the case or how it occurs.

Building on our previous work (Soto et al., 2017) and theoretical models that assert the role of family members on individuals' health behaviors (Bavelas & Segal, 1982), we used qualitative methods to explore how mothers and their children perceive how children influence their mothers' dietary intake and behavior. We collected data from Mexican-origin mothers and their children between the ages of 10–13 years. This age group was chosen because research shows that with transition to adolescence, Latino children can be as influential in their parents' cultural socialization as parents are in their children's cultural socialization (Updegraff & Umaña-Taylor, 2015). Using qualitative interviews with mothers and their children, we compared mother/child perspectives on how bicultural versus assimilated children influenced their mothers' dietary intake and behaviors.

2. Methods

We conducted semi-structured, one-on-one interviews with mothers and children, and surveys with mothers. Using triangulation, the process of using multiple methods to observe the same phenomenon, three sources of data (interviews with mothers, interviews with children, and surveys from mothers) were analyzed separately and then combined to

provide a more complete understanding of how children impact their mothers' dietary intake and behaviors (Creswell, 2013). This study was approved by San Diego State University's Institutional Review Board.

2.1. Participants and sampling

We used purposive convenience sampling to recruit mothers of children between 10 and 13 years of age from elementary schools, Latino-serving grocery stores, after Spanish-language mass in a Catholic church, and by word of mouth. Most participants lived in Chula Vista, California, located in San Diego County, which is situated near the US-Mexico border. We gave mothers a brief introduction to the study, and if they were interested in participating, they were contacted via telephone by trained bilingual and bicultural Research Assistants (RAs) and screened for eligibility. Mothers were eligible if they: a) had at least one child between 10 and 13 years old; b) lived with their child at least four days per week to minimize variance of mothers' contact with their children across the sample; c) did not live with anyone who was on a medically prescribed diet to avoid cases where a prescribed diet drove food choices in the home; and d) were culturally traditional based on the Bidimensional Acculturation Scale (BAS; Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). The BAS is a primarily language-based acculturation scale that generates two dimension scores: a 12-item Hispanic/Spanish-language dimension and a 12-item non-Hispanic/English-language dimension. Children were eligible if they were a) within the eligible age range and b) bicultural or assimilated to the US based on their responses to the BAS. If mothers had more than one child between 10 and 13 years old, the child with the closest birthdate to the day of the screening was chosen to participate.

2.2. Procedure for data collection

Prior to data collection, trained research assistants reviewed the informed consent form with mothers and the informed assent process with children. This was followed by obtaining written consent from mothers and written assent from children if they agreed to participate after obtaining answers to clarifying questions regarding participation. Data were collected by trained bilingual and bicultural RAs in the location of mothers' choice (at home ($n = 18$) or a local library ($n = 3$)). The entire assessment protocol, including the interviews and survey, lasted between 60 and 90 min. We collected surveys prior to conducting the semi-structured interview for several reasons: a) to help cue mothers about a variety of dietary intake and behaviors that they may otherwise forget to discuss in the semi-structured interview (Deshefy-Longhi, Sullivan-Bolyai, & Dixon, 2009), and b) to prime mothers to speak about their own dietary intake and behaviors rather than only focus on their child's diet during the interview. Mothers were given a \$15 gift card for their time. We were flexible with children's needs (e.g., after-school events or homework) by allowing mothers to decide if their children should be interviewed first. Semi-structured one-on-one interviews occurred with the children, typically lasting between 15 and 20 min. Children were given their choice of a variety of school supplies as an incentive for participation. Although mothers were usually interviewed without children present, it was not always possible to interview children without the mother nearby ($n = 9$ bicultural children and $n = 4$ assimilated children). Qualitative interviews were digitally recorded and attended by the interviewer and note-taker.

2.3. Quantitative measures

Mothers responded to sociodemographic questions and a survey on their dietary intake and behaviors. Daily intake of fruits and vegetables (excluding French fries, potatoes, and beans/legumes) was assessed using the 19-item National Cancer Institute (NCI) All-Day Screener (Thompson et al., 2002). In the validation study of the screener, the correlation between the summary score for the screener and 24-hour

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