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"Las penas con pan duelen menos": The role of food and culture in Latinas with disordered eating behaviors

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ABSTRACT

This study elucidated the experiences of eighteen Latina adults (mean age = 38.5 years) from *"Promoviendo una Alimentación Saludable"* Project who received nutritional intervention as part of the clinical trial. Half of the participants were first generation immigrants from Mexico (50%), followed by U.S. born with 16.7%. Remaining nationalities represented were Bolivia, Colombia, Guatemala, Honduras, Peru, and Venezuela with 33.3% combined. The average duration of living in the U.S. was 11.1 years. The mean body mass index (BMI) at baseline was 36.59 kg/m^2 (SD = 7.72). Based on the DSM-IV, 28% (n = 5) participants were diagnosed with binge-eating disorder, 33% (n = 6) with bulimia nervosa purging type and 39% (n = 7) with eating disorder not otherwise specified. Participants received up to three nutritional sessions; a bilingual dietitian conducted 97.8% of sessions in Spanish. In total, fifty nutritional sessions were included in the qualitative analysis. A three step qualitative analysis was conducted. First, a bilingual research team documented each topic discussed by patients and all interventions conducted by the dietitian. Second, all topics were classified into specific categories and the frequency was documented. Third, a consensus with the dietitian was performed to validate the categories identified by the research team. Six categories (describing eating patterns, emotional distress, Latino culture values, family conflicts associated with disturbed eating behaviors, lack of knowledge of healthy eating, and treatment progress) emerged from patients across all nutritional sessions. Considering the background of immigration and trauma (60%, n = 15) in this sample; the appropriate steps of nutritional intervention appear to be: 1) elucidating the connection between food and emotional distress, 2) providing psychoeducation of healthy eating patterns using the plate method, and 3) developing a meal plan.

"Las penas con pan duelen menos" (the sorrows with bread hurt less) is a popular Latino saying that reflects the centrality of food in Latino culture. Family ties, cultural identity and comfort are some of the roles that food plays in Latino culture (Lindberg, Stevens, & Halperin, 2013; Weller & Turkon, 2015). Latinos/Hispanics are the fastest growing population in the United States (U.S.). It is estimated by the U.S. Census Bureau that by 2030, one in every three children will be Latino (US Census, 2012). Latinos, compared to European Americans living in the U.S., are disproportionately affected by low socioeconomic status, food insecurity, overweight, and obesity (Coleman-Jensen, Nord, Andrews, & Steven, September, 2012; Macartney, Bishaw, & Fontenot, 2013; Ogden, Carroll, Kit, & Flegal, 2014; Skinner & Skelton, 2014). The eating patterns of Latino are influenced by cultural norms and the experience of immigration. Although there is considerable variation by culture of origin within Latinos, a traditional Latino diet typically includes a number of staples: tortillas, beans, rice, and eggs (Schlomann, Hesler, Fister, & Taft, 2012). Carbohydrate intake has declined over the past few decades in Central and South American countries; however, carbohydrates – primarily rice – still constitute a

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significant portion of daily intake (Bermudez, Falcon, & Tucker, 2000; Bermudez & Tucker, 2003). In these same countries, the consumption of refined, processed and calorically dense foods has increased in recent years given industrialization and urbanization (Bermudez & Tucker, 2003; Popkin, 2001). Despite these overall trends, many Latinos, mothers in particular, value traditional food and feel strongly about cooking traditional foods for their children in the home (Lindsay, Sussner, Greaney, & Peterson, 2011).

Latino eating patterns change significantly as a result of immigration and these changes increase the risk for obesity as much as four fold (Gardner, Winkelby, & Viteri, 1995; Kaplan, Huguet, Newsom, & McFarland, 2004). Immigration brings about changes in eating patterns through a number of mechanisms including: economic stressors, shifts in eating schedules, and convenience. After immigrating to the U.S., it is not uncommon for Latinos to find meats and produce more expensive making processed foods an attractive and affordable alternative given their lower cost (Schlomann et al., 2012). Many Latinos often work long hours or multiple jobs (Statistics USBoL, 2000); consequently, rather than eating three meals and an occasional snack as is customary, Latinos in the U.S. regularly only eat one or two meals per day and seek convenient choices at mealtimes. Agne, Daubert, Munoz, Scarinci, and Cherrington (2012) conducted focus groups with overweight and obese Latinas in the U.S. One participant expressed, "With work, you buy something real quick because they only give you short break." Indeed, Schlomann and colleagues (Schlomann at al., 2012) reported similar findings. Participants described fast food as a "temptation" due to its affordability and convenience. There is also evidence that children instigate post-immigration dietary changes. For example, Guarnaccia, Vivar, Bellows, and Alcaraz (2012) found that Latino children come to prefer American-style food such as hot dogs, soft and fruit drinks, chips, and desserts and, as a result, pressure their parents to make these less-traditional options available in the home (McArthur, Anguiano, & Gross, 2004). Across qualitative investigations examining changes in eating patterns as a result of immigration, nearly all participants "negatively described changes in diet since immigration" (Schlomann et al., 2012). These changes have a significant impact as duration of residence in the U.S. has been found to be positively associated with obesity in Latinos (Oza-Frank & Cunningham, 2010).

Latinos are not only an at-risk population for overweight and obesity, but for disordered eating as well (Franko, Jenkins, & Rodgers, 2012; Marques et al., 2011; Reyes-Rodriguez et al., 2010). Traditionally, eating disorders have been considered to be confined to middle-upper class white females; however, a survey of adult Hispanics living in the U.S. found an estimated lifetime prevalence of 0.08% for anorexia nervosa, 1.61% for bulimia nervosa, 1.92% for binge-eating disorder, and 5.61% for any binge eating (Alegria et al., 2007). These estimates are consistent with those exhibited by predominately European American samples living in the U.S (Hudson, Hiripi, Pope, & Kessler, 2007); but other studies pose that the prevalence of disordered eating behaviors in Latina women is higher than in non-Latina white women (Granillo, Jones-Rodriguez, & Carvajal, 2005; Robinson et al., 1996).

Nutritional interventions are a common component of prevention and treatment programs for overweight, obesity, and disordered eating but, more often than not, past studies have relied on predominantly European American samples (Knowler et al., 2009; Stice & Shaw, 2004; Stice, Shaw, & Marti, 2006). Nutritional interventions for individuals with disordered eating, in particular, can pose a number of challenges given the complexity of disordered eating. For example, nutritional interventions are aimed to reteach the recognition of hunger and satiety cues, confront specific food fears, facilitate healthy eating goals, and restore and/or maintain healthy body weight; further, nutritional interventions should be rooted in good science, and be ready to address the anxiety, distress, resistance, and noncompliance often exhibited by clients with disordered eating (Hart, Russell, & Abraham, 2011; O'Connor, Touyz, & Beumont, 1988). Some recommendations have been made for adapting sound nutritional interventions for Latino populations. Nutritional interventions for this population should, beyond the aforementioned, be culturally sensitive including bilingual and bicultural facilitators and materials, incorporate traditional Latino values – such as *confianza* (trust), *simpatía* (harmony), and *respeto* (respect) – and traditional foods, and include a client's family and support network (Farrell et al., 2009; Mier, Ory, & Medina, 2010). These and other adaptations were made as part of a cultural adaptation of eating disorder treatment for Latinas in the U.S. However, culturally sensitive nutritional interventions, interventions considerate of cultural norms and values, food preferences, and the impact of immigration, remain relatively unexplored from an empirical standpoint.

Accordingly, the aim of the current study was to examine the content of nutritional sessions that participants of PAS Project-*"Promoviendo una Alimentación Saludable"* (Promoting Healthy Eating Habits) (Reyes-Rodriguez, Bulik, Hamer, & Baucom, 2013) received as part of a small pilot clinical trial for eating disorders. Close attention was paid to the challenges faced by Latinas in overcoming their eating disorders, dietary patterns and factors associated with eating patterns, and cultural sensitivity with consideration for cultural norms and values, food preferences, immigration, and eating patterns across generations.

1. Methods

1.1. Participants

Eighteen Latina adults from *PAS* Project who completed the dietitian sessions comprised the sample included in the current study. The mean age of participants at baseline was 38.5 (SD = 8.4) and ranged from 18 to 50 years. Twenty-eight percent (n = 3) of participants completed at least 9th grade, 39% (n = 7) high school, and 33% (n = 6) reported college studies. Most of the participants were married or living with a partner (78%) and 22% were single. Half of the participants were first generation immigrants from Mexico (n = 9; 50.0%), followed by U.S. born with 16.7% (n = 3). Remaining nationalities were represented by Bolivia, Colombia, Guatemala, Honduras, Peru, and Venezuela with 33.3% (n = 6) combined. In terms of their length of living in the U.S., participants ranged from 14 months to 25 years with an average of 11.1 years (SD = 5.9). The acculturation levels of participants were predominantly Latino-oriented bicultural (n = 12, 66.7%), followed by Latino-like in both languages and cultural characteristics (n = 3, 16.7%), equally bicultural and bilingual (n = 2, 11.1%) and Anglo-oriented bicultural (n = 1, 5.5%) measured by Acculturation Rating Scale for Mexican American-II (Cuellar, Arnold, & Maldonado, 1995). This measure is designed to assess multifaceted integrative acculturation which includes; language use and preference, ethnic identity and classification, cultural heritage and behaviors, and ethnic interaction. Although the measure was originally developed for Mexican American, has been used with other Hispanic subgroups. The mean body mass index (BMI) of participants at baseline was 36.59 kg/m^2 (SD = 7.72). The eating disorder profile from participants was 28% (n = 5) with binge eating disorder, 33% (n = 6) with bulimia nervosa purging type, and 39% (n = 7) with eating disorder not otherwise specified (EDNOS) according to the Diagnostic and Statistical Manual of Mental Disorders version IV (DSM-IV). No changes were observed in the eating disorder profile when using the current eating disorder diagnosis criteria from DSM-5