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Questioning the Dietary Acculturation Paradox: A Mixed-Methods Study of the Relationship between Food and Ethnic Identity in a Group of Mexican-American Women

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ABSTRACT

Background Epidemiological studies have described an "acculturation paradox." Increased acculturation to the United States is associated with increased consumption of dietary fat and decreased consumption of fruits/vegetables.

Objective To expand understanding of the dietary acculturation paradox, this study examined how bicultural Mexican-American women construct ethnic identity and how these identities and identity-making processes relate to perceptions of health and nutrition.

Design We utilized embedded mixed methods (in-depth interviews; survey).

Participants/setting We analyzed a purposive sample of English-speaking Mexican-American women aged 18 to 29 years (n=24) in rural California to assess ethnic identity and diet beliefs.

Results Participants described food as central to expressing cultural identity, usually in terms of family interactions. Mexican food traditions were characterized as unhealthy; many preferred American foods, which were seen as healthier. Specifically, Mexican-American women perceived Mexican patterns of food preparation and consumption as unhealthy. In addition, traditional Mexican foods described as unhealthy were once considered special-occasion foods. Among the participants who expressed a desire to eat healthfully, to do so meant to reject Mexican ways of eating.

Conclusions This study raises questions about the nature of the "dietary acculturation paradox." While food—the eating of Mexican foods—is central to the maintenance of ethnic identity throughout acculturation, negative perceptions about the healthfulness of Mexican foods introduce tension into Mexican-American women's self-identification. This study suggests a subtle contradiction that may help to explain the dietary acculturation paradox: While previous research has suggested that as Mexicans acculturate to the United States they adopt unhealthy diets, this study finds evidence that they do so at least in part due to perceptions that American diets are healthier than Mexican diets. Implications for interventions to improve Latinos' diets include an emphasis on the family and use of Spanish linguistic cues. Finally, messages that simply advocate for "traditional" diets should be reconsidered because that message is discordant with perceptions of the healthfulness of such foods.

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THE OBESITY EPIDEMIC IN THE UNITED STATES disproportionately affects ethnic minority populations; Latino subgroups, such as Mexican-American children, have some of the highest rates of obesity.[1] Further, epidemiological studies have documented a "Hispanic acculturation paradox," wherein increased acculturation to mainstream US culture is associated with increased risk of obesity and chronic disease through increased exposure to lifestyle-related risk factors, such as poor diet quality, sedentary behavior, and stress.[2] The paradox is that this shift occurs despite gains in income and education that would otherwise suggest a protective effect of acculturation.[3] Of these, dietary acculturation, defined as the process of adopting the eating patterns of a host country,[4] presents a particularly interesting contribution to the acculturation paradox, as food and eating are central aspects of culture.[5] There is evidence for dietary acculturation as a chronic disease risk factor among Latino/Hispanic populations in the United States. When acculturation is defined as an increasing number of years among immigrant populations, increased acculturation is associated with increased consumption of dietary fat and decreased consumption of fruits and vegetables.[6-12]

Despite the epidemiological evidence suggesting a decrease in dietary quality through acculturation, the

mechanism for such an effect is poorly understood. Possible explanations include increased access to foods that were unavailable or unaffordable in immigrants' home countries[13,14]; a perception that "American" foods have a higher status (possibly associated with their higher costs in the home countries); restricted access to traditional ingredients and foods[15]; a wider variety of novel, attractively packaged processed foods available[16]; and school feeding programs that reprogram children's palates to prefer traditional American foods.[17]

Food and sharing food with others are important aspects of culture and of cultural expression, integral to the maintenance and performance of culture.[18] Foods have strong cultural meanings, they represent a way of welcoming people, and sharing food lets others know they are like family, and that they are important. Even in families with low economic resources, food is an essential element of being social. For example, Weller and Turkon[19] found that among a disparate group of first- and second-generation middle-class Latinos in Ithaca, NY, food was an important way of constructing and maintaining culture. In a study with low-income women in Los Angeles, food-preparation behaviors were strongly influenced by the women's Mexican-American culture and traditions.[20] Previous studies in California's Central Valley have found that more-acculturated mothers serve their children more fast and convenience foods compared with less-acculturated mothers.[17]

Still unclear in the existing literature is how the dietary acculturation process operates and how food-related cultures relate to general acculturation processes or to the maintenance of origin cultures. Improving understanding of how acculturation influences diet-related health behaviors would be helpful for designing effective diet interventions for the growing population of second- and third-generation Latinos who identify as bicultural and are at increased risk of poor diets and related disease.[1,21,22] To add nuance to this discussion, this study asked bicultural Mexican-American women to discuss their views on Mexican and American cultures and perceptions and knowledge of diet. The study was guided by the following research questions:

1. How do bicultural Mexican-American, young, adult women express ethnic identity and what it means to be bicultural?
2. How do these identities and processes of identity construction relate to diet perceptions and nutrition knowledge?

RESEARCH SNAPSHOT

Research Questions: What role does ethnic identity play in bicultural Mexican-Americans' perceptions of health and nutrition?

Key Findings: In interviews with English-speaking Mexican-American women aged 18 to 29 years (n=24) in rural California, all participants described food as central to expressing cultural identity, usually in terms of family interactions. Mexican food traditions were characterized as unhealthy, and many preferred traditionally American foods, which were seen as healthier. Among the many participants who expressed a desire to eat healthfully, to eat healthfully meant to reject Mexican ways of eating.

METHODS

This study used an embedded mixed-methods approach incorporating qualitative in-depth interviews and closed-ended surveys to elicit a comprehensive understanding of ethnic identity and diet beliefs and behaviors.[23-25] The qualitative component consisted of 24 semi-structured interviews. Saturation was reached with 24 interviewees. The three themes highlighted in the findings section were clear at this point and there were no new patterns in the interviews. The interview guide included questions assessing perceptions of participants' own diets and food-preparation behaviors, nutrition knowledge and perceptions, and ethnic identification. Development of the questions was guided by the Integrated Model of Behavior Change,[26] which considers behavior a function of attitudes, norms, agency, skills, and environmental factors, and theories of ethnic identification and acculturation.[27,28] The embedded quantitative component consisted of a closed-ended survey instrument that included demographics and measures of familism[29,30] and ethnic identification.[31-33]

Participants were recruited from a Central California community comprising rural and suburban areas by trained research assistants using passive recruitment strategies, including informational booths at health fairs and flea markets, and active recruitment strategies, such as soliciting potential participants from clinic waiting rooms. Interested participants were screened for eligibility; Mexican-American women aged 18 to 29 years were purposively recruited. The age range was restricted for theoretical and practical reasons. From a theoretical perspective, because acculturation is strongly influenced by age and time in the United States, and this study is part of a larger effort to understand how acculturation influences diet in order to create culturally tailored messages, a relatively homogenous sample was preferred in order to maximize the potential to isolate mechanisms and effects of cultural tailoring. From a practical perspective, the age range was restricted to the most populous age demographic in the region, accounting for 11.8% of the total population of the county.[34] Moreover, at this age, many women start making the food purchasing and preparation decisions for themselves and their families.

Eligible participants self-identified as Latina, Hispanic, Mexican, Mexican American, or Chicana. English-language ability was considered a proxy indicator of acculturation[35,36] for the purposes of screening participants, such that eligible participants had to be able to complete the interview in English.

Interviews were conducted and audiorecorded by trained, bicultural (Mexican-American) and bilingual (Spanish, English) research assistants in a variety of public locations around the community (eg, clinic waiting rooms, community centers, and coffee shops). Recordings were professionally transcribed. Consent was obtained before the start of the interview. The University of California, Merced Institutional Review Board approved the study protocol.

Analysis

A multistep, iterative process[37] involved reading through the transcripts, developing codes for emergent themes, and then