Latina Immigrant Mothers: Negotiating New Food Environments to Preserve Cultural Food Practices and Healthy Child Eating

Kimberly Greder, associate professor and extension specialist Human Development and Family Studies, Iowa State University
Introduction

This study explored perceptions of rural Latino immigrant mothers regarding food their children consume within the context of food insecurity and acculturation.
Theoretical Framework

- Assimilation theory
- Alternation theory
Assimilation & Alternation theories

- What happens to individuals or groups during the acculturation process
- Whether or not acculturating individuals or groups retain their cultural identity
- If individuals or groups can establish positive relationships with a dominant cultural group

Each theory proposes different outcomes of the acculturation process.
Assimilation theory

What happens during the acculturation process?

Cultural identity diminishes as a person identifies with the dominant cultural group.
Alternation theory

What happens during the acculturation process?

Individuals retain their cultural identity while establishing a positive relationship with the dominant culture.
Assimilation and Alternation theories applied to understand...

- how mothers negotiated their new food environments
- influences of the dominant society on children’s eating patterns
What percentage of the U.S. population is in poverty? Is food insecure?

What percentage of the Latino population is in poverty? Is food insecure?
Latinos: 16% of the U.S. population
> 50% of growth over last decade

![Graph showing poverty and food insecurity rates for Latino and U.S. populations.]

- Poverty:
  - Latino: 26.6%
  - U.S. Population: 15.1%

- Food Insecurity:
  - Latino: 26.2%
  - U.S. Population: 14.7%
Erosion of immigrant health advantage

• **Upon arrival in the U.S.**: healthier eating habits, lower obesity rates than their U.S. counterparts.

• **Diet changes**: increased fat, sodium, sugar, calories; decreased fiber

• **Lifestyle changes**: type of employment, sleep patterns, decreased physical activity
Why is this happening?
Share your thoughts in the chat box
Parent worries

Children preferring “American food” when traditional food is healthier and a vehicle to transmit culture
Research questions

• What are mother’s perceptions regarding food consumed by their children?

• Which aspects either undermine or enhance mothers’ agency to feed their children foods they perceive as healthy?
Participants

• 83 Latina immigrant mothers in rural Iowa
• Median length of time in U.S. =11 years)
• ≤ 185 FPL
• At least one child ≤ 12 years of age
• Participants in *Rural Families Speak about Health* (multi-state study) (NC1171)
<table>
<thead>
<tr>
<th>Iowa Study Communities</th>
<th>Mazen</th>
<th>Ladora</th>
<th>Study Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population in 2010</td>
<td>8,668</td>
<td>1,899</td>
<td></td>
</tr>
<tr>
<td>Median Age</td>
<td>37.3</td>
<td>35.9</td>
<td>33.06</td>
</tr>
<tr>
<td>Population born in U.S.</td>
<td>91.1%</td>
<td>72.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td>% of 2010 population (Latino)</td>
<td>6.7%</td>
<td>48.0%</td>
<td></td>
</tr>
<tr>
<td>Latino population growth: 2000-2010</td>
<td>268.2%</td>
<td>22.9%</td>
<td></td>
</tr>
<tr>
<td>Speak only English</td>
<td>90.6%</td>
<td>51.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Speak Spanish</td>
<td>4.6%</td>
<td>46.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Speak English less than “very well”</td>
<td>3.1%</td>
<td>28.3%</td>
<td>96.4%</td>
</tr>
</tbody>
</table>

Source:s 2006-2010 - American Community Survey 5-year estimates; 2000 and 2010, U.S. Census
<table>
<thead>
<tr>
<th>Iowa Study Communities</th>
<th>Mazen</th>
<th>Ladora</th>
<th>Study Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Households</td>
<td>65.3%</td>
<td>76.1%</td>
<td>100%</td>
</tr>
<tr>
<td>Married couple family with children &lt; 18 years of age</td>
<td>21.0%</td>
<td>34.2%</td>
<td>57.8%</td>
</tr>
<tr>
<td>Single female householder, with children &lt; 18 years</td>
<td>9.0%</td>
<td>12.7%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Population ≥ 25 years % &gt; high school</td>
<td>89%</td>
<td>63.6%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Median household income</td>
<td>$40,265</td>
<td>$48,450</td>
<td>$25,000-29,999</td>
</tr>
<tr>
<td>Poverty rate (household)</td>
<td>16.5%</td>
<td>12.7%</td>
<td></td>
</tr>
</tbody>
</table>

*Source: 2006-2010 - American Community Survey 5-year estimates*
Methods

- Respondent driven sampling
- Honorarium- $50 gift card
- In-home interviews
- Native Spanish speaking interviewer, bi-lingual, bi-cultural
- Translation by native Spanish speaking Graduate student who taught Spanish at a university
Participants

- 83 Latina immigrant mothers in rural Iowa
- Median length of time in U.S. = 11 years
- ≤ 185 FPL
- At least one child ≤ 12 years of age
- Participants in *Rural Families Speak about Health* (multi-state study) (NC1171)
<table>
<thead>
<tr>
<th>Sample of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is most important to you in feeding your family?</td>
</tr>
<tr>
<td>Are you feeding your family the way you want to feed your family?</td>
</tr>
<tr>
<td>What changes, if any, would you like to see in the type of foods you/your children eat?</td>
</tr>
<tr>
<td>What would help you make the changes you want to make in the kinds of foods you and/or your children eat?</td>
</tr>
</tbody>
</table>
Sample of Questions

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What foods aren’t available in your community that you would like to be able to buy?</td>
</tr>
<tr>
<td>How, if at all, have foods you/your children eat changed since you came to the U.S.?</td>
</tr>
<tr>
<td>How often, if at all, do you and/or your children eat food that you, family members or friends grow?</td>
</tr>
<tr>
<td>How often, if at all, do you buy food at a farmers' market or roadside food stand?</td>
</tr>
</tbody>
</table>
Qualitative Analysis

- Read transcripts multiple times
- Analytical notes led to development of 29 codes
- Compared and contrasted codes to identify multi-level factors
- Reviewed notes regarding the comparing and contrasting of codes to identify 3 overarching themes and 15 subcategories.
What did we learn?
Three overarching themes

*Mothers as Gatekeepers*

*Barriers to Healthy Child Eating*

*Changing Child Eating Patterns*
Mothers as Gatekeepers

- Make sure children ate fresh, healthy, homemade food through food purchasing and preparation
- Healthy food is “natural and fresh”
- Prepared dishes mothers ate as children
- Desired adopting healthier food preparation practices
Mothers as Gatekeepers

“I am the person that cooks in this house and I choose what to buy and cook. I really try to buy good and healthy food”

“It is important that they [children] eat natural food...processed food is bad for their bodies and health”

“For me is important that they [children] eat homemade food, in our country the food and the way families feed themselves is more natural. When we moved here we found food more artificial.”
Mothers as Gatekeepers

“I feed them according to my culture, with soups, beans, tortillas, etc. They are growing with those traditions”.

“I would like to use less oil or replace it with something else but I don’t know how to cook without it”

“I would like to replace the oil for something more healthy but it would be more expensive. I would like to prepare more food with vegetables but I don’t know how to cook them”. 
Barriers to Healthy Child Eating

- Lack of fresh food in community
- Healthy foods are expensive
- Lack of time to cook
"In Mexico we have markets where every single thing is fresh - fruits, vegetables, tortilla and meat. In USA we have stores where they bring the food from far away and they have to freeze it. We didn’t eat easy, canned, fast, frozen, and precooked food. And we gained weight since we moved to the USA."
Barriers to Healthy Child Eating

“I would like to buy things with less fat and less calories but the healthy food is more expensive, for example, the meat. The healthiest type of ground beef is more expensive and the cheapest kind is greasy” and “...healthy foods like fruit are expensive”.
“Since we started our life here we’ve been busy and sometimes we have to eat fast food because we don’t have time to cook or go home and eat”.

Barriers to Healthy Child Eating
Changing Child Eating Patterns

- Eating less fresh food, smaller variety of fruits/vegetables
- More economic resources for food, but eating less healthy
- School meals negatively shape children’s food preferences and health
Changing Child Eating Patterns

“They [children] eat things made with flour, junk food, frozen food, fast food, etc., since we moved to the USA. In Mexico, I weighed 120, now I weigh 170ish. My family enjoy going to McDonald’s or other restaurants in the weekend. In Mexico people don’t have the money to spend it that way”.
“I would like that my son could get or eat healthy food in the school. They [children] like pizza rolls and that kind of food that they get at school…I have taken my daughter to the doctor twice because of the food that she eats in the school.”
Discussion

Mothers continued to believe it was their role to help children develop healthy food habits, to eat healthy.

Sense of agency:

• some mothers believed there were barriers beyond their control that influenced how they fed their children at home (e.g. influence of food at school, their economic situation).

• other mothers were able to negotiate their food environment and regularly preparing traditional foods/dishes their children enjoyed eating.
Discussion

Low food security (29%) and high prevalence of overweight (45%) and obesity (34%) among the mothers support the link between food insecurity, cycles of hunger and obesity in low income families.
Implications for practice

Bring mothers together to
• share and learn from each other
• strengthen self-efficacy
• build on interests and strengths.

Involve community leaders in dialogues with families to increase access to locally grown food. Examples:
• expand farmers markets and increase EBT/WIC vouchers
• farm to school programs
• families learn to grow food…
Implications for practice

Health education focused on the family as a whole, include nutrition education, healthy food preparation, coping with societal influences, advocacy skills, leadership development.
Implications for policy

Include immigrant families on school/community wellness committees to ensure policies are informed by needs and interests of immigrant families.
Implications for research

- Identify gaps regarding location of existing food resources and where immigrant families live
- Explore availability and affordability of culturally desired foods in the community
- Relationship between quantitative measure of self-efficacy and mothers’ behaviors feeding her children at home