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Wellness and Food Preferences among Children of Latino Immigrant Families in the Arcadia Community of Spartanburg County

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Wellness and Food Preferences among Children of Latino Immigrant Families in the Arcadia

Community of Spartanburg County

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Medical Humanities Senior Capstone

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Wellness and Food Preferences among Children of Latino Immigrant Families in the Arcadia
Community of Spartanburg County

Chapter One: Introduction

Modern institutions of higher education are charged, now more than ever, with the task of developing not only the student's academic skills within their chosen discipline, but also their social and cultural understandings of the contexts in they operate. The Association of American Medical Colleges (AAMC) and the Howard Hughes Medical Institute (HHMI) generated a report with the goal of critically analyzing the science curricula for undergraduate premedical students. Contemporary physicians must be aware "that the biology of individual patients is complex and variable and is influenced by genetic, social, and environmental factors" (2009, p. 5). In this report they explained how the "scientific competencies" required of a physician must be put into the greater context, a context which is consistent with a "strong liberal arts education" (2009, p. 2). In a liberal arts undergraduate institution such as Wofford College, premedical students are encouraged to seek knowledge in various disciplines in order to create a better understanding of the social and cultural contexts in which we live and in which, as future physicians, we will practice medicine.

The topic of this capstone is the result of my synthesis across disciplines. As a student with majors in Biology and Spanish with a concentration in Medical Humanities, I wanted to research a topic that would include my disciplines in a way that would meaningfully prepare me to leave my undergraduate years for medical school. This project seeks to generate an understanding of the culturally created eating habits and perceptions of wellness in Latino children living in the Arcadia Community, as told by their mothers. By seeking this understanding, I hope that this project may serve as a tool to inform community stakeholders

who are lacking in cultural knowledge, but are wishing make a difference in the health of this dynamic community.

Chapter Two: Literature Review

Latino communities vary across the United States in national origin, class composition, and other demographics, meaning that just as with every other community, they differ remarkably from California to Texas to South Carolina. Immigration into the United States from Mexico and Central America surged in the 1980's. This surge is fueled by immigration to the U.S. by citizens of Mexico, El Salvador, and Honduras among others, and is driven by numerous push and pull factors including gang and drug related violence in Latin America compared to the personal security found in the United States (Hiskey, 2014, pp. 6-7). According to reports by the U.S. Census Bureau, the nationwide Hispanic population has increased significantly in the past 2 decades; by 57.9% from 1990 to 2000, and by 43% from 2000 to 2010 (Guzmán, 2001, p. 2 & Ennis, 2011, p. 2). South Carolina, however, experienced even more significant changes during the same time period, with the Hispanic population increasing by 166.7% from 1990 to 2000, and by 147.9% from 2000 to 2010 (Guzmán, 2001, p. 4 & Ennis, 2011, p. 4). Nevertheless it is important to note that these prolonged waves of immigration have not produced a homogenous group of immigrants that can be defined by a single set of descriptions, but rather various diverse groups with different demographic profiles.

Among the remarkable differences within and between Hispanic communities across the country, nation of origin and region migrated into are key determinates of other differences. The 2010 Census reports the percent of Hispanics in the total population to be 5.3 percent in South Carolina, and 6.2 percent in Spartanburg County (United States Census Bureau, 2010). The South Carolina Hispanic Chamber of Commerce provides a more detailed breakdown, reporting

that 53 percent of Hispanics are native born. Furthermore, the native born Hispanics have a median age of 10 years old, and that of the 47 percent of foreign born Hispanics (median age of 32), 58 percent have Mexican origin (2014). The split between the native born and foreign-born Hispanics is reflective of a national trend and an important factor in many Hispanic families in South Carolina.

A 2009 report conducted by Richard Fry and Jeffrey Passel with the Pew Hispanic Research Center examined the shifting demographic profiles of Latino children in the United States. They report that in 1980, 9 percent of children under the age of 18 in the United States were Hispanic. That statistic has more than doubled in the past couple decades, such that in 2009, 22 percent of children in that same age group are Hispanic. This translates to 16 million Hispanic children living in the United States (Fry, 2009, p. i). However as I alluded to earlier, this large group of Hispanic children is far from homogenous. Pew Hispanic defines terminology that will be critical for understanding the social and demographic characteristics of the various groups being studied. The following definitions, provided by Pew Hispanic Center, will be used in the remainder of this study, unless otherwise noted.

First generation- "Foreign-born; an individual who is not a U.S. citizen at birth or, in other words, who is born outside the U.S., Puerto Rico or other U.S. territories and whose parents are not U.S. citizens"

Second generation- "An individual who is a U.S. citizen at birth (including people born in the United States, Puerto Rico or other U.S. territories, as well as those born elsewhere to parents who are U.S. citizens) with at least one first-generation parent"

Third generation or higher- “An individual who is a U.S. citizen at birth with both parents U.S. citizens at birth” (Fry, 2009, pp. iv).

These generational groups are essential to understanding the Latino community of Arcadia and also the changes occurring across the nation since differences among generational groups are responsible for great variations in the “social, economic, and demographic characteristics of Latino children” (Fry 2009 pp. i-ii). For example, a greater percentage of first generation Latino children are not fluent in English, live in poverty, and “have parents with less than a high school education” (Fry, 2009 pp. i-ii). The percentage of children that falls into each condition decreases from first to second to third, demonstrating some of the complex effects of immigration on the family. I hope that this study will help to illuminate some of the differences existing between and among immigrant families of the Arcadia community as they pertain to generational differences.

The Pew Hispanic study also highlights the differences in family dynamics among Latino children based on generational status. This is stated most clearly by Fry and Passel as they comment: “Only 11% of Hispanic children were born outside of the United States. In contrast, 55% of Hispanic adults were born in another country and migrated to the United States” (Fry 2009, p. 1). This means that the majority (51.7 percent) of Hispanic children are second generation, but also importantly it introduces the prospect of an interesting cultural difference between parents and children. These differences are produced through the processes of acculturation and assimilation¹. This study will investigate some of the effects of acculturation

¹ As defined by Merriam-Webster Dictionary- Acculturation is cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; a merging of cultures as a result of prolonged contact. Assimilation is to adopt the ways of another culture: to fully become part of a different society, country, etc.

on family dynamics by considering the types of foods prepared most often at home and the type preferred by children and adults.

Food, however, is so much more than the nutrients we need for basal metabolic function. As explained by Ramona Lee Pérez in a study on *Las Fronteras del Sabor*, "Foods stimulate the taste buds, but they also possess tactile, olfactory, visual, auditory, and social flavors. Meals taste better with good company, in the right context, in alignment with cultural values" (Pérez, 2014, p. 312). For many immigrants, preparing traditional foods represents an important way to demonstrate connectedness and devotion to one's family and to preserve their culture. Brett Williams (as cited in Miller, 2011, p. 14) found that, "Among Tejano migrant farm workers in the United States, preparing tamales is a symbol of a woman's commitment to her family." Children are keen on this as well, as a study conducted with children on the definition of family found "*Ligada a la comida y al cuidado hay una relación de amor y de pertenencia*" [linked to food and care there is a relationship of love and of belonging] (Escobar, 2011, p. 37). This study aims to examine retention of dietary and culinary habits, especially as they pertain to Latino immigrants in Arcadia.

The ambient culture dictates what how we think about wellness and nourishment through many avenues, however, individual variations account for one's eating habits and personal and complete understanding of wellness. Ambient culture includes cultural traditions but also modern societal influence such as social movements and Public Service Announcements. An examination of the ambient environment in Mexico prior to immigration by the parents in Arcadia allows us to develop a richer understanding of the community from which these families come. A coalition established in 2012 in Mexico called "*La Alianza por la Salud Alimentaria*" (The Alliance for Healthy Food) is an example of a large, organized movement pushing

legislation for the rights of children and families. The Alliance represents the culmination of years of frustration with junk food advertising directed at children, obesity and the health implications involved. They have published a powerful manifesto of their beliefs, which is reproduced in part below.

“México está sufriendo el mayor deterioro de sus hábitos alimentarios que se ha presentado en toda su historia. El abandono radical de nuestra alimentación tradicional mesoamericana (desarrollada a lo largo de miles de años, logrando un adecuado equilibrio nutricional) y su sustitución por alimentos altamente procesados se ha convertido en la principal causa de la alta incidencia de obesidad y diabetes que sufre la población mexicana, una de las mayores del mundo.” [Mexico is suffering the biggest deterioration of its eating habits that has ever presented itself in its history. The radical abandonment of our traditional Mesoamerican dietary habits (developed throughout thousands of years, achieving an adequate nutritional equilibrium) and its replacement with highly processed foods has become the principle cause of the high incidence of obesity and diabetes affecting the Mexican population, one of the highest in the world] (Alianza 2014).

By considering their manifesto and key proposals, we can begin to understand the concerns of the culture as they pertain to childhood obesity. Their proposals include,

“Alimentos saludables en las escuelas, no a la publicidad dirigida a la infancia, etiquetado claro en alimentos y bebidas, acceso a agua potable, seguridad alimentaria, impuestos a los refrescos, lactancia materna, y dieta tradicional” [Healthy food in the schools, a ban on advertising aimed at children, clear labeling on food and drinks, access

to potable water, food security, taxes on soft drinks, breastfeeding, and a traditional diet] (Alianza 2014).

For the purpose of this study and the Arcadia community, I would like to focus specifically on their proposal for healthy food in the schools and a traditional diet.

In their proposal for the introduction of healthy foods and the removal of junk foods from the schools, the Alliance explains some key reasons behind the importance of this change. The habits that are established early in childhood are the habits that will follow one through life. They claim “*Una vez que los alumnos se acostumbran al consumo de bebidas y alimentos altamente endulzados, difícilmente consumen agua o alimentos saludables, aunque estén disponibles*” [Once students get accustomed to consuming highly sugared drinks and foods, they hardly consume water or healthy food, although they are available] (Alianza 2014). They argue that the government has a duty to protect children from formation of these habits at school, especially at such a developmentally critical period in their lives. During early childhood is when children need the highest amount of complex and integral grains, fruits and vegetables, and water. A child whose diet is lacking in these critical nutrients will have adversely affected physical and mental development, along with a tendency to make poor food choices later in life. This proposal demonstrates the responsibility of schools in the health and wellness of their children. Regulations passed in 2011 in Mexico ban schools from selling soft drinks and snacks packed with sugar and fat (Malkin, 2011). Mexican schools do not provide lunch in the capacity that American schools do, where in Arcadia, for example, children receive 2 or 3 meals at school each day. Upon beginning this study I anticipated that this cultural push and the hypersensitivity to junk food in schools will be echoed with U.S. families of Mexican origin who believe it is the

school's duty to reinforce what is already being enforced at home by reducing junk food availability.

The Alliance's push for reforms on the type of food available in schools is complemented by their proposal for a return to the traditional diet. In this second proposal, a desire for a return to the traditional Mexican diet is driven by pride in their culture and trust in its history. Doctors and experts in the field explain through publications with the Alliance the biological advantages of consumption of a traditional diet that is high in

“granos integrales (tortilla y frijol) como de una amplia variedad de verduras y frutas, y la ingestión moderada de productos de origen animal, de azúcar y de grasas” [whole grains (tortillas and beans) and ample variety of vegetables and fruits, and the moderate ingestion of animal products, sugar, and fats](Alianza 2014).

Moreover, studies have shown that regular consumption of chile peppers like those contained in many traditional Mexican dishes is beneficial during digestion because they are vasodilators, meaning that they open the blood vessels for absorption of more of the nutrients in the food. Simply put, the advantage of eating a time-vetted traditional Mexican diet is validated by contemporary scientific research.

One of the most celebrated staples of the traditional Mexican diet is the corn tortilla, of which Mexico is the greatest consumer in the world. A study by La Universidad Veracruzana in Mexico estimates that over 94% of the Mexican population consumes tortillas, and that Mexico produces over 12 million tons of tortillas annually. This article highlights the nutritional value of corn tortillas as a good source of complex carbohydrates, calcium, potassium, and fiber (Cruz Huerta 2007). Traditional preparations of corn tortillas typically include lime juice, which makes vitamin B and the vitamin niacin, both naturally present in corn, available for absorption. The

Alliance cites Cruz Huerta in their defense of maintaining the corn tortilla in the diet and dispelling the myth that tortillas themselves make you overweight. Instead of an unrealistic, all out ban, they recommend balanced consumption of this nutritional staple, recommending 2 tortillas with every meal to “*saciar tu apetito y mantener una dieta saludable*” (sate your appetite and maintain a healthy diet) (Alianza, 2014).

However, the biological advantages of a traditional Mexican diet are only one reason for its elevated importance as there are multiple social and cultural implications that must also be considered. The Alliance highlights the importance of consuming traditional foods because it benefits the families who produce them. Unlike the imported foods that one must purchase to consume a primarily Western diet, local families and farms produce the ingredients for traditional Mexican dishes. Increasing dependence on imported goods only benefits large companies in foreign countries, and sadly leads to a loss of revenue, displacement, and poverty induced malnutrition of traditional farmers. Thus, the Alliance explains that consumption of a traditional diet is seen as honorable and supportive of ancestors. As I alluded to earlier in discussing the importance of tamales for Tijano migrant farm workers in Texas, the Alliance clearly states,

“Nuestra dieta es color, sabor, olor, variedad, cultura, diversidad, amor, espíritu, amistad, sociedad, emoción, economía, seguridad, filosofía, arte, conocimiento, devoción, historia, fiesta... en síntesis: riqueza ancestral y riqueza del presente” [Our diet is color, flavor, smell, variety, culture, diversity, love, spirit, friendship, society, emotion, economy, security, philosophy, art, understanding, devotion, history, a party... In synthesis: ancestral wealth and present wealth] (Alianza 2014).

Undoubtedly, these dispositions and attitudes of pride in preparation and consumption of traditional Mexican dishes do not disappear when one immigrates to a new country. Considering the nutritional and emotional value of traditional Mexican dishes, through this study I hope to identify the presence and importance of these dispositions and attitudes in the Arcadia community, and the effects that immigration has had on them.

While current health campaigns in Mexico rely on pride in their national heritage to encourage a return to healthy traditional foods, a similar movement is simultaneously occurring in the United States where programs call for a return to locally grown, less processed foods. Although the appeal to national heritage is lacking in the U.S. campaigns, the central message of the importance of consuming healthier, less processed foods to reduce obesity and other lifestyle related chronic illnesses persists. Once in the United States, immigrants are faced with new advertising for healthy choices. One such campaign is "Let's Move"- a movement founded by first lady Michelle Obama in an attempt to "Raise a healthier generation of kids" (Let's Move, 2014).

Similar to the messages of The Alliance for Healthy Foods in Mexico, Let's Move proposes the following as the "Simple Steps to Success: Parents- Get on the right track to eat well and to stay fit, Schools- add healthy living to the lesson plan, Community Leaders- empower families and communities to make healthy decisions, Elected Officials- take action in cities and towns, Health Care Providers- educate and support your patients, and Kids- have fun being active and eating healthy" (Let's Move, 2014). By targeting all of these different aspects, Let's Move is demonstrating its commitment to reducing childhood obesity, which is a major concern in Spartanburg County, by acknowledging everyone's role in creating healthy environments for children.

Childhood obesity is a large and growing concern in Spartanburg County. The Spartanburg Community Indicators Project is a collaborative effort aiming to improve the health of citizens in Spartanburg County. Findings from their 2013-2014 study on Body Mass Index among Spartanburg County elementary students showed that 31.5% of 1st, 34.4% of 3rd, and 37.8% of 5th graders in the county were either overweight or obese (overall participation rate of 89.8% of all elementary students). Furthermore, they demonstrated a correlation between percentage of overweight and obese children and low socioeconomic status (SES) and race/ethnicity². These findings demonstrate the dire need for meaningful and lasting change in children's lifestyle choices, because as explained in the report, "An obese teenager has up to an 80 percent chance of becoming an obese adult" (Good for You Spartanburg, 2014, p. 7). With all of this in mind, the ultimate goal of this capstone project is to create a useful analysis of local Latino attitudes toward wellness. My desire is that Spartanburg organizations, like those who participated in the Good for You Spartanburg report, may use this information to increase cultural awareness thus increasing efficiency of projects aiming to increase the health of children in Arcadia by echoing in their projects what families may have already internalized through public campaigns both here and in Mexico.

Chapter Three: Methodology

This was a qualitative study with the specific aim of discovering and analyzing the influence of heritage in diet and perspectives of wellness in the Latino community of Arcadia in Spartanburg County.

² 36.7 % of children from low SES homes and 31.4% of children from high SES homes were overweight or obese (SES determined by free/reduced lunch). 38.0% of African American,

Population and Location Selection

This study was conducted at Arcadia Elementary School in Spartanburg County, South Carolina. Participants were recruited from weekly evening English language classes conducted at the school. I chose to conduct my research at Arcadia Elementary because of the level of trust the school has worked to build with each family, thus it is seen as a safe community center.

Additionally, I built relationships with parents through an afterschool program called Let's Read. The benefit of having these personal connections cannot be understated, as I was not viewed as an outsider, and mothers approached me openly and confidently. The study consisted of mothers only because of their intimate relationship with their children and responsibilities with meal preparation.

Administration Procedure

The Wofford College Institutional Review Board approved this study. A copy of the application and approval can be found in the appendix section as well (Appendix 1). A contact at the English program explained who I was and the purpose of my study. Additionally, each participant was given a typed summary of the study in English and Spanish (Appendix 2). I explained as they read that their participation was entirely voluntary and anonymous. I also explained that they each had the right to discontinue their participation at any point during or after the interview. Each participant agreed to the terms of the study, and to being voice recorded during the interview process. I assigned each participant a number and did not ask for or record her name in any way. A spreadsheet was maintained by the principal investigator with information on each participant in order to verify her consent (Appendix 3). Participants were

41.4% of Hispanic Children, and 32.4% of white children were overweight or obese.

informed that copies of the final paper would be available at the evening classes at Arcadia to any members of the community in order to share results with the community.

Data Collection and Analysis

Answers were obtained via semi-structured interviews with 10 Latina mothers, 2 at a time, which lasted on average 9 minutes each. Additionally, I interviewed 1 college student who was raised in Arcadia using slight modifications of the same questions as before (where they referred to “your children” I asked in reference to herself). The interview guide as well as a transcription of each interview can be found in the appendix section (Appendices 4-9). Following transcription, each interview was coded for major and minor trends, as is the accepted norm in qualitative studies of this kind. Demographic information on each participant was recorded in table format.

Limitations

The primary limitation experienced in this study is that all participants at Arcadia speak only Spanish. Therefore the interviews were conducted entirely in Spanish. As I have reached Advanced Low fluency in Spanish, recording and transcribing the interviews diminished the effects of the language difference, however the possibility for error in transcribing persists. Additionally, quotes may lose some of their meaning when they are translated to English. Another limitation is the population size. Because of the qualitative nature of the study, interviews were required. The amount of time it takes to secure participants, and conduct and transcribe the interviews limits the number it is possible to conduct. I believe the number obtained is representative, however, as by the final interview I had reached a point of repetition in answers and trends.

Chapter Four: Results

This study included 10 Latina mothers and 1 Latina college student from the Arcadia Community in Spartanburg, South Carolina. The majority was born outside of the United States (9), and 2 were born here. Nine of the ten mothers reported that their children were born in the United States. All except one of the participants has lived in the US for longer than 5 years, with number of years ranging from 7 to 23. The vast majority of the participants were originally from Mexico, specifically 3 from Guanajuato, 2 from Federal District (Mexico City), 2 from Michoacán, 2 from Hidalgo, 1 from Morelos, and 1 participant was from Cuscatlán, El Salvador (Table 1). The number of children ranged from 1 to 5, and in age from 4 to 35 (Table 2-Appendix 10).

Major trends identified through the interview portions revealed first that the participants have a broad, integrated understanding of what wellness means. Second, the older generation prefers almost exclusively Mexican/Hispanic food, while the children are split among Mexican (6), American (2), and anything homemade (3). Finally, the amount of time spent in school has an effect on children's food preferences and eating habits.

Table 1: Demographic Profiles of Participants

Participant	Born in U.S.	Children born in U.S	Number of Children	Lived in U.S. >5 years	Region and Country of Origin
1	Yes	n/a	0	Yes	Michoacán, Mexico
2	No	Yes	2	Yes	Michoacán, Mexico
3	No	Yes	2	Yes	Mexico City (DF), Mexico
4	No	Yes	2	Yes	Guanajuato, Mexico
5	Yes	No	2	No*	Mexico City (DF), Mexico
6	No	Yes	3	Yes	Guanajuato, Mexico
7	No	Yes	1	Yes	Cuscatlán, El Salvador
8	No	Yes	3	Yes	Hidalgo, Mexico
9	No	Yes	1	Yes	Hidalgo, Mexico
10	No	Yes	5	Yes	Morelos, Mexico
11	No	Yes	3	Yes	Guanajuato, Mexico

Table 1: Shows participants' responses to demographic questions following interview. *Participant 5 was born in the United States but moved back to Mexico and has subsequently moved back to the United States.

Chapter Five: Discussion

The demographic profiles of participants in this study are representative of the out migration patterns of Mexico and Central American countries, and of the immigration patterns seen in South Carolina. The South Carolina Hispanic Chamber of Commerce reports that 58% of the South Carolina Hispanic Population is of Mexican origin. Furthermore, the Mexican states of Guanajuato, Michoacán, Federal District, and Hidalgo were ranked among the 15 principle states for emigration to the United States (INEGI, 2011, p. 24).

Findings from my study also demonstrated another common trend seen in Latino immigrants where one or both parents immigrate to the U.S. before starting a family, thus the parents are first generation immigrants while the children are second-generation immigrants. As I alluded to in the literature review, generation status has important implications for educational and social outcomes of immigrants, but it also contributes to differing characteristics such as food preference. Fry and Passel explain the nationwide immigration trends that are seen on a much smaller scale in this population in Arcadia. They report that approximately 52% of Hispanic children currently living in the United States are American born children of at least one immigrant parent. My sample population demonstrated that all but 1 mother was foreign born with American born children. This trend is reflective of the wave of immigration in the late 90's and early 2000's, however the percentage of second generation Hispanic children is likely to change in the coming years, "as they age into their 20s and 30s and form families, they will produce a growing third-generation Hispanic child population" (Fry, 2009, p. 3). As I asked about healthy eating and diet choices (primarily Mexican or American), I found many participants emphasized the importance of teaching healthy eating habits and preparing traditional Mexican dishes. With regards to healthy eating, many agreed "*Si les enseñan desde*

que son pequeños” [If we teach them since they are little] (Participant 5) and that “*Sí, es un hábito para la alimentación*” [Yes, it is a habit for diet] (Participant 8). These and other quotes such as, “*(los niños prefieren los platos tradicionales porque) son las raíces, y también porque está de la mamá*” [(children prefer the traditional dishes because) they are the roots, and also because its from the mother] (Participant 10) lead me to believe that the understanding among Latina mothers that what they say, do, and cook in the home is what their children will carry on when they have their own families is a one of the driving reasons behind preservation of traditional foods and eating habits.

The issue of food preference was addressed in the interviews with Latina mothers. The majority of participants (10) said that the adults in their household prefer to serve and eat Mexican/Hispanic food to all other options. The exception to this finding was 1 participant who prefers a great deal of variety in food introduced by friends and family of other nationalities, including Nicaraguan, Chinese, and American. This trend is to be expected because of the fact that the majority of mothers were foreign born and later immigrated to the U.S. When I probed deeper into their food preferences, mothers shared that they prefer Mexican food for a variety of reasons. One mother responded that she prefers Mexican food because, “*ha sido la comida que uno sabe bien*” [It has been the food that one knows well] (Participant 10). Another stated that it is preferred because, “*está recién hecha*” [because it is freshly made] (Participant 6), and 2 more indicated because, “*es más saludable, la de México que la de aquí*” [it is healthier, that of Mexico than that of here] (Participants 5 & 8). The variety of responses received with this question demonstrates the complexity of this preference among first generation immigrants in Arcadia.

However it becomes more difficult to interpret the varied findings when you begin to consider food preferences among children because of the multifactorial influences affecting them. All of the children in this study except two were born and raised in the United States, exposed to American advertising and attending American schools. However, their mothers indicated that they have a variety of preferences from Mexican to American to anything homemade. Although there does not appear to be a specific trend, the age of the children does appear to play a minor role in their preference flexibility among the various options. The younger children tend to prefer more exclusively Mexican food, while the older children tend to prefer American or a mixture. Many students at Arcadia qualify for free or reduced lunches, and many eat breakfast as well as dinner at the school. This is a valuable resource for many families, however it contributes to the Latino children's exposure to American rather than Mexican foods, and could be a factor in the development of varied preferences in the children. A major exception to this trend is the children who were born in Mexico. They are 15 and 16 years old, and have only lived in the United States for 2 years. Their mother explained that she serves exclusively Mexican food at home because there is a lot of food served in the school that they don't like.

The topic of school food came up in many of the interviews, and more than just that one mother indicated that many times their children arrive home hungry because they prefer Mexican food to that which is served at school. One explained that her children will call from school and say, "*Mommy prepares algo rico porque no voy a comer... no me gusta la comida*" [Mommy prepare something delicious because I am not going to eat... I do not like the food] (Participant 3). While another said, "*Ellos llegan a las dos y media y a eso van a comer independiente de lo que han comido aquí, porque por mis hijos no se llenan con lo que sirven aquí*" [They arrive at two thirty and at that time they are going to eat independent of what they have eaten here (at the

school), because for my children, they don't fill up on what the serve here] (Participant 2). Both of these mothers indicated that their children prefer Mexican food to American food, and so because of this they prefer to eat at home than at school.

On the other hand, one mother indicated that her children prefer exclusively American food, and protest her Mexican cooking. However, she also explained that they eat when they get home and again at night because she insists that they eat at home at least once every day. She explained a common argument with them like this,

“El problema es que como los míos están muy grandes... y ya tienen tiempo en la escuela y ellos quieren comer lo mismo. Llegan a la casa y les digo no, pues está esto que vamos a comprar una hamburguesa, una pizza. Les digo sí es lo que comerán, pero queremos... y ellos dicen no” [The problem is that as mine are very big... and already have time in the school and they want to eat the same (as they eat at school). They arrive at the house and I tell them no, well this is what we have and they want to buy a hamburger or pizza. I tell them yes, this is what you are going to eat, but this is what we want and they say no] (Participant 6).

This argument brings up an important sub-trend that appeared in many interviews, which is the perception that “American food” is equal to pizza or hamburgers. Eight of the 11 participants specifically mentioned these two foods in reference to American cooking, food, or eating habits. This finding connects back to the concerns raised by The Alliance, which is fighting for an end to junk food marketing directed at children and a reform of the types of food available in schools. When asked, the mothers all agreed that childhood is a critical formative period for eating habits, and that the food they serve at school has a profound effect on their formation. One mother made the correlation that, *“es más que nada por el tiempo que pasan aquí en la escuela. Como aquí les*

dan la comida de aquí así que siguen más esta comida" [It is more than anything (determined) by the time they spend here in the school. As here they give them the food from here, therefore they follow more this food] (Participant 2). This demonstrates the understanding that what the children are exposed to in school can have lasting effects on their food preferences and diet choices.

Both of these trends, of children waiting to eat their big meals at home, and of children's food preferences being affected by time in school, must be considered from a cultural perspective in order to be fully understood. Traditionally in Mexico, the largest meal of the day is eaten around midday, usually between 2 and 5 pm. It is a holdover from earlier times in the agriculturally based society when it was impossible to work outside between these times because of the intense heat. Although Mexico has undergone drastic social restructuring, it is still very common for the family to eat together at this time, and then again later in the evening (Gwynn, 1994, p. 347). This cultural knowledge helps us understand why the parents do not see a problem with this pattern of eating, and why it may in fact be encouraged.

As highlighted by *La Alianza para la Salud Alimentaria* that was featured in the literature review, preparation of traditional Mexican food is a point of pride in one's culture and heritage (Alianza, 2014). Immigration, however, imposes serious challenges on retaining a traditional Mexican diet. One mother explained that she believes it is important to continue preparing traditional Mexican dishes at home because, "*son las raíces*" [they are the roots] (Participant 10). Without a doubt, retention of traditional culinary practices and a desire to share Mexican dishes with their families represents a desire for these Latina mothers to preserve and protect their culture the best way they know how. With this in mind we can begin to understand

the tremendous frustration described by Participant 6 as she faces the fact that her children are not simply rejecting her food, but simultaneously, their culture.

Furthermore, a study on the stability and instability of food items among Mexican immigrants shows interesting trends between foods that are “highly sensitive” and “moderately sensitive” to migration (Gwynn, 1994, pp. 344-345). Highly sensitive foods are foods that disappear almost immediately following migration and include foods such as “Mexican sweet bread, lard, Mexican cream, and *aguas frescas*” while moderately sensitive foods are affected less and include “*tostadas, carne enchilada, cocido*, refried beans, and rice pudding” (Gwynn, 1994). Stable foods, on the other hand, are foods that are consumed prior to immigration and do not decrease significantly following. They include foods such as “corn tortillas, green salsa, red cooked salsa, fruit salad, meat, and vegetables” (Gwynn, 1994, p. 345). It is interesting to note that many of these foods appeared in the participant's responses to what they serve at home and what they consider healthy food. Many stated that they try not to cook with fats and added sugar, and that the most valuable items for a healthy diet are fruits, vegetables, and meat. More than a healthy diet, however, many stressed the importance of a balanced and varied diet, especially for the younger kids. Side items are usually carbohydrates such as rice or tortillas, that, when consumed in moderation, help to balance the protein from beans and meat.

The idea that labor-intensive meal preparation is a sign of one's love and devotion to her family is yet another important theme proposed in the literature review and seen among responses from participants. Many offered explanation of the different eating customs that they have in their homes, which were different from person to person. Most explained the mentality that they have of, “This is what I made to eat and if you want to eat it then eat it, and if you don't want to then I'm sorry” (Participant 1). However one explained that she has to make 3 different

meals each day for her family because her husband, son, and daughter are all very picky and don't eat the same thing. She further explained by saying, "*Como yo no trabajo yo dedico todo a mis hijos... el tiempo y todo*" [As I do not work I dedicate everything to my children... my time and everything] (Participant 2). This serves as a prime example of meal preparation as a sign of love and devotion, however it also underscores an important sub-trend of retention of traditional gender roles that I observed throughout the interviews.

Mexican culture is criticized for being *machista*, or encouraging of male dominance and female submission. Strict gender roles and expectations follow this type of social structure, where men are expected to provide financially and be the head of the household, while women are expected to manage the cooking, cleaning, and child rearing. Immigration challenges these strict gender roles, however, and many families find themselves unable to operate as they had or would in Mexico (García, 2002, pp. 103-104). Another article explains how the strict rules associated with gender roles are beginning to soften in Mexico as people begin to realize that "men change diapers and mothers pay bills, too" (Castro, 2014). Unfortunately she still explains feeling stigmatized and criticized for being a working mom, and the challenges she faces as she attempts to juggle it all. Spending enough time with her daughter is one of her principal concerns, and is a concern that the interview participants in my study discussed as well. A single mother of 2 stated,

"Para mi el bienestar de mis hijos es el tiempo que les digo porque yo me paso trabajando mucho para ellos y por ellos y casi no pasamos tiempo juntos entonces cuando pasamos tiempo juntos quiero que sea fabuloso que sea increíble" [For me well-being of my children is the time I tell them because I do spend a lot working for them and

by them and hardly spend any time together then when we do spend time together I want it to be fabulous, (I want) that is amazing] (Participant 3).

Her inclusion of quality time spent together in her definition of wellness is just one example of the broad understanding that each of the participants possessed.

Additional qualities of wellness that were mentioned included sufficient sleep, balanced diet, behavior at home and at school, interest in activities, and physical health. Each of these ties into the formation of a respectful, well-rounded child that will represent his family and his upbringing to the world. A misbehaving, disrespectful child would be seen in some ways as the mother's failure to do her job in a culture that places such emphasis on "development of proper demeanor and a sense of dignity" (Kolobe, 2004). This broad and all-inclusive Latina understanding of children's wellness can be understood as a projection of the mother's desires and goals, which are in keeping with the traditional role of the mother as the one responsible for child rearing.

Chapter Six: Conclusion

This study allowed me to identify important and interesting trends about wellness and food preferences among children and mothers in the Arcadia community. One such trend is that Latina mothers in Arcadia have a broad understanding of wellness in their children. It is important that health care providers and health activists are aware of this comprehensive understanding so that they are aware of what mothers think of when they use the word. Although they do understand the physical implications of a well child, the understanding is much deeper and is indicative of a commitment to a true lifestyle approach to wellness. A second important trend is the variability among food preferences in Latino children and their parents. The mothers explained that they enjoy preparing Mexican dishes because of their culture, but there was also a

strong emphasis on food preparation and mealtime as family time. Many indicated that they greatly enjoy learning how to prepare other ethnic foods from friends or extended family.

Understanding this allows us to understand that the American idea of combining speed and healthiness in a "10 healthy meals in under 10 minutes" approach would not only be ineffective, but also counter cultural. A more effective strategy may be organizing a cookbook full of healthy recipes to cook with your children, however the most effective and culturally complementary strategy would be to organize a family event where families of different nationalities demonstrated how to prepare their favorite healthy dish. This would allow for mothers in Arcadia to expand their repertoire of healthy and delicious meals while not losing out on valuable family time. The final trend I would like to consider is the impact time spent in school has on children in an immigrant community. For many children in Arcadia, school is their first and most lasting contact with American ways. The food they eat and the habits they form there will shape and determine the course of their futures.

Future studies that investigate more specifically the links between amounts of time spent at school and food preferences would be able to shed more light on the processes of assimilation that Latino children undergo when they start school. Additionally, studies to investigate the specific foods children are rejecting at school would be a major asset to designing programs for healthy eating in schools. It is crucially important, however, that those involved in program design consider and understand the transnational contexts in which they will operate. This study has shown that, as I proposed in the introduction, a person's biological wellness and sociocultural environment are inseparably intertwined.

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Appendix 1



September 29, 2014

Sarah Grace Keavney
Wofford College
429 North Church Street
Spartanburg, SC 29303

Ms. Keavney,

Thank you for submitting your protocol for research involving human subjects to the Wofford College Institutional Review Board. Your application entitled "Perceptions of Health and Wellness in Latino Children" has been assigned protocol number 2014-9-25-1. Your IRB protocol and consent form met the qualifications for expedited review. Katherine R. Mickley Steinmetz, PhD, Chair of the Wofford College Institutional Review Board completed the review of the protocol and consent form.

On behalf of the IRB, I would like to let you know that you have met all of the requirements and are free to begin recruiting subjects. Please add the IRB protocol number to your consent form and use the number in all correspondence with the IRB regarding this protocol.

If there are any changes to the protocol, please submit them to the board as soon as possible for our review. The protocol is valid for 12 months.

Thank you again for your submission. Good luck with your endeavors.

Sincerely,

A handwritten signature in cursive script that reads "Katherine R. Mickley Steinmetz".

Katherine R. Mickley Steinmetz, Ph.D.
Chair, Wofford College IRB

Appendix 2

Interview Guide

These questions will form the guide for the semi-structured interviews, and will be supplemented with associated questions as needed.

1. Cuando piensa en el bienestar de sus hijos, ¿cómo lo describes?
When you think of wellness in your children, how do you describe it?
2. Cuando piensa en un plato saludable para servir a sus hijos, ¿en qué consiste este plato? ¿Lo comerán?
When you think of a healthy meal (plate) to serve to your children, what does it consist of? Would they eat it?
3. ¿Prepara más la comida típica de su país/región de origen o de los Estados Unidos?
Do you prepare more the traditional food of your country/region of origin or typical food of the United States?
4. ¿Qué tipo de comida prefiere(n) su(s) hijo(s)? ¿Los adultos de la familia?
What type of food do your children prefer? The adults of the family?

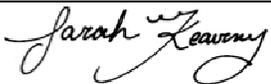
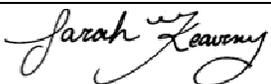
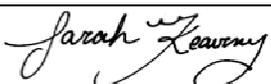
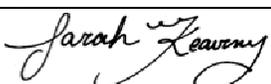
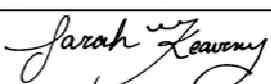
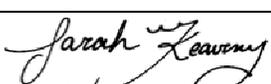
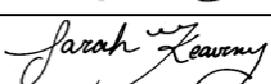
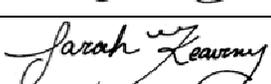
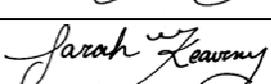
Demographic Questions

- ¿Nació aquí o en otro país? ¿Los niños?
Where you born here or in another country?
- ¿Lleva 5 años o menos en los EEUU?
Have you lived in the US for 5 years or less?
- ¿De donde eres? ¿Qué región?
Where are you from? What region of the country?
- ¿Cuántos hijos tiene Ud? ¿Cuántos años tienen ellos?
How many children do you have? How old are they?

Appendix 3

Medical Humanities Senior Capstone

Record of Informed Consent

Participant Number	Study Description Provided	Verbal Consent Received	Signature of PI	Date
1	Yes	Yes		11/11/2014
2	Yes	Yes		11/12/2014
3	Yes	Yes		11/12/2014
4	Yes	Yes		11/12/2014
5	Yes	Yes		11/12/2014
6	Yes	Yes		11/18/2014
7	Yes	Yes		11/18/2014
8	Yes	Yes		11/18/2014
9	Yes	Yes		11/18/2014
10	Yes	Yes		11/18/2014
11	Yes	Yes		11/18/2014

Appendix 4

Table 2: Child Sex and Age Distribution

Participant	Number of Children	Number of Girls	Ages	Number of Boys	Ages
1	0	-	-	-	-
2	2	1	4	1	7
3	2	1	10	1	12
4	2	n/a	n/a	n/a	n/a
5	2	1	15	1	16
6	3	2	13, 10	1	7
7	1	0	-	1	5
8	3	1	9	2	17, 13
9	1	0	-	1	8
10	5	3	35, 33, 22	2	14, 9
11	3	2	7, 5	1	10

Table 2: Distribution of mothers' children among sex and age. Participant 4 had to leave prior to answering questions about children's sex and age. A dash represents the category is not applicable to that participant.