

**HHS PUBLIC ACCESS**

Author manuscript

Fam Community Health. Author manuscript; available in PMC 2019 January 01.

Published in final edited form as:

Fam Community Health. 2018 ; 41(1): 28–36. doi:10.1097/FCH.000000000000170.**THE USE OF FAMILY RITUALS IN EATING BEHAVIORS IN HISPANIC MOTHERS****Kathryn Coe, PhD [Professor Emeritus],**

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Abstract

Food rituals often abruptly change when Hispanic families migrate to the U.S. This report describes changes in rituals of food procurement, preparation and presentation (food-PPP) in Hispanic women following migration to the US. Focus groups and face-to-face interviews were conducted with 13 low-income, overweight/obese Hispanic women ages 27–40 years. Content analysis was used to analyze cultural and contextual sources for food-PPP. Changes in rituals and traditions in food-PPP occurred, including materials and ingredients for traditional meals. Food rituals may play a role in healthful eating and could therefore serve as leverage points for interventions designed to promote healthy eating behaviors.

Keywords

Hispanic mothers; Mexican-American mothers; rituals; food rituals; culture

Introduction

When compared with their more westernized counterparts, many of the world's traditional people are over represented on the list of disadvantaged people; they are more likely to live in poverty, reside in substandard housing in segregated communities, and lack access to health care and education. The health disparities that result from these social determinants, often include higher mortality rates that cross the disease spectrum. A close examination of the bigger picture, moving past these grim statistics, however, reveals that traditional people, or people who continue to practice the ancient traditions of their ancestors, have a number of social/cultural practices that can promote thriving.¹ Included among those practices are their strong social/kinship support systems, which is necessary for the successful transmission of a traditional from one generation to the next. Such support systems, as Waterworth et al.,^{2(pp139)} have argued, “play an important role in influencing health outcomes.” Research suggests, Richmond et al.^{3(pp1-2)} argue, “that the health effects of social relationships may be as important as the effects of established risk factors such as smoking, obesity, and high blood pressure.” Although support systems are important they do not occur naturally, they must be encouraged⁴ and we argue that rituals have played an important role in that encouragement. Among the many rituals we perform, food rituals, related to the procurement, preparation and presentation of food (food-PPP), appear to be of particular importance and may serve as leverage points, not just for interventions designed to promote family support systems, but interventions that promote healthy eating behaviors within a family.

Supporting the idea that the performance of rituals, and the loss of important rituals, may have multiple and profound effects, includes research arguing that ritual can have physiological effects -- rituals are associated with the secretion of endogenous opioids in the brain.⁵ Other lines of evidence support that the performance of rituals can have psychological effects (rituals stimulate goal directed action and make any information associated with the ritual more memorable), and social effects (food rituals typically last longer and are more highly social than a non-ritualized meal and are said to heighten our enjoyment of food and decrease the likelihood of distracted eating).⁵ Additional support for the importance of food rituals comes from ethnographic studies that show that rituals are an important part of life around the world – to paraphrase the great scholar of rituals, Victor Turner,⁶ no one who visits a traditional village can fail to be struck by the importance of ritual, and that the loss of rituals can have far reaching effects, breaking down social norms and intergenerational relationships.⁷ According to archaeological studies rituals have been important elements of human life for tens of thousands of years.^{8, 9} The fact that rituals are ancient and have persisted despite costs that can be quite high, suggests a complex interplay between genes and the development of culture.¹⁰

We pilot test our proposition by examining food rituals and the changes in food rituals associated with the migration of Hispanic families to the U.S. of 13 low-income Hispanic women ages 27–40 years. Specifically, we focus on their remembrances of rituals that they or their parents/grandparents practiced in Mexico; the food traditions, if any, that they continue or wish they could continue, and which traditions women attempt to maintain despite gaps in the local availability of food ingredients and cooking utensils. Further, we

asked them about the traditional rituals that had been lost and possible reasons why they were lost. Content analysis was used to analyse and understand cultural and contextual sources for food-PPP among Hispanic mothers. As food rituals also play a role in healthful eating they may serve as leverage points, not just for interventions designed to promote support systems, but interventions that promote healthy eating behaviors within a family.

Background

Rituals and Archaeological Data

For millennia, the performance of complex and frequent rituals has characterized traditional societies around the world. According to archaeologists, our distant ancestors began to ritualize behaviors associated with food procurement, preparation and consumption as far back as 20,000 years ago, perhaps during the period that forms the background of plant domestication, when they began making ground stone tools (e.g., mortars, pestles and milling stones)⁹ and pottery vessels which they used to prepare and share food.⁸ Based on analysis of organic residues in vessels, dating back between 10,000 and 12,000 years B.P. (before the present era), they were used for the preparation of marine products and terrestrial foods in Late Pleistocene sites in Japan.¹¹ By the Neolithic, the use of pottery was widespread, and there is evidence pottery was used to serve food and drink to individuals rather than larger groups,¹² as well as that the quality of the pottery was important. As Halstead^{13(pp206)} points out, the care and skill lavished on Middle Neolithic pottery “underlines the social significance of hospitality.”

Food Rituals

Even today, people around the world regularly insist on rituals such as special places and times for eating, the use of special equipment with stylized decoration, predictable sequence among the foods eaten, and bodily propriety.¹⁴ The ritualization of any behavior not only results in the slowing down of the behavior,¹⁵ but food rituals can help individuals restrain their consumption.¹⁶

Food rituals typically last longer and are more highly social than a non-ritualized meal; as Bossard and Boll¹⁷ argue, they provide the mechanism through which important social ties are established and nurtured. Rituals, by reinforcing family identity and giving all family members a sense of belonging, are powerful organizers of family life¹⁸ and serve as strategies that promote the stability of the family in times of stress and change.¹⁷ In Africa, family rituals promote consensus building and assist in resolving conflict and rebuilding relationships.¹⁹ In time of change, including migration, the continuation of family rituals can help keep families strong. Yet, when Latino families migrate to the U.S., food rituals often abruptly change.^{20–22} The possible effect of the loss of these rituals, on such things as family, health and even obesity, is seldom, if ever, the focus of research studies.

Rituals and the Strength of Families

In China, family rituals are said to be key to Chinese culture.²³ So important were family rituals that S. W. Williams²⁴ would claim that family rituals had “an influence in the formation of Chinese character, in upholding good order, promoting industry, and cultivating

habits of peace thrift...” In Aboriginal families in Australia, rituals have been found to strengthen family relationships and communication.²⁵ The family, Demir^{26(pp83)} writes is “the buffer institution in the society. During times of social change, family ensures the smooth functioning of this transformation process in the society. For this reason, the institution of family is of vital importance for every society.”

Obesity and Ethnicity

It is widely known that obesity, due to its causal association with major chronic disease, is one of most serious public health challenges of the 21st century. A view today is that about 40–70% of body weight variability,^{27, 28} may be under complex genetic influence, suggesting that between 30% and 60% is influenced by environmental factors, which are equally complex as it includes everything an organism interacts with during its development and life course.

While research on obesity has long focused on the balance of energy taken in with the energy expended, it is now seen as more complex, including even epigenetic factors such as parental diet.²⁹ Consumption of food is only one aspect of obesity and the biological factors that influence how much and the types of food we eat have yet to be fully explained.³⁰ This assumption that both biology and the environment, including culture, play a role in the epidemic of obesity is supported by its nonrandom distribution within and across societies. In the U.S., obesity is more prevalent in women,³¹ who appear to be more efficient at storing fat.³² Further, certain ethnic groups within the U.S. have higher rates of obesity; Hispanic females, for example, have higher rates of overweight and obesity (77.2%) and metabolic syndrome (40.6%) than do non-Hispanic white women (63.2% & 31.5%, respectively).^{31, 33} Studies of obesity in Hispanic women show that they experienced significant increases in the prevalence of obesity ($p=0.046$) during the period from 1999 through 2010.³⁴

Migration to the U.S. is associated with loss of cultural practices and food rituals, as well as the adoption of the so called westernized lifestyle, including decreased physical activity (PA), increased time spent watching TV, limited time for food preparation, greater reliance on fast-foods, increased consumption of processed foods, meat, sweets and dairy, and decreased consumption of fruits, vegetables, legumes, beans, grains and fruit juices.^{20–22, 35} In this paper, we investigate changes and loss in rituals related to procurement, preparation and presentation of food, as they may play a role in the epidemic of obesity in this population group.

Methods

Participants and Study Design

Data were collected in two stages, focus groups ($n=5$) and follow up face to face interviews ($n=3$), held between January and December 2015. Thirteen low-income, overweight/obese Hispanic women ages 27–40 years residing in a large metropolitan area in the Southwest, were recruited from the participant pool of 139 women in the “*Madres para la Salud*” project (henceforth referred to as *Madres*, which was a 12-month randomized control trial that investigated the effect of a culturally-tailored, social-support-based physical activity

intervention on changes in body weight, body fat, and metabolic risk factors in postpartum sedentary low-income Hispanic women.³⁶ Participants who signed a consent to be re-contacted were called by Spanish-speaking research staff to determine interest and screen for eligibility in the focus group study. Eligible participants were then scheduled to attend one focus group session on nutrition and physical activity. After all focus groups were completed, three women who attended the groups were randomly selected and invited to participate in a follow-up structured interview on family traditions, the role of traditions and rituals in food procurement, preparation and presentation.

Inclusion criteria included 1) participating, having a friend participate, or serving as a lay health worker or *promotora* in the *Madres* project, 2) age between 23–40 years, and 3) a BMI between 25 and 40 kg/m². The focus groups were conducted on the university campus and lasted approximately 2.5 hours. Interview sessions were conducted on the university campus (n=1) or at the participants home (n=2) and lasted 45–60 minutes each. During the focus group session, participants completed the informed consent process, a demographics questionnaire and discussion session. A bilingual bicultural moderator, trained to conduct and implement the focus group script and interview script in English and Spanish led the sessions, while a bilingual bicultural assistant moderator took notes during the sessions notating social exchanges and interactions. Interviews and focus group sessions were audio recorded, transcribed and translated, and checked for accuracy. The focus group and interview study was approved by the Arizona State University Institutional Review Board (IRB).

Focus group script

The development of the focus group script was guided by a review of literature and identification of gaps in research on food preparation and preparation in Hispanic women. Focus group discussion questions elicited in-depth information on topics of food procurement, preparation, presentation, and family traditions in the Latino culture, including multigenerational patterns of shopping, criteria used to select foods (e.g., color of vegetables and fruits), favorite foods of self and family members, everyday meals, specific and memorable meals, and involvement of family in food preparation and consumption (see Table 1).

Interview script

Individual interviews were guided by a script consisting of seven open-ended questions and prompts focused on family traditions, and the role of traditions and habits in food procurement, preparation and presentation. The focus group and interview scripts were translated and back-translated from English to Spanish by bilingual members of the research team to ensure accuracy and comprehension of the questions.

Data Analysis

The individual interviews were conducted in Spanish, whereas the focus groups were conducted in Spanish and English, according to participant preference (4 Spanish language focus groups; 1 English language focus group), then transcribed and translated to English.

Transcripts and audiotaped interviews and focus groups were compared to ensure accurate translation. Qualitative content analysis guided description of the data,³⁷ with the identification of data codes and data categories, and included an iterative approach and constant comparison in data analysis. Qualitative content analysis was used to capture and extend knowledge and understanding of cultural and contextual sources for food procurement, preparation and presentation among Hispanic mothers. Data analysis took place at two levels. At the first level, we reviewed the statements from the focus groups and interviews to understand the data in context. At the second level, data were coded across transcripts using the constant comparison method, to group related concepts into categories. The authors read the transcripts independently, and developed initial coding schemes. Identified categories were shared and discussed by team members. Data were then classified to formulate distinct categories and synthesize themes, and discussion and analysis continued until agreement on the categories was reached. Following the development of contextual categories, the data were organized into the broader categories of food procurement, preparation and presentation and related to the norms and values of Hispanic mothers.

Results

Participants

All women were Hispanic with mean age of 35.31 years (SD= 4.04) and ranged from 27–40 years old. A majority of the women reported annual incomes < \$40,000. Mean BMI was 29.7 kg/m² (SD= 3.1). Only two participants were born in the US, while the others had migrated from Mexico, and two from Guatemala, and reported living in the U.S. between 8–27 years (median = 15 years). Most women reported that they did the majority of the shopping (n=9) and cooking (n=10) for their household and that they had access to a car (n=10). Three women completed high school and five women had less than a high school education. Only five women had any college education and only three of those had obtained a degree. Most women had at least one child living in the household 10 years or younger (n=12) or over the age of 11 (n=9). Some participants reported additional dependents in the household including grandparents (n=1), parents (n=2), and siblings (n=1). Many of the women reported that they had gained weight since moving to the U.S.

Traditional Rituals involving the procurement of food

In discussing the process of procuring food in Mexico, one woman described it in vivid detail and, for her, it was a very social event, one in which she built ties with her grandmother. When she described shopping with her grandmother, she could see the two of them walking from store to store, talking to the shopkeepers, picking the best looking meats, fruits and vegetables. She also provided some details about the loss of these rituals once she came to the United States. The loss included the lack of time for food rituals and the introduction of solitary shopping.

When I was little, I lived with my Grandma in Mexico. So the food that she made was always fresh, traditional, it was every day that we went to the grocery, the butcher. The butcher knew her and he would give her the best meat, soft and with

the least grease. Then we bought what we would be eating that day.... Then, when I started living with my parents (in the U.S.), I was a little older, and everything changed completely, because they worked all of the time. Then, they had lots of soda, something that I didn't really drink when I was younger.

Today, in the U.S. shopping is often a solitary activity for these women – “I usually go by myself to shop.” Although the children went along on occasion, they frequently were left at home because, as one participant reported, “they add more food that I do not let them eat.” Further, while they reported that they walked to purchase food in Mexico, in the U.S. they drive. Shopping was no longer done on a daily basis, after migration to the U.S. Several women reported that they shopped once a week, on the weekend, and several reported they went when they needed something at the store.

A number of women reported that shopping for healthier foods was easier in Mexico because of the variety of fruits available, but difficult in the U.S. due to the temptation to buy chips and bread, when they had gone to the store to buy fruits, vegetables and meat. Participants discussed the major difference between the US and Mexico is that Mexican stores are small stores like the “verdulería” – vegetable store – where one can buy any vegetable, legume or fruit, and they are all over the towns and cities. One can also go to the “Mercado” open-air market, where there's a lot of options for fresh vegetables and fruits. In Mexico, there are also “panaderías” - bread stores – those ones are not open the entire day (except in a big city like Mexico City, Guadalajara or Monterrey where they have some that are open 8am – 9pm and are located in popular areas and close to supermarkets only). Usually, panaderías (bakeries) only open early in the morning 6 am to 9am for breakfast, in case people want to make tortas, and from 5 or 6pm to 8 or 9pm for dinner, in case people want to buy bread for dinner. The bread in these panaderías is freshly made each time and can be purchased while still warm. For participants, this lack of small stores in the U.S. resulted in changes in food consumption from fresh foods to prepared and processed ones. Some women reported that in the US, there are no small stores, so each time they need food, they have to go to the supermarket where they can find everything at any time. Other women reported that they had much less time now and had to take short cuts or eat fast food outside the home. Again, we see how there is little time now for the performance of rituals.

Traditional Rituals involving the preparation of food

When discussing the preparation of food, several patterns were revealed. First, participants described what they ate in Mexico and explained that people seldom went hungry, even when they were poor. Food preparation and thus food purchases included abundant use of spices and preparation adjuncts. There are these stores called “molin”, which sell all sorts of grains, dry peppers, spices and “moles” (a spiced Mexican sauce made chiefly from chili peppers and chocolate) that are ground already. They also sell things like almonds and other types of nuts.

Of cooking, well, over there we cooked I think more vegetables than here. Here, we eat more, like, meat than over in Mexico.

One really does not prepare “mole” like in Mexico, because, in Mexico, one grinds everything.

Over there, we ate cacti, and we would add hot peppers, and then we ate potatoes with hot peppers, beans...pumpkins, eggs, sausage, cooking oil.

We almost always drank water.

What I remember is that in the afternoon when I was hungry, since we did not have anything else, well, I would eat, well, I would put beans in broth...and I would add tortilla, and cream to my plate. That is what always reminds me... that, when I was hungry in the afternoon, that is what I would make myself.

Well look, over there in Mexico, normally, one does not have money to buy cravings, you want to go buy a pack of cookies or drink soda every day, in reality, you do not have [money] for those things. So, over there, for example, agua fresca is made...or you drink water. It is more like that you don't really have [money] to buy juzgeras [cravings]. Here, I have enough to purchase the cookies, the bread, the soda and all of that.

In contrast, in the U.S., traditional foods are purchased readymade and meals often are informal and eaten in shifts, with very little ritual and almost no social interaction.

Here [in the U.S.] sometimes one buys the "mole" already [prepared]

Regularly I pick-up my girls at 3 in the afternoon. I get here at 4. Then, I already almost have the food ready and I and they arrive, and I feed them. Later, well, I have to go for my other boy, and it is the same, I arrive and I feed him and also, like that. He finishes and he goes to study. Then, my husband arrives later, and there, he eats last.

This does not mean that living in Mexico was not associated with temptations. Several women mentioned how delicious the bread was and how good and accessible the sweets were. As one woman explained, "yes, there were many bakeries, that was what we bought in the mornings."

A second pattern that emerged were descriptions of the utensils used. One participant claimed that the "mill, and the griddle [were used] to roast everything". Another described the traditional utensils used by her mother and grandmother.

The beans were cooked in a clay pot...and the spoons also of wood. They were made of wood.

Another woman, however, mentioned that her mother cooked beans in a clay pot, until she read a study that said this practice was dangerous due to lead. She concluded:

So my mom did not want to use it and it was not because she was taught to use that pot, but because she had it as a remembrance.

Other utensils mentioned included tin tubs, "comales" (or long hot plates), pewter pots and spoons,

And I remember that she didn't have where to make the "tamales" in [sic], and she made them over a fire in a [tin] tub, the big kind where clothes are washed outdoors.

it is indispensable, the roller for the tortillas like this to knead it, really delicious... And poor people would use a salsa bottle...when you no longer had money for other things. You would take the sticker of the salsa bottle off and there you used it like a roller.

These utensils often are not available in the U.S. One woman reported that she had purchased pewter pots and spoons recently because they reminded her of her mom when she was cooking. Several other participants reported that they now regularly use disposables.

Well had I been in Mexico, yes that [inherited pots and pans from mother] all would have happened to me, because my mom did that, right... But the one (sister) that is over there does have the pots that were at my mom's house, and it's because they were at my mom's house, and she has them.

usually we use disposables [e.g., paper plates for a special meal]... to not have to wash too many dishes.

A third pattern to emerge was a description of the kin who got them involved in cooking and the process of learning to cook, including the utensils used. They all explained that preparing food was very social, although it could involve each person performing a different task, and that learning occurred in social interactions involving observation and guided practice.

Well, my aunts ... taught me how to make enchiladas.

When I cook, I remember and I say, "Oh that meal was so good when made by..." or the salsa, I like to make salsa at night, and I always remember that my mom would have us cook. My sister would make the salsa and I would make flour tortillas, and my mom would cook the night meals. The dinner. I always remember that, that she would have my sister and I already designated, "oh I am making the flour tortillas", "oh I am making the salsa". We knew what we had to do!

Women who learned to cook in Mexico, taught by kin, often continued to prepare and eat the same traditional foods. Now that kin are not living close by, women report that they must find new role models if they want to learn to prepare traditional foods. One woman found her role model when working in a Mexican restaurant, which gave her the opportunity to watch how tamales were made.

Several participants mentioned that they tried to continue the tradition of preparing and serving traditional food, but it was difficult to find the right ingredients: "I didn't know where to buy Mexican products and I bought others I didn't like." Further, when they tried serving traditional meals to children, the children indicated that they preferred hamburgers and fries or chicken nuggets or pizza -- "my children," several women reported, "like the food that they get at school better -- they become accustomed to that food because they spend more time at school than they do at home." Several participants reported attempting to teach their children not only to prepare food, but to clean up after a meal.

Well I have them [help clean up after meal] because they are still young but I have them [clean] so that they learn. Sometimes to sweep or, or wash dishes. (She does this with the daughters -- not with the son because he has "too much homework").

He (son) needs to know how to cook...And I teach her (daughter) that juice should be 100% and to add water to it.

Rituals, Social Support, and the Consumption of Food

Another pattern that emerged were descriptions of how important the social aspects of meals were. When describing a memorable and ideal dinner, participants emphasized importance of people, of meals being family oriented. The celebrations were large, with many family members present. Everyone, from the old to the young, participated – not only eating together, but helping prepare the meal, clean up and then dancing, laughing and singing together.

Some [meals] are more special because sometimes there is more, uhm, a family member that is coming from far away, and then you feel happy because they came. And not others because it's almost just my husband, me, and my kids there.

When asked to describe a perfect meal, one participant explained that

I would have all of my family together, like my siblings, my mom, everyone. Everyone. My family. Everyone. Yes everyone (from Mexico). Yes, because not everyone is here.

Another woman, however, one who had been in the U.S. for eight years, talked about how it was important for her to have her own celebration with only her husband and children and how they stopped going to family celebrations even though many family members lived close by. She had begun to see social rituals as time consuming and exhausting. This same woman claimed that an ideal meal would involve having her children – three boys -- help with the preparation of the food.

In regard to the consumption of food, women frequently mentioned that in response to their stressful lifestyle in the U.S., they frequently turned to food and ate foods that were comforting, but not healthful. As one woman explained, “I do notice that when um I’m, uh, a little stressed or, um, excited about something, I sometimes I tend to eat more.”

A final pattern that emerged was that women living in the U.S. frequently mentioned that it was important to “eat healthy” and had, in many cases, learned to read food labels. This knowledge had at times, but not necessarily always, changed their purchasing patterns -- “I look at the labels, but I don’t really trust them.” One woman reported that they only bought fresh food, so she did not need to read any labels. Even when they reported that they could identify food high in sugar, salt and saturated fat, they found it easier to eat healthier food in Mexico, reporting that “in Mexico one brings fresh things, the fresh food and one gets home and eats purely healthy.” Here, in contrast, they are likely to give way to the demands of their children and purchase cookies and soda, prepare things that are easy to make (“pizzas – things that are fast and easy to make”), buy fast food (“it is cheaper to go out and buy [fast] food.”), or make impulse purchases of snacks like chips when they shop at the dollar store, where they can “get everything for a dollar.”

Discussion

In this study, we explore changes and loss of rituals in procurement, preparation and presentation of food following migration to the US. While we hypothesize that the loss of food rituals has a number of health effects, including the fact that it may play a role in risk for obesity, we do not prove this but merely provide support that the latter may be true. Food rituals are highly social events that help build strong and enduring social ties, thus building stronger support systems. As rituals slow down eating and lower the point of satiation,³⁹ they may lead to lower consumption and thus decreased risk for modern eating disorders such as binge eating³⁸ and stress induced eating.³⁹ Below, we briefly discuss the findings of this study and their implications.

Loss of food rituals and some implications

Participants in this study realized that food traditions had been lost and in most cases they mourned their loss. They blamed the loss not only on the lack of ‘teachers’, but the fact that many of the ingredients and cooking devices were not available locally. In most cases, they realized that an effect of the loss of food rituals was the loss of opportunities for social interactions with family members and in most cases they found this to be sad.

As we have moved to solitary eating, we have left behind many of its social aspects. A significant number of studies, many cited at the beginning of this paper, point out the important role that social ties, specifically close and enduring social ties, play in promoting health. While we may take social interactions for granted, enduring social relationships are complex and take time to develop and maintain.⁴⁰ To understand such relationship, we need to understand the context that promotes their development.⁴¹ Our study points to the important role that food rituals can play in developing and maintaining such ties and points to one context in which it occurs.

With the loss of food rituals, we have also lost much of the aesthetics of eating, the aspect of eating that makes it memorable and pleasurable. Food rituals are highly aesthetic events, involving smells, sights, touch, and hearing. They not only involve the pleasant smells involved in chopping and cooking foods, but they also can involve arranging the food on special platters so it is more attractive, setting the table with special place settings, arranging flowers, and decorating the house. They also are often followed by singing, and dancing. A new direction in food research has initiated a focus on the importance of aesthetics in eating, involving not only taste, but the other senses.^{42–44} This is clearly a future direction for study.

Intervention components of reviving traditions and rituals?

While it is often claimed that the degree of obesity rises along with the rate of economic modernization, meaning that obesity prevalence will increase when members of a traditional society begins to get involved in a westernized economic system, that story is not a complete one. As Inglehart⁴⁵ explains, rational choice models based on economic variables, “have become the dominant mode of analysis, while cultural factors have been deemphasized to an unrealistic degree... This approach tends to underestimate the significance of cultural factors, if only because economic indicators are readily available and cultural data are not.”

In this paper, we examined traditional food rituals and their loss related to migration. We found that significant changes did occur in rituals of food procurement, preparation, and consumption. These changes were related not only to the fact that many of the women were working outside the home, but to the fact that ingredients were unavailable locally, that recipes had been forgotten, and that the necessary utensils were unavailable as they remained in Mexico with family members there. Women did appear to recognize that the loss of these rituals had social effects and indicated some nostalgia for the rituals in which they and many members of their families had participated in Mexico. They also recognized that they were not teaching their children the rituals they had known in Mexico although in several cases attempts were made to do so.

These results, while preliminary, suggest that an important aspect of teaching nutrition to individuals influenced by migration to the U.S. may be lessons that acknowledge that women now have less time, but that provide help for her, within those confines, to re-ritualize the procurement, preparation, and consumption of food. This could include lessons in shopping with children (e.g., how to use this opportunity to build social ties and teach them about healthy eating), cooking classes for mothers and children and lessons on low-fat low-sugar Mexican cooking. They also could include lessons on table decoration, manners, and provide an opportunity for storytelling at meals. For example, a story could relate stories about the grandmothers who had for many generations made the particular food. It also could include information exchange on how to find the ingredients you need locally so you can continue to prepare the foods you love. While table manners may seem to be a slightly archaic concept, manners are important for providing a social blueprint that helps ensure the occasion is a comfortable one for all participating.⁴⁶ We hope the questions we ask and attempt to answer inspire future researchers to dig more deeply into this hypothesis. We also identify lost food rituals that may serve as leverage points in future interventions designed to promote healthy eating behaviors in Latino families.

Acknowledgments

Funding: This research was supported by Dr. Tasevska's start-up funds. Research assistance for data analysis and manuscript development was supported by training funds from the National Institutes of Health/National Institute on Nursing Research (NIH/NINR), award T32 1T32NR012718- 01 Transdisciplinary Training in Health Disparities Science (C. Keller, P.I.). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH or the NINR.

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Table 1

Sample Questions from Focus Group Script

Topic	Question/Information Elicited
Food Procurement	<ul style="list-style-type: none"> • Tell me about all your grocery shopping in Mexico. • How has your shopping changed since coming to the U.S.? • If someone goes with you, do they influence what you purchase? • Tell me about how your consumption of sweets and sugary drinks changes when someone else buys food? (Does their sugar intake differ when other members buy the food?)
Food Preparation	<ul style="list-style-type: none"> • Tell me about how you learned to cook and bake traditional foods? Who taught you? Are you teaching anyone else? • How often do you make those traditional foods today? • Tell me about how your consumption of sweets and sugary drinks changes when someone else is cooking? <p><u>Prompt:</u> Does sugar intake differ when other members prepare the food or buy the food?</p>
Food Presentation	<ul style="list-style-type: none"> • Tell me about how eating sweets/desserts and drinking sugary drinks have changed since you were a kid to now when you're having kids. <p><u>Prompt:</u> How has their sugar consumption changed throughout their life? Where did they learn their sugar consumption behaviors?</p> <ul style="list-style-type: none"> • Tell me about how Holidays or Birthdays.

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