International migration and dietary change in Mexican women from a social practice framework

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A B S T R A C T

Migration from lower- and middle-income to high-income countries is associated with dietary change, and especially with the adoption of a modern, less healthy diet. In this article we analyze the dietary changes experienced by Mexican migrants, employing as a theoretical framework the concept of social practice. According to this framework, practices integrate material elements, meanings and competences that provide their conditions of possibility. Practices are shared by members of social groups, and interact with other competing or reinforcing practices. Between 2014 and 2015, we conducted semi-structured interviews with 27 women, international return migrants living in Tijuana, Mexico. The interview guide asked about history of migration and dietary change. We found three main areas of dietary change: from subsistence farming to ready meals, abundance vs. restriction, and adoption of new food items. The first one was associated with changes in food procurement and female work: when moving from rural to urban areas, participants substituted self-produced for purchased food; and as migrant women joined the labor force, consumption of ready meals increased. The second was the result of changes in income: participants of lower socioeconomic position modified the logic of food acquisition from restriction to abundance and back, depending on the available resources. The third change was relatively minor, with occasional consumption of new dishes or food items, and was associated with exposure to different cuisines and with learning how to cook them. Public health efforts to improve the migrants’ diets should take into account the constitutive elements of dietary practices, instead of isolating individuals from their social contexts.

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1. Introduction

The modern diet, rich in fats, animal products, simple carbohydrates and processed foods, is a major risk factor for chronic disease (Ezzati & Riboli, 2013; Popkin, 1993; World Health Organization, 2011). Understanding the correlates of consumption of this dietary pattern is essential to inform public health efforts. Studies of migrants from low- and middle-income (LMI) to high-income (HI) countries show that international migration can result in dietary change. Cross-sectional studies that make comparisons between immigrants according to time in the host country, between different generations of immigrants, or between immigrants and populations in their countries of origin, suggest that contact with the recipient society is associated with a more modern (sometimes called “Westernized”) diet (Fernandes Custodio, Ortiz-Barreda, & Rodríguez-Artalejo, 2014; Holmboe-Ottesen & Wandel, 2012; Perez-Escamilla, 2011; Popovic-Lipovac & Strasser, 2015; Sofianou, Pung, & Tucker, 2011). The few longitudinal studies in this field show similar results, finding decreases in the intake of cereals and vegetals and increases in dairy, meat and sugar consumption after migration (Hwang et al., 2014; Tseng, Wright, & Fang, 2015). On the whole, these studies suggest that the
dietary practices of immigrants born in LMI countries are originally less modern (in the above-referred sense), and that as they become immersed in the HI societies of Europe and North-America immigrants tend to adopt the local, modern dietary practices (Ayala, Baquero, & Klinger, 2008; Holmboe-Ottesen & Wandell, 2012; Perez-Escamilla, 2011; Sofianou et al., 2011).

While many international migrants experience traditional-to-modern dietary change, in the globalized world of the late 20th and early 21st centuries a number of details complicate this general picture. First, given the expansion of industrial food production and global food commercialization, as well as the proliferation of fast-food chains in all regions (Hawkes, 2006; Popkin, Adair, & Ng, 2012), migrants can already be familiar with components of the dietary culture of the HI recipient countries. This is the case, for example, with the hamburgers and pizza that are ubiquitous in urban areas all over the world (Holmboe-Ottesen & Wandell, 2012; Martinez, 2013). Because of this, migration-related dietary change could consist in increases in quantity or frequency, more than in the incorporation of completely new food items (Olliffe et al., 2010; Park et al., 2011). Second, in most HI countries the “local” dietary culture is not homogeneous, but a mixture of traditions of different groups (Hunt, Schneider, & Comer, 2004; Thomson & Hoffman-Goetz, 2009) as well as consumer niches such as the “healthy eating” style (Hawkes, 2006), so that there is a range of new practices that immigrants can adopt. As an example, some studies of particular migrant groups (e.g. international students) report that instead of shifting towards a less healthy diet, their dietary habits improve as they adopt the discourses and practices of healthy eating (Abou El Hassan & Hekmat, 2012; Delavari, Farrelly, Renzaho, Mellor, & Swinburn, 2013; Perez-Cueto, Verbeke, Lachat, & Remaut-De Winter, 2009). A third element to consider is that socioeconomic position (SEP) can modify the association between migration and dietary change. Thus, one study with Mexican migrants in the United States (US) found that children’s diet deteriorated in successive generations of migration if the family was of low SEP, while in families of high SEP the generation of migration orated in successive generations of migration if the family was of low SEP, while in families of high SEP the generation of migration did not affect the quality of diet (Martin, Van Hook, & Quiros, 2015). Similar interactions between migration and SEP have been reported in other cases (Liu, Berhane, & Tseng, 2010; Tseng et al., 2015). As shown by the above, dietary change after migration is the result of the interactions of diverse individual and contextual circumstances, including those present before and after migration (Satia-Aboura, Patterson, Neuhouser, & Elder, 2002).

The concept of acculturation is frequently employed in research on migration and dietary change. Developed in anthropology to describe the changes in values, attitudes and behaviors resulting from the encounter of two previously differentiated cultures, it has subsequently been applied to cultural changes after migration (Berry, 1997), and dietary acculturation has been defined as “…the process by which immigrants adopt the dietary practices of the host country” (Satia-Aboura et al., 2002). The abovementioned studies of migration and dietary change have shown associations between indicators of acculturation and food consumption, but the mechanisms linking migration with dietary change have remained relatively underexplored (Abrasado-Lanza, Armbrister, Florez, & Aguirre, 2006; Hunt et al., 2004; Thomson & Hoffman-Goetz, 2009).

In this article, we propose that the concept of social practice can be a useful heuristic tool in this area of research, and that thinking about the dietary changes of migrants in terms of modifications in dietary practices can enrich the field. While much of the public health literature understands health-related aspects of the “lifestyle as behaviors, the concept of practice puts the emphasis on the way social conditions interact with individual dispositions to facilitate certain actions and make others less likely (Cockerham, 2005; Cohn, 2014; Delormier, Frohlich, & Potvin, 2009; Williams, 1995). Practices are interconnected sets of “… forms of bodily activities, forms of mental activities, ‘things’ and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge” (Reckwitz, 2002, p. 250). In this sense, practices are “embodied, materially mediated arrays of human activity centrally organized around shared practical understanding” (Schatzky, Knorr Cetina, & Savigny, 2001). Thinking about eating as practice entails considering the various steps of food procurement, preparation and consumption as socially situated actions embedded in a network of meanings and performed by means of a series of material elements. Dietary practices include symbolic aspects (as in notions of good and bad food, or the role of food as a manifestation of care) as well as actions. They sustain and are sustained by social relationships, and interact with other practices. Furthermore, practices are socially situated, so that persons in similar SEP engage in similar practices, by virtue of having access to similar material resources, but also because they share sets of norms, meanings, and practical knowledge (Blue, Shoe, Carmona, & Kelly, 2016; Bourdieu, 1984; Cockerham, 2005; Delormier et al., 2009; Williams, 1995).

Theories of practice link social structures to the everyday actions of people, describing the latter as socially situated performance that both constitutes and is constituted by social structures (Bourdieu, 1977, 1984; Giddens, 1984). Bourdieu, in particular, proposes that an individual’s social position is given by her accumulation of “capitals”, resources of different kinds; and that social position is also specific to “fields”, or structured social areas with internal rules. A third component of this model is the “habitus”, the dispositions of agents to act in a certain way or have certain tastes. The habitus is formed in the context of specific social positions; it’s attuned to them, and serves as a non-conscious orientation for action. Bourdieu’s concepts have been employed in research on diet, providing a way of understanding food-related behaviors beyond the individual level (Bava, Jaeger, & Park, 2008; Sato, Gittelsohn, Unsain, Roble, & Scaglioni, 2016).

One element of practice theories that is especially relevant for the study of migration and diet is the notion of practices as both changing and enduring, and of the conditions for practice change. Practices are attuned to the context in which they are performed, so that modifications in context can cause a mismatch that brings forward a transformation of practice (Bourdieu, 1977; Nettleton & Green, 2014). At the everyday level, change occurs when the material and symbolic elements that are part of practice shift (Shove & Pantzar, 2005). In their account of practices in relation to public health, Blue et al. (2016) build on the proposal of Reckwitz (2002), to suggest a three-element set of materials (objects), meanings (attached to the practice and its elements) and competences (the knowledge individuals have of how to perform the practice), that are integrated in a social practice. According to these authors, modifications in these three elements, and transformations in other competitive or reinforcing practices, constitute the mechanisms of change in health-related practices. Understanding food-related behavior in this way invites us to consider how changes in the elements of the set that constitutes dietary practices, or in other related practices, bring forward dietary change. Conversely, it can illuminate how the stability of those elements explains the permanence of dietary habits.

Our objective in this work is to describe the changes in dietary practices of Mexican women, return migrants from the United States (US), and to relate those changes to transformations in materials, meanings and competences that occurred as a result of internal and international migration. In doing this, we aim to add to the literature on migration and dietary change by taking into account the embeddedness of dietary practices in the social contexts
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