

Dietary Acculturation among Filipino Immigrants

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Introduction

Filipino Americans constitute one of the largest Asian American groups and they also form one of the fastest growing ethnic groups in the United States. However, relatively little research has been done on this immigrant population's overall health patterns as compared to other minority groups. As the number of the Filipino-American population continues to grow, it is essential to have a better understanding of how environmental and lifestyle factors affect the overall health status of this ethnic group. One of the most widely accepted ways to study health patterns among recent U.S. immigrants is through applying the theoretical concept of acculturation. Although this approach has been used to examine health trends of various immigrant groups in the United States, there is a noticeable lack of research regarding acculturation among Filipino Americans.

The objective of this research is to have a better understanding of acculturation and how it may affect the overall health status of Filipino immigrants in the United States. In particular, this study aims to gain insight into the conceptual processes of dietary acculturation. Recent public health studies suggest that Filipino Americans are at relatively high risk for various common chronic diseases, such as hypertension and type 2 diabetes (Brooks et al. 2012:27, dela Cruz and Galang 2008:118). Such nutrition-related health conditions are usually caused by environmental and lifestyle factors, particularly eating behaviors. The change in dietary practices and the adoption of new food preferences of Filipinos living in the United States may explain why this immigrant population group is at risk for these types of chronic diseases. The shift in eating patterns may be caused by dietary acculturation.

The term acculturation is very difficult to characterize because it takes into consideration several factors in the cultural changes occurring between two interacting groups. In a sociocultural context among immigrants, acculturation involves the complex, multidimensional, and bidirectional process of adoption of the mainstream behaviors and contemporary attitudes of the host country by the new immigrant residents (Ea et al. 2008:47). As new immigrants adopt the cultural patterns of the host group, they also begin to adopt its local eating patterns and food choices. The shift in food consumption practices because of dietary acculturation is one of the proposed sources for the changes seen in the health trends related among recent U.S. immigrant groups (Satia-Abouta et al. 2002). It is therefore important to define and describe the process of dietary acculturation to better understand the change in the eating patterns within the Filipino-American community. The main goal is to find an association between the current public health problems among Filipino Americans and their dietary patterns.

Methods and Sample

Before the participant recruitment phase of this project, this research has been approved by the IRB Office and Claim of Exemption was granted (IRB Protocol # 2012-0382) in May 2012. In order to generate data about dietary habits among U.S. Filipino immigrants, this preliminary research was conducted using the qualitative methods. Semi-structured interviews were constructed to ask participants about their life stories and their own worldviews on different subjects. Semi-structured interviews, consisting of casual conversations with broad, open-ended questions, were used in order to elicit their viewpoints and perceptions about their lifestyles and

behaviors. This method has allowed each individual to discuss a range of topics unencumbered by other rigid data collection procedures. A standard set of questions was used during the interviews, but probing questions unique to each respondent were asked as well. The standard questions that were asked pertain to the following:

- Migration history: the time and age of arrival, length of time living in the United States, and main motivation of their resettlement
- Culture: languages spoken and/or understood, recreational activities or hobbies, and living arrangements
- Daily living routines: current and past careers, academic backgrounds, and any major responsibilities or involvements that are currently keeping them occupied
- Dietary habits: typical meals eaten, food preferences, and consumption practices of specific types of food (i.e., rice, fruits, and vegetables)

Probing questions were instrumental to finding out more details and clarifying statements that the respondents made.

The search and recruitment of volunteer participants occurred between June 2012 and April 2013. A total of eligible 11 Filipino-American participants were recruited for this project. 9 participants were interviewed in person, and the other 2 were interviewed via Gmail chat. English was primarily used during the interviews. However, 3 in-person interviews were conducted in both English and Filipino. Interviews, both in-person and Gmail chat, lasted for about 25 minutes to 45 minutes. All in-person interviews were conducted in the University of Illinois at Chicago campus. With the permission of the participants, each in-person interview was recorded using the voice recorder application of a cell phone, and written notes were taken as well. The audio-recorded interviews were transferred to a personal computer with access code, and then they were converted to computer-readable audio files. The recorded interviews were then transcribed and coded using MAXQDA, a qualitative data analysis software. The Gmail chat interviews were copied and pasted into a Microsoft Word, and were also coded using MAXQDA. The qualitative research approach identified emerging themes from the coded interviews. The themes were then analyzed and interpreted.

Snowball sampling was used to find and recruit volunteer participants. Several friends, colleagues, and acquaintances were asked if they knew individuals who meet the eligibility criteria. The most helpful recruitment source was a colleague who helped distributed this project's recruitment letter through the UIC Asian American Resource and Cultural Center (AARCC) listserv. The letter was an informal invitation to participate in this research. The majority of the participants said that they received this project's recruitment letter because they were subscribed to the AARCC listserv system. Participants confirmed that they live in the Chicago metropolitan area. The majority were from the suburbs. Communication with participants before the actual in-person interviews was primarily through e-mailing and text messaging.

The eligibility criteria, stated in the research protocol, require that participants in this research project must be of Filipino descent who immigrated to the United States since 1990 and must be at least 18 years of age. All of the participants had moved and resettled in different parts of the United States since the early 1990s. The majority arrived to the United States in early to mid-2000s. The age distribution of participants ranges from 18 to 39—there were two who were

18, three 21, three 22, one 25, one 28, and one 39. The mean age is 23 years old. All participants claimed to understand the Filipino language, all of them were fluent in English, and 8 participants stated that they spoke both English and Filipino fluently. 8 of all the participants were females and 3 were males.

History of the Filipino Immigration to the United States

Filipinos remain one of the largest minority groups in the United States. The U.S. Census Bureau reported that in 2010, Filipino Americans numbered more than 3.4 million (U.S. Census Bureau 2010). The waves of immigration from the Philippines have always been described as a search for higher standard quality of life and economic opportunity (Serafica 2011:128). On-going labor migration from the Philippines can be understood due to the high unemployment rate of the country, poor economic conditions, slow industrial development, and current unstable political situation due to widespread corruption (Semyonov and Gorodzeisky 2004:8-9). As a result of this migration, many countries have substantial Filipino communities, especially in the United States.

The pattern of immigration of Filipinos to the United States has changed throughout time. Although the principal force that drove Filipinos to immigrate to the United States has been due to economic reasons, historical immigration research among early Filipino Americans indicates that employment opportunity has not always been the primary motive of emigration from the Philippines. Earlier Filipino immigrants to the United States were non-professionals. One of the first and smaller group of immigrants from the Philippines consisted of students seeking to complete their college educations in the United States, of whom most were sponsored by the United States government since the Philippines was then an American territory since 1902 (Liu, Ong, & Rosenstein 1991:490). In 1909 until 1934, Filipino laborers were recruited as sugar planters and farm laborers in Hawaii and California, of whom mostly were young, single, unskilled males (Allen 1977:195). However, during those times, United States had restricted immigration policies and Filipino immigrants were denied of naturalization rights preventing them from pursuing occupations that required citizenship status and also hindering their ability to own real state in many states as well as other benefits (Liu, Ong, & Rosenstein 1991:490-491). These difficulties deterred Filipino men from seeking permanent residence in the United States. However, during World War II in 1946, where the United States and the Philippines joined forces, the United States started to relieve immigration restrictions and began to grant naturalization rights to Filipino immigrants. Starting from that period until the mid-1960's, more Filipino immigrants came to the United States with larger settlements found in Hawaii and California, many of whom came as wives of American Servicemen (Liu, Ong, & Rosenstein 1991:491-492), World War II veterans and their families, families of earlier immigrants, and students completing their college educations (Allen 1977:196-197). The growth of the economy during the 1950's and 1960's improved job opportunities in the United States. Immigration continued throughout those time periods but it wasn't until around 1965 when significant increase in the population of Filipino immigrants and growth of Filipino American communities can be noticeably observed.

Mass Filipino immigration since 1965 brought a significant expansion of Filipino immigrants in the United States. Large scale immigration from the Philippines to the United

States occurred after the Immigration Act of 1965 became fully effective (Allen 1977:197). The promotion of family reunification wherein Filipino immigrants with U.S. citizenships brought their families from the Philippines with them, and the recruitment of occupational immigrants in which professionals from the Philippines along with their immediate families entered the United States were the two goals of the 1965 Act (Liu, Ong, & Rosenstein 1991:492-494). Many of the professionals who were admitted to the United States from the Philippines were doctors, nurses, engineers, accountants, school teachers, physicians, surgeons, pharmacists, dentists, and dieticians (Allen 1977:198). Throughout the twentieth century, larger Filipino populations have lived and settled in Hawaii, California, and throughout the West Coast, though there had been growing numbers of Filipino Americans also settling in large cities in the Midwest and the East Coast, such as in Chicago, New York, and New Jersey. However, the lack of concentration in ethnic neighborhoods in these cities tends to make Filipino communities less visible, unlike in Hawaii and California where larger concentration of Filipino Americans are found (Allen 1977:202-205). Nevertheless, Filipino Americans are now widely distributed throughout the United States and its territories.

Back in the Philippines, the local government has encouraged Filipino employees to go abroad to seek for better employment opportunities and higher paying jobs, especially in the United States. The Philippine economy has improved due to the extraction of American dollars through tax payments primarily by remittances, in which Filipino Americans send money to their relatives left behind in the Philippines (Allen 1977:198). In addition, the export of Filipino migrant labor to overseas destinations, such as the United States, is an official policy of the Philippine government that was endorsed in 1974 to battle the country's massive domestic unemployment, as well as a source of foreign currency (Semyonov & Gorodzeisky 2004:9). In recent times, the primary reason of Filipino workers choosing to migrate to other countries is to help support the household members left behind because of the lack of good employment as a result of country's poor economic conditions. Therefore, the search for higher standard quality of life and economic opportunity has been the primary driving force of recent immigration of Filipinos to the United States. On-going migration has resulted in the substantial Filipino American population.

Current Health Trends among Filipino Americans

Public health studies have shown that Filipino Americans are at relatively high risk for various chronic diseases. Chronic diseases such as hypertension and diabetes are some of the most common reported medical conditions among Filipino Americans. Epidemiological studies have shown that hypertension, or high blood pressure, persists as a major public health concern among the Filipino-American population. Hypertension, which is a major risk for coronary heart disease, is described as a health condition in which blood pressure remains persistently elevated (Nnakwe 2013:252). Recent research reveals that Filipino Americans are at greater risk of hypertension than any other Asian or Pacific Islander Americans, and that Filipino Americans have higher prevalence of hypertension compared to White Americans (dela Cruz and Galang 2008:118). There are some behavior-related risk factors associated with hypertension. These factors include excess dietary sodium intake from foods; reduced physical activity levels; inadequate intake of fruits, vegetables, and potassium; high amount intake of alcohol; and excess body weight (Chobanian et al. 2003:1212). These factors exemplify that food consumption

practices play a big role in determining someone's risk for developing chronic medical conditions like hypertension. Diet is therefore an important determinant of health.

In addition to hypertension, type 2 diabetes is another chronic disease that is common among Filipino Americans. Several public health studies have found that the Filipino-American population is a particularly susceptible ethnic group to developing type 2 diabetes (Brooks et al. 2012:27, Leake et al. 2012:475). Like hypertension, the risk factors for developing type 2 diabetes are associated with nutrition. Inactivity and obesity increase the risk for developing diabetes, hypertension, and related cardiovascular disease (Sowers 2013:943). Type 2 diabetes is characterized as insulin resistance in which the cells do not use insulin properly (Nnakwe 2013:226). It has been medically proven that having excess body weight is a contributing risk factor for a number of chronic diseases, such as hypertension and diabetes. Weight gain occurs due to an imbalance of energy intake and expenditure, and the reasons for this imbalance include environmental and lifestyle factors, genetic makeup, and certain medical conditions and medications (Nnakwe 2013:260). The prevalence of these chronic diseases among Filipino Americans may be attributable to the increased risk of being overweight in this minority group.

There are various anthropometric measurements that provide an index to risk of chronic diseases. Most of the epidemiological studies have used body mass index, or BMI. BMI is calculated using a person's weight and height, and that it is obtained by dividing weight in kilograms by height in meters squared (Lee and Nieman 2010:176). BMI estimates body fat composition and it also provides a reliable indicator for various health problems, especially chronic diseases. Overweight is defined as a BMI of 25.0 kg/m² to 29.9 kg/m², and obesity is defined as a BMI of 30 kg/m² or greater or body weight that is 20 percent or more above the healthy body weight standard (Lee and Nieman 2010:177, Nnakwe 2013:271). Being overweight and obese is associated with risk for developing chronic medical conditions. In general, people who have higher BMI also have larger amount of total body fat and more excess weight, and that higher BMI value is correlated to increased chronic disease risk (Lee and Nieman 2010:177-178). Therefore, BMI may be used to indicate the degree of risk for many chronic diseases and other health problems.

Several medical studies have found that the Filipino-American population has higher increased risk for becoming overweight or obese. According to a population-based health study in the United States conducted by the National Latino and Asian American Study or NLAAS, it has been found that a high percentage of Filipino American women reported having at least two chronic diseases, that Filipino American women also reported having higher rates of cancers and chronic back/neck problems compared with other Asian American groups, and that Filipino American women also had the highest proportion of overweight and obesity and they also had the highest measurement for body mass index (Appel et al. 2011). In another study using the 2005 California Health Interview Survey data, researchers have found that Filipino American men and women had the highest proportion of increased or high risk individuals for being overweight or obese compared with all other Asian American groups (Maxwell et al. 2012:891). Furthermore, a community health research using cross-sectional surveys and blood tests conducted in Michigan reveal that Filipino Americans reported higher rates of hypertension compared to other Asian groups, that Filipino Americans had the highest proportion with abnormal blood pressure values and had higher rates of cholesterol problems compared to other

Asian American groups, and that Filipino Americans were the most likely to be overweight among other Asian Americans in the survey (Wu et al. 2011:814-816). The concept of dietary acculturation may partly explain the increased risk of Filipino Americans for being overweight or obese.

Acculturation and Health

The core concept of acculturation posits the exchange and adoption of cultural practices between two different cultural groups. It refers to the process of cultural and psychological changes that results following the exposure between two different groups (Sam and Berry 2010:472). However, the acculturation process involves many complex and dynamic factors. Acculturation is regarded as a multi-dimensional process wherein individuals and groups undergo stages of cultural adjustments and changes in various domains, such as language, socioeconomic status, attitudes, belief systems, and lifestyles as they adapt a new cultural environment (Lopez-Class, Castro, and Ramirez 2011:1556). There are also strategic variations in how people acculturate. These strategies are known as integration—being engaged in both traditional and mainstream cultures, assimilation—adopting the dominant culture, separation—keeping the heritage culture and avoiding mainstream norms, and marginalization—excluding traditional and mainstream cultures (Sam and Berry 2010:476-477). The term, however, is applied in multiple levels and is dependent on the populations being studied. Among many recent immigrant groups, acculturation is generally used to denote the process by which a minority group adopts the cultural patterns of the host group (Satia-Abouta et al. 2002:1106). Measuring how well minorities are acculturated into the mainstream society involves multifaceted factors, and different researchers have unique approaches in measuring the level of acculturation for particular cultural groups, usually basing it on different acculturation scales created by social scientists and public health professionals.

The use of the theoretical concept of acculturation has evolved over time. Various measures and scales have been created, used, and developed among different studies examining the influence of acculturation on the wide array of health behaviors and outcomes among U.S. immigrant groups. In the public health literature, many proxy measures of acculturation reflect the linear and directional assumption of earlier acculturation theories. However, the definition of acculturation has changed because social and behavioral scientists have realized how complex, ambiguous, and problematic the theoretical concept was, especially when studying diverse immigrant groups in the multi-ethnic environment of the United States. Now, acculturation is characterized as multi-dimensional, multi-directional and multi-faceted (Abraído-Lanza et al. 2006, Gibson 2001, Pérez-Escamilla and Putnik 2007). The acculturation measures are still a matter of controversy and debate. The process of acculturation is complicated and difficult to measure, but acculturation scales are instrumental when attempting to identify associations of health risks and different descriptors, such as length of residence and food preferences.

Acculturation has been used as an indicator for health risk. The level of acculturation can be measured using various interrelated variables. Some acculturation-related factors or dimension that many researchers have utilized include language use, practice of dominant culture-related behaviors such as dietary habits, practice of relational behaviors such as making friends with members of the dominant culture, and membership in various social groups in the

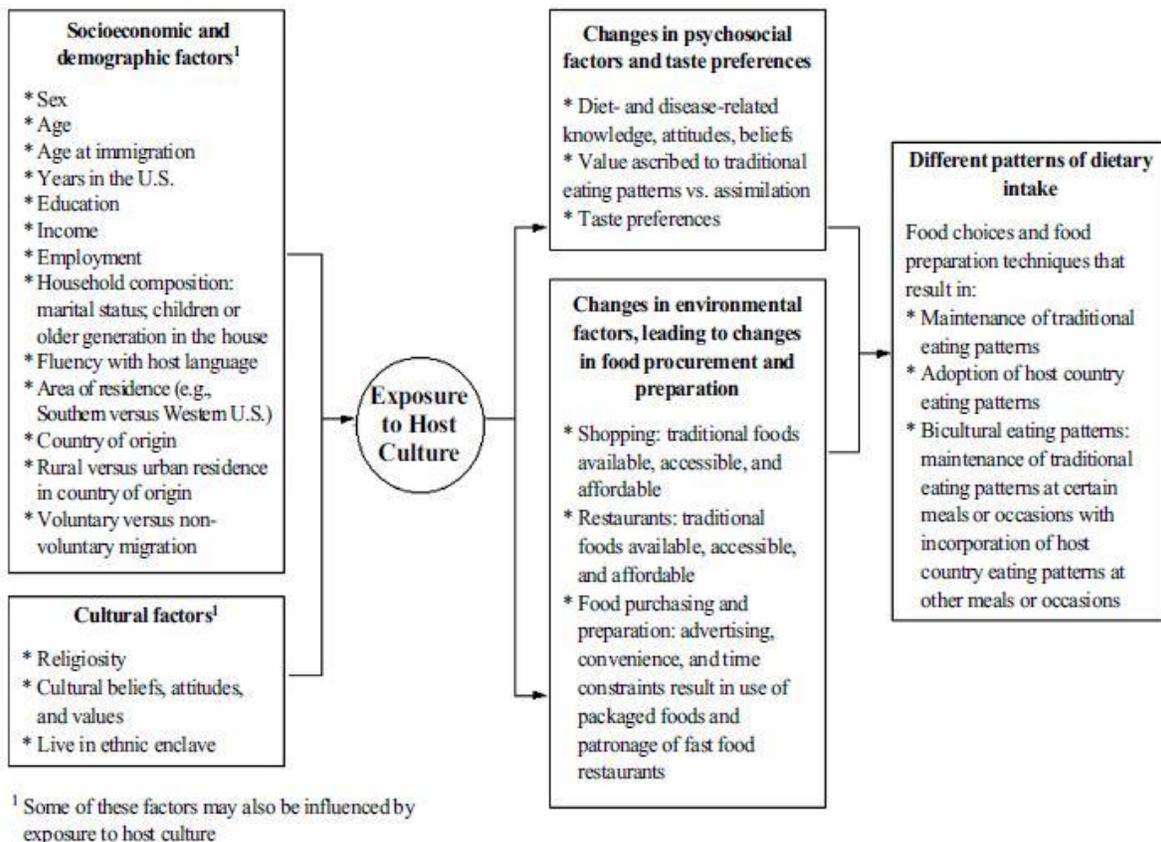
mainstream society (Lopez-Class, Castro, and Ramirez 2011:1558). Several researchers have proposed that acculturation among recent U.S. immigrants have negative influences in their overall health. Many public health studies have proposed that higher degree of acculturation is associated with higher risk for overweight and obesity (Cairney and Østbye 1999:120, Goel et al. 2004:2860, Himmelgreen et al. 2004:94). Higher degree of acculturation is correlated with longer duration of residence in the United States.

Acculturation studies among U.S. immigrants reveal associations between higher degree of acculturation and increased health risk. In a cross-sectional study that was conducted to examine the associations between proxy measures of acculturation and anthropometric indicators of nutritional status among low-income Puerto Rican women living in mainland United States, researchers found that the length of time in the U.S. and the primary use of the English language is positively associated with BMI and obesity prevalence, wherein the mean BMI and obesity prevalence increased with length of time in the United States and that higher BMI is significantly associated with greater English fluency (Himmelgreen et al. 2004:95). In a statistical analysis using the data from the National Health Interview Survey, researchers found that Filipino Americans have higher median BMI than other Asian groups, that U.S.-born Asian Americans are significantly more likely to be obese or overweight than the foreign-born, and that the number of years spent in the United States is directly related to the risk of being weight or obese among those foreign-born Asian Americans (Lauderdale and Rathouz 2000:1190-1192). In another report of a cross-sectional study using data from the Sample Adult Module of the 2000 National Health Interview Survey (NHIS), BMI among U.S.-born individuals were compared with foreign-born population groups, statistical analyses show that foreign-born respondents were less often obese than those born in the United States, that the findings reveal that the proportion of overweight and obese foreign-born individuals increased with longer duration of residence in the United States, and that immigrants living in the United States for 10 years or more were associated with significantly higher BMI (Goel et al. 2004:2864-2866). These findings reveal that length of time since immigration is an important risk factor for gaining excess weight. Hence, there is a relationship between the magnitude of change in BMI and duration of U.S. residence, which is one of the indexes in acculturation measurement.

The Concept of Dietary Acculturation

Diet is a major contributing factor in determining BMI, which consequently affects overall health. Therefore, it is important to examine dietary patterns among immigrant groups to better assess general health risks for certain populations. The change in eating patterns because of the adoption new dietary practices is known as dietary acculturation. Within the immigrant context, dietary acculturation refers to the process that occurs when members of the minority group adopt the eating patterns and food choices of the mainstream society (Satia-Abouta et al. 2002:1106). Just like the concept of acculturation, the process of dietary acculturation involves multifaceted factors. It is multidimensional, dynamic, and complex, and that there is an interrelated relationship of socioeconomic, demographic, and cultural factors with exposure to the mainstream society (Satia-Abouta 2003:74-75). Figure 1 is the proposed model of dietary acculturation and it illustrates the multi-factorial nature of dietary acculturation (Satia-Abouta 2003:76). In addition, the degree of dietary acculturation of particular immigrant groups may have an effect in the increased risk for various health problems. This includes changes in taste

preferences, access to various food resources, and cultural influences in the eating patterns of the host country or other ethnic groups.



Proposed Model of Dietary Acculturation: The process by which racial/ethnic immigrant or rural-urban migrant groups adopt the dietary patterns of their new environment

Figure 1: Conceptual Model of Dietary Acculturation

Research on acculturation among immigrant groups usually suggests that acculturation is a health risk. In a study conducted among Hispanics in Washington State, findings reveal that highly acculturated Hispanics consumed fewer servings of fruits and vegetables per day compared with those not highly acculturated, and highly acculturated Hispanics have higher fat intake compared with their low-accultured counterparts (Neuhouser et al. 2004:52-54). In other study of food acculturation on Mexican Americans, researchers found that Mexican Americans born in Mexico reported consuming more fruits and vegetables compared to Mexican Americans born in the United States, and that the consumption of dessert and salty snacks as well as pizza and French fries was higher among Mexican Americans compared to Mexicans from Mexico (Batis et al. 2011:1900-1902). Moreover, findings from an intergenerational dietary acculturation studies among Mexican Americans, second and third generations had greater odds of overweight and obesity compared to the first generation, and that both second and third generation adolescents consumed less fruits, vegetables, and meats but more sweetened beverages, saturated fat, sodium, and oil (Liu et al. 2012:300-302). Furthermore, nutritional studies among Korean

Americans show that Korean Americans who were more acculturated consumed more American food and less traditional Korean dishes (Lee, Sobal, and Frongillo Jr. 1999), a study among Asian students reveals that immigration to the United States is associated with increased consumption of fats, sweets, dairy products but decreased consumption of meats and vegetables (Pan et al. 1999), and acculturation research among Japanese-American men claims that less-acculturated individuals consumed a lower percentage of energy from fat and animal protein and that they had lower BMI as compared with more acculturated men (Huang et al. 1996). These results show that higher degree of dietary acculturation is associated with poorer dietary habits.

The Filipino-American population has received relatively little attention in the public health research literature evaluating relationships between immigration and dietary changes. Although many public health studies have indicated that Filipino Americans are at relatively high risk for excess weight, which in turn is associated with increased risk for many chronic health conditions such as high blood pressure and diabetes, there is an obvious lack of information regarding Filipino-American dietary acculturation. However, based on the various studies that have been conducted to examine dietary acculturation among many ethnic minorities, it is expected that there will be some similar findings for Filipino Americans.

The traditional Filipino meal is composed of rice and *ulam*. *Ulam* is a Filipino word for “viand” or an item of food, which is typically the non-rice portion of the meal (Summer Institute of Linguistics, Inc. 1980). A dietary assessment study of Filipino Americans reveals that steamed, white rice was reported to be a central part of this group’s daily diet, and that the commonly eaten food included fruits, fish, vegetables, eggs, meats, and mixed traditional dishes (Johnson-Kozlow et al. 2011). Another nutritional study found that Filipino Americans are more likely to consume a diet rich in animal-based sources and ethnic dishes, such as rice, processed meats, and food products prepared with fats, over a diet high in fruits, vegetables, and other forms of complex carbohydrates (Kim et al. 2008). Moreover, a health survey shows that Filipino Americans reported lower prevalence of consuming five or more fruit and vegetables per day compared with other Asian American groups and non-Hispanic whites (Maxwell et al. 2012:891-893). These studies suggest a trend about the quality of diet among Filipino Americans. This trend may be correlated to the current epidemiological studies pertaining to this group’s higher risk for chronic health conditions. The dietary behavior of the Filipino-American group is an important area of public health research where potential nutrition interventions can be developed. Future studies should examine the process of dietary acculturation among Filipino Americans in order to identify associations between health behaviors and environmental changes, as well as identifying correlations of dietary changes and increased risk of chronic diseases common to the Filipino immigrant group, such as high blood pressure and diabetes.

Analysis and Results

This baseline research is focusing on the Filipino-American dietary patterns. The main objective is to try to verify that change in food consumption practices by eating more of what is considered “American food” has a negative impact in the overall health of Filipino immigrants. As evidenced by epidemiological research suggesting that Filipino Americans are at relatively increased risk of various diet-related chronic diseases like hypertension and type 2 diabetes, the research goal is to find support to confirm that changes in dietary behaviors (i.e., consuming

more “American food” than “Filipino food”) is correlated to increased health risk of chronic medical conditions.

After coding of the transcribed interviews, analysis using MAXQDA reveals three emerging themes. The themes are clustered in each category based on the key questions that were asked. The answers from the respondents are used to identify the themes and to generate the clusters. The emerging themes include the prioritization of Filipino foods, having rice as a dietary staple, and low consumption of vegetables in the diet. The following tables represent the emerging themes and the corresponding answers from participants.

Table 1: Filipino food is prioritized

How would you describe your eating habits? Is it mostly Filipino, American, or mixed?
Definitely Filipino.
Filipino food. The only time I don't eat Filipino food is when I go out.
It's mostly Filipino food.
I eat a lot of Filipino food.
A lot of Filipino dishes. Although we have no time to cook, we usually go get food from Filipino restaurants.
A mixed American and Filipino. When we first came here, we eat a lot of Filipino food. As time went on, we started to incorporate American food.

Table 1 shows an emerging theme about how Filipino food is prioritized. When participants were asked to describe their eating habits, the majority of the respondents (6 out of 11) claimed that they eat mainly Filipino food. When asked to describe what Filipino diet is like, one participant said, “a lot of meat and fish dishes.” Another respondent named traditional dishes like “*sinigang, nilaga, menudo*.” 3 participants stated that they eat a mixture of what they would consider Filipino and American foods. 2 participants said that they eat more American food than Filipino food. When asked to describe what an American diet is like, one participant stated, “like sandwiches...Fast-food really.” Another respondent said, “the burgers and the pizzas and the fast-food.” Overall, this particular theme reveals that there is preservation of what participants consider the Filipino food and diet.

Table 2: Rice as a staple

How would you describe your rice consumption practices?
Usually my three main meals consist of some type of meat and accompanied with rice.
I have rice and then <i>ulam</i> . That's it.
Rice all the time. We have to have rice. Every meal that we eat, we have to have rice. And with like one <i>ulam</i> , or one viand.
There' rice, and there's something else.
Rice is there. Rice is a big deal. I eat rice with my dishes most of the time.
Rice and some vegetable concoction. Usually, there is some mock meat. Like, umm, meat substitutes.
Oh, a lot of white rice. Every day.

Table 2 shows another emerging theme, which is about the role of rice as a staple in the Filipino diet. When participants were asked to describe their rice consumption practices, the majority of the respondents (7 out of 11) claimed that rice is always present in their meals. 4 participants indicated that although they eat rice sometimes, they were currently trying to reduce their rice intake. When asked about why they were decreasing their rice consumption, their responses relate to health reasons. One asserted, “I cut it out more so now by choice is because of health reasons, the extra carbs that I don’t need.” Another person said that “there’s a lot, like I’ve read a lot of stuff like white rice isn’t that good for you.” Although some claimed that white rice may not be good for the health, the majority of the participants still indicated that rice plays a central role in their diet. This key theme suggests that rice remains an important part of the Filipino diet.

Table 3: Vegetables are less common

How would you describe your vegetable consumption practices?
I’d say 3 times a week.
Only sometimes. Only when it’s on like part of Filipino dishes.
Whenever we have vegetables. Whenever my family cooks vegetables. Not very frequent.
Probably like twice a week. My dad cooks very meaty.
Not every day. Not too often. I eat salads. I like meat better.
Not a lot. I eat a lot of meat.
Not so much. Not my favorite.
Just a few times a week.
I pick them all out. Like in <i>pancit</i> , ¹ I’ll take out the vegetables.

Table 3 shows the last emerging theme which pertains to the low intake of vegetables from the diet. When participants were asked to describe their vegetable consumption practices, the majority of the respondents (8 out of 11) claimed that they are not eating a lot of vegetables and some even indicated that they are consuming more meat. One participant claimed to be a vegan, and another participant claimed to be a vegetarian. These two individuals, and another person who claimed to eat a lot of vegetables but not a vegan nor a vegetarian, are the only ones who do not fit in this particular category. Also, an interesting fact is that the two participants, who claimed to be vegan and vegetarian, asserted that they alter and “veganize” Filipino dishes. This means that no meat or animal products are used, and that the protein part of the dishes are replaced by meat substitutes like tofu or mock meats when preparing and eating Filipino meals. However, in general, most participants claimed that they do not eat plenty of vegetables. The main theme is that meat is more preferred than vegetables, and that meat serves as a main element of the Filipino diet.

Overall, these three emerging themes demonstrate the retention of the Filipino diet among the participants. The majority of the participants claimed to eat more of what they would consider the Filipino diet than American food. Participants also asserted that rice, a traditional staple in the Filipino diet, remains to be an important part of their diet. Moreover, participants identified meat as a main element of Filipino foods, and that more meat and low vegetable

¹ *Pancit* is a type of Filipino dish involving different kinds of noodles mixed with chopped ingredients like meats and vegetables (Lumen 2005).

consumption characterizes the Filipino diet. These findings indicate that participants are still prioritizing Filipino food and the elements that define the Filipino diet, such as having rice and meat as the main staples. Yet, this immigrant group is still experiencing high risk for dietary-related chronic diseases, as evidenced by the prevalence of hypertension, type 2 diabetes, and for being overweight according to recent public health studies. The theoretical concept of dietary acculturation does not fully explain this health trend among the Filipino-American immigrant group.

Conclusions

Immigration to a new country is usually accompanied by environmental and lifestyle changes. One cultural aspect that is conducive to change due to the exposure to another cultural system is the adoption or integration of new food consumption practices. However, this shift in dietary behaviors may have a negative effect in the overall health status of certain immigrant groups. In particular, the adoption of the mainstream food patterns among recent U.S. immigrants may be associated to the increased risk for various dietary-related chronic health conditions.

Acculturation is a theoretical framework used to study the changes in cultural and behavioral patterns of immigrant groups settling to a different place. According to the acculturation conceptual model, as new immigrants acculturate to their new environment, they begin to adopt the cultural practices of the larger, more dominant group, including food consumption patterns (Lopez-Class, Castro, and Ramirez 2011, Sam and Berry 2010, Satia-Abouta et al. 2002). The concept of dietary acculturation proposes that immigrant groups adopt the dietary patterns of their new environment (Satia-Abouta 2003). Acculturation studies have suggested that acculturation is a major health risk because of its association with unhealthy weight gain, poor dietary habits, and increased risk for chronic diseases among diverse immigrant groups (Liu et al. 2012, Batis et al. 2011, Goel et al. 2004, Neuhouser et al. 2004, Himmelman et al. 2004, Lauderdale and Rathouz 2000, Cairney and Østbye 1999, Pan et al. 1999, Huang et al. 1996). Dietary acculturation may explain why the Filipino-American immigrant group is at increased risk for chronic diseases.

For this preliminary research, the original assumption was that there is a negative impact of dietary changes among Filipino immigrants. It was presumed that the trends in overweight and obesity problems among the Filipino-American population may reflect acculturation to the U.S. lifestyle, particularly the poor eating habits. The assumption also includes the idea that dietary acculturation among Filipino Americans may be associated with greater risk for being overweight and obese, and hence the increased risk for a number of chronic diseases, such as hypertension and type 2 diabetes. However, this hypothesis becomes inaccurate after analyzing the results of this research. The findings suggest that participants are retaining the Filipino diet, and that they are prioritizing the elements that define the traditional Filipino food, such having rice and meat as the major staples. Therefore, dietary acculturation, one of the proposed sources for the shifts seen in the health trends related to recent U.S. immigrant groups, does not clarify nor support the current epidemiological data on the prevalence of hypertension, type 2 diabetes, and for being overweight among the Filipino immigrant community.

Implications and Future Directions

The findings of this baseline research point to the need for more nuanced investigation on the meaning of dietary changes, in order to better understand the current health trends among immigrants. In particular, there needs to be more focus on the Filipino immigrant community because public health studies indicate that this immigrant group is at high risk for dietary-related chronic diseases. Since dietary acculturation may not be a reliable framework to evaluate associations between immigration and diet (at least among Filipino Americans), future public health research must use other behavioral models to attempt to explain the current health problems that many Filipino immigrants are experiencing.

Other contributing factors in determining healthy eating and proper nutrition were not assessed in this project. Dietary contributors to chronic diseases, such as eating portion sizes, intake levels of different food groups, convenience and access to food resources, physical activity levels, and socioeconomic status play important roles when determining the level of risk for developing chronic medical conditions. These health risk factors may be included in public health framework when evaluating relationships between behavioral changes and health patterns among recent U.S. Filipino immigrants.

When trying to use the acculturation model, studies using mixed qualitative and quantitative research methods of food consumption practices of Filipino Americans with varying levels of acculturation could provide essential details regarding health patterns and risk factors in this minority group. Also, comparative studies, using a more consistent dietary assessment method, between the Filipino-American diet and the traditional Filipino diet could offer some information necessary to identify food-based factors contributing to excess weight. In addition, a nutritional case-control study can be used to identify cause of chronic diseases prevalent among Filipino Americans. In this study, participants recently diagnosed with a diet-related chronic disease and a group of persons without the disease (the control) from the Filipino immigrant community may be interviewed concerning their dietary habits. The differences between these two groups can be compared in order to identify the cause or the health risk of a medical condition in this particular population. Furthermore, a multi-year cohort study may be the most useful when trying to find associations between immigration and the cause of chronic disease. Researchers may follow a group of Filipinos who are assumed to be healthy from the Philippines as they migrate to the United States. This group will then be monitored over time for disease occurrences. These proposed studies may be good resources for fundable research in the future.

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