



## Meanings and Strategies for Good Health: The Perspectives of Latina Immigrant Mothers in Rural Iowa

Angelica Reina\*, Kimberly Greder\*, and Tania Lee\*\*

\**Iowa State University*

\*\**Nutritional Science & Dietetics*

---

### Abstract

Limited research has examined the variety of strategies Latino immigrants, especially those living in rural communities, use to maintain or improve their health. This study identified Latina immigrant mothers' conceptualizations of good health and their strategies to maintain or improve their health. Data from 19 semi-structured interviews with Latina immigrant mothers living in a rural Midwestern community were coded and analyzed using qualitative methods. Results reveal that mothers define being healthy as the absence of illness (i.e., "not being sick") and interpreted health in terms of being physically, mentally, and emotionally well. Mothers identified four primary strategies they implement to maintain or improve their health a) eating healthy food, b) participating in moderate and vigorous physical activities, c) monitoring intake of unhealthy foods, and d) visiting the doctor for preventative care (e.g., checkups). Religious beliefs were also noted as sources of strength to tackle their emotional problems. Understanding how Latina immigrant mothers perceive "being healthy" and perceive the status of their own health, as well as being knowledgeable of the strategies they employ to maintain or improve their health, can assist researchers and practitioners interested in improving health outcomes among Latino immigrant families.

*Keywords:* immigrant health, immigrant mothers, health strategies

---

## Introduction

Latinos are the largest and fastest growing ethno-racial group in the United States, as well as in Iowa (U.S. Census Bureau, 2012). Currently, the Latino population constitutes 5.2% of Iowa's total population. According to the Woods & Pool Economics Inc. projections for 2012, cited by Iowa Division of Latino Affairs (2010), it is expected to grow to 12.7% by 2040. Thus, there is a need to monitor the health and well-being of this rapidly growing population. While there has been increased research focused on the Latino population over the past decade (Grant & Demerath, 1999), including studies focused on Latino health-related beliefs, practices, and decisions (Mendelson, 2003; Mejia et al., 2008; Romero de Slowing, 2012), and factors associated with health behavior change (Ashida, Wilkinson, & Koehly, 2010), much of the research has focused on Latinos living in urban areas or who were born in the United States. Research focused on Latino immigrant families living in rural communities remains scarce (Grant & Demerath, 1999). This study examines data from Latina immigrant mothers living in rural Iowa and has two objectives: 1) to understand how Latina immigrant mothers define good health; and 2) to identify strategies that Latina immigrant mothers employ to maintain or improve their health.

## Literature Review

### Definitions of Health

The World Health Organization (WHO) describes health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (2003, p. 2). Additionally, research indicates that a person's perception of health, as well as health behaviors, are influenced by race, ethnicity, and culture (Bonder, Martin, & Miracle, 2001; Bagley et al., 1995; Northam, 1996). For example, the concept of health among Latinos commonly refers to the balance of the social, physical, spiritual, and psychological aspects of an individual (Spector, 1991). Grant and Demerath (1999)

found that Hispanic women living in urban New Mexico related good health with absence of illness and control over personal health, and they identified body, mind, and spirit as foundational to good health.

### Health Strategies

While Grant & Demerath (1999) found that Latinas engaged in health maintenance and disease prevention behaviors (e.g., monitor caffeine, cholesterol, alcohol consumption; maintain high fluid intake; avoid tobacco; exercise; practiced monthly breast self-examinations; scheduled mammograms), Corbie-Smith et al. (2002) and Clark (1995) found Latinas to be inclined to forego formal healthcare, and to be more involved in health care activities within the home. Romero de Slowing (2012), Mendelson (2003), and Clark (1995) found that Latinas used traditional herbal cures and home-base remedies to treat common illnesses and utilized biomedical resources to cure serious diseases. Ashida, Wilkinson, and Koehly (2012) report that social networks among Latinos commonly serve as protective factors against poor health.

## Methodology

### Study Procedures

In-depth interviews were conducted with 19 Spanish-speaking Latina immigrant mothers living in rural Iowa, who had participated in a larger, multistate study, Rural Families Speak about Health (RFSH) (<http://ruralfamiliespeak.org/>). Interviews were conducted by a bilingual, bicultural Mexican woman who lived in one of the study communities. Interviews were audio-taped, and mothers were offered \$30 gift cards for their participation in the interview.

### Demographics and Characteristics of the Mothers

Mothers were born in Mexico, Guatemala, El Salvador, and Argentina, and lived in households at or below 185% of the federal poverty level. The mean

age of the 19 mothers was 34 years, and almost half ( $n=9$ ) had participated in some high school or had earned a G.E.D. One fifth ( $n=4$ ) had completed 8th grade or had fewer years of formal education, and one third ( $n=6$ ) had participated in specialized technical/business training or some college. The majority of the mothers ( $n=17$ ) reported having limited or no English language skills and only spoke Spanish. A large number of the mothers were overweight ( $n=7$ ) or obese ( $n=5$ ), and about one third ( $n=7$ ) were normal weight. While only two mothers rated their health as excellent, almost all of the other mothers rated their health as very good ( $n=4$ ) or good ( $n=11$ ). Only two mothers rated their health as poor. Mothers reported three to six people living in their households, including one to four of them being children. Almost all of the mothers were married ( $n=16$ ), and only three identified themselves as single. Ten mothers were unemployed and nine were employed.

## Data Analysis

Audiotapes were transcribed verbatim in Spanish and then translated to English by a bilingual, bicultural graduate student who taught Spanish at the associated university. The researcher who was responsible for the initial coding of the transcripts is a native Spanish speaker and reviewed all transcripts for accuracy by listening to the interview audio recordings. Transcripts were read line by line to identify concepts that illustrated how mothers defined being healthy and strategies they used to maintain or improve their health. Analytic notes expressing the meaning of the concepts were recorded. Concepts and notes were further analyzed to develop codes. MAXQDA 10 software (Qualitative Text Analysis Software) was used to facilitate the coding process.

## Findings

### Meanings of Being Healthy

Mothers identified good health in terms of absence of illness in the whole family, and full integration of physical and mental well-being

within a healthy environment. Two of the mothers, Amparo and Berta, expressed their perceptions in the following statements.

Amparo noted:

Well, first of all, I think it is not getting sick. This is what it means for me being healthy; it is not getting sick by things such as colds. What I can say is that all of us have good health because my daughters hardly get sick, neither my baby, my husband nor I.

Berta declared, “Being healthy is related to many things. Healthy...well, have a healthy mind, being physically healthy, eating healthy ... for me that is being healthy.”

Mothers also defined health as having a good harmony at home, being in peace with God and others around them, eating healthy, and participating in physical and social activities. Catalina, another mother, relates being healthy with peace with God and other family members: “in reference to health, to have good harmony in the house, to be well at peace...not in peace... in peace with God, amongst us... that we don’t have trouble or difficulty in anything.”

Mothers stated that being healthy involved taking care of themselves and family members, and related “good health” with having a happy and healthy family. Good health was described as not having addictions (e.g., alcohol, tobacco, drugs) or suffering from metabolic diseases (e.g., diabetes), and not having to regularly take medicine or visit a doctor. They associated health with “pure happiness,” having a good mood, not having stress, and living in good surroundings.

### Strategies for Maintaining Health

Some mothers identified techniques to incorporate nutritious foods, such as vegetables, into their diets. For example, Marisol explained:

Well, I don’t like the sweet pepper by itself, but I try to make it as a meal where I can eat it. The

broccoli I try to make it like...I don't know if you... have you seen the Chinese food? That sometimes there is broccoli in the meat... I try to make it like that to be able to eat the broccoli...because otherwise, I won't eat it.

Other mothers, like Rebeca, avoided drinking soda and put fresh fruit into her water:

I only make fruit-flavored water or mineral water, but I avoid drinking pop... I don't like mineral water (laugh). And I know that I have to drink it a lot... I drink a lot of juice. And to ...to drink mineral water, when I go for a run I take my bottle of water because I have to drink it there because I'm thirsty... or I made fruit-flavored water from fresh fruit or something like that, to drink the water.

Mothers also reported participating in moderate and vigorous physical activities with their families such as walking the dog or taking walks, walking up the stairs instead of taking the elevator, exercising at the school's playground, running outside, and practicing aerobics or playing basketball. Strategies to consume nutritious food included using healthy cooking techniques such as steaming, using less salt or sugar, incorporating nutritious foods like fruits and vegetables into their diets, and monitoring intake of snack foods and soda. Some mothers indicated washing vegetables and fruits before they ate them, and many mothers reported that they practiced preventative care by going to the doctor for checkups. One mother relied on faith to provide her strength to move forward. Victoria shared:

I am Catholic, I believe in God, I try to, how do you say... there is a word, that tells you, your spiritual part, you try to fill it up with strength, with getting closer to the religion, in my case, it's the Catholic religion, I try to read the Bible, I try to read books about desperation, I try to understand, um, why this why that, you read books, sometimes when you have big problems we have the Bible and we go and read

the Joseph part, there we will learn something good, it's a way it's like, it's like a medicine, your spiritual part to move forward with all the things that are coming.

Mothers also reported the use of specific food/plants to promote their family's health. Elena described the use of *nopales* (cactus) in their family's food to keep sugar levels in check. She shared: "I give them nopales, it's good for making your sugar go down, I give them nopales, black beans, and lentils." Other participants, like Isabel, prepare home care remedies: "We try to make home medicines at home, and then if it is not working, then we go to the doctor." These *cultural care* practices enabled mothers to deal with illnesses and improve their health.

## Discussion and Implications

This study increases our understanding of health definitions and strategies among Latina immigrant mothers that can inform public health interventions. First, the results of this study suggest that Latina immigrant mothers perceive health in a holistic manner (physical, mental, social, and spiritual) (Grant & Demerath, 1999). Thus, it is critical to embrace a holistic notion of health when planning interventions and providing care for Latina immigrant families.

Second, when the mothers discussed health and strategies to improve or maintain health, they emphasized the interconnected nature of the overall health of their entire family unit and their own health. Latinas commonly do not view health in terms of Body Mass Index (BMI). They perceive health in terms of energy level, happiness, healthy-looking skin and hair, and family bonding (Woodward-Lopez & Flores, 2006). This study found data supporting this idea, thus, a focus on a family's healthy eating and activity level is likely to be more effective than a focus on individual weight loss or a sole dependence on BMI as the focus of attention (Crawford, 2004). Furthermore, the cultural value of *familismo*, or family loyalty (Galanti, 2003), and the close social

ties between family members have been shown to be important to Latino populations (Marín & Marín, 1991). Given that health care practices of Latina immigrant mothers are interrelated and interconnected with the overall health of their entire family, it is essential that health education and promotion should focus on healthy eating and active living as a family, instead of strategies to promote individual health.

Third, mothers perceived health as being happy and in peace with God and other people around them. Some mothers relied on their religious beliefs to gain strength needed to tackle their problems. This finding can be explained from the Leininger's cultural care theory tenets, *health* and *culture*. Leininger (1991; 1993) describes *health* as the state of welfare often defined and valued by a specific culture, and defines culture as "learned, shared, and transmitted values, beliefs, norms, and life-ways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living" (p. 9). Thus, cultural values linked to religious beliefs, which are often transmitted from one generation to the next, influence the way Latinas perceive their own health as they "may enjoy a sense of vicarious control over their affairs through their alliance with an omniscient, omnipotent deity" (Ellison & Levin, 1998, p. 707).

Lastly, mothers associated good eating habits, physical activity, healthy relationships, and emotional stability with the concept of health (Mendelson, 2003). Mothers emphasized health strategies such as eating a healthy diet and avoiding tobacco, alcohol, and drugs. Other strategies for good health include using healthy cooking techniques such as steaming foods or using less salt or sugar; incorporating fruits and vegetables into meals; monitoring intake of snack foods and soda; going to the doctor for check-ups for preventative care; using specific foods or plants to promote their health; and participating in moderate and vigorous physical activities both on their own and with family members.

## References

- Ashida, S., Wilkinson, A. V., Koehly, L. M. (2012). Social influence and motivation to change health behaviors among Mexican-origin adults: Implications for diet and physical activity. *American Journal of Health Promotion, 26*, 176-179.
- Bagley, S. P., Angel, R., Dilworth-Anderson, P., Liu, W., & Schinke, S. (1995). Adaptive Health Behaviors Among Ethnic Minorities. *Health Psychology, 14*, 632-640.
- Bonder, B., Martin, L. & Miracle, A. (2001). Achieving cultural competence: The challenge for clients and healthcare workers in a multicultural society. *Workforce Issues in a Changing Society*, 35- 42.
- Clark, L. (1995). Maternal responsibility for health in the household. *Health Care for Women International, 16*, 43-55.
- Crawford, P. B., Gosliner, W., Anderson, C., Strode, P., Becerra-Jones, Y., Samuels, S., Carroll, A. M., & Ritchie, L. D. (2004). Counseling Latina mothers of preschool children about weight issues: Suggestions for a new framework. *Journal of American Dietetic Association, 104*, 387-394.
- Corbie-Smith, G., Flagg, E. W., Doyle, J. P., & O'Brien, M. A. (2002). Influence of usual source of care on differences by race/ethnicity in receipt of preventive services. *Journal of General Internal Medicine, 17*, 458-464.
- Galanti, G. A. (2003). The Hispanic family and male-female relationships: An overview. *Journal of Transcultural Nursing, 14*, 180-185.
- Grant, P., & Demerath, C. (1999). Health practices of adult Hispanic women. *Journal of Advance Nursing, 29*, 1105-1112.
- Greder, K., Romero de Slowing, F., & Doudna, K. (2012). Latina immigrant mothers: Negotiating new food environments to preserve cultural food practices and healthy child eating. *Family Consumer Sciences Research Journal, 41*, 145-160.
- Clark, L. (1995). Maternal responsibility for health in the household. *Health Care for Women International, 16*, 43-55.
- Corbie-Smith, G., Flagg, E. W., Doyle, J. P., O'Brien, M. A. (2002). Influence of usual source of care on differences by race/ethnicity in receipt of preventive services. *Journal of General Internal Medicine, 17*, 458-64.
- Ellison, C. G., & Levin, J. S. (1998). The religion-health connection: Evidence, theory, and future directions. *Health Education & Behavior, 25*, 700 -20.
- Iowa Division of Latino Affairs (2010). Latinos in Iowa: 2010. Retrieved from <http://www.latinofairs.iowa.gov/Pages/Data.htm>.
- Kandel, W., & Cromartie, J. (2004). New patterns of Hispanic settlement in rural America. Rural Development Research Report No. (RDRR-99), 1-44.

- Latinos in Iowa: 2012. (2012). Retrieved April 24, 2013, from [www.iowadatabase.org/Publications/latinos2012.pdf](http://www.iowadatabase.org/Publications/latinos2012.pdf)
- Leininger, M. (1991). *Culture care diversity and universality: A theory of nursing*. New York: National League for Nursing Press.
- Leininger, M. M. (1993). Some transcultural nursing definitions of concepts/constructs. The Transcultural Nursing Society Conference, Boston College School of Nursing, Boston, USA.
- Marín, G., & Marín, B. V. (1991). *Research with Hispanic populations*. Applied Social Research Methods Series (Vol. 23). London: Sage Publications.
- Mejia, G. C., Kaufman, J. S., Corbie-Smith, G., Rozier, R. G., Caplan, D. J., & Suchindran, C. M. (2008). A conceptual framework for Hispanic oral health care. *American Association of Public Health Dentistry*, 1-6.
- Mendelson, C. (2003). Creating healthy environments: Household-based health behaviors of contemporary Mexican American women. *Journal of Community Health Nursing*, 20, 147-159.
- Northam, S. (1996). Access to health promotion, protection, and disease prevention among impoverished individuals. *Public Health Nursing*, 13, 353-364.
- Romero de Slowing, F. (2012). "Le tengo fe" How do women's networks influence the health competence of Latina immigrant mothers living in a rural Midwestern state? Unpublished thesis. Iowa State University.
- Son, J. S., Shinew, K. J., & Harvey, I. S. (2011). Community leaders' readiness for a leisure-based health promotion program: Findings from an underserved racially diverse rural community. *Journal of Park and Recreation Administration*, 29(2).
- Spector, R. (1991). *Cultural diversity in health and illness*. Prentice Hall, Norwalk, Connecticut. Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity 2001. Rockville, MD: U.S. Department of Health and Human Services. Retrieved from [www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf](http://www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf)
- U.S. Census Bureau (2012). U.S. Census Bureau projections show a slower growing, older, more diverse nation a half century from now. Retrieved from <http://www.census.gov/newsroom/releases/archives/population/cb12-243.html>
- World Health Organization. *Constitution of the WHO*. WHO Basic Documents, Geneva 1948.
- Woodward-Lopez, G., & Flores, G. R. (2006). *Obesity in Latino communities: Prevention, principles, and action*. Latino Coalition for a Healthy California, Sacramento, CA.