

Afro-Caribbean Mothers' Cultural Perceptions of their Child's Weight and Food Practices in

London and New York

by

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A dissertation submitted to the Graduate Faculty in Nursing in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2013

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This manuscript has been read and accepted for the
Graduate Faculty in Nursing in satisfaction of the
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Abstract

AFRO-CARIBBEAN MOTHERS' CULTURAL PERCEPTIONS OF THEIR CHILD'S
WEIGHT AND FOOD PRACTICES IN LONDON AND NEW YORK

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Heather A. Gibson

Advisor: Professor Keville Frederickson, EdD, RN, FAAN

The World Health Organization has argued that greater efforts are needed to prevent and manage childhood obesity. In urban cities, the Black sub-group of Afro-Caribbeans has a high rate of childhood obesity and overweight. The purpose of this study was to analyze Afro-Caribbean mothers' cultural perceptions in London and New York regarding childhood weight and food practices in children age 6 to 12 years. This qualitative content analysis, guided by the Developmental Niche, used a purposive sample of 30 Afro-Caribbean mothers to illuminate cultural perceptions of food and weight in their children. Semi-structured in-depth interviews were conducted with 15 mothers in both London and New York City. Each participant completed a demographic questionnaire that also included two quantitative questions. The first measured mother's perception of weight using a visual image and the other assessed the written description of the child's weight.

The eight themes that emerged were: perceptions of childhood obesity within the general population; parents' role in child obesity; physical activity (PA); weight of child; cooking techniques; types of food consumed; food is a social bond that connects child with others; and food preparation varies according to families. Additionally, there were 29 subthemes such as: extracurricular PA is expensive, lack of knowledge about what constitutes a healthy weight, health care provider's involvement, cultural techniques modified and eating as a way to maintain

cultural rituals. More than one-quarter of the mother's (27%) in both London and New York had overweight or obese children. In general, mothers tended to select a visual image that showed their children at a lower weight than their actual size. Furthermore, most mothers of overweight and obese children did not perceive their children as such in their responses to the visual images. The implications for nursing practice and future research include increasing cultural competence for nurses, health care providers and students; increasing parent education regarding healthy food substitutes and weight recognition; developing policies to increase physical education for children; and providing weight and nutrition interventions to the extended family.

Acknowledgements

First and above all else, I would like to thank God, my comforter Jesus Christ. During the rough days and the really great days, I knew I was never alone because God was always there.

To my mother and father, Edlin and Clevan Gibson, thank you for your love and guidance through my lifetime. I have always felt supported by you. Mummy and Daddy, I love you dearly! To my siblings, their significant others, my nieces and nephews Jadzia, Leela, Jovan and Evan: Thank you for your love, understanding, wisdom and patience through this tremendous undertaking. The unwavering support from you, my family, helped me to succeed.

To my fiancé, you always understood when I couldn't spend time with you. Thank you for your continued support and understanding. I am blessed to have you as a partner. Thank you for your encouragement, strength and unconditional love.

To Dr. Keville Frederickson, my dissertation advisor, I must offer a huge thank you. Your mentorship, guidance and research contribution has been stellar. One could not ask for a better or more caring advisor. Thank you for believing in me especially those days when I didn't believe in myself. From the very first day and to the very end, words could never express my gratitude for your dedication.

Dr. Nora Campbell – your support and insights into adolescents, healthy food choices and transcultural nursing helped solidify my interest in the study and my determination to complete it.

Dr. Bill Ebenstein- your consistent guidance and support of nursing through the Office of the Dean of Health and Human Services at the City University of New York (CUNY) are appreciated and will continue to improve the education of the nursing workforce and the health of communities.

Dr. Martha Whetsell – your caring and intelligent spirit is amazing and helped me to succeed through the doctoral process.

Dr. Victoria Raveis - your experience in qualitative; exploratory; and family centered health research was an asset to my study.

The commitment and expertise of my entire dissertation faculty committee have enhanced my experience and made this dissertation process a most memorable one.

To Drs. Frederickson, Roye, Georges, Baumann, Nickitas, Lunney, Gigliotti, Whetsell, Nokes, DiCicco-Bloom, Campbell, Farren, Jeffreys and the entire nursing faculty of CUNY Graduate Center, I've been privileged to learn from each and every one of you. I am honored to have been taught by such esteemed faculty who care about student progression. Additionally, to the support staff, thank you for your assistance in navigating the process.

A special note of thanks to the Jonas Center for Nursing Excellence, the support from the Jonas Nurse Leaders Scholars program was appreciated. Your work and dedication to nursing will surely make a difference in healthcare for continuous generations.

To Cohort 3 and all my fellow GC students it has been my honor and pleasure to share time, information and knowledge over the past five years; thank you for everything, big and small.

To the participants, the Afro Caribbean mothers and their children, in London and New York, thank you for allowing me to be a part of your world if only for a short while. Your thoughts and experiences are valuable to my study and to the nursing discipline.

To my extended family, friends and colleagues in London and New York, I'm appreciative of all your assistance to make it happen.

Dedication

This is dedicated to my paternal and maternal grandparents; especially my grandmother “Ma”, Clementina Eunice who always encouraged me to further my education. Although no longer here, I know each of you is watching over me.

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Chapter I

Introduction

Childhood overweight and obesity is a global epidemic (World Health Organization [WHO], 2012). In the United States (US) and England (UK) the rates of obesity in Black children have increased to 24% and 26%, respectively (National Obesity Observatory, 2008; Ogden, Carroll, Curtin, Lamb, & Flegal, 2010; Ogden, Carroll, Kit & Flegal, 2012). In urban cities, the Black sub-group of Afro-Caribbeans has an even higher rate of childhood obesity; for example, the rate of childhood obesity of Afro-Caribbeans in London is 28% (London Health Observatory, 2009). Despite the high percentage of childhood obesity in Afro-Caribbeans in New York City, the census and other statistical databases do not distinguish among the Black ethnicities. The rate of Black childhood obesity in New York City is 21.3% (Center for Disease Control [CDC], 2011a). Childhood obesity across New York City (NY) has decreased; however, the obesity rate among Black NY children decreased far less than the decrease for all other children (CDC, 2011a)

Afro-Caribbean obese and overweight children are more at risk for developing Type 2 diabetes mellitus, hyperlipidemia, hypertension and adult obesity than non-obese children (Caprio et al., 2008). A full assessment of the cultural factors is necessary for understanding the reasons for the high rate of childhood obesity and overweight in Afro-Caribbeans in London and New York. A nuanced analysis of Afro-Caribbean Black culture in both cities will be critical to the success of efforts to develop culturally appropriate strategies to reduce the risk of severe health consequences for this population.

Understanding Childhood Weight, Obesity, and Culture

The development of childhood obesity is complex and includes many factors, including the perception of weight. Specific parameters define the range of weight categories. Overweight is defined as having excess body weight for a particular height (National Institute of Health [NIH], 2010). Obesity is the condition of excess body fat (Krebs, Himes, Jacobson, Nicklas, Guilday & Styne, 2007). Body mass index (BMI) is a ratio of weight in kilograms and height in meters² (kg/m²). BMI is the most commonly used measurement for weight status (CDC, 2011b). A person gains weight with an increased dietary caloric intake accompanied by decreased physical expenditure (Institute of Medicine [IOM], 2004). As time progresses and the imbalance continues, the probability of a person becoming overweight or obese increases (IOM, 2004).

In the US and UK, normal weight in children is defined as a body mass index (BMI) at or above 5th percentile and lower than the 85th percentile for sex and age, as per growth charts. Childhood overweight is defined as a BMI at or above the 85th percentile, and lower than the 95th percentile for sex and age. Childhood obesity is defined as a BMI greater than or equal to the 95th percentile for sex and age (CDC, 2011; Barlow and the Expert Committee, 2007).

Factors that contribute to childhood obesity and overweight are culture, weight perception, environment, and food practices (Caprio et al., 2008). Culture, the learned values, beliefs, and customs that are shared among a group of people (Kittler & Sucher, 2007) may contribute to childhood obesity as a result of the group's perception of weight; because ethnic groups differ in their valuation of weight (Caprio et al., 2008). This may be true for Afro-Caribbean parents' perception of their child's weight. However, limited studies have been conducted and none has compared parents' perception of weight.

Cultural values affect food practices in various ways and can determine which foods are perceived as healthy or unhealthy (Caprio et al., 2008). Additionally, the cultural value of food can be an expression of identity that preserves family values and community unity (Caprio et al., 2008; Jones, 2007). The food practices that the Afro-Caribbean Londoner (ACL) and the Afro-Caribbean New Yorker (ACNY) choose to follow, based on their cultural customs, may contribute to increased caloric intake, intake of energy-dense foods, and childhood obesity and overweight. There are no studies comparing food practices among Afro-Caribbean parents in London and New York.

Parental Perceptions of Weight

A small number of quantitative and qualitative studies address parental perceptions of childhood weight or obesity in the US and other countries (Baughcum, Chamberlin, Deeks, Powers, & Whitaker, 2000; Carnell, Edwards, Croker, Boniface, & Wardle, 2005; Jackson, McDonald, Mannix, Faga, & Firtko, 2005; Lampard, Byrne, Zubrick, & Davis, 2008; Pocock, Trivedi, Wills, Bunn, & Magnusson, 2010; Town & D'Auria, 2009). A limited number of studies included Blacks as a primary population or a significant proportion of the study population (Eckstein, Nikhail, Ariza, Thomson, Millard & Binns, 2006; Goodell, Pierce, Bravo & Ferris, 2008; Jain, Chamberlin, Carter, Powers & Whitaker, 2001). These studies found a discrepancy in parental weight perceptions. Many parents underestimated their child's weight and also misidentified their child's weight status as compared to their child's BMI percentage (Eckstein et al., 2006; Goodell et al., 2008; Jain et al., 2001). The review of literature provides further details of parental perceptions of childhood weight. Published studies pertaining to ACNY and ACL discussions of parental perceptions of childhood weight are limited (Sealy, 2010).

Although it is apparent that parental perception affects childhood weight, nurses know little about how parental perceptions influence childhood weight and food practices in similar international immigrant cultures. In order to address this gap in the literature, this study addressed the following question: What is the Afro-Caribbean parental cultural perception of childhood weight and food practices in London and New York?

Populations Affected by Childhood Obesity

Childhood obesity and overweight are affecting many populations throughout the world. Worldwide, 35 million children are considered to be overweight or obese in developed countries, and eight million children are considered overweight or obese in developing countries (WHO, 2010). Developed cities have the highest rates of childhood obesity and overweight; however, increasing rates have been noted in the cities of less-developed countries.

In the US, 12.5 million (17%) children and adolescents are obese. Childhood obesity is a problem in all races and ethnicities; however, Blacks and Afro-Caribbeans are disproportionately affected (Ogden et al., 2010) with higher percentages of obesity in Black girls than boys (Ogden et al., 2010). The excessive rates of childhood obesity in these populations support the need for further investigation into cultural factors (Caprio et al., 2008).

Afro-Caribbean Weight Issues in London and New York City

Migration has created a strong Afro-Caribbean presence in both London and New York. When Afro-Caribbeans migrate to the United States, they are classified as African American for statistical purposes. In the US, Blacks/African Americans are defined as people of black racial groups of African origin (U.S. Census Bureau, 2010). There is a paucity of American research childhood obesity that distinguishes ethnic and cultural differences among groups of Black people. Two studies were found that examine cultural aspects of obesity in Afro-Caribbean

people. Bramble, Cornelius & Simpson (2009) studied the cultural dimension of obesity in Afro-Caribbean-American adult women, and Sealy (2010) investigated the combination of Afro-Caribbean, Hispanic, and African American parental food choices in New York. Given the dearth of information, there is a need for more research on cultures of the African Diaspora and obesity (Hudson, 2008a; Hudson 2008b; Bramble et al., 2009; Sealy, 2010; Sherwood, Story & Obarzanek, 2004)

Data sources and research on the populations in living in Britain are also limited, but contain more information on the subject than the US sources. The national UK database differentiates among Black Caribbean, African, and other ethnicities (Elsayed, Scarborough, & Galea, 2011; Office for National Statistics, 2013). Higgins and Dale (2010) stated that more research on childhood obesity in the British Afro-Caribbean population is necessary for understanding parental recognition and facilitating the development of appropriate education strategies as the population continues to grow. Understanding the factors that lead to childhood obesity is crucial to developing effective nursing interventions. The study addressed cross-cultural differences and similarities of weight and food practices.

Obesity is common among the Afro-Caribbean and other minority ethnic groups in London (Greater London Authority, 2010). Traditionally, among UK Afro-Caribbeans, a larger body size is considered more beautiful than a smaller body size, because the smaller size suggests poor socioeconomic status (Diabetes UK, 2005). This same belief is held among other immigrant groups of low socioeconomic status in the United States (Caprio et al., 2008).

Significance of the Study

Childhood obesity and overweight are predetermining factors for the development of heart disease, hypertension, diabetes, hypertension, asthma and numerous other health disorders

(Magnussen et al., 2011; Short, Blackett, Gardner, Copeland, 2009). If children are obese, they have an increased risk for an earlier onset of these associated diseases and of becoming an obese adult. As adults, they suffer a higher risk of premature death and disability (WHO, 2012). In addition to decreasing the quality of life, childhood obesity requires greater health care expenditures (Allender & Rayner, 2007). Today's children are predicted to be the first generation to have less healthy lives and a shorter lifespan than their parents (Olshansky et al., 2005). This study is significant because parents, culture, childhood weight, and food practices are primary factors influencing childhood overweight and obesity.

This study will fill a gap in the literature by comparing the experiences of childhood weight and food practices of two groups with similar origins who migrated to two global cities. Details of the ACNY and the ACL experiences gathered in this cross-cultural comparison study may help researchers and practitioners in London and New York broaden their understanding of these specific groups within the broader African Diaspora, and may illuminate the causes of childhood obesity from a cultural standpoint.

Relevance to Nursing

In order to combat the problem of childhood obesity, nurses and other healthcare professionals need to develop a better understanding of the intersection of culture, nursing interventions, and healthy or unhealthy choices (Berkowitz and Borchard, 2009). This study is relevant to nursing practice, education, and research with possible implications in multiple areas such as culture, parental perception, and comparative global health. Nursing plays a key role in addressing the public health issue of childhood obesity (Berkowitz & Borchard, 2009), as nurses are a community's primary health educators (American Public Health Association, 2012; Berkowitz & Borchard, 2009; Public Health Nurse, 2012).

This study could enhance nursing practice by adding to the cultural knowledge base of nurses. Reading the unique stories of the ACNY and the ACL population will help nurses better understand the sub-culture of Afro-Caribbeans and to appreciate the influence of culture on weight, food practices, and obesity.

This study contributes to nursing practice by expanding the knowledge of two basic contributors of childhood obesity: food practices and weight perception. Childhood obesity is a pandemic, especially in the urban areas of developed countries (WHO, 2012), therefore, the field of nursing must seek measures to understand this phenomenon on an international level. The International Council of Nursing (2007), a conglomeration of nurses from over 130 countries, believes that nurses need to be culturally aware, as culture has an effect on patients' perceptions, beliefs, and understanding about diseases or conditions. Nurses need cultural information to provide appropriate care. Culturally prepared nurses are important in a global society because patients respond to disease and participate in nursing care based on their cultural background (International Council of Nurses [ICN], 2007). This study was congruent with the cultural competence goals of the ICN (2007) and focused on creating a bridge among international perspectives.

Misperceptions about weight and lack of understanding of cultural food practices may have a negative impact on children (Fitzgibbon & Beech, 2009). Nurses need to understand the parental perception of weight in children, as these beliefs may hinder or aid the nurse in the process of providing care (Fitzgibbon & Beech, 2009). Once parents have an accurate perception of their child's weight, interventions offered by nurses will be more relevant. More exposure to Afro-Caribbean beliefs and culture will help nurses understand the parental perceptions of weight and food practices of this group, no matter what country they have migrated to.

This study adds to the existing body of nursing research on childhood weight issues. Although nurses have been engaged in the global health arena, an extremely limited amount of research has been published that documents their contributions to global health priorities in childhood weight and food practices (Nalini, 2007). Interventions that are developed in specific cities or countries may be tailored for global use; however, it is necessary to assess the internal factors of another country, such as culture, before using specific interventions (Nalini, 2007). This study on parental perceptions of childhood weight and food practices in London and New York would provide preliminary research in this area. Nursing is universal; this study will therefore contribute to global comparative nursing research that is culturally relevant, and may produce positive patient outcomes (Im, Page, Lin, Tsai, & Cheng, 2004; Suhonena, Saarikoskib, & Leino-Kilp, 2009). The expansion of nursing research in the global health agenda of childhood weight and food practices has limitless potential and needs more visibility (Nalini, 2007).

Purpose of the Study

The rates of childhood obesity are high in London and NY. Childhood obesity research on this population has focused on prevention and management in each city, but comparative cross-national childhood obesity studies are limited. The need for comparative international obesity research was highlighted in a study from the City University of New York (CUNY) and London Metropolitan University (LondonMet) Childhood Obesity Initiative that focused on the similarities and differences of childhood obesity, food policies, and interventions in London and New York. That study was the basis for collaboration and investigation of shared experiences in the two cities (Freudenberg, Libman & O'Keefe, 2010). The CUNY/LondonMet study signifies the importance of researching and comparing childhood obesity in large metropolitan areas.

The current study contributes to the existing CUNY/LondonMet research by illuminating the culturally specific Afro-Caribbean perceptions of childhood weight and food practices in both cities. This study creates a better understanding of the culture whereby appropriate culturally congruent measures, interventions, and educational strategies are developed to affect childhood obesity and overweight. Using a qualitative content analysis approach that is supported by quantitative visual facial sketches, this study compared Afro-Caribbean parental food practices and their perceptions of weight of children in London and New York,

The purpose of this study was to analyze the parental cultural perceptions of the ACNY and ACL regarding childhood weight and food practices in children age 6 to 12.

The research questions are:

1. What are Afro-Caribbean parents' cultural perceptions of their child's weight in London and New York?
2. What are Afro-Caribbean parents' cultural perceptions of their child's food practices in London and New York?
3. What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in New York and London?
4. Is there a relationship between parents' perceptions of a visual image of the child's body weight, written description of the child's body weight, or the child's actual BMI? (quantitative)
5. Is there a relationship between the demographics and the parents' perceptions of a visual image of the child's body weight, written description of the child's body weight, or the child's actual BMI? (quantitative)

Definition of Terms

Afro-Caribbean New Yorkers (ACNY): for the purposes of this study, are people living in New York who are of African descent and from English-speaking Caribbean islands that were formerly part of the British Commonwealth, such as: Antigua and Barbuda; the Bahamas; Barbados; Belize (South America) Guyana (South America); Jamaica; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; and Trinidad and Tobago (Klein, 1988; Madden, 2000; McDonald & Sheridan, 1996; Okihiro, 1986). Some countries or research journals may synonymously use the term West Indian (Chamberlain, 2008). Depending on the data source, these groups are also referred to as West Indian Blacks, Black Caribbeans, West Indians, and Caribbeans. In US databases, this group is categorized as Black/African American.

Afro-Caribbean Londoners (ACL), for the purposes of this study, are people living in London who are of African descent and from the English-speaking Caribbean islands that were formerly part of the British Commonwealth: Antigua and Barbuda; the Bahamas; Barbados; Belize (South America) Guyana (South America); Jamaica; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; and Trinidad and Tobago (Klein, 1988; Madden, 2000; McDonald & Sheridan, 1996; Okihiro, 1986). Some countries and/or research journals synonymously use the term West Indian (Chamberlain, 2008). In UK databases, this culture is referred to as Black Caribbean, however most UK research refers to this culture as Afro-Caribbean.

Blacks: for the purposes of this study, includes all people of the African Diaspora with original African ancestry. This includes people of African ancestry from Africa, North and South America, Europe, and the English, French, or Spanish speaking Caribbean islands.

Perception of weight: for purposes of this study, perception refers to the knowledge, attitudes, values, and beliefs that contribute to or diminish participation in a particular health belief or behavior (Airhihenbuwa, 1995). Perception means how a person views an object or a person (Roy, 2009). The concept of perception may be related to physiological factors. It is the bridge between the two concepts of a theory, such as the environment and the person or health and person (Fawcett, 1984).

Food practices: for the purpose of this study, food practices includes types of traditional food, healthy food, new foods, food acquisition and availability, food preparation and food socialization and consumption (Goody & Drago, 2009). Food practices will be self-reported by the parents.

Summary

The introduction outlined the need for a cultural study of the parental perceptions of childhood weight and food practices among London and New York Afro-Caribbeans. This study provides further information on cultural factors, parental perceptions, global health, and nursing research on childhood obesity in Afro-Caribbean Londoners and New Yorkers.

Chapter II

Literature Review

This chapter will present a brief historical overview of the migration of English-speaking Afro-Caribbeans to New York City and London from the inception of the trans-Atlantic slave trade to the present. The history of the Afro-Caribbean presence in both cities will be examined. From this investigation, a social and political construct will be developed to identify commonalities and differences of the Afro-Caribbean experience in London and New York and to support a comparative study of the parental cultural perceptions of weight and food practices in both cities. In addition, a general overview of cross-cultural values of food and weight will be evaluated to elucidate the importance of culture in studies of food practices and weight perceptions. This chapter will conclude with a description of parental perceptions of weight and food and highlight gaps in the literature that indicate the need for this study of Afro-Caribbeans. This comparative study of Afro-Caribbean parental perceptions of weight and food practices should facilitate culturally-based knowledge that leads to the prevention and management of childhood obesity in London and New York City Afro-Caribbeans. Culturally-based practices in this population have not been explored; such studies are needed to help counter the pandemic of obesity in this population.

Historical Background of Afro-Caribbeans in London and New York

“Culture is not simply materialistic (artifacts) or idealistic (ideas) but encompasses all forms of social relationships and is interwoven with an individual's everyday existence from birth to death. Society and culture are inseparable concepts and must be studied historically, for they are not an integrated whole but an area of struggle and change” (Bush, 1986, p. 117)

Anglophone (English-Speaking) Afro-Caribbean or Caribbean Islands

An historical overview of the Anglophone Caribbean as it pertains to Afro-Caribbean migration and food may shed light on the experiences or perceptions of the contemporary Afro-Caribbeans in London and New York City. The historical perspective is important when studying food, weight, and culture, especially when considering islands that had been occupied by dominating cultures. The historical context of the ruling culture had an impact on people living on the Caribbean islands.

This study concentrated on the areas of the Anglophone (English-speaking) Caribbean Islands formerly under British colonial rule: Antigua and Barbuda; the Bahamas; Barbados; Belize (South America) Guyana (South America); Jamaica; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; and Trinidad and Tobago (Klein, 1988; Madden, 2000; McDonald & Sheridan, 1996; Okihiro, 1986).

The Spanish or French-speaking islands are not included in this study, as they have less in common with the islands of the former Commonwealth Caribbean. The perceptions, experiences, and languages are different for immigrants that were formerly under French, Spanish, Dutch, or Portuguese rule. Furthermore, immigrants from the Anglophone islands of the former Commonwealth chose to migrate to countries and cities that are primarily English-speaking.

Each of the former Commonwealth islands share food and cultural similarities that were influenced by the former Arawak or Carib Indians, Asian or Indian indentured servants, British colonizers or African slaves (Beckford, 2001; Braithwaite, 2001). Hence, the Anglophone Afro-Caribbean will be studied as an entire population instead of individuals from separate islands. Nutritional influences from England and Africa, and the agricultural capacity of the land,

determined the types of foods that were available to the inhabitants (Klein, 1988). Certain foods became staples of the Afro-Caribbean culture as a result of the integration of colonizer and slave food practices. Salted codfish, beef, and pork were imported products of the Europeans (Goucher, 2008; Hall 1996). A small allowance of salt fish was also provided to the slaves (Irwin, 1977). The slaves' diet consisted mainly of potatoes, loblolly (gruel of corn and potato), bonavist (kidney beans), Indian and Guinea ears of corn, cassava, yams; plantains (Irwin, 1977) root crops, vegetables, and fruit (Hall, 1996). Many of these staple foods have continued to be main ingredients in traditional Afro-Caribbean meals. In recent years, these foods are available in the Caribbean as well as in London and New York City. Furthermore, although sources of protein, such as salted codfish, pork, and beef were difficult to acquire in the past, they are more accessible today. In addition to recognizing the forced migration and food history of the Afro-Caribbeans during slavery, acknowledging the islands' agricultural capacities is essential for understanding of the food history of Afro-Caribbeans. Slave labor was used in the production of sugar, coffee tobacco, cocoa and rum (Houston, 2007; Klein, 1988). Sugar plantations flourished in the Caribbean. These products were exported for profit or used by the colonizers; the slaves were not afforded these items.

In the institution of slavery, access to food was a controlling and dominating force: food was a source of conflicting meanings. Yet the African roots of Caribbean cuisine are also a testament to cultural survival (Goucher, 2008). In this manner, food embodied differing meanings: food was nourishment and necessary for the slaves' survival; food sustained the cultural identities of a people; yet agriculture promoted exploitation and conditions of enslavement (Goucher, 2008).

This history of an inherent system of oppression and slavery ended in 1838 (Henke, 2001; Klein, 1988). However, the British controlled the islands of the Caribbean until the mid-1900; after direct political control ended, economic control continued. Until 1962, citizens of the Anglophone Caribbean were considered British subjects and could freely enter the UK. Alternately, many Anglophone Afro-Caribbeans migrated to the United States to find a better life.

London

“I give the strange and bitter and yet ennobling thanks for the monumental groaning and soldering of two great worlds, like the halves of a fruit seamed by its own bitter juice, that exiled your own Edens you have placed me in the wonder of another, and that was my inheritance and your gift” - Derek Walcott (Burnett, 2001)

The migration pattern of Afro-Caribbeans to London has fluctuated over the years. Prior to 1948, migration from the Caribbean to London was limited. In 1948, the British Nationality Act made it possible for Anglophone Afro-Caribbeans to migrate to England as colonial subjects and they were identified as citizens of UK islands born overseas (Peach, 1986). The necessity for a large labor force to support an expanding economy and rebuild post-World War II Britain (Paul, 1997) prompted a major influx of Afro-Caribbeans to England. Immigrants settled in the Southern part of England, primarily London (Goulbourne, 2002).

From the period of 1948 to 1962, the population of Afro-Caribbean immigrants in the United Kingdom increased from 500 to approximately 250,000 (Minority Rights Groups International (MRGI), 2005; Peach, 1998). During this period, Afro-Caribbeans experienced difficulty in obtaining adequate housing, as many districts in London were redlined (Minorities at Risk (MAR), 2009; Spencer, 1997). The increased Afro-Caribbean immigrant population and

racial discrimination by the British led to anti-Black sentiment in the dominant population and riots ensued during the 1950's (Hansen, 2000; MRGI, 2005; Solomons, 2003). New immigration laws were enacted in 1962 and 1972 to decrease the number of Afro-Caribbean immigrants, limiting immigration to individuals with specific work permits or to those whose parents or grandparents were born in the UK (Kyriakides and Virdee, 2003). The political climate was such that Britain wanted to restrict the growth of the Afro-Caribbean population based on race. Conversely, the British wanted to appear to be reducing discrimination against Afro-Caribbeans (Kyriakides & Virdee, 2003; Spencer 1997) with the 1972 anti-racism laws, which were rarely enforced (Kyriakides & Virdee, 2003). These laws exemplify the contradictory aspects of the political and social climate under which the Afro-Caribbean population lived in London at this time.

This political and historical history may have shaped the culture and food practices of London Afro-Caribbean. The dominant culture's ambivalence towards Afro-Caribbean immigrants may have affected the immigrants' cultural ties to food; for example, assimilation becomes easier if traditional foods are abandoned. On the other hand, the strained political and social climate may have influenced Afro-Caribbeans to retain their cultural food as an affirmation of their identity. Foner (1998) notes food practices may include both traditional foods and foods of the dominant culture. For example, first-generation immigrant Jamaicans may eat rice and peas and curry goat as well as fish and chips, and drink bitters in the pubs (Foner, 1998). Food is usually one of the last practices to become acculturated because it is usually consumed in the privacy of the person's home and subject to little scrutiny (Kittler & Sucher, 2007).

From 1961 to 1971, approximately 125,000 new Afro-Caribbean immigrants came to the UK every year (Chamberlain, 2008). By 1971, Afro-Caribbean birthrates increased to above the number of new immigrants who entered the country in previous years (Chamberlain, 2008; Peach, 1998; Sutherland, 2006). People of African descent are the third-largest minority ethnic group in England (Dale, 1997; UK Census, 2001). In 2001, London accounted for the highest percentage of Afro-Caribbeans in Britain, 61%, as compared to the other cities in the UK (UK Census, 2001).

New York

Afro-Caribbeans have been in the United States in smaller numbers for centuries, dating back to the 1600's during the early stages of the transatlantic slave trade (Klein, 1988). The first major occurrence of Afro-Caribbean immigration began in the 1900's and continued until 1924, before the Great Depression (Foner, 2001; Showers Johnson, 2008). The immigrants arrived on passenger steam ships primarily supplied by the United Fruit Company (Showers Johnson, 2008). By 1924, there were over 12,000 Afro-Caribbean immigrants entering the US per year. By 1925, however, the strict immigration laws of 1924 were in full effect. The number of Afro-Caribbean immigrants decreased to 791 persons; by 1933, only 84 Afro-Caribbean immigrants entered the country (Showers Johnson, 2008; U.S. Department of Labor, Bureau of Immigration, 1933) The greatest influx of Afro-Caribbeans to the United States occurred in the 1960's (Foner, 2001). In 1962, the UK had instituted the Commonwealth Law, but in 1965, the US lifted the McCarran-Walter Act, a strict immigration law passed in 1952. In 1965, the US passed new legislation, the Hart-Celler Immigration Act; by 1970 the Afro-Caribbean immigration increased from 4,700 in 1965 to 27,300 (Foner, 2005; Showers Johnson, 2008). The most frequent destination of the Afro-Caribbean immigrant was New York City (Foner, 2001). Most Afro-

Caribbeans migrated to Brooklyn, New York, where they entered the pre-existing Black population. These first generation Afro-Caribbeans would continue to eat native dishes, such as peas and rice and stew chicken, as well as new foods, such as pizza and bagels (Foner, 1998).

Foner (2001) states that since 1995, 500,000 Afro-Caribbeans have moved to New York City. In the United States, New York City is the home of the largest Afro-Caribbean immigrant population outside of the Caribbean (New York City Department of City Planning (NYCDCP), 2012; Showers Johnson, 2008). In 1998, one third of the Black population in NYC identified as Afro-Caribbean descendants (Foner, 2001; New York City Department of City Planning (NYCDCP), 2004). According to the American Community Survey (2006-2010), 600,000 people (7% of the population) in New York City claim Caribbean ancestry of non-Hispanic descent.

London and New York are two coastal cities where Afro-Caribbeans comprise a large immigrant population that has settled in ethnic enclaves. The large percentage of Afro-Caribbeans in London and New York as well as the historical background of migration and food further supported the need for the study of this population. Furthermore, these two Afro-Caribbean cultures are linked in their experiences in two large cities.

Cultural Value of Food and Weight

Culture is the total of learned shared values, beliefs, attitudes and practices accepted by members of a group or community (Kittler & Sucher, 2007). Cultural value can be understood as the importance or acceptability of a commonly held standard (Cultural value, n.d.). The cultural value of food and weight means an understanding of inherited or shared beliefs about the importance of food and weight. Salient aspects of the cultural value of food and weight were examined separately for a general overview in different cultures. The literature is replete with

cross-cultural studies of food and weight; however, this review will concentrate primarily on Black or minority populations.

Cross-Cultural Value of Food

“Food is a central activity of mankind and one of the single most significant trademarks of a culture.” -Mark Kurlansky

Food is a symbol, a cultural beacon of the human experience (Super, 2002). The meaning of food is different for every culture and all individuals. Furthermore, the value of food is referred to as the “cultural numerator essential to the human equation” (Super, 2002). In reviewing the literature, major concepts about the cultural value of food in various societies concerned comfort and identity. Furthermore, research noted the symbolism of sharing or distribution of food in cross-cultures (Brown, Edwards & Hartwell, 2010; Jones, 2007; Locher, Yoels, Maurer & Van Ells., 2005).

Comfort. Culturally, food is used to provide comfort, especially in times of distress. Qualitative studies have been performed to assess types of comfort foods and cultural meaning of foods for university students (Brown, Edwards & Hartwell, 2010; Locher et al., 2005). In a qualitative research study, Brown, Edwards & Hartwell (2010) interviewed 10 international students studying abroad in England about their acculturation to new foods in the new college setting and the consumption of their home foods. These international students said that eating familiar home country food encouraged feelings of comfort, nurturing, stability and reassurance, which helped alleviate their stress and loneliness (Brown et al., 2010). When they ate food from their home cultures, they were reminded of images of a place where they felt safe; food provided a barrier against the stress that they felt as a result of the strangeness of a new environment (Brown et al., 2010). Food created or maintained ethnic ties and social relationships (Brown et

al., 2010). The study was conducted on adult international students who migrated specifically to attend college in England (Brown et al., 2010). On the contrary, the current study focused on parents who have migrated permanently to England from another country.

Locher, Yoels, Maurer & Van Ells (2005) performed a large qualitative study of 264 White, Black, Asian and Hispanic college students who brought their comfort food to class and 72 students provided a detailed explanation about how the food made them feel. The results revealed that there are four elements to comfort foods: nostalgia, indulgence, convenience, and physical comfort foods. Choosing these foods brought back memories of calming, soothing or happy times in their life. The research found that caregivers or parents chose food or food practices from childhood as comfort foods (Locher et al, 2005). Consequently, food choices made by parents can impact children and their choices as adult.

Another study that focused on adults showed the relevance of adult food choices to their comfortable experiences as children, when their parents encouraged their food choices. Diaz, Mainous & Pope (2007) conducted a study of 21 overweight obese adults using a focus group qualitative methodology. The goal of the study was to explore weight loss experiences, attitudes, and barriers in overweight Latino adults, which could lead to culturally appropriate weight loss strategies for this population. One theme that emerged from the study was the belief that eating a lot and being heavier weight is considered healthy and encouraged from childhood. The participants noted that, as children, their parents rewarded them with food. The recollection of their childhood by the Latino overweight adults provides a foundation for the study parents of young children in another under-researched population such as the Afro-Caribbean parent.

Identity. Jones (2007) provided a direction for foodways research in such areas as nutrition education and dietary change. Food and its practices including procurement, preparation, and consumption are important because they exemplify aspects of culture, identity, values, and attitudes (Jones, 2007). Food practices continue within the culture as well as construct identity (Jones, 2007). Furthermore, culture and identity significantly affect food choices, along with taste, availability, and cost (Jones, 2007). Understanding the meaning of food in qualitative studies could lead to more practical applications of dietary initiatives (Jones, 2007). Following the suggestions for research from Jones (2007), the current research study assessed food practices within the Afro-Caribbean community in London and New York City. It is hoped that the findings from this study may be applicable to cultural applications of dietary initiatives.

Chen and Shao (2012) conducted a qualitative content analysis nursing study of 58 Taiwanese older adults to determine their eating patterns. These older adults viewed food and eating as a way to stay healthy and live independently from their children; stay consistent with their faith and create family harmony through reaffirming cultural heritage of a group (Chen & Shao, 2012). This study, performed in an older population that is not Afro-Caribbean, opens the door to the concept of the value of food as identity and the sharing of food as necessary for belonging to a group.

Symbolism of Sharing or Distribution. Food is a symbol of more than calories or nutrients (Bower, 2007; Kittler & Sucher, 2007). Food is cultural (Bower, 2007) and can symbolize identification and collective association (Kitler, Sucher & Nelms 2011). The following section will examine ways that various cultures share or distribute food.

The sharing of food has symbolic meanings across cultures. Liburd (2003) performed a qualitative ethnographic study of 23 African American men and women in the southern United States to explore the cultural value of food in African-Americans and gain further insight into diabetes. The findings demonstrated the symbolism of food as something to be shared, and included a historical construction. A few participants mentioned that slavery had an effect on the culture of food. During that period, African-Americans had limited resources; therefore, sharing food was a form of hospitality, compassion, wealth, and community. Another finding equated the cultural value of food to African-American identity as a type of art. This study suggested that more research is needed on social and cultural importance and meanings ascribed to foods. Additionally, Afro-Caribbean parents in London and New York may have similar values that may or may not affect their food practices for their children.

A cross-cultural quantitative study of the emotional climate and parental feeding styles of 177 Hispanic and Black families included both genders. The most significant finding was that Hispanic boys whose parents indulged their food choices had an increase in weight status, which means that they are at greatest risk for obesity (Hughes et al., 2011).

Leininger (1988) argued that one of the principles of food involved symbolism where the cultural value of food included: survival, peaceful coexistence, promoter of feuds, promoter of healing, true caring or lack thereof, interpersonal distance or closeness, love, anger, family unity, business negotiator, validation for cultural ceremonies, and business opportunity. Understanding food practices and the parental perception of food practices in Afro-Caribbean children in London and New York could provide more understanding of food allocation and consumption.

There is a gap in the literature on ACL and ACNY parental views of food practices; however, understanding the ways that cultures value food and food practices could help nurses in clinical practice develop strategic interventions for practice.

Cross-Cultural Value of Weight

The cultural value of weight is inextricably tied to beauty, choosing a mate, and childbearing (Furnham, Moutafia & Bagumab, 2002). For most civilizations, in times of famine those women who were heavier were thought more attractive (Brown & Konner, 1987). Hence, the fat would make them more desirable as they were not starving and were probably healthy enough to bear children. Conversely, many studies found that thin women were perceived to be more attractive than heavier women (Crandall & Bierat, 1990; Fallon & Rozin, 1985; Friedman, Reichman, Costanzo & Musante, 2002; Garner, Garfinkel, Schwarz, & Thompson, 1980) and obese women were thought of as unattractive (Puhl and Brownell, 2001). Thus, the results from the studies are varied, as concerns the cultural value of weight with regard to women.

Singh (1993) conducted numerous studies on the subject of women's waist to hip ratio (WHR) and its relevancy to weight and attractiveness. The waist to hip ratio is determined by dividing the waist circumference by the hip circumference (Dawson-Andoh, Gray, Soto & Parker, 2011). For the purposes of this literature review, two studies by Singh will be incorporated into this section. Singh (1993) performed an original quantitative study investigating the relationship between the amount and distribution of fat to the perceived attractiveness of the individual. Two measurements of the study included WHR of Playboy centerfolds and the college male's perception of different female WHR. The first section of the study measured the weight hip ratio of Miss America contest winners and Playboy centerfolds over 30 years. The waist to hip ratio fell into the range of 0.68 to 0.72, a small range that

highlights the preference of a smaller waist in mass print media. For the second section, 106 men in college (72 White and 34 Hispanic), 18-22 years of age, assessed the attractiveness of weight and the WHR. The stimuli consisted of 12 line drawings of female figures representing four levels of WHR (.7, .8, .9, and 1.0) and three levels of body weight (normal, underweight, and overweight). Sixty-five (65%) percent of the men chose the normal weight figures as the most attractive, while only 35% of the men chose the underweight figure. The findings of sections of the study within the research indicated that men judge low WHR (0.7) and normal weight as more attractive.

In 1994, Singh conducted a study to examine women's waist to hip ratio and weight. This study included 87 Black college students (54 males and 33 females), age 18-23. The respondents were required to rate the attractiveness, sexiness, healthiness, youthfulness and fertility of female figures via line drawings. These drawings were of varying waist hip ratios and weight, but were essentially otherwise identical. The positive and significant findings showed that body fat as well as distribution was important, a waist to hip ratio of 0.7 was the most attractive; normal weight was perceived as more attractive, followed by overweight, and lastly, underweight ($r^2 = .78$, $p < .01$). A particular strength of this study was the recruitment of subjects from a predominantly black college; however, the ethnicity of the students is not explicitly stated in the findings.

Furnham, Moutafia & Bagumab (2002) furthered the original work of Singh (1993, 1994). These cross-cultural researchers hypothesized that female attractiveness was affected by waist to hip ratio as well as the amount of fat on a woman. In the study performed by Furnham, Moutafia & Bagumab (2002), Greek and British respondents preferred the second smallest waist to hip ratio (M.D. -0.87, Sig 0.00 and -0.79, 0.00) and a lighter weight, while the Ugandan

preferred the smallest waist, largest hip, and heavier female figures. This study reveals that attraction depends not only on the size of a female but also the shapeliness or the amount of curve between the hip and waist.

Dawson-Andoh, Gray, Soto & Parker (2011) added to Singh's original body of knowledge of the waist to hip ratio by investigating the African Americans' perceptions of attractiveness in print media. The purpose of the research was to compare the weights of the beauty of the week (BOW) in a popular African-American magazine called *JET*. Between 1980-2006, these BOW's were analyzed for their body size estimates (BSE) and waist to hip ratio (WHR). As the researchers hypothesized, the BSE of the BOW significantly increased over the time period, $F(1, 25) = 13.24, p < .001, r^2 = .35$. However, contrary to their expectations, from 1953 - 2006 the waist to hip ratio did not decrease but it actually increased to .66 from .55, $F(1, 52) = 68.18, p < .001, r^2 = .57$. This research provides a varied view on the African-American cultural view of weight, where the figures of the Beauty of the Week became slightly straighter instead of curvier.

Henrickson, Crowther & Harrington (2010) investigated cultural factors and expectations about eating and thinness among 93 African American women who were undergraduates, graduate students, or faculty and staff at a Midwestern university. Participants completed the Multigroup Ethnic Identity Measure (MEIM), Eating Expectancy Inventory, and Thinness and Restricting Expectancy Inventory (EEI, TREI), and Eating Attitudes Test (EAT) for this quantitative study. The results suggested that African American women who did not identify with their culture were more prone to maladaptive eating patterns. If they identified with the dominant culture and felt that eating and being thin played a role in their affect management and ability to improve their lives, they were at risk for anorexia and bulimia (Henrickson, Crowther

& Harrington, 2010). This finding may suggest that African American women who are comfortable with their ethnicity and culture may accept normal or increased eating patterns or weight, and therefore they may be protected from anorexia and bulimia.

Stevens, Kumanyika, & Keil (1994) studied attitudes toward eating and body size perceptions of 404 White and African-American female seniors 66 to 105 years of age (mean age = 73 years) were assessed by questionnaire. Overweight Black women were an average of one body mass index unit heavier than the overweight White women were (33 kg/m^2 vs. 32 kg/m^2 ; $P < .01$). From the sample, 65% percent of the Black women were overweight compared to 35% of the White women. Overweight Black women were 2.5 times more likely to be satisfied with their weight compared to White women. In addition, overweight Black women were 2.7 times more likely to think of themselves as attractive when compared to White women.

Most studies focus on the cultural value of weight for women because of the ties to beauty, sexuality, fertility and mate quality (Furnham, Moutafia & Bagumab, 2002); in contrast, perceptions of men's weight has been infrequently studied. For the most part, in various cultures, men's weight may be less important in choosing a mate than his financial ability (Buss, 1989, Eagly & Wood, 1999).

In a 10-year longitudinal study comparing satisfaction with weight, men developed more "positive body image" while women remained low or had a negative body image (McKinley, 2006). The concept of thinness is most often linked with women rather than men (Friedman et al. 2002). The cultural value of weight depends on the individual's self-perception, which is also referred to as body image. The literature examines cross-cultural views of body image in a variety of societies.

Boyington, Carter-Edwards, Piehl, Hutson, Langdon & McManus (2008) researched the cultural attitude towards weight, diet, and activity among overweight African American girls in the Southern United States. In group interviews, the authors of this qualitative pilot study explored the cultural attitudes of 12 overweight girls, ages 12 – 18, in a diabetes-screening program. The findings suggested that cultural attitudes of weight are largely determined by personal influences. These young women felt that it was important to be comfortable with their weight; their preferred body size was large breasts and buttocks, which are physically attractive. They felt that a large body size was a social asset, not a drawback. This study of the African American female population did not focus on the sub-population of Afro-Caribbeans or parents of children age 6 – 12.

Odoms-Young (2008) conducted a qualitative grounded theory study of 22 Black Muslim women (ages 22 – 60) in upstate New York on their views of body image. These 22 women participated in semi-structured, in-depth interviews. Findings revealed that many women were aiming to return to a size that they were when they were younger. In addition, women tended to compare themselves with other female relatives in their families; therefore, if their mother or sister was overweight, the participant felt it was acceptable. Some women were occasionally teased if they were the biggest person in their family. Some participants indicated that black women don't base their body image solely on weight, which is acceptable at larger sizes, but also hair and clothes. Their spiritual beliefs led them to think that a woman should be judged on her spiritual self and not the physical attributes.

Different values about weight prevail across cultures. In a mixed methods study of Caribbean immigrant populations of Hispanic heritage, Latinas (primarily Dominicans) had conflicting findings. Participants preferred a smaller body type than their current weight yet,

accepted a heavier curvier weight (Viladrich, Ming-Chin, Bruning & Weiss, 2009). In a qualitative study, Diaz, Mainous & Pope (2007) further highlighted this idea of mixed messages in Latinas based on the participants who prefer to lose weight, which sometimes conflicted with the cultural value that heavier is healthy. The two studies on the Hispanic Caribbean population, another under studied group, highlight the need for more studies in the Afro-Caribbean population.

Research in Blacks usually subsumes African Americans, Afro-Caribbeans, and Africans in one category; however, various influence may affect the attitudes, body images, and weight perception of each of these sub-groups (Celio, Zabinsky, & Wilfley, 2004). Research on body image and weight perception would benefit from a comparison of these concepts in Blacks across the United States and other countries (Celio, Zabinsky, & Wilfley, 2004). Hence, the current study, a comparative cross-cultural study of Afro-Caribbeans in London and New York City, will address the gap in the research.

Afro-Caribbean Perception of Obesity and Food Choices

There is a dearth of literature on Afro-Caribbean perceptions of obesity (adult or childhood) and food choices. The current study will focus on the Afro-Caribbean parental perception of food practices and weight in children. To provide a cultural background for this study, the following two research articles focus on Afro-Caribbean views on adult obesity and parental perceptions of food choices.

In their qualitative study, Bramble, Cornelius & Simpson (2009) examined the cultural context for perceptions of health practices, obesity, and weight with 12 African American and 14 Caribbean American adult women age 40 or older. The women participated in a semi-structured interview about cooking traditions, eating preferences, physical activity, and perceptions of body

weight and obesity. Passing on to the next generation and preserving family traditions were important to all participants. The Afro-Caribbean women felt that their traditional foods should be eaten because they are healthy. The traditional foods are leafy vegetables, greens, spinach, pumpkin, squash, and salt fish (cod fish). Furthermore, Afro-Caribbean women perceived themselves as obese if their clothes did not fit, if central abdominal fat were noticeable, or if family or friends in the home country pointed out excessive weight. Their views about weight were shaped by their cultural context: they noted that in their countries of origin, physical activity was a part of the lifestyle, as was a relaxed pace of living. Other themes that emerged included lack of fresh foods in their neighborhoods, substitution of healthy foods for ingredients in traditional foods; lack of exercise facilities; and acculturation to the United States where they walked less often or ate more processed and refined foods than in their home country (Bramble, Cornelius & Simpson, 2009).

Sealy (2010) explored the parental attitude and perception of children's food choices using focus groups in a qualitative study. The research performed by Sealy (2010) was the only study in a literature search that explicitly examined a significant number of Afro-Caribbeans on parental perceptions of food choices. Fifty percent of the 34 participants were African-American, 29% were Caribbean, and 20% were Hispanic. The study's two major themes were the influence of ethnicity and culture on parental perceptions of food choices, and the influence of time constraints, the need for easily accessible food, and parents' minimal time for food preparation. Parents from the Southern United States and the Caribbean discussed consuming fresh vegetables as children; the Caribbean parents reported that they ate fresh food more often than African Americans. The study's weakness is that it does not address parental perceptions of weight and does not solely focus on Afro-Caribbean parents.

Parental Perception of Weight

A few studies examine parental perceptions of their children's weight; however, in general, these studies do not include minorities among their participants. This section on parental perception of overweight children discusses studies whose authors included more than 50% of under-researched populations, such as African Americans, Caribbeans, or Hispanics in their work.

The majority of studies regarding parental perception of overweight reveal that a large percentage of parents do not perceive their children to be overweight and are not concerned about health risks (Baughcum et al., 2000; Eckstein et al., 2006; Towns & D'Auria, 2009). Similarly, a few studies conducted with mothers of Hispanic children revealed the mothers did not accurately perceive those children who were overweight (Crawford et al., 2004; Killion, Hughes, Wendt, Pease, & Nicklas, 2006).

Hackie & Bowles (2007) performed a descriptive study with 39 Hispanic parents of 2-5 year-old overweight children enrolled in the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC) programs. The investigator conducted face-to-face interviews and read five survey questions and four demographic questions to the mothers. The parents were questioned about their perception of their child's weight; 61% did not recognize that their child was overweight. The study highlights the lack of knowledge of weight perception; however, it does not provide depth to the cultural perceptions of this phenomenon.

Eckstein et al. (2006) conducted a quantitative survey of 233 parents' perceptions of their child's weight and health in the United States. Parents were questioned regarding: their perceptions and levels of concern about their child's weight, opinions about child overweight, and their health behavior intentions. The population was 17% black, 35% Hispanic, 42% white,

and 6% other. The findings of Eckstein et al (2006) suggest that parents had a low level of recognition of children's overweight ($p < .001$) and few parents of overweight or at risk for being overweight children were concerned about their child's weight. The results did not address any similarities or differences between the ethnic groups. The visual sketches from the Eckstein et al. (2006) quantitative survey were used as an adjunct to my qualitative research. The sketches and questionnaire have not been previously used in the Afro-Caribbean population, nor have they been used in a global comparative cross-cultural study.

Tschamler, Conn, Cook, Halternam (2010) examined the relationship between parents' underestimation of their child's weight status and concerns about their child's weight and health. The population of this study consisted of 193 children and parents; 70% of participants were Black, 20% were Hispanic, and 10% were white. The results indicated that one-third of the children were overweight and one-third of the parents underestimated their child's weight. Parents were more likely to recognize the overweight status of girls rather than boys. A significant number of Black parents of overweight and normal-weight children would underestimate their child's weight, by 40% and 25% respectively. These results highlight the importance of cultural perceptions for both overweight and normal weight children. Parents may encourage their children to increase their food consumption while underestimating their weight. The current investigation of parental cultural perceptions of children's weight and food practices will fill a cultural gap in knowledge for a under-researched sub-population of Blacks like the Afro-Caribbeans.

Goodell, Pierce, Bravo & Ferris (2008) determined that Latino, African American and Afro-Caribbean parents were more motivated to change their behavior if they believed their child's health was at risk. Furthermore, parents placed more worth on their child's health and

happiness than on their child's size or weight. Goodell et al. (2008) examined parental perceptions of overweight among minority, low-socioeconomic parents of preschoolers, using a conventional content analysis. Ten focus groups were conducted with 73 participants. Twenty-nine participants were Hispanic; 27 were Black (the percentage of West Indians versus African Americans were not provided); 17 participants did not disclose their ethnicity. Parents did not perceive their child as overweight even though a physician may have previously diagnosed the child as overweight. While this study included minority groups, it did not examine the differences between the groups' cultural perceptions. The authors differentiated between African American and West Indian participants without reporting the number of representatives from each group in the study.

Grimmett, Croker, Carnell, & Wardle (2008) evaluated the effects of a weight screening program on 287 parents of 6, 7, 10, and 11 year-old children without stating the children's race or ethnicity. The study elicited descriptive qualitative and quantitative information on the parental perceptions of their child's weight. The study is included in the literature review because the research occurred in London. The population was obtained from six schools: three in a low socioeconomic district and three in an average socioeconomic district. Eighty-three (83%) percent of the children were normal weight, 13% were overweight, and 4% were obese. Twelve (12%) percent of the parents for the normal weight children misperceived their child as underweight, but sixty-one percent (61%) of parents of overweight children stated their child was normal weight. Parents identified their daughters as overweight more accurately than their sons (69% vs. 27%; $p=0.36$). The results showed that after the weight screening intervention, parental perception of overweight did not significantly increase (it rose from 40% to 49%), but 50% of

the parents reported positive healthy behavior changes. This study shows the gap in the literature regarding parental perception of childhood weight in London's Afro-Caribbean population.

Jain, Chamberlin, Carter, Powers & Whitaker (2001) conducted a qualitative focus group study of 18 low-income mothers to explore how they determine when a child is overweight, why children become overweight, and what barriers exist to preventing or managing childhood obesity. The participants consisted of 13 Black and 5 white mothers of pre-school children ages 2 -- 5 years old who were enrolled in the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC).

The results of the study found that mothers did not define a healthy weight by measurements or by standardized growth charts (Jain et al., 2001). Mothers spoke about a child's size in terms of bone structure and frame. Consequently, mothers perceived overweight children as "thick" or "solid." Mothers believed that genetics or heredity determined weight, regardless of environmental factors. They also believed that parents' behaviors and the family environment could influence a child's diet and activity patterns. At times, mothers had trouble controlling their child's eating habits and used food to control their behavior. Mothers believed that they face challenges controlling their child's diet because of input from other family members, such as the father or grandparents. While this study focused mainly on mothers, the current study will include any parent of a 6 – 12 year old child of Afro-Caribbean background.

Summary

Previous sections summarized the historical overview of the Afro-Caribbeans and their migration to both London and New York City. This section provided a contextual and historical background for the aim of this study and also discussed cultural values of food and weight across varied cross-cultural ethnicities.

Furthermore, the literature review previously presented further highlighted Black parental perceptions of weight and demonstrated the lack of studies examining the parental perceptions of Afro-Caribbeans in particular. In conclusion, there is a need for more research that further explores the parental cultural perception of childhood weight and food practices in Afro-Caribbeans as well as the cross-cultural similarities and differences of this population in London and New York City.

Chapter III

Theoretical Framework

The current study reviewed the research on Afro-Caribbean parental cultural perceptions of childhood weight and food practices of children in London and New York. This study was conceptualized and guided by the Developmental Niche (Super & Harkness, 1986), a theoretical framework has been used for assessing parental cultural beliefs, settings, and customs of children in cross-cultural environments (Super & Harkness, 1986). According to Penderi & Petrogiannis (2011), the Developmental Niche emphasizes the cultural context as the key component related to parental beliefs and behaviors and was developed to assist in understanding parenting, and the well-being of children and their growth. The Developmental Niche provides a way of evaluating the cultural influence on practices related to the upbringing of children, such as eating, sleeping, and their environment (Super & Harkness, 1986; Harkness, Super, Sutherland, Blom, Moscardino, Mavridis & Axia, 2007). This study addressed questions pertaining to the influence of culture in childhood weight and food practices, as well as parents' perception of their own child's weight. These questions were:

- What are Afro-Caribbean parents' cultural perceptions of their child's weight in London and New York?
- What are Afro-Caribbean parents' cultural perceptions of their child's food practices in London and New York?
- What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in London and New York?

- Is there a relationship between parents' perceptions of a visual image of the child's body weight, written description of the child's body weight, or the child's actual BMI? (quantitative)
- Is there a relationship between demographics and the parents' perceptions of a visual image of the child's body weight, written description of the child's body weight, or the child's actual BMI? (quantitative)

In the Developmental Niche, a framework for analyzing the influence of culture on child development, the child and culture are seen as 'mutually interactive systems' in which parental cultural beliefs play a leading role in childrearing choices and childhood development (Harkness & Super, 1996; Super & Harkness, 1986). This framework has been used to examine the cultural context of child development and the importance of parents' culturally constructed ideas. The research using the Developmental Niche Framework has included comparative studies of feeding and sleep patterns, successful development of children with disabilities, and the household production of health (Harkness & Super, 1994; Harkness, Super et al., 2007; Super & Harkness, 1986). The use of the Developmental Niche Framework is consistent with this study's purpose to understand: 1) parental cultural perceptions in a sample of cross-national Afro-Caribbeans, and 2) how these beliefs may impact children's weight and food practices.

Developmental Niche Framework

The Developmental Niche Framework is used to study the cultural regulation of the micro-environment of the child in order to understand the child's development and acquisition of culture (Super & Harkness, 1986). The Developmental Niche Framework is derived from cultural anthropology, developmental psychology and biological ecology and centralizes

parenting and child development within the context of culture (Harkness, Super et al., 2007; Super & Harkness, 1986).

There are two overarching principles of the Developmental Niche Framework are: 1) the child's environment is organized in a non-arbitrary manner as part of a cultural system; and 2) the child has an inborn disposition including a particular constellation of temperament and skill potentials, as well as species-specific potentials for growth, transformation, and the organization of experience into meaning (Harkness & Super, 2010). The Developmental Niche Framework expands on the Whiting Model for Psychocultural Research (1977) and was influenced by Bronfenbrenner's Ecological Model (1979), and Open Systems Theory (von Bertalanffy, 1968). The Whiting's Psychocultural Theory (1977) describes how the physical environment and history shape cultural maintenance systems. The environment and cultural maintenance systems influences the child's learning environment and predicts adult behavioral styles and abilities. According to Bronfenbrenner's (1979) Ecological Model, the individual is enveloped by numerous systems that mesh with each other; one of which is the micro-system or micro-environment. The major components of von Bertalanffy's Open Systems Theory are: non-isolation; relationships between the systems, the parts and the whole; and organisms are whole and complex physiological, differentiated, metabolic processes that are integrated (von Bertalanffy, 1950; Weckowicz, 2000). These three theories form a foundation for the Developmental Niche by linking Whiting's premises about environment, history, culture and parenting with Bronfenbrenner's microsystem of the child's environment and von Bertalanffy's open system. For this study, the Developmental Niche Framework was used to develop the questionnaire to collect data and also to organize descriptions of recurring themes and patterns

that are characteristic of the London Afro-Caribbean and New York City Afro-Caribbean communities through a cultural lens (Harkness & Super et al., 2007).

The Developmental Niche identifies three different subsystems that work within the Framework of the larger culture. These subsystems include settings of daily life in the family; customs and practices of parenting, and caretaker psychology (Super & Harkness, 1986). The Developmental Niche describes the child's micro-environment, in which the child is at the center and the three subsystems and culture interact with each other.

The first subsystem defines the setting of daily life in the family (Harkness, Super et al., 2007), which consists of both the physical and social settings. The setting subsystem includes the specifics of the activities, such as where, with whom, and with what the child is engaged (Harkness, Super et al., 2007). The settings of the family's daily life have also been referred to as the "environmental aspects" of the family (Cristancho & Vining, 2009).

The second subsystem, customs and practices of parenting, determines the customs of care that influence the child's actions. This subsystem reflects on the structure of the child's daily life that can reveal culturally regulated customs of care (Harkness & Super, 2006) and socio-cultural aspects (Cristancho & Vining, 2009). The term 'custom' here means the behavioral order of care that is integrated into the culture that may not require any justification and may be considered a common sense solution to a problem (Super & Harkness, 1997). 'Custom' may be interpreted as, "We've always done it this way" or "This is the way we do things around here." It is the accepted method of acting.

The third subsystem, referred to as, 'parental ethnotheory' or parental cultural beliefs, describes the psychology of the caretakers, and is vital to the development of the child. Parents' cultural belief systems, or parental ethnotheories, directed the focus of this study.

Parental ethnotheories are the models that parents follow to nurture and groom their children. Parental ethnotheories are strongly emphasized in the Developmental Niche as mediators between the cultural past, current possibilities, and the child's actual environment (Super, Harkness, van Tijen, van der Vlugt, Fintelman & Dijkstra, 1996).

These three subsystems are “different aspects of the same reality” (Harkness & Super, 1994), meaning that although the subsystems have individual designations, they are really whole and it may be difficult to envision a clear separation among them. The subsystems are mediating factors for the larger culture and the individual (Harkness, Super, et al., 2007). In addition to the three subsystems, the Developmental Niche uses three corollaries to develop the interview guide. The corollaries, which are something or things that incidentally or naturally accompany (Merriam-Webster Dictionary, 2012) are: 1) collaboration and intervening factors; 2) outside forces; and 3) mutual adaptation (Harkness, Super, et al., 2007). These corollaries describe how the three interactive subsystems are integrated and operate (Harkness & Super, 1994).

“Corollary 1” focuses on the coordination of the three subsystems and intervening factors (Harkness, Super, et al., 2007). While the three subsystems operate together to maintain homeostasis, intervening factors may occur to interrupt the system (Super & Harkness, 1986). In other words, parents try to raise their children in familiar settings, with parents' customs and their cultural belief systems; however, unforeseen factors may deter accomplishment of developmental goals for the child. Examples of these intervening factors may include: situations or conditions affecting the child or the parents, or the competing push of other incompatible ethnotheories (Harkness, Super, et al., 2007).

“Corollary 2” describes the influence of outside forces on the development niche, which is an open system (Super & Harkness, 1986). Economic, political, or social change may alter the

environment or the subsystem and create a new setting for children (Harkness, Super et al., 2007), such as a decrease neighborhood parks or school physical education classes. New technology, such as interactive video games, or a change in environment, such as immigration to a new country, may influence the creation of new customs of care. Parental ethnotheories may be affected by increased education, scientific research, religious beliefs and experiences (Harkness, Super et al., 2007). These outside forces create a change because the Developmental Niche is dynamic.

“Corollary 3” describes the process of mutual adaptation of the child and environment (Harkness, Super et al., 2007). This corollary may also be referred to as a co-evolution (Super & Harkness, 1986). Adaptation may occur in the child in relation to age, sex, health, weight, abilities and limitations, personality, and temperament (Harkness, Super et al., 2007). The adaptation may influence the parents and other caretakers in the niche.

Research Using the Developmental Niche

Cross-cultural researchers need methods that consider and describe the manner in which children’s daily experiences are culturally shaped (Harkness & Super, 2010). In the Developmental Niche, parenting, family and cultural beliefs that parents hold are considered important to the child’s actual development (Super, Harkness et al., 1996). The following section will present research studies that used the Developmental Niche and describe their application to the current study.

Super & Harkness (1986) first used the Developmental Niche for comparative cultural research on parents and children in rural Kenya East Africa and the United States. The authors examined the settings of the children’s daily lives and their various developmental activities, such as feedings and rest. The results exposed differences in the expected developmental norms.

The infants in Kenya East Africa were never alone during the day and slept in contact with their mothers, in contrast to American infants who usually slept in their own rooms and experienced significant periods of solitary time during the day. The study also found that the Kenyan babies slept for shorter periods of time and awoke more frequently during the night compared to American infants (Super & Harkness, 1986). Sleep, a basic physiological human need, plays a significant role in a child's overall development (Maslow, 1943). This study exhibits the parent's cultural norms for development which may be a factor for the current study.

The Developmental Niche is appropriate for the current study's examination of food practices. The perceptions of Afro-Caribbean parents regarding food practices and weight may shed light on childhood overweight and obesity issues. Food practices would be a type of "household production of health." Harkness & Super (1994) investigated health using the household as a mediator across numerous countries. To explore the "household production of health," meaning the systematic household environmental influences that produce health outcomes and development, it was necessary to use a framework that could incorporate the cultural context of a household environment for the developing child's basic needs (Harkness & Super, 1994). It is believed that the three subsystems in the Developmental Niche represent the influences that are responsible for health and development in the child. Analysis of the household factors that impact health may promote better effective cultural interventions.

Results from the household analysis of the Malay population in Malaysia (Harkness & Super, 1994) included the cultural practice of placing a can of water outside the front door for spiritual feet-washing. The open container of water could harbor mosquitoes, which might transmit dengue fever. Similarly, the Chinese population in Malaysia may store water in large jars or canisters that could also attract disease-carrying mosquitoes. Thus, evaluating settings

may promote education, which could ultimately lead to improved outcomes for children and parents.

The subsystem of customs of care was evaluated for household analysis. The researchers found that the constant physical contact and stimulation of the Kenyan infants may lead to growth and increased precocity of early development in infants (Harkness & Super, 1994). After the mother gives birth to another infant, however, the first child is weaned from breast milk and becomes more self-sufficient with food acquisition. Weaning can occur as early as 12 months; children weaned at this time may take a more active role in unsupervised household duties, which may result in increased intake of contaminated food or failure to eat enough

In the subsystem, psychology of the caretakers, Italian mothers considered infants difficult if they had fussy or irregular eating patterns. While American parents stressed sleeping patterns, the Italian mothers stressed eating. Italian mothers may actually hand feed their child up to age two. Consequently, if the Italian children are poor eaters, the mothers may provide the child with nutritional injections. These examples using the Developmental Niche in food practices support using the framework for the current study (Harkness & Super, 1994).

Harkness, Super & van Tijen (2000) used the parents' cultural beliefs systems or parental ethnotheories to describe the "western mind" of the United States and the Netherlands. For this study, socioeconomically similar parents were interviewed and asked to describe their child's personalities and behaviors in an attempt to identify similarities and differences in stories (Harkness, Super & van Tijen, 2000). The study found that the American parents described their children as individualistic and intelligent, and the Dutch parents described their children as socio-centric and sociable. Therefore, the American parents felt that it was important for their children to learn to behave as an individual. On the contrary, the Dutch parents felt their

children needed to learn to function effectively as a collective member in a social environment. Thus, conducting comparative cross-cultural research in countries with “westernized” similarities, such as the US and the Netherlands, can provide valuable information (Harkness, Super & van Tijen, 2000). By applying these findings to the current study, one conclusion may be that parents who encourage individualism may allow their children to make their own food choices, and socio-centric children may be easily led to follow others when choosing food.

As with the aforementioned study, the current study compared cultures from two “westernized” cities, London and New York, to explore the similarities and differences in the Afro-Caribbean parental cultural perceptions of childhood weight and food practices in their children. One of the goals of the study was to provide a cultural perspective to an under-researched ethnic group in two global cities.

Super & Harkness collaborated with occupational therapists to present two case studies using the Developmental Niche that described “successful development” in children with disabilities (Super & Harkness et al., 2007). An analysis of parental ethnotheories revealed differences in the parents’ expectations for their child compared to activities that could be accomplished. Thus, the parental ethnotheories (parents’ cultural belief systems) influenced the development of the disabled child. For example, parents who wanted their severely autistic child to use a laptop in a regular classroom were greatly disappointed when their child could not use the computer. The parents expected that their son could eventually use the laptop for speech communication and would eventually break free of autism, get married, have children, and obtain employment. The parental ethnotheory hindered any possibility for success for this child.

Another study included a parent with a child whose cognitive and physical disabilities resulted from accidental brain trauma. The parent wanted his son to play baseball, as the child

had done before the accident. However, when it became apparent that the boy could not participate in the game, the parent instead asked that his child serve concessions at the baseball game. The parental ethnotheory for this father was that the child would still be around his friends and the baseball game that he loved. From this research, the parents' ideas about the stage of their child's development were important. Parents' goals for the child or perceptions of what the child can achieve had an impact on their behaviors. For the current study of food practices and weight perception, Afro-Caribbean parents' cultural beliefs could have an impact on the child.

Developmental Niche and the Current Study

Nurses are encouraged to be culturally competent and inclusive. A goal for nursing practice is to employ strategies that elicit understanding of different cultures in a global context. Cultural norms and socialization patterns can determine how parents and children react to health situations (Black, Eiser & Krishnakumar, 2000). The theoretical framework of the Developmental Niche uses comparative cross-cultural research to focus on children, parents, and culture and is appropriate for a study that will provide new information to the field of nursing.

Research using the Developmental Niche demonstrates the importance of parents' psychology as either obstacles to or supports for their child's development (Harkness, Super et al., 2007). This theoretical framework was appropriate for studying the parental perception of weight and food practices to evaluate an aspect of a child's development as influenced by culture. The framework is inclusive of parental ethnotheory, and supports a comparative cross-cultural study between London and New York City Afro-Caribbeans. Harkness & Super (2006) believed that the study of parental ethnotheories required a comparative cross-cultural perspective in order to make beliefs and practices visible that are shared and specific to a culture.

The Developmental Niche is useful for studying the perceptions of weight and food practices. Information on the physical and social settings of children's daily lives demonstrates the multiple situations that children engage in during purchasing, preparing, or consuming food and weight perception. Moreover, knowledge about customs of childcare can assist in understanding the roles of children, parents, and others and the functions of weight and food practices in such settings as the home, school, and restaurants. Finally, parental theories of development can illuminate the intentions that parents and other caretakers express in their interactions with children, food, and weight.

Summary

This chapter provides an in-depth analysis of the theoretical framework for this study. The Developmental Niche, with its focus on the parents' cultural belief systems, is examined and discussed in detail, as was research that used the Developmental Niche. The Developmental Niche and parents' cultural belief systems will be used to explore Afro- Caribbean parental perceptions of weight and food practices in London and New York.

Chapter IV

Methodology

The purpose of this chapter is to describe the methodology used to conduct research exploring Afro-Caribbean parents' cultural perception of their child's weight and food practices. This qualitative study will be supported by a quantitative component. The study analyzed the phenomenon of parental perceptions of weight and food practices in a cross-cultural comparison of Afro-Caribbeans in London and New York. This chapter discusses the research methodology, research questions, and the rationale for the research design; it reviews the population and sampling procedure, and identifies the measurements used. Moreover, the chapter describes the procedures used to determine the validity of the study, the procedures used to determine the reliability of the instrument, data collection methodology, data analysis and ethical considerations.

Research Questions

- What are Afro-Caribbean parents' cultural perceptions of their child's weight in London and New York?
- What are Afro-Caribbean parents' cultural perceptions of their child's food practices in London and New York?
- What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in London and New York?
- Is there a relationship between parents' perceptions of a visual image of the child's body weight, written description of the child's body weight, or the child's actual BMI? (quantitative)

- Is there a relationship between the demographics and the parents' perceptions of a visual image of the child's body weight, written description of the child's body weight, or the child's actual BMI? (quantitative)

Research Design

A qualitative method was used for the study. Insights and explorations of parents' cultural perceptions on weight and food practices will be garnered by performing in-depth interviews. This qualitative data will tell the story of parents from their cultural viewpoint and with rich descriptive details that will put a human face on the quantitative data (Patton, 2002). One strength of qualitative research is the flexibility to explore unanticipated issues as they emerge (Ritchie & Lewis, 2003). Qualitative research does not attempt to predict, but provides an understanding of the phenomenon or surroundings of the participant within a particular context (Patton, 2002).

For the purposes of the current study, qualitative data can provide a comprehensive understanding of a phenomenon. Qualitative research was used to help understand parents' cultural perception of weight and food practices. Furthermore, a tool used as an objective measure to interpret the parent's cultural perspective added precision to the qualitative data. In essence, the visual images will add richness to the parents' subjective experiences. The data from this tool was analyzed to determine if parents recognized their child's weight status by words or visualization.

Research Design and Methods

The exploratory and descriptive cultural nature of the research purpose was best suited to a qualitative design (Marshall & Rossman, 1995), while the visual perception of weight suited a quantitative approach. The research will be guided by the Developmental Niche (Super &

Harkness, 1986 & Harkness, Super et al., 2007) whose theoretical perspectives will allow me to examine and integrate the contributions of nursing, anthropological and psychological viewpoints using a topic guide, questionnaire and directed content analysis. Parents' cultural perceptions will be the point of entry for exploring their role in their child's development as it pertains to weight and food practices in a nursing research study.

Population & Sample/Participants/Recruitment

Fifteen (15) participants were recruited in both London and New York. Participants were Afro-Caribbean parents with a child between the ages of 6 through 12. The criteria for participation was parents who are 18 years of age or older, Afro-Caribbean, have at least one child who is between the ages of 6 – 12, and reside in London or New York City.

Parents were recruited from schools, hair salons, and community organizations by word of mouth via individuals known to the researcher, who were provided with flyers about the study. Eligibility was assessed via telephone and in-person for inclusion in the study. Excluded from the study were children with any growth disorders. Although the study was open to Afro-Caribbean mothers or fathers, the recruitment yielded only mothers. Participants were compensated with a gift card of \$10 or £10 for their time.

The study used a purposive snowball sampling in which participants who meet the criteria are selected and asked to recommend other participants (Creswell, 2007; Knapp, 1998). "Sampling" until saturation is usually achieved when the researcher has captured sufficient knowledge of the phenomenon and no new information is found that adds to the understanding of the phenomenon (Creswell, 2007). In qualitative research, the nature of the research may make it difficult to specify an exact number of participants for the sample size prior to data collection (Office of Behavioral and Social Sciences Research, 1999). For the current study,

saturation was reached at 12 in-depth interviews in each city, after which three more interviews were conducted to validate that saturation was reached. Thus, 15 interviews were conducted in each city, for a total of 30 interviews. Since the current investigation is an exploratory descriptive study, a sample size of 15 in each city was deemed sufficient to provide a better understanding of the phenomenon.

Protection of Human Subjects

The purpose of the study, study procedures, risks, benefits, costs, compensation, voluntary participation/withdrawal, informed consent, and confidentiality were discussed with each participant. To ensure confidentiality, the questionnaires and audiotapes were coded with a participant number; no names were put on the documents. The questionnaires and audiotape recordings were kept in a locked cabinet in the researcher's office. When reporting the data, all names and identifying information were changed to aliases or removed. All participant materials obtained during the study are to be destroyed upon completion of the study. IRB approval was obtained from the universities of the researcher and dissertation advisor.

Data Collection

The potential participants were contacted in person or by telephone. The researcher explained the process to them, determined their interest, and decided if they met the inclusion or exclusion criteria. Once participation was determined, the interview and survey process was explained to the participant and signed informed consent was obtained prior to initiating any data collection as per the Institutional Review Board (IRB) procedures. Subjects were asked to participate in an in-person, in-depth interview and a demographic questionnaire with weight perception questions (visual diagram and written response) that were completed in person. The interviewer researched public areas in London and New York that were private and quiet to

ensure for discussion and recording. The interview was held in a location and at a time convenient to the participant. The data collection occurred between the months of June – December 2012.

The subjects participated in an audiotape, in-depth interview and completed a demographic questionnaire. The qualitative in-depth semi-structured interviews were the primary source of data collection. The participants were encouraged to discuss their parental cultural perceptions, feelings, beliefs, and experiences with food practices and weight. The semi-structured interview lasted for approximately 45 – 75 minutes. The demographic questionnaire and weight perception questions (visual diagram and written response) included 20 questions and were completed first within 15 minutes. Both the questionnaire and interview were completed within 60 – 90 minutes (Appendix A).

Study Instruments / Measures

A semi-structured, open-ended interview guide provided questions and probes to direct the interview for eliciting rich narratives about parents' cultural perceptions and experiences. The major constructs and the topic guide (Appendix B) were derived from the Developmental Niche, as well as other important points that were found in the parental perceptions literature. The topic guide was not meant to be all-inclusive or fixed; questions were not restrictive and on occasion, the wording was modified to provide clearer direction for the participants. This approach afforded the researcher an outline of appropriate topics for discussion while allowing for flexibility. This type of data collection has the advantage of allowing for the emergence of unanticipated ideas that may provide a deeper understanding of the phenomenon (Curry, Nemhard & Bradley, 2009). As an example, during the first five interviews, it became apparent that the participants discussed physical activity in relation to weight perception. Therefore the

researcher, in consultation with her dissertation chair, included questions on physical activity in the remaining interviews.

The researcher ensured credibility of the data and coding by validating transcripts and coding with a seasoned qualitative researcher throughout the reading of transcripts and coding and evaluation of the interpretations. The data analysis documents will be on file and available on request so that another researcher may repeat the current research as closely as possible to provide for transferability (Lincoln & Guba, 1985). To ensure for dependability and confirmability; a codebook, field notes, and original transcripts were maintained (Lincoln & Guba, 1985).

Perception of Child's Weight

The "Parents perception of their child's weight & health" (PPCHWHS) survey by Eckstein et al. (2006) was used in previous research to assess parents' perceptions of their children's weight. It included written responses and visual sketches. A graphic artist used digital images of children from different age groups to develop the sketches, after which consensus was reached on modifications with pediatricians experienced in child nutritional assessment. Seven sketches are available for each age group, with the middle image representing a child in the 50th percentile.

The visual sketches for the age groups 6 – 12 were used in this study with the question that relates a written description of parents' perception of their child's weight. These two questions are reliable. Eckstein et al. (2006) piloted the questions on two occasions with the same group of 24 participants before it was used with population of 223 adults. The instrument is described as reliable if there is very little difference between the first and second time of administration and the scores are stable (Barker, Pistrang & Elliott, 2002; Knapp, 1998); the

authors used test-retest to measure reliability. The test-retest was completed over 1-3 days (Eckstein et al., 2006), which is acceptable for test-retest about perceptions of weight. The correlation agreement between the test-retest was 96% for the word perception of child's weight and 91.7% for the visual image/sketch selection (Eckstein et al., 2006). Test-retest reliability is an appropriate measure for confirming that a test is repeatable or has repeatability.

Validity

Eckstein et al. (2006) were the original researchers who developed and used the PPCWHS visual sketches. Oude Luttikhuis, Stolk & Sauer (2010) and Hernandez, Cheng & Serwint (2010) also used the previously validated PPCWHS visual sketches in their research, which was conducted in the Netherlands and the United States, respectively. The documented use of the PPCWHS survey and sketches further contributed to the validity of the instrument. Eckstein et al. (2006) & Hernandez et al. (2010) described the sketches as heavier, middle or lighter sketches for their data collection and analysis. However, Oude Luttikhuis et al. (2010) described the seven sketches to correlate with seven BMI percentile groups, i.e. <p5, p5–p15, p15–p25, p25–p75, p75–p85, p85–p95 and >p95. For the purposes of the current study, I will use the description by Oude Luttikhuis et al. (2010) with the seven BMI percentile groups.

Questionnaire

Two items were added to the demographic questionnaire of my qualitative study from the original PPCWHS: parental perception of the child's weight with a word description and visual image sketches (Appendix A). A total of 20 demographics questions provided further interpretation of the data; these questions represent an accumulation of relevant items that may have been used in other studies including demographics such as: child's age, gender, generation, Caribbean island heritage, income, number of children in the family, type of employment, and

marital status. Parents provided the values for their child's last known height and weight. Height and weight were not measured by the investigator. When the participant had more than one child in the age range of 6-12, one child was chosen for the study. The decision was based on the information provided by the parents about the dates of the children's upcoming birthday.

Data analysis

Verbatim transcripts of the in-depth interviews were imported to (NVivo 9); the researcher kept notes of any audible or visual observations during the interview (Zhang & Wildemuth, 2009). These transcripts were transcribed by the researcher, who analyzed them in a systematic manner. Iterative reading of the interview transcripts provided for a comprehensive interpretation. Committee members who are experts in qualitative research have reviewed the methods and analysis employed. Content analysis was performed following a directed content analysis approach (Hsieh & Shannon, 2005). The goal of directed content analysis is to validate or add to an existing theory or theoretical framework (Hsieh & Shannon, 2005). The analysis was designed to explore and assimilate the rich data.

The Developmental Niche framework was used as a guide to develop the initial codes for the data analysis (Hsieh & Shannon, 2005; Potter & Levine-Donnerstein, 1999; Zhang & Wildemuth, 2009). After these coding categories were defined, the researcher created an initial list. The researcher immersed herself in the data and coded the data for existing themes in the Developmental Niche. If the data did not fit into a pre-existing code from the theory, the researcher recognized it as a new theme. These new themes emerged inductively (Zhang & Wildemuth, 2009). Using theories to direct the content analysis has a positive benefit because they advance the accumulation and comparison of research findings across multiple studies

(Zhang & Wildemuth, 2009). This purported benefit could be useful in the current study of cultures in two global cities.

An electronic coding manual was maintained within NVivo 9.0, with all codes and definitions that were derived. Early in the content analysis process, the researcher used the manual to determine agreement on the coding chosen for selected text. The researcher did a continual check during the coding process to ensure that coding did not drift from the original intent as the process evolved, a process that ensured for coding consistency (Zhang & Wildemuth, 2009). Although the researcher was the only one responsible for analyzing the data and determining codes, a seasoned qualitative nurse researcher verified at least 20% of the coding. Agreement was reached at approximately the 90% level. In instances when there was not agreement, the researchers discussed the differences until agreement was reached. The coding process was repeated on many occasions: as codes emerged or the definitions of codes changed, the coding manual was updated and the data was re-read for coding accuracy. This was a continuous process until saturation was reached at 15 participants each in London and New York, for a total of 30 participants. After all themes were identified, inferences were derived from the data.

Within London and New York, the properties, dimensions, and patterns of the categories of the parents account were explored. Afterwards, the researcher compared the relationships between categories of the two cities. Similarities and variations were examined (Luttrell, 1997). The themes might be similar in both cultures or both cities, but the variations enabled the researcher to develop further links and insights between parents' culture and children's weight and food practices. For comparative cultural research, the researcher focused on patterns and subsequent linkages between culture, identify, and self-understanding (Luttrell, 1997). The data

from the two questions were analyzed using SPSS. The questions were: 1) I feel my child is: a) underweight b) a little underweight; c) about the right weight; d) a little overweight and e) overweight; and 2) please circle the drawing which most resembles your child. The child's BMI percentile for age and gender was tabulated from the height and weight provided by the parent. In London, this information was calculated through the British 1990 growth reference (UK90) via the NHS healthy weight calculator. The CDC BMI for age and sex percentiles clinical growth chart via the CDC child and teen calculator was used in New York to calculate the child's BMI percentile.

Using Pearson's correlation, the child's actual BMI was compared to the visual image sketch and the written description provided by the mother's perceptions of the child's weight. To analyze the role of demographics with the other variables, Chi Square tests and ANOVA were used. Descriptive statistics for the demographic questionnaire and the two weight perception questions were reported. The quantitative findings illuminated the qualitative data and findings noted.

Biases

As a researcher of Afro-Caribbean heritage who lives in New York City, I acknowledge that my interpretations were made within the context of my experiences from the same socio-cultural background as the participants.

Summary

This chapter provided a methodology for the study. The procedure's sample inclusion and exclusion criteria were discussed. Information was provided for the recruitment strategies, data collection, confidentiality, qualitative interview guide, and demographic questionnaire.

Chapter V

Results

The results are divided into four major sections, with separate sub-sections for London, New York, and a discussion of both cities. The first major section contains the results of the demographic information, and qualitative and quantitative results for the mothers' perception of the written description, visual sketch, and actual weight status of their child.

Section two reports the results for Question 1: What are Afro-Caribbean parents' cultural perceptions of their child's weight in London and New York? The section concludes with a portion of the results for Question 3: What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in London and New York?

Section three describes the results for Question 2: What are Afro-Caribbean parents' cultural perceptions of their child's food practices in London and New York? The section concludes with the second half of the results from Question 3: What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in New York and London?

Section 1 - Participant Demographics

The participant demographics are provided within Table 5.1. The following section will highlight the most important information within this table. This table is divided into London, New York, and the two cities combined.

London Participant Demographics

In London, the sample consisted of 15 mothers who identified as Afro-Caribbean. More than half of the Afro-Caribbean Londoner (ACL) mothers had graduated from college with undergraduate or graduate level degrees.

More than half of the mothers were from the Caribbean island of Jamaica. The remaining mothers were from these Caribbean islands: Barbados, Grenada, Guyana, or Trinidad. Those with dual island heritage had ancestors from Jamaica and Barbados or Jamaica and Grenada.

Most of the ACL mothers have lived in London for more than 30 years. The earned income of one third of the ACL mothers was £15,000 - £20,000, or \$24,000- \$32,000. One third of the ACL mothers worked in customer service, such as retail or the beauty industry. More than half of the mothers worked fulltime; four were part-time workers.

Approximately half of the ACL mothers were married; one-third of the ACL mothers were single. The London mothers were primarily second-generation Caribbean, meaning their parents were born in the Caribbean, but they were born in London. A limited percentage of the London mothers reported that they were first or third generation. The ACL mothers were divided evenly between having one or two children: six mothers were in each category. The majority of the mothers had only one child in the study age range of 6-12.

The ACL sampling of mothers discussed six girls and nine boys. The children's ages ranged from 6 to 11 years old; there were no 12 year olds. The majority of the mothers had children who were six or eight years old.

Table 5.1.1
Demographic Information

	London	New York	Total
Maternal Ethnicity			
Black/Afro-Caribbean	15	15	30
Marital status			
Single	5	5	10
Married	7	8	15
Widowed	0	0	0
Relationship	2	2	4
Divorced	1	0	1
Caribbean Heritage			
Barbados	1	2	3
Grenada	1	2	3
Guyana	1	1	2
Jamaica	8	4	12
St. Vincent	0	1	1
Trinidad	2	4	6
Dual Heritage- Barbados and Jamaica	1	0	1
Dual Heritage - Grenada and Jamaica	1	1	2
Maternal Generation			
First (Mother born overseas)	1	10	11
Second	12	5	17
Third	2	0	2
Maternal education			
Did not finish high school	1	0	1
High school or GED	0	0	0
Some College or Trade School	5	6	11
College graduate	4	9	13
Post-Graduate degree	5	0	5
Years Living in London or New York			
6-10 years	0	2	2
11-19 years	2	5	7
20-29 years	1	6	7
30-39 years	10	1	11
40-49 years	2	1	3
Income Range			
<15,000	3	2	5
15,001-20,000	5	1	6
20,001-35,000	5	3	8
35,001-50,000	3	4	7
50,000-65,000	0	1	1
65,001-80,000	1	1	2
80,001-100,000	0	1	1

Table 5.1.1 (continued)

Occupation			
Housewife/Student	1	1	2
Teacher Professions/Childcare	1	5	6
Nursing & Health Professions	1	4	5
Government Employees	2	1	3
Administrative Assistant	3	1	4
Real Estate	2	0	2
Customer Service	5	3	8
Employment Status			
Full-time	8	9	17
Part time	5	5	10
Self-employed	1	0	1
Unemployed	1	1	2
Other Parent's Ethnicity			
Black/African American	0	2	2
Black/Afro-Caribbean	14	9	23
Black/African	1	0	1
Hispanic	0	3	3
White/Caucasian	0	1	1
Total Number of Children			
1	6	4	10
2	6	9	15
3 or more	3	2	5
Number of Children Age 6 - 12			
1	12	12	24
2	2	3	5
3	1	0	1
Child's Sex			
Boy	9	6	15
Girl	6	9	15
Birth place			
United Kingdom	15	0	15
United States	0	14	14
Other	0	1	1
Child's Age			
6 years old	5	2	7
7 years old	1	1	2
8 years old	4	3	7
9 years old	2	4	6
10 years old	2	3	5
11 years old	1	2	3

New York Participant Demographics

The New York sample consisted of 15 mothers who identified as Afro-Caribbean. Most of the Afro-Caribbean New Yorkers (ACNY) were college-educated; the remaining mothers reported that they had some college education.

The majority of the participants were from either Jamaica or Trinidad; others were from Barbados, Grenada, Guyana, or St. Vincent and the Grenadines. One mother had a dual island heritage from Grenada and Jamaica.

The majority of the ACNY mothers have lived in New York for 20-29 years. The primary income level was \$20,000-35,000 (33%) and secondarily was \$35,000-50,000 (26%). Most of the ACNY mothers worked in teacher/childcare industry or the nursing and health professions. The majority of the mothers worked full-time.

More than half of the New York sample was married; the remainder were single or in a relationship. Two-thirds of the New York participants were first generation, meaning that they were born in the Caribbean but currently live in New York; one-third reported that they were second generation. Most of the ACNY mothers had two children. The largest group of ACNY children were nine years old, and the second-largest groups were ages eight and ten. The ACNY sample included nine girls and six boys.

Actual Weight Status, Written Description, and Visual Sketch

London

The participants were given a questionnaire and asked to select a weight category from the written descriptions, which included underweight, about the right weight, a little overweight, and overweight. The visual sketches contained seven sketches of various sizes, from smallest to largest. They were corresponded to BMI percentile groups of i.e. 1) <5%; the smallest; 2) 5–15%; 3) 15–25%, 4) 25–75%; 5) 75–85%; 6) 85–95% and 7) >p95%, the largest (See Appendix A). The children's sex, weight, and height were obtained and their BMI percentile calculated based on the NHS healthy calculator and the CDC BMI percentile calculator. These calculators also provided the children's actual weight status in words based on the following standard

criteria: 1) <5% is underweight; 2) 5-85% is normal weight; 3) 85-95% is overweight; and 4) >95% is obese.

In the London sample, a small percentage (13.3%) of the children were underweight. Most of the children (60%) had a healthy weight status, although 6.7% were overweight and 20% were obese. In London, none of the boys were overweight or obese based on the BMI percentile. Of the six girls, four were either overweight or obese (Refer to Table 5.1.2).

Table 5.1.2

Child's Weight Status from Actual BMI of the ACL

	Boys Frequency	Girls Frequency
Underweight	2	0
Healthy Weight	7	2
Overweight	0	1
Obese	0	3
Total	9	6

For perceptions based on the written description, most of the 15 ACL mothers were able to choose their child's correct weight status. The four written descriptions were underweight, a little underweight, right weight, little overweight and overweight. For the purposes of this study a little overweight corresponded to overweight with a BMI at or > 85% and overweight corresponded to obese with a BMI at or > 95%.

Most of the children would be considered a healthy weight by the NHS standards. Most mothers with children of a healthy weight were able to choose the correct written response that their child was the "right weight." Some mothers whose children were underweight stated that their children were the "right weight" in written words. One mother perceived her child as a little overweight in the written description; however, she was within the healthy weight category. With regard to the four overweight/obese girls, two London mothers with overweight/obese girls

did not note that their daughter's correct weight, and selected "right weight" for their written description.

Using the visual sketches, regardless of the child's sex or actual weight status, the mother's perception of the child's size tended to be smaller than their child's actual BMI percentile. Fewer than half (46.7%) chose the right visual sketch based on their child's BMI percentile. Of the seven mothers who chose the correct visual sketch, six had children with a healthy BMI and one mother had an underweight child. These mothers had a total of five boys and two girls. The remaining eight mothers chose visual sketches that were smaller than their child's actual BMI percentile. Similarly, although four children were categorized as overweight/obese, only one London mother selected a visual sketch that was overweight, while none chose a sketch that was obese.

Actual Weight Status, Written Description, and Visual Sketch

New York

The New York participants were also given a questionnaire with a written description of their child's weight status and visual sketches. Most of the children (73%) had a healthy weight status. Of the fifteen children, three girls were either overweight or obese and one boy met the criteria for obesity. Therefore, there was an overweight/obesity rate of 26.7% in ACNY sample.

Table 5.1.3

Child's Weight Status from Actual BMI of the ACNY

	Boys Frequency	Girls Frequency	Total Percent
Underweight	0	0	0
Healthy Weight	5	6	73.3
Overweight	0	1	6.7
Obese	1	2	20
Total	6	9	100

The following information is based on the responses for the written description in New York. Of the four mothers with obese or overweight children, two chose the correct written response. All mothers whose children had a healthy weight chose the correct written response: their children were the “right weight.” There were no underweight children in the ACNY sample.

Regardless of the child’s sex or actual weight status, the mother’s visual weight perception based on visual sketches tended to be smaller than their child’s actual BMI percentile. Only three mothers of the 15 participants chose the right visual sketch based on the child’s BMI percentile. The remaining 12 mothers’ perceptions by visual sketch were inaccurate: most mothers chose visual sketches that were smaller than the child’s actual BMI percentile. Furthermore, all four New York mothers of obese or overweight children chose visual sketch diagrams that were smaller than their child’s BMI percentile. Only one ACNY mother chose a visual sketch that represented an overweight female child, although her child is considered obese. Three of the mothers chose healthy weight visual sketches with BMI percentile representations

London and New York Participant Demographics

In London and New York, a total of 30 Afro-Caribbeans participated in the study. Overall, most of the mothers held college and/or post-graduate degrees. The London sample had more college degrees and post-graduates than the NY sample. Additionally, the London sample was educationally more diverse and included mothers who had some college education or did not finish high school. Conversely, in New York, the participants were either college graduates or had some college education.

Nearly half of the mothers in the total sample were from Jamaica. The rest were from Barbados, Grenada, Guyana, Jamaica, St. Vincent and the Grenadines, Trinidad; several had dual

island heritage. In London, more than half of the mothers had Jamaican heritage, while in New York there was an even division between Jamaica and Trinidad.

In London, almost all of the fathers were Afro-Caribbean, except for one Black-African father of Nigerian heritage. In New York, more than half of the fathers were Afro-Caribbean; the remaining NY fathers had varied cultural or ethnic heritage.

All of the London children were born in the United Kingdom. In the New York sample, one child was born in the Caribbean but came to live in the United States at a very young age and all the other children were born in the United States. As a combined group, the majority of mothers in this sample resided in their respective cities for 30-39 years (36.7%). Most of the London mothers (80%) lived there for more than 30 years. Most of the New York mothers (73%) lived there from 11-29 years.

The majority (26.7%) of both the ACL and ACNY mothers' earned income ranged from 20,001 – 35,000 in local currency. The second highest income range of both ACL and ACNY mothers was 35,001-50,000. As a group, the most common professions were customer service, and nursing and the health professions. Most mothers in London and New York worked full-time; one-third worked part-time.

In both London and New York, half of the mothers were married and one-third (n=10) were single. The mothers in the combined sample were primarily from the second generation, which, for this study, means that the mother was born in the UK or the US, but one or both of her parents were born on a Caribbean island. The London sample had more 2nd generation mothers and even a few 3rd generation mothers, while New York had more 1st generation than 2nd generation mothers. As combined group of ACL and ACNY, half (50%) of the mothers had at

least two children. This percentage was fairly similar in both cities. Eighty percent (80%) of the mothers currently had only one child in the age range of 6 – 12.

The combined ACL and ACNY sample included 15 girls and 15 boys who were discussed by their mothers. The children's ages ranged from 6 to 11 years; there were no 12 year olds. The majority of the children were between the ages of 6 and 8 years old (23.3 %) for both cities.

In the combined sample, 6.7% of the children were underweight; 66.7% were healthy weight; 6.7% were overweight, and 20% were obese. In London, the obese and overweight children were all girls. In New York, the overweight and obese children were girls with the exception of one obese boy. Each sample in London and New York had exactly the same percentage of obese and overweight children. In London, there were two children who were underweight; New York had no underweight children. The healthy weight status rates for the children in London and New York were 60% (9 children) and 73.3% (11 children), respectively.

Table 5.1.4

Child's Weight Status from Actual BMI in London and New York

	London Frequency	N.Y. Frequency	Total Frequency	Total Percent
Underweight	2	0	2	6.7
Healthy Weight	9	11	20	66.7
Overweight	1	1	2	6.7
Obese	3	3	6	20.0
Total	15	15	30	100.0

**Statistical Tests for London and New York
Demographics, Weight Status, Written Description, and Visual Sketch**

The researcher used an alpha level of .05 for all statistical tests. The findings should be interpreted with caution, due to multiple comparisons and small sample size; the statistical power may have been inadequate. In the future, it would be beneficial to repeat this study using a larger

sample size. The ANOVA statistical tests did not produce any statistically significant results for any variables. The chi square tests were used based on the combined sample of 30 participants due to the sample size.

A chi square test of independence was performed to examine the relation between the perception of the visual sketch and the child's sex. The relation between these variables was statistically significant and differed by the sex of the child, $X^2(5, N=30) = 12.80, p = .025$. Mothers with boys ($n=7$) were more likely to select the visual sketch within the 5-14.99% BMI percentile group. Mothers with girls ($n=6$) were most likely to select visual sketches within the 15-24.99% BMI percentile group. No mothers chose the visual sketch that represented for 95-100% BMI percentile group.

A chi square test of independence was performed to examine the relation between the perception of the visual sketch and the child's actual BMI percentile range. The relation between these variables was marginally significant and differed by the child's actual BMI percentile range, $X^2(30, N=30) = 44.00, p = .048$. Mothers with children with actual BMI percentiles between 25-74.99% ($n=5$), were more likely to select visual sketches that fell within the 15-24.99 BMI percentile group. In addition, mothers of children with actual BMI percentile ranges between 25-74.99% ($n=4$), were also more likely to select visual sketches that fell within the 5-14.99% BMI percentile group.

A chi square test of independence was performed to examine the relation between the perception of the written description and the child's actual BMI percentile range. The relation between these variables was significant and differed by the child's actual BMI percentile range, $X^2(18, N=30) = 31.25, p = .027$. Mothers with children with normal BMI percentile ranges between 25-74.99% ($n=11$) were most likely to select a matching written description of their

child's weight. Additionally, participants with children with a normal BMI range of 15-24.99% (n=4) were also likely to select the correct written description for their child's weight.

Section 2

Qualitative Analysis for London, New York, and the Combined Cities' Interviews

Research Question 1 – Afro-Caribbean Mothers Cultural Perceptions of Weight

Research Question 1 was: What are Afro-Caribbean parents' cultural perceptions of their child's weight in London and New York? Question 3 was: What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in New York and London? The following sections pertain to the cultural perceptions of weight in London, New York, and the combined sample. The four primary themes related to these research questions are summarized in this section. In addition, this section includes tables that summarize the definition of the identified themes, the frequency of the themes and subthemes, as well as the number of interviewees who mentioned a specific theme and subtheme for London, New York, and both cities. As reflected in Table 5.2.1, the primary themes were perceptions of childhood obesity within the general population, parents' role in childhood obesity, physical activity (PA), and weight of child for London, New York, and London and New York combined. The related themes are also summarized for London, New York, and the two cities. In London and New York, the themes were the same except for a few variations. The themes or subthemes that are different are identified with an asterisk.

Table 5.2.1

Themes and Definitions for Research Question 1 in London, New York, and the Combined Cities

Themes and Subthemes	Definition
<i>Perceptions of childhood obesity within the general population</i>	Respondent expresses awareness of increasing childhood obesity in society.
<i>Parents' role in child obesity**</i>	Respondent expresses awareness that parents can cause their child to become obese.
<i>Physical activity (PA)</i>	
Regular PA	Child engages in physical activity regularly
Extracurricular PA is expensive	Physical activity is costly
Parenting role	Parents care about their child's weight and physical activity and food intake.
Weather influences PA	The weather may inhibit or motivate physical activity in children
Lack of time	There is a lack of time for physical activity
<i>Weight of child</i>	
Perceptions of weight within the family as articulated by mothers	Perception of child's and sibling's weight is influenced by culture and background. Mother's perception of their child's weight through their or other family members' eyes

Table 5.2.1 Continued

Weight is inherited	Child's weight is related to genetics or heredity
Bigger is better	Parent indicates more weight on a child is better or more healthy; parent's acceptance of child's body image.
No connection	Parent indicates there is no connection between culture and weight
Lack of knowledge about what constitutes a healthy weight *	Parent lacks of knowledge about child's current weight
Health Care Providers Involvement	Parent states the involvement level of nurses, physicians, teachers or health care workers related to the child's weight

***This theme appeared in New York Only*

**This theme appeared in London Only*

Table 5.2.2 shows the frequency with which the themes appeared across interviews and across the data.

Table 5.2.2

Frequency of Themes for Research Question 1 in London, New York, and the Combined Cities

Themes and Subthemes	Number of interviewees mentioning this theme			Total exemplar quotes		
	London	NY	Both Total Interviewees	London	NY	Both Total Quotes
Parents' role in child obesity**	0	10	10	0	20	20
Perceptions of childhood obesity within the general population	12	7	19	22	7	29
Physical activity (PA)						
<i>Regular PA</i>	11	12	23	22	25	47
<i>Parenting role</i>	10	9	19	17	21	38
<i>Extracurricular PA is expensive</i>	10	8	18	18	13	31
<i>Weather influences PA</i>	4	6	10	7	6	13
<i>Lack of time</i>	3	2	5	4	3	7
Weight of child						
<i>Perceptions of weight within the family as articulated by mothers</i>	15	15	30	74	48	152
<i>Healthcare providers involvement</i>	14	14	28	19	23	42

Table 5.2.2 continued

<i>Weight is inherited</i>	11	7	18	24	9	33
<i>Bigger is better</i>	8	8	16	15	10	25
<i>No connection</i>	7	7	14	10	7	7
<i>Lack of knowledge about what constitutes a healthy weight*</i>	7	0	7	7	0	7

***This theme appeared in New York Only*

**This theme appeared in London Only*

London

Afro-Caribbean Mothers' Cultural Perceptions of Weight

As reflected in Table 1, the three primary themes were perceptions of childhood obesity within the general population, physical activity (PA), and weight of child for London. The results for the Afro-Caribbean Londoners (ACL) in the study sample are provided.

Perceptions of Childhood Obesity in London within the General Population

Perceptions of childhood obesity within the general population were defined as: respondents' expressions of awareness of increasing childhood obesity in society. This concept was mentioned 22 times in 12 interviews; thus, the recognition of childhood obesity was common. Many London parents are concerned about childhood obesity. Interviewee 8 stated, "I am aware of childhood obesity, I see it around me all the time. Young boys and girls, even at their school, they are quite weighty." These parents perceive childhood obesity as it is related to

many factors such as: too much processed food, fast food, and lack of exercise. Interviewee 10 said,

I find over here, especially because of the high demand, and consumption of processed food, you do find it. I walk down the road and I see children at six, sometimes eight, and the size of them I'm just shocked. They have stomachs and extra legs and kinds of stuff but I think it's the choices of the parents. And the high availability of a lot of processed foods, so that people are just not eating correctly.

Furthermore, London participants believe that the Afro-Caribbean culture is not a causative agent in childhood obesity. When asked about the role of culture and weight, Interviewee 11 stated, "No, I don't even think it's a cultural thing, I think a lot of children now are a lot bigger than what they used to be." She then elaborated,

Because no exercise, nobody is out and about playing in the park or riding their bikes. Everyone is at home on their DS's [Nintendo video game] or their laptop, that's what children do now, they've all got BB's [Blackberry's] and so that's what they do now.

Some parents referred to the media as a negative factor that increases childhood obesity by advertising high-calorie foods. On the contrary, some parents considered the media as a method for delivering information and heighten awareness to the general public about the epidemic.

London Physical Activity

The next theme was physical activity (PA). The exemplar quotes associated with this theme were further classified into five subthemes: (a) *regular PA*, (b) *extracurricular PA is expensive*, (c) *parenting role*, (d) *weather influences PA*, and (e) *lack of time*.

London Regular PA. This subtheme was defined as: the child engages in regular physical activity. This theme was mentioned 22 times in 11 interviews. Mothers indicated that it was important to keep their children active, as participation in different types of PA would delay boredom and expose their children to many opportunities. The children participated in such activities as biking, tennis, football, gymnastics, running, walking, and basketball on a consistent

basis. Many mothers indicated that their children engaged in regular PA. This is evident in the exchange with Interviewee 12:

He likes football. Where we live, there's a park near the house, he spends a lot of time in the park with his friends and there's a football pitch, so he plays football with his friends. He plays hockey at school, he does swimming at school and he's stopped now at the moment, but he used to go to karate, he only stopped recently, he said it was getting a bit boring. Those are the main things, hockey, football and swimming.

London Extracurricular PA is expensive. This subtheme was defined as: physical activity is costly. It was mentioned 18 times in 10 interviews. For mothers who could afford it, their children attended PA that was not part of regular school tuition. Many mothers remarked on the costliness of physical activity, especially if they had more than one child. Some enrolled their children in PA that involved fees. When asked, "How do you find the cost of everything?" Interviewee 13 reported,

Swimming is quite expensive for the half an hour that they get. £7.50, it works out at £33 a month for each child for half an hour swimming. I think that's a bit dear. The school one, yes, that's not too bad £20 for five weeks, that's okay. Athletics is free, so that's it for that.

A few participants voiced their opinions about the relationship between childhood obesity and lack of physical activity. Some felt that childhood obesity was not related to food but a lack of exercise. When participants are earning a low income, however, the cost of extracurricular activity can be prohibitive. Furthermore, participants noted that the government offers affordable physical activity, although lately those options are not available. Some participants spoke about how expensive PA was for those who could not afford it.

London parenting role. This subtheme was defined as: parents express concern about their child's weight, physical activity, and food intake. This topic was mentioned 17 times in 10 interviews. Many mothers wanted others to know that they are not bad parents. They encourage their children to exercise; in fact, the mothers try various methods to increase their child's

physical activity, such as walking, running, sending them on errands. However, some parents find the judgment of others to be difficult to accept when they are trying to do the best for their children. Interviewee 5 explained how she engaged her child:

She has to eat fat now in moderation, because she is getting to an age that if you're not going to burn it off, fat is going to sit on your body. I have to keep telling her, start running. She says, I can't. I tell her that you are going to have to stop the foods again. And she's like, okay. I am like, you have to run. She used to be a really good runner, and now I don't know, she just wasn't really happy at her other school...I know that she's only ten but believe me ten year olds get into comfort eating.

Interviewee 1 explained her role as follows:

I didn't want to come across as upset because then they might interpret it as 'you're guilty' and that wasn't the case. I don't think I do anything to put my child in a situation that would stop her from enjoying the quality of her life, enjoying running around. She enjoys swimming, riding her bicycle. My telling her to go up the stairs to get something for me, she says oh right mummy, I understand that exercise is good, it's good. I've seen the Wii together, things like that. Zumba on the Wii. While having a laugh, I don't think that any of the things that I would like for myself I am going to shortchange my daughter. But if you claim to be a doctor and you're going to say to me she's overweight, that's it.

London Weather influences PA. This subtheme was defined as: the weather inhibits or motivates physical activity in children. Mothers noted that participating in PA activity can be a challenge in London because of the weather. They furthermore stated that there is a notable difference between the weather in the Caribbean and London; in the Caribbean, children were able to engage in more outdoor PA. This subtheme was mentioned seven times in four interviews. Interviewee 10 explained how the weather influenced PA:

What happens is summer time, it gets increased so in the wintertime, we're not really in the park so much, we still ride to and from school until it gets really snowy and we can't actually physically ride. But we do all activities anyway, the only thing we don't do in the winter is the swimming. I've actually opted him out because his school does swimming all year round but I don't allow him to swim in the winter. Now it's warm in the summer, we will be in the park every day after school. When he finishes his class, or before his class, we're in the park, running around. We play football, just have fun.

London Lack of time. This subtheme was defined as: a lack of time for physical activity and was mentioned four times in three interviews. Participants believed that parents have many

obligations and are tired. There are many overriding priorities that take time away from PA. Some parents appreciated that their older children could spend time to accompany the younger child to a physical activity. A few participants felt that parents' employment responsibilities interfered with PA. Interviewee 11 reported:

They dance, they'd have trips out, they'd have the adventure bit at the back where they could play, so they'd be interacting and moving around all the time, they wouldn't just be at home in front of the TV doing nothing. But all of those facilities, they're going to keep having overweight children, because there's nothing. Unless you've got a parent that's got the time. For me I'm lucky, I work in freelance and my son has his sisters so he's lucky, because sometimes when I'm tired they'd take him to the park. They will take him to meet up with his friends or wait for him, so I am lucky that I've got that kind of help. If not and I'm working and I come home and I'm tired, I might not have the energy to take him on his bike down the park so he'd just be at home.

London Weight of Child

The next theme for Research Question 1 was *weight of child*. The exemplar quotes were further classified into five subthemes: (a) *perceptions of weight within the family as articulated by mothers*, (b) *weight is inherited*, (c) *bigger is better*, (d) *no connection*, (e) *lack of knowledge about what constitutes a healthy weight*, and (f) *involvement of health care providers*.

London - Perceptions of weight within the family as articulated by mothers. This subtheme was defined as: perception of child's and sibling's weight, as shared by mothers or other family members. The participants noted that grandparents often have opinions about their child's weight. This subtheme was mentioned 74 times in 15 interviews. Interviewee 5 mentioned, "E is quite small, even though she is four foot, compared to all. She's a midget compared to all the people in her class, but weight-wise she's healthy. And that's the way I like it." Interviewee 1 said:

I don't suffer from any of those things, but my daughter is heavy for her height. They say because of her weight and her height she is morbidly obese, because of the pattern chart that they use over here. But they don't base that on your ethnicity. Her father is not big, "K" is not big. My family is not big at all.

Another mother stated that her son is slim and both she and the child's grandmother thinks "he's fine."

London - Weight is inherited. This subtheme was defined as: participants mention that the child's weight is related to genetics or heredity. Participants related their child's weight to the size of their weight or the size of other family members. Many participants believed that their child's body size is predetermined. This subtheme was mentioned 24 times in 11 interviews.

Some participants felt that weight was inherited. Interviewee 5 said,

The only thing I can put it down to, is obviously I can tell by the kids that have got by one baby father to this baby father, obviously they're genes' thing is different from theirs. Their dad is five foot four, he ain't getting bigger, he ain't growing nowhere. Obviously it has to do with their background as well. My dad is quite tall, my mum is four foot ten, so obviously we've taken my mum's side. That tall girl that you just see coming here, that's my sister. That's my sister, now look at her height, obviously it's a different baby mum, but you take your dad's side, we've taken our mums. At the end of the day I do think it does have to do with a little bit of your background as well, not what you're eating or whatever.

Interviewee 10 mentioned a connection between ethnic heritage and weight:

In our culture, I don't know if this affects my perception or not, but generally I know that over here have a big thing about weight and people generally in Jamaica, people are big, especially the women. It's not really so much of a big deal because they are not – where you call over here obese, it's not to that extent. They either have a good shape and they are quite big so that's normal to us.

London - Bigger is better. This subtheme refers to a parent's indication that more weight on a child is better or healthier and the parent's acceptance of the child's body image.

Some participants believed that the culture may strengthen the idea of bigger is better. This subtheme was mentioned 15 times in eight interviews. Interviewee 11 explained the cultural view that bigger is better:

I just think that as a whole, people from the Caribbean think that when you come from the Islands, you should have a larger stature. I know people do look at him, does he eat that kind of...I think that's a stereotype that needs to be gone now. I would never go up to somebody who I thought was overweight and say oh my gosh I think it's time you stopped...Many Caribbean people are bigger than me and my son. Even when we went to

Guyana and places like that, they're all bigger and some of my aunties out there, like my gosh... you need to eat as well. They are also abroad, so they also think my gosh you've got the English disease.

Interviewee 14 also shared how her culture believed that bigger is better:

In the Nigeria culture this goes quite deep, being bigger weight is an image of living well. If you're big, you're earning good money, you can afford to feed yourself and your kids. So that image is seen as if you're big, that image is like you're wealthy, that's how it's seen in Nigeria. Not as bad as the African culture definitely, because the African culture they definitely do prefer to see someone that is a bit bigger. The way it's symbolized it's a sign of doing well if you are with wealth.

London - No connection. This subtheme refers to a parent indicating that there is no connection between culture and weight. Some mothers believed that culture does not affect how they view their child's weight. It was mentioned 10 times in seven interviews. Interviewee 5 explained the lack of connection between culture and weight:

I don't believe that culture makes a child weigh more. Because at the end of the day I think that eating rubbish foods...like if white people do make something to eat, my mum is white. My mum doesn't even know how to cook white food, my mum has always cooked Jamaican food as well, even though my mum is white. My mum is one of the best cooks, everybody calls her for parties, she makes Jamaican cakes and she makes a white dinner. It's cold and it's not even nice. Make her make anything else, Jamaican, Chinese, whatever.

London - Lack of knowledge about what constitutes a healthy weight. This subtheme refers to parents lacking knowledge about their child's current weight. Parents don't know about healthy weight or don't take their child's measurements. It was mentioned seven times in seven interviews. Some parents indicated they were not aware of their child's current weight. This was illustrated in the researcher's exchange with Interviewee 13, regarding the last time her children's weight was obtained,

I can't remember, it's been a long time...when their weight was taken. For the 9 year old, it would be before he started school. So he was about five, they had one last health check before they go into the school, yes that was the last time his weight was taken...Now my younger son "P". I think maybe he might be due for that final one before he goes to school, but no I've not had... I must say though with "R" my first son, I was a lot more, I used to take him for the weight down to the health center. I haven't really done that for

“P”. If something like that happens, then I – then I will take it personally. But then I realize – it was just, because of the mood I was in – because in other situations where I am feeling okay and I don't get stressed out then it doesn't really bother me.

London - Health care providers' involvement. This subtheme refers to parents' perceptions of the level of involvement of nurses, physicians, teachers or health care workers in relation to their child's weight. Participants said that most children do not have their height or weight taken after the age of 5 by a health care provider. Some participants indicated they received assessments or recommendations from health care providers or teachers. On the other hand, some participants mentioned that the health care providers' involvement was lacking or needed improvement. This subtheme was mentioned 19 times in 14 interviews.

Interviewee 2 explained her perception of the health providers' involvement in her child's measurements:

Somebody that as your child is growing and progressing, I think it's up to the age of five, that once a year or they do a check, so it might be like from one to three years, so if they're one a half you'll go have a little check with the health visitor and they will see how your child's weight is, or how you child is progressing. You have a little book from birth so they monitor your child up until five, with their vaccinations and stuff like that... No-one monitors unless you want it and you take them to the GP if you're worried about them or whatever...No-one doesn't check your child's weight. Maybe if a school is concerned about your child's weight, or your child's behavior, then obviously they will intervene and call social services. Other than that, there isn't really anybody to check on your child unless you're concerned or maybe your school is concerned or somebody outside your family about your child. There isn't a regular thing where you go. When you get to five that's it, you're on your own.

Interviewee 1 explained that a school nurse informed her of her child's overweight status:

Yes. At the school they have a health nurse, who would weigh each child and measure their height, and on the chart it showed that she was above that.

Interviewee 1 shared that such information would have been appreciated but felt indifference towards her culture,

Yes, it would have been helpful if health practitioners had said something. But they don't invest a lot in black health really that I've come across. It's only black advocates

that have been in the health service that have pushed it. But if you haven't got funding you can't get the message across.

New York

Afro-Caribbean New York Mothers Cultural Perceptions of Weight

Research Question 1 was related to cultural perceptions of weight. The following section pertains to the New York sample. The four primary themes related to this research question are summarized in this section. As reflected in Table 1, the four primary themes were perceptions of childhood obesity within the general population, parents' role in child obesity, physical activity (PA), and weight of child.

Perceptions of Childhood Obesity in New York Within the General Population

Perceptions of childhood obesity within the general population were defined as: respondents' expressing awareness of increasing childhood obesity in society. It was mentioned seven times in seven interviews. There is an awareness that childhood obesity leads to other diseases such as diabetes. These parents perceive childhood obesity as -related to many factors and consequences included: too much processed food, fast food, and lack of exercise.

Interviewee 3 shared her views on politics, corporations, social injustice, and childhood obesity,

As long as the big food corporations have their hands in the pocket of the government and politicians, nothing is going to change. People just think it's cheese with a lot of little nickety-nacks that you wouldn't think of. All these big corporations process the foods and they say hey, if you let us do this, we will give you this amount of money to help you with your campaign. So they're great, thank you. As long as that's happening, nothing is going to change. People who are rich and who have money, they travel the world so they can eat healthier and have personal chefs and trainers and they have access to stay healthy. They have doctors to write them a little prescription so they can be high and healthy. You know, people who have money have other ways to stay slim and stay healthy. There are people who don't have money, it's like I have five dollars in my wallet, should I buy this fruit that's 4.99 a pound or should I buy this bag of chips that's 2 dollars? I can get a soda and I can get a box of macaroni and cheese for that 5 dollars. They're going to choose the – so as long as that's happening, nothing is going to change.

Interviewee 5 said:

At first I felt offended that they were sending these weight forms. I'm like, you're trying to tell me that my kids are too fat or too skinny. But at the end of the school year last year, I was like this is a good thing because they're addressing the problem of obesity and they're keeping up. They're letting the parents know that someone is watching and someone should be aware. It's good. I think New Yorkers, I don't know about worldwide or whatever, but I think a lot of people are getting savvy to the idea of being healthy and being active and going out and doing things. I think everybody is trying to jump on that bandwagon to be healthy. Even commercials about obesity for children, they're making it more known for everybody and I think it's good.

Parents' Role in Childhood Obesity View of the Afro-Caribbean New Yorker (ACNY)

Parents' role in childhood obesity was defined as: respondents express awareness that parents can cause their child to become obese. It was mentioned 20 times in 10 interviews.

Interviewee 3 stated:

Looking at the children, when I see a heavysset child and they're running and playing and they can't run very far for very long, they need to stop. Or if I see them being teased or behind their backs someone is giggling at the crack because you can see their butt crack because their pants are too tight. It really bothers me because it's like as a parent, why are you letting your child get so big? Why are you doing that? I was very, and I still am very conscious about what he eats. I don't deny the junk food because I don't want him to crave after it, like – he gets cookies and cakes and chips and ice cream. But he also gets fruits and veggies and tons of water and outside time.

Interviewee 6 said:

I think with this obesity stuff for kids, it starts in the home. Personally I think a lot of kids within this age range, the parents are young so they really don't know about food preparation that much. They go to the fast food joints and they get food for their kids. And with the soda and stuff like that, it helps to blow them up.

Interviewee 9 explained the guilt she felt about contributing to her child's weight. She said,

Honestly sometimes I feel like I'm a failure as a mother because I don't have anywhere for them to go and do stuff. I can't offer them anything. When I grew up, I was running up and down outside and literally in the wild doing stuff. They just have the four corners, the two-bedroom apartment that I can afford to give them. So it hurts, as for my culture it hurts me. It makes me feel bad to know that this is what I can offer my kids. So culturally, it makes me reassess my life and say, you know, what kind of parent am I?

New York Physical Activity

The next theme was physical activity (PA). The exemplar quotes associated with this theme were further classified into five subthemes: (a) *regular PA*, (b) *parenting role*, (c) *extracurricular PA is expensive*, (d) *weather influences PA*, and (e) *lack of time*.

New York Regular PA. This subtheme was defined as: the child engages in regular physical activity. It was mentioned 25 times in 12 interviews. Many mothers indicated that their children engaged in regular PA. This is evident in the exchange with Interviewee 3, who responded as follows to a question about the physical activity at school:

Running, when basketball starts, basketball. Every day, in the gym. 45 minutes and then the after-school as long as the weather is nice. There is a playground attached to the school so they go to the playground. Every day, there's a playground that they play in.

Interviewee 8 also felt her child was active. She said,

I was telling you, the first day and second day she started crying, and I'm like now I feel like I'm a bad mother. She started crying, I said it's OK, we'll come back tomorrow She's been actually progressively doing more and more so she's getting better. And I think she is actually is kind of enjoying it now. But before we first started, the tears were coming and that made me feel really bad like, I'm forcing her to do something that she doesn't want to do. But I think she's enjoying it now and she actually commented on, it's like, oh Mommy we're getting to spend time together.

New York - Parenting role. This subtheme was defined as: parents express concern about their child's weight and physical activity and food intake. It was mentioned 21 times in nine interviews. Interviewee 1 explained her feeling about the importance of PA, "I think it's important to them to do some kind of sport, some kind of activity."

She continued,

Back in Jamaica we do a lot of walking, we don't have the luxury like here where there are buses here and trains, so we do a lot of walking to get to where we have to go. I do a lot of walking, I get off, instead of getting a lot closer to my job, I get off a little further, just to get a little walk in the morning. I try to tell her, walking, there is nothing wrong with it. I'm not saying you should walk a mile or whatever, but a couple of steps, it doesn't hurt a lot.

In a final example Interviewee 6 explained the important role she plays in her child's PA. Her child is obese and was recommended to a nutrition management program.

We never took her because I decided the least we can do is try. I think she will probably, but now she prefers going jogging and even with me I am sending off somewhere, tell her and then she'll be like – because then I think she would really be conscious to the fact that, Ok they think I'm overweight, so now they're send me somewhere so they can make me lose weight. I'm thinking, just go with her and maybe she wouldn't feel so conscious about it.

New York Extracurricular PA is expensive. This subtheme was that physical activity is costly. It was mentioned 13 times in eight interviews. Some participants enrolled their children in PA that involved fees. Interviewee 1 described the fees she paid for her child's karate, "For the semester it's almost 200 dollars." Interviewee 4 said, "Two of the classes I pay for, the soccer is 400 dollars." She then said:

It's a bit pricey, I'm going to have to pay in installments but she loves soccer and she's a very active child. I have to put her in something that keeps her energy and keeps her spirit. She likes to run and I miss that she doesn't have the outdoors.

Interviewee 5 said that she could not afford some of the extracurricular PA her child wanted to pursue,

Right now, the only activity that they have this year is gym. But this year, funds, I've had to cut back a lot of money, so my daughter was in ballet school till the end of the year last year. My son was in karate...But it's just money right now and I feel bad because like I said, my kids, are very, very active, they like being out. My son, this year, he's upset with me because he wanted to join the football team...But when we were signing him up for the next semester, the prices were going up...They need to have more free activities for the kids to participate in. They need to consider the low class people who can't pay for their kids. They need to introduce it more to more schools, get more activities in more schools so the kids can be more involved.

New York Weather influences PA. This subtheme was defined as: the weather inhibits or motivates physical activity in children. If the weather is "nice," children may go outside after lunch for approximately 20 minutes. Parents mentioned that children increase activity in the

summer but in the winter, they complete homework, eat dinner, watch television and then go to sleep. This topic was mentioned six times in six interviews. Interviewee 2 explained how the weather influenced PA:

You have to try to walk a lot. We try to take her for walks whenever we can, to the park, we just walk around the block in the evenings. If I don't have time, her father would, but he takes the little one walking almost every day, unless something is with the weather, then he don't take her. She'll go along for the walk too but you know, she plays and stuff like that, so that helps her to cut back...it depends on the weather, if it's raining or stuff, he won't take them. But I mean, for the summer that we have, almost every day they go for walk.

New York - Lack of time. This subtheme was defined as a lack of time for physical activity. It was mentioned three times in two interviews. A few participants felt parents' employment responsibilities interfered with PA. Some parents only have one day to complete all chores such as cooking, cleaning, and shopping. Interviewee 12 explained that she does not have enough time to take her child to extracurricular PA:

It's not a lot, they pay 70 dollars for September until December. It's a new thing they have in the school so I said maybe – I wanted him to do karate but I can't, so I think that would be because they say it helps them with more self-control and stuff like that. I said since I can't take him there, it will conflict with school and everything so...It's outside the school but it will conflict with the time that I'm going to class and pick up and all that. Too much stuff.

New York - Weight of Child. The next theme for Research Question 1 was *weight of child*. The exemplar quotes were further classified into five subthemes: (a) *perceptions of weight within the family as articulated by mothers*, (b) *weight is inherited*, (c) *bigger is better*, (d) *no connection*, and (e) *lack of knowledge about what constitutes a healthy weight*.

New York - Perceptions of weight within the family, as articulated by mothers. This subtheme was defined as: perceptions of child's and sibling's weight, as shared by mothers or other family members. Many mothers explained that they believed, along with the grandparents,

that their children were normal weight, which was described as “fine,” “healthy,” or “thick.” It was mentioned 48 times in 15 interviews. Interviewee 3 stated,

I think he’s healthy. He’s right where he needs to be. He’s not overweight at all. He’s not underweight. He’s got good muscle tone. I like the way his body is shaped, he’s long and lean, he doesn’t have any...or bumps anywhere, he’s just long and lean. I always say he has a swimmer’s body because he’s tall and then he has these long legs and long arms. I love his body type.

Interviewee 8 indicated,

I noticed, I’d been watching her and noticed it was slowly like the weight, she has been gaining weight. And even if I hadn’t noticed, her clothes – mommy, this doesn’t fit any more. Maybe she doesn’t tell me that doesn’t fit any more, but I can see it’s too tight. I’m like, we only bought that a couple of months ago, why doesn’t it fit. So I knew she was progressively gaining weight and that started to worry me a little. Even though I come from work in the evenings I’m tired, I haven’t been in the gym because of school and crazy studying. But now, I feel I have to do this. For me it’s just to stay healthy and for her I have to do because I’m worried.

New York - Healthcare providers involved. This subtheme was defined as: indicating the level of involvement of nurses, physicians, teachers or health care workers related to the child’s weight. Participants shared that most children have their height or weight taken annually by a health care provider. Some participants indicated they received assessments or recommendations from health care providers that were helpful. On the other hand, some participants mentioned that the health care providers’ involvement was lacking or needed improvement. This subtheme was mentioned 23 times in 14 interviews. Interviewee 1 mentioned, “When I took him to the doctor’s, he said he is a good weight.” Interviewee 2 said that the doctor “never told her that she [her daughter] was overweight.” Interviewee 4 shared that she was informed but did not believe the information:

They just say it, she is a little overweight and I’m like, NO. I don’t think she is at all. You know what, if you pick her up, she is really solid but this child is active, it’s all muscle, she runs. She runs and she flips over and that’s what she does all the time. And she doesn’t overeat so I know it’s just real solid muscle. I don’t think – but when she goes on the scale and it gets to her height, they just think.

In a final example, Interviewee 8 mentioned,

That's the thing, when we have taken her to the pediatrician before we started doing this, before the pediatrician said she's OK. I thought they should be doing something, because I think you know she is gaining. She was like well, she is young and kids you know sometimes they go through that, she'll lose the weight. And then every time we go, she gains a few more pounds. I'm like OK, she's not losing the weight, and we've got to do something. She finally did give me a number...for a dietician and then they have this exercise. We never took her because I decided the least we can do is try to work out with her. Because I think she will probably go, but now I think she prefers going jogging in the evenings with me. I am sending off somewhere, tell her and then she'll be like – because then I think she would really be conscious to the fact that Ok they think I'm overweight so now they send me somewhere so they can make me lose weight. So that's what I'm thinking, so just go with her and maybe she wouldn't feel so conscious about it.

New York - Bigger is better. This subtheme refers to parents' indication that more weight on a child is better or more healthy and parents' acceptance of the child's body image. It was mentioned 10 times in eight interviews. Interviewee 3 explained that her family thinks her child should be bigger, "He's too skinny. So they would say that...Yes. He's skinny."

Interviewee 4 also shared how her culture felt bigger is better:

When I came here, it was harsh because she was 14 months old and then they said oh, why is she so fat? And that hurt because at home a baby is chubby, it has no negative connotations with it because it what – it's your little kid. But here, it's a different story so I find now I cannot tell her that because it's negative and I didn't realize for the first couple of years, because you have chubby cheeks. Now I can't say it because it's negative and I don't really mean that because ... So I tried to explain to her that it's still a big part of me that Guyanese [way of thinking].

Interviewee 7 explained the role of culture in the perception that bigger is better:

My son, he was a little bit, well to us, you would call it, babies back home we call them thick ... because – if you are a baby back home and you are skinny, like my mom would say you're not feeding the child, you need to give the child porridge and stuff. But my son, his weight was a little bit too much over. But the doctor never told me he was overweight but again as soon as he started getting involved, like he started going to school and stuff like that, ...now if you see him, he's not overweight or anything like that. Yeah, the babies, if your baby is very skinny, we call it malnourished, we will say you are not eating, your mommy is not feeding you right. So we will try and introduce porridge to them. Porridge is something that's filling, it's thick and it keeps you going from your breakfast, it keeps you going until your lunch. Or a little before that but still, it

keeps you. And if you don't look too thick as a baby, chunky, we would say that you're not eating right. If you're thick and you're fat and you will say ah, it's a nice baby, a chunky baby.

New York - Weight is inherited. This subtheme was defined as: the child's weight is related to genetics or heredity. It was mentioned nine times in seven interviews. Some participants felt that weight was inherited. Interviewee 5 shared, "I think I was the same and my other son was the same, too, skinny. But I eat what I like, and he's doing the same thing so I assume it's hereditary." Interviewee 9 shared a similar idea:

He's overweight. I'm trying, because what I'm doing now, because obviously obesity runs in the family. His father is trying and my dad is overweight and then I'm overweight. My mom is not overweight. But it's like, because my son doesn't get a lot of exercise, he's there playing the games.

Interviewee 13 shared,

My mother's she's smaller, they put on weight, the family actually put on weight and how they put on weight. A few of us were like, oh no, we've got to stay active otherwise we know what we're going to look like. You look at your family and you see your future... You know, people would be like, oh, I think if you look at your family, alright, they eat too much or you don't eat right, that's what you're going to look like. So we know what it's going to turn out that we look like.

New York - No connection. This subtheme refers to parents' indicating there is no connection between culture and weight. It was mentioned seven times in seven interviews.

Interviewee 5 explained the lack of connection between culture and weight:

My culture, I would say I'm Americanized, American. My mother's culture, I don't think has any influence on me. I think being born and raised here, kind of jumped on the bandwagon of being healthy and promoting health because of what you see on TV. And so, what I do and what I practice is more so because of what I see on, for health wise on the news. I don't think it has to do with my culture but just being a little more savvy. And documentation showing what obesity can do to you, just self-educating about how your body works and why it's not OK to have a certain percentage of fat on you or why you need to have a certain percentage of fat on you. So I think it's more education more than culture.

London and New York

Similarities and Differences of Mothers' Cultural Perceptions of Weight

The interviews in London and New York revealed extensive similarities for both Afro-Caribbean populations. Since the social, historical and political constructs of these cities are different, differences emerged in some of the content, but the deeper meaning remained the same. The related themes are summarized in Table 1. There were, however, two major differences: (1) *The parents' role in child obesity* emerged only in New York, and (2) *Lack of knowledge about what constitutes a healthy weight* emerged only in London.

London and New York Parents' Role in Childhood Obesity

The parents' role in childhood obesity was defined as: respondents express awareness that parents can cause their child to become obese. This theme emerged primarily in New York. Some New York participants verbalized a call to action for parents, stating that obesity started at home. This theme was mentioned 20 times in 10 interviews. New York Interviewee 12 felt that obesity has to do with parents, who 'give them the fatty food, and let them get whatever they want to eat, nonstop.' New York Interviewee 6 similarly noted that young parents "of kids in this age range don't know much about food preparation."

Perceptions of Childhood Obesity in London and New York within the General Population

Perceptions of childhood obesity within the general population were defined as: respondents express awareness of increasing childhood obesity in society. The parents perceived childhood obesity as related to many factors and consequences such as too much processed food, fast food, and lack of exercise. This theme was mentioned 29 times in 19 interviews.

The London participants recognized an increasing childhood obesity problem in their country by assessing the size of the children. The lack of physical activity played a pivotal role

in a discussion with the London mothers regarding unhealthy food choices at the supermarket and fast food restaurants. The mothers displayed ambivalence toward government intervention for the childhood obesity epidemic. Some parents believed that the government was trying to increase awareness of childhood obesity. Yet parents also believed that the government was not providing enough physical activities to help decrease or prevent the problem. Furthermore, the London participants mentioned the media as an asset and a detriment for childhood obesity awareness. For example, Jamie Oliver, a renowned English chef, is a role model for healthy eating on television programs. Despite his efforts, parents observed there was an increase in television commercials advertising high-calorie snacks that promote unhealthy eating in children. London Interviewee 15 mentioned that the media aids in childhood obesity and diminishes healthy eating:

There is too much advertising of junk foods for children and things that are actually in the stores. Healthy foods are not advertised at all compared to easy option takeaway foods. I think that has a big influence on how children are now and their weight.

London Interviewee 4 perceived a lack of government assistance:

It's just really disheartening because the same people, the government, kids, British kids are lazy, they are not doing nothing. Childhood obesity, it's these people that are closing the free activities and things like that. It's just not nice and it's not really fair on the kids.

Afro-Caribbean Mothers in New York also recognized the increasing problem of childhood obesity in the U.S. The New York mothers similarly mentioned fast food, decreased physical activity for children, the media, and lack of and/or consistent positive role models for eating as factors that play a role in childhood obesity. Mothers mentioned the efforts of First Lady Michelle Obama as a positive role model in the government and in the media. However, the ACNY mothers voiced negative perceptions regarding the lack of social justice in politics, environment, and big corporations. New York Interviewee 3 felt that the big food corporations

have their hands in the pocket of the government and politicians, and that nothing is going to change. New York Interviewee 9 mentioned the lack of safe play environments:

To help with childhood obesity....we need places that you can take your kids. But at the same time the kids aren't safe. If you can make any difference it would be like, to help the people to build like more supervision in terms of the parks. And in terms of the kids being able to go out and feel free enough to play without the parents have to worry. For my son, I have bikes for them that I bought and they want to ride their bikes but they can't go and ride a bike unless I'm there. It's more like if you guys can help us in terms of obesity. It's caused because of lack of exercise. The Nickelodeon had problems and where the TV was just blank and they said go outside and play. The First Lady Michelle was promoting going outside and playing. If I could have anything, it would be making the place safer for us as parents, that live in apartment buildings and worry that our children are going to be in danger if they go outside and if they are not with them, supervised. My kid is old enough to take his bike and ride around and run outside and play, at the same time, he's not safe, people will take his things.

London and New York Physical Activity

The next theme was physical activity (PA). The exemplar quotes associated with this theme were further classified into five subthemes: (a) *regular PA*, (b) *parenting role*, (c) *extracurricular PA is expensive*, (d) *weather influences PA*, and (e) *lack of time*.

London and New York - Regular PA. This subtheme was defined as: the child engages in regular physical activity. It was mentioned 47 times in 23 interviews. Mothers indicated that it was important to keep their children active. The children participated in biking, tennis, football, gymnastics, running, walking, basketball, dance, yoga, meditation, pushups and jumping jacks.

The London and New York participants had similar comments regarding the subtheme of Regular PA. Participants in both cities mentioned that their child was in school PA once or twice weekly. The mothers who stated their child participated in school PA five days a week at school were limited. To increase the amount of PA, the participants found other venues to involve their child in PA outside of school.

London Interviewee 12 discussed the amount of PA provided at school: “He did swimming twice a week, once at school and once private...But now PE that’s an actual hockey lesson in school. It’s gone down to about three times.” London Interviewee 13 concurred: “He does PE physical education two times a week at school.” New York Interviewee 12 stated, “He has gym twice a week.” New York Interviewee 14 mentioned that gym at school was, “Every Monday, once a week.” New York Interviewee 15 stated, “At school...she gets physical education once a week and she gets dance once a week, so she’s getting two physical activities during the week.” She then shared her opinion on the amount of physical education that is allotted to the students in New York City:

Each session is 45 minutes, so they are getting a total of 90 minutes per week in school, which unfortunately I don’t think is enough, but then again, they get to work out at home but some kids don’t work out at home. I think they used to get more but they cut back on it.

One difference was noted in these two groups. More New York mothers discussed their child’s physical activity as a group or family activity. These mothers talked about the child exercising with them, the other parent, or siblings. Physical activity as a group was used to motivate or challenge each other, and many children enjoyed group physical activities. Although some children did not initially want to participate in the activity, eventually they looked forward to it as a chance to spend more time as a family. On the other hand, there are some children who enjoyed physical activity and encouraged their parents to participate with them.

New York Interviewee 5 described how her daughter encourages her and her other son in PA:

She tells them all, duck down, give me 20! And he’s doing push-ups. He’s like oh, you’re giving me too much work to do. I’m sweating already. And she says no! Ten more jumping jacks. They like working out, they know what it is....We’ll play...I feel good because now I can run.

London and New York - Parenting role. This subtheme was defined as: parents express concern about their child's weight and physical activity and food intake. Overall, it was mentioned 38 times in 19 interviews. Parents encourage their children in exercise. Mothers try various methods to increase their child's physical activity such as walking, running, and sending them on errands.

The subtheme of the parenting role was consistently present in both cities. In this subtheme, many similarities surfaced between London and New York. The participants often expressed their role in the child's weight while concurrently speaking about their role in physical activity and food intake. The participants used techniques such as distraction, alternative agendas and encouragement as it pertained to maintaining healthy weight, physical activity, and food practices for their child. Mothers viewed their role as a guide and a motivator, and were concerned about being a role model for their child. London Interviewee 4 encourages her children to do different things, such as ballet, and when they stop one physical activity, she wants them to do another. New York Interviewee 3 mentioned her role as a teacher for food choice and physical activity:

I want him growing up knowing that he can have junk food, it's totally fine but then he should also make healthy choices as well...I also want him to exercise, stay active, which he is extremely active, he swims and he runs. He's all over the place...I want him to grow up with that mentality, just being able to go in the kitchen, bypass the cookies and just grab a fruit.

London and New York - Extracurricular PA is expensive. This subtheme defined as physical activity is costly. It was mentioned 31 times in 18 interviews. For those mothers who could afford it, their children attended PA that was not a part of regular school tuition and they paid additional fees. Many mothers remarked about the costliness of physical activity courses, especially if they had more than one child.

London and New York mothers felt that extracurricular physical activity could be expensive. ACNY and ACL mothers both mentioned that they either decreased or ceased extracurricular physical activities for their children because it was expensive. London Interviewee 6 described the cost and the cessation of swimming as an extracurricular PA, “Bridge Park complex, every Saturday and she used to do swimming as well but that stopped, got a bit too expensive.”

London Interviewee 4 described the expense of extracurricular PA,

Sometimes they want to try it because they know somebody that’s there. Sometimes they want to try it, just to see what it’s like, and then it just so expensive....Because a lot of the kids, when you see kids that are, come from their parents have money to send them to school to do these extra activities. That can make them have a healthy diet it wouldn’t necessarily mean that the ones that can’t, come from a bad home. Because other people out there do want that for their kids. Sometimes you just can’t afford it. When it comes to a point of, you have to pick between, do I send my kids to these activities or am I paying a bill or am doing shopping? You’ve got to, it’s really hard.

New York Interviewee 9 discussed the termination of her child’s karate and afterschool activities,

I had to stop because I can’t afford it any more. Like honestly this is how I live. I live, I work full time for a private company as the EMT but most of the time I live off my tax returns. Like for my tax return for the year I would live off that. I get like maybe sometimes 10,000 dollars so whatever I make plus the 10,000 dollars each month I divide it up so I can’t spend that money so that’s how I get the money to spend. Because I just work enough to pay my bills and take care of us, nothing extra. So with the tax return now I can splurge a little, I can buy him stuff, I can do a little stuff so that’s how I live. I live, so each year I look forward to my taxes so I can use it to buy stuff that they need.

Some participants felt that extracurricular physical activities were too expensive and there should be cheaper alternatives. Participants stated that the government should help with a more reasonable alternative, since childhood obesity is an international concern. Many of the extracurricular physical activities mentioned are expensive. However, the PA that stood apart from the others as costlier included swimming, gymnastics, and karate. One activity that parents

in both cities discussed with a sense of cultural awareness of Africa and Brazil was the Capoeira martial art.

Most mothers agreed that extracurricular physical activities are offered in the school are more beneficial when compared to private organizations. When extracurricular PA was offered in school, the mothers felt that it was more convenient and meant less travel time. Furthermore, it usually much cheaper inside school than in a private organization. However, many parents felt that schools did not offer enough physical activity. London Interviewee 15 commented on the cheaper cost of extracurricular PA within the school: “For the football and the basketball £40 between them for the term...It’s all within the school, it’s just basically out of school curriculum activities.”

One difference was noted in the subtheme for both cities. If one pretended that the dollar and pound were equal, the price of extracurricular physical activity in London is less expensive compared to the price in New York. The NY mothers spent \$100 - \$300 per month for each physical activity course. The average was approximately \$150 per month. The London mothers spent approximately £20-£100 (\$31 -\$155) for each PA. The average was approximately £40 (\$62) per month. The mothers in both cities mentioned that this cost is doubled or tripled, based on the number of children in the household.

London and New York - Weather influences PA. This subtheme was defined as: the weather inhibits or motivates physical activity in children. Mothers noted that participating in PA can be a challenge in both London and New York because of the weather. The subtheme was mentioned 13 times in 10 interviews. In the wintertime or cold weather, mothers stayed inside with their child. Mothers felt that children hibernated in cold months. Participants in both cities mentioned the size of their dwellings, flats or apartments as inhibitory for PA due to the lack of

space. Furthermore, they felt the lack of PA encouraged weight gain. Conversely, mothers in both cities mentioned that they increase PA for their children in the summer months.

Two differences were noted in the sub-theme of weather's influence on PA. In New York, rain was mentioned as a deterrent to outdoor physical activity, along with the cold temperatures. In London, the mothers mentioned snow and cold temperatures as a deterrent, but not rain. One other notable difference was that mothers in London mentioned that the cold weather hinders physical activity in comparison with the Caribbean, where the weather is warm and inhabitants are more active. In New York, this comparison was not made while discussing the influence of weather on physical activity. London Interviewee 10 explained how the weather influenced PA:

The other thing is that the weather dictates a lot what you do. Because whereas we like to be around and all these things, it's hard because it's cold. You don't want really be outside in the park when it's cold.

New York Interviewee 2 said that they try to take her [daughter] for walks whenever we can, or just walk around the block in the evenings. "It depends on the weather, if it's raining or stuff, he [the father] won't take them. But I mean, for the summer that we have, almost every day they go for walk."

London and New York - Lack of time. This subtheme was defined as a lack of time for physical activity. It was mentioned seven times in five interviews. Participants believed that parents have many obligations and are tired. A few participants felt parents' employment responsibilities interfered with PA. The subtheme of lack of time was similar in both cities. There were no differences between the mothers in London and New York. London Interviewee 12 explained how parents do not have enough time to take their child to extracurricular PA,

Some parents don't have that flexibility. I own my own business so I can come and go as I please, whereas some people they have to work to a certain time, they work for an employer, so it's not always you can do...sometimes it might not even be the money,

sometimes it might just be work commitments that you can't get out to do stuff with your children. It's hard.

New York Interviewee 9 described her lack of time for extracurricular PA due to her own education and work schedule:

More self-control and stuff like that. I said since I can't take him there, it will conflict with school and everything...it will conflict with the time that I'm going to class and pick up and all that. Too much stuff.

London and New York Weight of Child

The next theme for Research Question 3 was *weight of child*. The exemplar quotes were further classified into five subthemes: (a) *perceptions of weight within the family as articulated by mothers*, (b) *involvement of health care providers*, (c) *weight is inherited*, (d) *bigger is better*, (e) *no connection* and (f) *lack of knowledge about what constitutes a healthy weight*, present only in London.

London and New York Perceptions of weight within the family as articulated by mothers. This subtheme was defined as: the perception of child's and sibling's weight as shared by mothers or other family members. The participants noted that grandparents often have opinions about their child's weight. There were many similarities in this subtheme of perception weight by mothers and other family members. Mothers described the weight of their child using many terms: healthy, big boned, fine, basic, nice shaped body but a big stomach, muscle, muscular, and podgy cheeks. Several mothers contradicted themselves by describing a child as 'healthy, weight-wise' and later on, as 'overweight.'

Some mothers stated that they were concerned with their child's weight. Others mentioned that society does not take either ethnicity or culture into consideration when measuring weight. For example, some mothers stated that growth charts were based on European body size and not on the weights or sizes of Afro-Caribbeans. In addition, these

mothers argued that in some cultures, big-bodied women are considered more visually appealing compared to women who may look under nourished. Mothers mentioned that their children might be bigger than the other children in their class, not only in terms of weight but also in terms of height.

Some mothers felt that their child was not overweight. These mothers argued that some of the clothes made in the UK did not take into consideration the body type and size of the Afro-Caribbean immigrant who may be curvier or taller. Mothers of children who were taller than average and weighed more, believed this was related to food in the UK. Some mothers stated that their child has been classified as obese or overweight but they do not agree. Other mothers referred to their children as slim or 'a little bit of size' or a 'little bit too skinny.' A few mothers mentioned their child was underweight or normal weight.

Participants said that many grandparents gave their opinion of the grandchild's weight. Most grandparents thought the child needed to gain weight; a few thought that the child needed to lose weight. The grandparents made statements such as, "you're going to be like 'x,'" and "they're thick." One mother stated that the grandmother felt that her grandchild's stomach was "too big."

At times, grandparents may call their children and grandchildren fat, although without saying it seriously: they still feed the grandchild. Other parents at the school may refer to the child as "fat," although the mothers who mentioned this felt that these parents were not serious. Another similarity between both groups is that many parents spoke of their child's "build." These parents implied that children who were not underweight and "shapely" were described as healthy.

Parents discussed the perception of the child's weight while mentioning concerns about teasing, confidence, and body image. Parents stressed that they accepted their children as they are and they did not want to cause any phobia in their children.

Mothers mentioned their child's current weight compared to the child's weight as an infant. In this context, mothers said their child was "small," or premature. One mother mentioned that her child was born big with long legs and feet. Many mothers, however, were concerned with the child's body type or shape. Some mother stated that they or their family members would not be concerned with overweight or obesity unless the child was not healthy and was diagnosed with a disease or disorder.

There were a few differences between the ACL and ACNY mothers. A few ACNY mothers said that they send their child to the Caribbean for long periods of time, especially in the summer. These mothers described their child returning to New York looking thinner; however, shortly thereafter returning, the child will regain weight.

Mothers in both cities mentioned that clothes do not fit their children well. A few mothers in New York mentioned that when their child grows out of clothes quickly, they are concerned. In London, the mothers mentioned that the clothes are not made for children of Afro-Caribbean ethnicity. The sizes of the clothes never seemed to correlate with the child's height, weight, shape, or size. An ACL mother mentioned that she purchased clothing for her daughter while they were in New York on vacation because the US has bigger clothing sizes for children.

In the New York sample, the mothers said their children voiced concern about their weight. Children stated that they did not want to be "fat." Children would tell their parents that they are overweight for their height and weight based on an assessment from the Wii game. This

subtheme was mentioned a total of 122 times in the 30 interviews. In London, this subtheme emerged 74 times in 15 interviews; in New York, it emerged 48 times in 15 interviews.

London Interviewee 6 said:

For example, with “V,” I think she’s got a nice shaped body but her belly used to be very flat but now it’s just expanded. I don’t know why, but I wouldn’t call her obese because of that. I think she’s fine, but as I said, her stomach. It looks a bit on the big side but then that could be for any reason, as long as she eats. As long as I know she’s eating fine, not overeating. I think she’s fine. But I do think she needs to do a little bit of exercise to make that go down. My dad thinks she’s fine. My mum thinks she’s a bit overweight. My mum just refers to her stomach, she needs to get that down.

New York Interviewee recalled:

I do notice that she’s not as, should I say, I don’t want to say chubby but she’s not as thick as she used to be. She’s getting much taller...because she does not look like an 8 year old at all. People think she is 10 or 11 because she is tall and she is thick and now she’s started to develop breasts so she does not look like an 8 year old at all, no....my mom will say yes, she’s getting a little chubby. Even her grandmother would say that, which is her father’s mom. I think it bothers her because she says, Grandma says so and so. I say well, she is kind of right but...they don’t say to her because it does bother her. They still do but as of now, they say that she has slimmed down a bit, they don’t really bother her with that...She will look in the mirror and tell you that her stomach is not as big as it used to be. Yeah, she looks at her body

London and New York Health care providers’ involvement. This subtheme refers to parents’ perceptions of the level of involvement of nurses, physicians, teachers or health care workers related to their child’s weight. Some participants indicated they received assessments or recommendations from health care providers or teachers. On the other hand, some participants mentioned that the health care providers’ involvement was lacking or needed improvement. This subtheme was mentioned 42 times in 28 interviews.

The New York participants were more likely to mention that healthcare providers were involved in their children’s weight than the London mothers. ACNY mothers mentioned that their child visited a physician annually. In London, many mothers mentioned that children did not see a healthcare provider after the age of five unless they had an acute illness.

London Interviewee 2 described her views on the involvement of her healthcare provider:

No-one doesn't monitor unless you or your child want it and you take them to the GP if you're worried about them...No-one doesn't check your child's weight. Maybe if a school is concerned about your child's weight, or your child's behavior, then obviously they will intervene and call social services or something like that. But other than that there isn't really anybody to check on your child

New York Interviewee 15 shared her experience with a healthcare provider:

They have their annuals every year...The way the insurance have it set up that you can have your annual medical check-up around your birthday or after...When they go to the doctor, she gives them a thorough physical, she checks their weight, and she checks their height, their hearing, their blood pressure, their chest and all that, their heart and heartbeat and so forth. She also takes urine and blood.

London and New York - Weight is inherited. This subtheme was defined as:

participant mentioned that the child's weight is related to genetics or heredity. Participants related their child's weight to the size of their weight or the size of other family members. Many participants believed that their child's body size is predetermined or inherited. This subtheme was mentioned 33 times in 18 interviews.

In both cities, mothers mentioned that the size of their child can depend on their family. Some mothers compared their child's weight to the father's weight, other family members, or their own weight as a child. Some mothers felt that their children would be "slim," "slender," "big boned," or "healthy," depending on their family. London Interviewee 4 discussed her size as a child as well the size of the father's family as a contributing factor to her child's weight:

I think I compare them. I was a chubby kid myself so then I don't know if, I'm expecting them to be chubby...But then her dad's side of the family, they are quite big anyway. So I just think she's got that gene. She's naturally quite shapely and quite muscular. I don't call her fat but I think she's just a bit muscular.

New York Interviewee 9 shared a similar idea about her child's weight and heredity:

He's overweight. I'm trying, because what I'm doing now, because obviously obesity runs in the family. His father is trying and my dad is overweight and then I'm

overweight. My mom is not overweight. But it's like, because my son doesn't get a lot of exercise, he's there playing the games

London and New York - Bigger is better. This subtheme refers to parents' indicating more weight a child has is better or healthier and parents' acceptance of the child's body image. Some participants believed that the culture may strengthen the idea of 'bigger is better.' This was mentioned 25 times in 16 interviews.

Bigger is better was a subtheme that emerged from many participants in London and New York. To be "bigger" was described as culturally accepted and desired for many households. Many mothers described their view and their relative's view of bigger is better. As such, mothers also discussed their view of increasing their own weight during childhood.

Some mothers were teased while growing up if they were not "big enough." Mothers stated that traditionally those who were skinny as babies or older children were deemed to be malnourished, poor, or not well cared for by their parents. There was no major difference between the two cities. London Interviewee 9 explained the cultural view that bigger is better and that her family thinks her child should be bigger:

I was very small when I was younger. In fact I didn't eat much I was very picky. I was underweight growing up but with the Caribbean background and growing up in the Caribbean they tend to class you as underweight if you are not at a certain weight. You need more nourishment or they try and fatten you up a bit more and give you more fatty food maybe...If I know my mum she will look at him and say, oh he needs to put on more weight. He's too slim, he needs fattening up a bit or what are you doing with him? I haven't seen my grandson for a week, I haven't seen him for a week, looking at him he looks like he's lost some weight. I say no, he's growing....Yes, she will say, Oh! He needs fattening up in the torso area because you can see his body outline. I say no, he's just fine.

New York Interviewee 4 shared the cultural view of bigger is better for babies and her own struggles with size during her youth:

When I came here, it was harsh because she was 14 months old and then they said oh why is she so fat? That hurt because at home...a baby is chubby, it has no negative connotations with it because it – it's your little kid. But here, it's a different

story....Whereas at home if you're really skinny you get a flak for that...It's hard. I was really skinny growing up and it was hard for me in elementary school and in high school. They tell you mean stuff, they say your parents are not feeding you, you are starving, you live in Africa, they tell you just way out mean stuff. In college, these guys used to tell me I'm walking on my arms instead of my legs. That used to make me cry when I got home because you look at yourself...I'm sorry, it was hard. Yeah, and I didn't like it...Here, this is where the cultural difference is, because if you're in the Caribbean, they always say oh we like meat on our bones, so I really wanted to gain weight back at home just to prove to everybody that I look just as good as my sisters. And it didn't happen until I moved here and so it's made me a little bit mad.

London and New York - No connection. This subtheme refers to parents' stating that there is no connection between culture and weight. Mothers in both cities mentioned this 17 times in 14 interviews by mothers in both cities. Some mothers in London and New York believed that culture does not affect how they view their child's weight. The similarities among the mothers emerged in comments by London Interviewee 8, who explained the lack of connection between culture, weight and physical activity, "No, I don't think it's a cultural thing. I think it's more just an 'us' thing." New York Interviewee 5 discussed a lack of connection between culture and weight:

My mother's culture, I don't think has any influence on me. I think being born and raised here, kind of jumped on the bandwagon of being healthy and promoting health because of what you see on TV. What I do and what I practice is more because of what I see on, for health wise on the news. I don't think it has to do with my culture but just being a little more savvy. Documentation showing what obesity can do to you, just self-educating about how your body works and why it's not OK to have a certain percentage of fat on you or why you need to have a certain percentage of fat on you. I think it's more education more than culture.

London and New York - Lack of knowledge about what constitutes a healthy weight. This subtheme refers to parents' lack of knowledge about child's current weight. Parents didn't know about healthy weight or didn't take their child's measurements. This subtheme was mentioned seven times in seven interviews in London but did not emerge from the New York interviewees. Some parents indicated they were not aware of their child's current weight; others

said that their child had not been weighed, either by them or a health practitioner, in many years. The mothers took their child's measurements because of this study. London Interviewee 8 shared her lack of knowledge because her child is not regularly weighed by a health practitioner "No, because you don't need to go through that anymore. That's why I don't even know what their weight is, I must have a look for you."

New York mothers were more aware of their child's weight than London mothers. New York mothers discussed annual visits to the health practitioner and were able to provide the child's measurements with greater ease.

Section 2 Summary - Research Question 1

London, New York and Cities Combined

Two research questions were explored in this section for the London, New York, and the combined City samples. Research Question 1 was related to cultural perceptions of weight. Research Question 3 elicited the similarities and differences in the perceptions of weight. The four primary themes related to this research question, perceptions of childhood obesity within the general population, parents' role in childhood obesity, physical activity (PA), and weight of child) were summarized in this section. The theme of the parents' role in childhood obesity was present in New York only. This section included tables summarizing the definition of the identified themes and subthemes, the frequency of occurrence for the themes and subthemes, as well as the number of interviewees that mentioned a specific theme and subtheme. Exemplar quotes were also provided. The following section will provide the results for research question 2 regarding cultural perceptions of food practices.

Section 3 Results for Research Question 2

Qualitative Analysis for London, New York and the Combined Cities

Research Question 2 – Afro-Caribbean Mothers Cultural Perceptions of Food Practices

Research Question 2 was: What are Afro-Caribbean parents' cultural perceptions of their child's food practices in London and New York. Research Question 3 was: What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in New York and London? The following sections pertain to the cultural perceptions of food practices in London, New York, and the combined sample. The four primary themes related to this research question are summarized in this section. Included in this section are tables summarizing the definition of the identified themes, the frequency of occurrence for the themes and subthemes, as well as the number of interviewees that mentioned a specific theme and subtheme for London, New York, and the combined cities. As reflected in Table 5.3.1, the primary themes were cooking techniques, food as a social bond that connects the child with others, food preparation varies according to families, and types of food consumed in London, New York, and the combined cities. The related themes are also summarized for London, New York, and the combined cities. The themes or subthemes that are different between the two cities are identified with an asterisk.

Table 5.3.1

Themes and Definitions for Research Question 2 – London, New York and the Cities Combined

Themes	Definition
Cooking techniques	
<i>Cultural techniques modified</i>	Cultural food preparation techniques are modified to be healthier which could include education, information and alternatives
<i>Cultural techniques used</i>	Cultural food preparation techniques are used to prepare foods
Food is a social bond that connects the child with others	
<i>Eating as a way to maintain cultural rituals</i>	Traditional foods are eaten on specific days
<i>Eating as a family cohesive tool</i>	Food is eaten with family members, at which time they discuss daily experiences and have routine family time
<i>Eating represents togetherness</i>	Food is eaten with fellow classmates and other people
<i>Eating as a festive celebration</i>	Food is eaten during special festivities, parties, engagements, and holidays

Table 5.3.1 (continued)

Food preparation varies according
to families

<i>Home food is healthier*</i>	Awareness that food prepared at home is often healthier than food prepared outside
<i>Some say food prepared at home</i>	Meals are prepared at home
<i>Eating out/fast food/ take out</i>	Eating out and “take out” is common, which may include cost
<i>Others say lack of time to prepare food</i>	Time prevents the preparation of food at home which includes travel time from home to school and time related to afterschool activities

Type of foods consumed

<i>Food restrictions</i>	Parents and relatives restrict food at various locations such as the home, supermarkets, or restaurants
<i>Healthy food</i>	Consumption of healthy foods emphasized, which may include cost and quality
<i>Cultural practices by the family</i>	Parent states their past experiences are relevant with regard to food or weight
<i>Portion control</i>	Parents regulate portions and amount of food consumed

Table 5.3.1 (continued)

<i>Laissez-faire approach</i>	Children freely choose what they want to eat with a family member while at various locations.
<i>Weather-based/comfort food</i>	Certain foods are prepared and consumed for certain weather conditions. Additionally, food of certain temperatures and consistency are thought to be comforting
<i>Try new food to expand cultural horizons</i>	New foods are tried, either when purchased or consumed
<i>Modeling of eating practices</i>	Children will eat what their parents, siblings, grandparents, or peers eat

*This theme present in New York only

Table 5.3.2 shows the frequency with which the themes appeared across interviews and across the data.

Table 5.3.2

Frequency of Themes for Research Question 2 - London, New York and the Cities Combined

Themes	Number of interviewees mentioning this theme			Total exemplar quotes		
	London	NY	Both Total Interviewees	London	NY	Both Total Quotes
Cooking techniques						
<i>Cultural techniques modified</i>	12	12	24	35	25	60
<i>Cultural techniques used</i>	13	8	21	28	19	47
Food is a social bond that connects the child with others						
<i>Eating as a way to maintain cultural rituals</i>	10	8	18	15	16	31
<i>Eating as a family cohesive tool</i>	9	7	16	13	10	23
<i>Eating represents togetherness</i>	7	8	15	9	10	19
<i>Eating as a festive celebration</i>	3	4	7	3	4	7
Food preparation varies according to families						
<i>Some say food prepared at home</i>	15	14	29	46	47	93
<i>Eating out/fast food/ take out</i>	14	15	29	14	40	54
<i>Others say lack of time to prepare food</i>	10	12	22	21	23	44

Table 5.3.2 (continued)

<i>Food prepared at home is healthier*</i>	0	9	9	0	15	15
Type of foods consumed						
<i>Cultural practices by the family</i>	10	15	25	35	70	105
<i>Healthy food</i>	13	14	27	35	41	76
<i>Food restrictions</i>	12	12	24	41	36	77
<i>Portion control</i>	12	12	24	30	42	72
<i>Try new food to expand cultural horizons</i>	9	11	20	16	19	35
<i>Weather-based/Comfort Food</i>	11	8	19	17	12	29
<i>Modeling of Eating Practices</i>	8	9	17	14	16	30
<i>Laissez-faire approach</i>	10	5	15	29	14	43

**This theme present in New York only*

London

Afro-Caribbean Mothers Cultural Perceptions of Food Practices

As reflected in Table 5.3.1, the primary themes were: cooking techniques, food as a social bond that connects the child with others, food preparation varies according to families, and types of food consumed. The results for the Afro-Caribbean Londoners (ACL) in the study sample are provided.

London Cooking Techniques

The exemplar quotes associated with cooking techniques as a theme were further classified into two subthemes: (a) *cultural techniques modified* and (b) *cultural techniques used*.

London Cultural techniques modified. The most frequently occurring subtheme for cooking techniques was *cultural techniques modified*, which refers to modifying cultural food preparation techniques to be healthier. Participants discussed maintaining their Caribbean food culture by using untraditional ingredients or cooking methods. Mothers decreased the amount of oil and frying for cooking and increased the amount of food that was roasted and boiled. This theme was mentioned 35 times in 12 interviews. A few examples are shared here.

Interviewee 11 described how she makes gravy:

I use a bit of oil to brown, but if I want to thicken up my meat once I've browned it and whatever, I will tip that oil off and will replace it with olive oil and then tomato ketchup or tomato puree, coconut cream and whatever, and then it's made a gravy. You don't really see oil being in the food like that because it's gravy, it's a nice gravy. Obviously when I go to takeaway and that you see the oil at the bottom of there, I cannot be eating that, because you haven't made gravy, it's oil, there's a difference.

I don't put gravy granules, I can make gravy. I don't want to hear about gravy granules, I don't want to hear about that. The most I use is a Maggi cube, but I will use that as I'm seasoning my meat, but not as getting Oxo or whatever and putting it in, making water, putting gravy. The only time I get oil is if I am doing swordfish or something like that, then I will have oil. I don't mind that because that was the whole point of having some oily fish to go with your boiled dumplings, your yam and all that. I don't mind that, but that's about as far as I can go with oil, and that's fish. But I can't be doing oil, no.

Interviewee 10 described her use of modified techniques:

His favorite food is rice and peas, piassava, green bananas. I roast mostly. I don't really fry the food, I mostly cook it in the oven. I don't really use no oil or anything like that. Both myself and my partner, we don't like oil. Yes, it's not very healthy for you. My dad was like that as well, so it's made me very much not into frying. Whereas Jamaican food is mostly fried chicken, fried dumpling, fried food.

Interviewee 12 stated that she limited frying food,

Try not to. Jamaicans eat a lot of oil in their food, like my mum she uses a lot of oil, and I try not to use so much oil in my food. I do have fried dumplings, but not on a regular basis. I prefer boiled and oven stuff, I don't really have fried. Even though I bought a packet of chips fat and they moved it around in the supermarket and I picked up one that was fried, and I was going to give it to mum, because you've got to fry them. If you put them in the oven they're not as greasy and it's less fattening. I prefer to oven or cook or boil than fry.

London - Cultural techniques used. The next subtheme for cooking technique was *cultural techniques used*, which is defined as: cultural food preparation techniques being used to prepare foods. This theme was mentioned 28 times in 13 interviews. Many participants mentioned preparing traditional foods with cultural techniques, including gravy making, frying, then cooking down stew meats. Interviewee 2 clearly explained how she prepared her food:

It depends what I'm cooking. If I'm doing rice then obviously you boil down the rice. If you're doing a curry then obviously I've got to cook it down and that contains lots of different techniques, I suppose. If you're cooking stewed chicken you have to fry it first and then cook it down. If you're making boiled potatoes and dumplings, then you'll boil it up. It's different techniques, so I use loads of different techniques in my cooking.

London Food is a Social Bond that Connects the Child with Others

Food is a social bond that connects the child with others was another common theme for Research Question 2. The exemplar quotes associated with this theme were further classified into four subthemes: (a) *eating as a way to maintain cultural rituals*, (b) *eating as a family cohesive tool*, (c) *eating represents togetherness*, and (d) *eating as a festive celebration*.

London - Eating as a way to maintain cultural rituals. This subtheme was defined as: eating traditional foods on specific days. Many participants mentioned cooking traditional

Caribbean dinners, especially on Sundays, or cooking soup on Saturdays as a cultural ritual.

This theme was mentioned 15 times in 10 interviews. Interviewee 5 said,

Yes mostly on a Saturday I will make soup. I will cook soup, like a proper mutton soup, yams, sweet Potato, Dumplings, and all of that. Corn. You name it everything goes in there, like everything.

Interviewee 2 shared the following when asked about preparing traditional foods,

Yes, I cook traditional food on Sunday. Saturday and Sunday I will cook, so we'll have rice and peas, oxtail, curry goat, it depends on how I feel and what to cook. Curried chicken stuff like that. Mostly on a weekend. Or if it's holidays, like school holidays and I am not at work, then I will cook more

London - Eating as a family cohesive tool. The next subtheme was *eating as a family cohesive tool*, which refers to food being eaten with family members while discussing daily experiences and having a routine family time. This family time may not be a formal occurrence but a time to have general discussion. Many women indicated children regularly ate with family members. This theme was mentioned 13 times in nine interviews. In one example, Interviewee 13 that her son liked family dinner time,

Both, my child eats alone or with other people. Since he came home from school today he ate alone. Dinner today it's kind of everybody is having their own thing, so he will eat alone. But on a Sunday...“R” he likes to sit round the table altogether. He just likes that, he just likes the food to be in the middle of the table and we all sit down together and we can all help ourselves and chitchat. He enjoys that. He asks for it, “Can we have the food down in the middle on the table today?” Yes.

Interviewee 14 expressed a similar sentiment:

We eat as a family so it would be with others. I wouldn't say it does, no, because our culture is very family orientated and get together, having meals and everything else like that.”

Asked about eating as a family Interviewee #4 said, “During mealtime, sometimes watching TV...but No not really, sometimes we have just general chit chat...conversation about the day?”

Asked about social activities during family dinner, Interviewee 8 said, “Just general discussion

really about their day, about what's happened, so it's more like just a general jovial discussion... Sitting around the table, it's family time."

London - Eating represents togetherness. The next subtheme was *eating represents togetherness*, which refers to the child eating with fellow classmates and other people. The participants mentioned that having other people around encourages their children to eat and socialize. This theme was mentioned nine times in seven interviews. Interviewee 2 stated, "At home, family, at school with his peers, so eating a lunch or whatever they would eat together and at home we'd all have dinner together." Interviewee 6 shared, "At school she eats with her class, because they go in year by year. So she will be sitting around the table with her friends."

London - Eating as a festive celebration. The next subtheme was *eating as a festive celebration*, which refers to eating during special festivities, parties, engagements, and holidays. This theme was mentioned three times in three interviews.

Interviewee 7 illustrates this theme:

My daughter goes to my mum's house and we eat there for gatherings. For me, like it's only like a couple of times a month, 2 or 3 times a month. Yes we have a lot of family celebrations as well. Just things like birthdays, christenings, baby showers we have lot of things, 3 or 4 occasions a month where we get together.

London - Food Preparation Varies According to Families

The next theme for Research Question 2 was: food preparation varies according to families. The quotes related to this theme were classified into the following three subthemes: (a) *some say food prepared at home*, (b) *eating out/fast food/ take out*, and (c) *others say lack of time to prepare food*.

London - Some say food prepared at home. This theme was mentioned 46 times in 15 interviews and refers to meals being prepared at home. The importance of preparing food at

home was stated with regard to healthier eating and affordability. Many mothers stated they frequently prepared food at home. Interviewee 5 said:

I cook every day; you don't need to keep having seconds because I cook every day. If I don't, it's an odd occasion because I can't afford to be eating takeaway. I'd rather cook and because I've got to cook for so many people that it's not in my interest not to cook.

London - Eating out/fast food/ take out. The next subtheme was *eating out/fast food/ take out*, which refers eating out, “takeaway” or “take out.” The participants mentioned that children wanted takeaway food. Sometimes children request the food because of the toys that accompany it. One mother felt that takeaway food was expensive for larger families. The participants essentially viewed takeaway food as “bad” or unhealthy, but they consume it because it tastes good. Other mothers discussed their limit of takeaway food to a couple of times a month. This theme was mentioned 41 times in 14 interviews. Interviewee 5 explained how her children enjoyed eating out:

Even with the kids, you buy them takeaway, they eat two chips and take a bite of the burger and they don't want anymore. They just want it either for the free drink, or the free toy, they don't really want that food. That's something to do, they don't really want it. You're arguing with them that you've just spent £10 on rubbish and they don't want to eat it. I won't even buy something to eat if they have a takeaway, because I am going to have to sit down and eat three portions of chips already because they're not eating them.

London - Others say lack of time to prepare food. The final subtheme was *others say lack of time to prepare food*, which refers to having little time to prepare food at home. The participants discussed the lack of time to prepare food due to [their](#) schedules. The mothers said that their work schedules and the commute from the school to home was a deterrent to preparing food. During these times the participants stated that they provided quick or simple meals for their children. This theme was mentioned 21 times in 10 interviews. Interviewee 1 explained how a lack of time limited her cooking,

That's my own class after work, so there are times when the week is very hard for me to cook every single day. Because of the routine and when you work full time and you come home you're tired and then to focus on her. Then to get her ready for bed, then for you to unwind. If I was to cook every single day it would be too much and then the engaging as well would not be there.

But if you want to eat as well, you don't want them to talk while they're eating, but that's the time they want to...I think the most interaction I get with her is when I pick her up. She wants to tell me everything that's happened for the day. She's got her bit out of the way, so when she comes in it's really the routine of getting ready for bed and so forth. And if there's any homework for anything to discuss, we will do that. So to then take an hour out to then prepare food, sit down and eat it and digest it, she will be going to get pretty late.

Interviewee 12 mentioned that a lack of time limited what she could cook,

Yes, if I'm running late or if I've got to go somewhere or him and his sister do some activities, so obviously if I've got to take his sister to dance or him football, depending on what time he comes back. Obviously if it's late ... this would be on a Thursday he used to do karate. So by the time he finished his karate at seven o'clock I haven't got a lot of time even half an hour that's a lot of time, so I will put something in the oven or microwave something you just basically warm up and give to them, because I don't have time. I want them in their bed by a certain time. Yes if I'm running late or if something has happened and I've got in late, I will do something really quick and simple.

London - Type of Foods Consumed

The next theme for Research Question 2 was type of foods consumed. The exemplar quotes were further classified into eight subthemes: (a) *food restrictions*, (b) *healthy food*, (c) *cultural practices by the family*, (d) *portion control*, (e) *laissez-faire approach*, (f) *weather-based/comfort food*, (g) *try new food to expand cultural horizons*, and (h) *modeling of eating practices*.

London - Food restrictions. This subtheme was defined as: parents and relatives restrict food at various locations such as the home, supermarket, or restaurants. The participants discussed different types of limits. Even with limits there, are times that they allow their children to have certain items. However, they will monitor and place restriction on certain types of foods. This theme was mentioned 41 times in 12 interviews. Interview 5 explained how she restricts her daughter's sugar intake:

She'll have cereal, toast, waffles, pancakes, whatever she fancies. She normally goes for something like that in the mornings, which I'm alright with, I don't mind the high energy foods in the morning. It starts getting on my nerves later on in the day and I will stop it, but in the mornings I don't mind because I know that she's going to do a full day at school and it's quite active, so I don't mind the eating something a bit sugary in the morning.

Interviewee 10 restricted her son's consumption of juice and milk:

Water. That is the number one choice in the house, 9 times out of 10 that's what he gets. I have a rule that if you drink all the water then, because in the morning he gets up, he has water. And then he has some tea which is going to be like a herbal tea or it would be like lemon or sometimes orange, different kind of, just watery based tea. In the evening when he comes from school after he drank his water at school as well...bottle of water, he can have some juice. He normally chooses the fruits that he wants and we juice it. And that's that. Maybe once a day or once every other day or so he will get some juice but it's mostly just water and milk sometimes I give him milk as well. But non-dairy.

London - Healthy food. This subtheme was defined as: emphasizing the consumption of healthy foods, their cost and quality. The participants gave their view of healthy food, which they considered to be water, vegetables, fruits, fresh food, and non-processed food. This theme was mentioned 35 times in 13 interviews. Interviewee 11 said, "Healthy foods are things like vegetables, some vitamins in your fruits, that's about it really. We're not a majorly healthy family I don't think and I think maybe we should eat more vegetables and fruit." With regard to healthy foods Interviewee 12 explained,

Chicken, greens, rice in moderation, like rice and potatoes and stuff, obviously you can't have too much or you put on weight. Yes chicken, fish, even meat obviously lean meat, everything in moderation. But I don't see chips as healthy food and greasy burgers and that kind of stuff, I don't see that.

London - Cultural practices by the family. This subtheme refers to parents' stating their past experiences are relevant in regards to food or weight. The participants discussed their childhood and cultural practices with their parents. There were mothers who felt that the mother is supposed to cook and provide stability for people to come over and eat. Other mothers

discussed that they were expected to eat all the food on their plates. Furthermore, parents should provide food for children and allow them to eat. It was mentioned 35 times in 10 interviews.

Interviewee 12 indicated her mom allowed the kids to eat whatever they wanted and that this was cultural:

I think it's both, being from Jamaica obviously, you know they've got their little ways you mustn't begrudge kids food and all that kind of stuff. I think mum is of Jamaican heritage, it's just grown up with and obviously she wants to spoil her grandkids, because it's not nanny nanny no. It's nanny is getting them nice foods, parents are the horrible, you have to say no. Nanny is a nice one that always says yes. So I think it's a mixture.

Interviewee 13 explained the impact of her family's cultural practices:

It influences our culture...it influences them in the sense that we like fresh food, and we like to prepare our own food. In the sense of my mum taught me how to cook, my mum and my grandfather taught me how to cook. That's a big influence and I like home cooked meals, so I don't like...sometimes you do get into a certain...you can't be bothered to cook and you may have takeaway for a while and it's just like I don't like this. So in that sense, yes I know how to cook, so that influences.

London - Portion control. This subtheme was defined as parents regulating portions and amount of food consumed. It was mentioned 30 times in 12 interviews. Participants provided a range of explanations for portion control. Interviewee 1 said,

For example I'd go up and her father would always have a bigger plate, I don't know why it's like that but you just do. You see that and then you would then find that children being a smaller plate, or it would be one that would be decorated with Dora or Disney or whatever. But then we were both eating at the same dinner plate and I wasn't realizing that her serving portion was the same as mine. Yes. Because I thought you mentally feel they've grown up out of that Dora so I didn't realize it, I was really giving her the same portion I was eating. But then at that time I wasn't eating healthily, so then I saw her go rapid weight gain and thought no, I have to pull back on that.

London - Laissez-faire approach. This subtheme was defined as: children freely choose what they want to eat with a family member while at various locations. Participants stated that their children chose their food either while with them or another family member. It was mentioned 29 times in 10 interviews. Participants shared several interesting examples of

laissez-faire approaches. Interviewee 1 described her child minder's (daycare) approach to feeding the children:

She will give them maybe chicken, baked chicken, vegetables, salad. She always has it open so when they're ready they can come and help themselves, rather than them being regimental around the table. Because she said she feels that she gets the most out of children when they see something visual but when they're ready they can come in, take a drumstick.... because each child is different, that in order to get them to eat everything she doesn't have them sit down regimental at this time...In order for her to have a balance, she ensures that they help themselves. Sometimes "K" doesn't want to eat, she just says, I am not hungry.

Interviewee 12 described how her child's grandmother allowed the children to have lots of sweets:

His dad's mum is more the English Nan where she is more; she's the one that takes them to McDonald's. She takes them to McDonald's and buys them crisps and sweets. Yesterday she came to my house with a bag full of cookies and stuff for them, she is that Nan. Because she doesn't say no to them. She never says no to them. She wouldn't say feed him more but I think if he asks for stuff and I say no, she says just let him have it, just let him eat it. She will stick up for him, he must be hungry he hasn't had anything for how many hours, just let him eat it. I'll be like no, he's not hungry.

London - Weather-based/comfort food. This subtheme was defined as: consuming or preparing certain foods for certain weather conditions. Additionally, food of certain temperatures and consistency are thought to be comforting. The participants felt that certain times of day or certain types of weather were more suitable to hot or cold food. Comfort food was often discussed as warm, heavy, or starchy food. This subtheme was mentioned 17 times in 11 interviews. Participants shared several interesting examples. Interviewee 12 said:

Obviously when it's warmer I am not so adamant it has to be that hot food. But summer time I would be more lenient. Sometimes we would have chicken with salad summer time, we don't have to have...that's where we cut out the carbs and have salad... We don't necessarily eat as much...they don't snack as much on crisps and biscuits, it's more can I have a drink mum, can I have an ice lolly when it's summer. Whereas winter it's oh mum, can I have a biscuit, mum, can I have crisps when it's more cold. They do eat it in summer but not as much.

In a final example, Interviewee 15 said:

I think it's the concept of knowing that your child's at school most of the day, especially in the winter time when it's quite cold, and you feel that if they've got a school dinner, number one it's warm so it helps warm them up. Number two it's more filling than having a packed lunch, so there's this perception of their being more full by having a school dinner.

London - Try new food to expand cultural horizons. This subtheme was defined as:

trying new food, either purchased or consumed. The participants mentioned that trying new foods is necessary for socialization and exposure to other cultures. It was mentioned 16 times in nine interviews. Interviewee 5 said her daughter "will try anything, yes she might not love it but she will try it." Interviewee 1 indicated that she encourages her daughter to try different foods:

Because it's just me and her so I find that I compensate for when I can't sit down with her in the evenings, we probably go out a lot to eat and we try different foods. But she is very liberal because she travels a lot so she is open to a lot of different people's food. When she goes to birthday parties she will try their mother's food than just the typical fries and pizza. She will try their food, as long as it's got no nuts.

Interviewee 14 indicated trying new foods was important for children:

I just think variety is important; it also forms part of socializing. When you go out and meet people at least you're used to different types of food, and I think it's quite important not just being used to one certain type of food, I think a mixture is important, as like going to school. You need to be accustomed to their food as well because it's different from what we prepare at home and also yet again it's different if we do go out that's another sort of meal you're introducing.

London - Modeling of eating practices. This subtheme was defined as: children eat what their parents, siblings, grandparents, or peers eat. The participants noted that modeling behavior was apparent in the eating practices of their children. In fact, parents recognized that they can be role models for their children. This subtheme was mentioned 14 times in eight interviews. Participants shared several interesting examples. Interviewee 5 described how her children will eat what other children eat, "No, no, she cries, . . . I don't eat that. But then she will

go to other people's houses and if they dish it up she won't offend them, she will eat it. But you don't eat that. I do now mum."

Interviewee 1 mentioned that her daughter copied her eating practices:

I used to give her anything she wanted because I was just tired after work. After a while I just saw stretch marks appear on her body and I thought no, no, no. I totally changed the way I eat, because I know if I do that she will mirror me. If she sees me eating salad and sees there's no other option she is going to eat it. I changed that completely. She would look to see what I've picked up on my plate; she will try some or come and eat off my plate. There's loads of salad mum. Come a long way, got rid of a lot of foods.

New York

Afro-Caribbean Mothers' Cultural Perceptions of Food Practices

As reflected in Table 5.3.1, the primary themes were cooking techniques, food is a social bond that connects the child with others, food preparation varies according to families and types of food consumed. The results for the Afro-Caribbean New Yorkers (ACNY) in the study sample are provided.

New York Cooking Techniques

The exemplar quotes associated with cooking techniques as a theme were further classified into five subthemes: (a) *cultural techniques modified* and (b) *cultural techniques used*.

New York - Cultural techniques modified. The most frequently occurring theme for cooking techniques was *cultural techniques modified*, which refers to modifying cultural food preparation techniques to be healthier. This theme was mentioned 25 times in 12 interviews.

Only a few examples are shared here. Interviewee 3 described how she cooks:

I season with fresh vegetables, onions, garlic, ginger, no salt because both my mom and I have high blood pressure, so no salt in the food. I don't know if it's high, it's probably regular now. But salt will take it up, so we don't cook with salt at all. I'll usually grate some onions, and throw it in and season it, marinate it that way. Stick it in the fridge for the day, like meat, that's what I'm talking, stick it in the fridge so it marinates for the day, so it gets into the meat. Then I would prepare it, we could either bake it, or we stew it in the pot. We're not fried food eaters, that's one thing we aren't, so we wouldn't say oh

I'm going to go and fry some chicken, that's not going to happen. I don't want to get splattered by oil and the oil burns my belly. That sounds weird, it gives me a burning sensation in my stomach and it's not heartburn because if I eat too late at night I get heartburn so I know what it is. We're not fried food eaters.

Interviewee 5 stated,

I usually make chicken. I usually just put it on the grill and sear it, lightly in the pan, and throw it in the oven. I don't like cooking so the most minimal amount of work that's for me. I'll sear it, throw it in the oven, leave it, don't have to worry about it. Wash the dishes, get the kids ready, do whatever I have to do and then kind of take it out and that will be dinner. Fried food, it depends on what kind of food it is. Like if we're doing Chinese food, and there's won tons or something or spring rolls, I'll fry it. Pan fry sometimes, I'll fry it. But a lot of stuff is baked and seared on a pan and I do have a George Foreman grill, that helps a lot, to make burgers, chicken, steaks, like everything goes on that thing. Because it cooks from both the bottom and top, so I can just leave it there and when I come back it's like cooked.

New York - Cultural techniques used. The next subtheme for cooking technique was *cultural techniques used*, which is defined as: cultural food preparation techniques used to prepare foods. This theme was mentioned 19 times in eight interviews. Many participants mentioned preparing traditional foods using cultural techniques.

When asked about how she prepared her food, Interviewee 9 stated:

Yeah, chicken. Just try not to repeat what you did the previous -. Then Monday it's leftovers so Monday night is mostly either have like curried cabbage...That can be like rice and peas and bully beef, corned beef. Or rice and peas and curried cabbage or stewed cabbage, something like that. On Tuesday it's white rice, or it can be some kind of dumpling and banana with most likely grilled chicken. On Wednesday it can be anything again, but it has something to do with rice or bananas or either something boiled which is staple boil, like green bananas, something like that.

Interviewee 12 shared her method of preparing cornmeal porridge:

You have cinnamon, and I put it in a pot. For cornmeal I might put it in a little cup, pour some water on it, and they cook together so it gets smooth, then I put it in the pot and mix it together with the water that's in the pot. It's the warm water or whatever, and mix it until it smooth together. When it's a little bit cooked, you might put coconut to add some flavor so it tastes good. Might tip a little salt, just a little for taste. You might put milk to bring the taste up. If you have like sweet milk, you use sweet milk or a little bit of sugar. He doesn't like it sweet because I'm trying not to give him too much sweet stuff. But I put sugar, or sweet milk or I might use the other milk, what's the name of the cans?

New York - Food is a Social Bond that Connects the Child with Others

Food is a social bond that connects the child with others was another common theme for Research Question 2. The exemplar quotes associated with this theme were further classified into four subthemes: (a) *eating as a way to maintain cultural rituals*, (b) *eating as a family cohesive tool*, (c) *eating represents togetherness*, and (d) *eating as a festive celebration*.

New York - Eating as a way to maintain cultural rituals. It was defined as: eating traditional foods on specific days. This theme was mentioned 16 times in eight interviews. Some mentioned preparing specific foods on specific days. Interviewee #1 said, “Well, on schooldays he’ll just have cereal or maybe some toast. But on the weekend we’ll have cereal and then we’ll have eggs and toast or we might have Caribbean breakfast like salt fish and bake.” Interviewee #2 said, “The West Indian breakfast is normally served, we only do that on a weekend, a Saturday or a Sunday morning. The cereal is on a weekday, going into school, she’ll have that before she goes to school.” Interviewee 10 described preparing certain food on specific days:

We usually cook soup. Soup is when we use like, as a meal on a Saturday, growing up on Saturdays, soup was food for that day. No matter what, it was soup or fish broth. Fish broth we cook with fish, we have a little potato, pumpkin, macaroni, it’s all on one. Soup is with different types of meat, they use the peas and we put provision in the soup. Growing up in New York now, that had changed, but we tried to introduce it ever so often on a Saturday because of time, working and stuff like that. On Sunday that will be our best meal of the week growing up because we will have so many different plates on the table. Like food dishes on the table I should say. You will have baked chicken, probably ham, macaroni pie, peas. So that will be Sunday will be our biggest meal of the week in terms of a variety of food.

New York - Eating as a family cohesive tool. The next subtheme was *eating as a family cohesive tool*, which refers to food being eaten with family members while discussing daily experiences and having a routine family time. This theme was mentioned 10 times in eight interviews. In one example, Interviewee 2 explained:

We eat and we talk you know, we'll ask her sometimes, she likes to ask us questions, how was your day, whatever, she usually asks that when she comes and if I go and pick her up, she'll ask how was our day. Or we will ask her what did you do today. And she will tell us what she did and if her friends were there at school. Anything that she didn't understand in school she'll ask us and we will just talk amongst ourselves like what happened at work. Just general talking, we will try to encourage her to talk to us about anything. Don't feel shy, that she can't talk to us about nothing at all.

Interviewee 14 stated:

Oh yes, that's important. I call it family time in my house, unless my boyfriend is working or one of the kids is not there because at times she goes with my mom. We have to have family time, there is no one eating in the room separately unless nobody is home. Around, say six o'clock we all have to be at the table eating, we have to say our grace. And if one person has not finished, we do wait for each other. I just wait and we socialize, we engage in conversations, we have our laughs you know. We talk about different things. But family time is a must because in today's world, mommy and daddy is always working, children have to be pushed to day-care or something. Sometimes people don't even spend that family time and I value it, seeing I'm not working right now, I have to value it, they have to brought up to say Ok, family is important.

New York - Eating represents togetherness. The next subtheme was *eating represents togetherness*, which refers to the child eating with fellow classmates and other people. This theme was mentioned ten times in eight interviews. Interviewee 2 indicated her child eats with others at school:

Everyone really sits at the table, they all sit around and just talk and you know, it's the same thing. Well her classes they have lunch, all the bigger kids have lunch at the same time because it's a small school so they all have lunch upstairs at the same time. Whoever finishes before, they go and sit and they play or what have you. But she usually sees her friends and they eat and they talk, about what shows they watch or who has what games.

Interviewee 3 stated, "At school in the cafeteria or if we go on outings with friends, we all eat together. And then when we're here, we eat together."

New York - Eating as a festive celebration. The next subtheme was *eating as a festive celebration*, which refers to eating during special festivities, parties, engagements, and holidays. This theme was mentioned four times in four interviews. The researcher's exchange with Interviewee 1 illustrates this theme regarding the frequency of family gatherings:

Pretty often, like every birthday, every Monday there is something going on....The same, big cooking! Like a Sunday dinner, the same thing. If the birthday falls during the week then we do it on a Saturday, definitely on a Saturday...The same cooking, the big elaborate big elaborate cooking and this is for kids, this is a kids' party.

New York - Food Preparation Varies According to Families

The next theme for Research Question 2 was food preparation varies according to families. The quotes related to this theme were classified into the following three subthemes: (a) *some say food prepared at home*, (b) *eating out/fast food/ take out*, (c) *home food is healthier*, and (c) *others say lack of time to prepare food*.

New York - Some say food prepared at home. This theme was mentioned 47 times in 14 interviews and refers to meals being prepared at home. Many stated they frequently prepared food at home. Interviewee 2 stated, "In the morning, like when she's at school? We get up at 5 so I maybe wake her at like quarter to six because I have to be at school at seven. So when she gets up and she gets ready, then I'll have her cereal waiting for her downstairs."

Interviewee 2 continued:

For the five days during the week we will prepare at least every night something for dinner. And on the weekend, if I don't have the time to do something on Monday, what I will do on Sunday, I make like three different types of meat. And I do the rice and peas maybe with some oxtail, some curry going in and some chicken. We have that in the fridge in case we get home late, that's there, everybody can get something to eat instead of stopping to buy stuff every night.

New York - Eating out/fast food/take out. The next subtheme was *eating out/fast food/ take out*, which refers Eating out and "take out." This theme was mentioned 40 times in 15 interviews. Interviewee 2 said, "We try to go out at least once a month, she likes to go to Red Lobster so that's usually where we go."

Interviewee 7 shared:

Sometimes, if I'm coming from school, she will eat MacDonald's, or sometimes she eats Thai, she likes Thai. We don't eat much Chinese any more, she don't want it, unless there's a soup. And pizza, she likes pizza with olives.

New York - Others say lack of time to prepare food. Another subtheme was *others say lack of time to prepare food*, which refers to having little time to prepare food at home. This theme was mentioned 23 times in 12 interviews. Interviewee #1 explained, "Not just Sundays, it will be Saturdays, it's mostly weekends because it's hard to cook that traditional food which takes longer in the week. I don't have the time." Interviewee #3 said, "Yes, the only time he won't have breakfast here is if I'm running late and then we will go out and get breakfast outside but he never goes to school without breakfast."

Interviewee 7 stated,

Well I was in a program so that had a lot of bad habits kicked in with that because you didn't have the time to do stuff. You didn't have the time to cook so we used to eat a lot of like pizza and these things. But now things are simmered down, I mean I still have classes 2-3 days a week and then I work until 6.30-7 so I have no time really to cook unless – at least I try for the weekend where I have time to at least cook because yes, she is finicky. But I will eat food, like if I cook today, I may eat it the next day but I don't want it after that. I have to try and cook small amounts because a lot of food ends up wasted which I don't like. I try to at least cook on the weekends. I'm trying now, at least I prepare some things when we come home, if I have the meat seasoned from before, I'll put it on the lower, in the fridge so that when we come home it's just to do it quickly. We used to do a lot of macaroni and cheese, not any more.

New York - Home food is healthier. The final subtheme was *home food is healthier*, which refers to awareness that food prepared at home is often more healthy than food prepared outside. This theme was mentioned 15 times in nine interviews. Interviewee 1 explained,

Yeah, it's amazing because when I tell people I had acne, they were like, REALLY! I'm like yeah, bad, bad, to a point where I went to this corporate office and I was so embarrassed because this guy said to me oh you know, I have this stuff, this medication what I could help you with your skin. And I'm Ok, my skin must look really bad if you're going to tell me about the medication, you know what I mean! I know it was bad but I just went to see a dermatologist and he said that I have acne and acne is something

what is always there, but you can improve by the stuff you put in your body. And the moment I started preparing food for myself, cooking for myself, not eating out so much. I used to eat out all the time, takeaways, eating all kinds of greasy stuff, just not really being so conscious about what I ate, just ate anything. After I started really being conscious about what I ate, really cooked, prepared my food myself, cooked definitely, it cleared my skin. Preparing food is important. It is, preparing it and knowing what you're eating. You can eat out but kind of choose where you eat out, not just eat anywhere. Choose, be picky about where you eat and know about what you're eating.

Interviewee 10 mentioned,

My big daughter, the 14 year-old, she eats fried food for 3 or 4 days a week, she starts complaining. Oh Mommy, I need cooked food. It's the same thing with me when I eat outside food for too long, I start to feel sick, I need to eat home cooked... Well to me, healthy food is the food you cook at home. Because you know how you cook your food and it also plays a part of culture also, because for us, healthy food is a home cooked meal, we will consider a home cooked meal a good plate of food to eat first, than to go to the store and buy fries or chicken wings or anything like that.

New York - Type of Foods Consumed

The next theme for Research Question 2 was type of foods consumed. The exemplar quotes were further classified into eight subthemes: (a) *food restrictions*, (b) *healthy food*, (c) *cultural practices by the family*, (d) *portion control*, (e) *laissez-faire approach*, (f) *weather-based/comfort food*, (g) *try new food to expand cultural horizons*, and (h) *modeling of eating practices*.

New York - Cultural practices by the family. This subtheme refers to parents' stating that their past experiences are relevant with regard to food or weight. It was mentioned 70 times in 15 interviews. Interviewee 1 explained:

I think my culture does because of how I was brought up with my mom and how my parents raised me. I never really appreciated it when I was little, I used to always want to have what my friends were having. But as I got older, I realized how good the food was and how healthy some of it was, and how – I don't know, it made me want to pass that on to my kids as well. Keep that culture.

Interviewee 5 said:

It's annoying. I don't want her to force eat. I remember when I was little, my mom would always say finish off what's on your plate, even now I'm grown. And even though she sees me she's like oh you need to lose weight, you need to do this. If she's thinking about my food, that's all you're going to take? Eat this and eat that, don't waste that. It's all West Indian culture, don't waste your food. I always try to give them what they want because I don't want them to waste their food. But I want her to not stop if she is full.

New York - Healthy food. This subtheme was defined as: emphasizing the consumption of healthy foods, and their cost and quality. It was mentioned 41 times in 14 interviews.

Interviewee 1 felt that vegetables and rice are healthy in moderation:

Vegetables, spinach, pumpkin, cabbage, but yet again it's still how you prepare it and how you cook it, I guess. But most vegetables are healthy, broccoli, rice is to an extent, even though it can be fattening too. I'm trying to think what else, most of the vegetables I would say.

Portion control. This subtheme was defined as: parents regulate portions and amount of food consumed. It was mentioned 42 times in 12 interviews. Participants provided a range of explanations for portion control

Interviewee 9 described portion control for chicken nuggets,

Because I'm not there to monitor him, like for example he comes home from school. My mom said do you want anything? He might say, oh I want chicken nuggets. He'll get, if my mom doesn't watch him, he'll take the chicken nuggets come with like, if it's the big one, it comes with eight of them in the pack. If it's the little circle ones, it comes with like twenty of them in the pack. If you don't watch him, he'll take the whole twenty. But if my mom is there to watch him and see what he does, she only gives him ten of them.

Food restrictions. This subtheme was defined as: parents and relatives restrict food at various locations such as the home, supermarket or restaurants. It was mentioned 36 times in 12 interviews. Interviewee 2 explained how she restricts her daughter's consumption of meat:

She is the same thing, she doesn't eat a lot of MacDonald's. If she goes to MacDonald's now she will have just the fries. She doesn't know what a burger tastes like because we don't give her that to eat. So she will have fries, the parfait or the cookies but as far as the burgers, no. As far as the weight issue, I had that same thing growing up and I think it's the same thing that she is going through.

Interviewee 3 restricted her son's consumption of cookies, "Yeah, we don't buy cookies and chips here. Those there were bought from my mom, it's a living battle that ...the more I say no the more she does it. It's frustrating that way, too."

New York - Try new food to expand cultural horizons. This subtheme was defined as: trying new foods, either purchased or consumed. It was mentioned 19 times in 11 interviews.

Interviewee 1 indicated that she encourages her daughter to try different foods: "She goes to MacDonald's, whatever new they have on the menu she wants to try it, as far as the smoothies.

Anything, whichever one that she never had, she wants to try that out." Interviewee 5 stated:

I've introduced my kids to different cultural food. We have a week where we do different, when I'm home on Wednesdays I'm home and I'll try to do maybe Italian night or last week I did oriental Thai food. I actually made some chicken won tons and some spring rolls and it was really good, I was very impressed. And the kids loved it and I'm thinking of something Mexican, they love Mexican food because my son loves hot sauce. He puts hot sauce on his spaghetti and I'm like, no, you can't do this. You're getting weird on me now, he's like I just want to live in Mexico, everything's hot and spicy. I was like, what do you know!

New York - Modeling of eating practices. This subtheme was defined as: children eat what their parents, siblings, grandparents or peers eat. It was mentioned 16 times in nine interviews. Participants shared several interesting examples. Interviewee 3 said:

It's more me than anything else because he is already so good at picking foods for himself so it's just me being a model, an extra model for him. Not going for the cookies and cakes, walking by MacDonald's unless I need to use their 99 cent ATM. It's more me, it's a struggle more with me, just don't go into Magnolia Bakery, don't go by Crumbs, don't go next to the Shake Shack. It's more me.

New York - Laissez-faire approach. This subtheme was defined as: children freely choose what they want to eat with a family member while at various locations. It was mentioned 14 times in five interviews. Participants shared several interesting examples of laissez-faire approaches. Interviewee 3 described her laissez-faire approach during a vacation:

We went to Disneyworld and we stayed at the resort for 2 weeks, and that was lovely. But when we came back, he had gained weight! Because of all – it's a lot of food and how it works, I prepaid for meals so once we got there, I didn't have to worry about buying food. It was all buffet style, so a little kid going up to a buffet and seeing just every – he came back so chubby. I think he gained maybe 5 or 6 lbs.! I was pregnant so it was happy time and happy, I was pregnant with the little guy, we went in 2010. And here I am pregnant...and then he was just like, wow, I can go back for this! I mean, that's probably one of the only times, when we go on vacation I'm a little bit more loose.

Interview 6 described,

I don't force my kids to finish their food, I like to give them stuff that they like to eat so that way I know that they eat it but I don't say you have to sit there and finish. When they were younger, I did, but then when I realized that sometimes I would eat to the point where I'm so full that I feel like I want to throw up. I don't want to do that to my kids. Eat, if you're full, even if you eat two bites and you tell me you're full, that's it, you're full. I'm not going to argue with you because only you know how you feel, I don't know how you feel. I let them eat as much as they want. And then that's it. My mom, eat until everything is finished. Even now, as I'm a grown adult she does that. Eat everything. Here, take another piece. Yet she'll be the first one to tell you, you need to lose weight!

New York - Weather-based/comfort food. This subtheme was defined as: consuming or preparing certain foods for certain weather conditions. Additionally, food of certain temperatures and consistency are thought to be comforting. It was mentioned 12 times in eight interviews. Participants shared several interesting examples. Interviewee 1 said:

For dinner, we sometimes will have rice, maybe a piece of fish, broccoli, or sometimes we'll have pasta and we may have, sometimes I'll do like vegetarian food like tofu. I may do cabbage, it depends, whatever we feel like. The majority of time in the winter we'll have rice, fish, that type of food. Now it's summer, sometimes we might have a salad with maybe pasta on the side or sometimes we'll have mashed potatoes and we'll have maybe a piece of fish or some tuna, it just depends

In a final example, Interviewee 14 said:

They always say give them something hot for the gas, especially winter time when it's cold let them have something warm in their stomach. I do that too but it depends on what she wants. There are times where she may not want this and she may want that. So there are times where she wants tea and there are times where she wants orange juice. And there are times she just feels for hot chocolate or maybe just for juice or water. It depends on what she wants. She's a kid so you do try to go with healthy stuff but also what they feel for.

London and New York

Similarities and Differences of Mothers' Cultural Perceptions of Food Practices

Research Question 2 was related to cultural perceptions of food practices. In this subsection, the similarities and differences between the New York and London Afro-Caribbean mothers' food practices are provided. The primary themes related to this research question are summarized in this section. As reflected in Table 3, the primary themes were cooking techniques, food is a social bond that connects the child with others, food preparation varies according to families, and types of food consumed. Related subthemes are also summarized.

Cooking Techniques

The exemplar quotes associated with cooking techniques as a theme were further classified into two subthemes: (a) *cultural techniques modified* and (b) *cultural techniques used*.

London and New York Cultural techniques modified. The most frequently occurring subtheme for cooking techniques was *cultural techniques modified*, which refers to modifying cultural food preparation techniques to be healthier. Participants discussed maintaining their Caribbean food culture by using untraditional ingredients or cooking methods. This subtheme was mentioned 60 times in 24 interviews.

The participants in London and New York modified cultural techniques for cooking. Concurrently, mothers from both cities stressed that they decreased fried food and oil or they avoided frying food altogether. Most mothers mentioned that the technique of frying is not healthy. Those participants who continue to fry food stated they use olive oil instead of corn and vegetable oil. The participants shared healthier alternatives for cooking, which include: stewing, baking, grilling, steaming, boiling, broiling, and shallow pan frying.

Within both groups, some of the participants discussed medical problems in conjunction with the modification of cooking techniques. For instance, London participants mentioned the chronic disease of diabetes as a concern which leads them to decrease sweet and such starchy foods as plantains, or rice and peas. In New York, many chronic diseases were mentioned as a reason for modifying cooking. Hypertension and stomach cancer were mentioned as a reason for decreasing heavily seasoned food, salt intake, and decreasing powdered seasonings that include salt and MSG. A few participants decreased consumption of greasy foods because it caused their acid reflux. Participants said that increased fat or oil in foods precipitated skin problems, heart disease, and high levels of cholesterol.

New York participants substituted brown rice for white rice because of the purported gastrointestinal benefits. One participant mentioned that she buys organic meat for her children because it has fewer hormones. She believed increased hormones in food were a factor in the weight gain and sexual development in her daughters. New York participants indicated their children were involved in decisions about cooking techniques. To that end, participants mentioned that their children will request or remind parents about a cooking modification.

The London participants discussed the role of education in changing their cooking techniques. A few London participants stated they searched the Internet for information on food substitutes and recipes. A few mothers discussed their desire to retain the Afro-Caribbean culture while substituting products, other mothers spoke of combining the European and Caribbean cultures to cook healthier food.

London Interviewee 1 shared her technique of decreasing salt and monosodium gluconate (MSG):

I don't cook with salt, in a lot of my food, I don't put salt in my rice. I don't put salt when I'm seasoning chicken, but I am cutting down on MSG on the West Indian

seasoning. Because it's in everything I look at, the chicken seasoning has got it, the fish seasoning has got it. They've actually got MSG on its own which you can buy, I thought you're going to add salt on that and then you're going to add your own little bits. It's a lot, so I cut it out a lot. As well presentation, there's a little bit of salt in the salt shaker on the table, I don't really eat a lot of salt, no.

New York Interviewee 12 stated that she changed her cooking techniques and her son participated in and encouraged this change:

Sometimes, when I'm cooking, he will sit here and do his homework while I'm cooking. Sometimes he'll watch, he'll sit there and watch and say why do you put this or whatever. I say too much salt is not good so I don't put this. That is not good for you, get high blood pressure and stuff like that so he'll know. Yes, I say too much butter is not good, that's high cholesterol. He said Ok, too much butter, don't put too much butter and remember you said it. Mom, you're having too much butter, you are gaining weight on your stomach after eating all that butter. He's smart.

London and New York Cultural techniques used. The next subtheme for cooking technique was *cultural techniques used*, which is defined as cultural food preparation techniques being used to prepare foods. For the entire sample of 30 participants, this subtheme was mentioned 47 times in 21 interviews. Many participants in both cities discussed using cultural techniques to prepare traditional foods. They described the extensive undertaking of cleaning a chicken by thoroughly washing it and then soaking it in vinegar, after which it marinated with “West Indian” seasoning. The seasoning was given as an important factor in the taste of food. Other participants mentioned coconut milk as an ingredient for gravies and rice and peas. Mothers from both cities stated that fried food was common in the Caribbean household and their mothers tended to use a lot of oil while cooking. Curried or stewed vegetables and meat were traditional Caribbean dishes; other common dishes were rice and peas, plantain, green bananas, calaloo, various kinds of soup, dumplings, salted codfish, oxtail, goat, and fried fish. Participants described such root, ground or hard provisions as yam, cassava, and sweet potatoes that were typically boiled and used in soups.

The New York participants discussed a variety of foods and techniques not mentioned by the London participants. The New York foods and techniques included eskovietch fish (fish marinated in vinegar, onions, peppers, carrots), corned beef, flying fish, cou-cou (cornmeal mash with okras), ackee (yellow fleshy fruit), and cornmeal porridge.

London Interviewee 2, who said she uses “loads of different techniques in my cooking,” boils rice, fries and then stews chicken, or fries dumplings. New York Interviewee 12 described the lengthy preparation necessary for making cornmeal porridge, as including mixing, boiling, adding coconut, tipping in ‘a little salt’ and adding milk ‘to bring the taste up.’

Food is a Social Bond that Connects the Child with Others

Food as a social bond that connects the child with others was another common theme for Research Question 3. The exemplar quotes associated with this theme were further classified into four subthemes: (a) *eating as a way to maintain cultural rituals*, (b) *eating as a family cohesive tool*, (c) *eating represents togetherness*, and (d) *eating as a festive celebration*.

London and New York - Eating as a way to maintain cultural rituals. It was defined as eating traditional foods on specific days. In London and New York, many participants stated that they cooked traditional Caribbean dinners, especially on Sundays, when it is customary to have rice and peas, macaroni pie, salad and a type of stewed, fried, roasted or curried meat, and homemade punch or juice. The mother or grandmother typically prepared these Sunday dinners, as families visited each other on Sundays. Leftovers were served on Monday and Tuesday.

Participants also mentioned a cultural ritual of cooking soup on Saturdays, to have a hot and hearty meal that could replace lunch and dinner as the only meal of the day. The soup would contain items such as beans, peas, meat, dumplings, yam, cassava, eddoes, potatoes, sweet

potatoes, green bananas and other ingredients. The participants described this meal as filling and time consuming to prepare.

Some New York mothers cooked a traditional Caribbean breakfast on the weekends. Weekend breakfasts might include salt fish and bake (fried bread), and ackee (yellow fruit). London Interviewee #1 described the traditional Saturday soup as containing dumpling, carrots, pumpkin, chicken foot, noodles and a green banana. She said, ‘It was a Saturday tradition that we used to all have, and it had all the goodness in it. Once you had that you didn’t eat anything else, because you were full of beans and energy.’ New York Interviewee 1 said that on schooldays, her son had cereal or toast, but on the weekend, they would have eggs and toast, or a Caribbean breakfast, like salt fish and bake.

London and New York - Eating as a family cohesive tool. The next subtheme was *eating as a family cohesive tool*, which refers to food being eaten with family members while discussing daily experiences and having a routine family time. Parents, children and siblings spent time eating and bonding as a family. During a general discussion at mealtimes, parents learned about their child’s friends, performance in school, and daily events. During meals, children learned how to have conversations with family members and inquired about their parents’ jobs. Many parents from both cities mentioned that they sit together at the table for dinner. Other parents ate together in front of the television. This family eating time was discussed with regards to the busy schedules of the family members and the lack of time to bond; therefore, eating as a family was viewed as a time talk. This theme, which was mentioned 23 times in 17 interviews, was present in both cities with no apparent differences. London Interviewee 8 said that depending on the time her husband returns from work, they eat as a family, and enjoy a general, jovial discussion about the day.

New York Interviewee 1 said:

We usually talk about our day. That's a daily dinner thing...we spend so much time rushing to school and to work. I think that's the one time we get to sit at the table and talk about what we did, how you're doing, how is everything, how was school.

London and New York - Eating represents togetherness. The next subtheme was *eating represents togetherness*, which refers to the child eating with fellow classmates and other people. The London and New York participants mentioned that having other people around encouraged their children to eat and socialize. Furthermore, parents in both cities stated that eating with friends at school and afterschool was a common occurrence. During and after school, children discussed their games, television programs and school lives. This theme was mentioned nine times in seven interviews in London, and ten times in eight interviews in New York. London Interviewee #5 said that her daughter “eats with other people all the time. She eats with child minders, other children at school.” London Interviewee 12 said that when her son was at school, he ate lunch with “his school mates.” New York Interviewee 2 said that at her daughter's small school, “all the bigger kids have lunch together, and she usually sees her friends. They eat and they talk, about shows they watch or games.”

London and New York - Eating as a festive celebration. The next subtheme was *eating as a festive celebration*, which refers to eating during special festivities, parties, engagements, and holidays. Parents in both cities explained that cooking and eating food may be a time of celebration. The events are an occasion to have party and come together with family and close friends. The meals tend to be elaborate and special: Caribbean food would be the food of choice at these events, although other food may also be served. This theme was mentioned seven times in seven interviews. London Interviewee 13 shared her views on her son, food, and the holidays:

At Christmas time, we have all types of food. Christmas time my son wants to know what's going to be on the menu. Yes "R" would get excited about that. Can we have I don't even know, let's say for instance chocolate gateau. Can you make sure we have chocolate gateau as a dessert. He can be specific like that. Sometimes we cook with my dad, we'll go to my dad's maybe and have a barbecue if the sun's shining. "R" loves a barbecue.

New York Interviewee 4 discussed cultural foods for the holidays:

At Christmas, Guyanese tend to make a lot of food, it's a big family time. You see people that you don't see all year. The Amerindians, the native Indians of Guyana, short for American Indians have a dish that's called pepper pot, it's our national dish. At Christmas time everybody makes it and the reason why I think it's done at that time, one because it's a festive season, it's celebratory. If you are going to do that, you may as well do it when everybody is around. But how we make it, it's a bit expensive for most people. Meat is really expensive in Guyana, it's much cheaper to buy fish and sea food. That's the reason why I still like seafood. But it's quite the flip side of the coin over here, meat is cheaper and seafood is expensive, it really kills me. But we make pepper pot at Christmas time. You could either make it with fish or you could make it with meats, and when they make it with meats, it's pork and beef and oxtail which is ridiculously expensive. But the fat content is really high.

Food Preparation Varies According to Families

The next theme for Research Question 3 was food preparation varies according to families. The quotes related to this theme were classified into the following four subthemes: (a) *some say food prepared at home*, (b) *eating out/fast food/ take out*, (c) *home food is healthier*, and (c) *others say lack of time to prepare food*.

London and New York - Some say food prepared at home. This subtheme was mentioned 93 times in 29 interviews and refers to meals being prepared at home. Many mothers stated they frequently prepared food at home for the children and family. London and New York participants affirmed the importance of preparing food at home as leading to healthier eating and being more affordable. The mothers indicated that they cooked Caribbean, English, American or international meals. Some mothers mentioned cooking brown rice, whole grain flour, or making their own juice from vegetables or fruit.

Some mothers mentioned a concerted effort to eat at home four to six days a week. Participants tried to cook meals that were quick and easy to prepare: they cooked large amounts to ensure that there were leftovers for the following days. Accomplishing this task meant that they would still have home cooked food if there was no time to cook. Furthermore, participants mentioned that sometimes fathers cooked at home for the children. Some mothers indicated that their children preferred home cooked meals, especially after they have eaten one or more take-out meals.

A New York mother mentioned that she made her own baby food from vegetables or fruits. London mothers did not mention making their own baby food. Another difference was apparent between mothers in both cities. In London, mothers cooked various meals that included meats, poultry and fish. On the contrary, in New York, many mothers explained that they reduced their intake of red meats because they believed that red meat was not as healthy as other foods. Therefore, the ACNY mothers mentioned they cooked more fish as a substitute for red meat.

London Interviewee 4 explained how she or her husband cooks at home:

If it's Monday it's Sunday's leftovers, so it's rice and whatever meat I've cooked with a bit of broccoli, veg. Tuesday it all depends what I've cooked. It's mostly like rice with either meat or corned beef or tuna, potatoes and veg, broccoli, sweet corn, asparagus.... Sometimes if I cook one day, it lasts the next day. Tuesday, that could be a quick rice and corned beef or tuna or "U" will cook a tuna bake. Could be little Chinese stir fry, lasagna. Sometimes when she goes to my mum's she may have soup, so it varies, it really varies every day... Other times her father cooks it... It depends when he's here, but I don't eat it because I don't like hard food. "V" will eat it, so he can cook but when he cooks he cooks like, it could last for days because he cooks a big.

New York Interviewee 10 explained that she doesn't cook a daily meal:

Not usually, every day, like I will try and cook enough every other day or so, cook enough to last for two days. So they will have like leftovers the following day

London and New York - Eating out/fast food/take out. The next subtheme was *eating out/fast food/take out*, which refers eating out, “takeaway” or “take out.” This theme was mentioned 81 times in 29 interviews. Participants mentioned that their children wanted takeaway food; mothers in both cities said that children asked for the fast food kid’s meals because of the toys that accompany them. A few mothers in both cities felt that takeaway food was expensive for larger families. Furthermore, parents stated, they had to pay more money for food that is not “good” for you. The participants essentially viewed takeaway food as “bad” or unhealthy, but they consumed it because it tastes good.

Many mothers mentioned that they bought takeout food once or twice a week. The most common days for purchasing fast food were Friday and Saturday night, with Friday as the most common. Other mothers stated that they bought fast food or they went to restaurants once or twice a month. Some participants were concerned that consumption of fast food would decrease their healthy lifestyles, and therefore they decreased the amount of fast food their families consumed. The types of food and restaurants mentioned most frequently by participants in both cities included: McDonald’s, fries/chips, chicken nuggets, burgers, milkshakes, pizza, KFC, fried chicken, Chinese, Wendy’s, Popeye’s, Kebab, Red Lobster or Seafood, Subway’s, Sam’s, and Nando’s. New York mothers mentioned a greater variety in the restaurants and takeout food that their children requested. For example, ACNY mothers mentioned Sushi, Thai, Indian, Cuban and Caribbean food such as Ital (vegetarian Rastafarian Jamaican), Jamaican, and Trinidadian food as options for take-out food. London Interviewee 6 described how often she purchased take-out:

They have it, if they’re lucky once a week, if...I feel like doing that. And that may be a Friday or Saturday. McDonald’s. It’s anything that’s got a hamburger and chips so it could be McDonald’s, Sam’s, KFC, so those takeaways....When I see £8. And I think I’ve got food in the house, I could be eating there, cooking, saving money. That’s what

stopped me as well thinking, and then my mum's voice, "too much fast food" nagging in my head as well. She nagged but then I thought to myself, I could save some money.

New York Interviewee 8 also spoke about buying take-out food:

Once a month. We used to go out more, like twice or maybe three times but now it's just once a month. Before, at least every weekend, we would go...McDonald's, that is a once in a blue moon now. She used to get McDonald's more often so McDonald's is once in a while, and that's only if there is no food at home for dinner and no one is getting home early enough to make anything. You have to have something so maybe McDonald's or when it's not McDonald's, we buy the Jamaican food and bring it home. McDonald's not like before.

London and New York - Others say lack of time to prepare food. The final subtheme was *others say lack of time to prepare food*, which refers to not having enough time to prepare food at home. This subtheme was mentioned 44 times in 22 interviews. The ACL and ACNY participants discussed the lack of time to prepare food due to ~~life~~ their schedules. Work schedules and the commute from the school to home were deterrents to preparing food. Furthermore, mothers stated that afterschool activities for the child, completion of homework assignments, and the need for the child to go to sleep early can play a leave little time for food preparation. During these busy times, the participants stated that they provided quick or simple meals for their children, such as microwavable dinners, spaghetti or pasta, canned food, or takeout fast food. Mothers mentioned they typically have more time on the weekend to cook Caribbean or more elaborate meals. In New York, mothers shared that taking college classes or working two jobs left them with little time to prepare food.

London Interviewee 2 shared her feelings on managing a busy life and food preparation:

Personally... They've always been in a family that's been quite busy, so it's always finding something that's quick unless, like I say, a weekend and you've got more time. It's just finding something that's quick and easy. Obviously try to make sure that they have a stable diet as well, but something that's quick.

New York Interviewee 13 described buying takeout when there was a lack of time for food preparation:

Maybe twice or if I'm running late and I get stuck at my job, then they might have a takeout, if I didn't prepare a meal. Then I'm unprepared, then they might have to do take out. The last couple of weeks – well no, I did good because I came home and my days off I prepared enough dinners. With the Hurricane Sandy storm I was working from four to four. So by the time I got home, it was Ok, I got cold cuts and stuff and made sandwiches. I was like OK we'll make rolls tonight, tuna fish, a lot of tuna fish and stuff. Because I had to get back, because I had to be up by one o'clock in the morning to get to work.

New York - Home food is healthier. The final subtheme was *home food is healthier*, which refers to awareness that food prepared at home is often more healthy than food prepared outside. This theme was mentioned 15 times in nine interviews. This subtheme was not present in London.

Many New York participants stated the meals that were prepared at home were more nutritious. Mothers believed that preparing food at home was important because they had control of the ingredients: the parent knew exactly what her family was eating. A few participants were concerned about preservatives in meals that are not prepared at home. New York mothers stated they wanted their children to know that home cooked food is a healthier option. New York Interviewee 10 discussed her view of home cooked food as healthy:

To me, healthy food is the food you cook at home. You know how you cook your food and it also plays a part of culture, because for us, healthy food is a home cooked meal, we will consider a home cooked meal a good plate of food to eat first, than to go to the store and buy fries or chicken wings or anything like that. What I want to say is that back home, we cook greens but not as – I should say not as much...growing up, greens wasn't as much on the plate but our food was still healthy. Likewise here, for some reason I do the same thing, I don't cook as much greens but I try to introduce vegetables most of the time but I don't really do it as often. So we will have like provision, stewed chicken, but typically a home cooked meal is considered a healthy food.

New York Interviewee 1 said that it's healthier to eat at home, but when you eat out, you should choose carefully where you eat and know what you're eating.

Type of Foods Consumed

The next theme for Research Question 2 was type of foods consumed. The exemplar quotes were further classified into eight subthemes: (a) *cultural practices by the family*, (b) *healthy food*, (c) *portion control*, (d) *food restrictions*, (e) *try new food to expand cultural horizons*, (f) *weather-based/comfort food*, (g) *modeling of eating practices*, and (h) *laissez-faire approach*.

London and New York - Cultural practices by the family. This subtheme refers to parents stating that their past experiences are relevant with regard to food or weight. The participants discussed their childhood and cultural practices with their parents. Some participants felt that the mother is supposed to cook and provide stability for people to come and eat. Other mothers said that, as children, they were expected to eat all the food on their plates. Furthermore, parents believed that they should provide food for children and allow them to eat. Hence, children should not ever feel hungry. This was mentioned 105 times in 25 interviews.

London Interviewee 10 shared her cultural practices of food from her childhood:

When you are younger and with your parents, you just eat what they give you and you don't question it. Even if you are full up you eat until there is no food, otherwise you ain't going nowhere.

New York Interviewee 5 remembered being annoyed when her mother made her eat everything on her plate, even though she was full, or a grown-up, because not wasting food is part of West Indian culture.

London and New York - Healthy food. This subtheme was defined as emphasizing the consumption of healthy foods, and their cost and quality. This subtheme was mentioned 76 times in 27 interviews. The participants gave their view that healthy food included vegetables, fruits, fresh food and non-processed food. Participants believed that a mixture of food from all the food

groups is considered healthy. The London and New York participants were similar in their perceptions of healthy food and did not have any notable differences.

London Interviewee 15 said:

My understanding is there should be a lot of vegetables, fruits, a lot of water drinking, fluids and also eating regular. I just think a lot of fruit and vegetables and eating the right type of foods and cooking it in the right way.

New York Interviewee 2 believed that healthy food included vegetables and non-fried foods:

Stuff that's not fried, a lot of veg. As far as starch, you have rice, maybe brown rice because we don't use white rice at home. That's it. We eat a lot of veg because my husband likes a lot of vegetables as well.

London and New York - Portion control. This subtheme was defined as parents regulating portions and amount of food consumed, and was mentioned 72 times in 24 interviews. Most mothers indicated that their children ate smaller portion sizes when compared to adults. Some mothers stated that their child used the same size dinner plate as the parent. A few parents stated, however, that portion sizes changed according to the child's "growth spurts." Therefore, the portions sizes were on a variable continuum from smaller to larger.

London participants frequently mentioned that children are served on salad plates or smaller-size dinner plates were mentioned. In London, one mother mentioned "leveling off" the food and not piling the food high on the plate. In New York, one participant mentioned the size of the spoon in relation to portion sizes. Participants provided a range of explanations for portion control. London Interviewee 1 explained that her husband always had a bigger plate, and her daughter a child-sized plate; however, when she gave her daughter an adult plate, she gave her an adult portion too. The mother realized that both she and her daughter were gaining weight, and decided to decrease their portions.

New York Interviewee 2 said:

On a regular dinner plate, she may have like as far as a spoonful of rice, it all depends on what size spoon, that's another thing. If you go out for a cookout and they have a spoon that they serve the food. If you are doing a buffet...She may have liked two of that of rice...like the palm of your hand And she will have maybe two pieces of chicken and then she will have a couple of pieces of broccoli if we have broccoli.

London and New York - Food restrictions. This subtheme was defined as parents and relatives restricting food at various locations such as the home, supermarket or restaurants, was mentioned 77 times in 24 interviews. The participants in London and New York discussed different types of limits for food. Even with limits there are times that mothers allow their children to have certain items, although they will monitor and restrict certain foods.

In London, a few of the participants mentioned limiting sugary, carbohydrate or heavy foods in the evening because of the relationship between high energy intake and low energy output of the child at night. The New York participants did not discuss this. Overall, both groups explained how they limit the purchase of snacks, biscuits or cookies, potato chips or crisps, chocolate, sweets or candies, desserts or afters, cakes, ice cream, soda or fizzy drinks, and sweet cereals. Furthermore, many mothers in both cities stated that they limited the child's snacks for poor behavior and rewarded the child with snacks for good performance in school. Some mothers, however, stated that rewards and limits were not based on food. London Interviewee 5 discussed her daughter's consumption of extra snacks and how she restricts her daughter:

That's where the sneaking of the food started. Before that she used to ask me for stuff, now I can hear the fridge. I need to get one of them little piggies that you put in so that when you open it you can hear it really. I gave it away, I had one and I gave it away to the godparents, because like I said they're obese over there, so I gave it to them, I need it back. I will catch her with the tub of cream, the squirty cream; I will catch her squirting it down her throat. She will have chocolate biscuits, she won't just have chocolate biscuits, I can hear the cream going whoosh in the chocolate biscuit. I have to watch her, that's what I'm saying I have to watch her. "I like it, I only had three." Yes, this is the three that I catch you with, not the three that you've already eaten...She tries, she tries. She can only really get away if we go shopping with "C," because if I say no she'll beg "C" for it and most of the time I won't buy the stuff that she wants. For one it's a waste

of money, pancakes and chocolate like these...£1.50, you can't have that. That can't be happening!

New York Interviewee 7 explained how she limits or allows certain snacks:

I think it's Takis, it's a bag of salt Mexican corn chips, 1200 calories, I think. And you buy it, it's like two dollars a bag. Some friend had told her about that so she will hide the Takis and no matter how I tell her don't buy it, she will buy it. Or, she will buy this other thing Squeeze Pop. It's like this candy and you just slurp enough sugar. It's some little, container and it's just like syrup. I tell her don't buy it. I tell her I don't want to see you with it, don't buy it, sometimes. I think, she can buy it if she has money and she gets the chance...She loves that. She sneaked this, Miller's candy but I left it, I let it slide but I saw it. I sneak some things out like she had cakes or something and I took it out.

London and New York - Try new food to expand cultural horizons. This subtheme was defined as trying new foods, either when purchased or consumed, and was mentioned 35 times in 20 interviews. The participants mentioned that trying new foods is necessary for socialization and exposure to other cultures. These other cultures could include different Caribbean islands, new foods from the island of Caribbean heritage, or foods from many other countries. International food included countries such as Mexico, Italian, English, America, Barbados, Trinidad, Somalia, India, Jamaica, Spanish, and Asian. The participants stated that their children tried couscous, chile con carne, halal meat and vegetarian food, kiwi, pulau with tamarind sauce, sugar plum, ackee, roti, wontons, spring rolls, blackberries, cauliflower, yams, new cereals, and Hello Kitty Ice cream.

Mothers believed that it was important for children to have exposure to and knowledge of many types of foods. They also shared that this exposure would keep them from becoming a “picky-eater.”

Some participants noted that children may refuse different foods from the mother but if the new food is offered by a grandparent or bought from a restaurant, they might be more amenable to tasting it. Many mothers described their child as willing to try new foods. Other

mothers stated, however, that it could be a difficult task to encourage the children to try new foods. Mothers in both cities mentioned crab and seafood as a new food that they were surprised that their children enjoyed.

Children from both cities also enjoyed food shows and cookbooks. The parents in London mentioned school as a factor for trying new foods because the schools were multicultural, with students from India, Somalia, and Nigeria. Social events, such as school parties and the Queen's Jubilee events are venues for special food and celebration.

The London mothers believed it was important to learn how to socialize with a variety of people through food. The New York mothers also mentioned the importance of tasting food from other cultures "around the world" but did not mention school acquaintances as means of accomplishing such experiences. London Interviewee 10 shared her son's interest in new food:

What he asks for, like if I say to him on Friday, I hadn't cooked yet so I said to him when I was picking him up, what would you like to eat today? 'Ah! Let's see!' he said and he knows his dad bought some crab, the same day. So he was saying he would like to try it because he had never eaten crab before. I don't really – growing up in the culture that we live, we don't really eat seafood. He's never had it before, I've never had it before so he was saying he would like to try that... my parents are both Rasta...No meat was ever on the menu. We were mostly vegetarian.

New York Interviewee 5 indicated that she encourages her children to try different foods:

Just my thing is just to be open and try different things. I like to try different things and I know sometimes it's hard to look at food and see it and be like I'm going to put this in my mouth, in my body. No. I understand that part so I don't really force them but I do try to encourage them to have a variety of different things. It is important to me.

London and New York - Weather-based/comfort food. This subtheme was defined as consuming or preparing certain foods for certain weather conditions. Food of certain temperatures and consistency were thought to be comforting: comfort food was described as warm, heavy or starchy food. The participants felt that certain times of day or certain types of weather were more suitable to hot or cold food.

Parents in both cities explained that in the summertime, children consumed more salads, yogurts, cold meals, sandwiches, fruits, pasta, tuna, water, and fluids. Some parents stated that as a cultural matter, they continue to have soup in the summertime. Other parents stated that they barbeque more in the summertime.

In London and New York, parents believed that the winter is a time for hot meals, porridge, pudding, lasagna, heavy food, and soups. There is more “comfort-eating” of heavier foods in the winter because it is cold and most families do not go out as frequently. Parents described comfort food as hot, starchy, filling, pasta, ravioli, chips, biscuits and other snacks.

In New York, the mothers stated that hot snacks and whole grain foods are filling. Furthermore, hot food makes you full. The feeling of fullness in their children is important; children will perform better in school if they are full. Many New York parents said that culturally their children should have tea, hot liquid, hot breakfast, hot chocolate or porridge in the morning because it will help to relieve any “gas” that accumulated. This subtheme was mentioned 29 times in 19 interviews. In London, this subtheme emerged 17 times in 11 interviews; in New York it emerged 12 times in eight interviews. Participants shared several interesting examples.

London Interviewee 13 shared,

Wintertime you find you want more heavier food, more stodgy food. Summer time or when the weather changes, you can eat more lighter food, you're happy to eat more salad. In that sense I just say wintertime you just want hot food, food that is more comforting. Summertime you just eat whatever.

New York Interviewee 6 said:

In the US you have different temperatures so in the winter time I wouldn't give him cold food, I would try to give him warm and as a West Indian, we were raised to have something warm in the morning. I try to stick to the way I was raised, something warm in the morning and a heavy lunch and a light dinner. But I can't do that because he's at school during lunchtime.

London and New York - Modeling of eating practices. This subtheme was defined as: children eat what their parents, siblings, grandparents or peers eat. The participants noted that modeling behavior was apparent in the eating practices of their children. In fact, parents recognized that they can be role models for their children. Parents in both cities stated that they are the “role-model” or the “child’s first teacher” for their children. Some parents believed that children are “observant” and they try not to create a “bad example” for their children. Some parents have modified their eating practices to include more salads, less take-out, and fewer snacks because they believed that their children would follow suit. Some parents stated that children would “adapt” or “mirror” their eating habits. Parents consistently described peer influences as a factor for their child’s food choices. Children may not eat or request certain food based on the behavior of their friends at school. Mothers stated that children often compare snacks and food at lunchtime. In London, parents mentioned that children did not want the school dinners but preferred packed lunches. A few parents in New York stated that children preferred the school lunch to the packed lunch prepared by the parent. In both instances, the child’s preferences depended on the food choices of the child’s school friends. Siblings also influenced the eating practices of the children. Parents described situations where children would eat an item if their sibling was also eating the same food. Grandparents influenced the child to eat more vegetables and exercise. The mothers stated that sometimes the grandparents could influence the child to consume a food that the parent could not.

In New York, there were more complaints from the mothers who believed that the media influenced their children’s food choices. Parents believed that the television was a bad influence and the commercials with cartoon or kid figures would encourage their children to request certain food. Parents stated, however, that upon purchase of this advertised food, many children

would not like the taste and the food would be discarded. Therefore, many ACNY mothers said that they do not take their children to the supermarket to avoid their children's requests.

The subtheme of modeling eating practices was mentioned 30 times in 17 interviews. In London, this subtheme emerged 14 times in eight interviews and in New York 16 times in nine interviews. Participants shared several interesting examples. London Interviewee 15 shared her son's desire for packed lunch"

He was telling me a for a long while that he didn't really want school dinners but I kept on kind of persuading him into having them, because it's hot meals and to keep on continuing. I persuaded him for a good two years to continue, and then it got to a stage where most of his class was now on packed lunch and the food is getting worse..... When I started hearing from other parents, oh no my child is on packed lunch, they took them off school dinners a long time ago, it made me feel a bit guilty because I'd been persuading him for so many years to continue. But along the line, loads of other children were actually being put on packaged lunch. I said okay go on packed lunch for a bit and now he doesn't want to go back to school dinners.

New York Interviewee 4 shared her views of modeling eating practices for her daughter:

I have to because whatever I eat, I know she is going to come to get it so I just have to be really mindful what I put in my mouth and she's very observant too. I can't tell her, oh I don't want you to have all this candy and then I'm stuffing it down. I think it's a pretty bad example. You're your kid's first teacher, they're going to go to school and they're going to learn in school but you are ultimately their first teacher and they're going to do every single thing that you do regardless of what they learn. They are going to know OK the teacher says 'this' so this is right.

London and New York - Laissez-faire approach. This subtheme was defined as children freely choosing what they want to eat with a family member while at various locations. This subtheme was mentioned 43 times in 15 interviews. London and New York participants stated that their children chose their food either while with them or another family member. Mothers in both cities described the grandparents and great-grandparents as the most willing to allow the children to eat whatever they desire. The items most stated by the mothers included McDonalds, candies or sweets, chips or crisps, cookies or biscuits, chocolate, and other snacks.

A few of the mothers in both cities mentioned that they allow their children to choose their food and snacks without any restraints. In New York, a couple of the mothers described special days or moments such as Fridays or vacations where children have control over their food choices. In London, one mother mentioned that since her child was “slim,” she allowed him to eat his food without interference. Participants shared several interesting examples of laissez-faire approaches. London Interviewee 1 described her father’s approach to feeding her daughter,

He will do takeaway with her because he has diabetes and he wants it for himself. And then they fight amongst each other, because when I pick her up on the Saturday he’ll say you’ll never believe what she ate. I said she didn’t hand over the money, you allowed her to have what she wanted...They don’t share, I think it’s a tit for tat between both of them. That’s a struggle, that’s a food struggle. If they go to McDonald’s they’ll probably get the same size burger. Yes. It’s that competition thing, I keep on telling my dad no, get her the kids meal. If she doesn’t want the kids’ meal then don’t get her anything. You pick a salad and then maybe she will pick a salad. Oh no, I am not going to have that. Then before you know they are both having the same meal. Yes.

New York Interviewee 5 described her mother’s approach to feeding her children:

They love my mom. They love going over there. They don’t eat like how they eat here though. I’m very, I can’t think of the word, I guess timely with the food, make sure you have breakfast, make sure you have lunch and you have dinner. When they go over there, my mom, well are you hungry? If you’re not hungry, no, then if you’re not hungry the entire day, eight o’clock comes, are you hungry? Then she’ll feed them. It’s not, you know – not regiment. It’s just when you’re hungry let me know so I’ll get you something to eat...I love her, them being over there, you know, they love, they want to live over there. But because when they say I’m hungry, she’s like oh go and grab a bag of chips. Or go and – because they love it!She’ll tell them oh, eat some more, eat this. Like this morning, she took them to MacDonal’d’s. I’m like Mom, you can give them at least cereal or something. She’s like oh no, see they wanted to have a MacGriddle and I had to buy them two. And she was so proud, she was like oh, I had to buy them two.

Section 3 Summary – Research Question 2 - London, New York, and Combined Cities

One research question was explored in this section for the London, New York and the combined cities samples. Research Question 2 was related to cultural perceptions of food practices. The four primary themes related to this research question (cooking techniques, food is a social bond that connects the child with others, and food preparation varies according to

families and types of food consumed) were summarized in this section. The differences and similarities in London and New York were provided for the cultural perceptions of food practices.

This section included tables summarizing the definition of the identified themes and subthemes, the frequency of occurrence for the themes and subthemes, as well as the number of interviewees who mentioned a specific theme and subtheme. Exemplar quotes were also provided.

Results Chapter Summary

In this chapter, the results were provided for the demographics, written description, visual sketch and statistical tests. Results were also provided for the first three Research Questions which are: 1) What are Afro-Caribbean parents' cultural perceptions of their child's weight in London and New York?; 2) What are Afro-Caribbean parents' cultural perceptions of their child's food practices in London and New York?; and 3) What are the similarities and differences of Afro-Caribbean parents' perceptions of their child's weight and food practices in New York and London?

There were a total of four themes for research question 1, which included 11 subthemes. Research question 2 included four themes and 16 subthemes. The themes and subthemes were defined and the frequency of occurrence was provided. For the three sections in this chapter, each was subdivided to provide results for the geographic samples of London, New York and the combined cities. Exemplar quotes were also provided. The discussion of these results will be provided in the following chapter.

Chapter VI

Discussion

The purpose of this study was to explore the cultural perceptions of the Afro-Caribbean New York (ACNY) and Afro-Caribbean London (ACL) mother regarding weight and food practices in children ages 6 to 12 years old. As such, this research was closely related to literature that focused on childhood obesity, Afro-Caribbean historical background, Afro-Caribbean perception of obesity and food choices; cross-cultural values of food and of weight, comfort, parental perceptions of weight, and the symbolism of sharing or distribution.

The findings are discussed for the actual weight status of the children, written descriptions, and visual sketches. The findings are summarized as they apply to the Developmental Niche and the literature review. The strengths and limitations of the study will be identified, and future directions and implications for nursing practice will be provided.

Discussion of Actual Weight Status, Written Descriptions, Visual Sketches

The results of the statistical tests reveal statistical significance for the comparisons between: 1) the visual sketch and the child's actual BMI percentile; 2) the visual sketch and the child's sex, and 3) the written description and the child's actual BMI percentile. For instance, only three boys actually fell into the range of 5-14.99% BMI percentile, yet seven mothers selected visual sketches in this BMI percentile group. Similarly, only one girl with an actual BMI percentile fell in the 15-24.99% range, yet six mothers perceived their daughters in this range.

In general, mothers tended to select a visual sketch that showed their children at a lower weight than their actual size. Overall, 10 mothers accurately matched their child's BMI percentile with the correct visual sketch. Furthermore, most mothers of overweight and obese children did not perceive their children as overweight or obese, in their responses to the visual

sketches. These findings are of concern. If the mothers in the sample perceive their child as smaller than the actual size, they may over-feed the child. Consequently, such children could become overweight or obese, yet their parents would be likely to perceive them as of normal weight.

One boy and seven girls, or more than one-fourth of the London and New York children were overweight and obese (n=8). The current study found that more girls were obese and overweight compared to boys; this is not congruent with the Eckstein et al. (2006), which found that boys were more likely to be overweight. Eckstein et al. (2006) also found that highly educated parents were less likely to have overweight children. The current study found no relationship between the two factors of education and weight. Comparisons between the current study and previous studies should be interpreted with caution due to the small sample size and the specific population of the current study.

Mothers correctly matched the child's actual BMI percentile more often to the written description (80%) than the visual sketch (33%). It was, therefore, easier for parents to state their children's correct weight status in words: underweight, normal weight, a little overweight, and overweight. Accurate selections of the written description decreased in the mothers of the obese/overweight children; however, the written descriptions were still more accurate than the visual sketches.

A reason for increased accuracy in the written description may be that the adapted questionnaire did not use the term "obese." This may have been a factor in the choice of a correct written description, as parents may attach a stigma to the word "obese." During the interviews, one mother stated she did not want to "label" her child and others used terms such as "healthy" and "thick" to describe the child's weight. Hence, it may have been more tolerable for the parent

to choose written descriptions such as, “a little overweight or overweight.” On other hand, parents may have believed that the visual sketches did not reflect the shape or body image of the Afro-Caribbean child or the parent was apprehensive in choosing larger visual sketches.

Eckstein et al. (2006), however, found that the visual sketches were *more* accurate than the written descriptions in assessing parental perception of their child’s weight. Yet, as in the current study, parents of overweight or obese children in Eckstein’s study were least likely to recognize their child’s weight status.

Overall, these limited quantitative results supported the rich qualitative data. Most mothers of obese and overweight children did not use accurate terms to verbally describe their child in the in-depth interviews. These qualitative statements were supported by the mother’s choice of visual sketch. The results of the current exploratory study may have exposed differences between the population groups of the Eckstein et al. (2006) study that may warrant further research with visual sketches and written descriptions, with a larger Afro-Caribbean sample. Furthermore, the results of this study revealed a need for obesity prevention and management education in the Afro-Caribbean communities in London and New York.

Developmental Niche

Settings of Daily Life. The settings of daily life include the specifics of the activities such as where, with whom, and with what the child is engaged (Harkness, Super et al., 2007). The settings of daily life were discussed throughout the results of the current study. The descriptions of the settings were most apparent in themes such as: 1) physical activity (PA): a) regular PA and b) PA is costly; 2) food is social bond that connects the child with others: a) eating represents togetherness, and b) as a family cohesive tool; and 3) food preparation varies according to families: a) some say food prepared at home and b) eating out/fast-food/take-out.

All of the children in the current study attended elementary school; most children attended public school, but some attended private school. More than half of the children were engaged in regular physical activity with their friends, classmates, and siblings, during which they played sports, and also participated in physical education courses. Parents reported that children participated in a school physical activity from two to four times a week. Sports, physical education (PE) and dance courses were conducted in school, afterschool centers, privately owned clubs, dance studios, parks, and the home. A few of the children went on walks as regular PA with other family members. Walking, however, was not mentioned as a frequent activity among the ACL and ACNY mothers, and children often complained about walking long distances. Some of the ACL and ACNY mothers commented that physical activity in the Caribbean was safer and more readily accessible as compared to London or New York. The physical activity setting varied between the participants; urban culture clearly played a role in physical activity participation. Parents cited safety in the parks and surrounding neighborhoods of the child's home as a concern. These parents felt their child needed more physical activity but were afraid to allow them to play outside.

Boyington et al., (2008) studied the cultural attitude of weight, diet and activity among overweight African-American girls in the Southern United States. The girls in the Boyington et al. study (2008) did not appear enthusiastic about discussing physical activity during semi-structured interviews. Their lack of enthusiasm for physical activity stemmed from external issues, such as an unsafe environment, lack of appropriate school physical education, and hair care management. In addition, the Boyington et al. study (2008) participants felt that exercise was not culturally valued and was an activity of low importance, considering problems with access and limited time. The current study and the Boyington et al. (2008) study shared a

similarity in the “themes” of unsafe environment for physical activity, limited time, and limited amount of physical activity in school. The ACL and ACNY participants believed an improvement was needed in these settings for the children. A difference between Boyington et al. and the current study was that ACL and ACNY mothers did not mention hair care management as a deterrent to physical activity.

Approximately half of the participants stated that they tried to eat dinner together as family in order to discuss daily experiences. Many parents described the child’s family dinner setting, in which the child watched the mother prepare the food and then sat at the table with the family to discuss the events of the day. At times, all members of the family are not present at dinner, but most parents will continue to have family dinnertime. Some mothers described dinnertime as ‘everyone sitting on the couch watching TV.’ Dinnertime was an opportunity to bond as a family while eating. The main goal of the family dinnertime was to talk, laugh, and share feelings or concerns as a family. Parents in the current study also mentioned that their children played video games and watched television while eating or during free time.

Liburd (2003) supports the theme of the current investigation, which includes eating together as a family. Liburd (2003) noted that when gathering together as a family, the matriarch puts all her caring and love into the food that is shared among family members. In the current study, participants said that meals were a means of coming together to share feelings with their children.

As described by study participants, children typically ate with other person, which represents togetherness. Children usually ate lunch at a table in school with their classmates. Children would either have a packed cold lunch from home or a hot school lunch. During lunch, children ate and talked about video games, television shows, and the latest new toy. Parents

acknowledged that it was important for children to socialize with their friends and other children during lunchtime.

Customs and Practices of Parenting. The customs and practices of parenting refer to behavioral order of care that is integrated into the culture that is a reflection on the structure of the child's daily life (Super and Harkness, 1997; Super & Harkness, 2006). The customs and practices of the ACL and ACNY mothers were specifically shared in the themes of: 1) Food is a social bond, eating as a way to maintain cultural ritual, and 2) eating as a festive celebration, and 3) weather-based foods.

Eating a Sunday Caribbean dinner in the early afternoon was discussed as a cultural ritual by many of the ACL and ACNY mothers. This ritual, which existed in the Caribbean, continues to be practiced in London and New York. This traditional meal was mentioned as a gathering for which family members had more time to cook an elaborate meal. It was also an opportunity to socialize and update other family members on events of the week. Other participants mentioned that the leftovers from the Sunday Caribbean meal were served at meals on subsequent days. On a regular basis, this weekly custom could lead to a way to decrease the consumption of fast food and help with resolve the problem of a lack of time that many mothers mentioned in preparing weekday meals. However, many mothers in New York City stated that they either work or have school on Sundays. Cooking a Sunday Caribbean dinner could pose a problem for these mothers, but they might attempt to cook this type of dinner on another day. Sealy (2010) also revealed that Sunday dinner is a custom during which participants in the Sealy study cooked a big dinner to suffice for two or three days. Making dinner portions that can be parceled into small containers that can last two weeks may be a method to increase consumption of home cooked food.

Another frequently stated custom for child rearing was consuming fast-food or eating out for Friday or Saturday dinner. By the end of the week, many participants did not have time to cook or they rewarded their children with fast-food take-out from McDonald's. Some parents, however, mentioned that Fridays were not the only day that their children ate fast food. In fact, some children may consume fast-food two to three times a week. Offering both home cooked meals and fast-food was also discussed in the Sealy (2010) study, in which parents mentioned that as children, they were rewarded with fast food for achievement or good behavior. Although they attempted to continue this custom of offering fast food as a treat, the parents in Sealy (2010) acknowledged that their children eat more fast food than they did as children.

In the current study, a few participants mentioned the custom of eating as part of a festive celebration. Participants discussed the various occasions that they celebrated with elaborate traditional and non-traditional food. These festive celebration were a big "kid's party," at which immediate and extended family come together to celebrate birthdays, anniversaries, holidays, and other special occasions.

Many cooking customs or cultural techniques were shared by the ACL and ACNY mothers. The participants described cooking curried and stew meats as a very common dish in both London and New York. With the stewing technique, the meat is usually fried in oil and browned in sugar before being "cooked down." Frying is another common cultural cooking technique used for meat, dumplings and plantains. Mothers also frequently made gravy when they cooked traditional foods.

Another childcare custom included weather-based food, such as parents' providing hot food or a hot drink to their children in the morning. A hot school lunch was deemed important to many parents. Parents often mentioned the Caribbean custom of providing hot meals to relieve

morning gas. Hot school lunches or dinners for their children were desired because of the colder winter temperatures. Furthermore, many mother stated that warm food is more filling and it was important for the child's learning. Several mothers spoke of feeding their child cornmeal or other porridge, hot cereal, or hot chocolate or tea for breakfast. This theme was not supported in the Sealy (2010) or the Bramble (2009) study. Super and Harkness (1986) mentioned that customs of childcare are a series of behaviors that are commonly used by members of the community and thoroughly integrated into a larger culture. These behaviors do not need individual rationalization and are not necessarily given conscious thought. Customs are not only routine tools for daily living but also infrequent complex institutionalized mechanisms (Super and Harkness, 1986).

Parental Cultural Beliefs. Parental cultural beliefs are concerned with the nature and needs of children (Super & Harkness, 1986). Most parents stated that they were encouraged to be “a member of the clean your plate club” while they were growing up. Now, most stated that they wanted to be more relaxed with their children than their parents were, and believe that children should only eat if they are hungry. Furthermore, when children are satisfied, they should not be forced or encouraged to eat more food. Diaz et al. (2007) studied overweight Latina adults; found that participants were rewarded with food when they were younger. In this study, parents reported that they were rewarded with praise when they finished eating all of their food.

Collaboration and Intervening Factors. Harkness and Super (1997) state that collaborating and intervening factors shape the child's daily life. Grandparents may be viewed as caretakers, collaborators, or intervening factors as pertained to children's weight and food practices. Grandparents played an important role in many of the lives of the ACL and ACNY parents and their children. Extended family offered social support to the ACNY and ACL in terms of baby-sitting and family visits, and played an integral role in meal sharing for many of the children. Many parents said that grandparents often remarked that children should eat more. On many occasions, grandparents cooked extra food, bought fast-food, or encouraged high-calorie snacks for the child. Although many parents commented that they did not want their children to eat more food or extra snacks at mealtimes, they were resigned to the grandparent's involvement. Parents stated that they had occasionally asked the grandparent to curtail this behavior, but their requests often went unheeded. Pearce, Li, Abbas, Ferguson, Graham and Law (2010) noted similar findings, of an increased weight of children in the United Kingdom, if they were cared for by their grandparents. Although the current study did not examine the factors of child's weight and grandparent caretaker individually, many participants commented on the grandparents' influence on body image perception, increased snacks, and eating fast-food.

Other intervening factors in a child's life result from parents' work or school commitments. Many parents don't have time to take children for physical activity or to prepare food. Almost all of the mothers stated that they were working, going to college, or engaged in both. Some intentionally worked part-time in order to spend more time with their children while their husband was the primary wage earner. Others worked part-time in conjunction with another part-time job, a full-time job, or college courses. Many mothers were distressed about the amount time that they spent traveling from the different locations and their lack of energy,

time and/or money to engage the child in extracurricular PA or to prepare home-cooked meals. Sealy (2010) also found that limited time was a factor for parents' food choices, while Irwin, He, Bouck, Tucker and Pollett (2005) reported that insufficient time was a barrier for parents that prevented regular physical activity.

Outside Forces. Outside forces are generally an outside system or a change. An economic or social change may cause instability or adjustments to the Developmental Niche (Harkness & Super et al., 2007). For many parents, the outside forces that affect their child's environment include decreases in the availability of neighborhood parks and decreases in school physical education classes. Parents stated that their socio-economic status affected the types of food and especially the types of physical activity their child had.

The weather was also a factor in food choices and physical activity; many parents had more physical activity (PA) and/or physical education (PE) as children. In fact, parents stated that they participated in daily physical education, which was a part of their normal school day. The change in physical activity from one generation to the next was attributed to the difference in temperature between London, New York, and the Caribbean. Some parents said that, furthermore, when they were children, there were more places to play in their communities, which were safer than their current neighborhoods. Now, with less physical education in schools, an increased cost of extracurricular PA, and parents' work/school schedules, children have fewer "healthy" activities. The seasonal weather changes, financial costs, society and safety issues were likewise acknowledged by Irwin, et al., (2005) as a negative impact on regular physical activity.

Mutual Adaptation. Mutual adaptation can be exhibited in a variety of ways in the child and the environment (Harkness & Super et al., 2007). For example, adaptation can occur in the child in relation to age, sex, health, personality and temperament (Harkness, Super et al., 2007). For the present study, approximately one-fourth of the participant's children were overweight or obese. Some parents' mentioned that their children spoke to them about cooking healthier food by using less oil and/or decreasing their purchases of fast food. Children are adapting to their environment on the basis of their weight, food choices, and desire to engage in physical activity.

Historical Background

Irwin (1977) and Hall (1996) described the historical context underlying the food choices of Afro-Caribbeans while enslaved in the Caribbean during the 1600's. The current study illuminated many of the foods from the literature as still consumed today. Participants mentioned potatoes, plantains, green bananas and "ground provisions" or "hard food" as main ingredients in traditional Caribbean cuisine, such as soups and stews. For breakfast, salted codfish continues to be an ingredient in the traditional Jamaican meal.

Migration History

In a comparison of the demographic characteristics of the ACL and ACNY participants, it was apparent that generational status differed between the two cities. The London participants were primarily of second and third generation Caribbean heritage, while the New York mothers were primarily first generation and second generation. These results correlated with the migration history of Afro-Caribbeans in both cities. Post-1962 Afro-Caribbean immigration to London decreased; after 1965, Afro-Caribbean immigration to New York increased.

Cross Cultural Value of Food

Comfort. As with the results of the Brown et al. study (2010), the current study revealed that traditional Caribbean food is thought to provide comfort, nurturing, stability, and reassurance. Comfort food for the current study participants also included the temperature of the food; however, temperature was not mentioned as aspect of the Brown et al., study (2010).

In the current study, mothers mentioned soups or meals that were prepared for them as children as comfort foods. They also spoke most often of soup as nostalgic or physical comfort food. Mothers noted that soups are hearty and contained a lot of “ground provisions.” Locher et al. (2005) found that comfort foods contained elements of nostalgia, indulgence, convenience, and physical comfort. Comfort and the feeling of fullness were important to the ACL and ACNY mothers.

Body Image. . ‘Bigger is better’ was a theme that emerged from the current study, and it is supported by the study conducted by Diaz, Mainous and Pope (2007). In that study, overweight Latino adults stated their parents rewarded them with food and a heavier weight was acceptable. In the current study, several mothers stated that the Caribbean culture accepts a heavier weight for children and encourages increased food consumption. The Boyington et al. (2008) study on the cultural attitude of weight, diet, and activity among African American girls in the Southern United States showed that the girls felt it was important to be comfortable with their weight. The girls preferred a body shape with large breasts and buttocks, which they thought attractive. Those results from the previous studies are similar to my finding, that many ACL and ACNY participants in the current study believed that bigger is better.

Odoms-Young (2008) studied Muslim women’s views of their body image. Findings revealed that they compared themselves to female relatives in their family. If female relatives

were a larger size, then it was deemed acceptable for the woman to be larger. However, the largest family members might be teased by others in the family. This finding was affirmed in the current study. A few mothers stated their child was “teased” by other family members, if the child was considered to have a large body size.

Identity. Chen and Shao (2012) found that food and eating was a way to create family harmony through cultural heritage. This finding is consistent with the current study’s finding of food as cultural heritage. Liburd (2003) additionally identified cooking and food as a means for identity, pleasure, and sharing. In the current study, many participants said that Sundays were the traditional day to meet with immediate and external family and eat traditional food for dinner. Most participants stated that this was a custom, “something that I grew up with,” and “something that we do.” The other findings regarding eating as a means to stay healthy and live independently were not consistent with the present study.

Henrickson, Crowther and Harrington (2010) conducted a study that suggested African American woman might be less prone to anorexia and bulimia if they are comfortable with their ethnicity and culture. This comfort level may provide acceptance of normal or larger body sizes or food consumption. In the current study, many mothers stated that they were accepting of their child’s body size and didn’t want them to develop an eating disorder. Mothers stressed that they wanted their child to be healthy and not overly concerned with weights and scales.

Afro-Caribbean Perception of Obesity and Food Choices

Among the previous studies reviewed in the literature, the two most prominently related to the current research were Bramble, Cornelius and Simpson (2009) and Sealy (2010). A number of findings from the present investigation are consistent with the results of these earlier studies. Sealy (2010) reported two major themes: a) ethnic and cultural identity, and b) time

constraints. In Sealy's study, parents reported that the food consumption and eating patterns of their youth differed from those of their own children today. Findings from the current research are consistent with these two previously mentioned research studies.

In the Sealy (2010) study, the Caribbean parents noted that they ate more cooked food and did not have to eat fast food, as compared to their children. Additionally, the Caribbean parents from the Sealy study (2010) reported that they ate more fresh fish. Participants in the current study did not eat fresh fish often, but said they would like to eat more fish. The participants in the current study described their diets as including more chicken, beef, and goat, than fish, although a few parents mentioned eating esckoveitch fish and flying fish. Eating fish was mentioned more by the ACNY mothers than the ACL mothers.

Another theme from the Sealy (2010) was time constraints, a theme that directly corresponded with the current research, which included a theme entitled, "others say lack of time to prepare food." In the current study, participants often referred to lack of time in relation to travel time from the school or after school activities to the home. Lack of time was also discussed in relation to purchasing from fast food restaurants, and lack of time to prepare home cooked food. In addition, cultural food takes a long time to prepare and must be done on the weekends. Sealy (2010) reported that the Caribbean parents not only ate more fresh and frozen food during their youth, but they also continued that practice as an adult with their children. On the contrary, in the present study, Afro-Caribbean parents spoke of serving an increased amount of processed and canned food for their children and for themselves.

Bramble, Cornelius and Simpson (2009) studied obesity among African-Caribbean African American women. The two major themes of that study included perceptions of good health and healthy practices with the three sub-themes of mind, body, and spiritual connection;

lifestyle choices and challenges; and passing or preserving family traditions. The other sub-themes were perceptions of obesity and weight management; and the looking glass, and community, and family. The current study did not share any similarities with Bramble et al.'s mind, body, and spiritual connection themes. However, the other two themes of lifestyle choices and challenges; and passing on or preserving family traditions were somewhat similar to the findings in the current study.

In the current study, the subtheme of healthy foods and modified cultural techniques corresponds with the Bramble et al. (2009) theme of lifestyles and choices. The lifestyle theme encompassed drinking more water and eating less, while in the current study, parents expressed a desire to consume healthier food and prepare cultural food differently by modifying cooking techniques and ingredients. Bramble et al. (2009) also spoke of "time commitment discipline" as a theme. In the current study, a time commitment discipline was not a factor. For the current study, lack of time was a problem for the participants. The reference to time was not the same in the Bramble (2009) study, which referred to the discipline in time and commitment it takes to change what you eat or how you exercise. However, lack of time was a problem noted in the Sealy (2010) study as well as the current study.

Participants in the Bramble (2009) study discussed life roles and stressors, and stated that they encountered a lot of stress with regard to eating. Furthermore, participants stated that they had many stressors in their life and it could become difficult to engage in healthy practices. Bramble participants mentioned their job and their family life as stressors and limiting time available for food preparation. Therefore, because of their work schedule, exhaustion, or their child's activities, some parents would take their child to McDonald's to eat. Similarly, the current study revealed that multiple activities and roles were a problem the ACL and ACNY

mothers who also lacked time to prepare home-cooked meals and purchased fast-food for themselves and their children.

Bramble et al. (2009) mentioned that preserving or passing on family traditions were important to those participants. This concept was also important to Afro-Caribbean mothers in the current study: during the interviews, many mothers mentioned that their culture and traditions were valuable to them and they wanted to ensure their continuation.

Strengths and Limitations of the Study

The strengths of the study are several, and begin with the investigation into a culture that has seldom been researched. The study used a theoretical framework that was specifically geared towards the parents' views on their child's micro-environment. To strengthen the rich qualitative data, the study incorporated visual graphics, word descriptions, and data on weight, all of which added more depth to the findings.

Childhood obesity is a major worldwide health concern. Examining the Afro-Caribbean culture in London and New York adds to the body of nursing knowledge as it pertains to culture, food, weight, and physical activity. This study can be used to develop interventions, policies and guide further research into the Afro-Caribbean population and international overall childhood obesity research.

The study's limitations are its qualitative methodology and small sample size, both of which restrict generalizability. Although such limitations are common in exploratory qualitative research and support the need for this type of study, a recommendation would be to repeat this study with a larger sample size. A minor limitation of study concerns the failure to explicitly ask for the participant's age in the questionnaire; however, the participant's age was not an intended factor for the study findings.

Implications for Nursing Practice and Future Research

Health Care Providers and Cultural Competence

The ACL group voiced concerns regarding the cultural competence of health care providers. Many parents believed that health care providers were not knowledgeable or did not care about Afro-Caribbean culture. Moreover, some parents stated that health care providers might stereotype their culture or themselves without an adequate assessment of their needs.

The ACNY group seemed more satisfied with their health care providers than the ACL. ACNY parents, however, voiced concerns that some physicians encountered difficulty in providing an accurate and frank assessment of their child's weight. Other parents believed that their child was misdiagnosed with overweight and obesity and subsequently changed health care providers. Recognizing that there is no immediate resolution to some of these issues, and that some parents may be in denial and unprepared to hear the health care provider's evaluation, nevertheless, it seems that health care providers need greater cultural competence and sensitivity. This study's rich data about a small group of Afro-Caribbeans in London and New York could be expanded to provide additional information for the development of culturally sensitive literature.

The Diaz et al., study (2007) found that Latinas wanted nutritional counseling from their health care provider in order to lose weight, but felt the information offered was substandard because their lifestyles were not evaluated. In the current study, some participants wanted nutritional information but cultural knowledge and sensitivity were occasionally lacking from the health care providers. The current study is in accord with the Diaz et al. (2007) study's findings, which were that cultural factors and barriers must be addressed when considering health promotion.

Two recommendations for both cities include: 1) an increase in the Afro-Caribbean cultural competence of nurses, health care providers, and students, and 2) education for nurses, health care providers, and students with regard to discussing the sensitive subject of weight and empowering parents by giving them current information about food, weight, and physical activity. Moreover, nurses and other health care providers should assess their own personal opinions of what constitutes a healthy weight. Each health care provider has individual cultural beliefs and values, which must be taken into consideration when providing health information to the public. This recommendation is supported by the findings of Kleiman, Frederickson and Lundy (2004). In that study, the benefits of cultural competence in nursing education were noted when students learned about cultural awareness, sensitivity, and competence through class exercises. Students reported the recognition of their own cultural beliefs and differences among people of the same cultural background, as well as of different cultural backgrounds.

Parental Weight Recognition, Healthy Eating and Education

The findings from the visual and written representations combined with the qualitative in-depth interviews suggest that mothers do not acknowledge the weight of their children as noted by the child's BMI percentile. The findings suggest that parents encounter difficulty in verbalizing their child's weight and in recognizing it in a written description and a visual representation. In fact, their recognition of the visual representation was more inaccurate than the written description. Furthermore, mothers stated that they did not want to label their children and used words that did not always reflect a numeric weight, such as "healthy," "fine," and "thick."

This finding correlates with the Hackie and Bowles (2007) study. In a similar finding, Eckstein et al. (2006) noted that parents did not recognize their children as obese or overweight.

For the previous and the current study, this finding is troubling, because parents may not participate in weight prevention or weight management interventions until the child's weight problem is serious and presents with other health concerns.

In the current study, many participants did not recognize their child's weight, especially in the visual image. This finding was more prominent for the parent of overweight and obese children. Further educational resources are needed to provide parents with accurate information, so that they will understand the importance of recognizing childhood body sizes and weights. Furthermore, parents need to be empowered and pro-active in assessing their child's body measurements. For many parents, using a scale evoked fear of disturbing their child's own body image. However, several parents stated that being overweight is viewed by assessing the waist or mid-section. A recommendation could be that parents are taught to measure the waist of a child for rapid growth. Education should also include information about healthy substitutes for traditional and non-traditional meals.

Policy for Increased Physical Education for Children

Parents stressed the need for more affordable extracurricular physical activity and increased physical education in schools. In fact, many stated that if the researcher could accomplish one goal, it should be to reach out to local policymakers and government officials for help in increasing physical activities for young people. Nurses must advocate on a municipal, local, state, federal and international level to ensure that opportunities for children to participate in physical activity are increased.

In order to advocate for parents and children, nurses need hard data that supports physical activity and child's weight reduction that could be accomplished in open spaces. The cost of preventing childhood obesity is expensive but the benefit far exceeds the costs of treating

childhood obesity and its consequences. Developing healthy patterns among children and families through sustainable policies has the potential to create future activities that support increased physical activity and decreased weight in communities of need.

Extended Family Interventions

The immediate and extended family was reported as integral family members for the ACL and the ACNY mothers. A significant number of parents work and/or go to school, and the grandparents play a valuable role in the child's life. In their role, the grandparents' culturally shaped beliefs about food practices and weight perception will ultimately have an impact on the child, as evidenced in the current study. Therefore, it is important that family directed interventions that are culturally appropriate be introduced that involve the parents, child, siblings, and grandparents. Since all members of the child's environment can contribute to the health of the child and the family, collaborating with various family members to evoke change would be most valuable.

A number of participants mentioned that their child was interested in healthy eating and physical activity and would remind the parent to incorporate these lifestyle changes. Davis (2009) states that change is completed in "baby steps," with involvement from the client by setting up an action plan. Osborne (2013) additionally states that children should play a role and can be instrumental in their health care. Therefore, another recommendation would be to have a family night that is organized by the child.

An extended family night could incorporate physical activity and healthy snacks and foods. The child could work along the parent or grandparent to incorporate one healthy food and 15 minutes of physical activity. Although this may sound like a minuscule change, it could increase over time. Eventually, it could become a habit that every time the child is with the

entire family, they would exercise for 15 minutes. This extended family night benefits the child and the adults. Many participants stated that the grandparent was diagnosed with chronic health disease. Healthier eating and increased physical activity could help the entire family.

Additionally, since participants stated that Sundays were a time for family dinners, this is another opportunity for exercising and healthier eating. The exercise could be as simple as marching in place during a 30-minute television program. Furthermore, finding time to cook during the week was stated as a problem for many participants. If Sunday were planned as a day where the family members all cooked food and gather together to share it, there is the possibility that there would be enough leftovers for a week; these could be frozen for future use. Whether the meals are traditional or non-traditional, they should incorporate healthful modifications.

Future research could involve educational empowerment classes with regards to meal planning, shared menu planning, and physical activity.

Chapter Summary

The discussion chapter included a summary of the Developmental Niche and previous literature reviewed on childhood obesity, Afro-Caribbean historical background, cross cultural value of food, comfort, symbolism of sharing or distribution, cross cultural value of weight, Afro-Caribbean perception of obesity and food choices, and parental perceptions of weight as it relates to the current study. The cultural perceptions expressed by Afro-Caribbean parents garnered and integrated their experiences with their children as they pertained to the children's weight and food practices in London and New York.

Parents were acutely aware of the childhood obesity epidemic in the two cities. The interviews elicited numerous comments regarding the cultural perception of weight and food practices in London and New York. The most pronounced responses were: maintenance of

cultural food practices, lack of knowledge regarding healthy weight, need for increased physical activity, and consumption of fast- and processed food.

The strengths and limitations of the study were identified, and future directions and implications for nursing practice, were provided. Future directions and implications for nursing practice include: seek to increase cultural competence for nurses, students and other health care providers, offer educational interventions for the family that include grandparents; increase physical activities at school; and advocate for extracurricular activities that are moderately priced, based on parent's income.

Appendix A

Demographics Questionnaire

Participant Number _____

1. Today's date: Please circle below

MONTH			DATE						YEAR
January	May	September	1	7	13	19	25	31	2012
February	June	October	2	8	14	20	26		2013
March	July	November	3	9	15	21	27		
April	August	December	4	10	16	22	28		
			5	11	17	23	29		
			6	12	18	24	30		

2. What is your highest grade completed? (Circle one)

- a. Did not finish high school
- b. High school graduate or GED
- c. Some college or trade school
- d. College graduate
- e. Post-graduate degree

3. What is **your** race/ethnicity?

- a. Black/African-American
- b. Black/Afro-Caribbean
- c. Black/African
- d. Hispanic
- e. White/Caucasian
- f. Other (describe _____)

4. What island is your Caribbean heritage from? _____

5. What is **the other parent's** race/ethnicity?
 - a. Black/African-American
 - b. Black/Afro-Caribbean
 - c. Black/African
 - d. Hispanic
 - e. White/Caucasian
 - f. Other (describe _____)

6. How many years have you lived in London or New York City? _____

7. What is your income range?
 - a. 0-15,000
 - b. 15,001 – 20,000
 - c. 20,001- 35,000
 - d. 35,001 – 50,000
 - e. 50,000 – 65,000
 - f. 65,001 – 80,000
 - g. 80,001 – 100,000
 - h. Over 100,000

8. What is your **occupation** and **employment status** (full-time or part-time, self-employed)?

9. What is your marital status? (Please circle)

- a. Single
- b. Married
- c. Widowed
- d. Relationship
- e. Divorced

10. What generation are you?

- a. First Generation (YOU were born overseas)
- b. Second Generation (your Parent born overseas, child (YOU) born in UK/US)
- c. Third Generation (your Grandparent born overseas, Parent born in US/UK, Child (YOU) born in US/UK)
- d. Fourth Generation (Great-Grandparent born overseas, Grandparent born in US/UK, Parent born in US/UK, Child (YOU) born in US/UK)

11 What is your relationship to your child?

- a. Mother
- b. Father
- c. Other, (describe _____)

12 a) How many children do you have? _____

b) . How many children in the age range of 6 – 12? _____

c) If you have more than one child who is between the ages **of 6 – 12**, Please write the **month and year** that they were born

_____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____

IF YOU HAVE MORE THAN ONE CHILD IN THE AGE RANGE 6 - 12, PLEASE BASE YOUR ANSWER FOR THE FOLLOWING QUESTIONS ON THE CHILD WITH AN UPCOMING BIRTHDAY – (THE NEXT BIRTHDAY AFTER TODAY’S DATE).

13. Child’s birthdate - Month & Year

MONTH			YEAR	
January	May	September	2000	2004
February	June	October	2001	2005
March	July	November	2002	2006
April	August	December	2003	2007

14. Child’s sex:

- a. Male
- b. Female

15. Does your child have any medical condition that has limited his or her growth?

No

Yes (describe _____)

16. In **London** a) What is the child’s **Height** in meters? ___ OR **Weight** in kilograms ___

In **New York** b) What is the child’s **Height** in inches? _____ OR **weight** in pounds _____

17. . Where was your child born?

United Kingdom ___ United States ___ Other _____ (please state where)

18. Child's race/ethnicity:

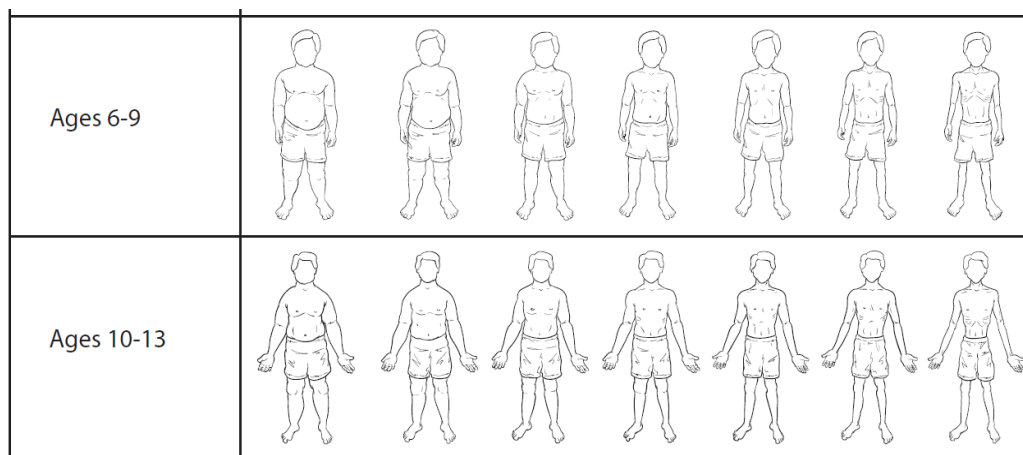
- a. Black/African-American
- b. Black/Afro-Caribbean
- c. Black/African
- d. Hispanic
- e. White/Caucasian
- f. Other (describe _____)

19. I feel my child is...

- underweight
- a little underweight
- about the right weight
- a little overweight
- overweight

Boys

20. Please circle the drawing which most resembles your child.

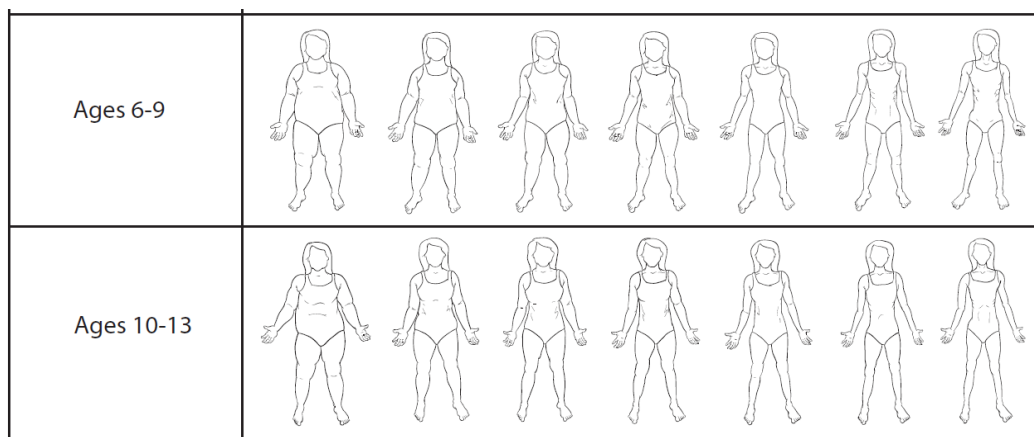


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Eckstein, K. C., Mikhail, L. M., Ariza, A. J., Thomson, J. S., Millard, S. C., & Binns, H. J. (2006). Parents' perceptions of their child's weight and health. *Pediatrics*, *117*(3), 681-690. doi:10.1542/peds.2005-0910

Girls

20. Please circle the drawing which most resembles your child.



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Eckstein, K. C., Mikhail, L. M., Ariza, A. J., Thomson, J. S., Millard, S. C., & Binns, H. J. (2006). Parents' perceptions of their child's weight and health. *Pediatrics*, *117*(3), 681-690. doi:10.1542/peds.2005-0910

Appendix B

INTERVIEW GUIDE

Participant Number Code _____

The semi-structured interviews with the subjects will be guided by the topics and questions below. This is not a fixed interview and the wording may change. Other questions may evolve from the participants' responses and will lead to elaborations and unplanned discussions of the content.

First subsystem	Settings – physical & social	<ol style="list-style-type: none"> 1. Does the child eat alone or with others? 2. Who eats with the child? 3. How often does the child eat? What time does this occur? Where does the child eat breakfast, lunch, dinner and snacks? 4. What items are near the child (table, chair, utensils)? 5. What social activities are occurring during meal times (for the children & the adults)? 6. What foods are consumed by the child? 7. Who feeds the child? 8. Who prepares the food? 9. How many meals to prepare at home? 10. How many are take out?
Second subsystem	Customs – customs & practices of parenting	<ol style="list-style-type: none"> 11. How do you think your culture influences your choice of food for your child? How do you think your culture affects perception of your child's weight? 12. Does your child participate in any customs or rituals that involve food or weight? 13. What are the reasonable or natural practices of food or weight perception for your child? (they can be routine

		<p>or infrequent)</p> <p>14. What are the behavioral strategies for food practices or weight perception?</p>
Third subsystem	Psychology of Caretaker - parental ethno-theories or parental cultural belief systems	<p>15. What does your child like to eat? Would you say that your child wants foods that are good for them?</p> <p>16. How do you determine what types of meal to serve the child? Do you think that you withhold or encourage certain foods based on your culture?</p> <p>17. Do you encourage certain foods based on how your culture perceives your child's weight? Do you think that your upbringing influences the foods that you purchase for your child? Do you serve your children food that was special to you growing up or that your mother prepared?</p> <p>18. What is the significance of your specific beliefs about your culture, food practices and weight?</p> <p>19. How do you decide on the food to purchase for your child?</p> <p>20. Does your child accompany you to the grocery store?</p>
1 st Corollary	intervening factors/coordination	<p>21. Are there any intervening factors that prevent you from performing your customary food routines with your child?</p> <p>22. Does your child eat new foods? Are you willing to give your child new foods? Is introducing new foods a problem?</p> <p>23. Are there any intervening factors that prevent you from perceiving your child's weight?</p>
2 nd Corollary	outside forces	<p>24. What changes in the environment do you feel have made an impact on your cultural food practices or perception of weight?</p> <p>25. Have you changed the way that your child eats based</p>

		<p>on external forces?</p> <p>26. Does weather affect your food practices for your child?</p> <p>27. Does government laws or religious followings effect your child's food practices</p>
3 rd Corollary	mutual adaptation	<p>28. What is your perception of your child's weight?</p> <p>29. How do you think your culture influences your child's weight?</p> <p>30. How do you think your culture influences your child's food practices?</p>

Appendix C

CITY UNIVERSITY OF NEW YORK**Lehman College**

Department of Nursing

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Project Title: Afro-Caribbean Parents' Cultural Perception of their Child's Weight and Food Practices in London and New York

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Site where study is to be conducted: London, England and New York City, United States

Introduction/Purpose: You are invited to participate in a research study. The study is conducted under the direction of Heather Gibson, Doctoral Nursing Student, Lehman College – City University of New York. The purpose of this research study is to better understand Afro-Caribbean parents' perceptions of their child's weight and food practices through a cultural exploration in London and New York City. The perceptions of the Afro-Caribbean parents in London will be compared to those in New York City. The results of this study may increase knowledge of the Afro-Caribbean culture in London and New York City and may aid in the development of culturally relevant strategies in childhood weight issues and food practices. Audio recordings will be used as a way for the researcher to document the results of the study.

Procedures: Approximately 15-25 individuals in London and 15-25 individuals in New York City are expected to participate in this study. Each subject will participate in one interview and complete one questionnaire. The time commitment of each participant is

expected to be 60 – 90 minutes. Each session will take place at an undetermined mutually agreed upon location between the researcher and the subjects.

Possible Discomforts and Risks: Your participation in this study may involve minimal risks like the possible discomfort some people may experience when responding to personal questions about their child, food practices, culture or perception of their child's weight. To minimize these risks subjects may choose to stop discussing any topic at any time or end participation in the study. If you are upset as a result of this study you should call the Inner City Centre Psychotherapy and Counseling at 020 7247 1589 or Camden Psychological Therapies Service 020 3317 5600 in London and in NY subjects may call the Lifenet Hotline Network (800) 543-3638.

Benefits: There are no direct benefits to the subjects. However, participating in the study may increase general knowledge of Afro-Caribbean parents' cultural beliefs about weight and practices such as purchasing, preparation and consumption of food in children from London and New York.

Voluntary Participation: Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If you decide to leave the study, please contact the principal investigator Heather Gibson to inform them of your decision. You do not have to give any reason for why you no longer want to take part in the study.

Financial Considerations: Participation in this study will involve no cost to the subject. For your participation in this study you will receive £10 in London or \$10 in New York after completion of the session via a gift card.

Confidentiality: The data obtained from you will be collected via audio recording and written questionnaire. The collected data will be accessible to the researcher, the researcher's faculty advisor and IRB Members and staff. The researcher will protect your confidentiality by coding the data by a number and securely storing the data. The collected data will be stored for 3 years in the researcher's locked cabinet in paper format. The consent form will be stored separately from the data. Audio recordings will be used for accurate transcription of the interview. The audio recordings will be labeled with the coded identifier and stored in the researcher's locked cabinet. Once the audio recordings are transcribed, they will be destroyed. The transcriptions without any identifying data will be kept in paper format and on a computer with locked username and password. I may publish results of the study, but names of people, or any identifying characteristics, will not be used in any of the publications.

Strict confidentiality of information will be maintained to the extent allowed by the law. Confidentiality will only be broken and reported to the proper authorities if information is revealed which indicates a clear and imminent risk of harm to yourself or others, or if there is reason to suspect a child in your care is being neglected or abused.

Contact Questions/Persons: If you have any questions about the research now or in the future, you should contact the Principal Investigator, Heather Gibson, xxx-xxx-xxxx, 079xxxxxxx or hgibson@gc.cuny.edu. If you have any questions concerning your rights as a participant in this study, you may contact Tara Prairie Human Research Protection Programs Administrator, (718) 960-8717, tara.prairie@lehman.cuny.edu.

Statement of Consent:

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntarily agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

Printed Name of Signed Subject	Signature of Subject	Date
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Printed Name of Signed Person Explaining Consent Form	Signature of Person Explaining Consent Form	Date
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Printed Name of Signed Investigator	Signature of Investigator	Date
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Appendix D



STUDY ON LONDON AFRO-CARIBBEAN & NEW YORK AFRO-CARIBBEAN PARENTS' CULTURAL PERCEPTIONS OF THEIR CHILD'S WEIGHT AND FOOD PRACTICES

This research study is being conducted by a Doctoral Nursing Student of Lehman College, City University of New York. The purpose of this study is to determine the cultural perceptions of child's weight and food practices in Afro-Caribbean parents in London & New York.

- In order to take part in this study.....
- Self-identify as Afro-Caribbean – heritage from: Antigua and Barbuda; the Bahamas; Barbados; Belize; Grenada Guyana; Jamaica; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; and Trinidad and Tobago.
- Live in London or New York
- Able to read, write and speak English
- Age greater than 18
- Parent of child who is in the age range of 6 – 12 years old
- The child must not have a growth disorder

What does this mean for me?

- All information that is provided by you will be kept confidential
- This study involves completing a questionnaire and participating in a tape recorded interview appointment
- The entire study will take 60-90 minutes
- You will receive £10 in London or \$10 in New York for your time and participation in the research study.

Please call the investigator, Heather Gibson at 0798267xxxx or 917-xxx-xxxx to discuss the details about the study. |



Appendix E



Human Research Protections Program
Herbert H. Lehman College (CUNY) HRPP Office

DATE: May 31, 2012

TO: Heather Gibson
FROM: Herbert H. Lehman College (CUNY) HRPP Office

PROJECT TITLE: [341186-1] Afro-Caribbean Parents' Cultural Perceptions of their Child's Weight and Food Practices in London and New York City

SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: May 31, 2012
EXPIRATION DATE: May 30, 2013
RISK LEVEL: Minimal Risk

REVIEW TYPE: Expedited Review
REVIEW CATEGORY: Expedited review category # 6

Thank you for your submission of **New Project** materials for this project. The University Integrated IRB has **APPROVED** your research. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

Please remember that informed consent is a process beginning with a description of the project and assurance of the participant's understanding, followed by a signed consent form(s). Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any modifications/changes to the approved materials must be **approved by this IRB prior to implementation**. Please use the appropriate modification submission form for this request.

All **UNANTICIPATED PROBLEMS (UPS)** involving risks to subjects or others, **NON-COMPLIANCE** issues, and **SUBJECT COMPLAINTS** must be reported promptly to this office. All sponsor reporting requirements must also be followed. Please use the appropriate submission form for this report.

This research **must receive continuing review and final IRB approval** before the expiration date of May 30, 2013. Your documentation for continuing review must be received with sufficient time for the IRB to conduct its review and obtain final IRB approval by that expiration date. Please use the appropriate continuation submission forms for this procedure. **PLEASE NOTE:** The regulations do **not** allow for any grace period or extension of approvals.

If you have any questions, please contact Tara Prairie at (718) 960-8717 or tara.prairie@lehman.cuny.edu. Please include your project title and reference number in all correspondence with this committee.

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