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Publication Date

2010

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Comiendo Bien: A Situational Analysis of the Transnational Processes Sustaining and Transforming Healthy Eating among Latino Immigrant Families in San Francisco

by

Airin Denise Martinez

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Sociology

in the

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by
Airín Denise Martínez

ACKNOWLEDGMENTS

There are not enough pages in the world to thank the many people who have allowed me to produce this piece of work before you. I would not be able to conduct this research if it were not for the first four Latina immigrants who participated in my pilot study in 2004-2005. They taught me the challenges that I should anticipate working with the Latino immigrant community. More importantly, I owe my sincerest gratitude to the fifteen Latina immigrant mothers and their families allowed me to come into their homes and learn about the many obstacles they face in producing and maintaining health through food and eating. I only hope that I am also able to convey the positive aspects of *comiendo bien* to public health, medical sociology, and medical anthropology researchers in both Latin America and the United States.

I am immensely grateful for the collaborations that were established with two community-based organizations, *Mujeres Unidas y Activas* and *CARECEN Cuerpo Sano ¡Activate!* My contacts at these organizations, Carmen Denis and Gina Malan, trusted me to work and engage with their client. I learned more from them about the Latino immigrant community in San Francisco than any textbook. These connections were made possible through Dr. Eliseo Pérez-Stable, MD, Chief of Internal Medicine at UCSF, and his community liaison in the Center for Aging and Diverse Communities, Mary Diaz Nieves. Despite my position as an “insider,” these people were instrumental in recruiting participants. In this respect, I also need to thank my mother who raised her daughters to speak Spanish. It has allowed me to enter many social worlds comfortably.

Now, I need to thank those persons who were fundamental in shaping my intellectual consciousness. In this category, I need thank the activist sociologists at my undergraduate

institution, Barry University, in particular Jung Min Choi, PhD and Karen Callaghan, PhD, for activating my sociological imagination and encouraging me to seek a career in academia. Second, I want to thank my Dissertation Chair, Adele Clarke, PhD, for raising my awareness about qualitative methods and creating the tools to analytically syncretize multiple streams of theory and methods, in order to answer complicated questions in society. She has also taught me that “words matter” in the presentation of our research and that we should never forget the “implicated actors.”

I want to thank Howard Pinderhughes, PhD, for always serving as my advisor since my entrance into the program. He encouraged me to write about race and ethnicity and claim it as one of my areas of research. Jeffrey Pilcher, PhD, my external committee member, whose article about the mechanized production of the Mexican tortilla inspired me to study the manifestation of healthy eating among Latino immigrants’. I also need to thank my secret hero, Virginia Olesen, PhD. Every single conversation we had encouraged a memo-writing session that stimulated new ideas in this dissertation. I also owe many thanks to the researchers at the National Institute for Public Health of México and the Nutritional Institute for Central America and Panama in Guatemala for sharing their research.

Now, my acknowledgments go to those people who provide support on a daily basis. I must thank my mother again because she always believed that I would be successful, even when I doubted it. My fellow classmates, Mary Gee and Brian Grossman have provided me with endless support throughout my time at UCSF. George Starr, PhD and Julia Bader, PhD were so gracious for hosting me when I returned to the Bay Area. In Lugano, I need to thank the Institute of Management at USI. My sister, Sharon, volunteered to be my editor at the last moment and I grateful for her revisions to the final version of the Introduction and Chapter

Six. Of course, I need to acknowledge the invisible committee member and my partner, Balazs Kovacs, PhD. He is the main reason this dissertation is complete.

Finally, this project would not be possible without funding from the Initiative to Maximize Student Diversity Grant (NIGMS-IMSD Grant R25 GM56847), UCSF Graduate Student Research Award, Century Club Funds, UC California Studies Travel Grant, the Anselm Strauss Fund, and the Kaiser Permanente Latino Association.

ABSTRACT

Comiendo Bien: A Situational Analysis of the Transnational Processes Involved in Transforming Healthy Eating among Latino Immigrant Families in San Francisco

This situational analysis (Clarke 2005) examines the lay health practice of *comiendo bien* (eating well) among 15 Latino immigrant families living in San Francisco and identifies the transnational situations and processes that sustain and transform this practice. This dissertation is conducted to challenge health research that attributes changes in immigrants' diet to US acculturation. I assert that modernized changes to Latinos' diets are transnational in scope and are already occurring in Latin America. Two Latino immigrant community organizations in San Francisco assisted with the research design and recruitment of participants. Primary data sources consisted of participant observation and interviews with Latino immigrant families representing six Latin American countries. Interviews were conducted with persons who were responsible for buying and preparing food for their family. Secondary data sources consisted of nutritional research reports (2000-2007) from the National Institute of Public Health in Mexico and the Nutritional Institute of Central America and Panama and global fast food websites. All primary data were systematically analyzed using grounded theory coding and memoing (Strauss and Corbin 1998; Charmaz 2006). *Comiendo bien* is a social health practice focusing on how food is eaten and is thought to reduce the occurrence of illness and the use of medical services. It is also constitutive of other identity positions. Transnational processes sustaining *comiendo bien* in San Francisco are: 1) the rationale of reducing medical services; 2) engaging in diasporic communities; and 3) the enactment of motherhood. Transnational processes transforming *comiendo bien* are: 1) migration trajectories; 2) the modernization of food production and consumption; and 3) the increasingly transnational transmission of nutrition information. Conclusions suggest that researchers discern changes to Latino immigrant diets based on their pre-immigration experiences, not on US acculturation.

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CHAPTER ONE: THE EMERGENCE OF *COMIENDO BIEN*

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THE HISTORY OF THIS DISSERTATION: COMIENDO BIEN, LATINA IMMIGRANTS, AND HEALTH

Comiendo bien, or “eating well,” was an *in vivo* code that emerged from a qualitative field project in which I interviewed four Latina immigrants residing in San Francisco about their beliefs and practices around women’s health. In that project, I was interested in understanding how Latina immigrant women distinguish women’s health from general health in my framing. When I asked the participants, “What does a woman do to stay healthy?” all of their answers contained these two words, “*comiendo bien*,” or eating well. I did not further investigate this code because at the time it was not explicitly related to women’s physical health. However, one particular participant, Mona (pseudonyms are used throughout the manuscript), drew my attention toward examining *comiendo bien* by discussing its importance in family health.

And, so when there is an obese little girl, from the time she is baby, the one who is to blame is the mother, because she is the one who gives to eat, because she is the one that gives care, because she is the one that gives. What happens? That child goes on growing and that child will be passed on those habits...she is the one creating lives. Yes, so you want to believe it or not, the woman is always responsible.

(Interview 389-395 and 403-410)

In Mona’s statement she was placing complete blame for the child’s obesity on the mother because she was assuming that the mother is the only one who feeds the family. Mona’s statement reinforces and reflects a normative discourse in which women are relegated the responsibility for caring for the family. For Mona, a family member suffering a health condition or illness was indicative of the way that a mother was feeding her family. But, do children not put food in their own mouths? Does the child not choose their own food at a certain age? Why is the mother also responsible for the health of the adults in the family?

Comiendo bien surfaced throughout the interviews in the pilot study where feeding the family and ensuring the family was fed balanced meals was a way mothers ensured that their family members avoided what the participants called *Lo Último*, meaning “the ultimate last thing.” *Lo Último* was another *in vivo* code from the pilot study that demonstrates participants’ descriptions of how Latino immigrants’ prioritize their health (last), and at what point of discomfort or illness they will seek medical services. It is not that Latino immigrants’ health is left for last. *Lo Último* is really about Latino immigrants using a medical professional to address their health problems as a last resort. Lay health practices such as *comiendo bien* are central to women maintaining the health of their family members’ at home and avoiding *Lo Último*. In the current study, that *comiendo bien* is a social, health practice not a specific diet or replication of nutrition. This lay health practice focuses on how food is eaten and its ability to reduce the occurrence of illness and consequently the use of medical services. *Comiendo bien* can be viewed as a health performance because it is accomplished through a convergence of multiple identity positions.

While this dissertation has roots in my pilot study examining gender and health among Latina immigrants, I was still not interested in examining the topic of *comiendo bien* until I visited Bogotá, Colombia in March 2005. I was presenting at a conference on multiculturalism, glocalization and pluralnationality. I ate lunch with my colleagues one day at a cafeteria in downtown Bogotá. One of our US colleagues recommended this place for their large portions. At the cafeteria, I had the option of choosing the main entrée and my salad, but all meals came with rice, an *arepa* (corn cake), and a beverage. When I took my seat I saw a huge banner on the wall which read, “Él Que Come Bien Vive Bien,” meaning, “The one who eats well, lives well” (See Figure 1.1). The cafeteria catered to professionals in

Bogotá and the portions were large. I wondered if *comiendo bien* for the Latina immigrants in my pilot study meant that one's ability to eat demonstrated one's consumption status. At this point, I was convinced. *Comiendo bien* was worth examining for its transnational presence and its implications for gender, health and status. The rest of this introduction situates my participants, the project, and myself by providing the historical, demographic, and methodological information that led to the current examination of *comiendo bien*.

Figure 1.1 Photograph of a banner in a cafeteria in downtown Bogotá



The Influence of Gender in this Project

Gender has been shaping this project throughout its course. First, the lay health practice of *comiendo bien* was identified by the women in my pilot study. Second, gender has shaped the current project because *women* were the key informants in the current study, while the men were invisible. This was not intentional as one of the inclusion criteria for participating in this study was for key informants to be the person responsible for purchasing and preparing food for their family. In this sample, perhaps unsurprisingly, they were all women. When I set that as one of this criterion I generally expected women to be the key informants for their families, although I did not anticipate finding so few men actively involved in the purchasing and preparation of food for their family. The family was the unit

of analysis in this project and I tried to include more men, since key informants shared that the men presented the most resistance at the table. However, there were only two families where the husbands shared the responsibility of purchasing food and planning the menu. Among these two husbands, only one shared cooking responsibilities with his wife. For the past year, I have regretted not finding more ways to include men in the project because much of the public health research and sociological work about food, diet, and health focuses on women and children. In Chapter Three there will be further discussion about how males in these Latino immigrant families help accomplish *comiendo bien*, outside of preparing food.

Third, gender shaped this project because I, the researcher, am influenced by standpoint feminism (Smith 1980; Hill Collins 1990; Haraway 1997). Answering Trinh's question (1992), "Who, Where, How Am I?" I am a second-generation Latina who unconsciously and consciously enacts prescribed gender roles without much resistance. In relation to *comiendo bien*, when I was growing up I took care of my younger siblings since I was eleven years old. My mother gave me extensive responsibilities to clean, cook, and take care of my younger sisters. I was in charge of running our home for three years while my mother was my uncle's caregiver. So, I understand much of the domestic work that the women in this study do.

However, their experiences are very different from my own for several reasons. They are parents living in San Francisco, most as undocumented immigrants, while I am a childless, US-citizen. They have limited access to health care, while during the course of this research I was well-insured. They work without the right to a fair wage and I have been earning far above the minimum for six years. Moreover, because I speak English I do not expect social isolation from documented, US-born Latinos. These circumstances present both

advantages and disadvantages in conducting research about Latino immigrants. Although I think I understand them, I can only imagine how Latina immigrant mothers care for their families when they are not able to see themselves as or participate as full citizens in this society. There is a power differential that I constantly question as a result of my standpoint feminist position.

STATEMENT OF THE PROBLEM: FROM AN IN VIVO CODE TO A DISSERTATION PROJECT

Developing a project examining how Latino immigrants eat, including the actions they perform to both enact and represent “eating well,” is important because many food studies and anthropological accounts about Latinos and food are primarily descriptive in nature (Sanjur 1995; Janer 2008). There is little emphasis on the relationship between health and eating practices. The acculturation and diet scientific literatures examine dietary change among Latino immigrants in the US. However, they do not present acculturation as an action or process *per se*. Yet from my pilot study, I had an interesting *in vivo* code representing the importance Latina immigrants give to eating as a health promotion practice. This blatantly contradicted research that demonstrated an increased prevalence of overweight/obesity and diabetes among US-Latinos, Latino immigrants, and Latin Americans (Gordon-Larsen et al. 2003; Antecol and Bedard 2006; Perez-Escamilla and Putnik 2007; Bowie et al. 2008).

The literature examining the relationship between acculturation and diet presents contradictory findings. For example, some researchers (Marin et al. 1996; Ayala, Baquero, and Klinger 2008) found that the longer Latinos lived in the US, the more fruits and vegetables they consumed. In contrast, several researchers found that high acculturation has lead to the consumption of sweet, carbonated beverages, fast foods, and processed foods (Edmonds 2005; Horowitz et al. 2004; Coronado et al. 2005). Yet others (Aldrich and

Variyam 2002; Ayala et al. 2008) suggest that less acculturation was associated with higher favorable eating patterns. From these findings, health researchers often conclude by recommending that Latinos continue eating their “traditional diets.”

Conversely, Barry Popkin (2003; 2008) has published articles stating that a “nutrition transition” is occurring in developing countries where obesity is overtaking malnutrition. There is also some research to support arguments that urban Latin Americans have started to eat diets that reflect industrialized nations, characterized by high fat, sugar, and less whole grains, fruits, and vegetables (Bermudez and Tucker 2003; Uauy, Albala, and Kain 2001). Reading these articles made me wonder whether conceptualizations of US acculturation are obsolete for examining Latino immigrants’ dietary changes. I also wondered how globalization and transnationalism entered into this “nutrition transition” (Popkin 2003; Popkin and Gordon-Larsen 2004; Pilcher 2008; Popkin 2008).

More importantly, I argue that changes in lay health practices are not merely occurring among Latino immigrants living in diasporic enclaves in Western countries, but also among people living in developing nations. It is erroneous to assume that Latino immigrants in the US are undergoing entirely unique changes to their health and diet in comparison to their Latin American counterparts. Migration and settlement in the United States are no longer prerequisites for Latino immigrants to change their diets. Rather, economic globalization, increased transnational communication, development initiatives, monetary exchanges between diasporic, transnational communities should provoke health researchers to reconsider whether examining Latino immigrants’ experiences in the US is sufficient to allow them to understand why Latino immigrants’ diets change.

Aims of the Dissertation

Therefore, the aims of this dissertation are to: 1) examine the lay health practice of *comiendo bien*, eating well, among fifteen Latino immigrant families living in San Francisco; and 2) identify the transnational situations and processes that sustain and transform this practice. This project attempts to analyze dietary change through transnational processes rather than acculturation because I seek to challenge the presumption that migration is necessary for more Westernized changes to occur in Latino immigrants' health practices.

In the following section, I will present the primary theoretical approach of this dissertation in order to demonstrate how I can conduct research that examines cultural and health changes without reducing it to an attribute-based comparison. The use of interpretive, cultural studies approaches (Denzin 1992) has allowed me to examine *comiendo bien* as a dynamic practice, while utilizing transnationality, rather than globalization, has allowed me to include an examination of cultural, social, as well economic processes that cross borders between the US and Latin America.

Theoretical Approach: Interpretive Cultural Studies and Transnational Processes

Unlike other sociology of food studies conducted through functionalist, structuralist, critical structuralist, or post-structuralist approach (e.g., Mennell, Murcott and van Otterloo 1992; Lupton 1996), this dissertation uses an interpretive cultural studies lens (Denzin 1992) to examine the lay health practice of *comiendo bien*. I want to understand how cultural products and “texts are constructed, produced, consumed, and distributed” (Denzin 1992:81). Interpretive cultural studies is Norman Denzin's (1992) expansion of symbolic interactionism, addressing its criticisms that it is astructural, apolitical, realist, and value

laden (Denzin 1992: 25). He does this by integrating US cultural studies (C. W. Mills), British cultural studies (Birmingham Center for Cultural Studies), and feminism (Clough 1987). Denzin (1992) specifically integrates C.W. Mills' (1959) examination of the institutional transformations of personal troubles into public issues. He draws on feminism's examination of gender, sexuality, and emotions, as well as the discourse of the "personal as political." From British cultural studies, Denzin (1992) prioritizes the historical situating of subjects and their examination of media and other information technologies. An interpretive cultural studies approach consists of examining objects through the processes of interpretation, examining how objects are given meanings and enacted through these meanings by critically engaging questions of both subjectivity and politics.

I believe that food and acts of "eating well" are cultural constructs, part of "a network of embedded practices and representations (texts, images, talk, codes of behavior, and the narrative structures organizing these) that shape every aspect of social life" for Latino immigrants (Frow & Morris 2000:316). *Comiendo bien* is a way Latinos *do* health, both in Latin America and the US. *Comiendo bien* is also a process through which Latino immigrants *do Latinidad* in the US. Latinidad in food and eating can be accomplished through the use of objects (i.e., food, stoves, pots, spices, recipes, etc.) and discourses (belief systems, health information, media, and knowledge systems) available in both geographic locations.

This project proceeds through an interpretive perspective in order to acknowledge that no single discourse, social position, and/or geographic location can determine how people enact representations, as different people will reflexively interpret and perform actions in multiple and heterogeneous ways. In this theoretical approach, the subject is

agentic and complex. Scholars who utilize cultural studies often study “identity and difference, social location and movement, historical experience, and change [concurrently]” (Frow & Morris 2000:317). Despite these complexities, we can still uncover similar processes in the way people do things (Strauss 1993).

Defining Transnational Processes

I do not apply sociological theories of globalization (Wallerstein 1974; 1980; Caro, Choi, Murphy 2006) in the transnational situation of *comiendo bien* because they focus largely on globalization of economic activities as reflecting a center-periphery paradigm. I also avoided from using transnationalization (Faist 2000) because the emphasis is on the process of transnational nation-building. These phenomena of globalization and transnationalization are of course, very important, but have focused on economics and citizenship at the expense of discussion about relationship among these larger, transnational economic and political activities and people’s everyday lives. Nor do I want to use theories of assimilation (Portes and Zhou 1993; Portes and Rumbaut 2001; Alba & Nee 2003; Jacoby 2004; Kivisto 2005; Waters and Jimenez 2005) to understand cultural change. They assume external immigrants will reach cultural integration after living in a country for enough time, where the length of time has not been established for change to occur. The assumptions of the above approaches, as I shall revisit later in the dissertation, are not satisfied. For example, there are many Latino immigrants who have lived in the US for decades and do not speak much English, or identify as American.

In turn, I wanted to examine Latino immigrants’ pre-immigration and current experiences with food and health as processes that are influenced by transnational processes shared among the participants in San Francisco and their families abroad. I also believe Latino immigrants’ and Latin Americans’ practices can equally influence larger policies or

organizations like transnational food corporations, public health agencies, and immigration policy. To address the multi-directionality of culture and transnational processes I adopted anthropological interpretations of transnationality (Ong 1999) and global cultural flows (Appadurai 1996) because they interpret culture as processual and globalization as agentic. I also identified transnational processes as those activities related to larger social structures within the media, health, telecommunications, economics, diaspora, and politics. Appadurai's (1996; 1999) "-scapes" served as an important lens for understanding how global locations *do* modernity. Nevertheless, I kept myself open to "hearing" any new transnational processes reported by the participants because this is a situational analysis and one goal is to not and acknowledge unrecognized social phenomena.

WHO ARE LATINOS? MAKING THE DISTINCTION BETWEEN LATIN AMERICANS, LATINO/A IMMIGRANTS, AND US-BORN LATINOS

Distinctions between "Latino/a," "Hispanic," and "Latino/a immigrant," "Latin Americans," and "US-born Latinos" are important to this project. First, the term *Hispanic* is an ethnic category created by bureaucratic agencies in the United States. The label is used by some scholars and individuals to identify a group of people from Spanish-speaking, Latin American origins (Oboler 1995), or Iberian descents (Gracia 1999). It is used as an umbrella term to describe this group and also to frame an imagined unitary consciousness (Oboler, 1995). This is just a very simple description. However, in my everyday dialogue I name this group and myself, "Latinos/as."

"Latino/a" actually has historical roots in French epistemology, which constructed "Latino" to differentiate Anglo-Saxon Americans, from non-Anglo-Saxon Americans. For example, a "Haitian" a "Brazilian" and a "Puerto-Rican" can all be considered Latino, but

neither the Haitian nor Brazilian is “Hispanic” because the languages of those nations are not Spanish. Any “New World” country that speaks a Latin language such as French, Spanish, or Portuguese can claim the title of “Latino,” but are not “Hispanic” because they do not share the historical experience of Spanish colonization (Gracia 1999). This distinction is not succinct, or distinct, and it continues to be problematic, though important. The choice of label by an individual, researchers, or other collectivities is also dependent on the US geographic region, the social context, and the situation. For example, if a form does not have the “Latino” option, then I will just choose “Hispanic.”

To address this issue, I decided to leave the label open until I determined how my participants identified themselves, and how they identified other persons who were from Latin America. In the recruitment materials, I specifically stated that I was looking for families in which “the person responsible for buying and preparing food *was an immigrant from a Spanish-speaking country,*” so as to not exclude anyone who did not identify with the label “Latino” or “Hispanic.” In the end, I decided to use the word “Latino/a” because that is the word that the participants used to identify themselves when they pan-ethnicized, or referred to themselves as part of a group of Spanish-speaking immigrants from Latin America. While I use this broad label, at the same time I also acknowledge my participants’ class, urban/rural, and racial differences throughout the manuscript. What is more interesting is that I did not find too many similarities among persons from the same nation. Instead, I found similarities across persons from urban areas, type of employment in Latin America, and year of migration.

In this dissertation, “Latino/a” will refer to people who may (or may not) use a variation of the Spanish language, (as Spanish is variably spoken in different regions), and

whose family, or themselves, have resided in a Latin American country with a history of Spanish colonization. A “Latino/a immigrant” will refer to an individual who currently resides in the San Francisco, but was born and raised in a Spanish-speaking, Latin-American country. “US-born” or “US-Latinos” refer to those persons who were born in the US and where at least one of their parents were born in Latin America, or their family identifies as Latino/a because their ancestors are from Latin America. The only US-born Latinos in this study were the children of the key informants. Finally, a “Latin American” refers to a person who currently lives in *and* identifies with one of the 21 Spanish-speaking nations of Latin America. There are first-generation Europeans, Asians, and Africans who reside in Latin America for work, school, or leisure, and do not claim an identity position with the Latin American nation in which they reside. These are loose terms because racial and ethnic categories are complex and are, in practice, contextual to location, history and one’s class, among other things.

Who are Latinos in San Francisco?

Here, historically situate my participants and the context in which Latinos have been present in the Bay Area. Finding early history (before 1960) of the demographic and cultural make-up of Latinos living San Francisco was no easy task, although I know that California was a Spanish colony and part of México’s Northern Territories, Alta California, before the Mexican-American War. However, before San Francisco was even called San Francisco, it was primarily populated with *mestizos*. This is the name the Spanish colonizers called those persons of both Spanish and Indian parents. After the Mexican-American War in 1848, those Mexicans who remained in California could become US citizens. From that point forward, Mexicans (and other Latinos who followed), were considered foreigners (Inda 2001; Rocco

2004; Nájera 2008) and a history of persecution followed shortly after (Figueredo 2007, Nájera 2008, Inda 2001).

After San Francisco's early *mestizo* California, there were groups of Chilean, Peruvian, and Mexican immigrants who came to the Bay Area to claim riches during the Gold Rush (1849-1855). There was even a "Little Chile" village in San Francisco during that time (Figueredo 2007). At the turn of the 20th century, there was a small group of Puerto Ricans who came to San Francisco. They were usually on their way to work the Dole pineapple plantations in Hawaii, but decided to end their journey in San Francisco because the voyage from Puerto Rico had been so strenuous (Whalen and Vázquez-Hernández 2005). Currently, the Puerto Rican diaspora has a minute presence in San Francisco.

Today, 53% of San Francisco's total Latino population is foreign-born, while Latino immigrants make up 20% percent of the total foreign-born population in the City of San Francisco (American Community Survey 2007). The largest group of Latino immigrants in San Francisco has been and continues to be Mexican, representing several states in Central and Southern México, not only the Northern states. During the 1980s and 1990s there was a surge of Central Americans from El Salvador and Guatemala (Gutiérrez, 2004; Figueredo 2007; Najera, 2008), and smaller numbers from Nicaragua (Herrera 1998). Salvadorans are the second largest group of Latinos in San Francisco. Although South Americans only make up less than 3% of the total Latino/Hispanic population in California (Grieco 2010), they have a presence in San Francisco and I have three Peruvian families in this sample.

Prior to 1940, the Mission District consisted largely of Irish-American, Italian-American and Polish families. Once Mexicans came into the Mission District between 1940 and 1960, the White families moved to other neighborhoods and gradually the Mission

District became, and currently remains, the neighborhood where most Latinos reside in San Francisco. Central and South Americans fleeing economic and political persecutions during the 1980s and 1990s may have chosen to settle in the Mission District of San Francisco because there were already Spanish language services in that neighborhood and Mexican food stores (Herrera 1998). They may have felt more comfortable navigating their new experiences in the US than in this neighborhood than in other parts of the city.

The history of Latinos in San Francisco, along with the wave of non-Mexican Latino immigrants during the 1980s and 1990s encouraged the establishment of Central and South American bakeries, restaurants, and shops as well as regional branches of banks such as *El Banco Agrícola Comercial de San Salvador*. Entering the Mission may lead one to believe that there are a large number of Latino businesses in San Francisco because they are concentrated in one neighborhood. However, only 5% of the businesses in San Francisco are Hispanic-owned (American Community Survey 2002).

METHOD

Situational Analysis

The broad project of this dissertation is to examine and discuss how cultural changes mediate health behaviors and, more specifically: How do migratory, diasporic, and transnational processes engage with and transform *comiendo bien*? Hunt, Schneider, and Comer (2004) recommend that researchers approach questions of acculturation and health behaviors through interpretive qualitative methods. This project will be a situational analysis (Clarke 2005) that utilizes an array of interview, ethnographic, and discursive materials. Situational analysis is an effective way of understanding the cultural, lay health practice of *comiendo bien* precisely because it takes into consideration the multiple facets of social

phenomena. Situational analysis is a supplement to and methodological expansion of constructivist, grounded theory (Strauss 1987; Strauss and Corbin 1990; Charmaz 2006). In situational analysis, analytic techniques of grounded theory (i.e., coding and analytic memoing) are still employed. At the same time the method is theoretically pushing the analysis toward the postmodern by a) acknowledging and reporting complexities that are often silenced and marginalized in the data (Clarke 2005:23-29); b) encouraging the use of multisited data (Clarke 2005:164); and c) assuming the “embodiment and situatedness” of the knowledge producers, participants, discourses, and organizations (Clarke 2005:20-21).

The Parallels between Situational Analysis and Interpretive Cultural Studies

Situational analysis is theoretically congruent with the interpretive cultural studies approach of this dissertation project. Both conceptualize social phenomena through complex processes that are in constant interaction, and not as distinct entities that are part of a society. Both situational analysis and interpretive cultural studies emphasize analyzing the interaction between history, people’s everyday actions, non-human objects, texts of all sorts, and power relations in their multiple manifestations (not just in oppressive forms). The goal is to produce a theoretical analysis that offers sensitizing concepts of the social processes, negotiations, discourses, and relations among these in the research.

Addressing the Substantive Issues

Importantly, situational analysis addresses the three substantive issues in this dissertation: 1) establishing boundaries around the Latino immigrant population; 2) designating the level of analysis; and 3) assessing what are “internal and/or external” influences for change (Goode, Theophano, and Curtis 1984:116). First, although it may be

difficult to establish the boundaries of *Latinidad* because Latino immigrants are such a diverse group of people, the act of recognizing and writing about differences in the data are central to Clarke's (2005) situational analysis. By conducting a situational analysis I can avoid one of the pitfalls often found in Latino health research: the failure to acknowledge and integrate the heterogeneity among Latinos into the analysis. Participants who came forward and identified as "Latino immigrants" in this project provided me with active conceptualizations, assumptions, and practices vis-à-vis this ethnicity.

The second issue that situational analysis helps to address in this project is the problem of designating the level of analysis. Although I have chosen to collect data from fifteen Latino immigrant families in San Francisco, they are not the only unit of analysis as "...the situation of inquiry itself broadly conceived is the key unit of analysis" (Clarke 2005: xxxv). Interview data and field notes alone would not allow me to fully understand what other situational, structural, historical, and discursive elements present in the construction and enactment of *comiendo bien* and consequential for it. In my attempts to go "beyond the knowing subject" (Clarke 2005: 147, citing Prior 1997: 64), I theoretically sampled nutrition reports from Mexico and Guatemala, web pages of global fast food restaurants participants visited in Latin America, international and Latin American food companies.

The third issue is one that Goode, Theophano, and Curtis (1984) identify as problematic in ethnic foodways research: how to determine the "internal and/or external" influences on change. They (Goode, Theophano, and Curtis 1984:69) assert that "internal influences" are those attributed to changes in the group's shared food patterns, while "external influences" are those attributed to changes in the groups' income, geographic location, nature of work, and leisure activities. However, in a situational analysis there is no

need to think of individual, collective, or structural elements as separate from one another, or that only one of these elements can motivate change. In sharp contrast, in a situational analysis all collective elements present in the situation of *comiendo bien* among Latino immigrants are understood as constitutive of one another—they make each other up. Creating a social worlds/arenas map (Clarke 2005:110) can help capture the sites of actions, relationships, and commitments among collectivities.

This dissertation seeks to not only unpack *comiendo bien*, but also attempts to study cultural change and lay health practices in a postmodern, non-essentializing, process-oriented manner that is not positivistic and explicitly challenges such assumptions embedded in earlier related research.

PLAN OF RESEARCH

Aim #1: Examining the Lay Health Practice of *Comiendo Bien*: Interview and Ethnographic Data

In order to examine the lay health practice of *comiendo bien*, the primary data collection consisted of 27 in-depth interviews and participant observation of 15 Latino immigrant families living in San Francisco, California. I analyzed families in this project because “...food is not only a vehicle for good health, but also central to family life and culture...and well-being” (Horowitz et al. 2006: 642). Also, when researchers examine diasporic communities, they must conceptualize immigrants as part of a family. I began this project assuming that I would encounter a multitude of family formations, especially common in diasporic communities where family members are often separated transnationally (Alicea 1997; Hondagneu-Sotelo and Avila 1997) and have different documentation statuses.

Within these fifteen families, I only conducted interviews with the person in the family who was responsible for purchasing and preparing meals for the family. The family cook was chosen to be the key informant for the family because it would increase the likelihood of obtaining responses regarding *what* and *how* the family ate. Cooks generally prepare the food based on the knowledge about their recipients' food preferences, and in this case, negotiate the family's health through eating. I did not choose to interview all family members, including children, because of the difficulty of securing interviews with all family members at separate times. Had I had a team of bilingual interviewers, this would have been accomplished. In this sample, all the key informants were the mothers in the family. However, I also conducted participant observation at the families' homes, at the recruitment sites, and observed ten families during a time when the mother was preparing a meal for the family. This was done to compare the key informants' eating and health accounts with their and their family's actions.

Gaining Entrée: Addressing the Insider/Outsider Perspective as Second-Generation US Latina

Another substantive issue of this dissertation project is my own insider/outsider perspective (Hill Collins 1986; Beoku-Betts 1994). Here "...the insider is an individual who possesses intimate knowledge of the community and its members due to previous and ongoing association with that community and its members" (Labaree 2002:100). The assumptions behind being an insider are: a) that the researcher is thought to have greater access to the population; and b) can capture different elements of the research that outsiders are not able to understand. Being the child of two Latino immigrants has allowed me to learn Spanish and possess a comparative view of what it is to *do* Puerto Rican, Guatemalan, and US-American. I have mainly engaged with Puerto Rican culture, as my mother who is from

Puerto Rico, raised me. I also lived in Miami, Florida for five years, where I experienced discrimination by Latino immigrants, who felt that I was “not Latina enough.”

However, my advantage from my insider perspective is that I do speak Spanish, I still read and listen to Spanish print and digital media, and I cook and eat foods from Latin America. In the data collection process I realized that I was also an insider because many of the participants have children who are like me, second-generation Latinos. On a more *objective* note, I have also reviewed some of the history of Latin American migration to the United States. These activities have deepened my understanding of some of the situations Latino immigrants experienced in Latin America and what they experience now living in the United States.

Despite my insider perspective, I am increasingly an outsider. Latino immigrants are apprehensive about participating in research because they may fear disclosing their documentation status, or that of someone they know. There is currently a discourse circulating in Spanish media that current and past immigration policies (i.e., IRCA 1996, Proposition 187), will sanction even those undocumented immigrants who have lived in the United States for decades (Wilkin and Ball-Rokeach 2006). Latino immigrants were also hesitant to participate in my research because they were not familiar with research processes per se and do not trust researchers’ responsibility to ensure their participants’ confidentiality and safety. There are also more practical reasons for not participating in this study such as hesitations about having a stranger visit their home to observe (judge) their actions, their food, and their family. In this study, I immediately realized that I was an outsider when I heard their migration stories and their situation of poverty in Latin America. My experiences

growing up in the United States have placed me in a position of privilege in comparison to their experiences.

The Field Sites: Mujeres Unidas Y Activas and CARECEN

To deal with being an outsider and the difficulty of recruiting Latino immigrants, I decided to contact various non-profit organizations in San Francisco dedicated to serving Latino immigrants. The most supportive organizations were two non-profit organizations, *Mujeres Unidas y Activas* (MUA) or United and Active Women, and CARECEN (the Central American Resource Center). *Mujeres Unidas y Activas* is a grassroots organization dedicated to empowering and engaging Latina immigrants in civic and political matters. My contact at *Mujeres Unidas y Activas* was the Director of the “Caring Hands Project” which is a labor union dedicated to promoting fair working rights for undocumented child and elder caregivers. CARECEN is a community center that strives to provide social, legal, and wellness programs to Central Americans, while promoting community leadership among Central American families. However, several South Americans and Mexicans use their programs, too. My contact at CARECEN was the Program Director for the *Cuerpo Sano ¡ACTÍVATE!* Program (Healthy Bodies, Activate!). Both of these sites are spaces where Latino immigrants in San Francisco comfortably and actively participate. More importantly, these organizations have thrived for decades because of constant referrals of new immigrants to their programs.

I started collaborating with these organizations in September 2007, when I introduced my project and brought samples of my recruitment materials. The feedback I received from both directors allowed me hone my recruitment strategies. Their suggestions helped me to simplify the language of the recruitment flyer and to decide the time between the

participants' first and second interviews. Initially, I wanted to interview participants within six months from their first interview, but the directors brought to my attention that the participants would lose interest. After two months, I obtained permission from the Board of Directors from each organization and established memos of understanding between the organizations and myself. This memo of understanding delineated the capacity of our collaboration, the length of recruitment at each site, and a disclaimer that I was not allowed to breach the participants' confidentiality by disclosing which of their clients participated in the study, nor any personal information shared during the interviews. Under these conditions contacts at each organization agreed to inform their clients about this project, posted flyers at their centers, and allowed me to recruit participants during outreach events. In return, I volunteered six hours each week at both organizations between January 2008 and June 2008. Although volunteering was time-consuming, it was an important way of becoming part of the Latino immigrant community in San Francisco.

Volunteering at MUA consisted of providing informative presentations. My first presentation was informing Latina immigrants about their rights during participation in a research or clinical study, which really allowed clients at that organization to trust me. I organized three other presentations with the help of other experts who could provide the information MUA requested such as child development. The *Cuerpo Sano* Program is an afterschool physical activity and healthy eating program meant to encourage healthy lifestyles among youth of color, between the ages of 10 to 18. I volunteered in this program between February 2008 and June 2008. It was here that I was able to learn more about the children of Latino immigrants in San Francisco. I felt most comfortable at this recruitment

site because of the presence of all the young people. The younger people were not scrutinizing me in the same way or as much as the older adults at *Mujeres*.

The Recruitment Process

Recruitment for this study started in January 2008 and ended in January 2009. In addition to actively recruiting within these two organizations, I posted several flyers throughout the Mission District at grocery stores, laundromats, cafes, and Latino restaurants. Persons who learned about the study generally called me to express interest. I screened them for eligibility. Families were allowed to participate in this study if the key informant was: 1) 18 years of age, or older; 2) an immigrant from a Spanish-speaking, Latin American country; 3) the person responsible for buying and preparing food for their family; and 4) whose family had no plans to move from San Francisco six months after enrolling in the study. All of the key informants in this study were mothers, as no males called inquiring about this study. Potential participants were excluded if: 1) they did not speak Spanish or English; 2) they were second- or more generation Latinos; and 3) they planned to move from San Francisco within six months. If they met the inclusion criteria, I asked them to choose a pseudonym to be used in all transcripts. I used the pseudonym in conjunction with their identification number on their files. I usually scheduled their first interview within the same phone call.

Ethnographic Family Demographics

As a result of my recruitment strategy, I had ten people respond to the flyer distributed at *Mujeres Unidas y Activas*. Of these ten, nine participants consented to participate. I had five people respond to the flyer distributed at *CARECEN* and of these, four consented to participate. One person responded to a flyer posted at a grocery store in the Mission District and another participant was a snowball referral.

Table 1.1 *Key Informant Demographics*

Key Info*	Sender Country	Time in US	Family Size	Marital Status	Neighborhood	Single-Parent	Rural/Urban	English
Mariela	Peru	4 months	2	Divorced	Bayview/HP	yes	Urban	
Maria	Honduras	1 year	3	Partnered	Bayview/HP	no	Urban	
Margarita	El Salvador	2 years	5	Married	Mission	no	Urban	
Mari	Peru/Mexico	3 years	2	Divorced	SoMa	yes	Urban	
Denise	Nicaragua	3 years	2	Married	Outer Sunset	yes*	Urban	
Claudia	Mexico	4 years	4	Divorced	Mission	yes	Urban	
Ashley	Guatemala	7 years	4	Divorced	Mission	yes	Urban	
Lorena	Mexico	9 years	3	Partnered	SoMa	yes	Rural	Y
Mari Cruz	Peru	11 years	4	Married	Mission	no	Rural	
Susana	Mexico	11 years	5	Married	Excelsior	no	Urban	
Rosa	Mexico	12 years	4	Married	Noe Valley	no	Urban	
Veronica	El Salvador	13 years	4	Married	Mission	no	Rural	Y
Vicky	Mexico	12 years	5	Divorced	Bayview/HP	yes	Rural	Y
Selena	Mexico	15 years	4	Married	Bayview/HP	no	Rural	
Malena	Mexico	16 years	4	Divorced	Mission	yes	Rural	
*Pseudonyms used at all times								

Fifty three percent of the families were headed by a single-mother. Most of the single mothers were divorced within the last five years living in San Francisco. The median family size was four people, where the smallest family was two persons and the largest family was six. The median time in US for the key informants was nine years, where the shortest time in the US at the time of the first interview was four months and the longest was sixteen years. Most of the key informants who had lived in San Francisco for over ten years did not feel comfortable speaking English, but understood the language (See Table 1.1). Seven of the key informants' husbands had lived in the US 1 to 16 years prior to their wives' migration to the United States.

All but one of the key informants from Mexico, or their husbands, had a vocational certificate (plumber, cosmetologist, mechanic, etc.), a post-secondary degree (Associates degree or more), or a service or managerial position in Mexico. Meanwhile, the majority of Central American and South American key informants had a vocational certificate, a post-

secondary degree, or worked in a service or managerial position in their country. This is important to note because the Central American and South American families were considered middle and educated classes in their countries and now came to experience downward mobility in the US (Portes and Rumbaut 1996).

Although I did not specifically inquire any information regarding income, I can say that the majority of these families did not have adequate living conditions for their family size. Only two families owned homes, while twelve families rented studios or apartments, and one family was living in a shelter. Of those who rented their living space, three families lived in a studio apartment which is basically a room, with a separate kitchen, and a bathroom. There was even a four-person family who lived in a studio apartment. Another four person family lived in a trailer. Nine of the families sampled used food assistance programs, including food banks, Supplemental Nutrition Assistance Program, (food stamps), and the Special Supplemental Nutrition Program for Women, Infants and Children, which suggests they had food insecurity. Most of the participants did not perceive themselves as poor, but from my perspective as a sociologist, the participants were not of many means.

Who are Latino immigrants in this Study?

The fifteen families in this study represented six Latin American countries: El Salvador, Guatemala, Honduras, México, Nicaragua, and Perú. There were five families in which the parents were Latino immigrants from two different countries, México and El Salvador ($n=3$) or México and Perú ($n=1$), and Guatemala and Perú ($n=1$). Of these dual nation households, only one woman met her husband outside of the US. This means that half of the children in this sample grew up with parents from two different nationalities, but they were raised in the US. Eight of the mothers entered the US between 1992 and 1999, while

seven of the mothers entered between 2000 and 2008. Those Latina immigrant mothers who entered the US before 1999, I grouped as “earlier immigrants,” while who arrived on and after 1999, I grouped as “recent immigrants” because major differences between food shopping, use of technology and eating habits could be drawn between these two groups.

Table 1.2 *Reasons for Migration*

Pseudonym	Country	Year of Entry	Reason for Migrating	Rural/Urban
Malena	México	1992	Economic	Rural
Selena	México	1993	Spousal Reunification	Rural
Veronica	El Salvador	1995	Safety/Family Reunification	Rural
Rosa	México	1996	Economic/Spousal Reunification	Urban
Vick	México	1996	Economic	Rural
Mari Cruz	Perú	1997	Safety/Spousal Reunification	Rural
Susana	México	1997	Economic/Family Reunification	Urban
Lorena	México	1999	Family Reunification	Rural
Ashley	Guatemala	2001	Safety/Economic	Urban
Claudia	México	2004	Economic/Spousal Reunification	Urban
Denise	Nicaragua	2005	Economic/Spousal Reunification	Urban
Mari	Perú/ México	2005	Spousal Reunification	Urban
Margarita	El Salvador	2006	Economic/Spousal Reunification	Urban
María	Honduras	2007	Economic/Spousal Reunification	Urban
Mariela	Perú	2008	Safety/Economic/Spousal Reunification	Urban

Regardless of their entrance into the US, most participants migrated to the US for economic reasons and to reunite with their spouses (See Table 1.2). “Economic reasons” refers to a participants’ statements that they came to the US because they had been living in poverty, wanted better economic opportunities, or their families sent them to work and support their families from the US. Three families had both parents who entered the US legally, while most parents were smuggled into the country. Ten of the mothers and their partners were undocumented immigrants when they entered the country. Five families have

legal permission to live and work in the US. Two mothers entered the US legally, two mothers and their spouses were awarded residency after going through an extensive application and screening process, but one mother and her spouse overstayed their visas and continued living in the US as undocumented immigrants.

There were also five families who had mixed documentation status among family members, very common in the Latino immigrant community. Specifically, parents are commonly undocumented, while their children are natal US-citizens. Most of the children in the families sampled are US citizens because they were born in San Francisco. This is important in Chapter Five when I describe how children are interpreting and often resisting principles of *comiendo bien* through their citizenship privileges.

Most of the families in this study ($n=11$) lived in neighborhoods that were considered “Areas of Minority Concentration for Foreign-born Hispanics in San Francisco” by the US Census Bureau (2007). These Latino immigrant families generally lived among other Latino immigrants (See Figure 1.2). Most lived in the Mission District ($n=7$), which was expected since it is where the recruitment sites were located. As mentioned earlier, the Mission District has been considered the Latino neighborhood in San Francisco for decades.

The second neighborhood families resided was in Bayview ($n=4$), considered the African American neighborhood in San Francisco, but actually also has Asian and Latino families residing there. There was also a group of families that lived in South of Market, or SoMa, ($n=2$). One family lived in the Outer Sunset. The Bayview, SoMa, and Outer Sunset neighborhoods do not have as many Latino businesses or chain supermarkets as the Mission District, but these family members used services in the Mission more than twice a week for school, afterschool programs, work, buying groceries, or other services.

FIGURE 1.2 Latino Immigrant Areas of Concentration in San Francisco



Data Collection of Interviews and Participant Observation

Data collection for the interview and ethnographic portion of this project started in February 2008 and ended January 2009. A key informant within each family completed two in-depth interviews during two separate occasions regarding their beliefs and practices around “healthy eating” both in the United States and in their home country. I did not complete Time 2 interviews with three families. One participant did not come to the second interview on two separate occasions, nor did she return my phone calls to reschedule the interview. Two participants did not return my phone calls to schedule a Time 2 interview. No one formally requested to withdraw from the study. I used a semi-structured interview guide

that was approved by the Committee on Human Research at the University of California-San Francisco to conduct the interviews (Appendix A). I used probes accordingly.

Interviews took place at a time, location, and in a language (English/Spanish) of the participants' choice, for approximately one hour. All of the participants conducted their interviews in Spanish. The time between the first and second interviews varied anywhere between six weeks and five months, with the median time between interviews being 3 months. I called participants four weeks after the first interview to schedule the second interview. Before the second interview, I re-read the field notes from the first interview, the transcript (if available) and listened to the interview recording to generate a list of clarification questions.

If no interviews took place at the participants' home, I asked the key informant if I could complete a home visit at a time when the participant was preparing a meal. At the end of each interview and/or visit, the participant received a \$20 gift certificate to Safeway, with a maximum of \$60 compensation. Interviews and field notes from recruitment sites and home visits were transcribed verbatim and organized in *Atlas.ti 5.2* software.

Aim #2: Identifying the Transnational Processes that Sustain and Transform Comiendo Bien

Although I used Appadurai's (1996:33) global cultural flows (*technoscape*, *mediascape*, *ethnoscape*, *ideoscape* and *financescape*) to help identify the transnational processes in the interview and ethnographic data, this research required multisited data (Clarke 2005) to create a grounded theory regarding the transnational processes that mediate Latino immigrants' diet before migration. Situations emerged in the interview and ethnographic data in which immigrant families revealed they had had "Western" dietary

practices in their sender countries and in which the families abroad had similar or different dietary practices in their sender country. There were also other convergences in the economic, political and discursive situations between San Francisco and the participants' sender countries.

The situations that emerged in the interview and ethnographic data that warranted the investigation of additional textual and visual materials were: a) access to health care; b) three of the participants had lived in another country prior to moving to San Francisco; c) four of the participants had participated in nutritional education programs or interventions in their sender country; and d) migrants arriving after 1999 had eaten regularly at global fast food restaurants in their country.

Theoretical sampling is a technique developed by Glaser and Strauss (1967) where the researcher chooses new research sites or research cases in order to gain a better and deeper understanding of an emergent phenomenon under study. Therefore, I theoretically sampled nutrition reports from the National Institute of Public Health (el *Instituto Nacional de Salud Pública, or INSP*) in Mexico and the Nutritional Institute of Central America and Panama (*Instituto Nutricional de Centroamérica y Panama, or INCAP*) in order to identify what kinds of nutrition interventions are taking place in Latin America and if there were differences in the presentation of nutrition discourses. Reports between 2000 and 2007 were sampled because key informants who migrated after 1999.

I also theoretically sampled websites of global fast food restaurants that some of the participants had frequented prior to migration and websites for transnational food companies selling processed foods the participants continued consuming in San Francisco. Per the request of my external committee member, Profesor Jeffrey Pilcher, I obtained a California

Studies Grant to travel through Mexico and El Salvador in November 2008 to observe how rural and urban people ate. This traveling ethnographic opportunity allowed me to meet some of the nutrition and public health researchers at National Institute of Public Health in Mexico (INSP) regarding my study.

The inclusion of these textual and visual discourses was based on Clarke's (2005:155) three possible foci of discourse analysis in situational analysis studies: "1) negotiating discourses in social relationships/interaction; 2) producing identities and subjectivities through discourse; and 3) producing power/knowledge, ideologies, and control through discourse." The examination of the nutrition reports is related to the way that Latina immigrant mothers, and in some cases their families abroad, negotiated healthy foods in the practice of *comiendo bien*. Latina immigrants' discursive engagement with nutrition is a way they differentiate themselves from other Latino immigrants. Also, the examination of the fast food websites allows me to understand why these families justified their use for the consumption of fast food when they otherwise demonized processed foods. I will analyze whether these discursive processes perpetuate or create mechanisms of power, resistance, or knowledge around the construction and practice of *comiendo bien*.

ANALYSIS

All interview data, field notes, and memos of the textual materials were systematically analyzed using grounded theory coding and analytic memoing (Strauss and Glaser 1967; Strauss 1987; Strauss and Corbin 1998; Charmaz 2006). This allowed for the discovery of basic social processes (Strauss and Glaser 1967; Strauss and Corbin 1998), and sensitizing concepts (Blumer 1969). Throughout the analysis I also created situational maps (Clarke 2005) to identify all of the human, nonhuman, discursive elements that were present

in the data. Social Worlds Arenas maps (Clarke 2005) were created to capture the meso-level activities between the Latino immigrants in this sample and their engagement with food arenas, nutrition arenas, immigration arenas, and the Latino diaspora. All of the data were in Spanish, so I analyzed them in Spanish and then translated codes, interview excerpts, and other text that were included in this dissertation. However, there were instances when the best way to capture a meaning or action was to use an English code. So, many of my codes are in English and in Spanish, depending on which language I felt better captured the action or category.

Grounded theory is a method which requires data collection and analysis to occur simultaneously. So in the process of open-coding initial interviews and field notes, I produced short memos describing the codes and drawing relationships between codes. The first four transcripts and interview field notes underwent a process of word-by-word coding because I wanted to remain open to any new directions for theoretical sampling, or possible changes in the interview guide. This is congruent with the conceptualization of grounded theory where theory and analytic questions are developed abductively from the data.

Once I started collecting Time 2 interviews, I transitioned into line-by-line coding and continued producing memos about the codes and the relationship with other codes. The process of selective coding continued after I had completed all of the interview and field data. When it came to the analysis of the nutritional reports, visuals in these reports, and the food websites, I only word-by-word coded the websites. I created memos for the nutritional reports and visuals in the nutritional reports, which I then line by line coded. At that point, there were already a set of social processes, categories, and relationships that I wanted to work with to develop my grounded theory. I continually found myself integrating memos and

returning to the data during the writing process because my diagrams or situational maps would have a missing component, or an unclear relationship.

Synthesis of the field data and the textual data was created by producing situational maps, social worlds arenas maps, and positional maps analyzing both types of data together. I further integrated across data sources by using the same codes and categories when analyzing the data. Therefore, I created an “integrative mapping and analysis” (Clarke 2005:176) because I wanted to determine the social, discursive, political, economic and cultural elements involved in the situation of producing or changing *comiendo bien* among Latino immigrants.

ORGANIZATION OF CHAPTERS

Chapter Two, “Problematizing Acculturation and Diet Research among Latino Immigrants in the US,” provides an overview of the scientific, theoretical, and historical literatures which support the need for this investigation of *comiendo bien*. Chapter Three provides a multifaceted description of *comiendo bien*. In this chapter, the reader learns how *comiendo bien* is embodied, experienced in time, discursively informed, and how is it enacted. Chapter Three also presents the main analytic categories that will be used consistently throughout the dissertation such as *feeling full*, *memories of mmm...*, *replicating mamá*, *duty to the family*, *comida casera* and *comida callejera* (homemade food and street food), and *imaginary naturalness*.

The substantive chapters of this dissertation are organized to guide the readers through changes to *comiendo bien* from the time that participants lived in their sender communities, through their migration trajectory, and into their everyday lives in San Francisco. Chapter Four, “The Transnational Situations and Processes that Transform

Comiendo Bien,” presents the dietary and discursive changes in *comiendo bien* that were a) occurring before the key informants’ migrated to the US, and b) which they witnessed when they returned to their sender communities after many years. There are also particular differences in the eating practices between “earlier immigrants” (before 1999), and “recent immigrants” (after 1999). Specifically, some Latina immigrants’ diets already resembled a “Western diet” (Popkin 2003; 2008) due to migration trajectories and the modernization of food production and consumption in their countries.

Chapter Five demonstrates changes in the practice of *comiendo bien* specific to place. What are Latino immigrants’ unique experiences of living in San Francisco? How does the social, legal, political, and economic situation of being an immigrant in San Francisco change the discourses and practices of *comiendo bien*? Earlier immigrants’ changes to *comiendo bien* that they experienced living in San Francisco in fact, were changes or regularities in the recent immigrants’ practice of *comiendo bien* in their respective, sender countries. However, the changes that occur in the “earlier immigrant” families’ practice of *comiendo bien* are not attributed to the same reasons as they were in Latin America. Instead, the easy availability of food and the position that Latino immigrants have in San Francisco intensify changes in both the practices and discourses producing *comiendo bien*.

Chapter Six, “The Juxtaposition of *Comiendo Bien* and Nutrition: The Negotiation between Satisfaction and Nourishment,” serves as a culminating chapter to demonstrate that families never fully abandon the practice of *comiendo bien* for those of nutrition discourses. Rather than relinquishing *comiendo bien*, I demonstrate how they negotiate between two discourses, *eating for nourishment* and *eating for satisfaction*, to help determine what foods are healthy to consume. Moreover, the transnational transmission of nutrition discourses

encourages this re-positioning and negotiation of *comiendo bien* to *healthy eating*, under certain conditions.

Last, Chapter Seven, “The Transnational Processes Involved in Sustaining and Transforming *Comiendo Bien*,” summarizes the findings from this dissertation and explains how I accomplished my goals of examining the practice of *comiendo bien* and identifying the transnational processes involved in its manifestation. A preliminary grounded theory describing how *comiendo bien* can be mediated by transnational processes is presented, integrating the main findings from each chapter. Ultimately, I use Charmaz’s (2006: 182-183) criteria for evaluating grounded theory, *credibility*, *originality*, *resonance*, and *usefulness*, to lay out what are the future directions and implications of this dissertation research for medical sociology, public health, and policy.

The Unanticipated Findings: What stories do I hope to tell through the participants’ practice of *comiendo bien*?

Returning to the intersection of gender and health, I pursued this dissertation project to provide a window into Latina immigrants’ perspectives about promoting health in their families through food and eating. Nutritional recommendations from federal agencies, food companies, and clinicians are taken-for-granted to be beneficial for all persons. In many ways, the lay health practice of *comiendo bien* has many attributes that I believe nutritionists would celebrate. The implicit goal of this dissertation is to enrich and extend bodies of health research which assume that a conventional Western model of nutrition is the universal and most appropriate approach to healthy eating. The last story I want to tell is how the transnationality of structural and situational elements problematize the way Latin Americans

or Latino immigrants are constructed in acculturation and diet research, where they are not constructed as modernized subjects prior to settlement in the US.

These three stories are meant to encourage health researchers, including medical sociologists, to reformulate their assumptions, research questions, and methods used in diet and Latino immigrant health research. There are a set of ethnic stereotypes that pervade US health research, including: 1) Latina immigrants were **not** part of the workforce prior to their US settlement; 2) that Latino immigrants ate healthier in Latin America than they do in the US; and 3) Latino immigrants in California are only Mexicans. As Chimamanda Adichie (2009) said, “The problem with stereotypes is not that they are untrue, but they are incomplete” (“The Danger of a Single Story”). Similarly, the assumptions of health research about Latino immigrants are not untrue; they are partial representations. Nor can I present the whole story! The danger with relying on one story in health research is that interventions and medical protocols will fail to be culturally-sensitive. Instead, health professionals are ineffective at addressing the diversity of Latino immigrants such as their multiple classes, geographic, and educational statuses prior to migration, as well the context of their new homes in the United States.

Latino immigrants experience the US in different ways because of their differences: some are documented, some entered illegally, some are illiterate, some traveled internationally, and others have a university education. Meanwhile, the United States is itself a culturally diverse, politically polarized, and regionally distinct country. Thus, Latino immigrants are different, even between US cities. It was challenging describing the representations of *comiendo bien* by families from different socioeconomic backgrounds and various family compositions. From a racial perspective, in this sample, no matter how white

and blue-eyed a Latino immigrant was, once their documentation indicated their country of birth or their accent was detected in public settings, they all shared stories of stigma. Unfortunately, in the US, Latinos are the scapegoat of local and national economic crises. So, their descriptions and practices of *comiendo bien* were laced with economic, legal, and racial/ethnic struggles in San Francisco. It was impossible to ignore this in the analysis.

It is also impossible to capture every story in one research project. But in the vein of situational analysis, I attempted to capture multiplicity in my sample by recruiting families from several Latin American countries, and extending the sample of nutritional reports from Mexico and Central America. I hope that my presentation of Latina immigrant mothers' work in negotiating healthy eating and family encourages the development of new theories of transnational labor, new methodologies, and interventions that acknowledge Latino immigrants' unique experiences. Although Latino immigrant families are diverse, they also identify with one another in terms of family expectations, and organize together for political and social causes. Thus, it is possible to create medical protocols and health interventions addressing Latinos immigrants because they do share many cultural norms and expectations resulting from a history with the United States and Western colonization.

After reading this dissertation, I hope readers come to understand 1) that “eating well” for Latino immigrants is as much a social practice about *eating* as it is about diet and *what* to eat; and 2) that the structural and social psychological turning points in the participants' idealized practice of *comiendo bien* are transnational, situational, and intersectional. Readers will be disappointed if they seek a detailed, comparative account of differences between Latino subgroups' foodways. This has been done elsewhere, particularly Diva Sanjur's (1995) nutritional accounts of Latin Americans' food. What people eat and the

ethnic foods that they prepare are taken into consideration. However, this dissertation examines *how* people eat in ways to maintain their family's overall well-being, and *how* what they eat is changing because of transnational, modernizing practices and discourses.

CHAPTER TWO: BACKGROUND LITERATURE: JUSTIFYING THE NEED FOR AN INTERPRETIVE, TRANSNATIONAL APPROACH TO LATINO IMMIGRANTS' DIET

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Introduction

The goal of this chapter is to provide a brief review of the research and scholarly literature that prompted the investigation of *comiendo bien* as a lay health practice that is undergoing transnational changes. First, I present acculturation and diet research about Latino immigrants. Fundamentally, this research demonstrates that diet is a variable to consider vis-à-vis Latino/a health. This dissertation follows by providing much needed information about the meanings and actions that Latino immigrants attach to food and eating.

Second, I will present a brief summary of work describing the “nutrition transition” in Latin America (Popkin 2001; Popkin 2003; Popkin and Gordon-Larsen 2004; Caballero 2005; Popkin 2008). This literature came about during the 2000s in which Barry Popkin, and those who followed, discovered a paradox in which developing countries had both high numbers of malnutrition and growing numbers of overweight and obese adults. There are more deaths from heart disease in the developing world than in the developed world (WHO 2005). This research activated my main criticism of acculturation and diet research, which assumes changes in health behaviors and health outcomes among immigrant populations from developing countries only occur after settlement in developed countries. The “nutrition transition” may indicate that Latino immigrants may already be coming to the US with many negative, Western dietary habits.

Third, the chapter will continue by presenting sociological, anthropological, and some historical literatures that facilitate the understanding of *comiendo bien*. Specifically, overviews of the foodways literature, the contemporary history of Latino migration to the United States, and the globalization of food production and consumption are offered.

LATINO ACCULTURATION HEALTH RESEARCH

The Relationship between Acculturation and Diet among Latino immigrants

The participants in my pilot study (Martinez 2005) were not the only Latina immigrants to identify the importance of “eating well” and health. Other researchers (Aldrich and Variyam 2000; Coronado et al. 2004; Higgins and Learn 1995; Horowitz et al. 2004) have also reported the importance that Latinos give to diet as a method of health promotion. For example, Aldrich and Variyam (2000:54) found that “Spanish-speaking, Hispanics attached more importance to having a healthful diet than Whites and English-speaking, Hispanics.” Yet, this fairly, well-noted relationship between good eating habits and health among Latino immigrants is not reflected in the research that reports a rise in obesity and/or diabetes within this population (Woodruff et al. 1997; Popkin and Udry 1998; Sundquist and Winkleby 2000; Bertrera, Bertrera, and Shankar 2003; Abraido-Lanza, Chao, and Florez 2005; Antecol and Bedard 2006; Escamilla and Putnik 2007; Winkleby et al. 2006).

Some health researchers believe that increasing rates of obesity and diabetes among Latinos may be attributed to the erosion of a previously healthy diet that change as a result of US acculturation (Aldrich and Variyam 2000; Guendalman and Abrams 1995; Hubert et al. 2005; Neuhouser et al. 2004). This process of erosion includes decreasing consumption of fresh produce and whole grains, while consuming more fats, fast foods, and processed foods. However, other researchers assert that acculturation to U.S. culture leads to better dietary practices such as increased consumption of fruits and vegetables (Edmonds 2005; Otero-Sabogal et al. 1995), and decreased consumption of fried foods (Otero-Sabogal et al. 1995). Interestingly, Akresh (2007: 404) found Latino immigrants’ dietary changes as a result of immigrating to the United States “is positively correlated with both better health and worse

health.” Thus, the relationship between change in diet and acculturation remains unclear and may not fall into commonly expected epidemiological patterns.

Most disturbing, all of the studies cited above assume that changes in health practices among Latinos can be attributed to this poorly defined and operationalized process of acculturation. Briefly, according to Abraído-Lanza and colleagues (2006:1342), “Acculturation refers to the process by which immigrants adopt the attitudes, values, customs, beliefs, and behaviors of a new [host] culture.” This definition has very old roots in Robert E. Park’s (1950) theory of assimilation. In this theory, immigrants encounter people and institutions in the host culture and over time replace attitudes, values, customs, beliefs and behaviors of their home country with those of the dominant, host culture.

Another acculturation theory often used in public health and epidemiological research is that of J.W. Berry (1996), whose model asserts that acculturation is a dual engagement between the ethnic minority and the dominant culture. In Berry’s model (1986) there are four possible outcomes of acculturation: 1) assimilation (adopting the dominant culture); 2) integration (integration of both cultures); 3) rejection (allegiance to ethnic culture) or 4) marginalization (alienation from both cultures). There are several health researchers (Hunt, Schneider, and Comer 2003; Lara et al. 2005; Abraido-Lanza et al. 2006; Pérez-Escamarrillo 2007) who acknowledge that both of these theoretical models are antiquated in understanding how cultural change mediate health behaviors. But, I believe that Park’s theory of assimilation and Berry’s model of assimilation continue to dominate health research, because linear and dichotomous view of cultural change facilitates quantitative analysis. For example, much of the acculturation and diet research use correlational statistics to observe the strength between acculturation and some health outcome or health behavior. These are measured as

individual-level variables which could be obtained through survey responses. In order to find how the value of acculturation (e.g., length of time in the US, language spoken, and ethnic affiliation and media language preference) affects the value of a health outcome or health behavior, researchers often use linear regression statistics and multi-level modeling.

There is nothing inherently wrong with using statistics, but there are two major problems with the way scholars use statistics in acculturation research. First, the operationalization of acculturation is overly simplistic. A narrow interpretation of these theories suggests that immigrants relinquish or attain a culture, which is translated into a variable with a dichotomous value, perfect for statistical use. This leaves very little room to examine people's intersubjective interactions in their everyday worlds, which could not be done with these statistics. Second, English proficiency, media preference, and ethnic affiliation may be related to health outcomes and dietary changes; however, these relationships have not been theorized in the detail needed to justify linear independence between variables and the dismissal of confounding variables.

For example, Smith and colleagues' (2005) research on sustaining the consumption of high fiber foods among Mexican mothers encourages nutrition professionals to consider their client's "stage in the acculturation process." This assumes that cultural behaviors undergo changes within determined, fixed stages that people enter and exit until they "reach" assimilation. In contrast, this dissertation research demonstrates that the movement between new eating practices and old ones are situational, and shaped by class status, economic access to foods, local food systems, situational arrangements, family members, health conditions, and prior participation in nutrition programs, whether in Latin America and the United States.

In studying *how* the cultural practice of *comiendo bien* changes with migration, I have found that extant acculturation scales often used in health research, do not consider the influences of history or the transnational modernization of food production and consumption. These include the Short Acculturation Scale for Hispanics (Marin et al. 1987) and the Acculturation Rating Scale for Mexican-Americans (Cuellar, Arnold, and Maldonado 1995). The work of Satia-Abouta and colleagues (2002) who sought to rectify the oversimplification of extant acculturation models, created the most comprehensive model of dietary acculturation that assessed the multiple factors involved in changes to immigrants' diets. Satia-Abouta and colleagues' (2002:1107) model of dietary acculturation assumes that immigrants carry with them "socioeconomic and demographic factors" and "cultural factors" that are then "exposed to the host culture" upon settlement. This exposure to the host culture leads to changes in both the "psychosocial factors and taste preferences," and "changes in environmental factors," which then create changes in immigrants' dietary intake (Satia-Abouta et al. 2002:1107). To date, there are no published reports using Satia-Abouta and colleagues' model of dietary acculturation.

Satia-Abouta and colleagues' model draws attention to the fact that acculturation scales cannot measure dietary changes and suggests further areas of examination. However, they too make unfounded assumptions about immigrants. First, they assume immigrants have exposure only to the host culture (e.g. USA) upon settlement in the host country. Second, immigrants also have exposure to other ethnic groups living in the United States, regional diets, and their foods, all of which contribute to changes in dietary habits. Like previous researchers, Satia-Abouta and colleagues (2002) assume that certain foods (e.g., hamburgers) are located only in the West, when such foods are available and eaten in the developing

world. Satia-Abouta and colleagues' (2002) assume that immigrants should be encouraged by health practitioners to "maintain traditional diets." Researchers would not be so keen about making such recommendations if they knew what food immigrants had consumed in their respective countries. Often, health research about Latino health and acculturation does not provide empirical evidence, much less theoretical analysis regarding health behaviors prior to migration. Instead, conclusions are supported largely by "ethnic stereotypes" (Hunt, Schneider, and Comer 2004:973) and assumptions about Latinos' pre-immigration health experiences.

Diet and Health Research among Latinos: The Latino Paradox

Health researchers have found it difficult to explain why Latino immigrants' have better health indicators than US-born Latinos, especially in overall mortality rates (Abraido-Lanza et al. 1999; 2002), low birth weights (Guendalman and Abrams 1995; Fuentes-Affleck 1997; Fuentes-Affleck, Hessol, and Pérez-Stable 1999) and certain cancers (Markides and Coreil 1986). Health researchers believe if foreign-born Latinos have lower socioeconomic status, use fewer health care services (Berk et al. 2000), and have limited language proficiency then their "healthier" statistics must be attributed to their diets (Markides and Coreil 1986; Scribner 1994; Scribner 1996). Indeed, some researchers have found that Latino immigrants in the US have better diets than US-Whites (Marks et al. 1990; Guendalman and Abrams 1995; Aldrich and Variyam 2000; Bermudez, Falcon and Tucker, 2000). Specifically, comparing Latino immigrants and US-born Latinos, immigrants consume more fruits, grains, and legumes (Ayala, Baquero, and Klinger 2008).

The contestation around the Latino paradox (as it relates to diet) is that the paradox has not been found or examined regarding health indicators other than mortality rates, cancer rates, and low birth weights (Abraido-Lanza et al 1999). More pertinent to this study, the

standards by which health researchers assess diets are not uniform. For example, Bermudez, Falcon and Tucker (2000) measured the intake of saturated fats and complex carbohydrates to evaluate healthy dietary intakes among Latino elders in the Northeast region of the United States. Meanwhile, Hubert and colleagues' (2005) variables for dietary practices focused on the consumption of high levels of fats, fast foods, fruits, and vegetables. They concluded that Mexicans who had lived longer in the United States consumed more fats and fried foods.

However, the components that most researchers are using and/or reporting in evaluating the dietary patterns of Latinos are generally the consumption of fruits, vegetables, fats, and grains. This is rather limited considering that the vitamins and minerals, the combination of foods eaten and the differences between types of fats (mono-, un-, poly-, omegas) are not elaborated. These distinctions are important because certain fats have effects on the body, while others do not. In addition, amount of fruit versus vegetables consumed is important because the body metabolizes fructose differently from other sugars. As demonstrated by Palmeri and colleagues (1998), paraprofessionals (e.g., dieticians) and primary care providers (e.g., NPs, MDs) do not share uniform nutritional information. In fact, the biochemical nutrition research changes frequently (Pollan 2007) and is largely conducted using healthy athletes or those who suffered from chronic illnesses as the research participants (Wilson, 25 July 2008). Furthermore, most health research about Latinos' and Latino immigrants' diets do not attempt to inquire what Latino immigrants themselves consider a "healthy diet." This is precisely why this investigation of *comiendo bien* will benefit public health researchers.

Obesity in Latin America: The nutrition transition

Problems of obesity and dietary excess are increasing among urban populations in middle-income countries. Barry Popkin (1998; 2002; 2008) calls these large shifts in diet within developing nations the “nutrition transition,” which occurs in three stages. The first stage is the “receding famine” stage in which a developing nation’s population is integrating a diet with a few staples of starchy, low-fat, high fiber foods (Popkin 2002). The current phenomenon of high prevalence of overweight and underweight in Mexico, Brazil, Chile, China are in the “degenerative diseases” stage, in which there is an increased consumption of high-fat, high-sugar processed foods, and subsequently an increase in non-communicable chronic disease such as Type II diabetes, cardiovascular disease, and hypertension. The final shift in the nutrition transition is the “behavioral change” stage, in which the population of a developed nation instills healthy dietary and lifestyle changes because they are distressed by the consequences of the “degenerative diseases” stage (Popkin 2002). To date, the final stage has never been reached in a developing nation (Rivera et al. 2004), and this stage assumes everyone in the population will interpret the increasing prevalence of non-communicable diseases as devastating and will have the economic means to support this healthy lifestyle. Moreover, people may not be aware of the severity of chronic illness in their society, or degenerative disease may not be affecting their immediate locale of status group.

The most common explanations for the “nutrition transition” include a decrease in physical activity (Rivera et al. 2004), the global availability of energy-dense processed foods (Popkin 1998; 2002; 2008; Rivera et al. 2004; Caballero 2005; Hawkes 2005), urbanization, and mothers working outside of the home reduce home cooked meals and increase the family’s consumption of processed food (Caballero 2005). I do not fully agree with the last

explanation because middle-class and lower-income women have always worked outside of the home in Latin America (Fernandez-Kelly 2008). Moreover, all but two mothers in this sample did not work when they lived in Latin America. Of those did work, they had mealtimes scheduled concurrently with their family members, or cooked before or after leaving to work. This explanation further perpetuates women's responsibility to feed their families.

Evidence demonstrating the "nutrition transition," from malnutrition to overweight/obesity, supports the need to study immigrants' pre-immigration eating experiences because often health researchers assume that Latino immigrants need to continue their "traditional" diets in the United States. Again, this assumes that their previous dietary habits were "healthy" by the researchers' standards. But, if there is a transnational "nutrition transition," could it be attributable to modernized and globalized food practices? Next, we shall see from foodways research why this might be possible.

SOCIAL THEORY AND SUBSTANTIVE AREAS THAT FACILITATE THE UNDERSTANDING OF COMIENDO BIEN

Anthropological, Sociological and Historical Foodways Research

To address some of the inconsistencies in research about Latino immigrants' diets, I offer sociological and anthropological descriptions of foodways, a concept from food studies. Foodways are basically the cultural, social, economic, and political practices surrounding the production and consumption of food for a group of people (Brown and Mussel 1984/1997). Foodways are examined in order to provide both more detailed descriptions about *what* Latinos eat and to provide an understanding about *how* Latino immigrants access, produce, construct, and consume food. Since I am approaching the literatures from an interpretive cultural studies perspective (Denzin 1992), I consider those areas of the food studies that take

into consideration relationships between social situations and social structures and how these influence people's identities and practices around food and eating. The study of consumption in foodways research can help us identify the sets of cultural symbols and values that are important in eating. In particular, it will help identify discursive and material sources of consumption such as media, group affiliations, and economic conditions needed to obtain food items in the market, as well as appropriate to one's status.

According to Baudrillard (1998) people often do not realize that consumption, or rather consumption that attempts to mimic that of the wealthy classes, is a form of social control and itself perpetuates social stratification. Thus, most people are held hostage to the "myth" that consumption promotes choice. For example, due to increased access to work and commodities Latino immigrants in Oboler's (1995) study felt they gained greater equality living in the United States than in their sender countries. Moreover, in Campbell's (2005:219) study of Mexican consumption comparing the border towns of El Paso, Texas and Juarez, Mexico found that Mexicans and Mexicans-Americans' increased purchasing of both Mexican and American foods allow for the "public display of wealth and spending money as a positive value."

Of theoretical import here, the consumption of certain foods recreates Western constructions of time and "modern" lifestyles. For example, Brewis and Jack (2005:50) seek to draw relationships between the employment and consumption of fast food asserting that "The intensification of the labor process and the extension of the working day may consequently be seen to provide reasons for the increasing attractiveness of expeditious forms of nutrition." Lack of time has become a status symbol, conveying the image of an important, productive, modern person, and frequent use of fast and convenience foods help

promote productive lifestyles. Food companies producing more fast and convenience foods perpetuate a “hasty lifestyle” (2005:52). If such foods were not readily available, it would force people to make time to plan their grocery lists and meals. However, since prepared food is widely available, cooking becomes less attractive.

From Brewis and Jack’s relationship between increased consumption of fast foods as a means to perform a hasty, modern lifestyle, one can argue that *comiendo bien* itself can undergo changes attributable to such consumption. For instance, if Latino families are experiencing fast-paced lifestyles with little time to prepare meals, they may be encouraged not only to consume more fast foods, but also consume their meals faster. It has yet to be discovered whether fast and processed foods are used in the same way by Latin Americans and Latino immigrants.

Consumption provides people not only with ways to negotiate and “do” identity positions (Kalcik 1994/1997; West and Zimmerman 2001), but also how such foods are consumed define what they mean. For instance, Lindridge, Hogg, and Shah (2004) investigate how South Asian women living in Britain use multiple identities across a variety of cultural settings to navigate and negotiate a variety of cultural borders. The consumption of clothing, *food*, leisure media, and music helped these women negotiate their identifications of being more or less British and/or South Asian in different settings among their family and friends. This work provides a tangible example of how the ways that people consume goods provides discursive tools to negotiate multiple identity positions.

The consumption of certain foods that are designated “ethnic” not only assists in the negotiation of multiple identity positions, the food itself is part of the process of the negotiating contradictory meanings. For example, Campbell (2005:227) writes that

Mexicans' eating in a US consumer culture involves creativity in the form of ethnic hybridity, but also perplexity. Ethnic hybridity lies in distinguishing their consumption of a tortilla or bread in distinct categories of Mexican and American. Likewise, *chile*, or the different variety of peppers in Latin America, continues to be "the archetypal mark of Latin American taste [that] is both exotic and basic, decoration and necessity, a mark of [both] cosmopolitan consumption and a sign of hunger" (Gonzalez 2003:269). Thus, symbolic meanings of food hold may change with the class and status of those who consume them. The foods themselves are not the only object that facilitate the enactment of identities, but also represent the core of subsistence for peasants, as well as the exotic symbol of Latin American metropolitan elites.

This brings us to the key identity issue in both the transmission of food practices and health practices—gender. Gender is central because in the division of labor allots to women the responsibility to feed and nurture families, partners, and communities (DeVault 1994). However, Gonzalez (2003) reminds us that cooking certain foods is gendered among Latinos: women do the everyday cooking in the kitchen, while men are generally in charge of grilling and cooking meats outdoors as a symbolic act of their masculinity (273).

However, patterned changes have occurred. Pilcher (1997) analyzes how the commercial production of tortillas and the co-optation of tortilla production from women's daily work has ruptured men's and women's identities within the family, particularly denigrated women's roles, halting sustainable agriculture, and influencing the creation of a national cuisine. Until the turn of the twentieth century, the production of tortillas was an arduous, time-consuming task that Mexicanas had to do. Women gleaned status and power in their families and communities through creating this staple (Pilcher 2004:237). However, the

mechanization of tortillas also freed up women's time and prompted personal sales of other kinds of artisanal products in local markets. From Pilcher's work, we can see how the production of foods that reinforce cultural symbols such as tortillas are also means of rupturing old and creating new meanings in identity. Here it is the change in the process of production and *who* or *what* is producing (from women to mills) that caused a "turning point" not only in an individual woman's status, but certainly in Mexicanas' sources of identity.

Pilcher (2008) also examines how the Mexican taco was actually a product of modernity, where the taco served as a quick meal for laborers along the US-Mexico border, as opposed to being a native Mexican staple. His analysis challenges our conceptualizations of "ethnic" foods. "Ethnic" foods, like identity position are fluid, contingent, and not at all universal representations of collectivities. His exploration of the taco also demonstrates how modifications in a recipe, such as the many variations of tacos, are symbolic, active negotiations between family customs and political positions. For example, during the early 20th century the affluent strata of Mexico distinguished themselves from the poor by enhancing the street version of the taco, using ingredients that the working class could not afford such as crepes, pastry cream, and edible flowers (Pilcher 2008: 29).

In sum, foodways research is a meso-level conceptualization of food and eating analyzed through the several facets of society: culture, economics, and politics. The presentation of a few ethnic foodways studies here provides us with added insights through which to consider "comiendo bien:" in the areas of consumption, identity politics, gender/family dynamics, and ethnic and class differentiation. "... [F]ood practices are implicated in [a] complex field of relationships, expectations, and choices that are contested,

negotiated, and often unequal” (Watson and Caldwell 2004:1), making this a difficult area to study. Nonetheless, it is still an area that needs to grow. One particular innovation is “mapping men and masculinities” into food studies (Julier and Lindenfield 2006). Although Latino men may not be charged with food preparation and the primary responsibility for health in the family, they are still part of the process. In addition, most of the foodways and sociology of food studies about Latinos to date have focused primarily on Mexicans and Mexican-Americans, ignoring other Latino subgroups such as Central and South Americans. In addition, research is needed that examines how health beliefs around food are influenced by larger social structures, including health care systems and food corporations.

The History of Mexican, Central American and South American Migration to the United States

The idea to include a history of Latino migration to the United States here stems from reading a line in Portes and Börocz’s article: “More than movement from one place to another in search of higher wages, labor migration should be conceptualized as a process of progressive network building...” (1989:614). There are many implications significant here. For example, even when immigrants settle into new countries that does not imply that they are isolated from previous locales and connections. In both the US and Latin America, communities continually share cultural practices with family and friends in both regions through collective, meaning-making processes today further facilitated by innovative communications technology. Health researchers have largely failed to acknowledge the history of Latino migration (Hunt, Schneider, and Comer 2003). Current acculturation focused health research recognizes the history of migration by inquiring Latinos’ years of residence in the United States. But this is not as sufficient as an analytic approach. This

section will provide a brief description of contemporary Mexican, Central American, and South American migration to the US, highlighting US political and economic involvement in each region.

Most Latinos/as in the United States are of Mexican origin and this population is at least twice as large as all other Latino groups combined (Gutiérrez 2004; Passel and Cohn 2009). It is rather unsettling to write about Mexican migration to the US because they were lawfully living in the Western United States, which was considered Mexico, prior to the Mexican-American War. So, it is safe to say that there has been migration between the US and Mexico for many years. In fact, US citizens were illegal immigrants on Mexican territories during Manifest Destiny (Figueredo 2007). So, I will primarily focus on Mexican migration during the 20th century.

One of the historical events that encouraged the migration of Mexican nationals to the United States during and after World War II, was the *Bracero Program*. The Bracero Program, initiated in 1942, was a labor program that recruited four million Mexican nationals to mainly harvest produce such as beets, cucumbers, tomatoes, and cotton in the fields of the Southwestern United States (Garcia 1980; Rumbaut 1997). The program was created to respond to the US labor shortages during WWII. However “...there is little evidence to support the argument...that a labor shortage existed [in the United States] to the point where they needed contract labor programs with foreign countries” (Garcia 1980: 14).

Only one out of ten men who applied for the Bracero Program was granted contracts (Garcia 1980:36). Many US agriculturalists and industrialists found it more affordable and less restrictive to hire undocumented workers (Garcia 1980:14). Consequently, there was also a large influx of undocumented Mexican immigrants who crossed the border during this time.

Illegal immigration was widespread during this time because finding work continued to be a challenge in Mexico, and US employers were more than willing to hire undocumented workers who were not protected under the Bracero Programs' laws. After World War II, the Bracero Program was maintained to assist the rapid expansion of the US economy (Rumbaut 1997: 20). The program was terminated by 1965 due to the increased mechanization of agriculture and the 1965 modification to the McCarran-Walter Act, which placed limits on the number of legal immigrants admitted from the Western Hemisphere (Rumbaut 1997). This later encouraged "Operation Wetback," (Garcia 1980), mass deportations of Mexican nationals and some Mexican-Americans to Mexico.

Migration of Mexican nationals to the US during the 1980s up to the present time continues for economic opportunities, or in the case of women, family or spousal reunification (Cerutti and Massey 2001). In contrast, Central American women who migrate alone, come to work in the United States and engage in transnational mothering. While they work in service labor and caregiving work in the US, they leave children in the care of other female in kin, and send remittances (Hondagneu-Sotelo and Avila 1997; Menjívar 2000; Hill 2004). The previous demographic of Mexican immigrants has changed, in which more urban, young, single men and women are migrating instead of persons from the rural areas of Central and Southern Mexico (Canales 2003). The increase of Mexican immigration to the US has also been attributed to globalization where increasing information industries in Mexico have reduced the need for low-skilled labor (Canales 2003). Since 2006, there has been a sharp decline in the number of new migrants from Mexico (Passell and Cohn 2009).

Mexicans are also migrating to new destinations in the South and in the Midwest because networks have already been established for Mexicans to work in the livestock industries.

Employers in this industry prefer to hire undocumented immigrants because they are less inclined to follow occupational and environmental health codes consistently if their employees are primarily workers unprotected by federal laws. Moreover, the livestock employers offer cash incentives to those Mexicans who refer friends (Waters and Jimenez 2005). This is an example of how diasporic communities use their networks to produce flows of new migrants.

Central American Migration

As Arturo Arias (2003:168) writes, Central Americans are an “invisible” Latino group in the United States. They consist of those people from the countries of Costa Rica, Panama, Belize, Honduras, Nicaragua, El Salvador and Guatemala. In fact, other than Mexico, the largest Latin American migration within the last twenty-five years has been from Guatemala, El Salvador, and Nicaragua (Hamamoto and Torres 1997). According to the 2000 Census, Central Americans consist of a little under two million people in the population (this also includes people from Belize, Costa Rica, Honduras and Panama) (Stoltz Chinchilla and Hamilton 2004:187).

The international indebtedness that Central America incurred between 1977-1983 the Central American military conflicts during the mid-1970s and the 1980s, and the threat of war between two Central American countries motivated migration to the United States (Pérez-Brignoli 1989). In the 1980s and the 1990s, the primary reason for Guatemalans, Salvadorans and Nicaraguan migration to the US was the US-funded civil wars and economic instability in each country (Gonzalez 2000). More recent migration, in the late 1990s can be attributed to natural disasters “such as Hurricane Mitch in 1998, two earthquakes in El Salvador in 2001, and Hurricane Stan in 2005 (MIFO 2007). Therefore, I

next a brief description of the political and economic situations that lead up to these events will be provided for Guatemala, El Salvador and Nicaragua.

Guatemala Guatemalans are very diverse nation with 23 distinct ethnic groups including Mayan tribes, Garífuna, and Ladinos or Spanish ancestors. Guatemala was in civil war after the eviction of President Jacobo Arbenz from 1960 until the mid-1980s. During the 1970s and 1980s many peasants and Mayan indígenas were displaced causing migration to neighboring countries and the United States (Van Den Berghe 1968). Besides political unrest, an international recession in the 1980s brought on tremendous foreign debt and a decrease in gross domestic product (Pérez-Brignoli 1989). Today, Guatemalans tend to migrate to areas where Latino enclaves exist, and there are diasporic communities in Houston, South Florida, Los Angeles and San Francisco (Moran-Taylor and Menjívar 2005).

El Salvador Similarly, Salvadorans were suffering from a civil war that was directly funded by the CIA. From 1932 to 1975 there were more than 350,000 landless peasants in El Salvador because the Salvadoran elite, known as the “Fourteen Families” (Gonzalez 2000), alternated control of government and seized control of the lands. Rural Salvadorans were already migrating to Honduras to work on banana plantations (Gonzalez 2000). As a result of the Soccer Wars in Honduras, several Salvadorans were deported from Honduras because of the economic recession. Many Salvadoran peasants returned to their country finding little economic security; mass demonstrations were organized among the landless poor and native people (Perez-Brignoli 1989). The United States supported the Salvadoran government because it was perceived as an anti-communist ally in Central America (McBride 1999). In 1979, civil war broke out in El Salvador (Gonzalez 2000).

Nicaragua In 1979, the Sandinistas came to power in Nicaragua. The Sandinista National Liberation Group is a socialist political party that sought the termination of economic and social injustices created by Nicaraguan elites and the Somoza government (Pérez-Brignoli 1989). The Sandinistas formed partly because after the earthquake of 1972 in Managua, President Somoza embezzled relief aid which was meant to rebuild and help Nicaraguan citizens to secure basic needs. Somoza's actions created opposition from the Church, some of the elite and among students from the National Autonomous University of Nicaragua. Although US President Carter's Administration had plans to oust Somoza from power, he also did not want a revolutionary political party to succeed in Somoza's place. However, President Carter left office before a peaceful change of government.

To the more conservative Reagan Administration, the Sandinistas posed a threat to the United States because they "favored socialist politics" and supposed existing relations between Cuba and the Soviet Union. In another military intervention, the US funded the military training and provided weapons to the Contras, the counterinsurgency group against the Sandinistas, who were former soldiers of Somoza (Lundquist and Massey 2005; McBride 1999).

Industrialization of Central America: Pre-NAFTA

To alleviate the migration of Central Americans, the US legislated the Caribbean Basin Initiative (CBI) in late 1984 (Pérez-Brignoli 1989). The principle behind the CBI was that if the national markets in Central America were a free trade zones with the US for most of its products, then this trading activity would strengthen their economies and take them out of debt. However, similar to the *maquila* industry, the United States primarily benefits from this arrangement because the "small, national economies with fragmented markets" (Pérez-

Brignoli 1989: 155) cannot compete with the US markets, developed industries, and heavy investments.

The CBI also provided aid to the region and to the Caribbean for social reforms. However, this aid was to be “distributed to the private sector” (Brignoli 1989:158), which meant reducing social welfare programs like social security and land redistribution. The aid from the CBI would also come as military assistance. Initially, the CBI agreement was to expire in 1996, yet the CBI it was renewed in 1990 and continues to operate in Central America and the Caribbean.

In reviewing this literature on Central American history and migration, a major question remains: was Central American migration primarily motivated by politics or economics? Richard Jones (1989) found that poor rural citizens of El Salvador generally migrated internally or to neighboring countries, while the urban dwellers generally migrated to the US. His findings imply that cultural capital played a role in the decision to migrate to the United States—where middle-class, urban dwellers were generally the ones who migrated to the US. The consequences of war precipitated economic conditions where people were forced to seek better material conditions. However, Williams (1987) and Arias (2003) both assert that the “fear of violence” led Salvadorans to migrate to the United States more than economic opportunities. I believe it was a combination of both depending on what status position situation of the immigrant.

Coming to America The overall immigration policy of the US towards Central Americans has been restricted, especially towards Guatemalans and Salvadorans. While the instigated wars and economic turmoil in the region, it largely failed to grant Central Americans political asylum during the 1980s and 1990s. The exception was Nicaraguans

whose applications were approved more than twice as often as those of Guatemalans and Salvadorans (McBride 1999; Lundquist and Massey 2005). However, these discrepancies did not go unnoticed. Salvadorans, Guatemalans, and Nicaraguans were granted Temporary Protection Status (TPS) to defer their deportations. A month after TPS was granted to Central Americans (December of 1990) the Supreme Court case, *American Baptist Churches vs. Attorney General Thornborough*, ruled that 100,000 denied cases seeking political asylum by Guatemalans and Salvadorans must be reviewed (McBride 1999; Gonzalez 2000).

Although Guatemalans and Salvadorans were allowed to stay, labor restrictions were placed on them. The Immigration Reform and Control Act of 1996 was passed, sanctioning both undocumented immigrants and those employers who hired them. From 1996 to the present, the US has sought to curtail both legal and undocumented immigrants entering the US. Thus, not only did Central Americans experience persecution in their own countries, but they also experienced harassment and denial of entry into the US (Arias 2003). As I will discuss next, the experience of cultural marginalization was experienced by the Mexicans and South Americans, the added dimension of political persecution is a distinguishing feature of Central American immigration.

South Americans Although there is very little literature on the South American diaspora, I include a discussion on their migration in this section because I have three Peruvian families in my sample. Due to the invisibility of South Americans in Latino studies, Espitia (2004: 257) calls them the “other ‘other Hispanics’” who live in the US. Immigrants from South America came primarily from Colombia, Argentina, Bolivia, Chile, Ecuador, Paraguay, Uruguay, Perú, and Venezuela (Espitia 2004). The largest proportion of South Americans living in the United States (74%) are middle-class, foreign-born South Americans (Espitia

2004:264). Unlike Mexicans, South Americans were not encouraged to move to the United States because of labor contract programs with the United States. They generally immigrated to increase their economic opportunities, as the economies of South American countries have often been unstable (Espitia 2004). South Americans have also migrated to flee political persecution and reunite with family members. However, unlike Mexican and Central American immigrants, South Americans are primarily urban, educated, upper-middle class individuals (Espitia 2004). However, there has been an increase of rural, working-class individuals coming from South America in more recent years.

My argument is that while, cultural changes do occur when Latino immigrants move and settle into the US, Latinos/as in the context of their marginalized experiences in America also accomplish ethnic, class, and gender positions when they practice *comiendo bien*.” Considering the histories of migration to the US, *comiendo bien* as a health practice may also change. Unlike Latin America, the US has cheaper food prices and a more abundant supply. In addition, because the US has a relatively stable economic system, Latino/a immigrants do not have to worry about sudden exponential increases in food prices, which could affect their ability to purchase foods. Latino immigrants not only have more access to cheap food in the United States, they also have increased access to other ethnic foods and to global fast foods.

In the end, the space, place, and history that Latin Americans occupy in the United States is ambivalent. In the United States they are afforded more work than in their sender countries, abundant food supplies, and certain freedoms. On the other hand, Latino immigrants also may experience new forms of exploitation and oppression. This supports the building of transnational communities and encourages people to sustain their cultural practices (e.g., *comiendo bien*), which help to cope with marginalization. However, there is

also a need to challenge the scholarly traditions of home/host comparisons. Globalization, the transnationalization of food products, and the increased consumption of processed foods worldwide may mean that *comiendo bien* is not only changing for the Latino/a diaspora in America, but for Latinos/as in Latin America as well.

The Globalization of Commercial Practices and the Modernization of Food Production

Foods and food habits worldwide have changed due to the exchange of food commodities between colonized and Western European countries. This brief subsection serves to demonstrate that “distinctions [between] traditional and modern foods are on the wane” (Crotty and Germov 2004:255). Menell, Murcott, and van Otterloo (1992) emphasize that three general processes have impacted food as a result of colonialism and migration. One of them is the exchange of people, foods, and cultural practices. As Gonzalez (2003:270-271) writes “In Latin America food was a meeting place of traditions;” however hybrid cuisines were really experienced only by the elite and *mestizo* classes in Latin America, since the poor usually could not afford grains and produce from Europe. This reminds us that the increased global exchange of food does not always guarantee equalized accessibility to food for all people, only those in higher social strata (Menell, Murcott and van Otterloo 1992:75).

The health researchers noted earlier did not examine their participants’ dietary intakes prior to migration, or other factors mediating their “Americanized” acts of consumption. Therefore, this section will introduce evidence that the globalization of food products and the modernization of production have promoted similar food consumption patterns in Latin America. The modernization of food systems refers to the process where the production of

food is informed by forms of technological advancement and efficient production that resemble those of the West.

One modernized site of food production is that of agribusiness. Agribusiness is “an integrated food system that extends from farm to factory to consumer” (Burbach and Flynn 1980: 12). Agribusiness is included here in part because the modernization of food production in Latin America has prolonged malnourishment and the proletarianization of the peasant classes (Gonzalez 2003). For example, Pilcher (2004) examined how the mechanized production of tortillas in Mexico has depreciated the health and diet of Mexican peasants by reducing the nutrients that hand-milled tortillas once provided. Malnourishment is exacerbated by the fact that much of the produce in Latin America goes back through the global chains of production to become processed foods (Friedland 2003). For example, after petroleum, food is the second highest import, where much of the agriculture comes from Latin America.

Agribusiness creates a situation where small farmers and rural peasants are not able to produce sustainable agriculture for local markets because many have been displaced by food corporations, such as Del Monte. Corporations expropriate lands from rural peasants, arguing that the residents do not have legal title to the lands where they have produced crops for decades (Burbach and Flynn 1980). In addition, barely any credit is granted to small farmers because their harvests will only be sold in local markets. Moreover, in Latin America loans are generally awarded to national companies that are affiliated with transnational, US corporations (Soares 1997).

In addition to agribusiness, Barndt (2008) has coined the term of “agromaquilas” to demonstrate how global economic restructuring resulting from the North American Free

Trade Agreement (NAFTA) has both altered the eating practices of women in Canada, the US and Mexico and perpetuated the feminization of poverty. By examining the tomato food chain between Mexico (the grower), the United States and Canada (the consumers), Barndt (2008:452) demonstrates that having women in the workforce lowers labor costs and reduces work benefits because tomato farming is only seasonal; women working in supermarkets and restaurants in North America are also generally situated in low-wage, part-time work. Furthermore, the increase of women working in globalized food production likely affects the diets of their families, as well. Neoliberal policies such as the Caribbean Basin Initiative and NAFTA have also created demand for female labor in *maquilas* and *agromaquilas* (Barndt 2008).

“American commercialized foods are becoming a mainstay of the diet” for residents of the Yucatán peninsula” (Leatherman and Goodman 2005:833). These examples may help explain the paradox found by Popkin and colleagues’ (2003), where obesity is shown to overtake undernourishment in developed countries. The rise of agribusiness has not only encouraged internal and external migration but has propagated a situation in Latin America where even upper-middle class families spend two-thirds of their income on food, while in the United States, people only spend one-third of their wages on food (International Labor Organization Survey, 1993; Soares 1997).

Edmonds (2005) asserts that Honduran immigrant women in Louisiana ate fast food at least once a week as a result of moving to the United States. Yet, “Globalization in the form of brand-name, pre-packaged foods in supermarkets and fast-food chains, has taken its place firmly...and new eating patterns are being socially transmitted and reinforced” (Foley 2005:27). Fast food chains like McDonald’s and Kentucky Fried Chicken have their

presence in Latin America (Diamond-de la Mata 1996), but are generally more accessible to the middle- and upper- classes. Street vendors offer Latin American equivalents of fast food including the more efficient and rationalized production of *arepas*, *tortas*, and *papitas fritas*. Overall, consumption patterns of Latin America are starting to reflect those of poor people in the United States (Portes and Börcz 1989). The cost and availability of produce in both Latin America and the United States continues to be a barrier to healthier food choices.

CONCLUDING REMARKS

The substantive and theoretical literatures presented provide some insights to understanding how Latino immigrants' practices of healthy eating and how these practices may transform, not only as a result of settlement in the US, but also within multiple transnational locations. To avoid the pitfalls of a linear examination of Latinos' diet, or way of eating, the discussion about Latinos' foodways, historical migration to the United States, and related theories of identity and identity politics inform this project. My goal—to understand *what* is “eating well” and *how* is it done—was not fulfilled by the extant health research. Nonetheless, this research supports the need for such a project because there is a rise in obesity and diabetes among Latinos worldwide. Although foodways research has not necessarily deconstructed “eating healthy,” it has focused on areas to consider in my research including gender and the family, globalized consumption, and the modernization of food production. In particular, the modernization of food production has actually promoted the migration of Latinos to the United States, as well as weakened local production of agriculture in Latin America.

An interpretive-transnational approach, paired with situational analysis, allows for understanding and illustrating relationships between everyday practices, the movement of

discourses, and global economic processes. Due to the fact that health researchers do not conceptualize culture as processual, contingent manifestations of (re)presentations (Strauss 1993) they assume that Latinos/as are fixed in “traditional” health practices and acculturate to Western practices when they arrive to the United States. This chapter has demonstrated that it is wrong to assume that negative health outcomes and health disparities can be attributed solely to US acculturation. When one considers the dynamics of globalization, Latin Americans may not be as distinct from their US-immigrant counterparts, even before immigration.

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What is Comiendo Bien?

Comiendo bien is not a specific diet or replication of nutrition. It is a social health practice where the emphasis is less on what is eaten and more about how food is eaten. The key informants of the ethnographic portion of this situational analysis had to be the person responsible for buying food and preparing meals for their family. In the introduction I described my methodology and present my ethnographic sample and document sample. Unfortunately, this inclusion criterion excluded the opportunity for most males to actively share their contribution to the family's well-being. Although flyers were distributed through Latino health fairs in the Mission and posted at the Central American Resource Center (CARECEN), from my observation Latino immigrants do not seek social support services as often as Latina immigrants. So, there were fewer men using these services at my two recruitment sites, which include: Alcoholics Anonymous, low-cost health care, food banks, legal services, and labor unionizing. Male family members were thus often absent in my study, even during home visits. A few cooperative males were not hesitant to participate. I acknowledge that my research has silenced the men, in particularly fathers and the Latina immigrants' partners.

In this study, all of the key informants were Latina immigrant mothers and they described *comiendo bien* in the context of a family meal and in the presence of food insecurity. "Food security exists when all people at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" (UN Food and Agriculture Organization 2009). These women described both positive and negative interactions that took place when Latino immigrant families ate to achieve well-being. Their accounts were rich with stories of how meals

materialized through meal planning and cooking, who recreated these meals, and how these meals are eaten to demonstrate a family's good physical and mental well-being, as well as their consumption status.

In this dissertation, I document that *comiendo bien* as a **social** health practice by presenting how *comiendo bien* is a socially constructed embodied practice. From my perspective, informed by interpretive cultural studies (Denzin 1992), *comiendo bien* is also a discursive practice that promotes the reproduction of family authority and familial discourses of identity. Thus, *comiendo bien* is a health performance because it exists through a convergence of multiple representations of identity and lines of action among Latino immigrant family members, or the intimate group of people who share meals together.

It is important to note that *comiendo bien* is a social practice because prior research investigating the diets of US-born Latinos and Latino immigrants do not examine what it means to eat or *how* food is eaten for this group. My approach is distinct from the extant scientific literature because it examines the social interactions that materialize the relationship between health and eating in Latino immigrant families. Generally, this extant literature has examined Latinos and Latino immigrants' *diet*, and assessments measured the consumption of certain food groups or, more specifically, the consumption of macronutrients (i.e., protein, carbohydrates, and fats) among Latinos based on respondents' 24-hour recall (Ayala, Baquero, Klinger 2008). These measures do not take into consideration the food system and contexts in which Latino immigrants undertake their dietary practices. Such studies assume the availability of foods in different US cities is similar. In contrast, reality there are extensive variations in local food systems in terms of the types of foods marketed, distributed and consumed.

The universality of food systems and eating patterns are taken-for-granted assumptions, along with researchers' trust in dietary guidelines. The practices behind dietary guidelines is that they consumption of *certain* quantities of different food groups allow people to obtain certain nutrients, which can be beneficial or detrimental to health downstream. For example, the "USDA My Pyramid" recommends an "unlimited amount of fruits" because the consumption of fruits is considered beneficial to obtaining fiber, vitamins, minerals, and antioxidants (all supportive of health). However, any food could be beneficial or detrimental depending on *how it is* consumed and *how much* of it is consumed. In the case of fruit, an overconsumption of fructose (sugar in fruit) is hypothesized to contribute to increased waist circumference and metabolic syndrome (Elliott et al. 2002). The family cooks in my sample always took into consideration *how* foods should be eaten, in addition to the appropriate context in which *comiendo bien* can be monitored. For example, sharing meals among family members and co-habitants, eating a variety of food groups at once and, more interestingly, the amount each person should eat.

Drawing upon interpretive cultural studies (Denzin 1992), if we examine the social processes of cultural acts then we can realize the social, political, and economic conditions that inform, promote, and suppress a practice, such as *comiendo bien*.

There were several participants in my study, for example, who had attended nutrition workshops and received dietary advice from a health provider about what to eat. However, they desired more information about how to integrate these foods into practice in order encourage their family members to eat such foods. Hence, this detailed presentation of *comiendo bien* as social health practice could provide insight for the creation of interventions that effectively converge with Latino immigrant families' everyday actions.

This chapter first presents a description of key informants' pre-immigration experiences of eating when they lived in Latin America. Then, I demonstrate how *comiendo bien* is a social health practice by describing: 1) how *comiendo bien* should feel 2) how the meal that achieves *comiendo bien* (*eating well*) is produced, and 3) how this meal is eaten. The elements which construct *comiendo bien* are embodiment, discourses, temporality, and performance are written in separate sections to attempt clarity, but they are in no way mutually exclusive and are relational. The meal that achieves *comiendo bien* is recreated through the social constructions of time and the discursive practices. To accomplish *comiendo bien*, Latino immigrants must engage in a health performance, or re-enact multiple identities when they are sharing meals among an intimate group of people. A “performance” here refers to the representation of identity positions such as ethnicity, nation, gender, and class (Strauss 1993). This chapter will end with a description of the embodiment of *comiendo bien*.

LATINO IMMIGRANT FAMILIES EATING IN LATIN AMERICA

Before I describe how *comiendo bien* is practiced among families in San Francisco, I offer an account of the context in which the immigrants learned *comiendo bien* and often ate in Latin America before immigrating. This description takes into consideration the participants' pre-immigration experiences to provide a means of comparison with their practice in the United States. In particular, generating this account from my data helped me decipher what it is about *comiendo bien* that makes it an ethnic practice and how it is sustained across geopolitical boundaries.

The year, 1999, is a significant year to separate this sample because seven of the key informants moved to the US before 1999, seven key informants moved to the US after 1999,

while one key informant, Lorena, moved to the US in 1999. Their position on a timeline would separate the group into two groups, *earlier immigrants* (before 1999) and *recent immigrants* (after 1999). Besides the key informants' position on the timeline for year of entry, there are major differences in the social and economic context in which these two groups lived in Latin America. More specifically, recent immigrants' experiences were more modernized, where their lifestyles were shaped by rational efficiency, the use of technology, and their lives were less committed to "traditional" views of life such as the nuclear family and practicing religion.

For example, recent immigrants used the internet, cellular phones, and some even had cable television with US television shows, both in English and Spanish. Although both groups of women in this sample worked outside of the home, it was those who migrated on or after 1999 that had eaten their lunch outside of the home among co-workers or classmates. This will be discussed more below. In relation to this dissertation, recent immigrants consumed more processed foods in their meals and ate more meals from restaurants or street vendors than the earlier immigrants. Also, the recent immigrants reported receiving nutritional information from doctors, the media, and through nutritional education. These differences were even apparent among early and recent immigrants who came from urban settings. According to the key informants' responses, urban areas in Latin America after 1999 were more modernized.

None of my key informants had ever lived by themselves prior to relocating to San Francisco. They were either single people living with their parents or married and living with their immediate family. In Latin America, almost all meals were eaten in the company of family members. Informants migrating prior to 1999 described how their family members'

work and school schedules coincided with one another allowing, their meals to be structured at the same time on weekdays. This allowed family members to share at least two meals a day. Most of the participants who migrated after 1999 did not describe meeting other family at home for lunch but they did describe bringing their lunch, from home and eating in the company of co-workers. The adults in these families rarely ate any meals alone when they lived in Latin America.

Most of the key informants reported eating two to three meals a day, which always included breakfast and were primarily dishes prepared at home. The largest meal of the day was often lunch because they ate a variety of foods in larger portions than their morning or evening meals. Most of the meals were prepared by the mothers in the family and/or the eldest female child in the household. Women were charged with cooking responsibilities depending on the amount of time spent outside of the home for employment. However, if the mother or the eldest female child were formally employed, they only had cooking responsibilities for certain meals during the day, or during their days off, or not at all. For example, María did not have any cooking responsibilities because she worked as a full-time paralegal, while her mom primarily worked odd jobs, which gave her the flexibility to be at home to prepare some meals.

I: Over there, in Honduras did you cook for your family?

María: I only lived with my mom and she was the one in charge of cooking for me and when we wanted we would go eat at some restaurant. But she was the one that did it [cooked] more, since she was in the house more, she was the one in charge of doing the groceries and all that.

(María, Interview #1, lines 824-832)

Hence, the woman who worked the least amount of time outside of the home would prepare the meals for those coming from work or school.

It is worth noting that half of the women in my sample first became parents in the United States and so rarely carried the primary responsibility of cooking for a family until they lived in the US. Typically, their mothers or older female siblings had the responsibility to “feed the family” (DeVault 1991). These women often cooked their first meals in San Francisco when they formed their own families, with the exception of Malena, who came to the US from Mexico when she was 18 years old. Unlike the other key informants who arrived to the US without children, Malena had prepared several meals for her family in Mexico because as the oldest daughter she was bestowed the responsibility of cooking for her parents and siblings by age 12.

In Latin America, there had been little male involvement in the preparation of meals and the retrieval of foods, with the exception of two families. Veronica, from El Salvador, was raised by a single father who shared cooking responsibilities with their maid. The other family was also from El Salvador, where the husband shared the responsibility of cooking with his wife. He often prepared healthier meals for the whole family because he enjoyed cooking and suffered from high blood pressure. In terms of preparing food for the family, key informants from rural areas recall their fathers and grandparents growing vegetables for the family. In Latin America, men were primarily responsible for working outside of the home to provide the financial resources to purchase foods. There were four participants who had been single parents in Latin America and bore the “double duty” of working outside of the home and feeding their families (Hochschild 1989).

More than half of the *earlier immigrants* had never stepped foot in a restaurant. Nevertheless, they did have the opportunity to eat food from street vendors in their hometowns on certain occasions. For these participants, street vendors were not equivalent to restaurants. For example, Susana shared with me that Sundays were occasionally reserved for family outings: “On Sundays, sometimes they would take us...For example, they would take us to eat tacos, to eat grilled meat, soup” (Interview #1, lines 537-540). In her follow-up interview when I asked her if she ate in restaurants in México she responded: “No, we never left our little corner” (Interview #2, lines 348-351). However, some participants, like Lorena, tried to avoid street vendors’ food because it was contentious whether street vendors’ food followed “health and sanitation regulations” (Interview #2, lines 230-232).

In Latin America, these families did not rely on restaurants as regular sources of food because they often had economic limitations, or were not in an area with the resources to support a restaurant. For example, In Malena’s pueblo south of Guadalajara, there were no restaurants but “common houses.” Common houses are neighbors’ homes, where they converted their dining rooms or yards into a dining experience. Someone in that home, in particular the mother or grandmother, prepared a certain dish very well and then sold it, or made it available for purchase to others.

I: In the US are there restaurants that are similar to those in your pueblo in México?

Malena: No.

I: No. Why are they different?

Malena: Because, at least in my pueblo we would go more to particular houses to supposedly eat dinner. Those came to be, I don’t know, the typical enchiladas, tostadas, sopas, pozole.

(Interview #2, lines 1168-1179)

In fact, most of the key informants experienced food insecurity in Latin America. They reported experiencing times of feeling hungry when they felt they did not eat enough.

All of the key informants remember both of their parents working in order to contribute to the family's grocery budget. Most key informants ate the same foods every day or lacked variety in both the types of foods and the dishes prepared. For example, breakfast consisted of the same meal every day, or they would eat the same dish at every meal.

To prevent hunger and the absence of food women, often planned meals prior to grocery shopping in order to ensure that they would not experience a shortage. For instance, Denise planned her menus every 15 days: "Then what I would do is that I always try to buy every 15 days all the food that I needed and I always had reserves" (Interview #2, lines 756-758). Interestingly, half of the mothers in my sample, including Denise, had a post-secondary education and were in mid-level positions in Latin America such as marketing associates, bank tellers, and elementary school teachers. Mari Cruz, who was an elementary school teacher in an eastern region of Perú, even had the village pay her with live chickens and other foods in exchange for her work.

Those families who were middle-class in Latin America also reported the monotony of their daily menus, and equated restaurant outings as luxuries. Food was expensive for all but one participating family. Relative to wages, food is very expensive in Latin America. Indeed, the participants' responses parallel research stating that food costs are the primary expenditure for most households in Latin America. For example, upper-middle class families spend two-thirds of their income on food, while in the United States, people only spend one third on food (Soares 1997). When I visited México, Guatemala, and El Salvador in November 2008, I found food prices at grocery stores, street vendors, and restaurants to be similar to those in low and moderately priced establishments in San Francisco, considering

that I traveled between countries on public buses and visited rural villages, most places were not tourist traps. Including water, I often spent \$30 to \$60 a day for two people.

However, participants who were more recent migrants and were from major cities in Latin America had experiences there of eating in ethnic restaurants (e.g. Chinese restaurants) and fast food chains. For example, María shared with me that her favorite restaurant in Honduras was Pizza Hut, and continues to be in the United States:

I: Tell me about your favorite restaurants in Honduras.

María: They were fast foods and continue to be that here, Pizza Hut.

I: Oh yeah? You like Pizza Hut? That is your favorite restaurant in all of Honduras?

I: In the whole world!

(Interview #1, lines 1006-1012)

Like María, Ashley migrated in 2002. She indicated that her favorite restaurant in Guatemala served Chinese food and this preference continues to be:

I: Tell me about your favorite restaurants in Guatemala.

Ashley: Well, well, Chinese food. I don't remember the names of the dishes, but...

I: No, no don't worry. It's fine if you don't know the names, but it was Chinese food?

Ashley: Chinese food.

I: It was your favorite food there [Guatemala], but what are your favorite restaurants here [San Francisco]?

Ashley: Where the Chinese is, always.

(Interview #2, lines 1451-1462)

In their regular meals at home, Latino immigrants identified staples in their diets such as rice and/or tortillas (tortillas are not a staple in South America or the Caribbean), beans, fruits, and vegetables. They ate all of their food on one plate and in one course. So, the rice and/or tortillas, beans, meat (if present), and vegetables, were usually all on the same plate. Susana described this way of serving food as called “*platotótes*,” abundant plates. Meat was often absent from the diet, or was eaten once a week because it was so expensive. Selena

shared with me that she enjoyed eating meat once a week: “We were not poor...Then they would give us a piece [of meat] to each of us and once a week we would eat meat, no? And, we thought it was delicious” (Interview #1, lines 365-372). Most, if not all of the participants stressed that it is important to consume a variety of foods and that is why their *platotótes* are structured this way. Serving a variety of food on the plate and changing the contents of these for each meal would optimally promote health and prevent more illnesses (Malena, Interview #2, lines 1164-1165).

In rural homes there was often a lack of variety in the foods consumed. However, those rural women who worked as housekeepers in Latin America indicated that those families that were better off ate more variety. For instance, Malena reported that as a housekeeper she experienced eating more variety:

I: *Do you feel that the food that you ate during the time you were working in Guadalajara was different from the food that you ate with your family?*

Malena: *Yes.*

I: *In what way was it different?*

Malena: *Well, it was different because in reality I would cook, or they would, a bit more meat, they did cook vegetables and those things. In our village, well no, in our village it was practically refried beans in the morning and beans in the big pot...practically, everyday was beans, beans, and more beans. And, in the houses that we worked in, they gave us a little more variety in food: rice, beans, vegetables, salads, fruits, and some other dessert.*

(Interview #2, lines 132-153)

Although the participants reported eating a monotonous menu and eating meat only once a week, when I asked the question: “Tell me of a time when you ate well,” 67% of the participants reported that they “ate well” in their sender countries. Although these mothers may have feared hunger and had economic insecurities in Latin America they also remembered always eating two to three meals a day which contained flavorful, fresh vegetables, fruits, and beans. In addition, in Latin America they were, as I coded, “eating in

company,” or always in the presence of familiar persons while eating. This contributed to the experience of eating, beyond what was on their plate. By saying that they *ate well* in their sender countries, they are appreciating having food in situations where there was often national economic hardships. Moreover, they attribute never (*nunca*) becoming ill in Latin America to “eating well.” They always had enough to sustain themselves.

How did key informants imagine US Food from Afar?

One of the questions I asked key informants during the interview was, “Prior to coming to the US, what did you know about US food?” Most gave similar general responses. They thought that the US diet primarily consisted of fast foods such as hamburgers and pizza, or processed foods such as canned goods, frozen foods, and chemically-enhanced foods. Although 80% of the key informants had never visited the US prior to their migration, they still imagined the US being a place where people could *only* consume fast and processed foods. Their ideas were primarily based on hearsay from family and friends who visited the US. For example, María obtained her information about the US diet from her friends:

Look, I knew that here they only had fast food, that here... well, in my thinking, I really knew nothing, right? Here, [I thought] that everything was canned, my friends would tell me, “Everything is canned, only hamburgers, pizza. Well, that is why I thought, “That’s why everyone gets fat here” This is what they would tell me. I knew nothing; I only knew that the majority of food here was fast food.

(Interview #2, lines 312-319)

Most of the mothers who emigrated from México stereotyped US foods to consist of burritos. Susana, Mari and Vick view burritos as a US dish, not a Mexican dish, when I asked them what they knew of US food prior to migrating.

Susana: *Burros*

Me: *Burritos?*

Susana: *Yes, because my sister-in-law lived here and when she came to México she made those burritos. She said, “Ah, in the United States they sell*

these really delicious burritos." And, she would tell me, "Look, buy this and this, and let's make burritos." That is what I knew, burritos and hamburgers (Interview #1, lines 332-342).

Me: So, before moving to the US, what did you know about US food?

Mari: Well nothing, nothing because over there (México) the only thing that they would tell us is that here [US] there are burritos. And, I was like, "What are burritos?" They would tell me: "It is a quesadilla, this big" (gesturing with arms to indicate enormity). And, my sister-in-law would tell me: "Look, you put beans, you put rice, you put meat, you put everything you want and you wrap it up, and you make a burrito." But never...Never had we eaten that. We started eating that when we came here [San Francisco]... (Interview #1, lines 655-674).

Me: And that [burritos], can you find that in México?

Vick: No, (laughing). You know that is something...that is not common in México. Oh, burritos, for nothing! You only find it from here, from here to Tijuana (Interview #2, lines 1164-1168).

Many non-Mexicans living in the US associate burritos with Mexican cuisine because they are common items on the menu of Mexican restaurants in the US. However, the Mexicanas I interviewed consider burritos to be a US food, not only because they were not available in their regions of México, but also because they were synonymous with fast food, not a homemade dish that requires much preparation. Later, I discuss the tension between street and homemade food.

Other key informants based their stereotypes on what they saw on the news regarding the US obesity epidemic. Mariela, who moved to San Francisco from Lima, Perú in 2008, indicated that she formed her stereotypes of both the obesity epidemic and US food from the media, or what she called "propaganda":

I: When you were in Perú and they would tell you "Over there [US] all the food makes you fat," Who would tell you that? Your mom?

Mariela: It comes out in the television.

I: On the television?

Mariela: On the television there is lots of propaganda.

I: Ah, how interesting!

Mariela: *Yes, there is much about the United States, that well the people here are very obese, that the people...there is a bad impression of the US because of that. In México, when I was in México, Also, when I was in Argentina also the same [propaganda]. In Argentina, too, the people take care of themselves, they are slim. Very few obese people. See, the same in Chile, I was also in Chile. But they have this idea of [US] Americans, no? Because of the hamburgers, French fries, the fast food, the junk food.*

(Interview #1, Lines 317-337)

Are these Latina Immigrants' views distinct?

If we examine how Mexican and US health researchers describe US food habits in comparison studies of Latinos and US-Americans' dietary intake, their descriptions tend to generalize US food consumption. Their descriptions of the US diet consisting of fast food and less fruit and vegetable. There is large-scale evidence that demonstrates this consumption pattern (e.g., USDA Agricultural Fact Book 2005). However, these data do not take into consideration class differences, US regional differences in food consumption, or local food systems. More importantly, health researchers strictly dichotomize foods as good or bad. Specifically, eating large amounts of fruits and vegetables are *good*, while fast foods, sugary beverages, and any fat consumption are *bad*. As we will see, some ethnic dishes may have high amounts of fats and carbohydrates (which are often macro-nutrients demonized by nutritionists), but when participants ate them infrequently, either in Latin America or the US, they did not classify them as them a threat to their health. Latina immigrants did not perceive food within strict binaries of good or bad. The economic uncertainty these participants experienced in Latin America may itself have stipulated a dietary balance for the participants that did not allow for excesses in food consumption.

There is a pamphlet distributed to patients in Mexican public health clinics intended to raise awareness of health issues that migrant Mexican families could encounter during

their stays in the US (INSP 2006). One of the warnings it places is on reducing the consumption of fats and sugary drinks in order to reduce the incidence of overweight and obesity. The image that they show to demonstrate overweight and obesity is one of a fast food meal:



Figure 3.1 Illustration of Overweight/Obesity Warnings to Migrant Mexican Families

Source: *Cuida tu familia: Información para la familia migrante*. 2006. Instituto Nacional de Salud Pública, México.

These shared assumptions and descriptions about US food among Latino immigrants and health researchers are *stereotyping US food*. Latino immigrants and US health researchers alike seem to generalize the US diet as mainly one of processed foods and fast foods such as pizza, hamburgers, and/or burritos. Meanwhile, Mexican health researchers recognize that Mexican immigrants in the US do have option to make healthier choices and to prepare their ethnic dishes. Mexican health researchers, particularly at the National Institute of Public Health, may have alternative view of the US food scene because they often

collaborate with US researchers. Moreover, México itself has a large, diverse cuisine with multiple regional differences.

To summarize, before migrating to the US, Latina immigrant mothers describe always consuming meals communally among family or co-workers. In particular, for those migrating prior to 1999, they remember families, workers, and school children sharing schedules which made it possible to share meals throughout the day. Their meals were mainly prepared by the mothers or eldest daughters in the family. Men were absent in the preparation of meals, but always carried the responsibility to either grow produce or procure earnings for groceries. In contrast, those Latina immigrant mothers migrating after 1999 reported eating meals that were prepared at home and at fast food establishments and ethnic restaurants. However, eating at restaurants was not a regular source of meals for anyone because of the cost. Those participants who lived in rural areas experienced the most monotony in their meals and the least experience eating outside of the home. Moreover, there appears to be a discourse representing stereotypes about a US diet that primarily consists of fast and processed foods, as Latino immigrants in this study and health researchers' reports share these generalizations.

HOW DOES COMIENDO BIEN FEEL?

Embodiment

Embodiment is how humans experience the world through a living, feeling body. We interpret our bodies with established meanings, as well as create new meanings through our bodies' empirical experiences (Nettleton and Watson 1998). The recent theoretical focus on the body deserves attention here because key informants described their experiences of eating through their physical feelings and emotions. In addition, lay health practices, unlike

formalized, legitimate bodies of knowledge, are so taken-for-granted that they have no written texts. Instead, lay health practices are reproduced through human interaction with their bodies, objects, other people, and discourses. Furthermore, in the experience of *comiendo bien*, there are significant and socially acceptable ways of “feeling full” among these Latino immigrant families. There are also favorable emotions that need to be felt in order for Latino immigrants to successfully accomplish *comiendo bien*. *Comiendo bien* is a social health practice because the embodied experience of *comiendo bien*, “feeling full,” and the positive feelings needed to eat are socially constructed and verifiable among other Latino immigrants.

Feeling Full, Feeling Satisfied

When I asked key informants to describe a time when they ate well (*comían bien*), they often responded by describing the way they physically and emotionally felt during that time. Susana responded:

Well, that you have abundance, that is, that you sit down to eat and they do not tell you, "That's it" because it's [the food] is all done, or "No because if not, there will not be enough for the rest." Eating well is that; or that they serve you a good plate...what would that be? A soup with its vegetables, its meat...that is eating well! That you feel full and you say "Ah, I ate well." For me, that is eating well (Susana, Interview #1, Lines 502-508).

As a practice that takes place with our bodies, *comiendo bien* requires all of our senses. *Feeling full* is one of the physical criteria of eating well; the other being the absence of illness that requires bed rest or medical attention. Interesting to note in Susana’s description is how feeling full and satisfied are not limited to the feeling in one’s stomach. Susana is also describing what she visually notes as “eating well” with the food that she sees on the plate. For Susana, it is seeing the “abundance” on the plate that is her first indication that she will eat well. A bowl of soup with vegetables and meat was informing Susana that she will

accomplish *comiendo bien*. Visualizing the meal and assessing it in terms of *comiendo bien* is the first action that Latino immigrants do at the table.

Feeling full symbolizes comfort and material security. In this particular situation, Susana was a child living in México and she was at times prohibited from eating more than her share in order to ensure equal rations for the rest of the family. As noted, Latino immigrant parents often experienced food insecurity and had economic limitations in their previous country. When participants say that they used *comiendo bien* to maintain their health, their bodies are also indicating that economic security is present within their family.

The embodied experience of *feeling full* also represents consuming enough food to look “full” in the presence of others. Mary Douglas (1984) and Claude Levi-Strauss (1984) remind us that cultural food practices are ways of belonging. When a Latino immigrant family sits at a table with the intention of sharing a meal, the mother is using her eyes to assess everyone’s plate. The parents’ visual gauging of the food on their children’s and guests’ plates supersedes all interpretations of fullness. Children may not want to eat any more food because they do not like the food, or they may actually be full. If the children are eating a meal with family and they do not consume most, or all served to them, then they do not demonstrate to their parents that they are full. They usually were not allowed to leave the table until they finished most of their food. However, when children eat alone in different contexts, either by themselves at home, or among friends at school, there is no one coercing them to finish their meal, and the sign of a clean plate did not guarantee rewards. Children who comply usually ate everything for “rewards.” These rewards were often “junk” or processed food. Lorena’s kids were the best eaters among other children:

I: *So, do you think that your children know how to eat well?*

Lorena: *They know, but I do not want to deprive them of things because they are children. And, and, and, to my children, I here do not have junk, nothing, nothing, not even a cookie. And, and, I felt really ugly when we would go to other homes and my children were the first ones to finish their meals for a waffle.*

I: *Mmm Hmm.*

Lorena: *"Mamá, Mamá! I finished all my food! I finished my food! I finished, and now I want a waffle."*

I: *Mmm*

Lorena: *And then, how they (other Latino immigrant parents) would stare at me, as if saying, "Look how hungry your kids are." Or, something like that. So, yes. Now, I give them junk, but, like we (Latinos) say, in moderation. "Mami, Junk?" Like a reward. Now it's like a reward.*

(Interview #1, lines 1738-1762)

The pressure to “feel full” communally continues into adulthood. Even when the adults *felt full* they often ate more if those eating with them communicated that they had not eaten enough. Susana, Malena, and Lorena report that when other Latinos pressure them to eat more, they eat less. As in the earlier section, Malena was told by her date that she was not eating enough because she only ordered two tacos. However, from my observations of these women at community events in the Mission, I have seen these women eat more than they wanted to in the presence of others who told them that they were being “delicate” and were “trying to be healthy.” By using the word “trying” the key informants are indicating that other Latinos felt that they were attempting to be something that they were not.

Recovering loss through the embodied experience of *comiendo bien*

One of the reasons Latino immigrant parents persuade their children to eat all of the food served on their plates is because in Latin America they had to eat everything off of their plate as there were limited opportunities to snack outside of formal meals. Hence *eating everything* was initiated in a Latin America, but for a different reason. In San Francisco, Latino immigrant parents continue to push for *eating everything* because they are symbolically recovering loss. These losses are the moments of material and embodied

deprivation that the parents experienced in Latin America, and are experiencing in San Francisco.

The first losses being recovered are Latina immigrant mothers' and their family members' *memories of mmm...* In this case, the participants not only missed national dishes that they could not prepare in San Francisco, but also social experiences that were tied to the food. For example, Mari Cruz's *memory of mmm...* was centered on a *juane*, which is a rice and chicken dish cooked in a special leaf from Perú.

When a family member sends her the special leaves, she is able to prepare the dish and eat several in one sitting, for several days (lines 160-163). Moreover, it is not just the memory delicious food that Latinos are trying to recover when they eat everything, but they are also remembering the people they eat the dish with. In Mari Cruz's case, the *juane* is associated with the *Fiesta de San Juan* holiday: "That is the one that I like the best. Do you want to know why? Because that is something we [Peruvians] eat...we have a custom over there the 24th of June we celebrate the Festival of San John and we eat that...it is a custom that we, all of the people from the city, go to the edge of the river to eat our *juanes*...every year people make their *juanes* and the people go eat there and well, they have a good time" (lines 1284-1328).

The second loss that is being recovered in *comiendo bien* is the ability to provide for the sustenance of the family. Although Latino immigrant fathers are less connected to the visual gauging of their children's plates, they are also recovering the food that they could not eat and the money that they could not contribute to their family in Latin America. They are recovering their abilities to be breadwinners. In Latin America, many men have lost their entitlement to a family wage and have fewer opportunities to find work because women are

being sought by employers to replace men in most service and industrial sectors (Fernandez-Kelly 2008). Moreover, the men's primary reason for migrating to the US was to find work.

In Latin America, parents often dealt with food insecurity by buying affordable ingredients and repeating dishes at multiple meals. For example, families can prepare fried beans and eggs for breakfast and repeat fried beans for dinner, but with a different side dish. Participants may be taking advantage of food security in San Francisco in order to symbolically recuperate the opportunity to provide a variety of meals to their families and co-habitants. For example, Mariela, a newly arrived immigrant from Perú, has observed how Latino immigrants never turn away opportunities to have and consume food: "That is, the people [Latinos], I don't know...eat too much junk. The food is really cheap, and they donate lots of food, and here [the US], there is an excess of food" (Interview #1, lines 292-295). One can say that some Latino immigrants are being resourceful by taking advantage of this abundance of cheap and free food, but at the same Mariela is suggesting that some Latino immigrants are not being wary about the quality of food that they are consuming.

In Latin America, the participants they could fulfill the social prerequisite of *comiendo bien*, which is to share meals among family and friends and communally verify feelings of fullness. In contrast, in San Francisco, Latino immigrant families can produce the material prerequisite of *comiendo bien*, which is to serve their family a variety of foods at different meals throughout the day. I believe that *eating everything* off of one's plate is further enforced in San Francisco because participants can eat beyond a rationed portion. Denise, a single mother from Nicaragua, asserts this: "There are people who really experienced hunger. They go through hunger! So to come here [US] and see all this

abundance, they want everything. They want to eat everything, everything” (Interview #2, lines 1152-1155).

In sum when a meal is hosted by Latino immigrants and shared among others, they are recovering material, physical and emotional losses. The embodied experience of *feeling full* is an established meaning that informs one’s subjective satiety. Meanwhile the action of *eating everything* is a way to produce meanings of economic security and consumptive freedom.

Political Barriers to Embodied Experiences of Comiendo Bien

The mouth is the closest way to return home in the present through one’s body. Latino immigrants are also replicating other embodied experiences that they had in Latin America by eating in the US. In this case, eating often reminds them of their undocumented status. For instance, in Latina immigrants’ quest for “memories of mmm...” they often ask a family member or friend who is traveling to their country to bring back a particular food. This is most common among Latino immigrants who cannot freely travel abroad and procure their own goods. They ask family members and friends to bring back cheese, spices, dried legumes, and/or a fruit in their suitcase.

Entrusting foods with people traveling internationally through an airport can yield unsuccessful results because Homeland Security’s Customs and Border Protection monitor the entrance of raw foods, plants, produce, and seeds into the US. If someone is caught with raw materials from abroad, the items are often confiscated and the person is occasionally fined by the US. Therefore, the confiscation of food by Customs and Border Protection is minimizing Latino immigrants’ realization of *memories of mmm....*

In a similar way, Homeland Security's Immigration and Customs Enforcement (formerly known as Immigration and Naturalization Services) is restricting the entrance and exit of Latino immigrants and their families abroad. This, in turn, is minimizing the embodied experiences that people share with their loved ones. Not having the physical presence or the regular company of a beloved family member produces feelings of isolation, sadness, depression and regret among many of the respondents. Immigration and Customs Enforcement serve to minimize embodied experiences for persons between the US and other countries both through the mouth and in their hearts.

When María is cooking she tries to cook meals as her mother did because she is not only yearning for familiar flavors, but she is also yearning for her mother. Although communication with her mother is via internet and phone, the closest embodied experience that she can have of her is through food. She may not see her mother for a very long time because her undocumented status and the recent birth of her son limit her ability to move between borders safely. Those who are undocumented, must make steep payments, be trafficked to leave US borders, and risk facing either deportation from the US, separation from their children with US citizenship, and/or face either legal sanctions from their country of citizenship. There are also several physical risks associated with human trafficking such as rape, illness, theft and even death. These limitations on Latino immigrant's movement makes it even more important for Latina immigrants to replicate cultural practices as much and as authentically as possible to minimize feeling estranged from their country. Latina/o immigrants willingly accept the consequences of migration, in return for being able to economically support their family's needs in the US and abroad.

The Relationship between Eating and Emotion

Lastly, the action of eating in *comiendo bien* is intricately tied to emotions. A few of the participants regret and are disillusioned with their settlement in San Francisco and this is manifested in their appetites. Ashley is a Guatemalan undocumented immigrant who is currently unemployed because she injured her back at work. She has no sanguine family in San Francisco and is also separated from her children, who are now adults. According to Ashley, her estrangement from her family and her disillusionment with the US makes her desire to return to Guatemala. More specifically, missing home and feeling depressed have made her lose her desire to eat.

Besides the emotional repercussions of being an undocumented Latina immigrant, there are other situations which can create negative emotions than can deflate one's desire to eat. Painful events can also deflate one's desire to eat. For example, Mariela describes how her divorce in Perú left her feeling "overwhelmed" and depressed and these negative feelings lead to a loss in appetite where she lost 20 lbs. in one month:

And when he left me and he moved, that was the problem, see? I started to lose weight; in one month I lost 20 pounds, 30 pounds...But I think that it was more the depression. It was more the pain, of me feeling overwhelmed, and I did not have the desire to eat anything. When I am very depressed I do not want to eat anything, not even feel the saliva pass through my mouth. So, that is what made me lose so much weight.

(Interview #1, lines 825-849)

Women are not alone in using their emotional relation to eating. Latino immigrants are equally affected. Margarita described how her husband felt without her or their children his first years settling in San Francisco:

I: Do you believe that Latino immigrants eat well in this country? Margarita: Depending...because let's say that among family, I believe, they eat well. But if we look at the situation of men, who are here alone, then they do not know where to start, they don't have anyone who could cook for them in their house,

someone who would have a good meal waiting for them. And, possibly, outside, they buy food that they can start with, but emotionally, they do not eat well. So, how would I tell you? For example, my husband tells me that when he was alone many times, he would eat his meals, he could eat well, and everything, but to be alone, right? It is not that you will enjoy your food. He's thinking about his family...

(Interview #1, lines 1141-1156)

The way people eat can also affect their emotions. Lorena lost a great amount of weight as a result of changing her diet. Earlier in the interview Lorena recalled feeling ashamed of her eating habits when she was overweight. Now, Lorena eats well to feel good:

To have a healthy body...because who is going to feel good, is us. Because apart from the size that I was in, I couldn't anymore. That is, my hide, my skin, it could not stretch anymore. It was a sin. In reality, it is a sin. Because our body is something sacred and we should take care of it because the benefit is our own. It is not just for us [women] because if you want to look pretty and you apply lotion, a perfume, it's for yourself, to feel good. The same [with eating well].

(Interview #1, lines 1109-1117)

The embodiment of *comiendo bien*, “feeling full,” is socially constructed and enforced by Latino immigrant parents, among others. When people are not eating everything they are being ungrateful for their opportunities to recover losses Latino immigrant adults, especially, experienced in Latin America. When people are experiencing negative emotions that lead to a loss in appetite, their bodies’ hunger pangs, and even Mariela’s saliva, reminds them to eat---to live. But eating among others ensures that people are eating enough and eating more than just one food group, but fulfilling eating a variety. Thus sharing meals is a protective mechanism.

The increased accessibility to food in San Francisco allows these families to achieve “feeling full.” Latino immigrant adults reproduce the practice of *comiendo bien* through their bodies by eating. They carry the knowledge and practice of *comiendo bien* by sharing meals,

visually gauging others' consumption, eating a variety of foods, and reproducing memories of mmm....

THE REPRODUCTION OF COMIENDO BIEN

Simultaneous Temporality

Comiendo bien is conscious eating that should be practiced during major meals during the day and is a cyclical activity. Yet there are loose, temporal boundaries that surround this health practice. Temporality, or the social construction of time boundaries, is an important aspect in this study because *comiendo bien is continuous* with memories and experiences from the past and *changes* with experiences in the present. Moreover, it is practiced in order to reduce the utilization of future medical services.

Here, I feel that we are trying, with my husband, to eat healthier, to start to take care of our health. And here, possibly because we do not count on medical insurance, what we are trying to do is take care of ourselves so as to not go to the hospital, or an emergency [room], or something. Well, something that possibly we are not prepared to pay for yet, like paying for treatment. So, then what we are doing is to take care of ourselves, what is it that we eat in our home...

(Margarita, Interview #1, lines 425-434)

Comiendo bien thus possesses *simultaneous temporality*, engaging with the past, present, and future at the same time as enacted by Latino immigrant families. Generally being the cooks in the family, Latina immigrant mothers are more actively engaged with simultaneous temporality because they are the ones responsible for recreating the main object of *comiendo bien*—the meal. In recreating meals for their family, Latina immigrant mothers usually had to plan meals, which required negotiating the family's food preferences with their personal desires to promote well-being.

Meal Planning Summons the Past

Latina immigrant mothers' time constraints due to employment and their domestic duties limited their grocery shopping to a few times a week. The mothers wanted to promote variety in their meals, so they liked *meal planning*. Although meal planning is completed to fulfill the future obligations to feed one's family, it also requires engaging with past experiences and knowledge. This includes what foods their family members would eat, which foods were healthy for family members and guests at the table, *replicating mamá*, and *memories of mmm...* (See Figure 1).

Memories of Mmm...

Memories of mmm... are the memories of flavors from one or more dishes, foods, herbs and/or spices that the participants enjoyed eating in their sender countries or when they were growing up. *Memories of mmm...* typically consisted of foods that were harder to find or prepare in San Francisco. *Memories of mmm...* are often distinctive from other food memories because they are particularly reminiscent of Latina immigrants' national and regional cuisine or memories of family members abroad who they missed. For example, Denise enjoyed cooking Nicaragua's national dish "gallo pinto," while Vick loved preparing chicken soup just as her mother would. Similarly, my mother now has an empty nest, and when she has guests she prepares her daughters' favorite dishes as a way of remembering her children. The Latina immigrant mothers would also incorporate their family members' *memories of mmm...* to gather ideas for dinner. For example, Selena's daughter requests black beans because she tried them during a visit to her grandparents' home in Jalisco, México. Moreover, *memories of mmm...* are participants' attempt to recreate desired feelings and contexts from the past through their nostalgic palates.

Replicating Mamá

Latino immigrants, upon settling in San Francisco and throughout their time living in the US, are constantly on a quest for *memories of mmm...* This quest is particularly salient among the Latina immigrant mothers who did not have the responsibility of cooking for their families in Latin America and did not have the opportunity to practice taste their own cooking before moving to the US. In San Francisco, these women are attempting to recreate the flavors of their mothers' home-cooked meals through their cooking. They expected that following a recipe would replicate the same flavors. The quest for *memories of mmm...* also involves the search for grocery stores and restaurants that sell a dish, spice, herb, fruit, or vegetable from their sender country (discussed more in Chapter Four). However, when family cooks plan meals in the present for the future practice of *comiendo bien*, they often summon memories of flavors from home.

Maria, a recent immigrant of two years, tries to replicate the flavors of her mother's Honduran dishes by preparing food with her mother's cooking techniques. During my visit to Maria's home, she was preparing Honduran enchiladas. Maria used her mother's technique of straining excess fat from ground beef by pressing it through a colander and rinsing it with lemon juice. Maria also asks her mother to send spices from Honduras that are already sold in the US. It may appear unnecessary, but she does this in order to replicate every aspect of her mother's technique and produce a meal that tastes as close as possible to that of her mother's. During my visit, Maria even shared with me the other variations to this recipe, but that the one she was preparing was "like her mom's." Other participants in their quest for memories of mmm... were similarly *replicating mamá* in their preparation of a meal for their family. Consequently, *replicating mamá* not only becomes an aspect of the past that shapes

comiendo bien, but is also a coping strategy that Latina immigrant mothers use to deal with the absence of their mothers.

Integrating Family's Health Concerns

On top of the social psychological past of foods and family, in planning a meal for *comiendo bien* Latina immigrants also negotiate “healthy foods” into the menu. I will go into further detail about the significance of health in Chapter Six, but the importance of this section asserts that family cooks and family members are also summoning physical experiences with illness and food sensitivities. In planning the family's meals, Latina immigrant mothers retrieve their family members' and guests' past experiences with foods that may cause or worsen an illness, and also take into consideration their chronic illness when preparing a meal. Several of the mothers acknowledged that at some point in their family life, they changed foods on the menu because of a personal health experience, or one of their family members'.

For example, Mari was diagnosed with Type II diabetes in the US two years ago and avoids food that her provider forbids. “When I became ill, they (health care providers) told me that... according to the list that they gave me, ‘These are carbohydrates and this, this, and this, and you cannot eat that,’ and all those things I like. Well, I say to myself: ‘Well I have to be sick for me to eat all those things’ (Interview #2, lines 742-747). Mari prepares a menu that she can modify for her diabetes because she wants to avoid feeling ill.

The Present: Experiencing and Changing Comiendo Bien

The activities in the present that replicate *comiendo bien* are meal planning and grocery shopping, cooking meals, *comiendo bien*, developing new tastes, and promoting health. *Meal planning* is an action that results from aspects of the past, but meal planning is

an activity done continuously in the present to be able to recreate dinner meals for the whole family, deal with budgetary constraints, and promote meal variety. *Grocery shopping* was not explicitly discussed by participants but it is an activity in that has to be done frequently since food needs to be replenished in the home. Moreover, it is during shopping excursions that participants will encounter new foods and decide whether they will try them. *Cooking meals* is an important part of *comiendo bien* because eating well consists of eating foods that were made at home, not snacking, or eating at a restaurant. Therefore, in order to replicate *comiendo bien*, preparation of meals by mothers is what all the participants believed was a prerequisite to *comiendo bien*. *Comiendo bien* is in the present sense of the participants' sense of temporality because eating is done in the present and it feels present because of its embodied nature. Eating meals that appease food memories, are homemade, and shared among a group of people is also *promoting health* (physical and emotional) in the present.

The present is also when one experiences changes to one's practice of eating, either because of trying new foods, or eating foods in different ways than they had in Latin America. For instance, Latino immigrant children may incorporate new food flavors when they try new foods in their school cafeteria such as Salisbury steak. In the same way, Latino immigrants in the present are changing the way they eat food. Several Latina immigrants started skipping meals in the United States order to accommodate constrained work schedules with no breaks.

Future

Comiendo bien was said to prevent the future occurrence of illness and reduce the use of medical services. In addition, *memories of mmm...*, memories of illness experiences, replicating mamá, meal planning, grocery shopping, and eating are cyclical in the

reproduction of *comiendo bien*, These actions, whether they were done in the past or in the present to reproduce *comiendo bien* are simultaneously in the future because the actions are continuous.

However, there are often unforeseen social, political and economic conditions that may change *comiendo bien*. The participants rarely gave hypothetical examples, or foresaw changes to any of their daily practices. They avoided worrying about negative events in the future because it is a time and place that they cannot control, including the possibility of being deported. For example, after living in San Francisco for three months, Mari Cruz found a job cleaning offices in the evening and she could no longer share meals with her son during most weeknights. Although Mari Cruz was willing to take a job at any shift, she did not foresee the loss of sharing meals with her son. In sum, *comiendo bien* is an activity with permeable boundaries of time. (See Figure 1)

DISCOURSES INFORMING COMIENDO BIEN

Discourses are ways of representing through actions and speech various orders of truth (Foucault 1971). In this study, discourses inform and regulate the embodied aspects of *comiendo bien*, as well as its legitimate representation through the performance of identities such as gender, nationality, and ethnicity (Butler 1993; Inda 2001). “Discourses are relentlessly social phenomena. Producing discourses is a form of action...” (Clarke 2005: 147, citing Jaworski & Coupland 1999:3). This section demonstrates how *comiendo bien* is a social health practice by describing the discourses that inform such practices and how they are constructed by these Latino immigrant families. These discourses are about food and *duty to the family*. Furthermore, *comiendo bien* is not merely a configuration of these discourses, it is also a normative, discursive act that regulates power and reinforces family authority,

enactments of gender, and Latino immigrants' unjust working conditions both in Latin America and San Francisco, albeit with local variations.

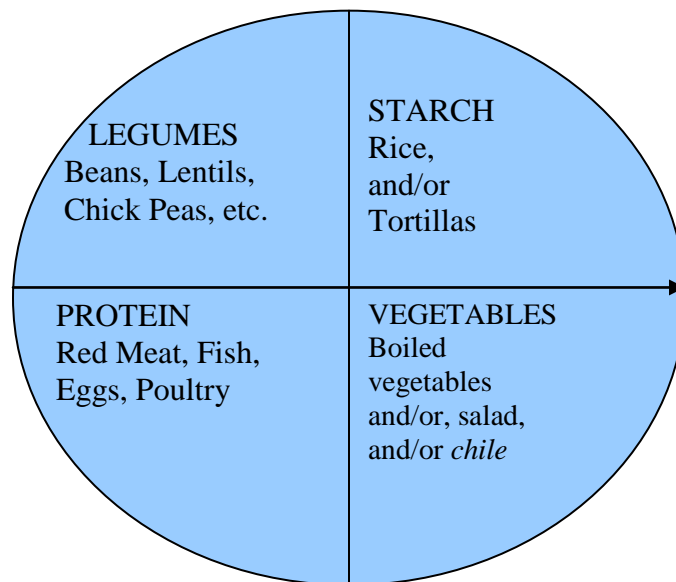
Eating vs. Snacking

Earlier, I noted that Susana called Latinos' abundant plates *platotótes*, where all of the dishes prepared for the main meal of the day are served on the same plate at the same time. The main meal of the day for these families was generally dinner, or the meal consumed after the family's arrival from work and school. These Latina immigrant mothers, did not consider snacking as eating. For them, the action of eating is consuming a *platotóte* that contains a starch (e.g., rice, plantains, and/or tortillas), protein (fish, poultry, eggs, pork and/or red meat) legumes (beans, peas, lentils, chickpeas, etc.), and vegetables (salad as a garnish, boiled vegetables, or some *chile*). I organized the dishes prepared for the main meal under these categories of "starch," "protein," "legume," and "vegetables."

The plates were structured this way because the Latina immigrant mothers believed that eating meals with this variety of starch, meat and/or legumes, and vegetables ensured *complete* nourishment for their family. These Latina immigrants believed one type of food on its own only contains partial nutrients and combining different ones together completes the nourishment. Eating is about eating to *feel full* and nourishing the body. *Nourishing the body* for half of the families I studied meant getting a balance of foods for energy and well-being throughout the day. The other half of the families in this sample described nourishing one's body as acquiring macronutrients (fats, carbohydrates, and protein), vitamins, minerals, and antioxidants. The difference between the two groups is that the latter is adapting scientific language that they learned from doctors, or a nutrition education workshop, while the other is using lay knowledge and language.

For example, when I asked Malena where she learned that combining foods is good for one's health she, along with most of the women, said they learned it from their family customs. Without trying to impose on my participants, from a biochemical nutrition perspective, consuming a variety of foods during one's meal does increase bioavailability and nutrient uptake.

Figure 3.2 The Structure of the *Platotóte*



When Latino immigrants in this sample snacked, or ate small meals such as tortillas with *chile*, a piece of bread, or fruits, they did not consider that “eating” since it was not a meal where a person could obtain complete nourishment. Snacks are only partial nourishment and, unlike *comiendo bien*, are generally unplanned, unconscious eating. Snacks serve the purpose of ridding one of hunger. For example, Ashley said that she that her depression blocked her desire to eat and have an appetite. However, during my participant observations at one of the recruitment sites, I saw Ashley snacking during one of the

trainings, where the organization had a table with bread, cheese, donuts, milk, coffee, and sugar.

An hour into my observations, she nibbled on a little piece of cheese, a piece of bread about twenty minutes later, then a cup of coffee with milk and sugar at the end of the session. I believe she was hungry and because she ate these quickly and ravenously, with crumbs falling to the floor. When I saw Ashley at the community center eating, I wondered whether she was feeling better and had re-gained her appetite. Then I asked myself if she ever reported snacking during her interviews. Reviewing her interview I saw that Ashley *did not* report snacks. From this point forward in the study I decided to ask the participants if they “snacked.” Those participants who suffered a chronic illness such as diabetes, gastritis, and high cholesterol reported eating snacks.

I also saw other participants during participant observations at one of the two recruitment sites who, like Ashley, would not report their snacks eaten at the community centers during our interviews. I do not believe that they were purposefully withholding information in order to minimize how much food they ate. During my home visits, I would see people serve their *platotótes* and value eating as a social, emotional and physical benefit to their well-being. I think that many participants may have omitted snacks from their responses because they were not consciously eating the food during the snacking. Snacking seems to be done to fulfill hunger quickly, efficiently and with little thought and planning, unlike the meals needed to accomplish *comiendo bien*. Snacking is not considered eating because a) it is done outside of the context of a communal meal among family and friends; b) snacks do not provide the nourishment of a *platotóte*; and c) snacking is an action that requires minimal planning and conscious thought.

Duty to the Family

“Duty to family” shares parallels with what Latino/a scholars call *familismo* (Lara et al., 2005:371, citing Sabogal et al. 1987), which is “a sense of obligation and the power of family as a behavioral referent.” In the discourse of *familismo*, the family’s needs supersede one’s individual needs. Similar to *familismo*, “duty to the family,” emerged from the data during events when the participants’ fulfilled an unwritten obligation to act on behalf of their family. Several actions by Latino immigrants in this study were informed by the cultural discourse of “duty to the family.” “Duty to the family” is a discourse created in the participants’ sender communities where family members’ actions are influenced by a commitment to the family’s well-being. The importance of “duty to the family” is that it guarantees the financial and domestic contributions from every member towards the material and social survival of a family, such as providing money for household necessities and following local, cultural norms. Family members are supposed to constantly assess their personal actions for the benefit for their family. Many of the participants’ and their children’s actions, from cooking to sending remittances to family members abroad, were centered on the discourse of “duty to family.” They assumed that performing these acts was their social responsibility to their family. For example, although Veronica resents sending money to her father in El Salvador, she does not deny him his requests because she feels some obligation to help him:

Sometimes, it is to say, that my father says: “No, it’s the little girl’s schooling.” He has a woman and she has a little girl, and so he says: “No, the little girl’s school costs \$25 a month” And then I tell him: “Oh! You’re lucky! [In English] I wish that they had me in a private school, right?”... I send him money for the basic necessities of his house, right?

(Interview #1, lines 589-594)

Veronica was one of three Latina immigrant mothers, who did not come to the US out of their own will, but that of their parents. Veronica's resentment, apparent in the above quote, stems from the fact that her father sent her to the US when she was 14-years old, with the prospects of her receiving a better education. Although Veronica finished high school in San Francisco, she lacked the economic and social support to attend college since her aunt and guardian in San Francisco, abandoned Veronica at the age of 16. Now, Veronica's father is paying for his stepchild's schooling, something he failed to do for her years ago. Veronica's comment to her father in English, "Oh! You're lucky!" evokes both sarcasm and control, as she does not willingly send the money without an explanation of the expense. Her father, meanwhile, feels entitled to ask his daughter in the US for money to support his expenses. But all the while, he is willing to endure Veronica's shaming in order to comply with his economic duty to his new family.

Another example of "duty to the family" is Susana's older brother. Growing up, Susana's family in México City was very poor. When her older brother started working he also started sharing his earnings with his family. Although his parents did not force him to share his earnings, Susana believes that he was generous because he did not want his younger siblings to experience the same suffering he endured. Susana acknowledges that his generosity was a turning point in their family's economic situation, where they were finally able to eat better (Interview #1, lines #510-540).

Unlike *familismo*, which implies selflessness, what I found in my participants' manifestation of "duty to the family" was how participants' work for their family was not completed without some opposition, or negotiation for power. As in Veronica's example above, her financial assistance to her father affords her the opportunity to express her

resentment. One of the worst plausible sanctions for not fulfilling acts that benefit one's family is excommunication from the family. In Veronica's case, this will never materialize, not because her father depends on her, but because she is an undocumented immigrant in the US with very limited abilities to return to El Salvador. She is already physically separated from her family. Lesser sanctions include being labeled as "unhelpful" by family members for their lack of cooperation and support for their family (Rosa, Interview #2).

Latino/a immigrants' intentions to help their family may not always result in positive consequences. As demonstrated above, Veronica's father had the best intention to give his daughter a better life by sending her to the US. However, he did not anticipate that her social isolation in San Francisco would hinder her opportunities. In another example, Rosa endured domestic violence from her husband when they lived in México City and into the first ten years living in San Francisco. When she lived in México City, she did not tell her parents for fear of bringing worries to her family. I asked her how long she endured this violence: "And me with that? That is, domestic violence, since we were dating. He would hit me and I would not say anything. I did not say anything; I had to keep my mouth shut completely. The last thing I wanted was to give my parents problems" (Interview #1, lines 326-329). Rosa is demonstrating her *duty to the family* in a social situation where she does not want to worry her parents, or shame her family. It is unknowable whether Rosa breaking her silence would have improved the situation, but she might have sought help much earlier had she had her parents' support

The actions that were informed by "duty to the family" included: 1) sending remittances to family abroad; 2) financially and emotionally supporting one's family in San Francisco; and 3) specifically, "duty to the family" informed Latina immigrants sense of

responsibility to procure food, plan meals, cook, feed, visually gauge plates, and share meals. The discourse of “duty to the family” informs Latino immigrants’ remittances to family in Latin America. In turn, these remittances are used to ensure that family in Latin America can accomplish *comiendo bien*. One prerequisite of *comiendo bien* is an appetite, or the desire to eat, which the participants claimed was directly related to emotional well-being, as discussed in the prior section. So, there is a responsibility for both parents to provide this environment to their families. However, the bulk of the responsibility to accomplish *comiendo bien* falls on the mother.

Furthermore, what is distinctive about the discourse “duty to the family” is that it perpetuates the communal nature of *comiendo bien*. The primary goals of *comiendo bien* are to reduce the use of medical services and illness that requires bed rest. In the immediate and present enactment of *comiendo bien* it remains every family member’s responsibility to *eat well*. One’s failure to eat well represents jeopardizing one’s health and their family’s well-being. If a family member becomes ill with a contagious disease, they risk infecting other family members. If they fall ill then they cannot go to work or school. This may precipitate a situation where the family will have to incur costs for medical services that they cannot afford. Most of the families in this study did not have full insurance coverage for all persons in their household. Also, if children became ill this meant that a parent would have to take time off of work; and many of these families were working-class, Latino immigrants who were not in jobs with protected time or benefits. Those who had insurance still avoided seeking medical care because they did not want to pay out-of-pocket expenses, or doubted the effectiveness of US medicine. Since, “duty to the family” is central to Latino immigrant

families' actions for their families sustenance, both in San Francisco and Latin America, this concept will be examined throughout the rest of the chapter.

Comida Casera and Comida Callejera

Comida casera (homemade food) and *comida callejera* (street food) are two *in vivo* codes that represent a discourse about the conflictful relationship between food from home and food from the street. This discourse privileges preparation and consumption of homemade meals in the practice of *comiendo bien*. Street food could consist of a meal at a restaurant, a pastry from a bakery, or a snack from a street vendor--basically any food prepared outside of the home. Street food was not considered healthy, nor did it represent "eating." For example, Susana's 18 year-old son moved in with his girlfriend by the time we had our second interview. I proceeded to ask Susana if his girlfriend cooked, and Susana said, "No, what is she going to cook? She does not cook. No, they only eat in the street and if you saw him, he's so skinny!" (Interview #2, lines 629-630). Susana is implying that her son's limited diet of street food is causing his weight loss. Street food could be eaten inside the home, but it is still considered street food. For example, if a family were to order a pizza for home delivery, although it is consumed at home amongst family members, it was not prepared at home and is considered street food.

Meanwhile, *comida casera*, or home food consists of foods prepared at home from scratch. Mothers, or family cooks, know the food would nourish their family based on their knowledge and practice of *platotótes*. The discourse favoring homemade food over street food originated in their respective communities in Latin America. Recall that before moving to the US, the majority of Latino immigrants in this study did not eat in restaurants because they were too expensive, unsanitary, or unavailable in their areas. I initially thought that

street foods were condemned by participants because they were unfamiliar; however, after speaking to Dr. Dommarco, Director of Nutritional Surveillance at the National Institutes of Public Health of Mexico, I re-analyzed why eat street food was deemed incongruent to eating well. When Dr. Dommarco was younger, his father saw him eating a snack from a street vendor and asked him, “Why are you eating like a Gringo?” “Eating like a Gringo,” recalled the discourse of “stereotyping the US diet.” Dr. Dommarco had been eating a type of fast food and outside of his home, which is impersonal and detached from social engagement with his family.

Unlike street food, in the home mothers are able to control what they prepared and what the family will consume (at least part of the time). In the setting of a communal meal mothers can ensure that her family is receiving complete nourishment. On the other hand, both the preparation and quality of food in street foods are questionable. I think that what makes street food “gringo” for Dr. Dommarco’s father is that snacking alone separates the family. Eating street food devalues both the mother’s efforts to feed, and the father’s effort to provide for the family. Susana too warns against the overconsumption of street food because it pushes the children away from home:

One [parents] gets their children so used to eating on the street that afterwards you make them food in the house and they do not want it. So, I tell you what we need to do, as a Latino, is to force ourselves a little, and give our children vegetable soups, cereals, and nutritious things.

(Interview #1, lines 1003-1009)

According to my participants, eating homemade, ethnic food makes their children less appreciative of what tastes good and is good for their health. In a sense, eating street food in place of homemade food challenges one’s duty to the family, particularly their responsibility to be respectful to their family, and remain healthy in order to avoid becoming ill.

Although Latino immigrants in this study favored home food over street food, this is not to say that they never eat in a restaurant, eat fast food, or enjoy a street cart delight. For example, both Vick and Lorena have extensively changed their diet by limiting the cooking of Mexican recipes, reducing the use of refined grains, and eating more vegetables. However, they both admitted to allowing themselves and their families opportunities to eat street food like burritos, or a cookie from the bakery. As Claudia explained there is a need for balance and moderation between street food and home food:

I: So, do you think that people have to change their diets completely?

Claudia: It is not so much that I have changed my diet completely, nor do I want to change the diet of others, but there is a need for balance, like I mentioned... Me during the weekends, I allow myself everything. I think that there is a need for balance. To have a moderation.

(Interview #2, lines 1531-1552)

In sum, street food and home food are distinctive and home is symbolic in a number of ways.

Latinidad

Developing a processual description of *Latinidad*, the actions that Latino immigrants in this sample do and share that consciously and unconsciously engage them with the cultural space of *Latinidad* in San Francisco, is challenging. For this situational analysis (Clarke 2005) that is drawing upon an interpretive cultural studies perspective (Denzin 1992), I will describe *Latinidad*, as “Latino/a cultural unity” (Rojas 2004:125), based on what Latino immigrants in this study *do* to allow them to identify with each other and act from this position. The ethnic category of *Latino* is not limited to Latino immigrants in the US, but can extend to those living in one of the twenty-one Spanish-speaking countries, and those whose national citizenship is another country. It can also include Latino immigrants’ children, who

are US-Citizens. Moreover, *Latinidad* is re-interpreted and manifested differently among Latinos in different cities in America. It is dense, complex, and very important.

Latino/a immigrants in my study primarily identify and distinguish themselves through their nationality; largely their parents' sender country. For example, my mother is from Puerto Rico and my father is from Guatemala. I often tell people, "I am Puerto Rican and Guatemalan," despite the fact that I was born in Chicago. However, when they migrate and live in a developed country they identify with the pan-ethnic label of *Latino*. Therefore, the gestalt switch between performing one's nationality and performing *Latinidad* is contextual and situational. Interestingly, in my short time living in Switzerland, I have met several Latino immigrants who live in Italy and in Ticino (the Italian region of Switzerland) who came to identify and use the pan-ethnic label of *Latino/a* after migrating to Europe. Further, Latino immigrants in my study use this label to raise the legitimacy of their social position in San Francisco, and to extend support networks. They also deploy it in a strategic essentialist (Spivak 1996) fashion, using taken-for-granted similarities in language and culture to organize, acquire, and share resources such as workers' rights, social services, language translation, etc.

My sample of Latino immigrant families represents six Spanish-speaking countries: Mexico, Perú, Guatemala, El Salvador, Honduras and Nicaragua. What these families shared was the way in which they differentiated one another through their language differences, their national and regional dishes, and the involvement of men promoting *comiendo bien*. Yet, this group of Latinos also shared similarities with one another dating before their migrating to the US such as experiencing food insecurity, using a similar language, and experiencing economic inequalities in Latin America. As a result of migrating to San

Francisco, immigrants from Latin America may share many experiences which unite them such as their reasons for migrating; their migration trajectories (their voyage to the US); experiences of estrangement from family abroad and in San Francisco; and downward social mobility. But these experiences are not a set of attributes that define all Latinos. Rather, this description of *Latinidad* reflects the actions of primarily working-class, undocumented immigrants in San Francisco. Their *Latinidad* is amplified as a result of often living, working, and obtaining community-based social support services together in the same city. They collectively construct those actions which constitute the ethnicity, *Latino*, and the criteria for membership.

I also believe that Latino immigrants in San Francisco identify with one another as *Latinos/as* because there were six families in my sample in which the parents came from two different Latin American countries (See Table 1). I often found out unexpectedly during an interview that the participants' husband or partner was from another country. The mother imparts and the partner engages in *comiendo bien* without finding the practice foreign. For example, Veronica is from El Salvador and her husband is Mexican. For dinner she prepares foods she grew up with, a meat dish, rice, and salad. Although her husband didn't grow up eating much rice or salad, and more beans and tortillas, Veronica's meals share the structure of the *platotóte* he may be familiar with. Moreover, he is supportive of Veronica's way of imparting *comiendo bien* to their daughters by not discouraging their daughters from eating rice or salad. Veronica is assuming a responsibility he saw women in his family do. Scenarios at the dinner table between the husband/partner, wife, and children were similar across families with parents coming from the same country or different Latin American countries.

Table 3.1 *Bi-National Latino Families*

Mother of Children/Wife or Girlfriend's Sender Country	Key Informants' live-in Partner, father of the children, or boyfriend's sender country
Vick (Mexico)	Ex-Husband and Father of Children (El Salvador)
Malena (Mexico)	Husband (El Salvador)
Veronica (El Salvador)	Husband (Mexico)
Ashley (Guatemala)	Live-in Partner (Peru)
Mari (Peru)	Husband (Mexico)

However, when I asked participants if they thought that all Latinos practiced *comiendo bien* the same, they often responded as Rosa did: “No, I don’t think they do...because we all have our own way of being” (Interview #2, lines 642-643). I think they all took this question literally by taking into consideration people’s cooking techniques, what foods they believe are nutritious, and what foods they cook. Yet, there are eating and food practices that these diverse families engage in that create the ethnic identity *Latino/a*.

Tasting Difference

Eating and food practices facilitate the social construction of *Latinidad* among Latino immigrant families in this sample through two discourses, which I have conceptualized as “tasting difference” and “imaginary naturalness.” Several of the families were able to find the same foods they ate in their sender countries in San Francisco supermarkets and ethnic stores. Even though families could replicate their recipes from Latin America, they found that the same foods in the United States tasted different. The foods which were generally

described as tasting differently were meat (not including seafood), dairy, fruits, vegetables, and spices. In the quote below, Lorena claims that the taste of fresh food is different. She further indicates that while foods between Mexico and the US may have the same fat and carbohydrate value, the taste is different due to the quality.

Me: Are there stores where you can buy the same food as in México?

Lorena: There are, yes there are. But again, it does not have the same taste, and ingredients are not the freshest, nor of the best quality. Again, the value of the fats and carbohydrates may remain the same, but the flavor is not.

(Interview #2, lines 1212-1221)

In the above quote, Lorena is also implying that although her *memory of mmm...* may be absent, the nutritional value remains the same.

I call this experience “tasting difference,” because these families are geographically, culturally, and politically isolated from their familiar surroundings. They immediately want to take comfort in the fact that they can find foods that they are familiar with and that remind them of home. As Mari says, “When I arrived, the first thing I wanted to do was try the food that they have here [US]” (Interview #2 lines 165-166). Disappointment sets in because it turns out that the food they sought comfort from actually tastes different, distancing them further from home, and strengthening favorable memories of home. For example, Selena had a hard time adjusting to the flavor of food in San Francisco: “It is a very different flavor, and it was a struggle for me to adapt to the flavor, of the type of frozen meat, that is, it did not have flavor. Yes, I could not recover the flavor, the chicken, no, no, everything is different (Interview #2 lines 334-338).

I, too, came to sympathize with the participants about searching for *memories of mmm...* and only *tasting difference*. The first day I tried to cook in Lugano, Switzerland, I decided to make a chicken soup with all the same vegetables and cuts of chicken that I would

buy in the US. The result was horrendous, flavorless water. After this disappointing experience, I became depressed knowing that the familiar flavors of a simple, chicken soup could not be replicated in my new home in another country. It made me come to terms that I just had to let go of that *memory of mmm...* and start adjusting, not just to new flavors, but new ways of living.

Latino immigrants in this study are in a constant search for *memories of mmm...* They end up *tasting difference* because they are realizing their estrangement as Latino immigrants in a new country and are also experiencing an estrangement through their bodies' ability to taste. Tasting difference challenges one's relationship to the body and one's relationship with food. *Tasting difference* forces Latino immigrants to develop new tastes as it is an indication of one's difference in the social context. People have to re-learn how to engage with the world *with* and *through* their bodies.

One's senses are dependent on context, how people in that context verify and collectively sense the world with you (Lupton 1996). It may become harder to adjust when someone is a newly arrived immigrant, with very few friends or family to verify these experiences with them. However, all of the Latino immigrants in this study reported *tasting difference*.

When I asked participants why they thought the food tasted different, they provided explanations that attributed differences in flavor to the fact that US food was artificially enhanced and "processed." Vick noted:

Here, everything that you buy frozen in the stores, everything is different. So, here, you have to put lots of things [seasonings] to the food so that it has flavor, not over there. For example, in Mexico, a hen soup, you boil it and you do not put salt and it tastes delicious because the nourishment of the animals over there is natural, and not here. Here it is frozen. That tastes horrible! Yes, that affects you, too.

In the above example, Vick is attributing her experiences of “tasting difference” to the notion that farm animals are not fed naturally in the US. The following section presents another discourse Latino immigrants in the Bay Area share.

Imaginary Naturalness

With the exception of María, from Honduras, all the participants believed that all of the raw food in Latin America tasted better because it was “natural” or organic. Specifically, they felt that the dairy, meat, and eggs were organic because these foods were not grown with chemical enhancers or hormones, nor preserved with chemicals. Latino immigrants in this study privilege foods that are free of any additives or vitamin enrichments, preserved in cans, or frozen. Foods that were found in these conditions (frozen, canned, preserved, or enriched) at the grocery store were considered “processed” foods to the participants. For example, Malena told me that she ate better in Mexico because the food in the US is “processed,” I asked her to describe what “processed” meant: “[Foods that are processed] contain many, maybe chemicals, lots of fat that one is not used to eating. Possibly, already in this country, they are used to it [processed foods], but not in our countries (Interview #1, lines 1506-1509).

Both recent and earlier immigrants believed that the foods in the US were all enriched with vitamins and minerals, even the tap water. For example, Ashley believes that lacking access to all the seeds that she used to eat in Guatemala has not affected her health because all the food in the US comes enriched with vitamins:.

Ashley: Whichever thing that one eats [in the US], it already comes with the vitamins.

I: Really?

P: This is very important for you to know, that I know, and I am aware of, that here even a glass of water [pointing to the faucet] I know comes well-prepared and it comes with its vitamins. I do not know if I am confused, but I have known this. So, I tell you I don't eat my seeds, but this [water] has everything that I have been eating in this country.

(Interview #2, lines 1071-1076)

Ashley is making several important points in the above quote: demanding that I should know that all foods in the US are vitamin-enriched and that even water is a processed food. However, unlike other participants she does not believe that this enhancement leads to a change in flavor. The importance of this quote is that even the most simple and mundane substance, water, was considered “processed” by Latino immigrants in this study.

Those participants coming from rural areas in their countries described produce in Latin America as unaltered and locally-grown. They could either gather fresh fruit, vegetables, and herbs from their backyard, their neighbor's yards, or a local market. For example, Lorena said that if someone wanted to eat fruit in Michoacán, all they had to do was “...stretch out their hand and cut a fruit” (Interview #1, lines 285-286). At the local markets, produce came with the dirt still on, not adorned in cellophane, elastic ties, or anything else (Malena, Interview #1; Vick Interview #1).

Selena said that the meat from her pueblo in Jalisco, México was fresher than in San Francisco, by providing a response that revealed the carnal reality of going to the butcher in the morning:

No, it [meat] is fresh because over there one goes to the market and they are already cutting the cow in quarters and they are selling it there, no? They are cutting them [there]. It is fresh, they kill it in the night and the next day they are selling, that is...And, my father, for example, he would kill pigs, and at dawn he is killing it, and he is selling it at six, seven in the morning. It is what people will be eating at midday.

(Interview #1, lines 319-325)

Exception to this narrative came from Veronica and María. Veronica migrated to the US as a teenager, and really never engaged in grocery shopping until she became a mother in the US. For María, a 28-year old urban dweller from Tegucigalpa, Honduras, recalled a different story:

Maria: Over there, what they leave us is, like I told you the last time, the scraps of what we produce over there. For example, they produce tomatoes over there and they leave us with the worse ones, and that is what one eats, and the best come over here [to the US]. So, whatever they produce over there [Honduras], they leave the worse ones over there and that is what one [eats]... and also there is not much money to buy good food. .

I: Hmm hmm.

Maria: So one is left with just rice and beans.

(Interview #2, lines 146-158)

The quality of produce available to Hondurans is poor compared to the descriptions of the other participants from Mexico, Guatemala, and Peru. Later in the interview, María told me that the reason the food tastes different in San Francisco in comparison to Honduras is because it is enriched with vitamins and is better for you. Unlike the participants above, she does not believe that processed food is necessarily harmful or the reason for *tasting difference*.

In addition, a researcher in Mexico's National Institutes of Public Health, Dr. Tere Shamah, told me a similar story that the good produce grown in Mexico is sent to the US and the scraps are left for Mexican markets. However, she also said that there was a need to verify her claims using data from the Department of Agriculture and Horticulture. My former roommate, a pediatrician from Guatemala, also shared a similar story when I asked him why he bought Starbucks coffee grown in Guatemala, instead of a Guatemalan brand. He told me that it was because they leave the worse coffee to Guatemalans and sell their best harvest to

large companies in the US. Maria's, Dr. Shamah's, and my former roommate's claims demonstrate that there is a diverse representation about the quality of produce in Latin America. There was also poor quality produce available to Latin Americans. Regardless, both the "imaginary naturalness" of Latin American produce and "leaving the scraps for Latin Americans" demonstrates how Latino immigrants in this sample attribute differences in taste between nations to the way that the food is agriculturally produced and distributed.

I call this representation of natural and virginal states of raw foods *imaginary naturalness*. The label was not chosen to minimize the key informants' beliefs about food grown in Latin America. However, I believe that participants construct discourses about food in San Francisco to deal with their inability to enjoy food as they once did. These shared experiences of "tasting difference" can provide Latino immigrants a sense of "belongingness" in their new home. As Bhabha (1994:6) asserts, constructing a new meaning of diaspora pushes migrants and refugees from solely identifying vis-à-vis their nation of origin and also identifying with an ethnicity—in this case, *Latinidad*. Moreover, *imaginary naturalness* is a discourse that sheds a positive light on Latin American food systems. Simultaneously, it is a critical approach and alternative perspective on US food.

Latino immigrants' definition of natural food is constructed through experiences. For example, memories of dirt on produce and seeing the butcher kill his animals are closer to a reality of farm life than a stroll down the supermarket aisle. However, the work that farmers do is also manipulating nature. Local farmers from the participants' various hometowns are growing animals and produce at a scale beyond their immediate family. Farmers are fertilizing crops to enhance the ecosystem—that is, halting hosts or smaller organisms from consuming their food. They are also cross-pollinating plants for larger, more resistant

produce, and/or breeding animals for bigger, stronger offspring. These are the farmers' ways of enculturating an ecosystem. They are breeding, cross-pollinating, fertilizing, treating produce and animals for characteristics their local community (or customers) desire, such as larger corn for hominy soup.

I do not deny that organic produce is less invasive in manipulating the animals or plants, or in harming humans, but natural food production also manipulates nature to produce something people want.

In sum, in relation to *comiendo bien*, Latino immigrants in San Francisco have constructed the discourse I call *imaginary naturalness* for several reasons: to justify their claims that they ate better in Latin America; to develop an understanding about the phenomenon *tasting difference*; and to elevate food in Latin America. Although there was food insecurity and monotony in their menus, the food in Latin America was deemed at least free of chemicals (in their narratives). In relation to *comida casera* (homemade food), *imaginary naturalness* justifies the importance of eating at home where there are family cooks who make an effort to buy natural and organic products and prepare them at home. Meanwhile, those selling street food may be less interested in providing clients with natural food and more interested in finding products that sell.

In the end, although participants are critical of the artificiality of US foods, they do not recognize that their use of flavor enhancers and condiments are artificial, too. For example, using Knorr bouillon cubes, which contain monosodium glutamate, is not natural, but was common.

Same Difference

This section will end by describing a discourse Latino immigrants in San Francisco use to distinguish one another. María found the flavor of cumin in San Francisco to be so different from the one she ate in Honduras, that her family sends her cumin from home:

Me: What condiments have they sent you from Honduras?

María: Condiments that they have sent me...? Here, never... here they call it cumin, us, we call it “especia” in Honduras, but here they call it cumin. It is not the same, it tastes different, the cumin from here in comparison from over there. The annatto seed, too... now, these things are more Mexican ... So, it is better that I entrust someone to bring it to me from over there [Honduras].

(Interview #1, lines 384-392)

Not only is the flavor of the cumin different, María shares that in Honduras it is called by another name. María is attributing cumin’s distinct flavor to the fact that the ingredient was grown, or manufactured, in México. This is one way that Latinos distinguish their nationalities—through the foods that they eat. Another example is how Denise said that the national dish is *gallo pinto* in Nicaragua. However, *gallo pinto* is the same dish as Cuban *congrí* and Honduran *casamiento*. Distinguishing national dishes, foods and spices by different names to indicate different nationalities is an example of Hall’s (1991/1997:53) “doubleness of similarity and difference” where people’s national history and culture differ and are at the same time similar depending on the point of reference for the observer. In his example, British and French Caribbeans share the same view from the developed West, as “Othered.” Among each other, they perceive differences which matter to them.

In the case of *same difference*, the taste is what matters. The herb, spice, ingredient, dish may be the same, but they name it differently to distinguish who they are geographically and politically. Giving a food a different name is a way that Latinos are able to establish

difference via nationality. It is interesting how “re-naming foods” is a way Latin American nations distinguish one another, but the process itself of is the same.

To end, *comiendo bien* is informed by discourses constructed by Latino immigrants in their sender countries (eating vs. snacking, *comida callejera* vs. *comida casera*, duty to the family) and in San Francisco (*Latinidad*, tasting difference, imaginary naturalness, and same difference). The discourses about eating such as the structure of the plate, creating a complete meal and eating everything are shaped by these Latino immigrants’ experiences of food insecurity and economic uncertainty in Latin America. Economic uncertainty not only led to many of these participants’ food insecurity in Latin America, but also precipitated reduced access to medical care. These conditions made it very important to eat three meals a day, become and stay healthy. In San Francisco, Latino immigrants are recovering symbolic and material losses.

The competing discourses of *comida callejera* and *comida casera* emerged to assure that members, respect their parents’ contribution to their family’s well-being. Moreover, eating food from home is supposed to ensure that family members accomplish *comiendo bien*, and indeed are making an individual effort to reduce family’s need to use medical services or miss days from work. By choosing loyalty to *comida casera*, family members are fulfilling their “duty to their family.” *Comiendo bien* thus trains participants to commit their allegiance to their family. Eating *comida callejera* has sanctions receiving reprimands of parents, as Dr. Dommarco experienced.

Latinidad, on the other hand, is constructed because many of these Latino immigrants share similar migration trajectories, experience exclusion and isolation as a stigmatized group often scapegoats for economic crises in the US. Therefore, *Latinidad* is shaped by

experiences of migration and diaspora. Once Latino immigrants come to San Francisco and seek informal (e.g., job leads, housing references) and formal support services (e.g., low-cost legal aid; food banks) they use their similar experiences to organize and gather resources and legitimate their experiences and needs. For example, Latina immigrant women who were considered middle-class in their Latin American countries knew they were starting at “zero” when they came to the US. Mariela’s description is similar to how other Latina immigrants acknowledged their downward mobility:

Mariela: I worked many years in marketing. I was a supervisor of hostesses, models, promoters, samplers. I worked in what is marketing, merchandising, marketing, many years. So, when I came here, I am zero; well, I don’t know. I studied business administration in en Perú, too. But already here, at zero, no? To start everything anew (Interview #1, lines 190-196).

Moreover, Latino immigrant families’ food and eating practices help unite them with Latinos from other countries, in particular in how they taste difference and find all food in the US to be processed. By sharing and confirming the discourses of eating, *platototes*, “street food vs. food from home” “duty to the family” etc., further legitimizes their ways of being in the world. *Comiendo bien* is informed by discourses that are also shaped by larger economic (widespread poverty in Latin America), political (immigration and border control), and cultural structures. However, *comiendo bien* is also a discursive act that regulates the legitimate representation of gender, family authority, social stratification, and Latino immigrants’ exploitation at the workplace. Therefore, the following section will discuss how *comiendo bien* is a health performance that regulates the manifestation of identities and reinforces social structure.

WHAT ARE THE ACTIONS THAT ACCOMPLISH EATING WELL?

Comiendo Bien as a Health Performance

This final section demonstrates that *comiendo bien* is a social health practice because it is a health performance that exists based on the convergence of multiple identities. Performance refers to the ability for actors' to "carry out acts" (Strauss 1993: 120) that represent a collective identity, where collective identities have a history, a discourse, rules and actors that intersubjectively convey its meanings depending on the situation and context. Similarly for contemporary ethnomethodologists (Fenstermaker and West 2002; Zimmerman and West 2002), performance refers to the ability to accomplish a structural position (e.g., gender, race, class, sexuality, etc.). From an ethnomethodological perspective, people are assessed for enacting representations and risk being socially sanctioned. In addition, performance requires interdependent activity (Garfinkel 1969). between persons because they are constitutive of each others' acts—whether or not the share an awareness of the other's culture. Strauss and the contemporary ethnomethodologists believe that actors are agentic. *Comiendo bien* is a *health* performance because it is the ability to: a) maintain well-being through eating and food and b) avoid illness that requires medical attention or bed rest.

Comiendo bien is an interdependent activity because the participants asserted that single Latino immigrants, or those Latino immigrants who are living alone in the US, do *not* eat well, nor were concerned about it. In this situation, no other person is expecting their domestic commitment to create and share a meal. For example, Veronica was sent to the US as a teenager with no family. She desired to return to El Salvador because she felt lonely in San Francisco, but decided to stay when she finally found her partner: "And then... And then... Well, and I also met my partner I already thought like: "Finally, we are a family" (Interview #1, lines 292-295). Also, before Maria formed her own family in San Francisco, she never worried about *comiendo bien*: "But there are women... that are single and they do

not have parents and say, “Why am I going to cook?” (Interview 1, line 1075). Then, in a later interview, Maria said that if a person is single “...they eat whatever comes their way, right? But already having one person present, you make your food and you eat healthier” (Interview #2, lines 609-613).

Moreover one does not necessarily need to live with blood relatives or kin to accomplish *comiendo bien*. It could be with a pseudo-family of friends that the single person lives with where each person contributes in the cooking, procuring food, and definitely sharing meals with these co-habitants. Ashley rented rooms in her apartment to single, Latino immigrants, who gave her money in exchange for room and board. In turn, she provided them with meals and emotional support--she acted as their mother. Therefore, *comiendo bien* is a communal practice that requires communal verification of *feeling full* and *tasting difference*. It seems rather lonely to feed oneself if there is no social obligation to meet with anyone for a meal.

Comiendo bien is also a health performance because it has been constructed so that multiple members of the family must engage in one or more of these activities: the activity of working for wages, procuring, preparing, serving and eating meals. Also, people are supposed to share meals with family members so that they may be assessed by other Latino immigrants regarding whether they are *eating everything* and *feeling full*. There were sanctions by Latino immigrants for not eating this way. For children, they did not receive junk food rewards after dinner. Adults were pressured by others to eat more or told they were not eating (e.g., Malena). By eating everything, Latino immigrants confirm their *Latinidad* and symbolically recover material, economic and emotional loss. Moreover, *comiendo bien* is a health performance because it reinforces the enactment of national, gender, motherhood,

and ethnic (Latinidad) identities *and* it regulates structural positions. In particular, in performing *comiendo bien* perpetuated unequal gender relations, reinforced family authority, and perpetuated Latino exploitation.

Enactments of Gender: Motherhood

In these interviews, gender was often presented as binary oppositions where women engage in a set of activities that men do not. Moreover, mothers felt obligated to comply with their responsibilities. Here, Mari is describing how the responsibility falls on the woman to promote *comiendo bien*:

I: Why does the responsibility fall on the woman?

Mari: Clearly, because the woman is the one who prepares the food, and if I say, "No, we have to eat this" but I continue to prepare a whole bunch of tamales and so many things, then what is the...what I am going to impart to them if I am saying no, but I am still giving them food like that? So, first, one has to gain consciousness; the mother above all because she is the...generally the one who cooks is the woman, not the man, right...?

(Interview #2 lines 834-845)

I: And, although the man doesn't cook, what is his responsibility to promote eating well?

Mari: Well, to provide the product to cook.

(Interview #2 lines 858-867)

However, women also did the breadwinning in Latin America, where both single and married women in this sample worked outside of the home. Latina immigrant mothers are both respected and subordinated by enacting motherhood. Similar to Erving Goffman's (1969:19-20) "impression management," having a healthy family presents to the community that she is fulfilling/performing the role of responsible caregiver and nurturer--*madre*. The family also gives her respect for her cooking. For example, when the family eats what their mother recommends, when family members compliment the flavor, or solicit a recipe this makes her an authority on food and well-being. Individually, Latina immigrant mothers do

not worry as much about their family's health if they know they ate well. Worrying would derail their own appetite and discourage them from eating well themselves.

However, Latina immigrant mothers are also subordinated in the reproduction of *comiendo bien* because the work of feeding the family (DeVault 1991), procuring food, and cooking is relegated to them. Not one of the mothers challenged this responsibility. Family members took for granted there would be a meal waiting for them when they arrived home from work or school. Also, imparting the health practices of *comiendo bien* remain a mother's responsibility. Latina immigrant mothers worry about cooking and imparting *comiendo bien*.

Also, if there was limited income in the home to buy food, these mothers were resourceful and obtained food from social programs:

Denise: ...let's say I'm a single mother, I go to one of those places that give food, too, and then they give me food and everything. In our countries, no (Interview #1, lines 1149-1152).

Maria: So, we met in the church (her friend) and you already know, two women in the house with two kids, we started going out and going to hospitals, and then they would tell you, "Over there they help you. It's on the way" And, so, that was where we went about learning about such places [food banks]. At one place they sent us to another (Interview #2, lines 786-791).

Maria's quote in particular demonstrates how she and her friend were very persistent in locating social programs and food banks that would help them receive food. This process of going from place to place to query about food banks is time-consuming. They take their responsibility to feed their families seriously, even if they cannot work or get enough help from their partners.

Imparting *comiendo bien* represents reproducing the practice and also passing customs on to the new generation including children and younger siblings. Mothers willingly

impart *comiendo bien* by replicating mama, planning and preparing meals, reproducing nationality in the form of nationality, and visually gauging that family members accomplish *comiendo bien*.

Many mothers in my study never reproduced *comiendo bien* in their sender countries because they created their own families in San Francisco. Nonetheless, they felt the need to feed and did so with customs and cooking techniques from their mothers did. They not only replicated mama's food. They shared the meanings, practices, and memories that were tied to that dish, or meal. By preparing meals and national dishes, mothers are introducing nationality to their children. They are providing children with an imagined belongingness to their parents' nation. Instead of an "imagined community" (Anderson 1991) reproduced through print media, this one is reproduced through a mother's cooking and the food her family eats.

Mothers' visual assessment of their children's and partner's fullness is generally respected and legitimate, not because they have x-ray vision that men or children do not possess, but because there are discourses about gender that perceive women as tied to the natural world and having the natural ability to assess what is good for their children. Apparently, there can be a switch in gendered activities when it comes to *comiendo bien* if mothers are no longer present in the family. For example, when Veronica was growing up in El Salvador her mother left their family and she was subsequently raised by a single father. He assumed the feeding responsibilities and imparting healthy eating habits to his children in the absence of the mother. This demonstrates that Latinos are not incapable of feeding their families, or gauging fullness. The responsibility to feed and visually gauge fullness is reified and relegated to women, but certainly not concrete or immutable. During the home visits, I

also noticed instances where men could not cook, but helped purchase last minute items at the nearby market, or calmed unruly children while the mother was cooking.

With regard to imparting assigned gender roles in *comiendo bien*, some mothers realized during the interviews that they were not breaking the gendered stereotypes that they disdained, such as not dividing the domestic work with their partners. These mothers were not teaching their sons how to cook or the importance of eating well, only feeding them. For instance, Rosa complained that her husband was not as helpful as her brother. Then I asked her if she taught both her son and daughter how to cook:

I: For your daughter and son, have you tried to teach them how to cook?

Rosa: To my daughter, yes and to my son, no. And, I think that it comes to that sometimes we are in the wrong as mothers. For example, I tell my daughter: "Serve your brother the milk!" and she tells me, "Why, if he can do it?" And, I tell her, "Because you are the woman" And right there I commit the error! Because why am I putting him in front of her? That she needs to be his maid? To the same customs that our parents gave us?

(Interview #2 lines 679-690)

Rosa demonstrates that enactments of gender are difficult to break. Although mothers acknowledge that they do a lot of work and notice that it is unequal between the genders, they continue to replicate these regulatory discourses and "customs" that perpetuate the subordination of women.

If a Latina immigrant mother was a single parent, she must bear the whole responsibility for her family's well-being, including providing the money for the food:

Denise: That is, I am in my work, I am involved with all of the problems here in the house, I have to resolve them. I have to do everything, mother, father! I have to surveil my daughters and everything.

(Interview #1, lines 418-421)

In relation to the mother's assumed responsibility to financially and materially procure foods, cook, and impart *comiendo bien*, she must also be in charge of running the home.

Family Authority

Returning to the discourse of *comida callejera vs comida casera* (street food vs. food from home), one of the characteristics that make *comiendo bien* unique is the necessity of eating homemade meals. The work that needs to be done to accomplish *comiendo bien* is tied to the work and roles of certain identity positions. For example, mothers, whether or not they are single, or partnered, are working jobs, do the grocery shopping, meal planning, preparing, and serving of the meals, not to mention, visually gauging everyone's plate. Latina immigrant mothers successfully accomplish motherhood by reproducing the cycle of *comiendo bien* in the US and preparing ethnic dishes that impart national identity.

Although less visible, husbands, male partners, or male co-habitants, are also contributing to the reproduction of *comiendo bien* by providing the money for the meal and contributing to the menu. Although his financial contribution seems obvious, it is distinctively appreciated in Latino immigrant families because undocumented immigrants and racial/ethnic minorities earn below or at minimum wage. In particular, undocumented immigrants often work in temporary or seasonal positions. If there is a male head of household in the family and he has more authority granted to him because of his financial contribution or citizenship status, then his food preferences may dominate other family members (e.g., Denise's husband). Conversely, if the male head of household is cooperative he is leading an example for the children to respect their mother. Performing the practice of *comiendo bien* also upholds standards of respect based age, where children are to be deferent to their parents and other adults (See Table 2).

Table 3.2. *Typology of Family Participation in Comiendo Bien*

	Mother	Father (Live-in Partner)	Co-Habitant Female Adult	Co-Habitant Male	Female Child	Male Child	Family in Latin America
Financial Contribution	X	X	X	X		~	
Grocery Shopping	X	~	X		X		X
Food @ Social Services	X		X				
Menu	X	X		X		X	
Cooking	X	~	X		~		
Health Values	X	~					X
Eating	X	X	X	X	X	X	

~ **CONDITIONAL**

X EXPECTED ACTION

Disciplining Subjects for Latino immigrant Exploitation

Finally, I view *comiendo bien* as a health performance because it indirectly perpetuates the economic exploitation of Latino immigrants in the US. Latino immigrants are sought as employees because they historically have been cheap labor (Gonzalez 2002), and there is a generalization that they are reliable, hard workers. On top of being denied fair wages and safe working conditions, undocumented and poor Latino immigrants do not allow illness to obstruct their employment. Latinos are proud of living by the values of working hard and appreciate the work that they have, as jobs were difficult to secure in Latin America. At the same time, Latino immigrants want to avoid falling ill so that they can continue working and support their families San Francisco and those abroad with remittances.

Comiendo bien's goal of avoiding illness indirectly supports Latino immigrants' continual exploitation in the US because they are complying, rather than using for workers' rights such as taking sick days. Had they come from experiences where they not only had job

security, but living wages, I do not believe that they would have prioritized their work over health in order to support their family. Nor would they have migrated.

It is important to remind readers that although *comiendo bien* in this section has been presented as a performance that does not change, participants are constantly changing the way that they contribute and practice *comiendo bien* due to different life circumstances, changes in their identity and personal history. The following chapter will engage with the discussion how *comiendo bien* varies among these families and what are the discursive changes that instigate these differences.

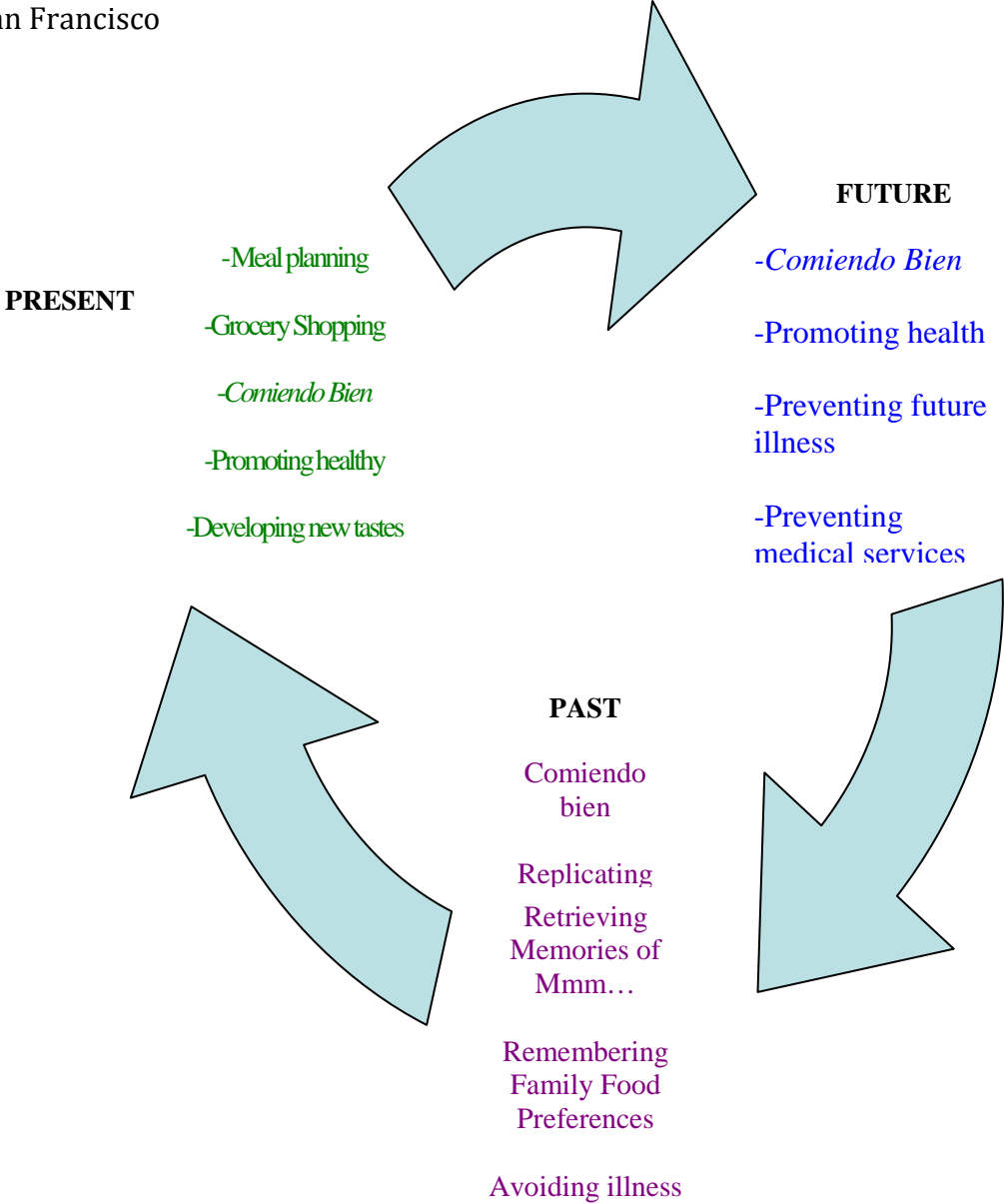
CONCLUSION

The goal of this chapter was to demonstrate that *comiendo bien* is a specific diet or a replication of nutrition; rather it is a social health practice that Latino immigrants brought with them from Latin America. However, the participants continued this practice in the US, Latino immigrants were not aware that other Latinos from other countries practiced *comiendo bien*. In fact, it is through their co-construction of *Latinidad* in San Francisco that Latino immigrants are able to identify *comiendo bien* as a common health practice. Some scholars may be disappointed that I did not describe how *comiendo bien* is uniquely *Latino*. My goal here was not to establish the criteria for *Latinidad* (nor do I believe one exists), but to present how *comiendo bien* is a social health practice that Latino immigrant families share through their experiences of exclusion, tasting difference, and economic and political insecurity in Latin America.

Comiendo bien emphasizes *how* food should be eaten in order to avoid illness that requires the use of medical services. *Comiendo bien* is a social practice because the embodied accomplishment of *comiendo bien*, “feeling full” is not only socially constructed,

but monitored by other Latino immigrants. The meals that families eat together should consist of a *platotóte* that has 3-4 dishes that represent a starch, legume, protein, or vegetable. The dishes varied by family, and not necessarily by nation. *Comiendo bien* is a social health practice that exists through a *simulataneous temporality* by summoning the past with memories of mmm... and replicating mom. *Comiendo bien* changes in the present with family members' new tastes and health concerns, and preventing illness in the future. *Comiendo bien* is also a social health performance because it informed by discourses created by Latino immigrants living in San Francisco such as “duty to family” “stereotyping the US diet,” and *the imaginary naturalness* of Latin American food. More importantly, *comiendo bien* also acts as a normative discourse that is facilitating and reinforcing the performance both individual and collective identities. At the same time, *comiendo bien* reinforces structural positions of subordination across men, women and children, but more importantly for undocumented Latino immigrants. As a social scientist coming from an interpretive, cultural studies perspective (Denzin 1992) it can be argued that any lay health practice (or biomedical practice) is a social practice that involves people, their actions, and their interpretations, as well as those institutions. However, by providing a detailed description of what makes *comiendo bien* social, I tried to humanize analysis of diet among Latinos, or any immigrant ethnic group.

Figure 3.3 The Simultaneous Temporality of *Comiendo Bien* for Latino Immigrant Families in San Francisco



CHAPTER FOUR: THE TRANSNATIONAL PROCESSES THAT ARE SUSTAINING AND TRANSFORMING *COMIENDO BIEN*

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THE MOVE TOWARDS TRANSNATIONAL PROCESSES

Unlike most health research that examines dietary changes among Latino immigrants via acculturation (Akresh 2007; Aldrich and Variyam 2001; Bermudez, Falcon, Tucker 2000; Bowie et al. 2007; Edmonds 2005; Gordon-Larsen et al. 2003; Otero-Sabogal, 1995; Winkleby 2006), I examine the changes in *comiendo bien* through transnational processes. Since I interpret culture as processual, contingent manifestations of representation (Rosaldo 1989; Denzin 1992; Strauss 1993), I do not believe that Latino immigrants living in the US merely relinquish their national and ethnic foodways for dominant, US foodways. First, it is difficult to draw boundaries between “ethnic” and “mainstream” cultures (Hunt, Schneider and Comer 2003: 973). Second, acculturation and diet research do not inquire about immigrants’ pre-immigration experiences and health beliefs to discover which changes are specific living in the US. Third, I challenge whether migration to the US is a necessary condition for transformations to occur in Latin Americans’ eating practices.

I assert that Latino immigrants’ diets were already reflecting “Western diets” in their sender countries because *transnational processes* such as the diffusion of diaspora, health, and food were producing similar changes to Latin Americans’ everyday eating (Martinez 2007). “Western diet” here refers to a diet high in saturated fats and refined carbohydrates (Popkin 2008), low consumption of fresh fruits and vegetables (Aldrich and Variyam 2001; Akresh 2007), and the high consumption of convenience and processed foods (Edmonds 2005, Popkin 2008). This description reflects the variables health researchers often use when they assess Latinos’ diets (Satia-Abouta et al. 2002). It certainly does not represent the

variety of diets consumed in the US (e.g., Atkins Diet, South Beach Diet, raw diet, Soul Food, etc.).

Transnational processes in this study refer to shared, modernized practices occurring in the economic, diasporic, and discursive social worlds between San Francisco and the Latin American sender countries represented in this sample. This definition emerged from Arjun Appadurai's (1996:37) five global cultural processes, "ethnoscapes, mediascapes, ideoscapes, financescapes, and technoscapes," where the movement of ideologies, people, media, goods, technologies, and techniques facilitate the construction of multiple modernities worldwide. Transnational processes mediate changes to Latinos' health behaviors in different parts of the world in similar ways.

Such transnational processes may inform or affect collective practices among different groups, but lead to different consequences. For example, the production of ethanol in Latin America for US markets is disputed because it reduces the availability of corn for malnourished populations in Latin America and does not necessarily reduce the consumption of gas in US cars. Although Latin America and the US share transnational processes, this does not imply that groups across the US and Latin America experience the same cultural transformations. Every locale, community, and individual will interpret and use foods, health, and knowledge differently. Therefore, transformations between US Latino immigrants and Latin Americans' practice of *comiendo bien* are not identical; they have situated differences (Appadurai 1996; Clarke 2005), which I will discuss here.

Primary Goal of the Chapter

The goal of this chapter is to present the transnational situations and processes that sustain and transform the practice of *comiendo bien*, as they emerged from the ethnographic

and interview data, and the examination of websites of transnational food companies. The transnational process sustaining the rationale of *comiendo bien* is *minimizing the utilization of medical services*. The transnational process that is sustaining the performance and reproduction of *comiendo bien* is the relationship between *engaging with diasporic communities* and *reinforcing the enactment of motherhood*. *Sending and receiving remittances* is the transnational process that is sustaining the material prerequisites of *comiendo bien* for families living abroad.

Transnational processes that change the practice of *comiendo bien* are *migration trajectories*, *the modernization of food production and consumption*, and *the transmission of nutrition discourses*. *The transmission of nutrition discourses* is a transnational process that is changing the discourse of health informing *comiendo bien* among Latino immigrants and their families in Latin America, and is taken up in Chapter Six. The travel required to reach the United States is already introducing Latino/a immigrants to cultural exchanges with food and allowing them to integrate other Latino subgroups' foodways into their diet. The modernization of food consumption is changing the *memories of mmm...* between earlier and recent immigrants, as well as introducing the regularity of eating *comida callejera* (street food) and processed foods.

TRANSNATIONAL PROCESSES SUSTAINING COMIENDO BIEN IN SAN FRANCISCO AND THE PARTICIPANTS' SENDER COMMUNITIES

To distinguish the transnational processes that are changing *comiendo bien*, I also recognize those transnational situations that sustain some of the meanings and actions that constitute the practice of *comiendo bien*. Why do Spanish-speaking Latino immigrants from different countries adhere to this practice? Utilize these two words? The sustained meanings

and actions produced through *comiendo bien* for these participants in Latin America were: *comiendo bien* as a primary health practice; mothers cooking and families eating *comida casera*; and eating a platotóte.

Sustaining the Rationale: Minimizing Utilization of Healthcare

One aspect of *comiendo bien* that continues transnationally for Latina immigrants and their families is the rationalization that if people eat well, they will avoid illness and consequently reduce their need for medical services. For example, Lorena generalizes the reasons why Latinos avoid seeking medical care services:

Lorena: ... *Lots of Latinos, we will put up with the pain...*

I: *Mmm hmm*

Lorena: *They will stay sick before going to the doctor; first, because the doctor is costly, because at times, there is no health insurance. And, because, apart from the medication, how much is it going to cost me? Is it going to cure me? Or, no? The chemicals are good, too, but they have secondary effects.*

(Interview #1, lines 793-803)

I believe that participants continue to retain this rationalization because they have had challenges obtaining medical care in both regions, though the challenges were different in San Francisco and their sender communities. In particular, immigrants from rural areas had had no geographic access to care while urban dwellers had public health or private insurance, but still had to meet out-of-pocket expenses. Once, living in San Francisco, most participants had no health coverage for themselves or their children.

Latinos at both recruitment sites and some of my participants were afraid of the price using public health services, despite the fact that they qualified for subsidized programs in the city of San Francisco. Patients are allowed to use San Francisco Department of Public Health community clinics and public hospital regardless of citizenship status (SFDPH 2010). In addition to SFDPH facilities, undocumented immigrants living in San Francisco are also

allowed to use private, low-cost clinics such as Good Samaritan and Planned Parenthood, regardless of their immigration status. Despite the fact Latino immigrants have access to some public and low-cost private services in San Francisco, key informants in my sample often avoided utilizing any services because of their lack of health insurance, lack of prescription medication coverage, the time until the next available appointment, personal time constraints, suspicions of US medicine, and/or because they did not receive a Spanish-speaking provider. None of the participants ever reported avoiding medical services for fear of being reported to Immigration Customs and Enforcement (ICE). For example, in Denise's situation, she had Kaiser Permanente Health Plan through her husband's employee benefits. However, she often tried to avoid seeking medical services because the Spanish interpreters were at times male. She was uncomfortable sharing her physical problems with the interpreter, or having them present while she was being examined (Interview #1, lines 1189-1204).

Latina immigrants from rural areas did not report grievances about the health care they did or did not receive in San Francisco possibly because they had reported more challenges accessing medical services in their former community. For example, Selena had returned to her village in Tabasco, México in 2000 in order to apply for a visa to visit the US. She had already been living undocumented in San Francisco for seven years. She remembers her oldest daughter becoming ill during this trip:

I: Ah! Would you like to return to México, to live?

Selena: To live there, it would be very difficult... That is, it would cost me a lot. I would have to go and live in another city, not on the ranch because at the ranch... I would have to live in the city... Yes, I believe that it would be too difficult to adapt there, above all because of the economy, that the money goes very quickly, everything is super, super, expensive... If they become ill, it is so much money with the doctors, one spends a great deal.

(Interview #1, lines 1381-1413)

What is interesting to note is that México provides indigent care to those who cannot afford it through its public system, but its medical services are still thin in Southern rural areas such as Tabasco (Gonzalez de Cossio et al. 2008). Moreover, most healthcare delivery systems are public in Latin America, but are primarily located in urban areas. Key informants from rural México and Perú practiced *comiendo bien* in their sender country to reduce the occurrence of illness that required seeking medical attention. Since they had not relied on formal medical care in their sender countries, they were not accustomed to readily seeking services for their family while living in San Francisco—unless they were pregnant or had a personal or family emergency.

Unlike those key informants from rural areas, most of the Central American key informants and former urban residents had private or public health insurance when they lived in their countries. Some families also had a combination of both types of insurance to cover their entire family. In Perú, Mariela had private health insurance, while her son had the state-sponsored public insurance (Interview #1, lines 238-245 and 1025-1060). However, when most of these families moved to the US, they were unable to secure the same type of jobs they worked in Latin America without legal permission to work in the US. In addition, their vocational certifications and college degrees are not from institutions accredited in the US, which limit them to lower status and low-paying positions in the US such as housekeepers, child and elder caregivers, and restaurant workers. For example, Denise was a licensed cosmetologist in Nicaragua and instead had to work as a housekeeper in San Francisco even though she was a legal resident in the US. More importantly, the types of jobs that Latino immigrants often obtain, in particular as undocumented workers, rarely provide any benefits.

Key informants remembered their mothers prioritizing feeding the family in response to their limited opportunities to obtain medical care.

VICK: Well, in México when I was little, well my mother would cook things from over there. For example, over there in México it is custom to eat things from the countryside, yes? There are many, how would I say? Vegetables that you can obtain in the countryside. So, that is what I would eat... She, with that she would nourish us, yes? So, I think that the only time we would sometimes get sick, it was from some cold, but not even with that would we go to the doctor because she would prevent it right there. So, from any other thing, we never fell ill. And, so... Well, I don't know. From my birth until, well, I came here [to San Francisco].

I: So, from this experience, what do you think is the relationship between eating and health?

VICK: Ah, well, if you feed yourself well you are going to be well. You will not fall ill, yes? Feed yourself bad and you will suffer from all types of illnesses and costs.

(Vick, Interview #1, lines 614-632)

Like Vick, several of the participants attributed their absence of illness to *comiendo bien*. This explains why Latino immigrants say that they use *comiendo bien* as a strategy to minimize the use medical services.

At the time of the data collection, most of the Central American families who once had reliable health insurance were now entirely uninsured in San Francisco. They did not rely solely on *comiendo bien* to maintain their health. They also had regular physical examinations with a physician. However, in the absence of medical services, they consciously enforced and imparted *comiendo bien* living in San Francisco. Margarita rationalized eating healthy could maintain her family's health and reduce the likelihood of medical expenses:

If you notice, that, well on the regular, what happen is that at least me, since I have arrived I have not visited the doctor, right, to do my check-ups and everything because... It's not that there are not places, what happens is one with the time and we say "for tomorrow, for tomorrow" and that is how the time is passing, but until now, no... What we have tried, well, to do, is perhaps make the meals more healthy, not like the way we were used to in our country

[El Salvador], *that one eats more fried things ...to try to take care of our health and well, here, maybe since we cannot count on medical insurance, what we are trying is to take care of ourselves so that we do not go to the hospital for an emergency or something, well, something that maybe we are not prepared yet to pay the treatment. So, what we are doing is to take care of ourselves, what it is that we eat in our home.*

(Interview #1, lines 420-435)

Mariela has utilized low-cost clinics in San Francisco for her physical exams, yet she continues to *comer bien* (eat well) in order to avoid developing an illness that requires paying for prescription medications (Interview #1, lines 225-236). In Perú, Mariela was less concerned with monitoring what her and her son ate, such as restricting the consumption of sodas and fast foods, because her family had insurance (Interview #1, lines 569-579). However, now that her family is underinsured and she has job security, she is becoming more concerned with what her family eats. Mariela's lack of coverage also prompts her to eat well and feed her family well, so that she does not have to purchase unaffordable prescription medications. In the literature, undocumented Latino immigrants across all sub-groups are less likely to fill their prescriptions and it may be related to their lack of insurance and limited economic means (Weinick et al. 2004). Whether Latino immigrants have barriers to medical care in the US or in Latin America, they rely on *comiendo bien* as a primary health practice to avoid illness and reduce the use of medical services. This rationalization to stay healthy and the discourse which upholds eating well is the transnational situation of unreliable and limited access to medical services. Latino immigrant families in this sample were more likely to obtain health insurance in San Francisco or seek low-cost services if the mother had a post-secondary education from her country or used medical services there.

This rationale is not divorced from the social reality that working-class, primarily undocumented, Latino immigrants in San Francisco and Latin Americans in rural or poor

urban areas share access issues due to inequalities shaped by individual and structural racial/ethnic and class discrimination. Those persons who live in rural areas in Latin America are generally the indigenous, racial, and class minorities. Both the United States and countries in Latin America have wide income inequalities, where less than 20% of the population receives the majority of the earnings (Navarro 1999; Navarro et al. 2001). Having social and economic barriers to medical services is not only a transnational situation shared between transnational regions, but is also perpetuated by economic inequalities related to privatization of health care delivery systems.

The lack of private or public health insurance coverage is becoming an issue in Latin America because the administration and management of healthcare systems in Latin America are becoming more privatized. There has been an expansion of managed care organizations (MCOs) in Latin America, transforming public insurance programs into more privatized systems (Jasso-Aguilar, Waitzkin, and Landwehr 2004). Managed care companies also reduce the use of low-cost effective treatments in favor of making expensive technologies, such as magnetic resonance imaging, a priority (Anderson et al. 2004). Thus, it is not only the custom and practical knowledge of *comiendo bien* which is sustaining the practice, but also the lack of formalized, adequate healthcare transnationally encourages Latina immigrant and Latin American mothers alike to take care of their families through eating.

Sustaining Performance: Engaging with Diasporic Communities, Facilitating the Reenactment of Motherhood and Social Exclusion

Why is *comiendo bien* still practiced in San Francisco by Latino immigrant families? In the previous chapter, I briefly answered this question when I was describing how a diverse group of Latino immigrants living in San Francisco collectively constructs *Latinidad* and the

practices that constitute it through food and eating. Another transnational process that is sustaining *comiendo bien* is the interaction taking place in diasporic communities. Diaspora refers to a geographically dispersed ethnic population who sustain their distinctive identities, lifestyles, and economic ties to their sender community (one can be apart of a diaspora without a nation) (Marshall 1997:159). Diasporic communities are created to provide the material and social conditions necessary for the replication of identity positions that are co-constitutive with ethnicity or nationality (Appadurai 1996; 1999; Hall 1991). I conceptualize diasporic communities to be the formal and informal social spaces in which immigrants conduct their everyday and cultural activities. For example, a community-based organization that provides social services strictly to Latino immigrants, or a group of Honduran men in San Francisco who meet to play soccer once a week at Dolores Park. In this section, I shall refer to the Latino immigrant community in San Francisco as a “diasporic community” because it consists of multiple national and ethnic enclaves from Latin America.

When immigrants settle into new countries they are not always culturally isolated from their previous locales (there are exceptions though not in these data). In San Francisco, transnational communities continually share cultural practices with family and friends in both regions through collective meaning-making processes. Latino immigrants’ pre-immigration practices and beliefs about *comiendo bien* thrive in San Francisco because of people’s attachments to identity positions in the diasporic community. In particular, the continuity of *comiendo bien* lies in the ongoing performance of motherhood. The enactment of motherhood is not limited to women, if we recall the story of Veronica’s single father who assumed mothering responsibilities. Nevertheless, most mothering is both relegated and transmitted to females. Women continue practicing *comiendo bien* with their families and

transmitting the practice to their daughters because living in a diasporic community reinforces the imagined, idealized constructions of motherhood (Anderson 1991).

Latina immigrant mothers are both the initiators and leading stars in the performance of *comiendo bien*. During the interviews and home visits, the mothers were responsible and felt compelled to promote *comiendo bien*. Immigrant women not only have mothering relationships with their own families, but also carry such roles and responsibilities into forging transnational communities in their new countries (Alicea 1997). At *Mujeres Unidas y Activas*, it was usually the women's responsibility to lead nationalist practices and organize cultural gatherings in the community. One key practice that women used to promote historical and national ties of their sender countries was to cook national or regional foods. For example, when Mexicans made tamales during special occasions, or when Mari Cruz prepared *juanes* to Peruvian celebrate a national holiday. Not to mention, the key informants from *Mujeres* organized labor protests and participated in immigrants' rights demonstrations. Their obligation to promote communal wellbeing extended outside of their domestic responsibility to feed, maintain their family's health, and recreate *memories of mmm...*

Latina immigrants in this sample were also normalizing gender discourses by transmitting the practice of *comiendo bien* to their oldest daughters. For example, I conducted a home visit during a time when Denise was preparing a meal for her family. She was running late for work but she still needed to finish one dish to complete the *platotóte* for that evening. She left the responsibility for finishing the meal to her oldest daughter, who was 13 years old. She was charged with frying pieces of yucca for her siblings and was also supposed to make a new batch when her stepfather came home from work. Denise left the yucca pieces cut and the oil in the pan on top of the stove.

At one of the recruitment sites a few days later, I saw Denise's daughter and asked her how her fried yucca came out. She was a little surprised that I asked this question, but she said, "Good," and I smiled back. When I asked this question, I did not realize that I, too, was affirming the transmission of cooking and *comiendo bien* onto the daughter, although I asked the question as a researcher curious about her following through her mother's request. Latina immigrant mothers seeking a little help in the kitchen, are also indirectly *transmitting the practices of comiendo bien* to their daughters, particularly the oldest daughter.

Besides the cooking skills necessary to prepare *comida casera*, Latina immigrant mothers are transmitting mothering skills and ingraining *duty to the family*, both fundamental to initiating *comiendo bien*. For example, Claudia was separated from her children when she was being smuggled into the United States. During this separation, Claudia's oldest daughter, who was 11 years old at the time, was entrusted with taking care of her siblings while they were traveling across the border. The adults who received the children on the other side of the border were Claudia's in-laws. They praised Claudia's daughter for her maturity (Interview #1, lines 126-130).

She said "No, well your children are fine. Your daughter is very responsible. Your daughter" she said, "for her age." My daughter came when she was eleven. "She is very responsible." She said, "No" she said, "We ...we do not want you to take them. Now, you are going to go by yourself to San Francisco, you will leave them here with me, I am going to adopt them" she said, "More so, your oldest daughter."

(Interview # 1, lines 859-866)

When Claudia's in-laws indicated that her daughter was very mature for her age, they were also reinforcing Claudia's efforts to transmit mothering responsibilities to her daughter. Claudia was proud of sharing this detail in her story because she was pleased to see that her

efforts at raising a mature, responsible daughter being acknowledged by an older Latina immigrant mother, who has more status than she does as a younger adult.

Moreover, her daughter's "othermothering" (Collins 2000) was useful during this separation. Othermothering is basically when women take care of children who are not biologically their own. Different from Collins' use of the term, among these Latino immigrant families, mothering responsibilities are not limited to adult women, but also include pre-adolescent and adolescent children who are older than their siblings. There are also cases of adult othermothers in the Latino immigrant community such as Ashley, who cooked and cleaned for three Latino immigrant men from México, Perú and Guatemala, who lived with her. Othermothering within families and among Latinos serves to create alternative communities in the face of ethnic, economic, political, and social exclusion.

Half the key informants in this study started their own families in San Francisco. As soon as they were partnered, they started promoting *comiendo bien* to their partner. Once they had a child, the mother also took on the full responsibility and obligation to feed the family and care for their family's overall health. Living in a diasporic community facilitates the representation and intersubjective performance of motherhood. Likewise, *comiendo bien* is a normative discourse that cannot exist without the convergence of multiple identity positions of each family member. The (re)interpretation and (re)presentation of *comiendo bien* are not only shaped by the family's *memories of mmm...* but are also influenced by the presence and judgment of other Latinos (or at least the mothers' and othermothers' perceptions of other Latinos' judgments). Social engagement in diasporic communities urges new Latina immigrant mothers to perform motherhood, transmit the position, and its related duties in the US.

Subsequently, the production of diasporic communities involves the production of institutions and businesses that produce the objects and social settings necessary to reproduce ethnic practices. As briefly discussed in the Introduction, the Mission District represents the physical diasporic community which supplies the goods and services Latino immigrants in San Francisco use to enact *Latinidad*, national origin, and motherhood, among other positions. Social conditions in San Francisco encourage this diverse group of Latina immigrants to adhere to their performance of motherhood, and the entailed responsibility to feed the family and impart health. First, *Latinidad* is reinforced with the arrival of new immigrants. Since the 2000 census, there has been a 12.6% increase of foreign immigrants in the San Francisco-Oakland-San Jose metropolitan area (Federation for American Immigration Reform). The Latino immigrant diaspora in San Francisco is diverse as it has grown to include Central Americans leaving war-torn areas during the 1980s and 1990s and South Americans leaving extreme poverty in South America (Gonzalez 2000). Second, there exist a number of local, Latin-owned businesses that provide most services in Spanish and transmit money, food, and goods between Latino immigrants in San Francisco and their families in Latin American countries.

Six of the families observed did not live in the Mission District, but regularly frequented the Mission to obtain services in Spanish such as tax preparation, social services, and health care. They also frequented the Mission to buy groceries from their countries of origin which they could not find in their own neighborhoods. The supermarkets located in the Mission sell produce, prepared foods, and processed foods imported from these countries. There is also a branch of the San Francisco Community Colleges located at 22nd Street and Valencia, where some of the participants studied English and general education in Spanish.

The participants wired money abroad through agents in the neighborhood and Latin American banks such as *El Banco Agrícola San Salvador*. Participants would visit the Mission to purchase calling cards to communicate with family in Latin America and international cell phone plans to keep in touch with their families abroad. I asked the participants to share with me their favorite restaurant in San Francisco, and almost all of them were Latino ethnic restaurants located in the Mission. In the case of food, there are over 1000 restaurants in San Francisco that fall under Mexican, Guatemalan, Honduran, Nicaraguan, Peruvian, or Salvadoran food (Yelp.com).

Engaging in diasporic communities is a transnational process that facilitates the reproduction of motherhood and *comiendo bien*. The example that crystallized this relationship for me was when Mari learned how to make burritos from her sister-in-law who came to visit the US.

Me: So, before moving to the US, what did you know about US food?

Mari: Well nothing, nothing because over there (México) the only thing that they would tell us is that here [US] there are burritos. And, I was like, "What are burritos?" They would tell me: "It is a quesadilla, this big" (gesturing with arms to indicate enormity). And, my sister-in-law would tell me: "Look, you put beans, you put rice, you put meat, you put everything you want and you wrap it up, and you make a burrito." But never... Never had we eaten that. We started eating that when we came here [San Francisco]...

(Interview #1, lines 655-674)

What is ironic and interesting is how the sister-in-law is teaching a resident of Mexico (as Mari lived illegally in Mexico City) how to create a dish that is a stereotypical food for both US-Americans and Mexicans. In this case, the sister-in-law's engagement with the Latino immigrant community in the US allowed her to taste and transmit the production of this food across borders. Mari's sister-in-law was really transmitting a dish created from the Mexican diaspora and border between the US and México. If the transnational processes of

travel and migration were not at work prior to this cooking instruction, Mari would have had less chance of being exposed to this “other” food.

Local Latino businesses are dispersed across San Francisco and other major cities. The presence of these restaurants and ethnic markets allows Latino immigrants to consume and purchase imported food from their sender country, prepare national dishes, and obtain their *memories of mmm...* Even if they are *tasting differences* in the foods compared to remembered tastes, it was still a relief to find similar objects. More importantly, these services allow Latino immigrants to maintain contact with their families abroad and continue living in San Francisco so that they can work and support their families abroad with remittances and/or goods from the US. The availability of these services as well as the engagement with other Latinos in the Mission and other spaces where Latinos meet produces the symbolic and material components that bring Latinos together to perform their ethnicity.

Dealing with Social Exclusion by Engaging in Diasporic Communities

Latino immigrants create diasporic communities because, despite their historical presence in the US, they are largely excluded from the dominant areas of economics, politics, and culture in the US, San Francisco in particular. Latino immigrants are equally discriminated against by English-speaking and US-born Latinos.

And there, a Latina lady came out and said: “No. You must take you’re your children to the street,” I don’t know ... “If not, we will not be able to assist you.” We took them into the hallway, “No, it has to be outside on the street” the lady said. So, we were like, “How are we going to take our children to the street and we stay inside?” “It is better if we leave,” I said. We returned later, but for the family [donations] in the morning, and a nice gentleman, really good person, assisted us. And even better, he even took out more things for us to take. So, the difference, like I said, sometimes the Gringos behave better than the Latinos, in some ways.

(María, Interview #2, line 402-419)

Maria was expecting the lady to be more informative about when they could return with their children because she looked Latina to them. Latino immigrants are often disappointed when they meet US-born Latinos or English-speaking Latinos who do not treat them with respect. In another scenario, the women at *Mujeres Unidas y Activas* say that they disdain working for US-Latinos because they do not pay them on time or treat them as equals. I think it is also a cultural encounter where US English-speaking, Latinos and Latino immigrants do not know their “lines of actions” (Blumer 1969). Moreover, US-born Latinos and English-Speaking Latinos want to be as distinguishable as possible from the stereotypes of Latino immigrants: family-oriented, non-English speaking opportunists of social welfare programs in the US. So they speak to Latino immigrants in English only, or do not assist them in obtaining social services. In these situations it makes sense that Latino immigrants continue collective practices, whether they carried them from the sender country or constructed them in their diasporic community, because it is safe for them to navigate, integrate, and resist. *Comiendo bien* is a “symbolic universe” they are familiar with (Strauss 1993, citing Cassirer 1944:25).

Meanwhile, acculturation as it is used in health research suggests that immigrants are slowly abandoning their cultural values, customs, and practices for those of the host culture (Segura and de la Torre 1999; Amaro and de la Torre 2002). The end result is for immigrants to become indistinguishable from the dominant culture (Marshall 1997). It is unlikely for most Latino immigrants and some US-born Latinos from the lower and middle classes to become *indistinguishably* integrated with the dominant culture because of their physical features (if they are not white), accent, and/or gestures and mannerisms which are generally not congruent with the legitimate discursive bodies of White, heterosexual, upper-class men and women (Butler 1993; Inda 2003). For example, one of the directors of the *Cuerpo Sano*

¡Activaté! Program was a White, American woman who spoke Spanish. The Latino immigrant mothers were very cooperative during the children's cooking class and tried to prepare the same healthy recipes at home. The mothers would modify the recipes at home by adding their own cilantro, chili, cumin, etc. Preparing these "American" dishes precisely as following the recipe would not open the door to US culture because it does not dismantle the racist and ethnic hierarchies present in the US (Omi and Winant 1994). Integrating US diets (healthy or unhealthy) does not promise cross-cultural enrichment.

These families are live, work, and play among compatriots and other Latino immigrants in order to accomplish the common goals of working to support their families abroad and/or taking advantage of political and economic opportunities they would not otherwise have in their countries. Living among other Latino immigrants stipulates that Latino immigrants perform prescribed identity positions because they are still being assessed by their peers and by themselves for enactment of identity positions. So, the need to engage with a diasporic community because of social exclusion and the assessment of identity positions taking place in these social universes promote the performance of collective practices such as *comiendo bien*.

Sustaining the Material Conditions of Comiendo Bien: Sending and Receiving Remittances

Eight key informants sent remittances regularly to their family members abroad. Remittances are monies that are sent by migrant workers to their families in their former country. Remittances were often sent to families in Latin America to offset some of their living expenses, pay for medications, schooling, and even subsidize their migration to the US. The ability to send remittances is facilitated by money wiring agents such as Western Union and Money Gram, which make it possible to send money in a matter of minutes in

most cities and towns in Latin America. The technology required for this service is minimal, now that information and communication technologies are more widely available. Unlike opening a bank account, wiring money does not require state documentation. The cost of sending remittances is also lower now than in the 1990s (Orozco 2004). Money wiring services are available all over San Francisco in travel agencies, check cashing stores, neighborhood convenience stores, and mobile phone stores.

The increased availability of money wiring agents in Latin America and the reduced cost to send remittances ensures that families abroad safely and promptly receive their money, without the risk of being lost in the mail, or stolen by a traveler entrusted with a money delivery.

Malena: *When I came [to San Francisco], I had a lot of Mexican money.*

I: Mmm hmm.

Malena: *And, I put it in a letter for my mom and I sent it with a cousin. Well, my cousin came and opened the envelope and found the Mexican money and she kept it.*

I: Oh no!

Malena: *And she only handed the money that was in dollars. And, well, it's really ugly that one cannot even trust one's family with things you send with them. I think it was the last time I sent money with a family member directly. So, I prefer to send it through an agency than with people.*

(Interview #1, lines# 1003-1019)

Malena was sent to the US by her parents to work and send remittances to support her family. Sending remittances is a way to fulfill *duty to the family* and is an expected line of action immigrants do. Sending remittances is a transnational process that sustains the practice of *comiendo bien* for family members who remained in Latin America because the financial help from remittances allows family members to avoid food insecurity. Mariela and Veronica believed that sending remittances helped offset their family's living expenses, including food:

Veronica: *But for them, it is very difficult. So, he uses the money for that, to pay the telephone, the food, the light, which is also very expensive. So, yes, so to speak, it is not like I send him the money and let's go shopping. No, it is for the basic necessities of his house.*

I: *And, so, do you think that the remittances that you send help your family over there to eat well?*

Veronica: *Yes.*

(Interview #1, lines 596-615)

I: *And, how do you make sure that your son and daughter who stayed over there [Nicaragua], how do you make sure that they eat well?*

Denise: *Well, my son lives with my sister. I send them money, too, so they never lack food. Over there, there is always food for the three times; the same with the other girl.*

(Interview #2, Lines 762-767)

When most of the participants lived in Latin America, meat was very expensive and was limited to a few times a week. However in Mari's case, she was able to feed her family meat regularly because she was receiving remittances from her husband living in San Francisco.

Mari: Because ten dollars from my husband, here [in San Francisco] one eats almost nothing, no? And, with ten dollars over there [México], with 100 pesos, so, over there, with 100 pesos you can cook for almost a whole week.

I: Wow!

Mari: Yes. So, I did not need to buy a kilo of meat, with half... Half a kilo of meat, no, well, it was more than enough for me and for my son. Then, I would make it breaded, breaded for everyone. We [ate] that for dinner that day and then the next day for breakfast, and still, there was enough for leftovers that day, and the next (laughing).

(Interview #1, Lines 1131-1148)

Receiving remittances is not a limitless resource, but this money allowed Mari to have another component to her *platotóte*—meat.

In addition to adding to the food budget for family abroad, sending remittances is normalizing the discourse of *duty to the family*. I was amazed by Vick and Malena because they traveled to the US alone and lived alone for many years prior to starting their own

families. Although they did not have any immediate family judging their actions in the US, they continued to comply and send money to their families abroad. They were assessing their own actions. Interestingly, US-born children of Latino immigrants understand the discourse of sending remittances as a *duty to the family*, too. After visiting México for the first time, Malena's daughters did not want to leave and offered their mother an alternative:

At the end [of the trip], before coming, since my mom worked in a factory to make...for the leaves of the Mexican tamales, the corn husks, and then my daughters would tell me: "Mommy, cancel our tickets. We will stay here, we will stay and work with our grandmother and we will send you pesos to the US, instead of you sending us dollars [We both laughed].

(Interview #1, lines 394-401)

Besides her daughter's actions alluding to the discourse duty to the family by assuming that they will work and send money to their mother, Malena's daughters understand that sending remittances is a transnational process and that the currency has to be changed. However, what they did not realize was how the conversion of pesos was not equivalent to dollars.

Receiving remittances also increases food consumption in their own country.

Mari: Because, for example, my husband used to send me \$150 every fifteen days. For me and my son alone, it used to last us very well. What happened was that I always go and buy one thing and the other, I would always go. I would always rush for the money, but it was not because I did not have enough money with what he used to send me, because by him sending me \$150 every fifteen days, it was 1500 [pesos] every fifteen days. So, for the food it was more than enough. For us, it used to be enough.

I: Mmm hmm.

Mari: So... but here [in San Francisco], \$150 every fifteen days is nothing. So, what happens is that when you come here [San Francisco]... the woman, more than anything, because the man almost always is here, no? He comes beforehand, or whatever. So, then the woman comes and then she cannot stay in her home like in México, so to speak. [In México,] We stay put and we are in agreement that we will receive money. And every time that the money arrives, we just go, change it, and we go and do the groceries. If you do not work, there is no problem because you have [enough] to eat.

(Interview #2, lines 952-973)

In this example, Mari felt that her husband's remittances were enough to grant her and her son food security, without having to worry about working. She is also saying as the recipient of remittances in México City, how she did not realize that the money that her husband sent her was not very much money in the US. What I think is also interesting is that she is measuring her economic status by her ability to feed her family. In México City she did not have to worry about paying rent, taxes, or many other utility bills because she owned her own home. However, in San Francisco having the ability to feed your family may not mean that you are financially stable. Mari is providing the perspective of the remittance recipient and demonstrating how she was *not living in the dollar* in México City. After living in the US, she had an epiphany (Denzin 1992) and realized how hard it was to be financially supported by her husband. It is easier for Latino immigrants to support their families transnationally, rather than having them live with them in the US.

Engaging with the people in diasporic communities allows Latino immigrants in San Francisco the ability accomplish *duty to family* transnationally and in the performance of *comiendo bien*. First, the practice of *comiendo bien* is sustained transnationally by the enactment of motherhood across both regions and women's commitment to feeding their families and imparting the practice. Nonetheless, young girls and women would not feel obligated to reproduce *comiendo bien* and care for their families if they were not interacting with another group of Latino immigrants who were acknowledging their mothering and othermothering as good behavior. Sending remittances is informed by the *duty to the family* discourse and allows several family members left behind in Latin America to feed their families. Moreover, I think that receiving remittances, as in the case with Mari, may encourage migration to the US because the remittances that Latin Americans receive may be

interpreted as a great deal of money in Latin America, but the resource is not indicative of Latino immigrants' hardships in the US or during their migration.

TRANSNATIONAL PROCESSES TRANSFORMING COMIENDO BIEN

Those transnational processes that change the practice of *comiendo bien* are going through migration trajectories and the modernization of food production and consumption. *Migration trajectory* was a category that I created to portray the rupturing social experiences that resulted from the participants' spatial, temporal, and cultural journey to the US via illegitimate and legitimate means. I write "legitimate" and "illegitimate" means since many people used a combination of visas and human smuggling to reach the US. Experiencing a migration trajectory changes the practice of *comiendo bien* by exposing Latino immigrants to other countries' food and foodways and by impeding the possibility to practice *comiendo bien*. The modernization of food practices refers to increasing the availability of mechanically produced food, fast food and convenience food to facilitate a busy lifestyle and allow Latino immigrants and Latin Americans to experience modernity through their mouth.

Transforming the social conditions of comiendo bien in the migration trajectory

If I am arguing that changes to *comiendo bien*, do not necessarily require migration and settlement to the US, then why do I present a section on migration? Changes in eating practices and the beliefs about food are not only changing in Latin America or in San Francisco, but also during migration to the US. Through the stories of five Latina immigrants, Mari, Mariela, Mari Cruz, Margarita, and Ashley, I learned how migration to the US was an experience that could shape the practice of *comiendo bien* in San Francisco. The actual experiences endured during human smuggling are generally overlooked in dietary research. Nevertheless, the migration of Latin Americans to the US is a transnational process

that will not be ignored in this project as it is a meso-level process which connects structural inequalities and Latin Americans' motivation to move to the US.

Transnational migration is also a transnational process, where the activity of relocating to another country involves layered networks of smugglers, the enforcement of border politics via immigration law enforcement, and finances to facilitate the legal and illegal movement of Latin Americans in and out of the US. Prior to my interviews, I had no idea how long, temporally and spatially, nor how arduous the journey is for those persons smuggled into the US. Those Latino immigrants smuggled in this sample did not make it to the US in one trip, but in several voyages.

A *Migration trajectory* is a consequence of being smuggled through several international borders, including the US. *Migration trajectory* is an adaptation of Strauss's (1993:53) *trajectory*, which asserts that trajectories arise from "multiple actors and unanticipated contingencies that are not manageable." These key informants encountered several unanticipated difficulties and situations that affected their ability to *comer bien*, or eat well. Key informants who traveled from Perú or Central America traveled through several borders on their journey to San Francisco. In three cases, key informants even *lived* in another Latin American country before reaching the US. There are also situations in which participants did not live in other countries, but they had the opportunity to live in other cities in the US before moving to the San Francisco (See Figure 4.1). Their journeys were extended because they either exhausted funds to continue traveling to the US, they were deceived by their smuggler (coyote), or the mode of transportation between borders was not very efficient (traveling on foot). Those persons who are smuggled travel through borders through legal

means when possible. For instance, Mariela, and Margarita obtained tourist visas to travel to México and from México they were smuggled into the US. (See Table 4.1)

The *migration trajectory* that each of these women endured was complicated and often traumatic, whether key informants were traveling alone or with their children. Traveling became complicated for Margarita and her family because her whole family was separated during their travel from México to San Francisco. Margarita and her son entered into México with tourist visas. In order to minimize the danger of kidnapping, assault, or injury from using human smugglers, Margarita and her husband decided to send their two daughters on a plane from El Salvador to San Francisco using false documents. The daughters were discovered by immigration officials in the US and were detained temporarily by Customs and Border Patrol. Later, a Catholic sanctuary in Seattle took Margarita's children into custody. Margarita's husband had already been living in San Francisco for over two years. Lastly, Margarita crossed the border with her youngest child by car (Interview #1 Lines 1-240).

Table 4.1 *Mode of Entry*

Key Informant Pseudonym	Year of Migration	Age of Migration to the US	Sender Community	Mode of Entry	Migrated with Children Y or N
Malena	1988	18	Jalisco, México	Smuggled	N
Vick	1993	21	Durango, México	Smuggled	N
Selena	1993	19	Tabasco, México	Smuggled	N
Veronica	1995	15	Sonsonate, El Salvador	Smuggled	N
Susana	1996	26	México, DF	Smuggled	Y
Rosa	1996	23	México, DF	Smuggled	Y
Mari Cruz	1998	22	Tinga María, Perú	Smuggled	N
Lorena	1999	18	Michoacán, México	Tourist Visa	N
Ashley	2001	43	Guatemala, DF	Smuggled	N

Claudia	2002	27	Morelos, México	Smuggled	Y
Mari	2005	52	México, DF (Peruvian)	Smuggled	Y
Denise	2005	35	Managua, Nicaragua	Visa	Y
Margarita	2006	32	San Salvador, El Salvador	Tourist Visa to México; Smuggled to US	Y
María	2007	27	Tegucigalpa, Honduras	Tourist Visa to US	N
Mariela	2008	28	Lima, Perú	Tourist Visa to México; Smuggled to US	Y

In some circumstances family separation was not a strategy that families negotiated in their migration trajectory. Other mothers were surprised when the coyote separated their family. Below is Claudia’s description of her reaction to her smuggler when she found out that her children were going to be smuggled into the US without her:

Claudia: I said: "Oh no! It's that you are strangers! How am I supposed to turn in my children?" I said to them, "And, if you kill them and you open them up from here, from their chest, to down here, to stuff drugs into them and pass them as if they were asleep?" because one has seen that, "Or, if you sell them to another family, what will I do?" How will we find them? How will we look for them? He said, "Please do not think of the worst because the worst will not happen, have faith." And well, I relaxed and kept faith.

(Interview #1, lines 41-50)

In addition, this group of participants described their migration trajectories as being “traumatic,” “sad,” “difficult” because they faced the danger of being caught by immigration officers from Guatemala, México, or the US and suffered physical and emotional distress during their journey. “It seems like a lie that I was going through those countries...And like that, see? But, I came from there [Perú] alone. Alone I tried to come but it is so much danger that one goes through and that is the reason...” (Mari Cruz, Interview #1, Lines 117-122).

The first time Mari Cruz says “going through” she used the word, “atravesar” which in Spanish means to go through borders *or* to go through crisis. Mari Cruz crossed the border between Guatemala and México in a hidden luggage compartment of a tour bus. She almost drowned the first time she crossed the Río Grande. “But the second time, they tried to have me pass and I also came frightened by the river, because like the first time I was going to drown” (Interview #1, lines 36-40). She endured all this suffering and could have risked her life because she sought safety and refuge in the US from local terrorist groups in Perú. Even with the horror stories of being smuggled featured on the nightly news all over Latin America, and the personal experiences that people endure, Latin Americans still want to make their way to the US because of legal, economic, familial and safety issues.

Ashley started her migration trajectory in 2001. She came to the US because she was a police officer in Guatemala City and she said that her life was in danger. She left her children with her oldest daughter. Ashley had a tumultuous migration trajectory because she attempted to be smuggled from the Guatemalan border into Mexico three times. On her second attempt she was detained by Mexican immigration authorities. She was also detained by the US-México border. On top of this, Ashley was sexually harassed by her smuggler.

One of the coyotes that were coming with us tried to seduce me. And, he did it in the passage through the Rio Bravo, where I had to pass. The man touched me. I do not know how I can tell you...I told him, "Why are you doing that? I am paying you the trip," I told him. "And that is what they do to women that do not go giving you money, but you cannot touch me. If you touch me, I will throw myself here, into the water," I told him. "But you are going to die," the man said...To me, he touched my legs," I said...That is the cost. You assume that you will not go through hunger, that you will not go feel cold, that you will not go through rape.

(Interview #1, lines 116-135)

In relation to *comiendo bien*, the experience of being smuggled often does not allow Latino immigrants to eat well. Those enduring migration trajectories that were traumatic also

experienced a rupture in their daily health practices, including *comiendo bien*. If we return to the principle actions of *comiendo bien*, it is a social health practice requiring planning and preparation of homemade meals, sharing these meals with family, and eating meals two to three times a day. These practices were temporarily paused because during smuggling they do not have the means or ability to cook. Also, while they are traveling they are separated from their family and they are not emotionally well or consciously eating. Survival was being negotiated over wellbeing. Sometimes, it was better not to eat or drink because of the conditions in which they were being transported.

Mari Cruz: They took us in a bus that is... Those luxury buses that go from that location to the capital [México City], and they are buses that underneath they have a luggage compartment. That is where they put me, in the luggage compartment. From there to there it takes like 14, 12 hours stuck in there and we were three people going.

I: What did you take with you? What did you take with you when they put you down there?

Mari Cruz: Me, nothing.

I: Only your clothes?

Mari Cruz: Yes, my clothes, nothing else and the money that I had...

I: Not even water, no?

Mari Cruz: No, it is because we could not drink water because we all emptied ourselves out in the bathroom so that we would not have the urge to urinate. So, we did not eat nor drink water so that we could go in there. They would tell us, "Now go to the bathroom!" In the end, I did not drink water because of the fear and from nerves, all of the sudden they are going to... This time, not anymore.

(Interview #1, Lines 339-362)

Even though it was unhealthy to go through so many hours without drinking water or eating, Mari Cruz just wanted safety and to avoid immigration authorities. Her nervousness impeded her desire or physical need to eat. Unlike the key informants that I have talked about so far, who are travelling from countries in South or Central America, Susana was from Mexico City. Nevertheless, during her migration trajectory she had to walk through the

Northern Méxican desert with her son. Walking such long distances was something Susana and her son did not prepare for.

Susana: It was really sad because we walked much at night. The boy could not take it anymore, the truth is, he could not take it anymore. The people who we came with helped me a great deal, they carried him. We did not bring food, nothing, nothing. The ones that came with us, they did bring, I do not know if they brought water or bread, but I did not bring anything but water, but our water finished and um...

I: Why didn't you come more prepared? You did not know?

Susana: No, I did not know. No I did not know. And it's that they [smugglers] would tell us "It's that you cannot carry anything because you are going to walk a great deal, you cannot walk carrying suitcases, you cannot take a backpack, nothing!" But the other people, well they did bring their backpack and they did bring their small tacos that we...their little ham, but that was for them, it barely was enough for them. For us... for me, I would become very ashamed asking them as I also came with another young woman. So, it was one evening and two days that we spent, but I would look at my son and I would say, "Oh God, not while we are walking."

(Interview #1, lines 50-72)

In this situation there was a lack of food for her and her son while they were engaging in arduous physical activity. Even though Susana feared for her son's life she was negotiating whether to ask other people for food. I often wondered if her shame in asking stemmed from worrying if others would judge her for not being a good mother, or worrying how she would deal with not sharing any food with her traveling companion. Traveling with human smugglers is not like traveling with through a travel company. One pays a large sum of money, much more than traveling by air and purchasing the visa, and you are not guaranteed anything, not even safety. It is the uncertainty and misinformation about being smuggled which adds to the duress of this type of rupture. Susana feared her son would fall ill, or would die from his lack of nourishment.

Sometimes, even when the key informants and their families had food at their disposal during migration, the emotional distress of the condition did not allow them to eat well.

Margarita was caught at the México-US border by US Customs and Border Protection, where she and her son were detained for over two months.

I: *Let us return back to the time when you were detained at immigration... may you please explain how were the conditions that you were in, like physically?*

Margarita: *Food, yes, well good. But possibly the emotional condition that one has, because I lost plenty of weight in those days. It was not that I did not eat, if not because my mood, it was not well, possibly he [her son's] felt well. Then possibly during meal times I would do them because I had to eat, not to enjoy my food...*

(Interview #1 lines 380-387)

This quote brings us back to a condition of *comiendo bien* that was discussed in Chapter Three regarding the relationship between eating and emotions. Here, Margarita ate her meals at the detention center to fulfill a physical necessity to eat. These meals were not eaten with satisfaction or pleasure, so she did not really enjoy her food. She could not feel full or feel satisfied, when she was separated from her husband, uncertain about the future, and was being detained by immigration. Nor, did she choose her meals, they were given to her. It did not represent *comiendo bien* because it was not fulfilling a *memory of mmm*, it was not a homemade meal that she prepared. Moreover, it would be hard to make a new *memory of mmm...* from the food that they ate at the detention center, when the situation around her was unpleasant. Conversely, *memories of mmm...* are generally associated with positive experiences.

Furthermore, in the relationship between emotions and eating, traumatic experiences such as the one Susana, Mari Cruz, Ashley and Margarita endured were encountered during their voyage. During a *migration trajectory*, people often cannot accomplish *comiendo bien* because they are not eating *comida casera* (homemade food), eating regularly scheduled meals with people that they know, or prioritizing their health. They are prioritizing survival.

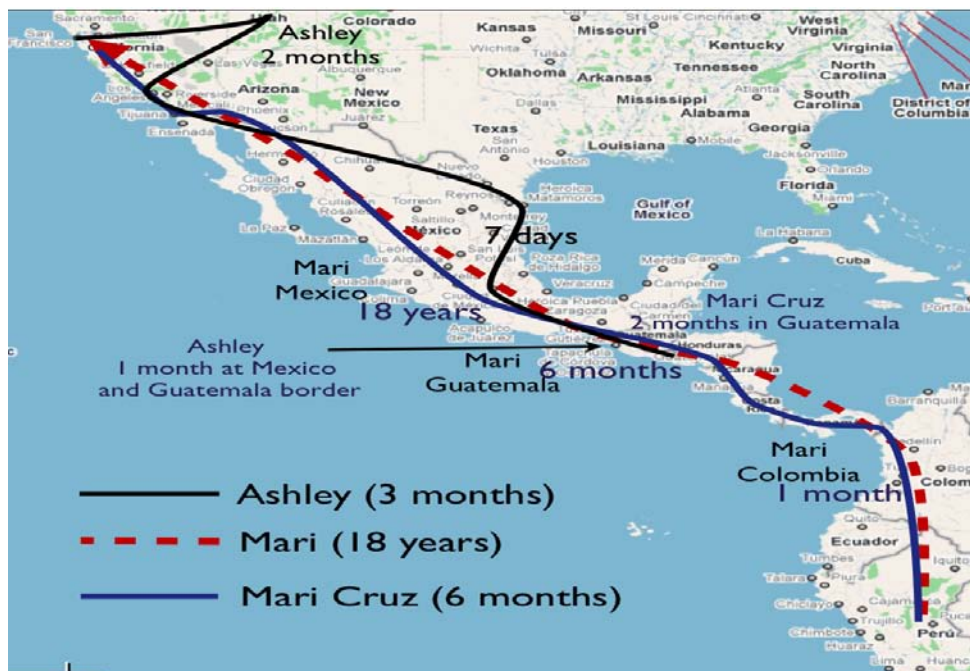
Comiendo bien cannot be continuously accomplished during migration trajectories because even with food they may not be consciously eating, as in the case with Margarita, where the food was adequate but the social elements of *comiendo bien* are absent. Other people claim that they did not endure complicated or traumatic migration trajectories, but in these cases, these Latinas experienced migration trajectories that affected their mental health:

I: *Do you think that this course of time [migration] affected your health, in any way?*

Mari Cruz: *Yes, every time I remember...it always remains the...that is, it is like an injury that always stays, the scars that one has endured, every time that I remember and I see on the television that um...Sometimes I want to cry! I cry because how much one suffers to come to this country and so many people are going through it right now that are living this. There are people that do not even make it. They remain dead along the way. It is like that, emotional, it is like that no? That affects me, to go through that and you know, until this day I have not returned to my country.*

(Interview #1, lines 696-706)

Figure 4.1 Migration Trajectories for Mari, Mari Cruz and Ashley



Jumping Trampolines

A *Migration trajectory* is not always a constant flow of travel. In fact, a major contingency in migration trajectories are when the travel is halted by a lack of funding, an unreliable coyote, family separation, and/or detention by immigration authorities. In particular, for those travelling from Perú, they had to live in another country. *Jumping trampolines* is when Latino immigrants en route to the US need to live transitionally in another Latin American country until they find a reliable coyote and funds to continue their journey. The word “trampoline” represents a nation and was adapted from personal communication with a medical anthropologist at the Autonomous University of México, Dr. Maya (11 Nov 2008). I was curious to know if México had conducted research with illegal immigrants living in their country or about other Latino nationalities living in México. This curiosity grew from one of the participants, Mari, who ended up living in México City for eighteen years. In that time she met a man and had a child. In my discussion with Dr. Maya, he referred to México as a “trampoline” for migrants on their way to the US.

I attached the word, “jumping” to demonstrate that it is a temporary move onto another country because like a trampoline, the idea is that you will jump off. Two other participants, in addition to Mari, jumped trampolines. They were all from Perú, were smuggled between México and the United States, and lived in another country from one month to several years. During their time living in another country they were able to resume the practice of *comiendo bien* and in Mari and Mari Cruz’s cases, work.

Mari Cruz was living with a Guatemalan family for two months. She came to find the family through a referral from her now husband. In Guatemala, Mari Cruz was waiting for her brother and her husband to save enough money for the second leg of her travel. The

mother in the Guatemalan family sold and prepared food on the street, while the husband managed an inn. While Mari Cruz lived with the family she took care of their children and helped the wife prepare and sell food. In the meantime, she was engaging with other Latinos, which she had not done living in rural Perú.

The lady had two little girls who went to school, so I would grab their books and there was the history of Guatemala, so I would learn the locations, everything...I tell you I learned all the locations, how they were called, what do they eat...and the lady would tell me, "Daughter"... "Don't ever say that you are from Perú," she told me, "because if not, they [immigration authorities] will send you all the way over there and already how much you have suffered to come to this point. So, just tell them you are from Guatemala and learn this."

(Interview #1, lines 273-278, 287-292)

Learning the history, culture, and accent from Guatemala was a successful strategy which allowed Mari Cruz to pass for Guatemalan and avoid being deported as far as Perú (Interview #1, lines 293-296). In Mari Cruz's experience of *jumping trampolines*, she also learned how Guatemalans use the same foods but prepare them in a different way. Today she has added these recipes into her everyday cooking.

I: Now that you have passed through all those Latin American countries, before coming here, did you learn something about the cookery from those countries that you now use in your own cooking?

Mari Cruz: Yes.

I: Like what?

Mari Cruz: Um, over there, in Perú we are not used to eating beans everyday, but here yes. In those countries I would eat beans everyday...then the red rice...this custom stayed with me. Then in México, when I was there, I learned to make tacos. I thought, I could make them and I sometimes make them here in the house and my son likes them.

(Interview #1, Lines 1106-1135)

Similar to Mari Cruz, Mari, who lived in Mexico City for 18 years had the opportunity to learn many new recipes and ways of eating from México. For example, before she primarily ate rice and potatoes as her starch when she lived in Perú. Living in México,

she ate tortillas and learned how to incorporate several Mexican recipes into her cooking. When she was able to cook in the US, she switched between dishes like *ají de gallina* (chicken cooked with *ají* peppers) and mole, depending on her son's request.

Mariela on the other hand, was only in México for one month living in México City and Guadalajara. When she was in Guadalajara she stayed with an uncle and cooked Peruvian dishes for all of them to share (lines 1538-1541). She did not have any problems finding the ingredients to prepare Peruvian dishes in Mexico. Unlike Mari Cruz, Mariela said that she did not find Mexican food to be healthy (Interview #1, lines 1483-1489), or appetizing: "Because no, the food is horrible. I did not like it, nor did my son like that food" (lines 1566-1567). On the contrary, Mari liked the food that she ate in Mexico. Only after receiving nutrition education in the US for managing her diabetes has she assessed some Mexican foods as unhealthy. Yet, Mariela's example demonstrates how Latino immigrants may *jump trampolines* but they may refuse to integrate other Latinos' foodways because they find them unappetizing or unhealthy.

Jumping trampolines are significant contingencies in Latino immigrants' migration trajectories because this break from travelling allows them to resume the practice of *comiendo bien* again from a time when they were not eating, or eating consciously during their migration trajectory. More importantly, the phenomenon of *jumping trampolines* demonstrates that the country one is born in is not necessarily indicative of one's food or eating experiences. For example, Mari would like to return to México and not Perú (Interview #2, line 1154). Latino immigrants are already like their US counterparts in that they have incorporated a diverse menu into their eating habits. Health researchers assume the US is the first country Latino immigrants adapt to. If a survey merely asked a participants'

country of origin, they would miss the participants' experiences living and engaging with other cultures and nationalities.

Based on their experiences *jumping trampolines* and the time spent at each trampoline, Latina immigrant mothers were *integrating other Latinos' recipes* from these countries when they, or their family members liked a particular dish. For example, Mari Cruz did not like tacos when she first tried them. She tried them when she was being smuggled into Mexico and found them to taste like "cardboard" (Interview #2, lines 410-412). Once she was living in San Francisco, her son and husband liked tacos and she did not want them eating it from a *taqueria*, so she started preparing them at home. Mari Cruz also integrated this recipe into her family's meals because she could prepare them: "I said, "I can do that!" (Interview #1, line 1133). While jumping trampolines in Mexico, Mariela continued cooking her Peruvian food because she found tacos greasy. I found this ironic because Mariela did not criticize the food that she ate at Kentucky Fried Chicken by this same criterion. The process of "integrating other Latinos' recipes" starts when Latino immigrants are *jumping trampolines*. This process does not necessarily change the practice of *comiendo bien*, but it is a strategy that allows the mother to reduce the family's consumption of new ethnic dishes outside of the home. Moreover, "integrating other Latinos' recipes" demonstrates how a transnational process such as *jumping trampolines* can produce changes or augmentations to a lay health practice.

Finally, in this section I demonstrated how enduring a *migration trajectory* halts the ability to perform *comiendo bien*. Maintaining health and wellbeing is the last priority during human smuggling, but the practice of *comiendo bien* is not abandoned. There are just changes and turning points in the *migration trajectory* which stop its production. Migration

trajectories change *comiendo bien* by temporarily halting the practice and creating a new feature in the continuum of eating—not eating.

Once these families regained some stability they resumed the practice of *comiendo bien* in different nations. When participants were *jumping trampolines* they were able to resume their practice of *comiendo bien* and be exposed to other Latin Americans' foodways. In fact, the phenomenon of *jumping trampolines* suggests that Latino immigrants have engaged with multiple cultural experiences in different countries before they even set foot on US soil. *Jumping trampolines* suggests that researchers need to consider whether participants have lived in other countries, what they ate there, and what health programs or medical services they utilized abroad. *Jumping trampolines* also demonstrate how *comiendo bien* travels with mothers and families.

The Modernization of Food Production and Consumption

Comiendo bien is a health practice that cannot be done without the consumption of food. Food and food habits worldwide have changed due to the web of exchange surrounding food commodities. “The food industry is currently one of the main influences on consumers, [where] dietary patterns have shifted remarkably across the globe over the past several decades” (Foley 2005:27). The global availability of certain food products and the modernized production of food at the local level have promoted similar food consumption practices between the US and many areas in Latin America. In particular, the consumption of fast food and processed food were found to be similar between recent immigrants' health practices in Latin America and their practice in San Francisco. It has been argued elsewhere (Aldrich and Variyam 2001; Barquera et al. 2008; USDA Agricultural Factbook 2002;

Popkin 2008) that the majority of processed foods erode the diet because of their energy dense composition and lack of vitamins, minerals, and fiber.

Recent immigrants in this sample had been eating in ways that already resembled Western dietary practices when they lived in Latin America. Although early immigrants did not eat out as much, they ate processed foods as they grew up and found Western dietary practices when they returned to their sender communities. This phenomenon is changing *comiendo bien* by contradicting the principles of eating homemade meals (*comida casera*) and eating natural foods.

Here, modernization is a process that is extending rationality, mass-production, and standardization to the production and consumption of food. The use of modernization here has parallels to George Ritzer's application of instrumental rationality (Weber 1959) in his process, McDonaldization (1993). However, unlike Ritzer's concept of McDonaldization, modernization is a way to explain the process in which the acquisition, preparation, and consumption of food are simplified, efficient, affordable, and reduce traditional practices. For example, most participants ate out to accommodate their lifestyles and to display leisure consumption. *Comiendo bien* is about fulfilling communal health, while these actions are not.

The US influence is not the only major player. Locals are consuming processed and fast foods and using it in their cooking. This consumption further reinforces the normalization of consuming processed and fast foods, where Latin immigrants do not even realize that they are part of the process modernizing food production and consumption. The modernization of food production and consumption is a transnational process that is changing how participants are: 1) manifesting the contentious relationship between *comida callejera*

(street food) and *comida casera* (homemade food); 2) connecting *memories of mmm...* with fast foods; and 3) interpreting the meaning of “processed” food.”

Balancing comida callejera and comida casera: The presence of global and local fast foods

Balancing comida casera and comida callejera was a code developed to represent how Latina immigrant mothers are negotiating the conflicting discourse between *comida casera* and *comida callejera*. In order to accomplish *comiendo bien*, the meal has to be a homemade, representing a *platotóte* prepared by the family cook, who was usually the mother. Latina immigrant mothers are not literally balancing consumption of street food in a calculative manner, but they are allowing it in moderation to please their family. As we will see in the next chapter, the Latina immigrant mothers were *balancing comida callejera with comida casera* for different reasons living in San Francisco. However, the negotiation of these two discourses are emerging from a situation in Latin America where eating at fast food restaurants is a modern experience that also supports the communal aspect of *comiendo bien* and the representation of the *platotóte*.

Before coming to the US, recent immigrants (those migrating on or after 1999) had already experienced eating at global fast food chains such as McDonalds, Burger King, Pizza Hut, and *Pollo Campero* (country chicken). It did not come to my surprise because when I visited México, Guatemala and El Salvador in November 2008, I saw fast food restaurants located in rural towns in these countries. Still, it is misleading to think that the presence of global fast food restaurants in Latin America means every Latino immigrant regularly ate fast food prior to coming to the US. In this sample, only those recent immigrants from urban areas in Latin America frequented global fast food restaurants. For example, Mariela who

was a marketing associate in Peru and migrated in 2009, was judging the US diet by saying that it was full of junk food. Then I asked her if these foods were not also available in Perú.

Mariela: *...because the hamburgers, the French fries, the fast food, the junk food and the...*

I: *But, they have those foods in Perú, too?*

Mariela: *Yes, but they do not eat it... They eat that during the weekend. For example, you can go eat a McDonalds or a Kentucky [Fried Chicken] but on a Sunday, and you go on an outing with your children. But, Monday through Friday the people cook, the grand majority of the people cook. A Kentucky or a McDonalds it is like going to...because it is very expensive in Perú. For example, a banquet will cost you around \$35.*

I: *Aha.*

Mariela: *And, here no. Here it is \$10 to \$12, it is cheaper. So, over there it is a Weekend [occurrence], but here you can eat it everyday because it is very cheap.*

(Interview #1, lines 335-353)

I think that Mariela was about to deny that Peruvians do not consume fast foods, until she revealed that she herself consumed fast food in Perú. She was minimizing her consumption of fast foods by saying that it was limited to once a week because fast food is more expensive in Perú. However, consuming fast food once a week was a regular pattern of consumption that she followed with her child. When Latino/a immigrants are balancing *comida callejera* with *comida casera* they are aware that eating street food and fast food is not as healthy as eating homemade food. However, Mariela was *balancing* her family's consumption of fast food consumption by stating that her physician in Perú recommended it:

It is that in Perú the doctor does not prohibit that. Here, yes, because of the overweight, whatever, no? But in Perú they do not prohibit that from you. On the contrary, in Perú the doctors tell you: "Go to Kentucky and distract your child," because in all of the Kentuckys there are games, and, "Go to McDonalds because there are games." So, the children eat their potatoes, and their fries, and they eat and they go to their games and they play and... No, no they [doctors] do not prohibit you. Over here, yes, over here it makes you gain more weight.

(Interview #1, lines 570-579)

The Peruvian doctor in her narrative is encouraging the family to visit a global fast food chain because the playing areas and games allow children to engage in physical activity. In fact, looking at Kentucky Fried Chicken's (KFC) Perú website, there are 41 KFC locations in Lima alone, 17 of which offer playing areas for children. In San Francisco there are only ten KFC restaurants, and none of them have playing areas for children. Furthermore, Mariela believed that the fast food in San Francisco is somehow more fattening because doctors "prohibit" this food here and not in Perú. Before this excerpt, Mariela was telling me how the doctor at her son's current clinic was prohibiting the consumption of fast food so that her son does not become overweight. She does not challenge the information given to her by either doctor. Rather she is making sense of the US doctor's prohibitions with the assumption that fast food in the US is unhealthier, which could be based on the "propaganda" she used to watch on Peruvian television about the US obesity epidemic (Interview #1, lines 325-337).

María, like Mariela, was a working professional woman who lived in the Tegucigalpa, the capital of Honduras. María's favorite food in Honduras was a "supreme pan pizza" from Pizza Hut (Interview #1, lines 1530-1539). Similar to Mariela, Maria consumed fast food during the weekend and even associated Pizza Hut with other activities besides eating. Interestingly, fast food restaurants were her primary restaurant choice when she was deciding where to dine.

I: And, how many times would you go to those restaurants?

María: Over there, when I could, pay day or possibly on the weekend with the celebration of a birthday, like one says, "Let's go out to eat." Since over there they celebrate parties like that in McDonalds, one can rent the locale. I do not know if that is the same here.

(Interview #1, lines 479-496)

There are 15 Pizza Hut restaurants in Tegucigalpa, which are all family-style restaurants where people sit down, a waiter/waitress may even take your order, and you share a meal with someone. In San Francisco, there are only three Pizza Hut restaurants that only offer delivery and carry-out services. Although María can find her favorite food, “supreme pan pizza” in San Francisco, she cannot eat it the same way she used to at a nice restaurant, engaging in a social outing with friends or family. Her *memory of mmm...* for Pizza Hut is influenced by the positive experiences she had there.

Global fast food chains can be found in Latin America, but were only visited by the participants in my study who considered themselves middle- to upper-class persons in their country. What is more interesting is that Mariela and María’s stories *never* described the food that they ate at these fast food restaurants. They never described enjoying the taste of the food. Their descriptions of eating at fast food restaurants were principally what they *did* at the fast foods restaurants and the frequency of their visits. It can be discerned that María enjoys eating a “supreme pan pizza” from Pizza Hut because it is her “favorite,” but when she described her other *memories of mmm...* they were foods from Honduras which she could not find in San Francisco.

I believe that description of the fast foods’ taste is absent from these participants’ responses because visiting global fast food chains was never about the food, but the experience of a family outing. When I was traveling through Mexico, Guatemala, and El Salvador on bus I would see places like Taco Bell and Pollo Campero amidst broken old cars, decrepit buildings, and children walking with no shoes. These fast food restaurants stood in better condition than their surroundings. It could be a novelty to eat there and spend time with family and friends. Most people in the US consume their fast food by themselves

and in a rush without enjoying the food or their company. US-Americans fill their stomachs with food and do not savor the food when they are eating in a rush. Conversely, eating fast food restaurant in Latin America are set for a communal experience by accommodating children with playing areas and party halls. It could be an experience replicating the communal eating of *comiendo bien* and reproducing a family ritual for these women.

There was one participant who described her fast food experience as a memory of
mmm...

Pollo Campero is a chicken that they make fried, fried, refried they call it, no? With lots of grease and they put some crumbs of corn flakes, those cereals, and they put that on the chicken, and it tastes delicious but it is mixed with condiments. I imagine that it comes with pepper because you can feel it. Well, one feels it delicious, eh? It cannot be known until what extreme it can be...but it is chicken and they make a salad at that Pollo Campero that they [customers] buy a lot. They make a cabbage salad, like cole [slaw] that they put mayonnaise, and they put a bell pepper or a long, little, really spicy pepper and that is delicious. And also they serve it with fried potatoes. The French fries are really ugly, they lace it with a lot of fat.

(Interview #2, lines 61-73)

The main difference between Ashley's experience and the previous examples is that she did not go to a US global fast food chain, but a Guatemalan, global fast food chain. *Pollo Campero* is a Guatemalan fried chicken restaurant chain available in North America, Central America, Asia and Europe, including franchises in Indonesia, Bahrain, and Spain. *Pollo Campero* was founded in 1971 ("Company History"), three years before the first McDonalds opened in Guatemala ("A Brief History of McDonalds"). My former roommate is from Guatemala and he frequently expressed his desire to eat *Pollo Campero* while living in San Francisco. However, when he spoke of *Pollo Campero*, I imagined it being rotisserie style chicken sold by a peasant on the street because of its name, "country chicken."

When I visited Guatemala, I was looking for this beloved *Pollo Campero* because I wanted to try it and see who eats it. In Antigua, Guatemala I saw a fast food restaurant with the sign, “Pollo Campero.” I could not believe that the chicken my roommate or Ashley adored was a fast food, so I emailed my roommate asking him where in Antigua I could find *Pollo Campero*. He gave me the directions to the very fast food chain I doubted. Inside the *Pollo Campero* in Antigua I saw tourists, indigenous people, and local *mestizos* eating their fried chicken at plastic, cushioned booths. I thought that the fast food chain I had entered was a corporate appropriation of the peasant food I imagined. A few days earlier in Panajachel, Guatemala, I saw locals selling their own version of fried chicken on the street, which they called *pollo campesino*, or peasant chicken, which I thought was an imitation of US fried chicken. I do not know which came first, *pollo campesino*, *Pollo Campero*, or fried chicken, but it is fast food similar to what we find in the US.

Before I left Central America, I tried *Pollo Campero*. I was disappointed because it was very similar in flavor to Kentucky Fried Chicken, when the company advertises a “Latin Flavor.” The only difference with this chain and Kentucky was that I could choose a side of sweet plantains or tortillas and beans, in place of fried potatoes and cole slaw. On the plane returning to the US, several people returned with buckets of *Pollo Campero* in addition to their carry-on baggage. My roommate even told that on any plane returning from Central America, people bring back buckets of *Pollo Campero*. I did not understand why they would bring back buckets of chicken when they could find similar food in the US from another vendor.

As a sociologist who studies race and ethnicity, I am ashamed that my imaginings of *Pollo Campero* were a pre-modern food. I have hard time believing that a fast food could

conjure so many *memories of mmm...* for Guatemalans. I especially had a hard time believing that a fast food was enjoyed because participants demonized the consumption of *comida callejera* and processed food. However, *Pollo Campero* was the epitome of these types of food. In many ways, the meal combinations offered by fast food restaurants like *Pollo Campero* and Kentucky Fried Chicken could easily resemble a *platotóte* of homemade food because there is a starch (e.g., bread, potatoes, plantains), a vegetable (cole slaw), and a protein (chicken). I think Ashley, Mariela and Marí demonstrate that urban Latin Americans were already consuming fast food regularly prior to coming to the United States. They ate a combination of fast food, national dishes, and homemade recipes. Research about acculturation and diet among Latino immigrants suggest that health interventions should support Latino immigrants' traditional diets, but I do not think health researchers know what that "traditional" diet consists of, if fast food was on the menu once a week.

In relation to *comiendo bien*, *Pollo Campero* claims that they do not provide fast food, but "good food with fast service" ("Mission and Values"). Their vision is "To be the leading Latin American chicken restaurant chain in the world." The owners and investors of *Pollo Campero* want to mass produce their interpretation of Latin fried chicken to other countries. However, I think that Ashley's and the plane passengers' memories of *Pollo Campero* are also related to the fact that it is a successful Guatemalan/Latin American transnational food corporation that is competing with heavy hitters such as McDonald's and Yum Foods (owners of Taco Bell, KFC, and Pizza Hut). However, when *Pollo Campero* claims that they want to "be the leading Latin American" chain, they are implicitly admitting they will not match the profits or position of US fast food companies. Nevertheless, eating

Pollo Campero is claiming allegiance to a national pride and supporting a “local” transnational food company.

In relation, to the modernization of food production and consumption, *Pollo Campero*'s website (“The Campero Experience”) states, “We combine a modern and comfortable atmosphere with international standards to bring you the service you deserve.” Each Latin American country and locale (the street vendors of Panajachel, Guatemala), creates their own manifestation of fast food, which may or may not represent a US global fast food chain or food. Tomorrow, when people go to *Pollo Campero*, or eat a piece of *pollo campesino*, it will taste the same as it did yesterday. Your expectations for a meal are met, not surpassed or disappointed. Hence, one's memories of mmm... can be satisfied at a global scale. The idea is that they provide people a standard food with rapid service that facilitates their hurried lifestyles and tight budgets. However, none of the participants ever described their experiences of eating at fast food restaurants as fast. Instead, the food is eaten to spend time with friends and family. Tanghagan and Brown (2002) and Yan (2007) also demonstrated how fast food restaurant experiences in Japan and China is more about engaging in a social activity, not a fast act of consumption.

Street Vendors as Fast Food

Although most of the earlier immigrants were from rural areas and had never tried fast food restaurants before moving to San Francisco, their hometowns were not short of street vendors selling local interpretation of global fast food. When Malena and Mari Cruz returned to their country after ten years of absence, they found more street vendors and street food consumption. In Malena's particular pueblo, people were generally abandoning the practice of cooking dinner and opting for street food.

Malena: Here, you go to whichever place and you eat a sandwich (torta) at whatever hour of the day, or in the morning or in the evening, and in my small pueblo they only sell it to you in the evening.

I: Mmm Hmm.

Malena: Like during the daytime, it remains the same, the process of going to school, making tortillas and making the other thing, and then that [street foods] they make it as a dinner.

I: Oh, yes?! Instead of cooking?

Malena: Instead of cooking the traditional, what people would make before, a small hominy soup, or something like that,[or] that one goes to the bakeries to eat hominy soup.

I: Aha.

Malena: Now, no. Now, you can go and eat your sandwich, a hamburger, a pizza. It is very different [from before].

(Interview #1, lines 1420-1473)

Malena was one of the persons who claimed that she ate better in México because the food was more *natural* and food producers in México did not use chemicals to enhance or preserve the food (Interview #1). Before this excerpt, Malena said that it was inconvenient to visit a “McDonalds or Burger King” because one had to travel to the city. However, street food in Latin America in general does not consist of US junk food, but in this example, people in her pueblo are eating more street food that resembled US fast foods. I found her interpretation interesting because most of the vendors in Mexico are also selling regional street food such as tortas, tacos, handmade ice creams, and even cut fresh fruits with lime and *chile de arbol*, but this was not present in Malena’s example.

Important in this example is how increasing presence of street vendors is changing the way mothers used to prepare and families used to eat *comida casera*. Malena is only woman in this sample who knew how to make handmade tortillas from scratch. Now, in her pueblo the women still prepare tortillas at home but go to a mill twice a day to buy the *masa*, or corn dough. Making the *masa* for the tortillas is a time-consuming practice (Pilcher 1997) and the women in this pueblo are working outside of their pueblo. For instance, when Malena

was growing up her mother's job was delivering food to workers in her pueblo, at the time of the interview she was working in an adjacent town at a food factory. It is hard to say whether employment outside of the pueblo has reduced the time that women have to prepare homemade dishes, such as tortillas, and now they are substituting street food for homemade dinners. It could also be that the rural areas are now reducing their production of homemade foods overall. The hominy soup (*pozole*) that they used to consume at the bakeries was a dish that at least resembled *comida casera*. Nevertheless, the increase of street vendors, mothers reducing the preparation of dinner, and the substitution of street food are occurring in tandem. They also reflect a break from previous practices and a facilitation of efficiency.

Meanwhile, the food sold by there street vendors hamburgers and pizzas are foods that require heating processed food. Handmade burgers made with fresh, beef would be too costly to sell as street food. It is more likely that the street vendors in Malena's pueblo are using frozen patties, pre-made bread and pizza dough. Similar to Maria and Mariela, she minimizes the consumption of fast food in her pueblo by saying that people are restricted to eating it during the evening, while in the US this food is available all day. They all emphasize the limited availability of these foods so as to balance that is the consumption of unhealthy, street food in their country. Local versions of fast food may be less available during the day or more expensive than in the US, but it is still fast food produced and consumed regularly.

Likewise, when Mari Cruz returned to her pueblo of Tinga María, Peru, she immediately noticed changes in the growth of street vendors and her family's eating habits.

*Oh!, um... I think I found it different... lots of businesses, lots... the food, too.
Lots of food, lots of small business people who sell food [and] restaurants.
That is what I found.*

(Interview #1, lines 16-19)

... and like I told you also over there the food they sell it as traveling food vendors; like that they sell it. They sell chicken from the grill; like that on a grill with charcoal.

(Interview #1, lines 107-110)

The street foods that Mari Cruz was describing from her pueblo were not replicas of US fast foods, but were local foods sold quickly and efficiently. Although these small business owners and street vendors do not represent a transnational corporation, they are using the tenets of modernity and McDonaldization, which is to provide cheap food, fast, and conveniently available. The vendors travel to the customers and customers do not have to make the effort to go to a restaurant and order the food. Despite the growth in business selling locally manufactured fast foods, Mari Cruz opposed her family's consumption of these.

Mari Cruz: Me, the truth is that people over there eat to eat...I observed this with my niece of 14, who will turn 15 years old. She is young! And if you saw, they bought her grilled chicken and you can see that she ate it all, even the skin. Oh my God! I told her, "That is bad for you." I told her, "the skin." And her, because she is young, responds, "No Aunt, this is delicious" she says, "This is the best". I told her, "You say that now, but the day that you will be my age you will be in bad health," I say, "You shouldn't eat it."

(Interview #2, lines 1037-1051)

Later in this discussion, Mari Cruz was describing another niece who rarely eats *comida casera* and street foods are replacing homemade meals:

It is also not contested with her mother, no... From the time she was very young she would not make it an incentive to eat like that, healthy. She only ate rich things like I told you, grilled chicken, a tacacho [a grilled banana fritter stuffed pork cracklings]. That is what I really saw, that she ate rich [food]. Pure grease!

(Interview #2, lines 1074-1079)

Earlier in her interview she described how she prepared a meal for the family and this particular niece opted for the grilled chicken. In this example, Mari is condemning the

mother for not enforcing the consumption of *comida casera* and asserting that *comida casera* is “healthy.” In relation, the mothers in this sample often struggled to feed their children *comida casera* in San Francisco. Their children liked to eat street foods, too. The availability and price of fast foods in both the San Francisco, and in these participants’ sender communities, is weakening *comida casera’s* value as the primary food consumed by the family.

This is a major change to the practice of *comiendo bien* because consuming *comida casera* represents eating well. It is losing its importance in the presence of cheap, rich, fast foods. As Mari Cruz suggests, mothers must begin “incentivizing” the values and worth of *comida casera* in both San Francisco and in Latin America. The increasing accessibility and consumption of local and global fast foods is lessening the tension between *comida casera* and *comida callejera*, where mothers are allowing their family limited, or regular amounts of street food into their diet.

When Latino/a immigrants are balancing *comida callejera* with *comida casera* they are aware that eating street food and fast food is not as healthy as eating homemade food. Knowing this, they continue to consume fast food by minimizing the potential health hazards with the fact that they only eat it once a week, or less frequently than homemade food. In Chapter Five, Latina immigrant mothers are not literally balancing consumption of street food in a calculative manner, but they are allowing it in moderation to please their family.

The increasing availability of street foods in Malena’s and Mari Cruz’s rural towns may not have the label, preservatives, or symbolic meanings of the West that are attached to global fast food chains, but they represent how fast foods have a stronger presence in Latin America and are becoming more economically and spatially available. With the presence of

global fast food chains and local fast foods, *comiendo bien* is becoming more modern because meals are made available quickly, affordably and efficiently. In the case of local productions of fast foods, like those in the rural areas, they are promoting modernity's ideals of entrepreneurialism and the ability to satisfy *memories of mmm...* consistently, where participants will not experience *tasting difference* wherever they are.

Imaginary naturalness and the transnational consumption of processed food

Most participants claimed that they had eaten healthier in their sender community because they believed the food in Latin America was “more natural.” It was considered “more natural” because the meat and produce was from their backyard, a local farm, or acquired from the open markets or supermarket with remnants of when the animal or plant was still alive. Only four recent immigrants, Ashley (Guatemala), Margarita (El Salvador), María (Honduras), and Mariela (Perú) stated during their interviews that they consumed processed foods such as powdered milk, cereal, juice, carbonated beverages and artificial powdered drinks when they lived in Latin America. The brands of food that they ate were not limited to transnational food companies like Nestle; they were also brands from their own countries.

For this project, I also conducted home visits during a time when the key informant was cooking in order to see how they and their families were enacting *comiendo bien* and negotiating health in the preparation of their meals. In her first interview, Vick indicated her mother did not even need to season her food because it the food was natural and not frozen (Interview #1, lines 376-382). When I conducted a home visit, Vick was preparing a meatball stew she seasoned it with a beef flavored bouillon cube manufactured by Knorr, which is the largest brand of the Unilever Company based in Germany. After adding the cube she said

that her mother used to use it in her recipes and she was glad that she could find it in the store. Vick was *replicating mamá* to ensure she could achieve a *memory of mmm...* but also revealed that her family in Mexico consumed processed food regularly.

In Vick's example, Knorr products are easy to find in the San Francisco and Latin America because it has been sold in 87 countries since 2000 ("Knorr History"). When Vick opened her spice cabinet she had a variety of Knorr flavor enhancers. Flavor enhancers are little packages of artificial flavors that are meant to substitute spices, herbs, and broths in dishes. Using a flavor enhancer is obviously cheaper than buying chicken broth and less time-consuming than preparing a broth from scratch. Flavor enhancers do not take up too much space in the kitchen, do not require refrigeration, nor a large quantity to use it. However, these flavor enhancers are also processed foods, according to the participants' standards because it is derived artificially from plants, meat and enhanced with chemicals and preservatives.

Similarly, Maria's added Heinz Organic Ketchup and Coca-Cola to a shredded beef stew for Honduran enchiladas. Her mother used regular Heinz Ketchup in Honduras, which contains high fructose corn syrup, but Maria used the organic version in San Francisco because it was on sale at Cost-Co. In Lorena's example, she was preparing a meal for her family which consisted of fried tilapia filets, broccoli, and cabbage salad. Everything was natural until she started preparing the tilapia filets. They came from a frozen package, where the fish was from Vietnam. I asked Lorena why she chose this brand over others and she revealed that it was the same fish that she would be at WalMex, or Walmart's chains of stores in Mexico.

These examples are meant to demonstrate that although the participants favor using natural foods not packaged in cans, frozen, bags or preserved with chemicals, they themselves learned to cook with processed foods from their mothers in Latin America. In addition to these three examples, the participants used a majority of fresh ingredients when they prepared their meals, but then used flavor enhancers that were not natural. I do not think that they are even aware that they are transforming their food into processed food when they use flavor enhancers. They may not even be aware that a natural version exists because it has been used for so long by their families. For example, my mother, along with millions of Puerto Ricans, use a flavor enhancer called Sazón, which is manufactured by the oldest Latino-owned company in the US, Goya Foods.

I am against her use of Sazón because she has high blood pressure and the product is full of sodium. Personally, I stop using Sazón about six years ago because my friends in San Francisco would not eat my food if I cooked with preservatives. So, I turned to the classic Puerto Rican cookbook, *Cocina Criolla* (Aboy Valldejuli 1954/1983), to find out how Puerto Rican dishes were prepared before the creation of Sazón. I came to find that Sazón Goya is curtailing the process of heating annatto seed in oil or lard, draining it and then combining the oil with salt, pepper, and cumin. When I visited my mother last Christmas, I asked her if she knew where Sazón came from. She did not know. She still continues to use the flavor enhancer regardless of her health condition, or the fact that I showed her the original, natural recipe.

I doubt that the participants who used flavor enhancers knew that these bouillon cubes and packets of colored salt may have an unprocessed recipe. Why would they even suspect that it was different before? They want to continue using the same product because

they want to attain the same flavor in their food they once had in their sender country. Switching to its natural version, like the annatto seed oil, would potentially change the flavor and disrupt their *memory of mmm...* The modernization of food production is present in the use of flavor enhancers by Latina immigrant mothers not because they reduce cooking time, or affordably combine a group of ingredients into a small package. To me, the value behind this innovation lies in maintaining the same flavor regardless of where someone is. Whether these participants are able to live in their countries again is uncertain, but to get some rice, stew or salad to taste the same in the United States is what maintains the product's global loyalty transnationally.

Moreover, the modernized production of food is also being promoted within government when they distribute processed foods in their food aid or nutrition programs. For example, LICONSA is a vitamin and mineral enriched milk that is given to children and lactating women in México. It is locally produced, processed milk that also supports the growth of local and national dairies. The cookies and pastries found in school lunches are fortified with vitamins and minerals, too. INCAP has also sponsored the processing of food enrichments, but this is done to secure nutrition in their country.

Regardless if the key informant was a rural or urban immigrant living in San Francisco for 20 years or 4 months, they all used processed food in Latin America, at least in the form of a flavor enhancer. It is beyond the scope of this project to determine if the continuous use of these products have any detrimental health effects, or have caused the "nutrition transition" (Popkin 2001; Gordon-Larsen and Popkin 2003) in Latin America. I think these findings do provide insight that Latino immigrants do not start integrating processed food and fast food when they move to the United States. This can be partially

attributed to the transnational distribution of food products by transnational food corporations. Yet, I believe that they are more related to the transnational discourse and practice to modernize food production and consumption. Their adaptation to a US-diet does not involve integrating these foods for the first time; engaging with new institutions while living in San Francisco does increase the likelihood that Latina immigrant women and their mothers will be introduced to these foods and increasingly consume more of them.

CONCLUSION

Comiendo bien is a social health practice informed by discourses about what foods are appropriate to prepare and consume, as much as how Latino immigrants are eating for health. Transnational processes are mediating changes to this diverse group of Latino immigrants' practice even when they lived in different countries. There is also more than one transnational process working in the situation of *comiendo bien*. Below is a diagram of how I visually captured the transnational processes that sustain and transform *comiendo bien* (See Figure 4.2).

The dashed, vertical ovals represent a geographic region where *comiendo bien* is being practiced. The transnational processes are represented by the solid rectangles. Those processes that are sustaining *comiendo bien* are located above the yellow line, while the processes that are transforming *comiendo bien* are below it. The yellow line dividing the diagram is the permeable boundary between transnational processes that are sustaining and transforming *comiendo bien*. The transnational processes here are not mutually exclusive. For example, receiving remittances can also change the practice of *comiendo bien* by allowing a family in Latin America to increase their consumption of fast food. Lastly, the dashed phrases between the transnational processes are the actions, conditions, or discourses

of *comiendo bien* that are being affected by the transnational process. The dashed figure between the transnational process of “Receiving and Sending Remittances” in Latin America and San Francisco are the discourses that are circulating between both regions, “Duty to the Family” and “Diaspora.”

The rationale for using *comiendo bien* was to minimize the use of medical care services and is sustained by those participants who were from rural areas in Latin America because they experienced spatial and economic barriers to medical care services. Interestingly, when urban families who were previously insured came to the US, they also regressed to *comiendo bien* to maintain their family’s health. Economic and ethnic inequalities, distinctively manifested in the US and Latin America, are causing a transnational situation in which access to quality health care is limited.

In addition to the limited access to care, Latino immigrants do not abandon the practice of *comiendo bien* because motherhood is co-constitutive with the practice of *comiendo bien*. Thus, mothers are initiating the practice of *comiendo bien* transnationally because it is their *duty to their family* and they are being assessed by the diasporic community for the accomplishment of *comiendo bien*. Mothers and “othermothers” are “carrying” the practice with them and resume *comiendo bien* while *jumping trampolines*. Furthermore, Latina immigrants would not engage with their diasporic communities if they were not socially, politically, and economically excluded from engaging with US-Americans and English-speaking, US-Latinos. Lastly, families abroad are able to practice *comiendo bien* due to US remittances. The transmission of remittances is facilitated by the presence of money wiring agents in both regions and information and communication technologies

expediting the process. The transnational processes that were shared between all the Latino immigrant families were the processes sustaining *comiendo bien*.

Transformations in the practice of *comiendo bien* do not only occur when people live in a geographic space, but *through* space when they are migrating to the US. The transnational process of migration through human smuggling networks is a transnational process related to transnational “coyote” networks, immigration policy and the “financescape” of remittances (Appadurai 1996). *Comiendo bien* is generally not practiced when families are being smuggled to the US. *Migration trajectories* are the arduous journeys Latino immigrants endure from being smuggled into the US. Going through a *migration trajectory* indirectly affects the practice of *comiendo bien* because Latino immigrants are feeling emotional distress that averts their appetite, or they are in situations where they cannot eat because it will complicate their travel. In some *migration trajectories*, Latino immigrants are *jumping trampolines*, where they are temporarily living another country until they can further continue their journey to the US.

Apparently, the most difficult border to pass for participants smuggled from Central and South America was the Guatemala-México border. This may be because the US Department of Homeland Security subsidizes border patrol in México to limit the amount of drugs and persons smuggled into US (“Latino Pulse/Pulso Latino: Immigration and Immigration Reform”). Therefore, most of the participants who *jumped trampolines* were either living in México or Guatemala. In Mari’s case, she lived in both. When participants were *jumping trampolines*, this was an opportunity for their families to resume the practice of *comiendo bien*. In addition, they were able to try new foods and integrate other Latinos’ foods into their everyday cooking.

Lastly, the modernization of food production and consumption was changing the practice of *comiendo bien* by balancing *comida callejera* with *comida casera*. *Comida casera* is not necessarily losing its value among Latina immigrant mothers and their families, rather Latina immigrant mothers are developing discourses to justify the consumption of *comida callejera*. For example, they are minimizing the unhealthy contents of fast food in Latin America by saying that it is less “greasy” and less accessible in their country. I agree with the participants that global fast food restaurants in Latin America are more expensive and have a smaller presence in the daily diet of Latin Americans in comparison to the whole US population. Nevertheless, most participants in this sample regularly consumed fast foods from global chains or from street vendors. What is more, there were cases of Latina immigrant mothers who were actively limiting the consumption of fast foods from their families in San Francisco. I will discuss this further in the next chapter. Both the regular consumption of *comida callejera* and the consumption of processed foods are different between early and recent Latina immigrant mothers and their families. Furthermore, I believe that the regular consumption of fast foods is changing the interpretation of *memories of mmm...* where these memories are reflecting *comida callejera*, and not *comida casera*. There is less work involved in obtaining a *memory of mmm...* from a globally manufactured fast food or a processed food, than it is from a dish that is *replicating mamá*.

During the home visits I discovered that mothers from both rural and urban areas regularly utilized processed foods when they were preparing their *comida casera*. This detail would not be important if the Latina immigrants in this study and some of their other family members did not demonize the use of processed foods by US-Americans. In fact, eating processed foods was not indicative of *comiendo bien* to these families because it deflates the

importance of eating fresh, natural foods. In this situation, *replicating mamá* and *imaginary naturalness* are at odds with one another. In of process Latina immigrant mothers trying to reproduce a *memory of mmm...* they are preparing dishes with the same ingredients their mothers did. The recipes contained processed foods as minute as a flavor enhancer or as substantial as frozen fish. In reality is it is difficult to discern in our modernized food systems what foods are *not* processed food. So, I think most Latina immigrants in this study were unaware that they were consuming processed foods in Latin America, although the bulk of the food they cooked was fresh.

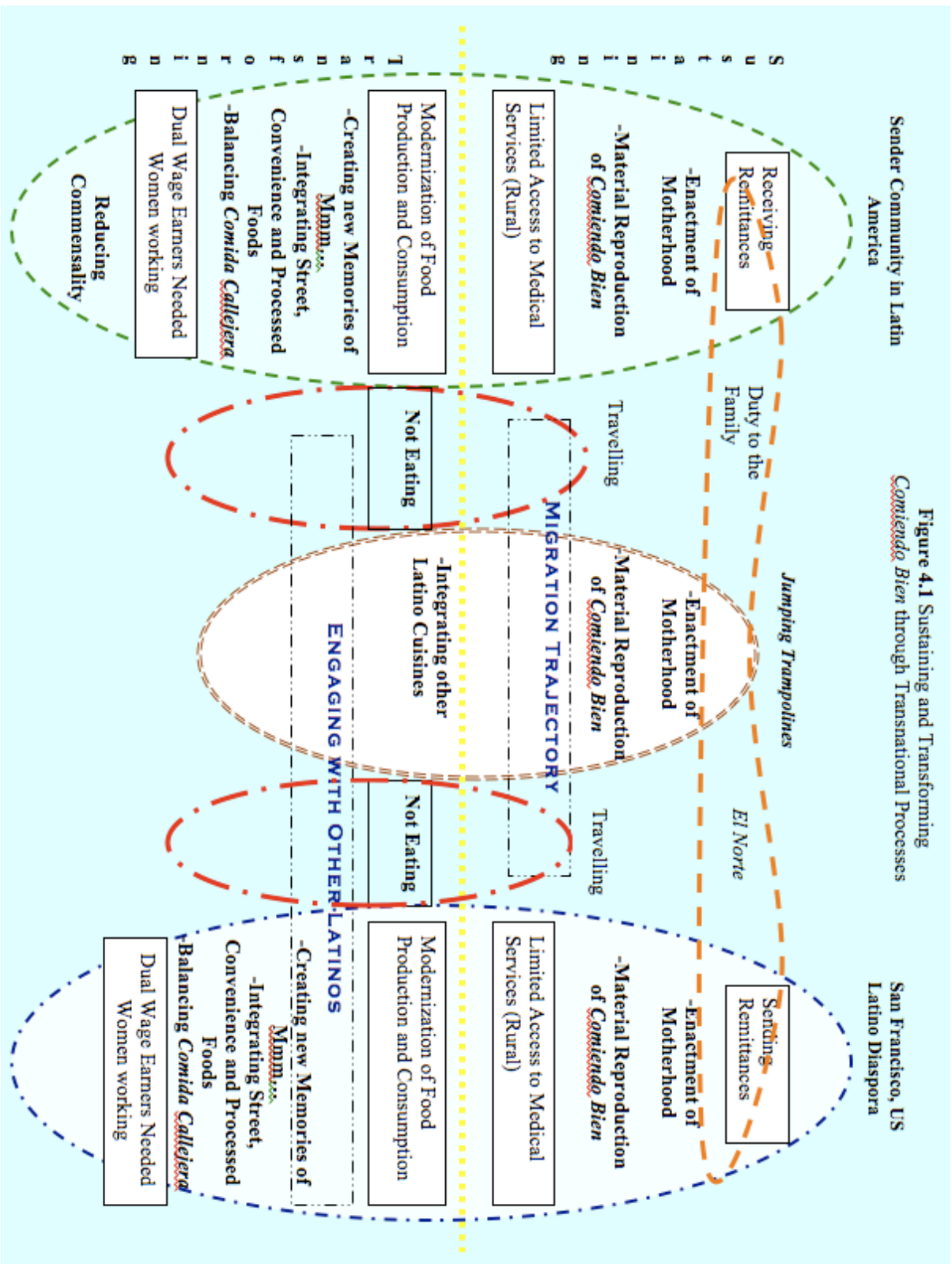
In the end, I wanted to demonstrate that Latino immigrants' diets were already changing, and more specifically reflecting negative, "Western" dietary practices (Pérez-Escamarillo 2009; Popkin 2008) in Latin America due to transnational processes. My argument can be partially supported with the eating experiences of Latino immigrant families that have a mother who immigrated after 1999 and was from an urban area in Latin America. These families were already eating global fast and processed foods regularly, which may be attributed to the fact that these families were considered middle-class in Latin America and the mother worked outside of the home. Proof of their economic standing resides in the fact that over half of the recent immigrants qualified for a tourist visa to Mexico or the United States. Also most of the recent immigrant mothers have a post-secondary education or certification.

Those families whose mother was a recent immigrant to the US also had more access to global fast foods and processed foods because they lived in Latin America much longer than the earlier immigrants in this sample, who were all under the age 27 when they arrived to the US. Being older gave the recent immigrants more time to become educated, attain a

career, and promote *comiendo bien* independently of their mothers. Also, the modernization of food production and consumption was more widely available after 1999, even in rural areas. This is indicative of Vick, Selena, Malena, and Mari Cruz's experience returning to their pueblos after ten or more years living in the US.

I think the difference between recent and earlier immigrants demonstrate what Appadurai (1996:10) writes: "...for many working people and the poor, this experiential engagement with modernity is a relatively recent fact." At least I believe that the earlier, rural immigrants in this sample lacked an "experiential engagement with modernity" with food. This is not to say that modernity was not present in other aspects of their lives. I believe that recent Latino immigrants had some negative dietary practices that are shared among developed countries and the middle to elite classes in developing countries, but their negative dietary practices are not necessarily the "mainstream" US diet. In Chapter Six, I demonstrate how the transnational transmission of nutrition discourses are also changing some these families' diets before they enter the US by having an emphasis on nutrition and individualism and less about family and communal well-being.

Figure 4.2 Sustaining and Transforming Comiendo Bien through Transnational Processes



CHAPTER FIVE: THE CHANGES TO *COMIENDO BIEN* IN SAN FRANCISCO

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GOAL AND ORGANIZATION OF THE CHAPTER

Thus far, I have described the discourses and practices constructing *comiendo bien* as well as how the practice of *comiendo bien* was changing for these Latina immigrants in their sender countries and during their migration trajectories. The key argument in this dissertation is that migration is no longer necessary for cultural changes that reflect the West to occur in eating practices. Nevertheless, I do not dismiss that cultural changes are also unique to place. This chapter will demonstrate what transformations in the practice of *comiendo bien* are specific to living in San Francisco, with the goal of demonstrating some parallels between the changes that recent immigrants experienced in their sender countries and those which earlier immigrants experienced living in San Francisco. Specifically, the transnationality of modernized food has produced similar changes for both earlier immigrants living in San Francisco and recent immigrants when they lived in Latin America and transnational processes work in multidirectional ways.

The major changes to *comiendo bien* that occurred for Latino immigrants living in San Francisco are: 1) reducing commensality and the importance of *comida casera* (homemade food); 2) increasing the consumption of *comida callejera* (street food) and convenience foods; and 3) transforming *eating everything* to *eating more* and creating pleasing picky eaters. The first section, “reducing commensality and the importance of *comida casera*,” are changes to the practice of *comiendo bien* which result from the interactions Latino immigrants’ have with different institutions in San Francisco. Consequently, interactions with these institutions are creating intergenerational changes

regarding health beliefs and food practices between Latina immigrant mothers and their children.

The second section will discuss the two related categories, “increasing the consumption of *comida callejera*” and “increasing convenience foods,” which are changes to *comiendo bien* that are due to Latino immigrants being introduced to convenience foods at school and food assistance programs. In addition, upon arriving to San Francisco, Latino immigrants often live without a kitchen, which compels them to eat out or eat convenience foods. The third section discusses the two categories “transforming *eating everything* to *eating more*” and “creating picky eaters” because these changes arise from a situation of increased food security in San Francisco.

REDUCING COMMENSALITY AND THE IMPORTANCE COMIDA CASERA

Commensality is the social experience of sharing meals with others (Mars 1997; Morrison 1996; Sobal and Nelson 2003). Families are the core of commensal units (Sobal and Nelson 2003), although there are other commensal units based on friendships and intimate relationships. Two main perspectives regarding commensality are the “cultural values perspective” and the “structural individualist” perspective (Sobal and Nelson 2003). The cultural values perspective examines commensality by emphasizing people’s accomplishments of collective goals (Sobal and Nelson 2003: 182). The event of sharing a meal with the family is a realization of the health performance of *comiendo bien* because it is when parents’ earnings are symbolized in the meal, family caregiving is displayed, and duty to family is enforced within the group so that they may eat everything and feel full. Meanwhile, the structural individualist perspective emphasizes commensality that results from a work-oriented, fast-paced industrialized society where people often eat alone (Sobal

and Nelson 2003:182). In this dissertation, families could not help but eat alone when they lived in San Francisco.

Furthermore, commensality is important in this dissertation because it framed the participants' recollections of eating in Latin America and/or was the social setting in which *comiendo bien* was adequately performed with their family. Although there are few studies that study the relationship between commensality and health, commensality has been shown to be both beneficial for people's (Counihan 1992), and potentially harmful to one's health if one needs to manage a chronic illness through diet. For example, in a qualitative study Lawton and colleagues (2008) found that it was difficult for British South Asians to adhere to diabetic dietary recommendations because they were expected to eat the same ethnic dishes with their family during commensal acts. Besides the normative discourse of "duty to family" enacted when sharing meals, eating together provides a comfortable time to eat:

And, for dinner, well, I think that it is like the best meal because it is when we have the patience to eat because in the morning it is [a] run, because of school, that um... Well, above all that the eldest has to be eating, almost fast. In less than five minutes she finishes her cereal. And so... and then at dinner it is like more tranquil, no? We arrive and they help me to...the oldest helps me cut vegetables, the little one peels vegetables and we cook among us all. So, it is like more tranquil, we can be seated eat the three of us and everything with more gusto [laughter] the dinner... But in my case, I think that dinner is when we eat the best.

(Veronica, Interview #1, lines 1248-1261)

Commensality obviously has other positive benefits to the family's well-being. In this example, Veronica is teaching her daughters how to cook and is emphasizing eating in tranquility and not in haste. They eat the "best" during dinner because they prepared the meal together, they sit down together to enjoy their meal. We will explore further how Latino immigrant families were unable to maintain this communal aspect of *comiendo bien*.

Employer Exploitation

Before coming to the United States, most of the women in my study had at least a secondary education and ample work experience. During their participation in this study, most of the mothers were undocumented workers in the US. Twelve of the mothers were trafficked into the United States, while two overextended their visas, and one married a US-citizen prior to her migration. For those women who had legal permission to work in the United States at the time of their interviews, they were often limited to the same types of jobs as their undocumented counterparts: janitorial work, housekeeping, and childcare. Any post-secondary education that these women attained in Latin America was void in the US. As María and Mariela said in their interviews, Latino immigrants in the US start at “zero.”

Most of the participants reported feeling anxious about securing employment quickly when they arrived to San Francisco. Their need to pay off debts from their migration costs and the immediacy of sending remittances to their families abroad caused this anxiety. Once these women found work, they often had to work long hours and had extreme demands from their employers. They also worked uncustomary schedules such as the graveyard shift, or starting at 4:00 AM. For instance, Vick said that before she could legally work in the US and start her own business, she had to endure these working conditions:

Vick: So, I stayed with my daughter, and I kept working and it cost me because I also worked in a company where they would exploit you tremendously and from Latinas, the persons...

I: What company was that?

Vick: It was a cleaning company and the lady was Mexican; is Mexican because the company still exists, and really, it was a tremendous exploitation, where they would pay you the minimum and you would go from seven in the morning until eight in the evening. And yes, since we do not have rights to a mealtime, we had to keep working.

(Interview #1, lines 90-104)

US employers use Latina immigrants for service work because they are generally compliant, consistent, and hardworking. Latina immigrants continue working under these conditions often because of economic need, for fear of losing their job, and due to limited opportunities to find work (Hodangneu-Sotelo and Avila 2001; Menjivar 1999). The women also indicated how their male partners would also endure long, work hours and were not even guaranteed their pay. When the participants did have some opportunity to eat at work, they did not consume food from home. Instead, many opted for using convenience foods or eating fast foods. Convenience foods are semi-prepared, processed foods that one buys at the grocery store and finishes their preparation at home by mixing ingredients, or reheating. For example, an Oscar Mayor *Lunchable* is a convenience food because all of the ingredients for sandwich, which are clean and cut, it just needs to be assembled by the consumer. Mari explains:

Mari: Yes, yes it is very difficult. When I was working, I, here in the chocolate factory, I would take something, but what is it that someone brings? Since I do not have a kitchen, well, I would take a Maruchan.

I: What is "Maruchan"?

Mari: It is an instant soup that comes in...It is a small container and you only add water and you put it in the microwave and...but well, it does not have absolutely anything, not even...nothing beneficial, well it's more for you to fill yourself up, nothing more.

I: Hmm hmm.

P: And, if there was nothing, I would go and eat tacos, which would come out worse for me.

(Mari, Interview #1, Lines 1293-1312)

Mari, in the above quote, indicates how she is aware that *Maruchan* instant soup is not nutritious. She is right, looking at the nutritional content in one of those soups, there is 14 grams of fat and more than half of the daily requirement for sodium at 1260 milligrams. However, if we were to assess the value of *Maruchan* soup from a *comiendo bien* perspective, it is not healthy because it does not represent a *platotóte*. *Maruchan* soup is only starch with no protein, legume or vegetable to make it a complete meal. She also

acknowledges that her fast food alternative, tacos, is not much better. However, she knows that she has to eat something to help her feel full until she finishes her work.

Similarly, because mothers are working longer hours they refrain from cooking *comida casera* and in place of their home cooked meals, order take-out foods or buy their whole family a fast food dinner. Denise believed that Latina immigrant mothers were not upholding cultural customs by cooking less for their family:

Denise: Well, to also have a job. Well, it depends because immigrants that come here and lose their customs from their country, now they do not want cook; they buy food that is already cooked; now they do not cook. I have seen mothers who do not cook and they buy their children McDonald's, for the kids, and that is the meal.

I: Why do you believe that they lose the custom?

Denise: Because they do not want to cook, they want everything easy. They even spend more money.

(Interview #2, lines 780-791)

In some ways, Denise is judging mothers who do not cook. I agree with her that cooking is more beneficial in supporting the family's diet and overall well-being. However, planning meals, grocery shopping, and preparing meals all takes work and effort from the mothers, especially negotiating their family's food preferences. Integrating convenience foods and street foods saves mothers time to complete their work, run errands, and care for their family. Integrating these time-saving foods affords mothers more quality time with their families that they otherwise would not have if they were cooking. Eating these foods may change the mother's sense of obligation to cook but it is also providing mothers some respite from their domestic work.

Some women started feeling less obligated to prepare meals that represented a *platotóte*, especially if they were working full-time jobs outside of the home with demanding schedules that fluctuated from day-to-day. The combination of demanding work hours and

increased access to *comida callejera* (street food) is challenging Latina immigrant mothers' obligation to prepare *comida casera* (homemade food). The mothers may feel less obligated to cook, but they remain concerned about what their family should eat. Even if the food is "take-out," Latina immigrant mothers continued being the person in the family with the responsibility of planning meals and procuring foods. On the other hand, Susana finds that occasionally ordering a pizza is a relief from her haste: "Sometimes because, or you do not have time to cook, because you are going super fast, or sometimes you say, 'Ay no! That is it. I am not going to cook! Let's go!' Or, you just order a pizza" (Interview #1, lines 796-799).

When Latino immigrants cross the border they not only leave their families and previous life behind, but some of their privileges and rights that were tied to their natal citizenship. Mothers, fathers and children's work and school schedules are comparatively less flexible than they were in their sender countries. The Latino immigrants' conform with these working conditions because of their stress over making rent and working without job security, where undocumented immigrants are often restricted to temporary positions. For example, Susana explained to me how her experience as an undocumented immigrant has affected her health:

I say, yes. The truth is, it does affect...the stress of thinking... a little family problems, a little bit about the job, because sometimes there is no work and your rent is coming --it stresses you out and all that makes you sick. You are in your country, and you say, "I have my house that I do not pay rent." You don't pay rent because you do not have to, but here, no. If you don't, month after month, month after month, you have to have your rent, and if you don't, what are you going to do? And then, sometimes there is no work, no work and you are... they give it away to other people. Yet, I do not understand, if you are doing the job and those who enter are the fir... the last [hired] are the first to leave. So, one is constantly, just thinking in, "What will happen tomorrow? What will happen tomorrow?"

(Interview #1, lines 278-298)

Latino immigrant parents, mothers in particular, conformed to fewer commensal (sharing of meals) experiences because of the fear of not being able to support their families. Part of Susana's anxiety emanates from doubts that undocumented immigrants are protected under California Tenants' Rights, where they can be evicted **only** after 90 days of not paying rent. Latino immigrants generally do not believe that they are protected by any laws or entitled to any rights at work, or even in their homes. In this situation of fear, immigrants without "papers" are less likely to demand better working conditions, much less meal times and breaks. These participants were aware that they were replaceable as undocumented, Latino immigrants in low-skilled labor. So, they often were *prioritizing work over health*.

Undocumented immigrants carry extra worries and fears because they are always afraid that any adverse attention from public law enforcement could lead to a report to Immigration and Customs Enforcement. Time with the family was spared for bills, even for those with the permission to work legally in the United States. Downward social mobility (Portes and Zhou 1993) and a language barrier would still make documented Latinos feel inferior.

There is a new and contradictory relationship between Latino immigrant parents and their children. That is, while parents are losing their privileges and rights in the workplace, their children are gaining privileges and rights at school. This takes place especially when the mother was an undocumented immigrant and the children were US Citizens and/or attending school in the US.

Denise: On the contrary, I feel that there are more responsibilities for me, because here, in the United States, it is a bit more delicate the situation with the children.

I: Like what? How is it more delicate?

P: For example, you have to take care of them to make sure that nothing happens to them. Because for example, there are women in Nicaragua that spank their children, they come here and they cannot do that anymore. So, the kids take advantage of that and then it is there when they are lost.

(Interview #2, lines 881-891)

This is not to say that child abuse laws do not exist in Latin American countries. In fact, they do. However, the enforcement of such of laws is different because “abuse” is defined differently, and disciplining one’s child occasionally with a spanking was not a punishable offense. Undocumented children also “took advantage” of the situation where they could report their parents for child abuse, regardless of their immigration status into account. For example, although Mari’s son was undocumented, he knew that the social workers in the shelter were “attentive” to any child abuse:

Mari: ...it is that, also it is a bit difficult to feed food to a child like that, and since we cannot say anything. For example, in the shelter where I live, I cannot yell at him, I cannot say anything because the workers are always attentive that one does not say anything because if not, they will call CPS. So, the children, especially mine, abuse this, too...that he does not want, that he does not want, that he does not want it!

I: Ah!

P: And so I cannot be pestering him and “Now, you will eat that.” No, because if he screams they are going to say that I am the one that is abusing him, and no, like I say. So... It’s difficult. So, I have to swallow my anger and I say: “Well, eat what you want then. So, the one that will become ill is you,” I tell him.

(Interview #1, lines 1569-1585)

Mari’s son understands that he could refuse his mother’s request to eat a certain food because his mother cannot discipline him at the shelter. I do not think that children are thinking about their parents’ request to eat as “abuse,” just as disrespecting their food choices. Mothers, on the other hand, think that their children are extending the meaning of “abuse” to represent being pushed to eat food they do not like. At school, no one forces these children to eat the food made in the cafeteria. Eating all of the food from their trays does not entitle them to any

reward or treat, as it does at home. The mothers' interpretation may also be tied to undocumented immigrants' overall avoidance of any attention from public authorities. Latino immigrant children attending public school in San Francisco are developing new forms of autonomy centered on *what* they eat and *how* they act.

Latino immigrants' children start to convey this *food choice autonomy* from school into their homes, where they manifest resistance to their mothers' food. For these children, schools and their teachers carry more legitimacy and authority than their parents. For example, Veronica's daughter refuses to eat any junk food that her mother gives her because her teachers did not allow her to eat an "unhealthy" snack her mother packed. From that point on, Veronica's daughter has been hesitant to eat treats, or junk food at home because of what her teacher told her. Then I asked Veronica what she thought the teacher's responsibility was to judge the nutrition of foods from home:

Veronica: They help them a lot. But it is to say, if I also try to give her that everyday and the girl is telling me that it is not healthy, then I think that it is more like the teacher is trying to tell the parents, too, no? That theirs [snack recommendations] are healthier? But it is not the responsibility of the teacher, it is the responsibility of the parents. Because yes, that is, there are many children who... The teacher told me: "No." He said: "She is one of the students who do not bring a healthy snack" he says. I said: "Well, from what I remember only two times, no more in all the school year have I placed... that is, I did put something in that I should have not placed, that is, which I was not supposed to place." Does she eat it in the house? Yes, she does eat it, but not everyday. What is more, they are small portions; like the chips were one small box that they sell. It comes with something like 10 chips, if that.

(Interview #1, lines 858-873)

On top of Veronica's daughter challenging her mother's snack choices, Veronica feels undermined by the teacher because he is superseding her practices of food moderation.

Some would argue that the school's health intervention were successful and will be beneficial to the child's health downstream. Aside from the physical benefits, this situation

demonstrates how educators and schools are displacing (and in some ways, challenging) Latino immigrants' authority by telling their child what to eat. They are also interfering with how Latino immigrants feed their children. Latino immigrants' children may give more legitimacy to the educational institution and the teachers because they reflect the dominant culture (English-speaking, articulate knowledge and privilege) and the State (reproduce and promote societal ideals).

However, the rights, privileges, and knowledge that children acquire at school instigate an uneven power dynamic between parents and children. Unlike their children, Latino immigrants' experiences as children and youth in Latin American consisted largely of deferring to their parents' requests without resistance. For example, several of the women took care of their younger siblings and even migrated to the US to support their families abroad. In the US, Latino immigrants' children couple the self-autonomy they learn in school, with enacting their rights and privileges as children (or citizens) to resist at the dinner table. Unlike their parents who are not documented, the children feel entitled to their rights. Also, their experiences in school expose them to informal and formal child rights and more abstractly to ideologies of citizenship, autonomy and sovereignty. *Entitling rights to children* was a category developed to demonstrate situations where children gained rights over their parents, and allowed them to *resist at the table*.

Resisting at the dinner table was not limited to refusing food, but also participating in ethnic customs, which includes the time they spend sharing meals with their family and doing chores. Many parents complied with their child's requests for fear of being reported to Child Protective Services and subsequently to Immigration and Customs Enforcement. Yet, deferring to a child's requests at the table is reducing Latino immigrants' legitimacy and

authority over their children. In addition it can defy family cohesion and these children's commitment to *duty to the family*. *Duty to the family* refers to a discourse where family members' actions are influenced by a commitment to the family's well-being. Family members are supposed to constantly negotiate their personal actions for its benefit to their family.

Consequences of Reducing Commensality and Eating More *Comida Callejera*

The combination of Latino immigrant parents working more and their children eating lunch at school was reducing the times they shared meals. The major barrier that kept family members from collectively practicing *comiendo bien* was their conflicting outside of the home schedules, both parents' work hours and the children's afterschool activities. For example, most fathers, or male live-in partners, left the house early in morning because they worked as line cooks, construction workers, or in other positions that required early starts. Then children would leave for school and would not return until 5:30 in the evening. Key informants who were homemakers, or worked earlier shifts, usually picked up their children from school in the afternoon to take them to their afterschool activities. I would see these mothers often bring their children the meal of day in a plastic container, or "Tupperware," while I was volunteering in the *Cuerpo Sano* program. The children would sit somewhere and eat their dinner before heading off to their next activity.

Many reported that in Latin America they had shared at least two meals a day with all of their family. The mothers also believed that eating two to three meals a day is necessary for the successful accomplishment of *comiendo bien*. However, commensality was possible in their sender communities because start times for work and school were often at the same time and consequently, their meals. In Chapter Three, commensality was presented as paramount in the reproduction of *comiendo bien* because it was the way that parents assessed

and imparted *how* to eat well. Although the families did not explicitly express the importance of sharing meals, I found this to be an important difference between their practices in Latin America in comparison to San Francisco. *Comiendo bien* is a social practice that is indirectly about ensuring the family's ability to sustain cultural and ethno-national representations of a specific country or region. The social aspects of sharing meals move *comiendo bien's* importance beyond physical health and into the realm of cultural and emotional well-being.

However, I need to be careful to avoid an overgeneralization that employers in Latin America respect family values and people's meal times because this is certainly not the case for women and men working in *maquilas* and at manual labor (Sassen 1997; Gonzalez 2001), who can work up to 12 hour shifts under wretched conditions. In this particular sample, all but two of the mothers (a former maid and a former police officer) worked in professional positions that had customary work hours. Women from rural areas, or those who migrated as homemakers, ate at least breakfast and lunch with their families. Therefore, it is more sensible to assume that middle-class families in Latin America had the opportunity to structure meals concurrently across children and parents' schedules.

Meanwhile, in San Francisco, *not every* family member is sharing at least one meal a day with their entire family, which differs from the mothers' memories of meals in Latin America. Every family member has a different schedule during the work week. For example, siblings who travel from school together often share meals together; one parent who is off from work shares dinner with their children, while the other works, etc. When they were at home, they usually ate the main meal with at least one other person from their family. Outside of the home, children ate with their schoolmates, or parents ate alone at work, if at

all. Lunch and dinner were eaten at different times and were dependent on the person's work schedule.

In relation to the importance of commensality for *comiendo bien*, a family member who did not eat was risking their family's well-being and possibly the other family members' work and school schedule. This was their *duty to their family*. Commensality in this case reflects allegiance to one's family values, consideration for their family's economic constraints, and the symbolic negation of food insecurity. Therefore, in Latin America, families performed commensality to verify that their families were complying and fulfilling *comiendo bien*.

Comiendo bien is no longer shaping the family's day. In sharp contrast, in San Francisco, the family's work schedules shape their mealtimes. Sharing meals with family members a few times a day reproduced interactions at mealtimes transmitting family values such as *duty to the family* and facilitated in the construction of gender, class, and ethnic identity, as well as allowed parents to transmit health practices. For example, when Rosa prepared two separate dinners for her family, she did this to both feed her family and to manifest her affection and concern for their health. In addition, Tubbs, Roy and Burton (2005, citing Doherty 1999; and Kinney et al. 2000) assert that sharing meals is an important time for parents to engage with their children. However, this is being challenged because children are entitled rights over their parents which, in turn, gives them the authority to resist at eating certain foods. This further minimizes the importance of sharing meals because eating as one pleases is individualistic and not communal.

The failure to replicate the ritual of sharing meals everyday is creating further estrangement between children and parents. For example, Susana's oldest son goes to school

and has a job in the evenings. As a result he often did not share meals with his family or did he like eating his mom's food:

Susana: *So, look I will tell him: "Look, here it is."* [Son says] *"Ah, I do not want it, your soups, your soups and that, it is healthy. Ah Susana!* [referring to his mother] *Everything is healthy."* Then I tell him, *"It is?! You will see,"* I tell him, *"The day that you become ill, you will see."* I tell him, *"How I wish someone opened your eyes."* Because the truth is, he does not eat...

She cannot convince him that her food is good for him, nor can she persuade him to eat healthy in order to avoid the consequences of becoming ill. Now that he spends more time away from home, he often eats out. Susana's son was making his own money and is controlling his own food. He is also not complying with the discourse of "eating everything" because he is too old to expect a food reward. Moreover, he is disrespecting his mother by calling her by her first name, Susana, and insulting her food for being "healthy." He is alluding to the fact that he is expecting his mother to prepare him a meal that he will savor, not something she believes is beneficial for his health.

This disconnection between generation and palate is reducing both: a) the engagement between children and parents; and b) the reproduction of parental authority and cultural norms. Overall, reducing the obligation of sharing meals runs parallel with Latino immigrants' changes in the manifestation of *duty to the family*. In this scenario, Susana interprets her son's eating habits as reckless because he fails to understand that his mother's effort to feed him "healthier" food was her attempt to counteract the deleterious health effects of eating street food. There is a clash between Susana's perceived *duty to her family* and her son's. When Susana's son is *resisting at the table*, he is also refusing to be with this family or respect his mother.

Latina immigrant mothers may also be absent from the dinner table because they are working. Thus, they are also symbolically becoming absent in their family's *memories of mmm...* Instead they are incorporating *comida callejera*, convenience foods and restaurant meals into the family's diet. Most recent immigrants, most of them were already eating their mid-day meal separately from their families and eating *comida callejera* and restaurant food as least once a week. Nevertheless, they always shared breakfast and dinner with their whole family and these meals outside of the home. Also, when recent immigrants from Central and South America ate their lunch at work, it generally consisted of food prepared at home. So, even though recent immigrants started eating some of their meals in the absence of family, their homemade food (*comida casera*) was still a physical tie to home.

CONSUMING MORE COMIDA CALLEJERA AND CONVENIENCE FOODS

This discussion about convenience foods and *comida callejera* is not intended to suggest that immigrants were not already eating these types of foods in their sender communities. As presented in Chapter Four, many Latina immigrants were eating processed food, global fast foods and local street food when they lived in Latin America. Nonetheless, earlier immigrants' previous concerns regarding the quality and safety of eating convenience foods and *comida callejera* are diminishing because convenience foods are useful when immigrants: a) do not have the opportunity to cook and b) face multiple conditions encouraging their consumption. In contrast, there were three recent immigrant families who were restricting their families' consumption of fast and processed foods in the US, although they ate these foods in Latin America. They were observing a diasporic discourse that foods in the US make people fat. We will return to this last point in the conclusion of this chapter.

Here, I will discuss three major conditions that lead to the integration of more convenience foods among Latino immigrant families in San Francisco: families moving into single room occupancies, children eating school lunches, and mothers obtaining food assistance programs. In addition, I will present how and why participants were also consuming more *comida callejera*, or food prepared outside of the home, in restaurants, street vendors, or grocery stores. I believe that this is a significant change to Latino immigrant families' diets not only because these families demonized processed foods for not representing naturalness, but also because earlier immigrants and those from rural areas rarely ate *comida callejera* because of they believed that they were unsanitary or unhealthy. I will attempt to outline the process by which this integration happens and how Latina immigrant mothers start reinterpreting foods not prepared at home, and how their children are normalizing convenience foods and street foods as acceptable forms of food to eat as a family.

The Situations that Introduce Convenience Foods

Living without a kitchen

According to Forbes (2009), San Francisco was the fourth most expensive city in US in 2009, where the median rent for a two-bedroom, unfurnished apartment was \$2,500. San Francisco was also the 34th most expensive city in the world in 2009. Knowing this, it is not hard to believe that almost all of the Latino immigrants in this sample lived in single room occupancies when they initially relocated to San Francisco. In fact, two of the participants were still living with their children in a single room when they were participating in this study. Latino immigrants often rent single rooms because they do not have the means to rent a full apartment with a bathroom and a kitchen. Spaces that are rented to more than one

person must have a certain amount of square footage and amenities under California's Rent Laws. However, many homeowners take advantage of the outrageous housing prices in San Francisco to convert single-family homes or larger apartments into single room occupancies for Latino immigrants, or others desperately needing housing. Since undocumented immigrants do not have a credit history, or enough savings to pay a deposit, it is difficult to rent an apartment that is appropriate for their family.

The Latino immigrant families in this sample lived in single room occupancies until they could save the money to acquire a larger space. Several of the mothers reported how living without a kitchen affected their family's diet. For instance, Margarita described how difficult it was to maintain her family's health when they lived in a single room because the absence of a kitchen left them eating convenience foods and at restaurants.

So, with my son, well yes, we did feel it, that we did not have a refrigerator at our disposal, a kitchen. And, if we ate out, well it would come out very expensive for all three of us and so we had to make these mealtimes very heavy plates because then afterwards in the evening, because possibly the only thing we could have was a cereal and milk, right? More than anything for the child, right? Then, afterwards we spoke with the owners and they allowed us to store a milk [container] in their refrigerator. (a few minutes later)...It was more for the child, no? Because he wanted to eat something around seven, eight in the evening and the only thing we could give him was water, juice, things that we could have in the house, right? Without a fridge and a kitchen...cookies... to eat like they say, things that probably are not that healthy.

(Interview #1, lines 276-285 and 313-318)

Several of the participants not only reported how living in a small space limited their ability to eat homemade or fresh foods, but also lowered their children's morale:

Susana: My son, it as if he fell into a depression because suddenly he had the urge to eat and eat and eat and he fluffed up, he gained a lot of weight, um...it cost him, and he yes, it was hard for him to adapt, because to be in Tijuana, let us say that he was free. He would go out and play in the street, he would hang out with his friends, all over...and suddenly to come and be locked up in a little room, because he did not go out.

(Interview #1, lines 193-201)

When Latino immigrants are forced to live in living spaces with no accessible kitchen they are also increasing their consumption of convenience foods because these foods require minimal storage and preparation. In many ways, convenience foods serve their original purpose, which was to feed soldiers in combat during World War II (Shapiro 2005) where they had minimal facilities to cook and store food. However, when convenience foods were introduced to mainstream USA, the idea was that people would heat and serve these foods in a kitchen and share this modernizing experience with their family, the “American” family. In contrast, when Latino immigrants turn to convenience foods during their stays in single room occupancies they are eating to survive, like US WWII soldiers. Although they do not prefer convenience foods, they were eating them as the alternative to eating homemade food or the available street food.

In a parallel situation, Mari, a recent immigrant from Perú, separated from her abusive partner in San Francisco and had to relocate with her ten-year old son to a family shelter. Residents did not have privileges to cook or store food in the kitchen. However, Mari was a Type II Diabetic with high cholesterol and needed to prepare her own food in the shelter’s kitchen. She often complained to the social workers because she believed that the food served in the shelter, mainly convenience foods, were unhealthy.

Mari: Here, where I am at, yes, they do give us food to eat, but I cannot, I cannot pick my food because they only prepare one meal for everyone and you eat it, or you do not eat. And they prepare bacon. You see how that is with cholesterol? It's death. Eggs, everyday in the morning, eggs and beans, rice, all things that I cannot eat.

(Interview #1, Lines 560-576) (560-568)

I: *Aha.*

Mari: So, I tell them [the social workers]. Well, I cannot go around fighting every time telling them that I cannot eat this, because I have already told them various times. I have gone to the nutritionist there, I told them, I made them a list, but they serve me what there is in the kitchen.

(Interview #2, lines 681-685)

In Mari's situation, she is not only a poor, undocumented immigrant living without access to a kitchen, but she is living in a shelter, with a chronic illness and an inability to prepare healthier meals. Living in the shelter has not only blocked her ability to reproduce *comiendo bien*, but also goes against her doctor's dietary recommendations. Mari is in an ironic situation because they serve her, and the other residents, large quantities of food. However, it is primarily foods rich in saturated fat, cholesterol, and sugar.

Unlike Margarita, Mari and her son had no disposable income and out of necessity were integrating more convenience and street food. It is as if they were being compelled by an agent of the local government to simultaneously change her eating habits and worsen her health condition. On the other hand, convenience foods prove that full functioning kitchens are not necessary to having a warm meal. Yet these examples demonstrate how much a kitchen, appliances and utensils are taken-for-granted for most people in the US. More specifically, access to a full kitchen is a taken-for-granted assumption in nutrition interventions which encourage cooking at home. These may not be accessible to disenfranchised persons.

Eating School Lunches

Latino immigrant families are also integrating more convenience foods into their diet because public schools are feeding Latino immigrants' children convenience foods and replicas of fast food. For example, Vick describes the contents of her daughter's cafeteria selection:

Well, the food is supposed to be healthy, it's supposed to be, right? But, sometimes, they give them some foods [that are] so horrible. So... and well with my daughter, well she barely likes to eat from the cafeteria because they give her, the majority is, almost never do they give them vegetables. They do give them milk, juice, they give them pizza, the blessed Taco Bell, pure grease. Then the truth is that she tries to buy and you see that in schools well, there is a place in the cafeteria, and there is another place where they sell, right? So, she buys herself the nuggets, the chicken nuggets, and all that. Then, like I tell her, "Always drink water." Yes, she does not drink soda. Then... and fruit, if she took a fruit, "Daughter did you take a fruit?" It is fine.

(Interview #2, lines 704-719)

To describe the "blessed Taco Bell," Vick uses the Spanish word, "dichoso," which means "blessed" or "damned." I think she means "damned" because of the negativity in her description of her daughter's lunch options. In addition to the pre-made pizza, her daughter's school also provides students with the option of buying fast food such as Taco Bell. Several of the mothers did not agree with the menu provided to their children at school because they felt that the food was not flavorful or beneficial for their children's health. However, they always told their children to grab all of the fresh foods, hence imparting eating practices outside of the home, too.

For example, Mariela from Perú did not like the convenience foods given to her son at school:

Mariela: What is not, what I have seen that the food is all made of peas, carrots, everything that they make the food from, it is from a can, and he [her son] does not eat it. But, for example, if it is a puree with meat, yes, he will eat it. He will eat a puree with meat. He will not eat for you the rice because it is watery and our [Peruvian] rice is grainier.

(Interview #1, lines 537-543)

Later in her interview, she explained to me that canned foods had preservatives and cause illness in young children, to the point where they are banned from public schools in Perú.

Looking at the San Francisco Unified School District's online menu for grades K-12 ("Lunch Menu January 2010 Grades K-12"), the cafeteria menu primarily offers pre-packaged meals and snacks. They also provide fruit juice and occasionally crudités. For example, on Tuesday, January 19, 2010, the menu included a choice of an entrée: turkey hot dogs with baked beans; crispy nuggets, or a bean and cheese burrito. Interestingly, two of these meals resemble fast food establishment items: crispy nuggets á la McDonald's and the bean and cheese burrito resembling Taco Bell. This is the same menu I had, distributed by the same food program (Preferred Lunch), when I was a student in the Chicago Public School system in the 1980s and 1990s. The only difference was that I never had raw vegetables as an option.

For the public education system to distribute foods that Latino immigrant parents were taught were harmful challenges their communication about good food with their children. "And well, I believe also that the schools, the food that they give our children is not healthy and for this reason our children think that in some way fast food, frozen food, is food" (Malena, Interview #2, lines 467-470). The way that children eat at school encourages them to think that convenience and street food are acceptable foods to eat. To the parents, the cafeteria menu does not represent a *platotóte* that they would prepare for their children. The cafeteria not only prepares meals that do, or do not contain a meat, starch, legume, and vegetable, but they are also have different flavors and textures from the foods that these mothers would prepare for their children.

In an earlier section, I discussed a situation where an elementary school teacher was enforcing the consumption of healthy snacks in the classroom and challenging the parents' interpretation of "balanced eating." Ironically, in this situation, public schools also influence

and encourage the consumption of junk food and convenience food. Thus, the public education system in San Francisco enacts a double standard about where healthy meals should come from. The snacks parents provide must always be healthy and the teachers have a right to reprimand parents' food choices for their children. In turn, schools are not reprimanded by Latino immigrants for the quality and type of food that they serve their children in the school meals program. Part of this stems from Latino immigrants' not wanting attention from public authorities. The other part is that teachers and schools represent an institution, not a specified a group of people to confront. It also would take bureaucratic and administrative changes for their children to receive meals that represent homemade meals prepared by these Latina immigrant mothers.

Participating in Food Assistance Programs

Prior to coming to the US none of the participants had participated in food assistance programs in their country although there are food assistance programs in Latin America. In San Francisco, however, Latino immigrant families are integrating more convenience foods into their diets partially because they are being introduced to convenience foods when they participate in food assistance programs. Here I grouped together food assistance programs to include the retrieval of food from food banks, the use of Supplemental Nutrition Assistance Program (food stamps), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Of the fifteen families studied, nine participated in food assistance programs at the time of the data collection. Not knowing their future job situations, Latina immigrants felt pressured to be frugal with their food budgets. Also, in Rosa's and Denise's case, because their husbands would humiliate them for not making an economic contribution, Rosa and

Denise would acquire food from a food pantry to demonstrate to their husbands how they could provide food, even without working. In this way, procuring food from food banks verified these two women's external contribution to the family, in addition to their domestic work. Finding resources for the family was a way of reducing their partners' shaming.

I would argue that most of the families sought donations from food pantries because these programs are generally administered by private organizations. Unlike federally-sponsored programs, they only require an identification card to be eligible for services. Occasionally, food banks require a proof of income and family size. Fortunately, San Francisco is a sanctuary for undocumented immigrants and asylees. The City of San Francisco administers identification cards for those who cannot provide adequate documentation to obtain a state-issued ID from the State of California. The city-issued ID then serves as a proof of residence and identification, but it also allows undocumented immigrants to be eligible to receive food at food pantries in San Francisco.

For example, Ashley was an undocumented, transnational mother whose children remained in Guatemala. Every three months, she would accumulate half of the nonperishable food donations and send them to her children in Guatemala. She would tell the staff at the food banks that she had five persons in her family and they would give her the designated amount of food for that family size. The last time I visited Ashley's home, she showed me the box she procured at the food bank. Inside the box were canned beans, canned vegetables, canned peaches, canned meat, bread, dried beans, rice, pasta, cereal bars, and ready-made dinners, such as freeze dried casseroles and macaroni and cheese.

Some of the items were name brands, while others were from the US Department of Agriculture. Ashley told me how expensive canned foods were in Guatemala and how she

was happy to send these items to her family. In contrast, some of the recent, younger immigrant mothers thought that convenience foods were harmful and tasteless. Ashley viewed these canned goods as luxuries, even the USDA black and white labels, since they were not accessible in Guatemala. Besides convenience foods, participants did report receiving some fresh food from the food banks such as onions, potatoes, carrots, tomatoes, juice and cream cheese.

María, from Honduras, was one of the three mothers in this study who participated in the WIC program. The WIC benefit allowed her to buy the cheapest cheese, milk, legumes (canned and dry), juice, eggs, breakfast cereal, whole wheat bread, canned fish, and peanut butter. Of these items, she only took the cheese, milk, cereal, eggs, juice, canned fish, and occasionally broccoli and carrots for her son. One day I visited María when she just finished purchasing a few cheeses with her WIC supplement. After taking them, she realized they were “Mexican” and did not know how to incorporate them in her Honduran recipes. Mind you, the cheese was not made in México, but was just packaged in the colors of the Mexican flag, red, green and white. She offered them to her neighbors, who are also Central Americans, but they did not want them either. During this home visits, I asked some of the other mothers why they did not participate in food assistance programs. They did not use WIC or acquire food from the food pantries because they felt that they were not free to choose what to buy and were restricted to either what Lorena thought was “food that stores wanted to get rid of” or were restricted to certain undesired products.

The public schools and food assistance programs are clearly introducing Latina immigrants and their families to more convenience foods. When children are trying new dishes in the school cafeteria, such as macaroni and cheese, they are developing new tastes

for these foods. In turn, they are creating new *memories of mmm...* and then making such food requests for dinner. For example, Selena's oldest daughter tried macaroni and cheese for the first time at school and often asks her mother to prepare it for dinner. Selena makes macaroni and cheese from a pre-prepared box that contains the pasta and cheese sauce. She joins it with a side of fruit to make it her version of a meal. So, macaroni and cheese replaces rice or tortillas, the meat, the legume component of the *platotóte* and the fruit replaces the vegetables. Many years ago, when Selena was participating in the WIC program, she was introduced to cereal and milk and peanut butter. Cereal with milk became her family's regular breakfast, while her daughters ate peanut butter.

Beyond the obvious conclusion that Latino immigrant families are consuming more convenience foods and street food, I want to argue particularly that these changes are not simply the result of individual choices. Meaning, Latina immigrant mothers do not simply walk into a grocery store in San Francisco and buy more convenience foods because they are a novelty. In practice, mothers carry their children's and partner's new *memories of mmm...* into the grocery store with them. By replacing homemade meals with convenience food or street foods, mothers were reducing their presence in their children's and partner's memories of food and eating. And, mothers do find this food cheaper and more accessible than in Latin America. But convenience foods are also being introduced to them by larger institutions, such as their children's schools and their participation in food assistance programs, not to mention the mass media.

Significantly, the pattern of replacing some meals with convenience food and restaurant food is emerging from several other new situations. For example these mothers' partners are not sharing the responsibility of shopping and cooking, despite the fact these

mothers often do work outside of the home. Convenience foods and *comida callejera* require much less time to prepare than a traditional meal from scratch. The integration of more *comida callejera* into their meals is also emerging from family members' demands for a variety of foods outside of the mother's repertoire of recipes but that are available in a city where most tastes can be accommodated. Latina immigrant mothers do not necessarily prefer convenience foods or restaurant food as an alternative to homemade food, but they are dealing with their new situation, in terms of organizing family meals in this way. However, by integrating more *comida callejera* and convenience foods, Latina immigrant mothers do ease the negative significance of *comida callejera* and processed foods, as it is helping their family *feel full*.

Regardless of whether or not Latina immigrant mothers condemn themselves, or others, for eating *comida callejera*, they are still integrating more convenience foods and restaurant food into their family's meals. For example, many of my first interviews with participants told a story of eating only fresh food that they could prepare at home. Then, as more interviews took place, and my home visits were occurring, I noticed that all families enjoyed restaurant outings, most families had soda, cookies, candies, or canned goods in their home. Similar to Chapter Four, in San Francisco, Latina immigrant mothers are in a process of redefining the negative connotations of *comida callejera*, as *balancing comida callejera and comida casera*. In contrast to Latin America, in San Francisco they are being introduced to convenience or processed foods by institutions such as public schools and food assistance programs food banks. I use the word "balancing" because the mothers would often say that they would feed their families *comida callejera* and junk food "in moderation" (including Lorena, Vick, Malena, Selena, Veronica, and Mari Cruz). They are not literally balancing the

food in a calculative manner, they are balancing the conflicting discourse between *comida casera* and *comida callejera*. As we will see in the next section, *moderation* is a very subjective term, in particular in an environment where food is plentiful.

In sum, Latino immigrants consumed convenience foods and street food in their sender communities, but in San Francisco they are consuming more of it. What makes this situation different is that Latino immigrants are entering new situations where they do not feel secure about their position in society, they feel challenged by their children's new rights, and they are restricted from everyday privileges we take for granted, such as having a kitchen a state-issued ID card. In addition to the legal and economic restrictions and the growing cultural gap between themselves and their children, convenience foods are always already available, fast foods are an accessible novelty, and Latina immigrants and their children are learning about new foods in their engagement with several organizations. Therefore, multiple influences and arenas are also involved in the Latino immigrant families' decisions to consume more convenience and fast foods in San Francisco. These arenas include the public sector such as the city and state social and human service agencies, non-profit Latino organizations, the federal government (e.g., US Department of Agriculture and Immigration and Customs Enforcement), San Francisco restaurants, and local property owners.

EATING EVERYTHING TO EATING MORE AND CREATING PICKY EATERS

That is, I start doing calculations of what one earns here and how much food costs and it is hard, hard to eat... that you say, "Sit down, we are going to eat to fill, we are going to eat well," is hard. You spend a pretty penny and here [San Francisco], no. Here, sometimes with thirty dollars you make a good meal and no and you never run out, where you say, "Ay, there, I am left without anything to eat for the rest of the week! NO! It lasts you, like your money lasts you more here, For this reason, I say that here it easier to eat well here and because sometimes, I tell you, sometimes there are places where they give you onion, that they give you tomato, so, it is that here, they say

there are no poor people here because wherever you go, they will help you and in Mexico, no.

(Susana, Interview #1, lines 602-617)

Compared to US Americans, undocumented Latino immigrants make less money and have a lower status than their documented counterparts. Even so, they have more money to buy food here than they did in Latin America because food is cheaper here, relative to wages. In the context of the US, participating in any food assistance program is taken as an indication that a family is experiencing food insecurity, or would be without such assistance. On the contrary, Latino immigrants themselves interpret this as experiencing food security. Their interpretations are much different because they believe it is unlikely that one would suffer food insecurity in the US, if such programs exist. If food is given away for free, how can people go hungry?

Because here, what is different here is that even if you are not working, in any way you will find the food—in Nicaragua, no. In Nicaragua I already abandoned everything and to find a job over there is very difficult and if there is not enough for the food, no one eats. The system in Nicaragua, and I believe in all Central American countries, is if you have a stroke of luck, if you eat one day, if you eat breakfast, you do not eat lunch, and if you eat lunch, you do not eat dinner. That is the system over there.

(Denise, Interview #1, lines 425-433)

Denise is comparing the situations of poverty between Nicaragua and the US where, regardless of employment, there are several public and private programs in place that allow people to attain food security. Every participant in this sample believed that no one experiences hunger in the US because they believed that, relative to their salaries, the US has more affordable fresh and processed foods and social programs are constantly providing meals and food.

Unlike their reported experiences in Latin America, the presence of these programs make them believe that their families could never reach the point of not having enough food

to eat two to three meals a day. Participants did not state that ones similar programs to the US existed in their country. There are several nutritional programs in Mexico, Central and South America with the goal of eliminating malnourishment (e.g., Mexico's National Institute of Public Health and the Nutritional Institute of Central America and Panama). These interventions primarily focus on consumption of enriched everyday items such as milk and bread to meet the USDA levels of dietary recommendations. However, receiving a fortified food does is not congruent with receiving name brand convenience foods or canned goods, or having the opportunity to directly engage in the food shopping.

People do not go hungry here: *experiencing increased food security*

In San Francisco, Latino immigrant families have increased food security. This has affected their practice and beliefs around *comiendo bien*, particularly the significance of *eating everything* and the family's demands on the family cook. In the traditional practice of *comiendo bien*, if people ate everything on their plate it meant that they ate well and were in good spirits. However, this is assumed they only had one allocated ration and no extra servings. Also, in a situation of food insecurity mothers did not ask family members what they wanted for dinner because they often could only produce the same meals each day. However, Latina immigrant mothers now do ask and confront picky eaters. Food security thus concerns not only a person's ability to buy food, but having a variety of foods available.

Changing US Stereotypes: An Increasing Accessibility to Food Variety

In Chapter Three I presented how participants feared they would be unable to reproduce meals from their sender communities because the US primarily consisted of fast food and processed food. Moreover, they would not be able to find the fresh foods their families used to prepare in their sender communities. I followed-up with key informants

regarding how they found US food, now that they lived in San Francisco. Over time, the participants' stereotypes about the food available in the US were changing after seeing that the residents of San Francisco had many choices for food. For example, most participants found the same fresh foods, herbs, and spices they used in their sender communities, albeit without exactly the same taste. They found that there was a variety of affordable, fresh foods in independent and chain supermarkets, including a multitude of Asian and Latino ethnic grocers in San Francisco. With the exception of a few herbs, dairy products, and fruits, participants found most of the ingredients needed to reproduce the meals they ate with family before immigrating.

Indeed, the San Francisco food scene is abundant with food and cuisine variety. There are several healthy and slow food movements taking place in the Bay Area, several farmers' markets throughout the city, a diversity of ethnic eateries, and affordable prices at most local grocers and restaurants. Also, Northern Californian cuisine has Asian, Latin American, and Mediterranean influences in its dishes. Fresh vegetables, fruits, seafood, and ethnic fusions also characterize Northern Californian food (Shearer 2008: 212-213). Had these Latino immigrants moved to other US cities, they would have encountered quite different food systems and cuisines.

Interestingly, the food environment in San Francisco was interpreted differently by the participants depending on their memories of food systems in their countries. Participants coming from rural areas in México and Perú were impressed with the continuous access to a variety of fruits and vegetables all year long. As Malena indicates below, in her village there was only one opportunity to buy fresh produce from their market:

Well yes, also in this time we eat better, even healthier here. That is in the options to buy vegetables and fruits than in Mexico because regularly the

market where one buys vegetables and fruits is only once a week. And, well, if you entered the middle of the week and the vegetables and fruits that you bought have finished, then you have to wait until the end of the week to be able to buy from them; unless, the trucks from the [local] farmers come to sell their own product. But even still, although these people allocate their merchandise door to door, they do not bring enough, they may bring a lot, but it is to say lots of tomatoes, lots of onion, what can I say? But they do not bring a variety of things like you would have here in the market [here].

(Interview #2, lines 1279-1293)

The Central American participants, all from urban areas, were more impressed with the quality of produce that they found in San Francisco. Unlike participants from México and Perú, there is a discourse among Central Americans that the “scraps” of produce are left for consumption in their local communities, while the quality harvest is exported to the US. For example, María, a 28-year old from Tegucigalpa, Honduras was explaining to me why persons are not overweight in Honduras:

Over there, what they leave us is, like I told you the last time, the scraps of what we produce over there. For example, they produce tomatoes over there and they leave us with the worse ones, and that is what one eats, and the best come over here [to the US]. So, whatever they produce over there [Honduras], they leave the worse ones over there and that is what one [eats]... and also there is not much money to buy good food.

I: *Hmm hmm.*

María: *So one is left with just rice and beans.*

(Interview #2, lines 146-158)

For immigrants from all countries, regions (urban and rural) and previous consumption levels, there is increasing access and consumption of meat and seafood in the US.

I: *And, now that you live in the US, how you do eat and what do eat?*

R: *Well, almost the same as over there [Honduras]...for me, like I tell you, meats, meats from here [US], sometimes I try things from here. Over there I never ate shrimp, well it's more expensive and here they are more accessible. Shrimp, well, are very expensive and here they are more accessible, shrimp, pork chops, I did not eat that either over there. Here, now I buy pork chops. Now, the steak, too.*

(Mari, Interview #1, lines 757-766)

In addition to eating the foods she ate in Honduras (e.g., plantains, beans, cheese, cream, rice and tortillas), Mari is also able to eat meat and seafood she never had living in Honduras. Meat is becoming the primary object on the *platotóte*, where it was rarely present in Latin America. “Yes, almost the majority of Latinos think this way, that if there is no meat, even though there is no salad, even if there is no vegetables, even if there are no fruits, if there is no meat, it is not a meal” (Malena, Interview #2, lines 771-774). As Malena interestingly notes, other components to the *platotóte* could be missing, like fruits and vegetables, but Latinos would not be concerned about their absence.

When I conducted home visits, all of the mothers started preparing the meat first, and decided from there what dishes would follow, even if the meat took less time than the other dishes. Moreover, many people said that their family members and Latino friends only thought they were eating if they had meat on their plates. Also, since there is now more access to meat, families demand a variety of meats everyday.

If the meal does not have meat, it was not a meal. He [her ex-husband] had to have his piece of meat, rice, and beans, also tortillas, so... but it was not a small portion, it was a lot, so...and it always had to be different everyday.

(Vick, Interview #1, lines 498-502)

Eating more meat has even become associated with *Latinidad*, the ethnicity constructed collectively among Latino immigrants in San Francisco, even though meat was not eaten daily in their sender communities. “But what happens, a while after we finish eating, ‘I am hungry and maybe we should have eaten some meat’ this and that...So, it is very difficult for us Latinos. It’s very difficult to leave our foods, the meat, all that, it’s very difficult” (Rosa, Interview #2, lines 434-438). What Rosa is talking about here is that her family could eat other foods such as vegetables and rice, but they think that they are not full because they

consumed a meatless meal. Yet, if these families had to return to Latin America, they would have to reduce their consumption of meat, as Malena indicated:

I: *If you had to live in Mexico, right now, for whatever reason, what would you change or leave alone in your way of eating?*

Malena: *Well, possibly the meat.*

I: *How? In what sense?*

Malena: *Because first, in Mexico it is very costly to be eating meat everyday. Yes, I would be able to find the fruit, the vegetables, it's more economical. I think it would be the only thing [I would change].*

(Interview#2, lines # 872-884)

San Francisco has proven to be a mostly positive place for these Latino immigrant families to obtain food. The distinctive diversity of food available in San Francisco allows these families to eat more foods that were once inaccessible or indulgent. The diversity of food available in San Francisco also affects the practice and beliefs around *comiendo bien* for this group of Latino immigrants, particularly vis-à-vis the symbolic meaning of *eating everything*. If they ate everything on their plate, it meant that they ate well. As we will see in this section, there is a shift in which *comiendo bien* no longer means *eating everything*, but *eating more*.

For example, when I visited Lorena's home, she was making tilapia, salad, *chile*, and broccoli with rice. This menu sounds very healthy in both nutritional and *comiendo bien* perspectives. Lorena produced a *platotóte* that consisted of three to four dishes and ate it in the company of her family and myself. However, she served everyone very large portions. Her six-year old son ate about eight ounces of tilapia, half a cup of broccoli and cabbage salad. I refused a second helping of any food because the fiber from the vegetables made me very full. Refusing that second helping was taken as an insult to Lorena, where she inquired if I had enjoyed her meal. I did, but I was full. Although this food was considered healthy, everyone at the table ate a lot.

When Rosa was describing her meals with her family, she shared that now they eat without even noticing they have eaten much:

... but sometimes when we are hungry, that we have not eaten food all day, we sit to eat... I have noticed that I have eaten up to four or five tortillas and then I say: "Eeee, it is not possible!" That is, when I already have eaten them I regret it, but in that moment they tasted so delicious to me. So, I have that problem.

(Interview #2, lines 412-419)

As a manifestation of their increased food security, I think that Latino immigrant families are eating more in San Francisco. The portions on their *platos* have grown. Latino immigrants may not be aware that they are eating in haste, or missing meals throughout the day. There is less rationing of food taking place by mothers because food is more affordable. Moreover, mothers no longer need to ration food at the table to ensure that each family member adequate portion. When Latina immigrants were practicing *comiendo bien* in Latin America, at the end of the meal the mother sought to ensure that their family left the table feeling satisfied. Since *eating everything* is associated with *eating well*, Latino immigrants continue this custom. But here and now, they have the opportunity to eat more. In turn, the children are becoming accustomed to eating larger portions of everything—convenience foods, homemade foods, and restaurant meals.

Recovering loss through the embodied experience of comiendo bien

Latino immigrant parents eat all the food on their plates and persuade their children to eat all of the food served to them because in Latin America they had to eat everything as there were limited opportunities to snack outside of formal meals. Hence *eating everything* was initiated in Latin America, but for a different reason. In San Francisco, Latino immigrant parents continue to push for *eating everything* because they are symbolically recovering loss. These losses are moments of material and embodied deprivation that the parents experienced

in Latin America, *and* are also experiencing in San Francisco due to the absence of family members abroad. To address the first loss, Latina immigrant mothers in San Francisco mainly prepared meals based on their and their family members' memories of mmm... and memories of missing family.

The second loss that is being recovered in *comiendo bien* is the ability to provide for the sustenance of the family. Although Latino immigrant fathers' are less connected to the visual gauging of their children's plate, they are also recovering from the absence of food and the lack of money to contribute to their family in Latin America. They are recovering their abilities to be breadwinners. In Latin America, men have lost their entitlement to a family wage and have fewer opportunities to find work because women are increasingly sought by employers to replace men in most service and industrial sectors (Kelly-Fernandez 2008). Moreover, the men's primary reason for migrating to the US was to find work.

In Latin America, parents often dealt with food insecurity by buying affordable ingredients and repeating dishes at different meals. For example, families can prepare fried beans and eggs for breakfast and repeat fried beans for dinner, but with a different side dish. Participants may be taking advantage of food security in San Francisco in order to symbolically recuperate the opportunity to provide a variety of meals to their families and co-habitants. For example, Mariela, who is a newly arrived immigrant from Perú, has observed how Latino immigrants never turn away opportunities to have and consume food: "That is, the people [Latinos], I don't know...eat too much junk. The food is really cheap, and they donate lots of food, and here [the US], there is an excess of food" (Interview #1, lines 292-295). One can say that some Latino immigrants are being resourceful by taking advantage of this abundance of cheap and free food, but at the same Mariela is suggesting that some

Latino immigrants are not being wary about the quantity and quality of food they are consuming.

In Latin America, the participants could fulfill the social prerequisite of *comiendo bien*, which is to share meals among family and friends and communally verify feelings of fullness. In San Francisco, Latino immigrant families can produce the material prerequisites of *comiendo bien*, which is to serve their family a variety of foods at the main meal of the day. I believe that *eating everything is transforming into eating more* because here Latino immigrants can eat beyond a rationed portion. Denise, a single mother from Nicaragua, asserts this: “There are people who really experienced hunger. They go through hunger! So to come here [US] and see all this abundance they want everything. They want to eat everything, everything” (Interview #2, lines 1152-1155). When a meal is being hosted by Latina immigrants and shared among others, they are recuperating material, physical, symbolic, and emotional losses. The embodied experience of *feeling full* is an established meaning that informs one’s subjective satiety. Meanwhile the action of *eating more* is a way to produce meanings of economic security and consumptive freedom.

Developing New Strategies in Pleasing Picky Eaters

While some mothers were cooking less because their families were integrating more street and convenience foods into their diets, other mothers were taking advantage of their increased food security in San Francisco to please the picky eaters in their family. In Chapter Three, the mothers felt obligated to please picky eaters so that they could ensure that their families ate well. In Latin America and in San Francisco, Latina immigrants appeased their picky eaters by creating a *platotóte*, which they felt would appeal to at least one of their family members’ food preferences. One of the consequences of eating more street foods and

convenience foods is that children and partners are acquiring tastes outside of what Latina immigrants are used to providing in their *replications of mamá* and their representations of national dishes. As in the example with Susana, some Latina immigrant mothers are finding themselves struggling to bring their families back to the table.

Children and partners would not be requesting meals that represent street food if the opportunity for their mothers/wives to prepare them did not exist. More specifically, because a variety of food is so readily available in San Francisco and their families generally have food security, family members know that it is possible for their family cook to produce their food preferences. Otherwise, they can go and get it themselves. Thus, food security produces even more demanding picky eaters. Latina immigrant mothers have developed two new strategies to please them: **selectively satisfying** and **indiscriminately satisfying**.

TABLE 5.1 *Strategies Latina Immigrant Mothers Are Using To Please Picky Eaters*

<i>PLATOTÓTES</i>	SELECTIVELY SATISFYING	INDISCRIMINATELY SATISFYING
FAMILY MEMBERS EAT MORE OF THOSE DISHES THEY LIKE AND LESS OF THE OTHERS, AS LONG AS IT IS A PLATE FULL HOMEMADE FOOD.	THE MOTHER/COOK PREPARES MEALS THAT COMPLY WITH THE MOST POWERFUL FAMILY MEMBER'S REQUEST. NO EXTRA TIME AND MONEY TO PREPARE SEPARATE MEALS	THE MOTHER/COOK PREPARES MULTIPLE MEALS FOR DINNER, IN ORDER TO SATISFY EVERYONE MOTHER HAS THE TIME AND RESOURCES TO PREPARE AN ALTERNATE MEAL

The next strategy Latina immigrant mothers employed to please picky eaters is to **selectively satisfy** the food preferences of one person in the family who had the most entitlement to decide the menu. I choose the word *entitlement* because the other family members' personal food preferences were generally not taken into consideration during meal

planning either because they were more flexible, or did not expect to be pleased. The most resistance often came from the males in the family. Those Latina immigrant mothers who engaged in *selectively satisfying* were those who claimed that they did not go out of their way to please picky eaters, yet their actions proved otherwise.

Denise was one of these mothers who claimed this. While Denise was preparing her rice dish, she told me that she used to add red bell peppers, carrots, and onions. I asked Denise why she stopped cooking her rice that way. Since moving into her husband's home with her three daughters (who are not his biological or adoptive daughters), he became indignant about the vegetables in the rice, to the point where he did not eat any rice prepared with vegetables. He also would continue being grouchy for the rest of the evening. Denise then decided to omit these ingredients from her rice so that he would eat it. As a consequence, her and her children's preferences were not taken into consideration in the menu. As Denise was telling this story, her daughters shared that they missed the vegetables in the rice. In the process of pleasing her husband, Denise is also dismissing her children's food preferences, which she has created. All of their lives she has made her rice that way and they learned to like rice prepared with veggies.

In this situation, Denise was *selectively satisfying* her husband's food preferences because Denise was a recent immigrant from Nicaragua who was unemployed. Her husband had just sponsored the legal entry of her three daughters and he was resentful of his financial responsibility to them, and possibly her affection for them manifest by cooking foods they liked. Denise's husband also manifested his resentment with a lack of affection towards Denise's children. The children did not even share meals with him because he used to openly criticize their eating practices at the table. When I visited their home, he was in his bedroom

or at work. Denise did not like his behavior towards her daughters and did not have economic means to prepare two separate dinners. Denise remained in the environment because she was socially and economically isolated in San Francisco: "...this is the way I have to be for now, until I find a job, but the day that I find a job and I have...and I stabilize myself well, I am going to fly from here" (Interview #1, Lines 409-412).

Denise did not feel free to dismiss her husband's requests because he was the one buying the food that she cooks and he was the one currently sustaining her family. *Pleasing picky eaters* goes beyond a mother's or wives' responsibility to make sure everyone eats. Negotiating who should be pleased at the table is contingent on who has more power in the situation. She is legally bounded to his sponsorship in the US and his economic support. His entitlement from being the breadwinner, legal sponsor, and the male in the family shapes Denise's decision to selectively satisfy his preferences. Denise does not like selectively satisfying him as she wishes to "fly" away from this situation, but she is also complying to her *duty to her family*—her duty to sustain her children and her duty to cook for her husband.

Deciding the menu is a juggling act between family members' changing health needs, their changing food preferences, and the addition of new family members or cohabitants. Latina immigrants are not pleased with the responsibilities placed on them because of their subordinate gender status. But in some situations more than others, women are not only losing their autonomy at the dinner table, but pleasing picky eaters is also a manifestation of how they have limited authority in the family.

The final strategy that Latina immigrant mothers use to please picky eaters is **indiscriminately satisfying** every family member's food preferences. I call this *indiscriminate* because unlike the example above where Denise selectively satisfies her

husband's preferences over her own and her children's, these cooks are satisfying *everyone's* food preferences at dinner time by preparing two meals for dinner. This means each meal still contains three to four dishes to fulfill *comiendo bien*. The mothers who indiscriminately satisfied their picky eaters did not work outside of the home full-time and had the means to prepare two different dinners most days.

Rosa's strategy to please picky eaters is an extreme example of how these Latino immigrant families dealt with ensuring that everyone at home accomplishes *comiendo bien*. Rosa's solution was also distinct from the other mothers because she cooked meals along a gender line. Rosa cooked one meal for her husband and her son and one for her daughter and herself. Her husband was the most resistant at the table, while her son was the most indecisive about his food preferences. In Rosa's case, when she prepares a meal that consists primarily of vegetables and lean proteins such as chicken breast and fish, her husband aggressively about the contents of the menu. The daughter is the eldest child and a teenage mother. She is more cooperative than her brother or father because her mother's meals give her a break from cooking for her own child. Rosa's daughter is also very respectful of her mother so, she eats what her mother prepares.

At the same meal, Rosa's husband and son ate her replicas of Mexican fast foods such as *sopes*, pork in cactus stew, and *quesadillas*. Up until the age of eight, Rosa's son only desired vegetables, as he got older he started sharing his father's food preferences and eating habits. Her son is learning how to be masculine through this father and sees how his father responds to vegetarian options and other foods he does not like. It is not inherent that men should like meat and women like vegetables. Boys and girls are acquiring taste for foods at the same time as they are learning enactments of gender. Rosa provided the most vivid

description of the *gendered division of food preferences* and I witnessed this in action when I observed the family during dinnertime. Rosa also has added more work onto her responsibilities by making two meals.

CONCLUSIONS: THE RELATIONSHIP BETWEEN PLACE AND TRANSNATIONAL PROCESSES

The goal of this chapter was to show how *comiendo bien* is changing for Latino immigrants living in San Francisco. Transformations in the practice of *comiendo bien* that are specific to living in San Francisco are related to Latino immigrants' inequalities in the US economic system and political system, the organization of time, and the increased access to food in San Francisco. Latino immigrant parents' decreased privileges and rights in the workplace extended to losing their rights in the home, in comparison to their children. Consequently, this reduced commensality, the preparation of *comida casera*, created a situation in which parents would appease their picky eaters. Different from these mothers' experience in Latin America, in San Francisco work and school structure Latino immigrants' mealtimes and commensal engagements. Although Latino immigrants' political rights and former middle-class status have decreased in San Francisco, they have increased food security because food is both more affordable and available throughout the year.

Despite these place-specific changes that take place in these Latino immigrant families' manifestation of *comiendo bien*, transnational processes are never absent from place. For example, the availability of ethnic food and imported produce is available through agribusiness and the transnational distribution of food. Ashley is able to send boxes of food and canned goods to her children in Guatemala because of the increased availability of food, and more importantly, because of the ability to ship goods overseas.

As we saw in Chapter Four, recent immigrants from Mexico, Central America, and Peru were already engaging in the process of balancing *comida casera* with *comida callejera* and connecting *memories of mmm...* to fast food and processed foods. However, these are two changes that did not occur for earlier, rural immigrants in this study when they lived in their sender community. This is not to doubt that processed, convenience, and fast foods were not available before 1999, but brand name convenience foods were not distributed by food assistance programs and it costs more money to buy these foods than prepare home-cooked meals in Latin America. This further supports the idea that transnational processes are affecting Latino immigrants' diets prior to migrating to the US, if they migrated after 1999 and/or if their families had the means to buy fast and processed food regularly. It can also be argued, although it did not emerge from this sample, that there is a situation of reduced commensality for working-class and very poor families in Latin America because the family earners are away from home working long hours.

The reasons for eating convenience food and street food were very different for these Latino immigrants when they lived Latin America than in the US. The street and convenience food in the US accommodates hasty, conflicting schedules and provide respite from cooking. On the other hand, in Latin America recent immigrants ate *comida callejera* and at restaurants because it was a novelty and a family experience. Interestingly, three of Latino immigrant families in this sample restricted their family's consumption of fast food and processed foods, although they ate these in Latin America. There is one transnational, diasporic discourse that was not discussed in Chapter Four because it did not affect the practice of *comiendo bien* for participants when they lived in Latin America; however, it did

in San Francisco. In this discourse immigrants are warned to watch their weight in the US because every food is enriched with more fat or vitamins, so it leads to weight gain:

Mariela: *Oh! They would always talk about, well, they would always say... that is the concept that they have in other countries, that here everything makes you fat. In other countries they say that the United States is a country in which all [the food] makes you fat, even the water that you drink. So, one comes here to take care of themselves, and it is like that for real because when I came I gained 18 pounds.*

(Recent immigrant of Peru, Interview #1, lines 267-272)

Denise: *I gained weight here... if not because the foods here are very heavy.*

I: *I was going to ask you about that...*

Denise: *[The food] comes with a great deal of vitamins and such. I, here, when I came... in Nicaragua I never passed my weight that I had, I weighed 120 pounds and when I came here I gained 40 pounds.*

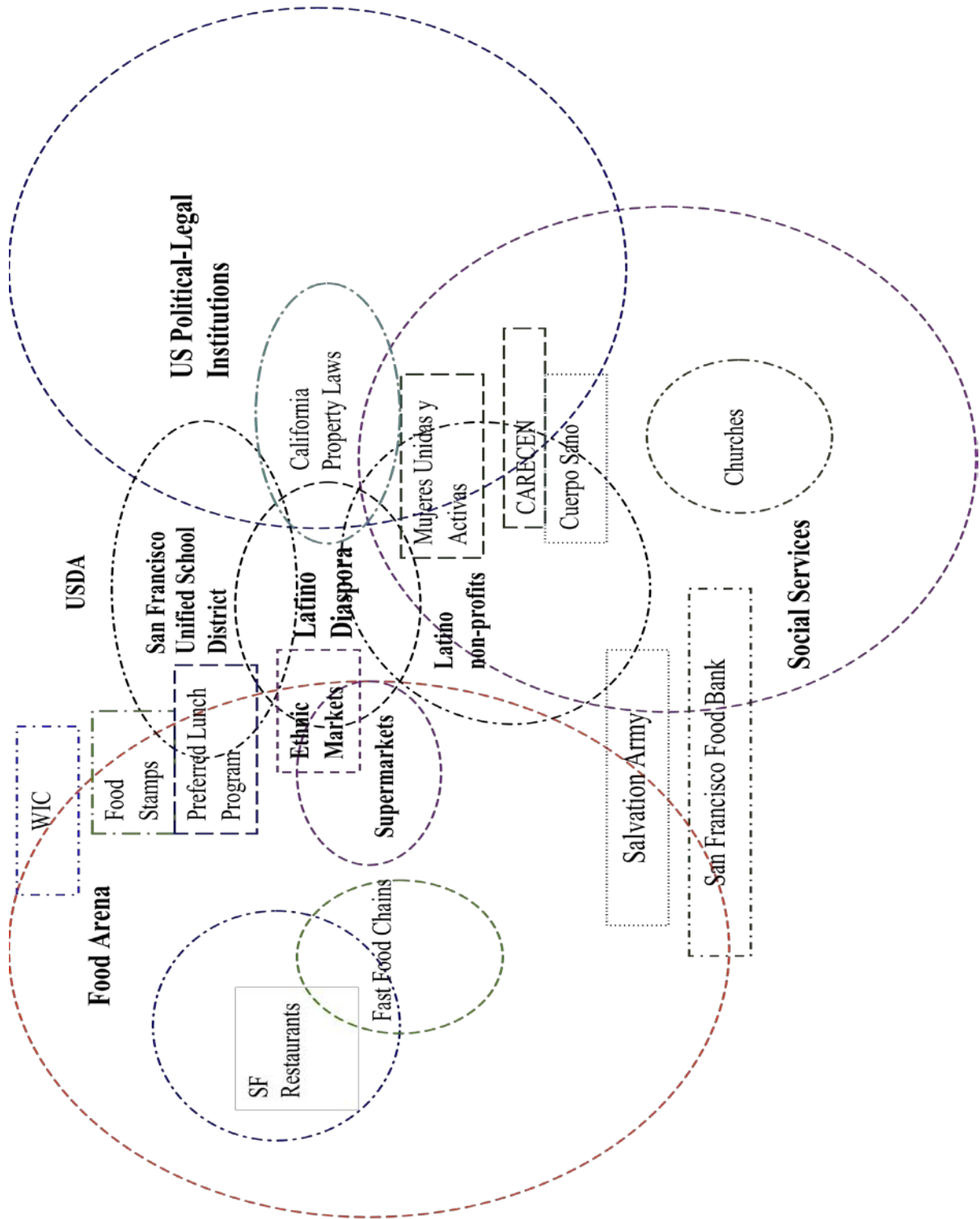
I: *Wow!*

Denise: *One hundred and sixty pounds I weigh right now and I have struggled to not pass more. I try not to eat too much.*

(Interview #2, lines 1168-1181)

The mothers in the above example gained weight and so did their other family members. What is interesting is that they attribute this change in their weight to this discourse. This discourse also alludes to some perception the US has modernized foods, augmented with nutrients to safeguard the population from malnutrition. However, they did not acknowledge that they may be eating larger portions, where *eating everything* is transforming to *eating more*. The transmission of transnational discourses among Latin Americans and Latino immigrants not only produces similar Westernized changes in the practice of *comiendo bien* in Latin America, but also has the potential to create different dietary changes practices in the US.

Figure 5.1. Social Worlds / Arenas Map of The Collective Actors Involved in the Integration of Foods and *Comida Callajera*



CHAPTER SIX: THE JUXTAPOSITION OF COMIENDO BIEN AND NUTRITION: THE STATE OF HEALTHY EATING

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INTRODUCTION: NEGOTIATING BETWEEN SATISFACTION AND NOURISHMENT

Up to this point we have seen how social, political, and economic transnational and local situations change the meaning of food and eating in the practice of *comiendo bien*. Now, this current chapter focuses on how exposure to nutrition discourses is changing the meaning of “healthy food” and “healthy eating” among this group of Latino immigrant families. Eleven of the key informants and their children had been exposed to nutrition education in various ways including workshops, through public health agencies, clinicians, and the media. Four participants even had attended nutrition education or participated in a nutrition intervention when they lived in Latin America. However, only six of the families expressed changing their diet. There were also participants who explicitly denounced their previous practice and interpretation of *comiendo bien*. Key informants who stated changing their diet were negotiating between a *discourse of satisfaction* and *nourishment*.

Therefore, the goal of this chapter is to examine how the nutrition discourses are creating the discursive *negotiation between satisfaction and nourishment*. Denouncing *comiendo bien* is one of the positions taken in the *negotiation between nourishment and satisfaction* (See Figure 6.1). In the practice of *comiendo bien*, healthy foods are natural, minimally processed, homemade, and satisfying either a physical or emotional desire, such as a *memory of mmm...* While eating healthy is eating meals regularly, eating a platotóte, and maintaining duty to the family. Nutrition discourses are the social worlds that are *appropriating nutrition science* to legitimate and formalize their prescription of “healthy eating,” where healthy foods are those that provide nutrients, while eating healthy is eating with control and not indulging in “bad” foods. This chapter will demonstrate how the nutrition discourses can undermine the practice of *comiendo bien*, as well as how nutrition

discourses are transnational. Despite undermining the practice of *comiendo bien* through the discourse of nourishment, the participants often retained aspects of *comiendo bien*. In the end, the negotiation between discourses of *satisfaction* and *nourishment* is really a juxtaposition of both discourses.

The *discourse of satisfaction* represents eating as an activity done to fulfill a material or symbolic need such as relieving hunger, consuming a *memory of mmm...*, celebrating an identity position, accomplishing food security and/or eating for pleasure.

Denise: *Well, I ate well in my country* [laughing].

I: *In what sense?*

Denise: *Well, because I ate fruit, a bit of everything. I bought fruit, I bought chicken, the meats are not so greasy and all. For me, to eat well is to eat fruits, salads, make soups that are not too greasy, with vegetables and all... Well, the grilled skirt steak was one of our favorites because the grilled skirt steak comes with a fried plantain, cut lengthwise, salad, and gallo pinto [Nicaraguan red beans and rice], that is the typical plate of Nicaragua and that is really delicious over there, that is one of our favorites.*

(Denise, Interview #2, lines 1390-1402)

Denise focused on food security and the variety of foods her family ate. She not only mentions the whole foods she ate (fruits, vegetables, and meat) but also the national dish that her family enjoyed. When one eats for satisfaction the body is constructed in terms of *feeling full*, satisfied and not physically deprived. Moreover, to eat with satisfaction one has to be free of emotional distress. The concern with *satisfaction* is not only that mothers feed their family a *platotóte* with a starch, legume, protein and vegetable, but that the food is flavorful. Mothers who employed a *discourse of satisfaction* in their practice of *comiendo bien* made sure that their meals were going to be consumed enjoyed by their family.

On the other hand, the *discourse of nourishment* is a representation of healthy eating that is adapted from nutrition and is about eating to provide the body with nutrients such as protein, carbohydrates, fats, antioxidants, and vitamins.

Lorena: *I can drink my vitamin, one or three, that is, nothing is going to happen to me because my body is going to grab what it needs and the rest it will eliminate in my pee-pee.” I was so intoxicated [before]...*

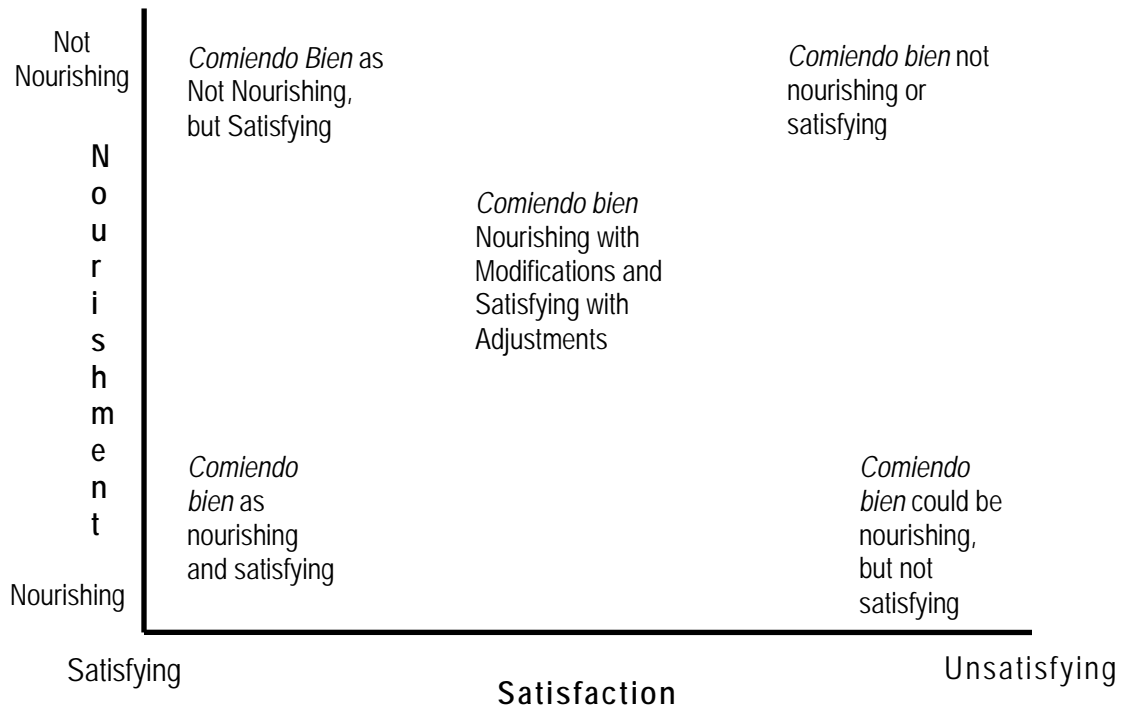
I: Mmm Hmm

Lorena: *Free radicals, junk food, um, the fats, all of that we eat in our lives, causes certain materials, certain toxic materials inside our body when we do not have a normal functioning in our digestion.*

(Lorena Interview #1, 544-576)

As in Lorena’s description, the *discourse of nourishment* constructs the body as directly benefitting from food that is consumed. The body is rational (the functional digestive system), effective (it takes what it needs and throws the rest out in the “pee-pee”) and works similar to a machine, while the food is the fuel. Lorena controls what fuel goes inside. There is disengagement between eating and pleasure. The mothers who assessed food by its nutritive value often criticized their previous interpretations or practice of *comiendo bien*. They also condemned other Latino immigrants’ practice of *comiendo bien* for adhering to the *discourse of satisfaction* in one of its various forms (e.g., eating everything, feeling full, eating to relieve hunger, and celebrating identity). However, these women’s practice of *comiendo bien* is engaged in this discursive conflict because they had developed an understanding of *comiendo bien* to exist between these two discourses, *nourishment* and *satisfaction*, where eating for nourishment was valued more.

Figure 6.1 The positions Latina Immigrants take on the satisfaction and nourishment of *Comiendo bien*



For example, Denise felt that the way she ate and fed her family in Nicaragua was both nourishing and satisfying and so she continued a similar practice in San Francisco. In Lorena’s example, *comiendo bien* was satisfying, but not nourishing. Similar to Lorena, Veronica also believed that *comiendo bien* was satisfying but not nourishing. However she also condemned Latinos, “...we [Latinos] have an erroneous idea of what it is to eat well. Practically, because to eat well for them, is to eat a lot” (Veronica, Interview #1, lines 1007-1009).

Likewise, there were mothers who were always negotiating between *eating for satisfaction* and *eating for nourishment*, but believed that *comiendo bien* could accomplish both. In this negotiation between satisfaction and nourishment, *comiendo bien* became

nourishing, after the mother modified her recipes and satisfying, once the family had adjusted to the flavor.

For example, they have a way of making rice where they put the stock from [cooking] the black beans, it tastes so delicious the rice like that... I liked it! And, that is why I keep doing it, because I do not fry for anything. I only put a little bit of butter, I put the stock from the black beans and all that you cook it, like I told you, in my little pot that I took from the Chinese [electric rice cooker] and that is how I make my rice. Now, I do not fry it or anything like that. So, that is different, that is what I changed from over there and I tell you that, I no longer use a lot of meat...

(Interview #1, lines 694-706)

EATING FOR SATISFACTION, EATING FOR NOURISHMENT

Latina immigrant mothers are negotiating between the discourse of satisfaction and the discourse of nourishment after someone in their family, or themselves, have undergone a transformation in their body. Adhering to the discourse of nourishment helped them transgress that negative situation. As we shall see, the participants gained awareness of nutrition discourses through different sources such as the media, clinicians, nutraceutical companies, and public health campaigns in their country and/or San Francisco. Despite these different sources, the transmission of nutrition discourses is “appropriating nutritional science,” “creating fear about fat,” “restricting consumption,” “disengaging from the body and culture,” and “divorcing economic means from food acquisition.”

Nutrition discourses are also a transnational process, where the modernized appropriation of nutritional science is a process occurring in social worlds between San Francisco and the Latin American sender countries represented in this sample. People in both Latin America and the US have access to different discourses of nutrition. The transnational transmission of nutrition discourses can mediate changes to Latino immigrants diets, especially those who are considered middle- or upper-middle class. Yet, health researchers

have failed to examine Latino immigrants' exposure to nutrition in Latin Americans and how the information is used.

Family Matters, Fearing Fat and the Low-Carb Craze

Mariela was obese when she lived in Perú and attributed her condition to the way she ate with her ex-husband during their marriage. This was a time she ate for satisfaction.

Mariela: For example, we, with my husband, we did not take care of ourselves. No, because my husband was chubby and me too. I was really high in weight...But I do not know, the act that you live with him, and you come to cook and you sit and you eat so delicious and all the time you eat, all the time is to eat, eat, eat. But one starts noticing that one does not take care of themselves, so, I do not know what happens that people do not take care of themselves, no?...

(Interview #1, lines 1597-1609)

In her experience of eating for satisfaction, Mariela enjoyed sharing meals with her husband and was not mindful of how healthy the food was or how much she ate. She started to change the way she approached food when her husband left her because she could not replicate their routine of eating together, in addition to the emotional distress of the divorce hindering her appetite (See Chapter 3).

I started to lose weight... and from there I started to eat, for example, vegetables, pure vegetables... I started to eat pure vegetables without salt, only with lemon... I did not eat potatoes... I did not eat rice, I did not drink anything but a bit of water, what else did I eat?

(Interview #1, lines 825-838)

In addition to losing weight in Perú during her divorce, Mariela was restricting her diet and limiting her consumption of food by “selectively nourishing” herself. “Selectively nourishing” occurred when participants were “fearing fat,” or weight gain, and started to eat from one select group of foods that they liked from a nutritionist’s, or a diet’s guidelines. In her “selective nourishment,” Mariela was demonizing the consumption of starchy foods such as rice, potatoes, and restricted her consumption of sugar from juices and sodas for that of

vegetables. “Demonizing starch” is a code used to represent when participants denounced and controlled their consumption of starchy food or carbohydrates because they felt that it would make them gain weight.

Yes, yes, over there I drank, I drank sodas and juice. Sure it would make me gain [weight], but when I wanted to lose [weight] then I ate salads, no? So, I ate... I maintained... Also, during that time I worked and I had a person who would help me in the house. So, she would give; she would make my son another meal.

I: *Ah! And did that help you maintain your diet?*

P: *Sure, because I did not eat meals with them, they ate one and I ate one.*

(Interview #1, lines 1447-1454)

In this case, she was adhering to a low carbohydrate diet, which is food fad that claims avoiding sugar, breads, and starchy vegetables, like potatoes are good for weight loss. Low-carbohydrate diet encourages immediate weight loss by reducing water in the body, but is also treatment for persons with diabetes or insulin resistance. Mariela said she had learned about this diet because “It comes out on television” (Interview #1, Line 321). She also mentioned “propaganda” on television that is where she learned about the “obesity problem” in the US.

Mariela’s adherence to a low-carbohydrate diet transformed *comiendo bien* from a communal health practice to that of an *individualized health task*, where health was about staying thin. An *individualized health task* is the transgression of work done during *comiendo bien* at the dinner table, in which mothers and family members eat together in order to *visually gauge* their *platotóte*, and make sure that family members ate everything, and subsequently felt full. *Comiendo bien* is a health practice which exists through the convergence of multiple identity positions. Mariela fulfilled her responsibility to feed her son but she just did not prepare his food or eat dinner (Interview #1, Line 378). So, she was not visually gauging that he ate well, or involved in the labor of meal planning, grocery

shopping, or cooking. So, in the process of negotiating between satisfaction and nourishment, she is transforming what it means to enact motherhood.

In order to stay slim and continue this restrictive diet, Mariela even hired someone to prepare her son's meals in the evenings. This indicates two things. First, one needs economic resources to change their diet in order to buy the food, and in this case the maid, to help maintain the practice. Second, one's interpretation of nutrition is often based on food restrictions. Meanwhile, the practice of *comiendo bien* does not make food restrictions that are based on "selectively nourishing," because the goal is to eat a variety of food, even if it is in a small amount. The food restrictions in *comiendo bien* depend on *where* and *how* the food was produced—at home, in the street, naturally, or processed. Nutrition discourses, as they are interpreted by food fads in the media, are just suggesting what not to eat and are not dealing with other issues that people may encounter with their body or their family.

One should not assume after reading Mariela's story that Latino immigrants prior to arrival to the US eat healthier. First of all, Mariela was obese when she lived in Perú, which is a health condition often associated with a modernized lifestyle and eating unhealthy food. Also, as I described in Chapter Four, Mariela took her son to visit a fast food restaurant once a week in Lima. She may have eaten only vegetables in this example but, this is not a diet she has had during her entire life. People's diets change throughout their life, and in this example during times of family transitions. Now that she lives in San Francisco, she does not have a maid and has to cook for her son, where she prepares the meals and shares it with him when she is not at work. However, she continues to restrict her carbohydrates living in San Francisco:

Mariela: *So, when one comes here [San Francisco], and seriously, it is like, well, when I arrived I gained 18 pounds.*

I: *Oh, wow! In how much time?*

Mariela: *In less than one month. I ate everything that I desired; but from then I stopped, I controlled myself. I started cook myself. Yes, I ate rice, but I do not eat it twice, because Peruvians we eat lots of potatoes and rice...*

I: *Aha. And why do you think that? What is the reason [for not eating rice twice]?*

Mariela: *Because clearly, because the mixtures [of carbohydrates] that is what makes you gain weight. For example, that which you drink... you eat potatoes and rice, will make you gain weight.*

(Interview #1, lines 271-286)

“Demonizing starch” and “restricting foods” was central to Mariela’s negotiation between nourishment and satisfaction living in San Francisco.

Becoming Ill, Divorcing Economic Means from Food Acquisition and Doctor’s Orders

Margarita’s husband was diagnosed with high cholesterol when they lived in El Salvador. When he was diagnosed, their doctor recommended a list of foods Margarita’s husband should eat in order to help reduce his intake of cholesterol. However, they could not afford eating based on the physician’s suggestions such as eating more vegetables, switching to reduced-fat dairy, and eating lean meat. Their regular diet consisted of oil, cheese, cream, plantains, French bread, black beans, eggs, coffee, sugar, Klim powder milk, and fruit (Interview #1, lines 822-849). I asked Margarita if she considered that *comiendo bien*:

Margarita: *Yes.*

I: *And, why?*

Margarita: *First of all because possibly one can only choose from three or four items in their home, but also because thinking about it, what one has accessible, because not all of the families in El Salvador have like those foods available, right?*

(Interview #1, lines 822-849)

Unlike Mariela who had the resources, for Margarita it was difficult to instill the doctor’s dietary recommendations because they could not afford buying the foods the doctor recommended. Both Margarita and her husband worked, but food prices were very high in El

Salvador. The way Margarita contextualized the meaning of *comiendo bien* in her narrative made me realize that eating according to nutritional guidelines is really a privilege. More accurately, nutritional guidelines are “divorcing economic means with food acquisition,” meaning that these guidelines are created without taking into consideration that people use most of their income in Central America to buy food (INCAP 2005). Shopping at a few supermarkets in El Salvador, I found the produce to be very expensive. For example, I paid almost \$3 for two plums grown in Chile. Moreover, the dietary recommendations made in El Salvador are using USDA guidelines as their standard for a “healthy” (INCAP “*Informes Anuales 2000-2007*”). It is difficult to make dietary changes when the recommendations are not affordable or part of one’s customary cooking style.

In Margarita’s situation, her physician’s recommendations were not immediately applied in the family’s diet because the physician did not supply information regarding preparation of these foods:

Margarita: At least, well, for example, when I had the control over my children, if the doctors tell me to consume a great deal of fruit, to consume vegetables, things that do not look [good] for children, right? But, perhaps one has to have different ways of cooking that will please the children.

(Interview #1, lines 812-817)

This was a common grievance among the participants about receiving information from nutritionists, dieticians, or physicians that they met in San Francisco. Nutrition discourses as they are manifested by clinicians are “disengaging from the body and culture.” “Disengaging from the body and culture” is a category of activities the participants, and health professionals alike, when eating for nourishment does not take into consideration how the food will be prepared by one’s cultural and familial expectations. So, list of foods health professionals provide information of foods are good or bad and information about the

nutrient content, but do not take into consideration how it will taste or how to prepare them. In fact, it is easier to provide dietary recommendations when you do not need take into consideration if the person can cook, if they will like it, and without associating foods with memories and social experiences. Specifically, in this example nutritional guidelines do not take into consideration how Margarita will make the food appetizing to her children and with the set of cooking skills she was passed down from her mother.

Living in San Francisco for three years (at the time of the interview), Margarita and her husband have not seen a health care provider, or taken a nutrition workshop like the other participants. However, they have been able to change their diet because the foods that their doctor recommended in El Salvador are more affordable in San Francisco.

So, yes, I do tell them that one [I] has, for example there are times when we are dining with salad and slices of chicken breast, like that, on the grill. That is something that over there, a dinner you would not make yourself. Over there it is a meal like one would think that...like you are eating at a restaurant if you eat like that, right? Different from homemade meals, so that...that is the difference...but also it is for the same economic situation over there, to buy that is more expensive.

(Interview #1, lines 1085-1104)

Moreover, Margarita's husband creates new recipes by observing what US-White Americans eat at his place of employment. "Notice that he... since he works in a restaurant, so the restaurant is American and well he admires of what the American does during his mealtimes, he asks for water..." (Margarita, Interview #1, lines 525-528). Margarita and her husband are integrating US, White Americans' eating habits because they assume they eat healthier because they eat salads and do not drink sodas. However, that is may be indicative of the type of restaurant he works at, whether it is an organic health foods restaurant, or something in that nature. This query remained open because I did not obtain a Time #2 interview with Margarita.

In acculturation and diet research most researchers assume that Latino immigrants will only learn negative dietary practices from living in the US. But as Margarita's example demonstrates, Latino immigrants may also adhere to different habits depending if they were diagnosed with an illness in their sender country, which required dietary change. Margarita's husband needed to change his diet living in the US because they did not have health insurance and when he did not "take care of his nourishment," he felt ill (Interview, lines 448-455).

In El Salvador, Margarita's family ate from a *discourse of satisfaction*, where they ate to accomplish eating three meals a day and to satisfy the family's need to eat. In El Salvador, Margarita did not have the opportunity to engage with a *discourse of nourishment* in her practice of *comiendo bien*. However, unlike other participants she does not condemn her old diet because it was better than that of other families they knew in El Salvador who had less to eat. Margarita's family ate repetitive menus but did not endure hunger. Despite modifications in their diet in San Francisco, they still adhered to the practice of *comiendo bien* by eating and preparing most of their meals at home as a family.

Denouncing Comiendo Bien, Critical of US Medicine and Public Health, Finding Refuge in Nutraceuticals

Lorena was one of the mothers in this sample who explicitly denounced *comiendo bien* and the way her nationality ate:

I: *Okay. What do people in México need to do to eat well?*

Lorena: *I have thought about it, but it is better to give them a bullet to the face. They are not going to abandon eating tortillas. They are not going to abandon eating corn. They are not going to abandon eating tamales. They will NOT stop eating pozole [hominy soup].*

(Interview #1, lines 1522-1529)

After hearing this, I was quite apprehensive during our interview because Lorena was very passionate about her new diet and changing other Latino immigrants' diets. Lorena was the only person in this sample who believed that the practice of *comiendo bien* could not be satisfying, or nourishing. Her new diet primarily consisted of “selectively nourishing” herself with meat, vegetables, and a few low-sugar fruits, while she demonized the consumption of high fructose fruit (e.g., bananas, grapes, pears) and other starch (bread and rice).

However, what makes Lorena's *negotiation between satisfaction and nourishment* different is that she was one of the participants who took part in the most nutrition interventions both in México and San Francisco. For example, she participated in a food assistance program in the US (WIC) and visited a nutritionist when she became pregnant in San Francisco. Yet, her experiences and engagement with the discourse of nutrition did not end there. She also claimed to be a member of a “nutrition club” that helped her achieve the diet that her and her family followed. This “nutrition club,” supposedly provided their clients with “cellular nutrition” (Interview #1, lines 564-565). Lorena was a consumer and distributor for the transnational nutraceutical company, Herbalife. In this section, I want to demonstrate what initiated Lorena's adherence to the discourse of nutrition, as well as how the transmission of nutrition discourses intersect with the practice of *comiendo bien* in Lorena's family. Like Mariela, and Margarita, she had an experience that changed her body and motivated her to seek more information about eating healthy.

Lorena grew up in Michoacán, México and came to the US at the age of 18. During her youth there was a *Desarrollo Integral de la Familia*, or an Integrative Development of the Family (DIF) program. DIF is a national agency which coordinates Child Services in México

and Infant Protection. This agency is parallel to the US Department of Health and Human Services, but focuses on youth and families. They have a Nutrition and Community branch in their organization which creates community-based nutrition interventions. There are only a few DIF nutrition programs in existence today as they are being phased out by the multi-level, poverty eradication and nutrition Opportunities Program sponsored by the World Bank.

The DIF program that Lorena was referring to specializes in reversing child malnutrition and providing supplemented food to children. Similar to the US, DIF has a school breakfast program which provides children with whole milk, a vitamin-enriched package of cookies, or bread (DIF “Nourishment and Community Development”). The School Breakfast Program started to include fruit in their meals in 2007. These two examples of programs within DIF address two major problems in México: obesity and malnutrition. Although there is a “nutrition transition” (Popkin 2008), clearly food security and economic opportunity are not equally distributed in a country. Lorena was critical of the DIF program in her area:

And, you come to see sometimes, people do not have enough resources to buy certain foods. For example, I remember in that time, well that there was a DIF Program that had a health promoter that would give cooking classing for free. But you have to cook everything with a soy base. So, people who could participate in that program bought their soy and would continue the recipe and learned how to make their food with soy. But, not all of the people have the interest to learn how to eat well, nor the economy to do it.

(Interview #2, lines 171-181)

Similar to Margarita’s situation in El Salvador, Lorena is indicating how the application of nutrition practice “divorces economic means from food acquisition.” Nevertheless, the program that Lorena remembers from DIF was a practice-based nutrition intervention, where mothers learned how create recipes using soy products. This would be considered an improvement to the way nutrition interventions are administered in San

Francisco as many of the mothers in this sample felt that nutrition education programs in San Francisco were not practiced-based.

Selena: So, I have always been in nutrition programs since here there are many programs for the...when one has a baby.

I: Yes.

Selena: I have liked it [nutrition education], I have liked to be informed. I have not... Later, I cannot carry much of the practice, but I do like to listen to it.

(Selena, Interview #1, lines 624-638)

Before Lorena's introduction to Herbalife, she had much exposure to nutrition discourses from multiple sources, both in México and in San Francisco. Yet, she did not actively engage in the negotiation between the discourse of nourishment and the discourse of satisfaction. In fact, she ate to satisfy, "I ate everything to fill me up, whatever I would crave. The plate with the most portions and the lowest price..." (Lorena, Interview #1, lines 608). However, this changed when Lorena developed acid reflux disease. She did not want to use the medication prescribed to her by the doctor because she did not want to deal with the side effects of the medications or ingest chemicals. One of her grandmothers was using Herbalife, which Lorena tried because "the refluxes of acid were so tremendous, [she] came to confuse them for a heart attack" (Lorena, Interview #1, lines 1105-1112).

Herbalife is a global nutrition, weight-loss, and skin care company specialized in providing "cellular nutrition" ("What is Herbalife?"). In lay man's terms, which ever Herbalife supplement or food product that you consume will directly feed your cells. Herbalife is considered a nutraceutical company (nutrition+pharmaceutical), which provides food and food supplements meant to provide health benefits that that have not been approved by a governing health agency such as the US Food and Drug Administration. Herbalife

creates a range of products by extracting the “essential” chemical components of plants and manufacture them as shakes, soups, beverages, teas, creams, and pills.

Herbalife and similar nutraceutical companies appropriate nutrition science to legitimate the effectiveness and value of its products. Herbalife has a cadre of scientists, primarily from the University of California, Los Angeles School of Medicine and Nobel Prize Laureate, Louis J. Ignarro, PhD, to conduct research for their company, test the effectiveness of their products, and develop health literacy information. However, Herbalife also has a research and development department that searches for breakthrough research in biochemical nutrition with the intention of creating new supplements (Herbalife “Our Science”). Currently, Herbalife has over 100 products on the market available in 72 countries. They market their products by having independent distributors who talk about the product by word of mouth.

Lorena invited me to attend one of these nutrition clubs, where I had the opportunity to observe how people use Herbalife. The meeting commenced with people giving testimonials about how unhealthy they were before using the Herbalife products. They even had PowerPoint slides demonstrating before and after pictures. They also provide additional information about healthy living such as how to modify recipes of Latino dishes, suggestions for physical activities, and promotion materials to become a Herbalife distributor. While you are watching these presentations, they give you aloe vera juice, herbal tea, and a nutritional shake to consume. After the presentation was over, I had the opportunity to speak to other members in the nutrition club. I was astonished by the discovery that some of the members used Herbalife products when they lived in their sender country specifically México, Guatemala, and Perú. Since my attendance to the meetings during the month of April 2008, I

have noticed Herbalife nutrition clubs in most cities that I have visited within Europe and Latin America.

Herbalife products may be attractive to Latino immigrants because the consumption of these products is also congruent with the practice of *comiendo bien*. For example, the product appeals to the discourse of *imaginary naturalness* by claiming that all of the products are “natural” since they are derived from plants. However, the consumers do not realize that it cannot be that “natural” if it has been manipulated, engineered and manufactured for mass consumption. Only the active ingredients in the products come from a natural herb or plant. The Herbalife practice is a way to maintain health through eating, which is what *comiendo bien* does.

Many times after I had completed data collection with other families in this sample I would find out unexpectedly while volunteering at the recruitment sites that other participants visited Herbalife nutrition clubs throughout the week to socialize, take vitamin supplements, and drink meal replacement shakes. However, these persons were not as dedicated to changing their diet, nor actively struggled with the discourses of nourishment and satisfaction in the creation of every meal. Participating in Herbalife nutrition clubs is also a way of constructing health-conscious individuals as the before and after testimonials were a strategy to claim their new, healthy self. However, it could have just been another social space Latino immigrants in San Francisco engage in. *Comiendo bien* is a normative discourse which facilitates the enactment of identity positions and culture. Likewise, nutraceuticals may be appropriating nutrition science to legitimate its practice, but its marketing strategy is culturally congruent with *comiendo bien*.

Lorena only adhered to a discourse of nourishment recommended by Herbalife and not from her experiences in DIF and WIC interpretation because it provided her with supplements and a diet that was both affordable, natural and alleviated her acid reflux. Lorena was also transforming her practice and interpretation of *comiendo bien* in the process of changing her diet, taking the supplements, and selling Herbalife. Complying with Herbalife's interpretation of nutrition was transforming Lorena's embodied experience of *comiendo bien* from feeling full to being nourished. She controls her desire to feel full by fearing weight gain and thinking of food as *calculative consumption*.

One of the other reasons Lorena adhered to the Herbalife nutritional recommendations is because she lost about 36 pounds in the process of changing her diet and taking the supplements.

It is not that you want to, it that you have to. Your very body and in reality, that we ourselves are going to suffer the consequences of "eating well" of nourishing ourselves well, or nothing more for eating to satisfy hunger. Because it is nothing pretty to be a person in a size eleven, twelve. It is not pretty. I have been in that, I am saying it from my personal experience because I have been in that position. It is not pleasing. It is not pretty when the people turn to you or when you want to go and show something off [clothes] it is not the same, than to really be healthy.

(Interview #1, lines 1276-1287)

In her efforts to maintain her weight loss, Lorena was eating to nourish and not to satisfy because she did not want to return to that size. This statement was indicative of Lorena's negotiation between nourishment and satisfaction. She believes that there are negative "consequences" to *comiendo bien*, as if eating to "satisfy hunger" alone were not enough in taking care of oneself. Herbalife markets their products to work at the "cellular level" so it can appear superior to eating for satisfaction. I think that Lorena has come to interpret the way that Herbalife products "work" and feed the cells to negate *comiendo bien*.

In this statement she almost equated health with being slim. However, the way she ate before trying Herbalife products was not indicative of *comiendo bien* either.

Me... at the job that I was at [in México], all of the stores had a dining room and I ate what was on the menu. So, the menu was not evaluated by me, I only paid for the food and what I ate sometimes was rice with the same soup and the bread and the tortilla.

(Interview #1, lines 1403-1408)

Then I asked Lorena how she ate when she lived with her husband because she was complaining that he only ate *comida callejera* such as burritos and donuts (Interview, #2, lines 604) and she admits to have eaten the “same way” (Interview #2, lines 616). She would eat *comida callejera*, or street food frequently, and does not take that into consideration. Instead, she condemned Mexican foods, particular corn.

Now, the way that Lorena thinks about the food she eats is *disengaging from the body and culture* and committing to the practice of *calculative consumption*. *Calculative consumption* is when Latina immigrants are trying to decrease the portions of certain foods by skipping meals, restricting a food, selectively nourishing and adapting the description of their food to its nutrient content. In Lorena’s case, calculative consumption was rationalizing the food that she consumed by conceptualizing each food item by how many calories, nutrients, or weight it was and its direct benefit the body. By doing this, Lorena is able to demonize starch and try new vegetables that she did not like before. For example, Lorena describes her breakfast below:

DELICIOUSLY! In the morning I make a nutrition that has 114 vitamins. It has 114 nutrients and 14 vitamins. I drink my herbal tea. I drink my natural herbal tea, it does not have chemicals, it does not have preservatives. It is 140 antioxidants that I am drinking in this tea. I never, regularly, drink coffee. I do not like coffee. But if I drank coffee, I would leave my coffee for my herbal tea. But if I ate some pancakes, two eggs, and three slices of bacon in breakfast, I would leave that for my nutrition of 114 nutrients. That is what I do in the mornings.

(Interview #1, lines 1438-1449)

When Lorena says “nutrition” she is referring to her meal replacement shake, which she describes with a numerical value of “114 nutrients.” Calculative consumption is a strategy to adhere to a discourse of nourishment and denounce her old eating habits. However, calculative consumption brings to our awareness that eating can be work. Eating for satisfaction also requires work such as planning the menu, preparing the meals and eating, but the work involved in calculative consumption is also additional computation to do and knowledge about eating. Meal replacement shakes and nutritional supplements simplify this additional work, by manufacturing processed food designed with all the nutrients you “need.” So, in the process of simplifying her calculative consumption Lorena is also *integrating more processed food* into her diet.

However, by *committing to calculative consumption* and *disengaging from both her body and culture*, Lorena is also making the activity of eating healthy an *individualized health task*. Lorena started changing her diet when her mother and maternal grandmother lived in with her. Her new diet no longer allowed her to share meals with them or cook with them.

M13: Because that is the only thing that I can do; start with me and my children. But, me here, I had mama and grandma. And, my grandmother cooks with lots of oil and she makes tortillas by hand. So, since that contains more carbohydrates than the tortilla that one buys outside [at the store] because of course, her tortilla is much thicker... So, there are things that I could not control. Some beans refried in a high amount of oil, no. And there started to be some differences between me, between them that they also cooked and I did not; I left the kitchen to them. When they are here, the kitchen is theirs, but I do not eat. I'm sorry, but I do not eat.

(Interview #1, lines 1623-1636)

From Lorena's perspective, this situation is a confrontation between the discourse of nourishment and the discourse of satisfaction. Meanwhile, her mother and grandmother are silenced and may not see this discursive conflict, but rather a situation where their daughter/granddaughter does not want their food or spend time with them. Similar to Mariela, she is not eating with her family in order to adhere to her new diet. It is difficult to impose a new diet onto older persons who have routinized their cooking and food customs, or when they do not have a personal health problem that is directly related to food. There is a matriarchal hierarchy in the kitchen and she must allow them to cook their meals in her home, even if she does not approve of its healthiness. Nonetheless, she is showing resistance to their eating habits and does not share meals with them, cooking with them or continuing the custom with her children. She will not make allowances to share a meal with her family, or even eat just a little bit.

Lorena denounces *comiendo bien*, but does not equally evaluate Herbalife with the discourse of *comiendo bien*. She is less critical of the information that she receives in her nutraceutical club than in the DIF or WIC programs because it is personalized, everyone has a success story, and because eating is simplified. However, like all representations of nutrition discourse Herbalife's protocol is not successful at negotiating eating for pleasure and negotiating a family's food preferences.

HOW NUTRITION DISCOURSES CAN UNDERMINE THE PRACTICE OF COMIENDO BIEN

In the examples of Mariela's and Lorena's negotiation between satisfaction and nourishment they are restricting foods that symbolize their culture, potatoes (Peru) or corn (Mexico), in order to adhere to a discourse of nutrition that demonizes starch. In both cases, they are not challenging these restrictions, and it is possibly because of its success to

transgress their negative experiences. For example, Mariela was changing the way she used to eat with her divorced husband, where she ate for satisfaction and was not conscious of what food she ate. In turn Lorena adherence to Herbalife's supplements and dietary protocol alleviated her symptoms of acid reflux and helped her lose weight. In turn, they do not criticize their new practice of selectively nourishing through a discourse of *comiendo bien*, where it would be wrong not to eat starch because it would not be constructing a *platotóte*. Moreover, skipping meals is not a practice in *comiendo bien* that is considered healthy.

However, when Mariela and Lorena denounce the practice of *comiendo bien*, they are analyzing it through a nutrition discourse. However, committing to these new practices undermine the positive practices of *comiendo bien*. For example, the necessity to eat two to three meals a day at a regularly scheduled time can be interpreted as stabilizing blood glucose levels. Although it is difficult to find unprocessed meat, fruit, vegetables and whole grains, the continuous goal of seeking, preparing and consuming unprocessed foods is a discourse worth honoring. Latino immigrants may adhere more to interventions that prohibit foods with preservatives, refined sugars and hydrogenated fats since they already favor more natural foods. The only downside is that people may not be aware that certain foods that they already eat are actually processed foods such as the use of flavor enhancers.

Furthermore, the importance of cooking and the consumption of *comida casera* (homemade food) in the practice of *comiendo bien* is the most undermined and overlooked practice when participants are analyzing it through a discourse of nourishment. Eating at home is thought to reduce the likelihood of eating too much saturated fats and sugars (Counihan 1992; Mancino and Kinsey 2004). As we have seen in Margarita's example, dietary recommendations coming from a doctor's office, or providing a list with the

suggested servings, rarely suggests how to prepare the foods, nor strategies to encourage the family to embrace the change in diet. Moreover, these recommendations do not take any consideration into taste. What strategies have the USDA MyPyramid (“MyPyramid.gov: Steps to a Healthier You”) suggested to please picky eaters? Although none of these Latina immigrant mothers believed that one had to be a good cook for their family to accomplish *comiendo bien*, they feel responsible preparing foods that are palatable to their families and fulfill *memories of mmm...* Moreover, sharing meals with the family or friends is a positive practice in *comiendo bien* that is overlooked.

Despite all the condemnation expressed about the practice of *comiendo bien* by some of the participants, many of them still maintained many of the practices of *comiendo bien*. This is because *comiendo bien* is a social health practice that not only involves food and nutritional interpretation of health, but is instrumental in the construction of identity positions and reinforcing family authority. For example, although Margarita and her husband have reduced their consumption of cream, fresh cheese, and eggs, she likes to please her children given them these foods for dinner most evenings (Margarita, Interview #1, lines 987-989). Mariela may restrict her carbohydrate consumption living in San Francisco, but the fact that she has fewer means living in San Francisco compels her to cook everyday. Her meals mainly consist of Peruvian dishes. When she is not working, she eats dinner with her son, which is different than when she had the maid (Mariela, Interview #1, lines 608-614).

Meanwhile, Lorena has made the largest changes in her interpretation of *comiendo bien*, but she still enforces the *performance* of *comiendo bien*. Outside of the Herbalife nutrition during breakfast and dinner, Lorena cooks one main meal, Monday through Friday. By cooking for her family she is enacting motherhood and ensures that her family eats well,

in this case nutritiously. While her family is eating dinner, she continues to visually gauge that her family eats everything off their plate. The way she prepares her food is very much part of the customs she grew up with such as preparing her salad with *chile, lemon, and salt*, but she justifies their consumption for their content of vitamin C (Interview #1, lines 1465-1472). However, what I also came to find out during the end of our first interview is that Lorena eats for satisfaction once or twice a week by eating out.

I: *Should one completely abandon, um, starch? Oh... like corn.*

Lorena: *Me, ah, on the weekends I permit myself everything. I think to have a balance. To have a, how would you say? A moderation.*

(Interview #1, lines 1545-1552)

I: *Mmm hmm, Mmm hmm. What are your favorite restaurants here?*

Lorena: *I like Balompie because once in a while I will go eat some fried plantains with cheese and cream and nothing else... And, La Santaneca is a restaurant in the Mission, I like their shrimp soup there.*

(Interview #2, lines 1396-1420)

Her consumption of *comida callejera* violates *comiendo bien* and contradicts her behavior towards her grandmother's homemade tortillas. Yet, this is how she negotiates between the discourse of nourishment and satisfaction and does not find the food that she eats in these restaurants as nourishing, just satisfying.

Comiendo bien is not an eating practice that reinterprets biochemical nutritional science in order to create guidelines for healthy foods. Instead, *comiendo bien* is a social health practice that developed from a situation of food insecurity and is focused on *how* to eat to maintain the family's mental and physical well-being. Latin Americans with food security and Latino immigrants turn to nutrition discourses probably because they would like to have more information about *what* to eat. However, the regulation that takes place within each discourse is distinct, and the root of the disjuncture in the negotiation between satisfaction and nourishment. *Comiendo bien* has a communal vigilance built into place where eating

everything and feeling full is assessed by the others, and primarily by the mother in the home. For example, as a child Veronica despised her father forcing her to “eat everything” off her plate, even though she was full (Interview #1, lines 638-672). When she is scrutinized by other Latino immigrants for eating a small amount, she justifies her new practice with nutrition. Meanwhile, the restrictions in nutrition focus on individuals prohibiting and restricting certain foods, in particular fats and sugars. In *comiendo bien*, food restrictions are not based on the content of nutrients in each food, but on how it is produced and where it is prepared.

The transmission of nutrition discourses is a transnational process, but their manifestation in different organizations is variable and uneven. It is a body of knowledge that is modernizing locales globally. In areas where malnutrition is an issue, nutrition is meant to produce a more productive and healthier population. In countries where overweight and obesity are health issues, it is meant to control the population’s food consumption. In Latin America, public health and development agencies use USDA guidelines and biomarkers in evaluation research and informing the production of new supplements.. For example, Denise from Nicaragua and Ashley from Guatemala both attended nutrition education courses in their countries, but they do not condemn *comiendo bien*. Despite the fact that Denise and Ashley do not have any physical conditions that require them to restrict their diet, the nutrition programs in their countries focus more on eradicating hunger than on restricting their diet. In Nicaragua and Guatemala the prevalence of malnutrition exceeds obesity. The appropriation of nutrition discourses in their public health agencies focus on supplementation of food with iron, folate, and vitamin C for pregnant and lactating women and children

between the ages 0-5 years. The information that they received was less focused on restriction and more focused on eating more of certain foods like fruits and vegetables.

The only food restrictions I encountered from the nutritional reports from INSP and INCAP was restricting the consumption of sweetened carbonated beverages and snack foods. In fact, these foods were prohibited among most of the school-age children of recent immigrants in this sample when they lived in Latin America. However, most of the participants believed there was an obsession with food and eating as in the US:

Veronica: In that way, I don't know. I do not think that it is like... that over there [El Salvador] I learned how to be healthy. That, I learned here, that people talk a lot about, "I'm fat, because this makes me fat, because of the pastas because..." But over there no. I don't, I don't remember that one would worry so much that they would get fat, that "I'm fat, I'm skinny."

(Interview #1, Lines 674-681)

When I visited INSP in Cuernavaca, México, I ate in their cafeteria and their posters indicated that you can still eat your regional diets, but modify items that have high amounts of fat and eat fewer tortillas. But nothing was forbidden in their public health campaigns about food except processed foods like Maruchan instant soup, soda, and snack foods. So, in INSP's negotiation between satisfaction and nourishment, they felt eating could be both satisfying and nourishing with modifications. So, the appropriation of nutrition science both by Latino immigrants, US public health agencies, clinicians and nutraceutical companies are leading people to fear fat, demonize starch, calculatively consume food, disengage from their body and culture, and also make eating an individualized health task.

Nutrition discourses can be a transnational process that instigates this *discursive negotiation between nourishment and satisfaction*, which subsequently can change the meanings and practice of *comiendo bien*. However, in order for this to happen, Latin Americans have to be in a situation where they or their family member's health is

jeopardized and their exposure to a nutrition recommendation is feasible, affordable and integrative of their family and cooking culture. As in the case with Mariela, she could make drastic changes to her diet in Latin America because she had the means. However, her exposure to nutrition was not through a formal health organization but from the media. The influence of media health information on Latin Americans' diets prior to migration warrants investigation. I hope that Mariela's, Margarita's and Lorena's example demonstrate that Latino immigrants have been exposed and have engaged with nutrition discourses before coming to the US.

THE STATE OF HEALTHY EATING

This chapter sought to demonstrate how nutrition discourses, in their multiple social worlds, are causing the conflictive negotiation between the discourse of satisfaction and the discourse of nourishment. The *discourse of satisfaction* referred to eating to fulfill a symbolic, material, or embodied need to eat for satisfaction or to feel full, while the *discourse of nourishment* was an appropriation of nutrition that focused on eating in order to provide the body with nutrients. This negotiation of satisfaction and nourishment has the potential to change the meanings and/or performance of *comiendo bien* if Latino immigrant families, in their sender country or in San Francisco: 1) had the resources to adhere to new nutritional recommendations, and 2) if the adherence to the nutritional prescription transgressed a negative emotional or physical experience.

The *negotiation between satisfaction and nourishment* is changing the meaning of *feeling full*, imaginary naturalness, and the representation of the platotóte and the value of *comiendo bien* as a health practice. Likewise, this very negotiation can modify the performance of eating everything, communal practice, and memories of mmm...The

disconnection between eating for nourishment and eating for satisfaction is that *comiendo bien* emerged from a situation of food insecurity, while nutritional practice, as it is expected to be performed through nutraceutical consumption, public health interventions, the media and clinical recommendations, divorces the fact that people need economic resources to acquire the new foods, practice-based interventions that include cooking, and engage with culture through taste. Even when participants from more affluent backgrounds in Latin America did not practice *comiendo bien* in Latin American, they initiated the practice of *comiendo bien* in San Francisco, but with some adjustments to how they prepare the food, what they eat, how they eat it. So, the practice of *comiendo bien* continues in conjunction with eating for nourishment.

CHAPTER SEVEN: CONCLUSION

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ADDRESSING THE GOALS OF THE DISSERTATION

My first goal in this dissertation was to examine the practice of *comiendo bien*, or eating well, among a diverse group of Latino immigrant families in San Francisco in order to understand the social psychological and structural elements involved in the practice of eating well. This study was greatly needed because acculturation and diet research dominate the presentation of Latino immigrants' dietary changes in the US. In this research, although they define acculturation as a process, it is an attribute based analysis. In addition, dietary change is measured as the amount of consumption of a certain macronutrient, micronutrient, and food defined as either a "snack food," or a food group (dairy, fruit, vegetable, meat). The basis of comparison is generally a control group of US Whites, or US-born Latinos.

To provide a processual description of *comiendo bien*, I conducted a situational analysis (Clarke 2005). Situational analysis is a postmodern supplement to constructivist grounded theory, and focuses on the examination of social phenomena through human, nonhuman, and discursive elements present in a situation. To do this, one is encouraged to use multisited data, acknowledge heterogeneities and vast complexities in one's data, and acknowledge the "embodiedness and situatedness" of those in the situation (Clarke 2005:20-21). This method was ideal for studying the health practices of Latino immigrants without essentializing their identities as a list of characteristics, but broadening their representation of ethnicity and diaspora as fluid and intersubjective enactments.

My second goal was to identify transnational processes that sustain and/or transform the practice of *comiendo bien*. A growing body of literature asserts that a "nutrition transition" (Popkin 2001; Caballero 2005; Popkin 2003) is occurring in middle-income,

developing nations of Asia and Latin America, in which overweight and obesity is surpassing underweight. In addition, non-communicable diseases are increasing in developing nations. Therefore, the key argument in this dissertation was to challenge the assumption in acculturation and diet research that migration to the US is necessary for changes that reflect negative, Western dietary practices to occur in Latino immigrants' diets. Rather than examining dietary change through acculturation, I used a transnational approach, which emphasizes the presence of multiple modernities worldwide (Appadurai 1996) and the interconnectedness and the mobility of everyday cultural practices across borders (Ong 1999). Human agency is central to this approach and was congruent with both the method and the theoretical approach of this dissertation.

This conclusion will demonstrate how I accomplished my goals of examining the practice of *comiendo bien* and identifying the transnational processes that sustain or transform the practice. I will also present a preliminary grounded theory to describe how transnational processes can influence the process of *comiendo bien* for both early and recent immigrants in this study. I believe the differences not only lie in the time periods the mothers migrated to the US, but also their structural positions before and after migration. Moreover, different changes produced by the same transnational situation or process can be attributed to family's diasporic engagement. Finally, I will use Charmaz's (2006:182-183) criteria for evaluating grounded theory, *credibility*, *originality*, *resonance*, and *usefulness*, to present the future directions and implications of these findings for medical sociology, public health, and health policy.

Comiendo Bien

I interpreted *comiendo bien* as a social health practice among Latino immigrants which emphasizes how food is eaten. *Comiendo bien* emerged from a situation of food insecurity in Latin America in which eating well was thought to reduce illness and consequently minimize the use of inaccessible medical services. Even families from better means in Latin America regressed to the practice of *comiendo bien* when they were in an unstable economic situation or were uninsured in San Francisco.

The practice of *comiendo bien* is imparted and led by mothers cooking, summoning their families' *memories of mmm...*, and replicating their mothers' recipes to create a *platotóte*. A *platotóte* is an in vivo code representing the structure of the meal that accomplished *comiendo bien*, which is three to four homemade dishes consisting of protein, starch, legume, and vegetable or fruit on one plate, eaten in one course. Healthy foods were considered those that were natural, minimally processed, and homemade. Ideally, the *platotóte* would be consumed as 2-3 meals a day and shared among family members or a group of intimate people.

Comiendo bien is also a health performance because it is informed by normative discourses and is co-constitutive of enactments of identity such as motherhood, child, wife, husband, other family member, Latino, gender, and nationality. As we saw, the families in this sample were diverse in family composition, reasons for migrating, documentation statuses (within and between families), and nationalities. Many were unlike the nuclear family. Regardless, these families enacted *comiendo bien* together and the parents worked in order to obtain the food and recreate eating for health. In the health performance of *comiendo bien*, mothers, or the family cooks, are responsible for *visually gauging* their families' and

especially their children's consumption of food on their plate. *Eating everything* was considered a sign for the embodied accomplishment of *comiendo bien*, *feeling full*. This way of eating was considered both satisfying and beneficial for their health.

THE COMPLEXITIES REGARDING HOW TRANSNATIONAL PROCESSES AND SITUATIONS TRANSFORM THE DIETS OF LATINO IMMIGRANTS

Like any social practice, *comiendo bien* is not practiced universally among Latino immigrants. As we saw in Chapter Six, people have different interpretations of what it means to eat healthy, where some even denounced their previous practice of *comiendo bien*, or Latino immigrants' overall manifestation of eating healthy. Those mothers who found *comiendo bien* to be an "erroneous" interpretation of eating healthy, still retained the performative aspects of *comiendo bien* in their new practice of eating healthy. For example, they still executed their responsibility to replicate and impart the practices of healthy eating to their families. Moreover, their families still ate meals and foods that were apart of their former practice of *comiendo bien*; just with more restriction. Sometimes these indulgences were not considered healthy even in *comiendo bien* standards because they were *comida callejera* (street food) or processed foods, which are shunned in the *comiendo bien* perspective for being unhealthy, unsanitary and uncustomary of fulfilling the normative discourse *duty to the family*. Some of the mothers who laboriously negotiated between a *discourse of satisfaction* and a *discourse of nourishment* return to certain practices of *comiendo bien* because it is difficult to abandon "symbolic worlds" (Strauss 1993:155, citing Cassirer 1944) one is familiar with; engages other parts of their lives outside of diet, and is embodied through *memories of mmm...*

Transnational Processes that both Sustain and Transform Comiendo Bien

My main goal in this dissertation is to challenge the notion that migration to the US is a necessary condition for Latino immigrants to undergo changes in their diet that resemble “negative, Western dietary practices” (Popkin 2008). I am only able to firmly support this argument with the stories and practices of recent, urban immigrant families, meaning those families or parents from major cities in Latin America, who arrived to the US after 1999. This group of Latino immigrants and their families were already *balancing comida callejera* with *comida casera*, *integrating more processed foods*, and *negotiating between the discourse of satisfaction and the discourse of nourishment*.

This is not to say that the diets of earlier Latino immigrants changed as a result of acculturation to a US diet. Instead, the changes in their practice of healthy eating were negotiations of both new subjugated positions and empowered identity positions that they encountered living in San Francisco. For example, Latina immigrant mothers succumbed to their child’s resistance at the table and allowed them to eat more *comida callejera* because their children were entitled to more rights than they were. So, the changes that the mothers were experiencing in their practice of *comiendo bien* were not necessarily an adaptation to the dominant culture. All of the mothers who migrated before 1999 entered the US entered the country illegally. These mothers’ ability to impart or practice *comiendo bien* is part of process where they are learning to engage with new institutions, cultures, and material conditions as an undocumented immigrant mothers.

Before I continue, I will briefly restate the transnational processes identified in the data. The transnational processes sustaining the practice of *comiendo bien* among Latino immigrant families are: 1) the structural and economic inequalities that create barriers to

medical care, which helped sustain the rationale of this practice across borders; 2) the engagement with diasporic communities sustained the performance of *comiendo bien* (specifically the enactment of motherhood); and 3) sending and receiving remittances sustained the material prerequisites for family abroad. The transnational processes transforming the practice of *comiendo bien* are: 1) enduring *migration trajectories* and *jumping trampolines*, in which Latino immigrants were not eating and were integrating other Latinos' foodways; 2) the modernization of food production and consumption, which primarily increased in Latino immigrants' integration of *comida callejera* and processed foods; and 3) the transnational transmission of nutrition discourses, which created a *negotiation between eating for satisfaction and eating for nourishment*.

Although these were the transnational processes identified, here I would like to focus on three major categories of processes that articulate of how transnational processes can mediate *comiendo bien*. The *modernization of food production and consumption*, the *transnational transmission of nutrition*, and *migration trajectories* were chosen for several reasons. First they affected the way these Latina immigrants practiced *comiendo bien* in their sender communities, en route to the US, and continued to influence their families in San Francisco. Second, these three transnational processes created major distinctions in the way *comiendo bien* was practiced between early and recent immigrants. Third, these transnational processes have the potential to *both* sustain and transform the significance of the food and performance of health. Hence, different changes in the practice of *comiendo bien* can result from the same transnational process and/or situation. These differences primarily rest on the geographic location the mother comes from (urban vs. rural), the educational level of the

Latino immigrant parents, their consumption prior to migration, and the particular historical moment they migrated to the US.

The Modernization of Food Production and Consumption

The modernization of food production and consumption refers to the process by which the availability of mechanically produced food, fast food, and convenience food are made increasingly available, facilitate a busy lifestyle and/or allow Latino immigrants and Latin Americans to experience modernity through their mouths. The modernization of food production was manifested here in the globalization of food systems, where ethnic foods from Latin America are available for Latino immigrants in San Francisco; the global expansion of fast food chains; and the integration of more processed foods.

Globalization of Food Systems

The globalization of food systems refers to the global integration of food markets, where the production and trade of food goods are mass produced for export and foreign direct investment is involved in promoting the production of processed foods and retailing (Hawkes 2006:1) The global availability of fresh and processed foods from different countries is possible because of global economic agreements such as NAFTA. The globalization of food systems is a process which can help sustain the practice of *comiendo bien* for families in San Francisco because it allows Latina immigrants to replicate their mothers and produce theirs and their families' *memories of mmm...* It also allows them to recreate a *platotóte* that they are familiar consuming to accomplish *comiendo bien*. Thus, the globalization of food systems provides the family with the ability to reproduce the material and subsequently, the symbolic conditions of *comiendo bien* with food.

The Global Expansion of Fast Foods

As I discussed in Chapter Four, recent immigrants from urban areas all had exposure to and regular consumption of global fast food chains prior to their migration to San Francisco. In the case of rural immigrants who arrived before 1999, they consumed at least local ethnic varieties of fast foods with less frequency than recent immigrants (e.g., *tacacho*, *pupusas*, and *tortas*), or replicas of US fast foods. Although the participants knew that it was not *comiendo bien*, they still consumed *comida callejera*. Recent immigrant families consumed *comida callejera* regularly in their sender country. I categorized their justifications for deviating from *comida casera* as *balancing comida callejera with comida casera*. This discursive conflict is about Latina immigrant mothers minimizing the adverse health affects of street food and moderating its consumption in their families' diet. *Balancing comida callejera with comida casera* was an action that resulted from the global expansion of fast food and was found in both recent and early immigrants' practice. However, recent urban immigrants developed this justification for *comida callejera* in their sender countries, while the earlier immigrants initiated this practice in San Francisco.

Interestingly, the reasons for consuming *comida callejera*, in the form of fast foods, were distinct between the early and recent immigrants. For example, early rural and urban immigrants were consuming more *comida callejera* in San Francisco because it accommodated their family's busy schedules and provided the mother respite from their "double duty" (Hochschild 1989). Early, rural immigrants generally had their first experience consuming fast food when they moved to San Francisco. Additionally, the children in Latino immigrant families who attended public school were being introduced to fast food at school.

In contrast, recent immigrant families were reducing their consumption of both fast food and processed food living in San Francisco, although they regularly enjoyed fast food as family outings in their sender country. Latina immigrant mothers were warned by transnational immigrants visiting their country, or through the media, that immigrants gain weight as a result of living in the US. To this group, food in the US would make them gain weight because it was more processed and had more nutrients. Those families who had experienced weight gain in the US adhered to this diasporic discourse, *fearing US Weight Gain*. Subsequently, the union of these two dynamics provoked recent Latina immigrant mothers to restrict their families' consumption of fast food and processed food. Despite having global fast foods more readily accessible and affordable in San Francisco, their accessibility will not motivate Latino immigrants to eat more of it. Engagements with diaspora before and upon settling in San Francisco influenced the consumption of these foods.

The consequences from *balancing comida callejera with comida casera* are that families are consuming more fast food, creating new memories of mmm..., reducing the presence of mothers' cooking on the palate. Also, for those recent immigrants living in San Francisco, they were not always able to fulfill their *memories of mmm...* of ethnic dishes preparing them with the same fresh and processed ingredients because they *tasted difference* in their food in San Francisco. However, they were able to fulfill their *memories of mmm...* of global fast foods.

The Integration of More Processed Foods

For the key informants, processed food was food that was preserved as canned goods, frozen foods, chemically-enhanced foods, or nutrient-enriched. Some mothers even

considered tap water to be processed in the US, possibly because of the fluoridation. Several of the mothers believed that they ate better in their sender communities because they did not eat processed food and they felt that their meats and produce were organic. However, as I described in Chapter Four, early and recent Latino immigrants were always already integrating processed foods, at least in the form of flavor enhancers and condiments. They often did not acknowledge these seasonings as processed because these seasonings were such a mainstay in their mothers' cooking. Also, original recipe for the flavoring was forgotten. Adding flavor enhancers was creating a way of altering the imaginary naturalness of *comida casera* and producing a processed *platotóte*.

Besides flavor enhancers, recent immigrants consumed more processed foods such as powdered milk, carbonated beverages, and snacks in their sender countries. However, for those families who gained weight living in the US and informed by the discourse of fearing US weight gain, mothers prohibited the consumption of these foods in the home. Meanwhile, some of the families found processed foods to be a novelty because these foods were expensive in their sender country. Ashley, a recent immigrant from Guatemala City would ship canned goods and processed foods to her children back home. So, the meanings of food travel with diaspora and inform if processed food will be integrated in the diet.

The Transnational Transmission of Nutrition Discourses

The transnational transmission of nutrition discourses is the transnational movement of nutrition discourses, where the social worlds claiming to represent nutrition are *appropriating nutrition science* to legitimate and formalize their prescription of "healthy eating." In the nutrition discourse, healthy foods are those that provide nutrients, while eating healthy is eating with control, consciousness of nutrients, never indulging in "unhealthy." In

this study, nutrition discourses were disseminated through public health agencies, nutraceutical companies, clinicians and the media. The adherence to nutrition discourses has the potential to undermine health benefits of *comiendo bien*, as well as the way to think about food. Subsequently, nutritional recommendations are changing the structure of the *platotóte* and encouraging the integration of processed foods because recommendations usually introduce new foods to a family's menu. An example of integrating a processed food and a supplement is recommending the consumption of low-fat products or nutritional supplements such as vitamins. In contrast, nutrition recommendations could be interpreted by the mothers to *selectively nourish* themselves or their families with one or two food groups. Lastly, because nutrition discourses focus on the body as independent of the person's self, their social, cultural, economic situations, it is interpreted and exhibited as an individualized health task, which may reduce commensality and disengage eating from the body and culture.

Learning about nutrition does not directly affect the practice of *comiendo bien*. Most of these families and their children have had exposure to nutrition discourses, at least in the form of nutrition education in public health. However, the conditions by which Latino immigrants adhered to nutrition discourses in the US or abroad were: 1) that the nutrition recommendations were affordable, practical to implement, and accessible; 2) a family member had to have an illness; 3) the implementation of the nutrition recommendations transgressed a negative experience. This was especially apparent in the example of Margarita's husband, who had high cholesterol. Margarita's family could not afford to implement the dietary recommendations from their physician in El Salvador until they came

to San Francisco, where low-fat foods, vegetables and diet foods were more accessible than in El Salvador.

Dietary changes reflecting nutrition discourses may not continue in the diets of Latino immigrants because eating, diets and health are highly contingent throughout the lifecourse. Latin Americans and Latino immigrants cannot always reproduce the ideal practice of *comiendo bien* as the meanings change through their lived personal experiences. Participants described times when they were *not eating*, *eating well*, and *eating healthy*. For example, when participants were *not eating* this was generally attributed to a complicated *migration trajectory*, *prioritizing their work over health*, *fearing fat*, or a combination of the last two actions.

During a *migration trajectory*, some participants had to skip meals in order to withstand a certain physical challenge in their journey to be smuggled into the US. In other times, the *migration trajectory* was too emotional for Latinas to acknowledge their appetite, or they just did not bring food. When participants started working in San Francisco, their position as undocumented or non-English speaking Latino immigrants did not afford them the same privileges and rights entitled to documented immigrants such as a fair wage, breaks, and mealtimes. The consequences of *prioritizing work over health* was to snack, which is not considered eating in the practice of *comiendo bien*, or to eat one meal that may or may not consist of a *platotóte*. In these two situations, Latino immigrants' economic and political position in transnational labor and human smuggling shaped their ability and decision to eat or not to eat.

Also, participants were *not eating* when they were *skipping meals* or *selectively nourishing* in order to avoid weight gain. In the discourse of “fearing fat” participants were

less concerned with health and were afraid of gaining more weight, or fulfilling the stereotype that living in the US makes immigrants fat. However, participants were deviating from the practice of *comiendo bien* by consciously eating less. In some cases, not eating was reducing commensality with other family members, which reduced their ability to visually gauge and ensure their families were eating well.

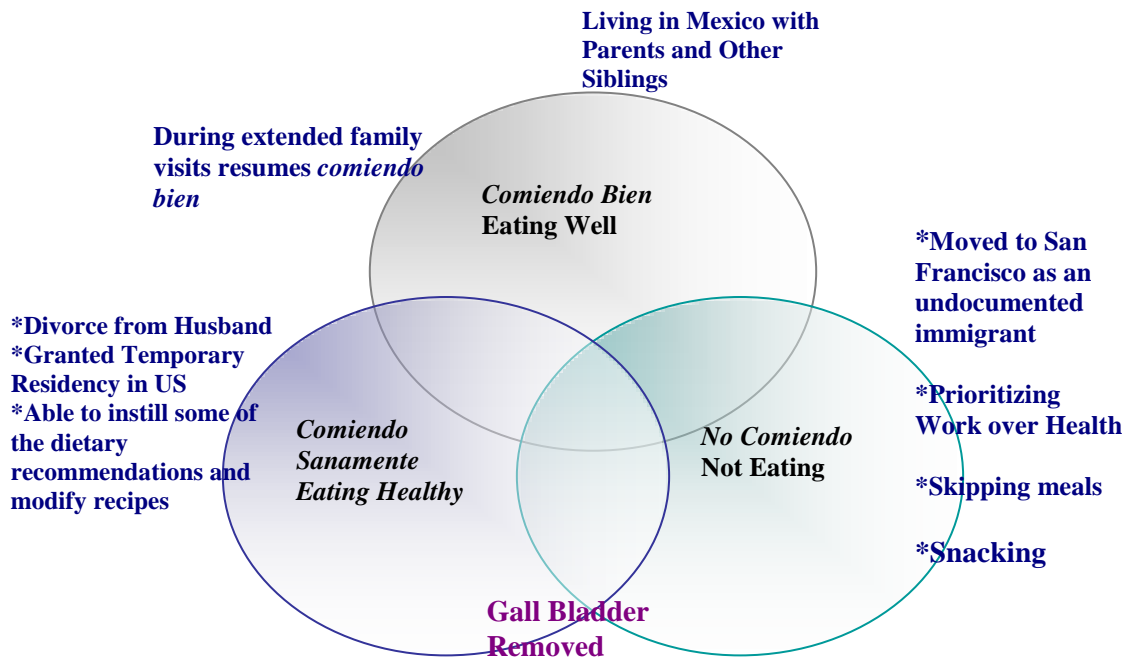
On the eating continuum also lies *comiendo bien*, which has been the focus of this dissertation. The key informants have really brought to my attention how *comiendo bien* is a communal practice. The communal practice is primarily a safeguard to ensure that even in times of food insecurity that family members or cohabitants were eating and subsequently avoiding illness, which is a disruption in family life. For example, if worrying impinged on someone's appetite, commensality is an integral strategy which ensures that family members are eating. In San Francisco, sharing meals with the entire family occurred less often because everyone had a conflicting schedule. Mothers, nonetheless, enacted their *duty to the family* by leaving prepared meals for their families to eat. In another example, when families were *jumping trampolines* and regained some stability in their transitional country, they were able to resume the practice of *comiendo bien*. This demonstrates that *comiendo bien* as an eating practice never disappears even when the practice is paused. As long as someone in the family is able to initiate meal planning, preparing food, and feeding, then the practice resumes.

The act of *eating healthy* demonstrates how Latino immigrants develop new ways of eating due to changes in their health, in conjunction with exposure to new knowledge of nutrition (in one of its many interpretations) and having the material conditions to enact the change. As I discussed in Chapter Six, Latina immigrant mothers and their families adhered to the nutritional changes because it transgressed a negative experience or negative physical

feeling. However, there are times when people have to pause “eating healthy” because they do not have the means to fulfill nutrition recommendations, which often *divorce economic means from food acquisition* and assume that everyone has a kitchen to prepare food. For example, Mari was a diabetic who had to cease her diet when she started living in a shelter. She had difficulty both buying food that her physician recommended and preparing healthy meals without access to a kitchen. Without food or the objects required to cook, it would be difficult to practice *comiendo bien*, too, not just *eating healthy*. To demonstrate this continuum of eating, below is an example of how a participant, Vick, has changed her eating practices since her arrival in San Francisco (Figure 7.1).

Vick’s continuum of eating demonstrates that eating and diet are highly contingent. Vick arrived to San Francisco in the early 1990s from a rural area in Durango, México. Settling into San Francisco, she moved into a single room with no kitchen and worked 10-12 hours shifts cleaning homes and offices. She barely ate home cooked meals similar to the ones her mother used to prepare for her. When Vick started her own family, she initiated *comiendo bien*. After living in San Francisco for a few years, she had her gall bladder surgically removed. She was unable to change her diet to her physician’s specifications because her husband did not want her eat lower fat, non-fried foods. After her divorce, she was able to make changes in her diet and modify her mother’s recipes based on what she observed from one of her European clients. Even when Vick was practicing “eating healthy,” she was still replicating some of her mother’s recipes, teaching her daughter how to cook, and eating together with her family. Although the food and the meanings of the food may change, the actions of promoting health by feeding the family and imparting health practices within the family remain the same.

Figure 7.1 Vick's Continuum from *Comiendo Bien* to *Comiendo Sanamente*



Revisiting Migration Trajectories

I am able to assert that migration was not necessary for the recent, urban Latino immigrant families to undergo changes to their practice of *comiendo bien* because they were integrating more processed foods, balancing *comida callejera* and *comida casera*, and negotiating between satisfaction and nourishment even in their sender countries, prior to migration. All of these actions are dependent on the fact that these recent immigrants were urban dwellers with better means than those immigrants from rural areas. Moreover, when Latina immigrants returned to their rural villages, they witnessed modernized changes in

people's consumption and the food systems. So, I believe these are the similar changes occurring between San Francisco and their sender community in Latin America. Early immigrants were experiencing the same changes in their practice of *comiendo bien* while living in San Francisco.

In contrast to the recent immigrants, the earlier immigrants did not have as many modernized changes in their environments or food systems that affected their practice of *comiendo bien* prior to coming to the US. Nonetheless, enduring a *migration trajectory* influenced their practice of *comiendo bien* when they came to San Francisco. Transnational migration taking place through human smuggling networks can also affect the practice of *comiendo bien*. Although most participants did not believe that they had experienced any physical health consequences as result of their tumultuous journeys, to me they experienced cultural changes that prepared them for their new lives in San Francisco, and subsequently their new eating and health practices in the US.

For example, during the migration trajectories immigrants often meet Latin Americans from other countries for the first time. During their journey they learned about other Latinos' customs and culture. In this process, they developed ways to distinguish themselves from other Latinos. For example, Latino immigrants learned to distinguish themselves from other Latinos through the food they ate or the way the same food was prepared. For example, during Mari Cruz's stay in Guatemala, she found new ways to cook with flowers that were typically used for gravesites in Peru (Interview #1). Trying new food continues to be an experience and action that Latino immigrants associating with Latino immigrants from many countries.

In the process of traveling through a human smuggling network, participants were departing from their communal perspective and slowly preparing for other times when they would go hungry. For example, during these journeys participants learned how to fend for themselves in order to stay safe. Strengthening individualism is a consequence of migration trajectories that ends up helping Latino immigrants deal with living with estranged roommates and compete for work with other immigrants. Also, enduring periods of hunger during their *migration trajectory* is a slow adjustment to their exploitative work schedules in San Francisco, where they would *prioritize work over health* and not demand rights in order to deal with job security. Enduring migration trajectories can be a mechanism to modernize immigrants by placing them in a situation where they have to “eat in haste” (Brewis and Jack 2005). Overall, the migration trajectory prepares Latino immigrants for their life in the US and indirectly their transformations of *comiendo bien*.

As these examples demonstrate, transnational processes are at play without Latino immigrants’ knowledge or awareness. The ability for transnational processes to change Latino immigrants’ diets rests on their engagements with other Latino immigrants. Unlike what acculturation and diet research suggests, I believe that newly arrived Latino immigrants are adjusting to the Latino diaspora in their US region. Latino immigrants throughout the US form their own subculture not only based on nationality (Mexican or Peruvian) or ethnicity (Garífuna, Miskito), but also local representations of *Latinidad* in their respective US region. Moreover, the dietary changes abroad that are shared between Latin Americans and Latino immigrants in the US cannot be considered a “transnational acculturation” because Latino immigrants are not abandoning an ethnic identity, but they are changing consumption status, or their enactment of class. In their practice of *comiendo bien* Latino immigrant families are

performing between their their local constructions of *Latinidad* as well as their eating practices from home.

One of the attributes of Appadurai's (1996; 1999) globalized modernities is that cultural boundaries are transcendent, unbounded and fluid. However, the political borders of countries are real for undocumented immigrants living in the US.

So, she tells me, and ultimately she has told me, "And when are you going to come? When are you going to come? I want to see you and if I die then I will the die and I will not see you." And so that is how we start, like that, and we finish crying the both of us and it is really painful because a telephone well, you communicate but you are not looking at them. And they have sent me movies, right? But when I play them, it is pure cry-cry-cry and cry and I say, "Ay!" No, it is really difficult...I need her so much. I need her to give me a hug. Even, what I most desire and I say it sometimes, I see older Latinos and I want to tell that older lady to hug me, but it embarrasses me, right? Well, the older lady is going to say, "And, this woman, what?"

(Rosa, Interview #1, lines 857-833)

Undocumented, Latino immigrants living in the US have limited avenues for traveling outside of human smuggling networks. National borders may be transcendental and fluid culturally, but they are bounded physically for undocumented immigrants. Transnational processes may result from larger economic, political, and social policies, but their effect on diet rests on Latino immigrants' embeddedness in diaspora. I think Latino immigrants feel greater allegiance to their former practices when they are displaced and cannot return home.

In Rosa's example, her mother and sisters in Mexico are eating more vegetables in their meals, using less oil and exercising more (Interview #2, lines 745-749). In their phone conversations, Rosa's family is surprised that Rosa does not change her diet living in San Francisco. On top of Rosa having difficulty pleasing her husband and son at the dinner table, it is more of a challenge to make dietary changes in San Francisco because dietary changes

are interpreted as cultural changes by other Latinos. “When I want to cook that in house, they do not want to eat it. “Are you going to start giving us vegetarian food? We are not vegetarians. And, I tell them, “This is not vegetarians’ food, this is for our own good” (Interview #2, lines 429-434). Dietary changes are perceived as a threat to the diasporic community’s attachment to cultural identity. Immigrants do not want to forget their cultural practices because of the fear that they may never return home. Meanwhile, when people have the freedom to move, or have most of the immediate family living in the US, they have less of a need to symbolically hold onto former dietary practices.

FUTURE DIRECTIONS AND IMPLICATIONS

This preliminary construction of a grounded theory explaining the transnational processes that mediate *comiendo bien* arose from my engagement with my participants, my experiences from the recruitment sites, and the texts analyzed. For example, the transnational processes present in the analysis may not be apparent to the key informants because my perspective is shaped by my research goals and theoretical background. The analytic direction in this dissertation is meant to acknowledge processes and relationships that the participants, and other researchers, may not be aware of. My data collection often consisted of candid discussions with key informants, most of their family members, and clients at the recruitment sites, which were illuminating for me as an “insider.” I was not aware of how much work Latina immigrant mothers place on caring for their family through feeding and pleasing them. Nor did I expect these families to be so interested in using technologies such as cable television or the internet. The primary technologies they used to connect with family abroad were their mobile phones and money wiring services. I am confident in saying that most of the participants would agree with my interpretation of *comiendo bien*; however, they

would find my description mechanical, where I wanted to humanize the lay health practice of eating well.

“Credibility” (Charmaz 2006: 182) is a criterion used to evaluate the truth value of one’s grounded theory. I believe that the ethnographic research is sufficient to construct a description of *comiendo bien* because I collected extensive data from 15 families, although I was not able to complete Time 2 Interviews with three key informants. Nonetheless, I had extensive data from the field and in observing families in their homes. However, this description of *comiendo bien* would be stronger if it included the perspectives from more males family members. I would have also preferred having more families who were recent immigrants from rural areas in Latin America. Despite not having enrolled more Latino immigrants from rural areas who migrated after 1999, I think the narratives of early, rural immigrants returning to their villages were beneficial for establishing comparisons between the descriptions of recent, urban immigrants’ food systems and those of rural immigrants. The difficulty in finding recent immigrants from rural areas may also be indicative of immigration trends, where more urban dwellers are migrating to the US (Waters and Jimenez 2005). Thus, future directions include returning to the field and interviewing more Latino immigrant males and theoretically sampling for recent, rural immigrants families.

The categories presented here portray a very detailed practice of *comiendo bien* for Latino immigrant families in San Francisco, but perhaps not the fullness of transnational processes at the political and economic levels. This dissertation focused more on how local and a few global institutions affected practice. Obviously, it would be difficult to exhaust all possible transnational processes involved in changing dietary practices for Latino immigrants, as these are constantly changing and are beyond the scope of these data

collection processes. After completing this research, future areas of investigation for transnational and diasporic processes would be to examine how nutrition education learned in Latin America is practiced in the US. Also, when public health researchers assess cultural change and health, it would improve their research if they would inquire about Latino immigrants' previous engagement with nutrition education, or nutrition programs. A study regarding the movement and use of remittances for food is needed. It would also be worth investigating how food marketing targets Latino immigrants, and how Latin Americans create convergences and divergences in their diets.

I think that the categories regarding migration are full and rich descriptions of how immigrants' mental and physical health are affected by the process. Federal agencies, such as the National Institute of Public Health in Mexico, have not focused on collecting data from Latino immigrants living in their country (J.A. Dommarco, personal communication). This is important because I have found that Latino immigrants en route to the US *jump trampolines*, or live primary in Guatemala and Mexico before making it to the US. A future area worth studying in migration research is how living in other Latin American countries prior to the US affects the health practices of Latino immigrants.

This dissertation in many ways is fresh because it examines diaspora as a transnational process that remains understudied in relation to health. "Originality" is a criterion that evaluates how one's research contributed, challenged, or expanded an area. I have produced an in-depth description of how healthy eating is interpreted and practiced among Latino immigrant families through a transnational, interpretive approach. I have also taken into consideration participants' pre-immigration experiences to understand this practice. This research attempted to explain how politics, economics, health discourses, and

diaspora intersect with diet and health. This study was greatly needed because acculturation and diet research dominate the research about of dietary changes. Those studies tend to ignore oddities in the data and resort to simple discussions about why diets are changing. I hope that this dissertation is not perceived as calculative approach of diet that disembodies experience. In the end, this is a unique research problem that was brought to my attention by Latina immigrant mothers, and I pursued it. Therefore, it is very much grounded in experience.

“Resonance” evaluates the significance of the research for revealing taken-for-granted meanings and uncovering links between larger institutions and individual practice. This research challenges the way healthy diets have been assessed by health researchers, who conceptualize food as micronutrients. People describe food on multiple dimensions, including the taste, the smell, the texture, and the memories the food or dish carries. Western dietary practices are more complicated than merely eating high saturated fats, carbohydrate-laden, processed foods and snack foods. I have provided deeper insights about what Latino immigrants perceive as healthy food, without denouncing their practice. However, the greatest weakness of this study is not including a form of member-checking in the analysis, or having another analyst code the data concurrently to affirm the interpretations and the findings. I regret not being able to go back to the recruitment sites with my findings before completing this manuscript. I do intend to bring it to them before I formally publish these findings.

By evaluating the “usefulness” of this study, I present the implications of this research to public health and medical sociology research. Nutrition interventions and health research about Latino immigrants would benefit if they were informed by some of my

research findings, particularly since few nutrition interventions have integrated ethnographic accounts of ethnic eating in their protocols (Vallianatos and Raine 2008). For example, because *comiendo bien* is a communal practice, nutrition interventions would be most effective if they were to target the whole family. Moreover, family members were not going to adhere to dietary recommendations from any nutrition discourse if it is not practical, affordable, and considerate of the ways Latinos/as prepare meals. Nutrition interventions need to find ways to target sons and men because they were the most resistant at the table when mothers prepared different or healthier meals. If men were involved, they would be supportive of dietary changes and possibly share the work of feeding the family with the mother.

The “usefulness” of this research lies in clarifying why acculturation research has produced inconclusive results regarding whether time in the US worsens or improves Latino immigrants’ diets. It may appear as if Latino immigrants had healthier diets in Latin America, but this cannot be proven if researchers do not collect data about Latino immigrants’ dietary practices prior to migration. Acculturation is not an adequate examination of how culture mediates dietary changes because the measures used to assess acculturation (time in US, English proficiency, language preference, and media preferences) were not prominent in Latina immigrants’ decision to change their diet. Researchers must cease assuming that Latino immigrants are learning “bad” dietary practices that are limited to fattening or sugar-laden food choices. Some of the negative dietary practices adapted in the US were skipping meals to accommodate work, eating too much of one food group to selectively nourish, and failing to prepare *comida callejera* because participants lacked adequate living conditions.

I do not encourage studying immigrants' dietary changes through quantitative methods because of the dynamic nature of culture and health practices. However, I also understand that federal grant agencies stipulate the ability to make statistical inference, or include a quantitative analysis in one's research. So, I would like to suggest some variables quantitative researchers should consider if they want to have a more comprehensive examination of the diets of Latino immigrants. So many of these participants had exposure to nutrition discourses so, I recommend inquiring whether Latino immigrants have had prior experience taking nutrition education workshops in their sender countries. This variable should not be used to assess health literacy, but to allow researchers to control for previous health interventions when evaluating the efficacy of their interventions. It is also important to query if immigrants are from rural or urban areas in Latin America. There was more contrast between urban and rural Latino immigrants, which can be attributed to the fact that services are centralized in urban areas. Although health research has done a better job in the last 10 years to distinguish between Latino immigrants and US-born Latinos, I think researchers should also ask Latino immigrants' about their documentation status. If the family is the level of analysis, then the children and partner's documentation status need to also be taken into consideration. This would be a good indicator for access to food assistance programs, medical services, adequate work opportunities, but also for how influential were Latina immigrant mothers in motivating their child to eat *comida casera* and natural food.

To conclude, this examination of *comiendo bien* among a diverse group of Latino immigrant families not only evaluated the individuals involved in *comiendo bien*, but also the economic, political, and social institutions that may influence their diet. By drawing relationships between the social processes in larger institutions and the work being done

within local communities, health researchers may be able to focus more on health and less on rectifying the use of acculturation in health research. If researchers were to contextualize their participants within current transnational processes, they would be able to see that health disparities are not merely a result of people's difference. Condemning poor health outcomes and increased prevalence of illness to vague notions of American culture is an attempt to pacify the politics of difference and the consequences of stratification systems' shared by both the United States and Latin America. Acculturation cannot account for the globalization of food systems, the privatization of health care, globally-induced poverty, and the transnational appropriations of nutrition which all may influence the lay health practice of *comiendo bien*.

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APPENDIX A. SEMI-STRUCTURED INTERVIEW GUIDE

Preguntas sobre sus experiencias de inmigración

1. Por favor, describe su experiencia de como vino a inmigrar.
 - 1a. ¿Cuáles fueron las circunstancias que le trajo a los Estados Unidos?

2. Dime sobre sus experiencias de inmigrar a los EE.UU.
 - 2a. ¿Vino sola/o?
 - 2b. ¿Visita a _____?
 - 2c. ¿Cuándo fue su ultima visita a _____?

3. Tenia familia y/o amigos que vivían en los EE.UU. antes de su llegada?
 - 3a. De ser así, cuando usted llego a los EE.UU., ¿Se quedó con ellos?
 - 3b. ¿Cómo fue eso? ¿Ayudo esa experiencia aprender como vivir en los EE. UU?

4. Estas circunstancias de inmigración, ¿afecto su salud?

5. ¿Pudo mantener su salud?
 - 5a. [Si, pudieron mantener su salud en #5] ¿Cómo pudo mantener su salud?

Preguntas sobre su conocimiento anterior y orientación de la cultura estadounidense

6. Antes de mudarse a los EE.UU, ¿qué conocía usted de la comida en los EE.UU?

7. ¿Cómo aprendió esto?
 - 7a. ¿Tenía acceso al Internet?
 - 7b. ¿Cuál fue su razón primaria para usar el Internet?
 - 7c. ¿Tenía correo electrónico?

8. En Latinoamérica, ¿Tuvo televisión por cable?
 - 8a. [Si tenían cable] ¿Cuales programas veían?
 - 8b. ¿Cuáles programas de los EE. UU. miraba en Latinoamérica?
 - 8c. En país, ¿Leía revistas o periódicos estadounidenses?

9. Antes de mudar a los EE. UU., ¿Hablaban con su familia y amigos viviendo en los EE.UU.?
 - 9a. De ser así, ¿Cómo se comunicaban? ¿De qué hablaban?
 - 9b. [Si no comunicaban] ¿Por qué no se quedaron en contacto?

10. Alguna vez, su familia en los EE. UU., ¿le mandó cosas a Latinoamérica?
 - 10ª. Alguna vez, ¿mandaba productos de Latinoamérica a su familia en los EE. UU?

Preguntas sobre salud, comiendo, y la comida

11. Háblame de un tiempo cuando comías bien.

A menudo, ¿Qué comes? Su familia, ¿come diferente que usted?

11^a. ¿Cómo aprendió “comer bien” cuando vivió en país?

11b. ¿Cómo aprendió comer bien en los EE. UU?

11c. ¿En qué manera se aprende a “comer bien”?

12. Cuando vivió en país a menudo, ¿Qué comía todos los días?

12a. ¿Considera eso comiendo bien? ¿Por qué?

12b. ¿Qué comes en los EE. UU?

12c. ¿Considera eso comiendo bien?

13. ¿Qué piensa usted es la relación entre comiendo y la salud?

14. ¿Qué comidas ayudan que la gente mantengan su salud?

15. ¿Qué necesita hacer la gente en país para comer bien?

15 a. ¿Cómo aseguraba (o asegura si todavía mantiene a su familia en Latinoamérica) que su familia todavía comen(ían) bien en país?

16. ¿Cómo asegura que su familia come bien en los EE. UU?

16b. ¿Cómo pueden los inmigrantes latinos comer bien viviendo en los EE. UU?

16. ¿Cuál fue su responsabilidad para mantener “comiendo bien” en país?

16a. ¿Cuál es su responsabilidad para mantener que su familia come bien en los EE. UU?

17. ¿Quién debería comer bien?

17a. ¿Cómo logras que otros comen bien?

18a. En país ¿cuál es la responsabilidad de la mujer para promover que su familia come bien?
[Se van a preguntar sobre las responsabilidades de diferentes posiciones de identidad] ¿Y si son solteros?

18b. En país, ¿cuál es la responsabilidad de un hombre para promover que su familia come bien? ¿Y si son solteros?

18c. Estas responsabilidades, ¿han cambiado ahora que usted vive en los EE. UU?

19. ¿Piensa usted que sus hijos saben cómo comer bien?

19a. ¿Qué le hace pensar eso?

20. Si usted todavía estaba en país, ¿qué cambiaría, y que dejaría quieto en su alimentación saludable?

Preguntas sobre la cocina y preparando comida

21. Háblame sobre su manera de cocinar en los EE. UU.

- 21a. ¿Todavía se puede cocinar lo mismo? ¿Qué es diferente?
22. ¿Cuáles productos de comida son difíciles para encontrar, ahora que usted vive en los EE. UU?
- 22 a. ¿Cuáles cambios ha tenido que hacer en su forma de cocinar ahora que no puede encontrar estos productos?
23. Ahora que usted no tiene *esos comidas en la pregunta anterior* disponibles, ¿Ha afectado su salud y la salud de su familia?
24. ¿Cuáles productos son más fácil de obtener ahora que usted vive en los EE. UU?
25. ¿Piensa usted que la facilidad de encontrar estos productos le permite comer mejor que cuando estabas en *país*? Dígame más sobre eso.
26. ¿Qué productos que encuentras y usas en los EE. UU. son similar a esos en *país*?
- 26a. En los EE. UU., ¿hay restaurantes que son similar a esos en *país*?
- 26b. ¿Cuáles son?
27. Ahora que usted vive en los EE. UU., ¿usa aparatos diferente para preparar su comida?
- 27a. Usando el (los) aparatos mencionado en #27 ¿ha promovido que ustedes comen bien?
28. Háblame de sus comidas favoritas cuando vivías en *país*.
- 28a. Háblame de sus comidas favoritas que solamente se encuentran aquí, en los EE. UU.
29. Háblame sobre sus restaurantes favoritos en *país*.
- 29a. Cuando usted visite familia y amigos en Latinoamérica, ¿come lo mismo?
- 29b. Háblame sobre sus restaurantes favoritos en aquí en los EE. UU.
30. ¿Habla o ha hablado sobre sus nuevos hábitos de alimentación a su familia y amigos en otros *países*?
- 30a. ¿Qué dicen su familia y amigos en el extranjero sobre sus nuevos hábitos de alimentación en los EE. UU?
31. ¿Qué más debería yo saber de ‘comiendo bien’ entre los inmigrantes latinos?
- 31^a. ¿Qué me faltó preguntar?
32. ¿Tiene preguntas para mi?

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