

## ORIGINAL ARTICLE

# Cultural conflicts in the weight loss experience of overweight Latinos

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**Objective:** In spite of the high prevalence of obesity in the Latino population, there is limited recent information that can be used by health-care providers to develop culturally appropriate weight loss strategies for this population. Therefore, we describe weight loss experiences, attitudes and barriers in overweight Latino adults.

**Design:** Qualitative study using focus group methodology

**Subjects:** Twenty-one overweight adults (body mass index  $\geq 25$ , age  $\geq 20$  years) self-identified as Latinos.

**Methods:** Subjects participated in one of three focus groups. Recurring themes within group discussions were identified by three independent investigators, one who was ethnicity concordant.

**Results:** Themes included the presence of mixed messages when determining one's appropriate weight, with participants' desire to lose weight to be healthy (based on professional advice and personal experience) conflicting with the cultural idea that being overweight is healthy. Participants described discordance when adapting to the mainstream, leading to the loss of healthy traditional habits. Participants expressed interest in weight loss and familiarity with dieting and weight loss interventions. They desired culturally appropriate nutrition education and reassurance regarding healthy dieting from health-care providers. The importance of interactions with peers during education was another relevant theme, and participants were overwhelmingly positive about group education.

**Conclusions:** To improve health promotion for Latinos, cultural factors distinctive to this underserved population, and barriers they articulate, should be considered when developing weight loss interventions.

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**Keywords:** Latino; weight loss; focus group; qualitative

## Introduction

Although excess weight has been linked to a number of adverse health outcomes, 64.5% of the US population is overweight, whereas 30.5% is obese.<sup>1,2</sup> Latinos are at especially high risk of being overweight and obese, with national estimates finding 73.4% of Latinos overweight and 34.4% obese.<sup>1</sup> Most concerning, these prevalences have increased over the last decade, especially in Latino adolescents.<sup>3</sup> Thus, developing appropriate weight loss strategies for Latinos is crucial for health promotion.

Addressing weight loss among Latinos requires strategies concordant with their culture. For instance, traditional

Latino diets are higher in carbohydrate intake than white or African-American diets, which may influence the acceptability of low carbohydrate diets to Latinos.<sup>4</sup> Furthermore, previous studies have shown that Latinos are less concerned than whites about being overweight and have limited knowledge regarding nutrition and the consequences of obesity.<sup>5–8,9</sup> However, owing to the recent focus on obesity in the media and medical literature, these studies may not reflect current attitudes, as their data are 5–10 years old. Also, these studies do not consider Latinos' interaction with health-care providers, and how to improve weight loss counseling in the clinical setting.

Considering the ethnic weight disparity in the US and the effect of culture on weight loss behavior, cultural preferences should be taken into account when constructing a weight loss program. However, there is limited recent information on the attitudes and beliefs of Latinos regarding weight loss and how to improve the weight loss counseling provided by health-care providers. This study describes the weight loss experiences and attitudes of overweight Latinos in order to

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better inform the formulation of strategies to promote weight loss in this underserved population and identify barriers for motivational interviewing.<sup>10</sup>

## Materials and methods

### Participants

This study received Institutional Review Board approval from the home institution after expedited review. Overweight adults (age  $\geq 20$  years, body mass index (BMI)  $\geq 25$  kg/m<sup>2</sup>) who self-identified as Latinos were recruited through flyers placed at clinical sites, community centers and stores in Charleston, SC.

Nineteen women and two men ranging in age from 22 to 81 years, with BMI ranging from 25.0 to 39.0 kg/m<sup>2</sup> participated in one of three focus groups. Group attendance ranged from five to nine participants. A majority of participants were born in Mexico (13), but participants also came from Central/South America (five), Caribbean countries (two) and the United States (one). All the participants spoke Spanish as their native language. Five participants had education beyond high school. Of the four participants with cardiovascular disease, three had high cholesterol and one had hypertension. In addition, one participant with high cholesterol also had a history of myocardial infarction. Three participants had diabetes and one had gestational diabetes.

### Data collection

Data were collected over 3 months. Focus groups were conducted by a normal weight, bilingual, Latino investigator and an overweight aide. All groups were conducted in Spanish per participant preference. Demographic information was obtained via a survey. Participants' heights and weights were measured. The investigator had a list of general and probing questions for pre-planned topics of discussion, which were designed with input from community members. These questions were adjusted for later groups based on trends and patterns requiring further elucidation. The group discussions were recorded and transcribed in Spanish, then translated into English and back-translated to ensure accuracy. The investigators also took field notes and participated in debriefings after the groups.

## Analysis

Transcripts were analyzed in a systematic manner by three independent investigators, one of whom was ethnicity concordant and spoke Spanish as her native language. The aim of analysis was to find commonly recurring themes, trends and patterns within group discussions relating to diet and weight loss behaviors. Words used, context, internal

consistency, specificity of responses and overlying themes were considered. Tone and nonverbal communication was assessed through the field notes. Saturation, which was determined by redundancy of data and respondent validation of themes, occurred after three focus groups. Data collection was terminated, once saturation was reached. The computer program N\*VIVO was used to facilitate data abstraction and analysis.

## Results

General topic questions used in the focus groups are presented in Table 1. These questions led participants to describe their weight loss experiences and perceived educational needs.

### Theme 1:

Mixed messages when determining one's appropriate weight: Attractive vs Healthy

Both male and female participants voiced the traditional Latino preference for a heavier body type.

I would like my wife the way she is. Every time she starts losing weight she doesn't look as happy and good as she used to.

(GC, 68 yo (year old) male, BMI 35 kg/m<sup>2</sup>)

Most participants noted the preference for a heavier body was instilled from childhood. Eating was an important form of enjoyment and reward, and was associated with being *saludable* (healthy).

In our culture... children are always rewarded with food. So mothers need to be educated to reward their children when they are good with things other than food, other than sodas and sweets.

(DD, 59 yo female, BMI 32 kg/m<sup>2</sup>)

In the Latin culture, from when you are a child, you hear that being fat is 'saludable'... That is wrong, but in the culture, if you are not fat, then you are sick... You have to convince the family and the individuals themselves that being fat does not mean you are 'saludable'.

(SM, 30 yo female, BMI 28 kg/m<sup>2</sup>)

**Table 1** Pre-planned focus group questions

1. What have been your experiences with weight loss?
2. Why did you try to lose weight?
3. As a Latino, what things made you more likely to lose weight?
4. What things keep you from trying to lose weight?
5. What things make it difficult for you to lose weight?
6. What barriers are there to you talking about weight loss?
7. What have been your experiences when receiving weight loss advice?
8. What is the best way to give you nutrition education?
9. Is there anything we didn't talk about relating to weight loss that you think is important?

The concept of fat being healthy was in direct conflict with medical advice and participants' personal experiences. Physical symptoms and disease control were commonly mentioned factors that encouraged weight loss attempts. The conditions discussed most often were diabetes and high cholesterol.

I decided on my own I was eating too much. But it started when the doctor told me if I didn't watch myself I'd end up in the cemetery in 4–5 years. I thought, oh, he can't be kidding

(CM, 22 yo female, BMI 26 kg/m<sup>2</sup>)

I thought I couldn't have a normal life being as heavy as I was...It was hard to even walk, bend over to pick something up. It was very hard with all the excess weight. When I lost weight, I felt better.

(DD, 59 yo female, BMI 32 kg/m<sup>2</sup>)

Participants thus had to reconcile the cultural concept that being overweight is *saludable* with medical advice and personal experience. The conflict between these two concepts led them to reject the mainstream ideal of being overly thin as unhealthy and unattractive. Instead they preferred a heavier body type, as long as it was still *saludable*. Weight loss was thus focused around feeling good and being *saludable*, not appearance.

It's not necessarily to look good and be thin, but to be 'saludable'.

(SM, 30 yo female, BMI 28 kg/m<sup>2</sup>)

#### Theme 2:

Discordance when adapting into the mainstream.

A majority of the participants stated that differences between *nuestros hábitos* (traditional Latino culture) and the mainstream US culture were relevant to weight loss. Participants specifically identified adapting to the mainstream culture as deleterious to *nuestros hábitos*. Several participants stated they could not eat in a healthy manner owing to the fast-paced culture in the US. Also, weight control strategies used in Mexico that were considered effective, such as using a girdle post-partum, were discouraged in the US.

Everything is so expensive here and life is so agitated. You don't have time to sit and think about what you are going to eat.

(IS, 32 yo female, BMI 27 kg/m<sup>2</sup>)

Also in Mexico we had more time to sit and relax...But here we live very agitated and we eat whatever is available at the time...

(AS, 28 yo female, BMI 26 kg/m<sup>2</sup>)

The US culture was seen as more sedentary than *nuestros hábitos*. The availability of fast foods, excessive portion sizes

and an overwhelming amount of advertising for unhealthy foods were other commonly cited concerns.

There never seems to be enough time to exercise. You go to work all day and you think that is exercise, but it's not enough...But then you have the kids, the husband, and there's not enough time.

(ED, 27 yo female, BMI 29 kg/m<sup>2</sup>)

On TV, there is a lot of pressure to buy food. You see the commercials, and they are about food... On TV they should also say, 'Eat with moderation.'

(DD, 59 yo female, BMI 32 kg/m<sup>2</sup>)

We need more protection from the environment. Not everyone who comes here used to eat like that before they came here. We pick up the bad habits here, and as we get older we pick up more bad habits...We change 'nuestros hábitos' about how we used to eat and take on bad habits when we come here.

(AS, 28 yo female, BMI 26 kg/m<sup>2</sup>)

Participants thus noted difficulties in adapting to the majority culture, and acknowledged a desire to protect *nuestros hábitos*. However, they did not have any developed strategies towards that goal.

#### Theme 3:

Familiarity with weight loss methods and failed weight loss attempts All participants reported having experience with failed weight loss attempts, and most voiced at least some knowledge of most weight loss methods discussed by other members of the group. Several participants received nutritional information from informal sources, such as television and peers. Formal sources of information were physicians and nutritionists. Personal weight loss attempts most frequently involved, exercising more and eating less by drinking more water and/or eating more fruits and vegetables. Other weight loss attempts included using weight watchers, replacing meals with diet shakes, using girdles post-partum, eating less carbohydrates and using green tea or diet pills as appetite suppressants. Participants also reported second-hand experience with gastric bypass surgery. Most of the participants reported that although many of their weight loss attempts initially led to weight loss, they often had *rebote* (weight regain). They expressed frustration at this pattern.

I've tried (to lose weight), and it's always like the same five pounds, five pounds, five pounds.

(ZG, 30 yo female, BMI 26 kg/m<sup>2</sup>)

I've tried to lose weight before, but my problem is the 'rebote'. You lose weight, then you gain back the weight and then some.

(CH, 42 yo female, BMI 26 kg/m<sup>2</sup>)

Low carbohydrate diets were mentioned often and perceived to work, but participants did not want to try them because they did not seem healthy and were difficult to sustain.

The low carbohydrate diet is too drastic. Especially since I'm Hispanic...you are used to eating a certain way, having bread. You can't completely change....Plus, the low fat diet sounds more healthy, because it has less fat.

(IS, 32 yo female, BMI 27 kg/m<sup>2</sup>)

Overall, participants wanted a healthy, effective weight loss method that was culturally acceptable enough to be sustainable.

Theme 4:

Expectation of weight assessment and counseling from health-care providers.

The need for more nutritional education was a common theme. Most participants had well-defined expectations of what they desired from their primary care providers. These expectations included risk assessment based on their weight status and initiation of discussions regarding weight loss. In fact, several participants stated they would only feel comfortable with weight assessment from a medical professional.

Every time one goes to the doctor, one thinks the doctor is going to say, you are overweight. You have to lose weight, or you will have health problems. So I think we expect doctors to be aware of that, and to give you advice.

(CL, 33 yo female, BMI 29 kg/m<sup>2</sup>)

I get mad if people tell me I'm overweight, that I look bad. If a doctor tells me for my health, then I don't get mad.

(EAD, 60 yo male, BMI 25 kg/m<sup>2</sup>)

Participants wanted counseling to be specific and individualized, although this need often went unmet. They believed effective counseling required the assessment of their current behaviors and health status. Participants were preoccupied with whether their weight loss attempts were *saludable*, and wanted reassurance from their health-care providers.

Doctors are not very helpful with weight loss. They just say to eat three times a day. They do not specify.

(PC, 68 yo female, BMI 39 kg/m<sup>2</sup>)

I think the doctor should ask about my lifestyle, what kind of exercise I do, then start telling me about good nutritional habits, and what the best nutritional habits are for my age.

(DD, 59 yo female, BMI 32 kg/m<sup>2</sup>)

When I've tried to lose weight, I've done it by myself. But it would be nice to talk about it with a doctor, so you

know that what you're doing is the right thing. The doctor can make sure what you are doing is the right thing.

(LV, 20 yo female, BMI 26 kg/m<sup>2</sup>)

One participant who had successfully lost weight described a beneficial interaction with her physician, whose advice was personalized, practical and healthy:

I love sweets. So the doctor told me that if I couldn't give up Coca-Cola, I should eat fruit instead, since that's also sweet but more healthy.... Whenever I felt the impulse to eat sweets, I would eat a banana. That's how I lost weight...The doctor, he just told me what was healthy for me to eat and lose weight.

(IS, 32 yo female, BMI 27 kg/m<sup>2</sup>)

Theme 5:

The importance of interactions with peers during education.

All of the focus groups spontaneously discussed the benefits of receiving nutrition education *en grupo* (in a group setting). *En grupo* was portrayed as a good means of providing support and motivation.

I think that through imitation and competitiveness, people who work 'en grupo' have better results.

(EAD, 60 yo male, BMI 25 kg/m<sup>2</sup>)

To me, working with other people who have the same problem would be very motivating.

(EJ, 44 yo female, BMI 29 kg/m<sup>2</sup>)

The possibility of having the whole family involved was appealing to a number of participants, because many described difficulties when dieting due to uncooperative family members.

But the whole family has to be there. Because you can't make one meal for the rest of the family and then one meal for you. Especially because then you start eating some of the food you made for the others. That won't be helpful for us.

(DE, 28 yo female, BMI 29 kg/m<sup>2</sup>)

Participants also said education *en grupo* would allow them to learn from the knowledge and experience of other group members, which was considered very valuable.

It would be really good if we could have a class together where we share recipes, since maybe she has a really good recipe for one thing, and I have a really good recipe for something else, and we can share. That way we can share what we know.

(JF, 30 yo female, BMI 32 kg/m<sup>2</sup>)

If I had seen or been close to someone who had a cardiac problem because they were overweight, that might have

impressed me and maybe I would have lost weight and controlled my cholesterol.

(EAD, 60 yo male, BMI 25 kg/m<sup>2</sup>)

But the most important thing is information. Classes, experiences. For example, Maria has been on the low carb diet, and she has not lost weight. So then don't try that one.

(CM, 22 yo female, BMI 26 kg/m<sup>2</sup>)

One participant even stated she would attempt dietary changes based on comments made by other members of her focus group, changes she had not been willing to make based only on the recommendations of her physician.

It would be great if they could teach us about nutrition 'en grupo' like this, because then you learn from each other. For instance, I would never have been brave enough to try soy milk if it wasn't for this discussion, but now I'll go see if I like it.

(EI, 81 yo female, BMI 25 kg/m<sup>2</sup>)

## Discussion

This paper presents several themes that represent attitudes, barriers and needs that influence the weight loss experience for Latinos. In contrast to previous studies, all the overweight Latinos in this study perceived that controlling their weight was beneficial to their health.<sup>5,6</sup> They all had previously attempted weight loss, motivated by the concept of being at a healthy weight and feeling well. Therefore, it appears that health is the more important overriding concern in this population, and counseling must address the attitude that being overweight is *saludable*, which is a barrier to initiating weight loss. Previous studies have demonstrated that weight loss provides health benefits, even if one does not reach one's ideal body weight.<sup>11,12</sup> Therefore, counseling to promote weight loss in this population could center on being *saludable*, emphasizing that weight loss can be beneficial even if it achieves a weight heavier than what is considered acceptable by the mainstream culture.

Most participants in this study expressed difficulty maintaining healthy traditional habits while adapting to the mainstream culture. This reiterates findings from previous studies showing that acculturation can be deleterious to health behaviors.<sup>13-16</sup> Furthermore, participants also demonstrated a lack of perceived behavioral control, as they were unable to develop strategies to protect *nuestros hábitos*.<sup>17</sup> Adopting unhealthy diets and becoming more sedentary, increases the health risks for this already vulnerable population. Thus, furthering our understanding of the acculturation process, and thereby facilitating the negotiation of strategies that preserve healthy *nuestros hábitos*, could greatly improve health promotion for this population.

All the participants in this study expressed familiarity with different weight loss strategies, with some having received weight loss counseling in a formal clinical setting. All were interested in improving the nutrition education they had received. They expected health-care providers to initiate discussions regarding their weight and offer practical, personalized information. They were concerned with losing weight in a healthy, sustainable manner, and wanted their physician to provide them with reassurance during weight loss attempts. Thus, effective counseling for this group required an initial assessment of their weight and lifestyle by their health-care provider, followed by the joint development of a diet plan that was perceived as healthy and addressed *reboté*.

Participants also valued the opportunity to share their experiences with others who had similar goals, and expressed willingness to change their own behavior based on others' experiences. This demonstrates the importance of social normative factors for these participants. One way to take advantage of this cultural feature is by providing nutrition education *en grupo*, as the provision of health care in group settings can be effective and practical.<sup>18</sup> Interventions to promote weight loss in the Latino population could benefit from including group education, while still focusing on negotiating practical, culturally appropriate strategies to facilitate weight loss.

Although this study only evaluates Latinos, some of the themes expressed could also be relevant to other ethnic groups and populations in transitional cultures. For instance, discordance when adapting to the main culture, and subsequent change of health behaviors, has been well documented during acculturation for a variety of groups.<sup>19-21</sup> Furthermore, groups as dissimilar as African Americans, American Indians, Alaskan natives and Russians express greater body satisfaction than whites.<sup>8,22</sup> Thus studies regarding how these groups determine their appropriate body weight might also discover more of a focus on being healthy versus appearance. Finally, many successful health promotion efforts involve community members, which implies the importance of peers in education.<sup>23-25</sup> This suggests group education may be beneficial for groups other than Latinos.

In conclusion, as initiating and maintaining weight loss is a complex process, weight loss interventions for Latinos should be informed by their experiences, attitudes and beliefs. Relevant factors identified in this study include the desire for culturally appropriate weight loss information, mixed messages regarding ideal weight, the negative impact of acculturation on healthy traditional behaviors and importance of peers' opinions. In order to improve health promotion, these factors should be considered when developing weight loss interventions for the Latino population.

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