THE MEANINGS OF BODY, FOOD, EATING, AND HEALTH FOR FIRST GENERATION FILIPINO CANADIAN WOMEN IN BRITISH COLUMBIA'S LOWER MAINLAND

by

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ABSTRACT

Information on the meaning systems underlying body, food, eating, and health for many ethnic cultures within North American society is limited. Existing research suggests that the meaning systems for body, food, eating, and health for most ethnic cultures differ from those of the host North American culture. Despite the growing Filipino Canadian population, no information was found for this ethnic group with regard to these issues. With an increased understanding of Filipino Canadian culture, health professionals working with women of Filipino Canadian ethnicity will have the tools needed to provide culturally sensitive care. Therefore, the objective of this thesis was to increase the understanding of the culture of Filipino Canadian women as it pertains to body, food, eating, and health.

The qualitative research paradigm was chosen to explore the culture of Filipino Canadian women because, as opposed to quantitative research where the goals are to verify, predict, and control, the goals of qualitative research are to explain, discover, understand, and generate theories. The processes of sampling, data collection, and data analysis occured simultaneously throughout the research process. Sampling was purposive in that informants were chosen according to certain characteristics in order to highlight similarities and differences between informants. The informants consisted of first generation Filipino Canadian women from 19 to 30 years old who were born in the Philippines to parents of Filipino heritage. Data were collected from eleven informants by conducting semi-structured open-ended interviews. Preliminary data analysis guided subsequent sampling of participants, interviews, and analysis strategies. Later analysis stages involved the development of the major themes using domain and taxonomic analyses. Several steps were taken to ensure the trustworthiness of the research. First, peer debriefing, negative case analyses, and member checks were used to establish the credibility of the emergent themes. Second, rich descriptions of the context were provided in order to aid in the transferability of the findings. Third, an inquiry audit was conducted in order to establish the

dependability of the research process and confirmability of the findings.

The majority of informants valued thinness, valued the concept of "watching" fat, rice and sweet, salty, and junk food intake, and were concerned about minimizing disease risk. These views were associated with "Canadian" culture. On the other hand, a minority valued fatness, valued the concept of "just eating" fat and rice, and revealed a concern with maximizing disease resistance. These views were associated with "Filipino" culture. Although the findings suggested that the informants were fairly well assimilated into the host North American culture, evidence does exist which shows that most of them experienced the conflict of the "Filipino" and "Canadian" cultural systems.

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CHAPTER 1

Introduction

Body dissatisfaction, restrained eating, and health-promoting behaviours are major concerns for women in North America. The idealization of the thin body in Western culture has resulted in a "normative discontent" with weight among women in North America (Rodin et al., 1984). Researchers have suggested that this discontent with weight has led many women to pursue thinness through various weight control strategies, including exercise and restrained eating (Rosen et al., 1988; Thomas & James, 1988). Other research has found that the primary goal of health-promoting activities such as dieting and healthy eating for women was to attain a thinner body (Conrad, 1994). Consequently, concerns regarding body, food and eating, and health are intricately related in the culture of North American women.

Despite extensive research examining these issues in the general North American population, information concerning the body, food and eating, and health issues from a multicultural perspective is lacking. Current evidence suggests the existence of differences in these issues between the host North American culture and various minority ethnic cultures (DeSantis, 1993; Brown, 1987; Cassidy, 1991; Pumariega et al., 1984; Silber et al, 1984; Thomas & Smukler, 1985; Hsu, 1987; Silber, 1986; Lacey & Dolan, 1988; Hamilton et al., 1985; Gray et al., 1987; Lee et al., 1992; Ong et al., 1982; Pate et al., 1992; Davis & Yager, 1992; Choe et al., 1993). Understanding of the perspectives of different ethnic groups is neccessary in order to provide culturally sensitive health care (Lynam, 1992; Anderson et al., 1990).

The population of Filipino Canadian[1] women in British Columbia is growing, with a large proportion of the population residing in the Vancouver region. Given this growing population, the absence of research in this area for Filipinos, and the Filipino heritage of the researcher, Filipino Canadian women were chosen as informants for this study.

Therefore, the purpose of this thesis was to explore the meaning systems for different body sizes and weights, food and eating patterns, and health states and processes of Filipino Canadian women. Additionally, because the Filipino informants lived in a multicultural Canadian society, this research provides insight into how Filipino Canadian women personally experience the myriad of meaning systems surrounding body, food and eating, and health.

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[1] Language use is a very sensitive and problematic issue. At the outset, steps were taken to ensure that acceptable terms were utilized to describe the ethnic origin of individuals. Therefore, in the beginning of the research study, the feminine term Filipina was used to describe a woman of Filipino heritage. As I used the term "Filipina" during the subject recruitment stage, women in the community adamantly objected to its use because of the negative meanings attached to it. Apparently, the term "Filipina" referred to a maid. Consequently, the term Filipino Canadian women as opposed to Filipina Canadians was deemed more acceptable.

CHAPTER 2

Background and Literature Review

This research study was an interdisciplinary inquiry at the interface between cultural anthropology and nutrition. The goal of cultural anthropology is to understand other cultures and to communicate that understanding (Spradley, 1984). This exploratory study espoused the objectives of cultural anthropology by aiming to increase understanding of the culture of first generation Filipino Canadian women as it pertained to issues of importance in the field of nutrition, namely body, food, eating, and health. However, unlike many early anthropological inquiries, where the studied groups were often isolated from Western society, many contemporary anthropological studies are conducted within multicultural societies. In this study, although the study informants were viewed as belonging to a distinct cultural group as a result of their similar Philippine heritage, they resided in a complex society where regular and direct contact with others of different cultural affiliations was expected. Filipinos in a multicultural society are faced with a multitude of varying cultural values, beliefs, attitudes and norms surrounding body, eating, food, and health with the dominant culture being a major cultural influence in North America.

The purpose of this study was, thus, to illustrate and explain how the presence of varying and, sometimes, conflicting cultures shape the meanings of body, food, eating, and health in different ways for Filipino Canadian women. Therefore, this section of the thesis includes a comprehensive description of "culture" to clarify the theoretical approach of this study. Following the discussion of "culture," the health, body, eating and food values, beliefs, attitudes, and norms of the dominant North American culture will be compared to those of selected ethnic cultures in order to illustrate the variability of concerns across cultures. Finally, because of the similar Philippine heritage of the study participants, information concerning the Filipino Canadian women in British Columbia will be reviewed.

2.1. Concept of culture

According to Jahoda (1993), the concept of *culture* varied over time and space. Historically, the term "culture" comes from the agricultural term "cultivation" and was used to describe production, as in the production of wheat ("culture of wheat"). The original meaning of culture still exists today in phrases like "the culture of bacteria."

In 18th century France, the term culture began to refer to the characteristics and qualities of an educated person (Jahoda, 1993). Subsequently, in the 19th century, the words "culture" and "civilization" were used interchangeably as seen in Tylor's (1871) famous definition of culture:

> Culture or civilization...is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society (Tylor, [1871] 1958,p.1, in Jahoda, 1993, p.277).

In the 20th century, the limits of Tylor's definition of culture as a "complex whole" were realized and a more semiotic approach to culture was embraced (Geertz, 1973; Leininger, 1978; Spradley, 1979; Helman, 1984; Isajiw, 1993-4). Semiotic refers to the study of the meanings of speech forms (Avis, 1989). Geertz (1973) described man as "an animal suspended in webs of significance he himself has spun (p.5)," with culture being those webs. Because culture is a system of significant meanings, Geertz (1973) saw cultural analysis as a search for meaning.

Spradley's (1979) conceptualization of culture as a system of meanings is similar to that of Geertz (1973) in that culture is "the acquired knowledge that people use to interpret their world and generate social behavior (p.2)." Individuals belonging to the same cultural grouping share a similar system of knowledge. By defining culture as shared knowledge, an ethnographer (one who describes a culture), thus, shifts his or her focus from the actual behaviour, customs, objects, or emotions to their meanings. Geertz (1973) stressed that behaviours and events cannot be causally attributed to culture, but that culture is a context within which these phenomena can be "thickly" described. Therefore, in this study, the meanings underlying health behaviours, body ideals, food preferences, and eating patterns will be described.

In a complex society such as Canada, although Canadians share similar cultural norms, each

individual belongs to a number of groups that possess shared knowledge (Spradley, 1984). For example, the family, occupational group, age group and ethnic group each have their own distinct system of meanings. Because the study participants are of the same Philippine ethnic group, they may share a similar system of meanings surrounding health, body, food and eating. Therefore, the concept of ethnicity will be explored further in the next section.

2.1.1. Ethnicity

The Philippine cultural grouping can be described either as an "ethnic group," a "nationality," a "race", or a "minority." The term *ethnic group* is used in this thesis report, as opposed to race, nationality, or minority because of its comprehensiveness; the other three terms do not encompass the wide range of possible intercultural relations occurring within today's societies (Yinger, 1994). Yinger (1994) demonstrated the inclusiveness of the term "ethnic group" in the following excerpt:

> ...an ethnic group may or may not be racially different from others in the society of which it is part. It may or may not think of itself and be thought of by others as a nation. It may or may not be a minority. Whatever the mixture, or in the absence of these three characteristics, ethnic groups are distinguishable culturally; they are identified , by others and by themselves, as separate; and, in the fullest sense, as individuals they join in activities and share beliefs and aspirations that express their distinctiveness (p.25).

Isajiw (1993-4) also urged the use of a comprehensive definition of ethnicity. To Isajiw (1993-4), an ethnic group is defined in relation to ancestry as well as to a distinctive culture, with culture defined, in agreement with Geertz (1973) and Spradley (1979), as being a semiotic system. People who include themselves in a particular ethnicity relate to a group of people who presently experience or have experienced in the past a unique culture or sense of peoplehood. Isajiw (1993-4) emphasized two interrelated and compulsory dimensions of ethnicity: objective and subjective. The objective dimension of ethnicity refers to the ancestral links between a group of people. These links manifest themselves in objective structures such as foods, customs, daily

rituals, phraseaological expressions and explanations. Some objective structures survive over time either in original or altered forms, while the meanings of others are lost. The research described in this thesis was designed to uncover the meanings of objective structures such as "Filipino" and "Canadian" foods and body ideals for first generation Filipino Canadian women, thus, increasing understanding of the culture of the Philippine ethnic group within the context of Canadian society.

The subjective component of ethnicity typifies ethnicity as a process which is continually negotiated and constructed in everyday life (Isajiw, 1993-4). Isajiw (1993-4) sees this process occurring on both the individual and collective level. The sociopsychological process of constructing, developing, and maintaining one's identity signifies the individual level. In this context, self-identity refers to self-definition, feelings of sympathy or loyalty toward other members of that group, and feelings of attachment to any cultural or social patterns. Although this study primarily focussed on the objective aspects of ethnicity, it also explored how self-identity of Filipino Canadian women was influenced by the interplay of Philippine ethnicity with the dominant Canadian culture. On the other hand, the historical process of community development, growth, or decline signifies the collective level of ethnicity construction. Exploration of the collective level of ethnicity construction was beyond the scope of this study.

2.1.2. Values, beliefs, attitudes, and norms

Underlying the system of cultural knowledge for all cultural groups, including ethnic groups, are value systems (Spradley, 1984). Spradley (1984) defines a *value* as "an arbitrary conception of what is a desirable human experience (p.5)." For example, values determine the desirability of certain foods and the esteem with which they are held (Parraga, 1990).

Values motivate and set standards for behaviour (Bauwens & Anderson, 1992). For example, the perceived prestige of certain foods was found to influence the frequency of their use by women participants of a southern Ontario study (Reaburn, 1979). In turn, the behaviours consistent with specific values are also held in high regard. In North American society changing

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eating habits and patterns for the purposes of health are praised activities because "holistic good health" appears to be universally valued (Parraga, 1990).

Beliefs are statements which people think are true, but may or may not be empirically true (Lea, 1994). Belief statements are culture bound because they are based on values given to concepts, like health and illness (Bauwens & Anderson, 1992). The affective or emotional factors attached to these beliefs are called *attitudes* (Parraga, 1990). For example, to illustrate the difference between beliefs and attitudes, researchers in Britain investigated the beliefs about whether low fat milk is healthy, fattening, and/or helps to reduce fat consumption. On the other hand, the attitudes towards buying milk were sought by asking whether buying low-fat milk was considered bad or good, unpleasant or pleasant, harmful or beneficial, and undesirable or desirable (Shepherd, 1988).

Norms are the typical standards of behaviour that an individual acquires as a member of a specific cultural group (Parraga, 1990). With regards to food-related behaviours, individuals belonging to a distinctive group will select culturally accepted foods from those available and, thus, will contribute to the perpetuation of certain behavioural patterns.

Having defined values, beliefs, attitudes, and norms, a more comprehensive definition of culture would be that of Leininger's (1978; in Lea, 1994) in which culture is:

> learned, shared and transmitted values, beliefs, norms and life practices of a particular group that guides thinking, decisions and actions in patterned ways (p.307).

In this study, values, beliefs, attitudes, and norms underlying different foods and eating patterns and body sizes and weights, and health status were explored in the Filipino Canadian sample.

As indicated in the above review of the concept of culture, culture and, thus, ethnicity are not static, but are dynamic entities which are continually constructed in daily life. The dynamic attributes of culture will be explored in the following section.

2.1.3. Acculturation

An individual may experience conflict and change in her system of meanings when presented with varying systems of knowledge, values, beliefs, and behaviours in order to conform to a dominating culture (Spradley, 1979). Conformity to specific value systems provides a sense of security and self-identity. For example, through socialization, a child learns what is desirable and, subsequently, conforms to his or her culture by internalizing these value systems. Similarly, immigrants who experience different value systems when they migrate to new countries may undergo a process of change in their values to conform to their new environment. The process of cultural change that people experience when they are exposed to the values, habits, traits, and behaviours of another culture is called *acculturation* (Berry, 1980; Krondl and Lau, 1993; Choe et al., 1993). Berry (1980) identified three phases of acculturation: contact, conflict and adaptation. Acculturation begins with the interaction between the two or more cultures (*contact phase*). Choe and associates (1993) emphasized that acculturation requires the contact of at least two 'autonomous cultural groups,' with one group dominating the other. Resistance to various aspects of the dominant culture occurs because of the desire to maintain certain valued aspects of the original culture (*conflict phase*). The process of reducing acculturative conflict through either adjustment, reaction, or withdrawal typifies the *adaptation phase.* In adjustment, changes are made to reduce the conflict by making cultural or behavioural elements between the two groups more similar. Second, in reaction, retaliation against the source of conflict occurs in attempt to reduce the conflict. Last, in withdrawal, removal or separation from area of conflict occurs.

Given the three modes of adaptation, Berry (1980) identified four types of acculturation by giving dichotomous "yes" or "no" answers to the following questions: "Is my cultural identity of value to be retained?," and "Are positive relations with the larger (dominant) society to be sought?" A "yes" response to the latter question identifies the *assimilation* and *integration* varieties of acculturation. Assimilation involves the rejection of the original cultural identity and movement into the dominant culture, while integration involves the maintenance of the original cultural identity and movement to join the dominant society. A "no" response to the question of

"Are positive relations with the larger (dominant) society sought?" identifies the *rejection* and *deculturation* varieties of acculturation. Rejection involves a self-imposed withdrawal from the dominant culture, while deculturation involves the rejection of both the traditional and dominant culture.

Many studies in the area of acculturation and nutrition have been conducted from the perspective of assimilation (Choe et al., 1993; Abrams et al.,1993; Pumariega, 1986). Krondl and Lau (1993) discussed the dietary acculturation or the acculturation of food habits, whereby new food patterns develop as a result of the rejection of traditional items and the acceptance of new foods. They suggested that the individual rate and degree of dietary acculturation is a function of a person's ethnicity and personal background. Those individuals who espouse values that are very different from those of the dominant culture will change lifestyle and dietary patterns at a slower rate than those who have a value system similar to that of the dominant culture.

Although the dominant North American and Filipino cultures were viewed as the receiving and originating cultures, respectively, the goal of this study was not to measure the acculturative status of the participants in relation to their perceptions of food, eating, body, and health. Instead, the study aimed to add to theories of cultural change that recognizes that all individuals are not assimilated into the dominant North American culture, but also maintain remnants of their former culture. Therefore, the study will provide insight as to how Filipino Canadian women personally experience the myriad of value systems surrounding health, body, food and eating.

In summary, the conceptualization of culture that provided the theoretical framework for this study focussed on the view of culture as a system of meanings. Each cultural group has its own distinct system of meanings. This study involved the cultural group comprised of women of the Filipino ethnic group living in Canada. Filipino Canadian women were assumed to share similar systems of meanings regarding body, food and eating, and health issues because of their common contact with both Philippine and Canadian cultures. The search for shared meanings among this group of women, thus, involved the uncovering of values, attitudes, beliefs, and norms of Filipino and Canadian culture with particular emphasis on body, food and eating, and health issues. The

acculturation studies have shown that cultural change may occur when varying cultures come into contact with each other. Because first generation Filipino Canadian women have immigrated to Canada, they experienced differing cultural systems including the Filipino culture and the dominant Canadian culture in different ways.

What is known about the dominant and minority ethnic cultures in North America will be reviewed in the following section to illustrate the existance of distinct meaning systems between a receiving culture and originating cultures.

2.2. North American culture

This section will explore what is known about North American values, beliefs, attitudes, and norms regarding body, food and eating, and health. Canadian studies of body, food and eating, and health issues are limited. Consequently, the meaning systems for the North American culture as a whole rather than the Canadian culture in particular will be explored.

As previously mentioned, a complex society, like North America, is composed of various cultural groups. In this section, the issues important to the dominant North American culture will be compared with those important to North American minority ethnic cultures, with special emphasis given to the Philippine culture. The term "dominant" is not used as a synonym for superior. Instead, Yinger (1994), in his discussion of acculturation in American society, defined "dominant" as:

> ...an empirical estimate of the extent of influence...with reference to the United States, to be mainly British, or perhaps northwestern Europe more generally, as molded by the new environment (p.70).

Yinger (1994) does, however, appreciate that the total culture of the United States is a collection of values, objects, art, technologies, and other cultural items reflective of the diversity of the people who form American society. To minimize the connection between the concepts of dominance and superiority, the term *host culture* will be used hereafter.

The following exploration of North American culture will be divided into sections comparing the meanings underlying the body, food and eating and health issues of the host and minority ethnic cultures of North America.

2.2.1. Meaning systems underlying the "body"

2.2.1.1 "Body" values and norms of the host culture

Thinness is desired by women who espouse the body ideals of the host culture because it is associated with a characteristic which is highly valued: beauty (Rodin, 1984; Root, 1990). Attractive people are viewed as having positive personal and moral characteristics. For example, attractive people are seen as being "interesting, strong, poised, kind, socially outgoing, and sexually warm" (Rodin et al., 1984:272). However, society places more importance on the attractiveness of women than on men (Rodin et al., 1984; Streigel-Moore et al., 1986; McCaulay et al., 1988).

Thinness is a key feature in Western society's female beauty ideal (Rodin, 1984; Nichter & Nichter, 1991) to the extent that beauty and attractiveness is equated with thinness (Rodin, 1984; Root, 1990). Miss American pageant contestants and Playboy centrefolds, as embodiments of ideal feminine beauty, became increasingly thinner and more 'tubular' from 1949 to 1978 while the population weight norms increased (Garner & Garfinkel, 1980b; Schwartz et al., 1982). In a subsequent study of the same population from 1979 to 1988, Wiseman et al. (1992) found that the body sizes of Miss American pageant contestants further decreased and those of Playboy centrefolds reached a plateau at a low level.

Some investigators, however, suggested that Miss America pageant contestants and Playboy centrefolds may represent the men's contemporary ideals for women, but not necessarily women's ideals for themselves (Morris et al., 1989). Instead, they proposed that women who model clothes for women's fashion magazine are examples of women's contemporary ideal body shape for women. Therefore, Morris et al. (1989) examined the changes in the physical characteristics of the female fashion models recruited by a London modelling agency from 1967 to 1989. Morris

found that the shape of the models has become less curvaceous and more tubular over time, thus, supporting the earlier findings of Garner and Garfinkel (1980b).

Rodin et al. (1984) suggested that the idealization of the thin body in Western culture has resulted in a "normative discontent" with weight among women in North America. Studies of university students revealed a pervasive discontent with weight among women students. For example, Abrams et al. (1993) found that 40% of the Caucasian women in their study of American college students were preoccupied with the desire to be thin. Similarly, Silberstein et al. (1988) found that 87% of the women students in their study desired to be thinner compared to only 40% of the men.

Women in the general population of the United States also display a normative discontent with weight. In a recent multistate study, 40% of the 14,915 women surveyed were currently trying to lose weight (Williamson et al., 1992).

This discontent with weight is also evident in adolescent women. In two studies of primarily Caucasian adolescents in the United States, 35-40% of the adolescents reported dissatisfaction with their weight (Page, 1991; Koff & Rierdan, 1991). Koff and Rierdan (1991) found that while 57% of the sixth-graders felt that their weight was "about right," 21% of the young adolescents perceived themselves to be overweight. In a study of female high school students living in a northwestern American state, 54% rated themselves as "too fat," while only 37% of the students classified themselves as "just right" (Page, 1991).

Researchers have found that a disturbingly large portion of underweight adolescents are also dissatisfied with their weight. Fifty-one percent of the underweight adolescents in an American all girls high school reported extreme anxiety about being overweight (Moses et al., 1989). Moreover, 36% of these underweight students were preoccupied with body fat. Similarly, another study showed that 26% of the adolescent females who perceived themselves to be underweight still wanted to lose weight (Koff & Rierdon, 1991).

In contrast to women, men, in general, do not strive for thinness because male thinness is not equated to beauty and, thus, not valued in the same way as female thinness. To support this

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difference between the sexes, Silverstein and Perdue (1986) found that the current standard of attractiveness, as portrayed on television and in magazines in the United States is slimmer for women than for men. Instead, for men, a large muscular body is the physical ideal (McCaulay et al., 1988; Rosen and Gross, 1987). Consequently, men usually want to weigh more, while women want to weigh less. McCaulay et al. (1988), in their study of the gender differences in body image, found that, on average, men wanted to weigh about 3 pounds more and women wanted to weigh 8.5 pounds less than their current weight. Similar trends were found among adolescents, where more adolescent boys than girls were trying to gain weight (Rosen & Gross, 1987).

While thinness is valued in North American society, obesity is stigmatized (Cassidy, 1991; Garner & Garfinkel, 1980a; Rodin, 1984; Streigel-Moore, 1986). Overweight people tend to fall victim to social prejudice and discrimination (Cash, 1990). In a qualitative research study, obese women participants reported feeling regularly criticized by family, friends and the media (Barker & Cook, 1992). These women also felt that others perceived them as having little self control and intelligence. Similarly, in a study of body image and weight concerns of Caucasian adolescent girls, Koff and Rierdan (1991) found that 29% of the girls thought that the worst thing about being fat was being unattractive.

In addition, obesity has been associated with an increased health risk. Robison et al. (1993) noted that obesity is associated with such conditions as hypertension and lipid abnormalities, both of which are risk factors for heart disease and diabetes. Furthermore, orthopedic and pulmonary problems, sleep disorders, several forms of cancer, and social and psychological dysfunctions are other conditions associated with obesity. Despite this association of obesity with increased health risk, many women in Allan's (1988) study reported that diminished self image or an unattractive appearance were the major consequences of being overweight.

2.2.1.2. "Body" values and norms of minority ethnic cultures

The values given to certain body types are different across cultures (Brown & Konner, 1987). Cassidy (1991) noted that many people in the world desire and idealize big bodies, with "fat"

characteristics being preferred in developing nations where food or resources to buy food are scarce. Therefore, fatness, according to Cassidy (1991) becomes a symbol of wealth, political power, blessedness, abundance, fertility, health, strength, and beauty. Consequently, where obesity is a biomedical state that is devalued in North American society, fatness is a socially valued state in other countries.

In North America, although minority ethnic groups are exposed to the ideals of the host culture, individual cultural attitudes towards weight and standards of beauty may be maintained (Story et al., 1991). Rucker and Cash (1992) suggested that African American culture accepts a greater range of normal body weight, including those weights which most Caucasian women may consider heavy and associate with the negative stereotypes that accompany obesity in the host North American culture. To support this claim, Caucasian women were more likely to view themselves as being overweight than their African American counterparts (Felts et al., 1992; Dawson, 1988). Furthermore, Caucasian students were found to have more negative body image-related characteristics than African American students (Rucker & Cash, 1992). Similarly, Abrams et al. (1993) found that 52% of the Caucasian students would be negatively affected by a small upward increase of weight, compared to only 26% of the African American female students.

Given the lack of information about the meanings of the body for Filipinos, the goal of this research was to uncover the meaning systems underlying the body for Filipino Canadian women.

2.2.2. Meaning systems underlying "eating"and "food"

2.2.2.1. "Eating" and "food" values and norms of the host culture

Several researchers have suggested that disordered eating exists in the general population as continuum from non-problematic eating behaviour to primary anorexia nevosa (Vanderycken & Meerman, 1984; Thompson & Schwartz, 1982). Researchers have suggested that the sociocultural pressures to pursue thinness in the host culture in North America may contribute to this spectrum of disordered eating found in the general population. For example, the increase of disordered eating among women in North America and Great Britain over the past several

decades paralleled the shift to a thinner beauty ideal over the same time period (Garner & Garfinkel, 1980b; Silverstein & Perdue, 1986; Morris et al., 1989; Wiseman et al., 1992; Raphael & Lacey, 1992).

The extreme end of the disordered eating spectrum includes various pathogenic weight control techniques. Rosen et al. (1988: 808), for the purposes of their study of weight control in Native Americans, defined such techniques as those "behaviours which are likely to be injurious if practiced over time." Use of self-induced vomiting, fluid deprivation, prolonged fasting, laxatives, diuretics, diet pills, and smoking are examples of the pathogenic weight control techniques prevalent in the general population (Rosen et al., 1988; Thomas & James, 1988; Camp et al., 1993).

The milder end of the disordered eating spectrum includes the non-pathogenic behaviours that people use to lose weight (Rosen et al., 1988; Thomas & James, 1988). These techniques include the use of energy-reduced diets, restrained eating or dietary restraint, and exercise (Johnson et al., 1990; Emmons, 1992; Koff & Rierdan, 1991; Thomas & James, 1988). Dieting can be defined as a change in a person's eating behaviour for the purpose of losing weight (Johnson et al., 1984). The terms dieting and restrained eating have been used interchangeably throughout the literature. For example, a restrained eater has been described as a dieter, while a normal eater has been described as a nondieter (Ruderman, 1986). Similarly, Lowe and Kleifield (1988: 159) defined dietary restraint as "the tendency to diet in order to achieve or maintain a preferred weight." The intended goal of both dieting and restrained eating is, thus, weight loss.

Given the trend towards restrained eating or dieting for the purposes of attaining a thin body in North American society, the values given to certain foods are of interest. In a study of the meanings of food for adolescent women, the dichotomization of foods into "healthy foods" and "junk foods" was found (Chapman & Maclean, 1993). According to the adolescent women, "healthy food" was "good for you" and "helps to maintain weight." Conversely, the women felt that "junk food" was "not good for you" and "fattening." These views were consistent with the current body ideals of the host North American culture.

2.2.2.2. "Eating" and "food" values and norms in minority ethnic cultures

The prevalence of eating disorders is generally higher in Western countries and host cultures in North America and Great Britain than in non-Western countries and the minority ethnic/racial groups in North America and Great Britain (Pumariega et al., 1984; Silber et al., 1984; Thomas & Smukler, 1985; Hsu, 1987; Silber, 1986; Lacey & Dolan, 1990; Hamilton et al., 1985; Gray et al., 1987; Lee et al., 1992; Ong et al., 1982; Pate et al., 1992; Davis and Yager, 1992). Some researchers have suggested a sociocultural explanation for these trends by noting that the pressure to pursue thinness in minority ethnic and non-Western cultures may not be present or as intense as that which is found in host cultures of Western societies.

Several researchers have explored the relationship between levels of acculturation and prevalence of eating disorders in various ethnic groups. These studies support the assertion that thinness is valued in the host North American culture, whereas fatness is devalued. Pumariega (1986) predicted that differences in the prevalence of eating disorders should exist between ethnic groups depending on the degree to which they subscribe to the ideals of thinness which are pervasive in the host North American culture.

In a study of the eating attitudes and habits of Hispanic American adolescents, Pumariega (1986) defined an individual's level of acculturation to American culture as the degree to which this individual subscribes to the American culture. The acculturation level of the Hispanic American girls was measured by administering a questionnaire that determined the following: the number of years lived in the United States; preferences of language, food, clothing, and music; cultural background of close relations; and self-identification. The choices of each of the questions ranged from least to most acculturated. Additionally, the adolescents completed the EAT-40, a questionnaire used as an index of symptoms frequently observed in anorexia nervosa (Garner & Garfinkel, 1979). As he predicted, Pumariega (1986) found a significant correlation between acculturation and higher EAT scores among the sample.

Abrams et al. (1993) examined whether African American women who identified to a greater

extent with being Caucasian in American society than with being African American, are more likely to develop disordered eating behaviours and attitudes. The authors measured the cultural assimilation of the study sample by using a Racial Identity Attitude Scale for Blacks (RIAS-B). Abrams et al. (1993) predicted that disordered eating attitudes and behaviour would be positively related to the Preencounter stage which reflects the idealization of values and beliefs associated with Caucasian identity and rejection of values and beliefs associated with African American identity. The Drive for Thinness and Body Dissatisfaction subscales of the EDI were used to assess dietary restraint. Additionally, the Godfarb Fear of Fat Scale (GFFS) was used to assess attitudes about fatness. As the authors predicted, the Preencounter stage of the RIAS was positively associated with dietary restraint, Fear of Fat, and Drive for Thinness in their sample of African American university students.

The findings of Pumariega (1986) and Abrams et al. (1993) thus suggest that acculturation is positively associated with disordered eating in Hispanics and African Americans in the United States. However, both studies were of a cross-sectional nature; therefore, causality cannot be established. Additionally, the cross-validity of instruments originally validated in Western societies is questionable. Lastly, although these results indicated that the more acculturated women aspired to values of the host culture more than the less acculturated, nothing is known as to what the 'original' ethnic values were with regard to food, eating, body, and health.

In a Dallas-based cross-sectional study, Choe and colleagues (1993) investigated the food consumption patterns of Korean Americans in relation to four stages of acculturation which were adapted from Berry's (1980) theory. Like Pumariega (1986) and Abrams et al. (1993), Choe et al. (1993) viewed acculturation from an assimilation perspective; therefore, the study group was divided into the following stages of acculturation: contact, conflict, adjustment, and assimilation. The Korean consumers at each progressive stage of acculturation showed an increased consumption of American foods and a decreased consumption of Korean foods. The investigators concluded that the rise in frequency of consumption of American foods indicated the gradual acceptance of the host culture by the Korean Americans. However, the study's cross-

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sectional design prevented the researchers from concluding a causal relationship between acculturation and the food consumption trends. Additionally the study lacked insight into the basis or rationale for the suggested changes in American and Korean food consumption. That is, why do more acculturated individuals consume American food more frequently than those who are in earlier stages of acculturation? Also, what meanings do the American and Korean foods hold in terms of values, beliefs, and attitudes that may account for the differences in their consumption? Knowledge of such values, beliefs, and attitudes regarding food and related issues is important for understanding the above trends, as food patterns of cultural groups are related to their value and belief systems (Parraga, 1990). In this study, the meaning systems underlying Filipino and Canadian foods were explored in order to understand the possible reasons for the changes in eating patterns, as suggested by the study of Choe and colleagues (1993).

2.2.3. Meaning systems underlying "health"
2.2.3.1. "Health" values and norms of the host culture

The health promotion and wellness movement is increasingly prevalent in North American society. Becker (1986) noted that in the earlier health promotion movement, the individual was labelled responsible for both the cause and the cure of health problems. Health was, consequently, viewed as the "New Morality," by which "character and moral worth are judged (p.19)" (Becker, 1986). Becker (1986) continued to equate health with morality by defining health promotion as a new religion in which:

> (we) worship ourselves, attribute good health to our devoutness, and view illness as just punishment for those who have not yet seen the Way (p.20).

Although current health promotion advocates are encouraging use of an ecological perspective on health promotion to replace the victim-blaming ideology (McLeroy, 1988), the association between health and morality persists (Conrad, 1994). Health and health-promoting

behaviours are commonly viewed as being "good," whereas disease and disease-promoting behaviours are seen as being "bad" (Conrad, 1994).

Crawford (1984), a researcher in the metropolitan Chicago area, proposed that "health" is a "moral discourse, an opportunity to reaffirm the shared values of a culture, a way to express what it means to be a moral person (p.74)." Additionally, Backett (1992) found in multi-interviews with whole family groups that:

> ...healthiness was defined on moralistic grounds by respondents. This not only involved moral judgements about 'good' and 'bad' behaviours, but could also readily slip over into judgements about 'good' and 'bad' individuals.

In a qualitative study of how the moral meanings of health-promoting activities contribute to the pursuit of wellness, exercise, diet, and nutrition were the most commonly reported wellness activities among the 54 university students interviewed in Brandeis, Massachusetts (Conrad, 1994). The student sample consisted primarily of Caucasian middle and upper middle class men and women. Healthy foods and exercise were considered to be "good," whereas "junk foods" and lack of exercise were considered to be "bad." Not surprisingly, guilt resulted when wellness-seekers ate unhealthy foods or became lax in exercising. Additionally, this knowledge of what is "good" and "bad" for the body resulted in self-directive statements about what a person should or should not be doing.

In Conrad's (1994) study of the moral meanings of health promotion, physical appearance and fitness were the predominant goals of health-promoting activities. The women informants wanted to get smaller and more toned, whereas the men wanted to get bigger and stronger. Therefore, body size can also be described in moral terms because of its use as an outcome indicator of morally acceptable wellness activities, such as healthy eating and exercise. Conrad (1994) concluded that:

> In a modern society, where health is such a dominant value, the body provides a forum for moral discourse and wellness-seeking becomes a vehicle for setting oneself among the righteous (p.398).

Conrad's (1994) findings are consistent with the value given to thinness for women in the host North American culture.

2.2.3.2. "Health" values and norms of minority ethnic cultures

The meaning systems underlying health for minority ethnic cultures in North America have not been extensively investigated. Some evidence exists, however, that shows that the health promotion movement of the host North American culture described earlier appears to be insensitive to the needs of incoming immigrants. DeSantis (1993) explored the concepts of health of South Florida Haitian immigrants whose residency in the United States averaged 7.5 years. Ninety-six percent of the immigrants stated that health was the most important thing in life, with some equating health with monetary wealth. DeSantis concluded that the high value they placed on good health and their concern for health is a consequence of their existence at the poverty level. Absenteeism from work as a result of illness would make a significant financial impact, thus emphasizing a possible explanation for the equating of health with wealth.

Another facet to the Haitian immigrants' concepts of health was the emphasis on the individual's physical ability to carry out work and other daily activities without pain or difficulty. DeSantis (1993) suggested that this emphasis on physical ability is a reflection of the physically labourious nature of their occupations.

The physical characteristic of their occupations may also contribute to their lack of emphasis on exercise outside of their employment activities, which is commonly encouraged by health care providers as illness prevention activities. Additionally, the nuclear family structure, the need for two-income households, and the lack of assistance with child care and household tasks limited the time for planned exercise sessions. Therefore, DeSantis (1993) concluded that, although American society values deliberate exercise in congruence with the health promotion movement, the Haitian immigrants did not feel the need and lacked the time for formal exercise. DeSantis (1993:10) also advised health care professionals of the following:

(the) need to be sensitive to the Haitian attitude and the sociocultural context in which it is imbedded before developing health teaching programs for Haitians that feature exercise as critical to health (p.10).

The above study suggested that the health values and norms of minority ethnic cultures may differ from the host culture because of the influence of several contextual issues. Similarly, this project aimed to increase the understanding of the meanings underlying health and the contextual issues influencing these meaning systems for one particular ethnic group. Therefore, future health promotion strategies may eventually be sensitized to the needs of various ethnic groups, including Filipino Canadians, once an understanding of the meanings of health is gained.

Information regarding the body, food, eating, and health value systems for the Filipino ethnic group in North America was not found. This lack of information along with the researcher's own membership in the Filipino Canadian ethnic group and the growing size of the Filipino population of British Columbia, as described in the next section provided the rationale for this study's focus on first generation Filipino Canadian women living in British Columbia's lower mainland.

2.3. Filipino Canadian women

The Filipino Canadian population has grown over the past two decades. This growth was fuelled by the constant flow of new immigrants into Canada over the last twenty years. This section will briefly describe the current population of Filipino Canadian women with particular emphasis on the population in British Columbia and Vancouver

2.3.1. Population

The 1991 populations of Filipinos in all of Canada, British Columbia, and Vancouver are shown in Table 2.1 (Statistics Canada, 1991). A large proportion of the Filipino Canadians in British Columbia were concentrated in the Vancouver area. The majority of Filipinos living in British Columbia and, thus Vancouver, were women.

Table 2.1: Populations of Filipinos in Canada, British Columbia, and Vancouver (1991)

Canada	British Columbia			Vancouver		
total	females	males	total	females	males	total
157,250	17,275	10,650	27,930	15,235	9,535	24,765

A very high proportion of the Filipino Canadian women (12,230 of the 17,275) living in British Columbia fell in the 25 to 44-years-old age group, with only 4025 Filipino Canadian women in the 15 to 24-years-old age group.

2.3.2. Immigration

Information on Filipino immigration to Canada was available from two sources: Employment and Immigration Canada's Statistics (1967-1993) and Statistics Canada's Census Canada (1986). Immigration statistics first reported Filipino immigration to Canada in 1967 (Table 2.2). In that year, 2994 Filipinos arrived in Canada with 324 destined for British Columbia. See Table 2.2 for a record of Filipino immigration to Canada from 1967 to 1993.

Census Canada (Canada. Statistics Canada, 1986) showed that Filipino immigration to Canada dated back further than 1967. This census included a report of the year of immigration of a sample of 79,070 Filipino Canadians. Of the 79,070 Filipinos surveyed, 95 arrived before 1946; 40 arrived from 1946 to 1955; 2,735 arrived from 1956 to 1966; 44,955 arrived from 1967 to 1977; 21,455 arrived from 1978-1982; and 9795 arrived from 1983 to 1986.

Table 2.2: Table showing immigration to Canada and British Columbia from the Philippines

Year	Canada			British Columbia		
	females	males	total	females	males	total
1967	-	-	2,994	-	-	323
1968	-	-	2,678	-	-	303
1969	-	-	3,001	-	-	325
1970	-	-	3,240	-	-	459
1971	-	-	4,180	-	-	680
1972	-	-	3,946	-	-	550
1973	-	-	6,756	-	-	1,065
1974	-	-	9,564	-	-	1,462
1975	-	-	7,364	-	-	1,175
1976	-	-	5,939	-	-	1,002
1977	-	-	6,232	-	-	1,035
1978	-	-	4,370	-	-	773
1979	-	-	3,873	-	-	555
1980	3,313	2,738	6,051	503	470	973
1981	3,090	2,769	5,859	598	502	1,100
1982	2,736	2,326	5,062	494	422	916
1983	2,522	1,932	4,454	501	415	916
1984	2,466	1,282	3,748	476	232	708
1985	2,019	1,057	3,076	406	194	600
1986	2,456	1,646	4,102	487	337	824
1987	4,240	3,103	7,343	737	482	1,219
1988	4,829	2,481	8,310	902	629	1,531
1989	6,004	4,789	11,393	1,084	799	1,883
1990	7,185	4,884	12,042	1,237	755	1,992
1991	8,076	4,259	12,335	1,302	648	1,950
1992	-	-	12,824	-	-	2,369
1993[1]	-	-	8,678	-	-	1,862

[1]Data from January to June, 1993 only

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Large influxes of Filipinos to Canada occured in the mid-seventies, late eighties, and early nineties. The apparent surge of Filipino immigrants to British Columbia during these same time periods paralleled the national trends (Statistics Canada, 1986; Employment and Immigration Canada, 1973-1977; Employment and Immigration Canada, 1989; Employment and Immigration Canada, 1992-1993).

The number of Filipino Canadian women entering Canada from 1980 to 1991 was consistently higher than the number of Filipino men (Table 2.2.). This trend supports the larger population of Filipino Canadian women. The Foreign Domestic Movement, which started in November, 1981, may have contributed to the increased influx of Filipino women to Canada, since the majority of domestic workers are women. Data collection for the foreign domestic workers began in 1982 and continued until 1989 (Employment and Immigration, 1982-1989). From 1982 to 1989, the number of foreign domestic workers coming to Canada from the Philippines was consistently higher than from other countries. During this time period, 6,311 domestic workers arrived from the Philippines.

Evidently, British Columbia appeared to receive a reliable influx of new Filipino immigrants over the past two decades. Presumably, then, British Columbia possesses a good representation of both recent and early Filipino immigrants who are women.

2.4. Research objectives

The literature reviewed in this chapter has demonstrated the lack on information of the meaning systems underlying body, food, eating, and health for minority ethnic cultures within North American society. In particular, no information was found regarding the Filipino ethnic group. Existing evidence has shown that the meaning systems surrounding the issues of body, food, eating, and health for minority ethnic cultures can differ from the host North American culture. Because the population of Filipino Canadians is growing in British Columbia, health professionals working with this particular ethnic group will benefit from the insight into the understandings that Filipino women living in Canadian society have about nutrition and health.

With a greater understanding of Filipino Canadian culture, health professionals working with Filipino Canadian women may be better able to provide culturally sensitive and, thus, effective care. The objective of the research presented in this thesis was, therefore, to increase understanding of the culture of Filipino Canadian women as it pertains to body, food, eating, and health.

CHAPTER 3

Design and Methodology

This project explored the meanings of body, food and eating, and health, and the relationships between these phenomena for first generation Filipino Canadian women living in the Greater Vancouver Regional District. As illustrated in the literature review, the number of theories about food, eating, body, and health for Philippine culture within a multicultural society, such as North American, is small. Therefore, this project was exploratory and its primary objective was to explain, discover, understand, and generate theories about the culture of these women as it pertained to body, food and eating, and health rather than to verify, predict, and control (Glaser & Strauss, 1967; Denzin & Lincoln, 1992). Consequently, the qualitative research paradigm was chosen to fulfill the study objectives. This chapter begins with a discussion of the qualitative research design, followed by a description of the procedures used in the study.

3.1. Qualitative research design

Qualitative research is distinguishable from quantitative research in its ontological and epistemiological assumptions, and methodological approach. Ontological assumptions refer to assumptions about the nature of "reality." In the qualitative research tradition, realities are seen as multiple and are assumed to exist in people's minds as mental constructions (Guba, 1990). These mental constructions are "socially and experientially based, local and specific, dependent for their form and content on the persons who hold them (p.27)" (Guba, 1990), although elements are often shared among individuals and even across cultures (Guba & Lincoln, 1992 in Denzin & Lincoln, 1992). Conversely, in the quantitative research tradition, it is assumed that a single reality exists outside of people's minds, based on natural laws and mechanisms which are "summarized as time- and context-free generalizations (p.20)" (Guba, 1990).

A qualitative approach was particularly suited for the study because of the appropriateness of its ontological assumptions for cultural studies. First, as previously mentioned in Chapter 2,

culture can be viewed as a system of meanings shared by members of a distinctive cultural group. These meaning systems exist in the minds of people as mental constructions. Second, physical, social, and economic environments help to shape a person's values, beliefs, attitudes and norms surrounding food, eating, body and health. Furthermore, a person living in a multicultural society may experience conflict and change when confronted with differing value systems. Because qualitative research allows the researcher to be sensitive to the existence of multiple realities and the influence of contextual factors, this research paradigm was the most appropriate to fulfill the study objectives (Patton, 1990).

Epistemological assumptions refer to the nature of the relationship between the researcher and the researched (Guba, 1990). In qualitative research, the researcher and the researched interact to create the findings. In contrast, in quantitative research, the researcher remains objective from the researched to avoid influencing the findings (Guba, 1990). Because of the assumption of multiple realities in qualitative research, subjective interaction is the only way of uncovering the mental constructions of individuals (Guba, 1990).

A methodological approach refers to the way in which researchers obtain knowledge (Guba, 1990). In qualitative research, the aim is to "identify the variety of constructions that exist and bring them into as much consensus as possible (p.26)" (Guba, 1990). To achieve this, individual constructions are reconstructed as accurately as possible, and compared and contrasted with others, including those of the researcher. Conversely, in quantitative research, hypotheses are stated *a priori* and tested under controlled situations (Guba, 1990). The quantitative methodological approach is suitable for situations in which prediction and control of phenomena are the goals. Because this research aimed to reconstruct the meaning systems underlying body, food, eating, and health, the qualitative research methodology was suitable. Therefore, instead of defining outcome measures *a priori*, the focus of this research was to uncover emergent themes from the words of the study informants. Techniques such as simultaneous sampling, data collection, and data analysis were employed.

3.2. Procedures

The following sections will describe the process of recruitment and sampling of participants, data collection and data analysis. Although the processes of sampling, data collection and data analysis are discussed separately, they occurred simultaneously throughout the research process (Glaser, 1979).

3.2.1. Recruitment and sampling of participants

Participants were recruited using various strategies. Recruitment notices (Appendix A) were distributed or placed in grocery stores, bakeries, specialty stores, churches, organizations, and newspapers with a large Filipino clientele, membership or readership. These notices targeted Filipino Canadian women from 19 to 30 years old who were born in the Philippines to parents of Philippine heritage. Potential participants were required to speak fluent English.

Early recruitment attempts proved unsuccessful, thus, variations of the original strategy evolved during the course of the research project. For example, recruitment notices were hand delivered or distributed to potential participants by several acquaintances of the researcher. In addition, some acquaintances referred subjects directly to the researcher. The rationale for soliciting the assistance of acquaintances was to limit study participants to those with either little or no previous contact with the researcher.

Women who were interested were asked to contact the researcher by phone or were contacted by the researcher. At this time, the potential participants were screened to ensure that the selection criteria were met. When the eligibility of a participant was established, she was asked a series of questions about the number of years she lived in Canada, her preference of language, food, and entertainment, and the cultural background of close relations so to determine an approximation of her acculturation (Pumariega, 1986; Mumford et al., 1991) (Appendix B).

Purposive sampling or criterion-based selection, rather than random or probabilistic sampling, was used to select the participants to be interviewed, and the order in which they were interviewed (Goetz & LeCompte, 1984). Because an estimate of the acculturative status of potential participants was known, the informants were deliberately chosen according to this

approximation. This sampling strategy maximized opportunities to highlight similarities and differences in the values, beliefs, and attitudes surrounding food, eating, body, and health among informants at various stages of acculturation (Strauss & Corbin, 1990).

3.2.2. Data collection

Data were collected by conducting semi-structured open-ended interviews at times and places convenient for the participants. Eleven interviews were conducted with different participants. In qualitative research, the sample size is small and purposely selected with the final number being dependent on the saturation of emerging themes (Denzin & Lincoln, 1992).

The interviewer was trained in three ways. First, feedback on interviewing skills was received in a course of qualitative research in which two interviews were conducted with Filipino Canadian women belonging to a community agency. Second, extensive guidance and feedback was provided by the thesis supervisor for the first two interviews. Last, peer review of early interview transcripts provided additional training.

Most of the interviews took place at the participants' homes, with only one conducted at the University of British Columbia's School of Family and Nutritional Sciences. All interviews were tape-recorded and lasted from 50 to 90 minutes.

While the topics and issues covered during the interviews were determined in advance, the exact wording and order of the questions were decided by the interviewer during the course of each interview (Patton, 1990). A preliminary interview guide can be found in Appendix D. The interviewer used descriptive, structural, and contrast questioning to encourage discussions about food, eating, body, and health in each interview (Spradley, 1979). The interview guide was adapted as the analysis of the earlier interviews indicated areas that should be addressed. For example, contrast questions which probed for differing food, eating, body, and health issues of the Philippine and Canadian cultures were administered in later interviews to develop the concepts of Filipino and Canadian body ideals and food ways.

Although the recruitment notice stated that the participants may be asked for a second

interview, no second interviews were conducted. A second interview would have been required if rapport was not developed in the first interview. Rapport refers to a harmonious relationship between the interviewer and the participant and is based on the interviewer's ability to express empathy and understanding without judgement (Spradley, 1979; Patton, 1990). A researcher conveys empathy and understanding by the phrasing and wording of questions. Without rapport, a free flow of information between the researcher and the participant does not occur. Since no problems arose with regards to the development of rapport with any of the informants, second interviews were not requested.

Immediately following each interview, field notes were written by the researcher. These field notes documented the interviewer's observations before, during, and after the interview. Additionally, the researcher reported her "experiences, ideas, fears, mistakes, confusions, breakthroughs, and problems" that arose during the interview (Spradley, 1979:76).

3.2.3 Data analysis

After each interview, a verbatim transcript of the interviews was prepared and coded. Coding is the process of breaking down the data, conceptualizing the data or attaching a label to segments of the data, and then, putting the data back together in novel ways (Strauss & Corbin, 1990). The preliminary breakdown of each transcript was a reflection of the interviewing strategy which encouraged informants to talk about their experiences with food, eating, body, and health. The preliminary code or category names, however, were unique for each transcript and were summarized in summary memos. The preliminary coding guided subsequent sampling of participants, interviews, and coding strategies.

Theoretical sampling is the sampling of events or instances of phenomenon (i.e. concepts) that are relevant to the emerging categories (Strauss & Corbin, 1990). This type of sampling differs from those of quantitative research because, instead of sampling people, theoretical sampling is concerned with the sampling of concepts (Strauss & Corbin, 1990). Initially, the sampling of events was less focussed on specific areas and resulted in the generation of as many codes or

categories as possible; as the research progressed, data gathering became more focussed on specific areas.

Theoretical sampling occurs until theoretical saturation of each category is reached (Strauss & Corbin, 1990; Glaser, 1978; Glaser & Strauss, 1967). Theoretical saturation of a category occurs when subsequent data collection no longer provides new information about a category. Because of the limited nature of the proposed research, only a few of the major categories, as identified by preliminary coding, were fully developed.

The researcher's ability to rid herself of assumptions and to think of categories, and their properties and dimensions will depend on her theoretical sensitivity. Strauss and Corbin (1990) described theoretical sensitivity as:

> the attributes of having insight, the ability to give meaning to the data, the capacity to understand, and the capability to separate the pertinent from that which isn't (p.42).

Techniques such as questioning and making comparisons were used to enhance theoretical sensitivity throughout the research process (Strauss & Corbin, 1990).

In the later stages of analysis, theoretical notes were written for a selected number of interviews to further describe the emerging categories (Strauss & Corbin, 1990). These notes were used to make comparisons with those emerging from other interviews, with earlier summary memos, and with the interview transcripts. These comparisons served as validity checks to ensure that evolving categories were grounded in the original interview data. To develop the major themes, the techniques of domain and taxonomic analyses were used (Spradley, 1979). These techniques involved the organization of data into semantic relationships between major categories and their related concepts. Because the working definition of culture in this study is based on understanding of culture as a semiotic system, the use of domain and taxanomic analyses was appropriate.

Analysis of earlier data guided subsequent interviews with new participants. As the interview

guide was revised, the questions became more effective in developing and saturating the major categories. When subsequent interviewing of new subjects and theoretical sampling no longer provided new information for a category, that category was considered to be saturated. As mentioned previously, because of the limited nature of the study, only a few of the major categories were chosen for development.

3.2.4. Establishing trustworthiness

Lincoln and Guba (1986) used the term "trustworthiness" in qualitative inquiry as a parallel to the term "rigor" in scientific inquiry. Several similarities exist with regards to the goals of both trustworthiness and rigor (Lincoln & Guba, 1985b). Researchers in both traditions of qualitative and quantitative research are interested in establishing the "truth value," applicability, consistency, and neutrality of their findings. *"Truth value"* refers to the confidence in the "truth" of the findings in relation to both the subjects and the context of the study, whereas *applicability* refers to the extent to which the findings of a study can be applied to other contexts and subjects. Furthermore, *consistency* refers to the repeatability of the findings upon the study's replication with the same (or similar) subjects in a the same (or similar) context. Finally, *neutrality* refers to the "degree to which the findings of an inquiry are determined by the subjects (respondents) and conditions of the inquiry and not by the biases, motivations, interests, or perspectives of the inquirer" (Lincoln & Guba, 1985b:290).

Although their goals may be similar, the components of trustworthiness and rigor differ because of differences in the inherent goals of qualitative and quantitative research. The goals of quantitative research are prediction, verification of hypotheses, and generalization of causal relationships (Denzin & Lincoln, 1992). Consequently, rigor in quantitative inquiries is established by ensuring internal validity (truth value), external validity (applicability), reliability (consistency), and objectivity (neutrality). *Internal validity* refers to the degree to which the variations in the dependent (outcome) variable can be attributed to the variations in the independent variable. Internal validity is achieved by the control and randomization of factors that

may confound the causal relationship between the dependent and independent variables. On the other hand, ***external validity*** refers to the generalizability of the findings to other persons, settings, and times and is established through random sampling from a defined population (Lincoln & Guba, 1985a) . ***Reliability*** refers to the "dependability, stability, consistency, predictability, and accuracy" of the findings (Kerlinger, 1973, taken from Lincoln & Guba, 1985a:292) and is usually tested by replication (Lincoln & Guba, 1985b). Lastly, ***objectivity*** refers to a quality that allows for intersubjective agreement among observers, so that "if multiple observers can agree on a phenomenon, their collective judgement can be said to be objective (p.292)" (Lincoln & Guba, 1985a). This objective component of rigor is dependent on the underlying assumption of qualitative research that reality (the researched) is independent from the observer (the researcher) (Denzin & Lincoln, 1992).

In contrast to a quantitative inquiry, the goals of this research study were to explain, discover, and understand the meanings of issues surrounding food, eating, body and health for Filipino Canadian women (Denzin & Lincoln, 1992). The following criteria for trustworthiness are, thus, different from those of quantitative research: credibility (truth value), transferability (applicability), dependability (consistency), and confirmability (neutrality) (Lincoln and Guba, 1986). To ensure the "truth value" or ***credibility*** of a qualitative inquiry, researchers must show that their interpretations or, more specifically, their reconstructions of the major themes are faithful to the constructions of the informants--the original constructors of their own perceptions or multiple realities. In this study, three activities increased the credibility of the inquiry: peer debriefing, negative case analysis, and member checks. Lincoln and Guba (1986) described peer debriefing as:

> exposing oneself to a disinterested professional peer to 'keep the inquirer honest,'
> assist in developing working hypotheses, develop and test emerging design, and
> obtain emotional catharsis (p.77).

Periodic meetings with research supervisor and peers in a qualitative research setting provided the

researcher with a medium for receiving input about emerging themes, evolving interview strategies, and possible biases.

Secondly, negative case analysis refers to a search for negative instances that are related to emerging categories so that these categories can be adjusted accordingly (Lincoln & Guba, 1986). The minor themes for body, food and eating, and health issues were developed by finding cases which contrasted with those of the major themes for these issues.

Thirdly, member checks involve the testing of data, analytic categories, interpretations, with a subsample of informants from whom the data originated. A variation of a member check was conducted in this study. In the last two interviews, the developing categories were presented to the informants to test the credibility of the emergent categories.

Transferability refers to the degree to which findings from one context are applicable to another context (Lincoln & Guba, 1985). The degree of transferability of findings from one context to another is directly related to the degree of similarity, or fittingness, between the two contexts. To determine if findings are transferable from one context to another, detailed information about both contexts are needed. Therefore, to aid in the applicability of the findings, sufficient information about the contexts in which the study was conducted are provided in this document, so that future inquirers can judge whether or not these findings will apply to their contexts. For this study, informant profiles were provided to familiarize future inquirers with the characteristics of the informants from whom the themes emerged. As well, the stories of individual informants were described in detail to ensure a rich description of the context from which the various themes emerged.

While *dependability* (or consistency) refers to the quality and acceptability of the research process, *confirmability* (or neutrality) refers to the accuracy of the findings, interpretations, and recommendations in relation to the data (Lincoln & Guba, 1985b). In this study, an inquiry audit was used to establish the dependability and confirmability (Lincoln & Guba, 1985b). This audit involved the systematic evaluation of the research process by the thesis supervisor who examined the data, memos, findings, interpretations and recommendations. Because the research process

was found to be acceptable, and the findings, interpretations, and recommendations are supported by the data, the dependability and confirmability of the inquiry was determined. The investigator aided in the audit inquiry by providing an audit trail consisting of the following: interview transcriptions, field notes, memos, structures of emergent categories, findings and conclusions, and the final thesis report (Lincoln and Guba, 1985b).

3.3. The researcher as research instrument

In qualitative research, the researcher is seen as the primary research instrument. An important part of describing the methods of a qualitative study is, therefore, a description of the researcher's background and assumptions. My background is similar to those of the informants in that I am a first generation Filipino Canadian woman who was born in Manila, Philippines in 1970. I immigrated to Canada with my family in 1973. My background is most similar to those informants who also immigrated to Canada with their families at a young age and least similar to those who immigrated alone at a later age. Moreover, my background is most similar to those informants who resided with their parents and families and least similar to those who resided with their spouses or employers.

My own experiences with body, food, eating and health have influenced my sensitivity to various issues. First, the pressure to be thin as a result of my childhood and adolescent involvement with ballet dancing magnified the opposing pressure from my parents to gain weight. Consequently, issues surrounding differing value systems underlying body weight was of particular interest to me. Second, I shared the culture surrounding food and eating to a large extent with the informants because of my own membership in the Filipino Canadian culture. As a result, informants and I assumed that we mutually understood the meanings surrounding certain foods and eating patterns. Consequently, some of these phenomena lacked development. Lastly, my background in nutritional sciences has sensitized me to the relationship of health with body, food and eating issues.

CHAPTER 4

Results

Filipino Canadian women living in a multicultural society experience a myriad of value systems. This project aimed to describe the value systems which underly body, food and eating, and health for a sample of Filipino Canadian women. The results section first provides a brief description of the study informants. Next, the meaning systems underlying "body," "food and eating," and "health" will be explored.

4.1 Study informants: introduction and description

Altogether, eleven Filipino Canadian women were interviewed. Table 4.1 shows the ages, the occupations, the amount of time living in Canada, and the living situations of the informants.

The informants ranged from 19 years old to 30 years old. Four informants fell in the 19- to 22-year old age range, three fell in the 23- to 26-year old age range, and four fell in the 27- to 30-year old age range. Of the eleven informants, only three were married. Two were married to Caucasians and one was married to a Filipino.

Of the eleven informants, four were students at the time of their interviews. Three informants were working or had worked as live-in domestic workers.

Length of time in Canada ranged from three months to 22 years. Seven informants had lived in Canada for under 5 years, two had lived in Canada for 14 and 16 years, and two had lived in Canada for 21 and 22 years.

Two of the married informants lived with their spouses, while one woman lived with her employers. This woman's spouse resided in the Philippines. Five informants lived with at least one parent, one lived with a roomate, and the single domestic worker lived with her employers. Only one informant lived with relatives other than the immediate family. No informants lived alone.

English was spoken all the time in the homes of five informants. In three homes, English and a Philippine dialect were spoken equally. Mostly Tagalog was spoken in three homes.

Table 4.1 Profiles of the Eleven Informants

Informant	Age (y)	Marital Status	Occupation	Time in Canada	Living Situation	Language spoken in home
Martina[1]	30	married	midwife (Phil.)/ domestic worker (Singapore/Van.)/ nurse's aide student (Van.)	2 y	lives with spouse[2] and tenant[2]	English all the time
Melissa	25	married	customs brokers	21 y	lives with spouse[2]	English all the time
Terry	22	single	computer systems student	3 y	lives with roommate	English all the time
Amy	21	single	travel agent	14 y	lives with parents, 2 brothers, and brother's girlfriend[2]	mostly Tagalog
Jackie	25	single	receptionist	16 y	lives with parents and 2 brothers	Tagalog and English equally
Audrey	30	married	live-in domestic worker (Hong Kong/ Van.)	3 y	lives with employers	Illongo and English equally
Grace	27	single	live-in domestic worker	4 y	lives with employers[2]	English all the time
Lydia	21	single	university student	3 y	lives with dad	Tagalog and English equally
Rose	23	single	nurse	22 y	lives with parents, sister, grandfather, uncle	mostly Tagalog
Maria	30	single	interior decorator (Phil.)/ retail sales (Van.)	1 y	lives with 5 relatives	English all the time
Gabriella	19	single	nursing student (Phil.)/ high school student (Van.)	3 mos.	lives with mother, 3 siblings, aunt	mostly Tagalog

[1]Pseudonyms substituted for actual names; [2] Caucasian individual (otherwise Filipino Canadian)

4.2. Meanings underlying the "body"

Body weight emerged as the central "body" issue among the participants. The centrality of weight became apparent as most women revealed both their own experiences with weight dissatisfaction, as well as those of friends and relatives. The basis for dissatisfaction, however, varied in two ways: informants felt either too heavy or too thin. Most informants felt that they were heavier than they should be and, thus, desired a thinner body (Melissa, Amy, Terry, Jackie, Audrey, Lydia, Rose). As well, friends and relatives of the informants were generally described as wanting to lose weight. Conversely, two informants felt that they were thinner than they should be and, thus, desired a heavier body (Grace, Maria).

Since the majority of informants and their friends and relatives desired a thinner body, "valuing thinness" was identified as a major theme. Because only a few informants desired a heavier body, "valuing fatness" was identified as a contrasting theme or "countertheme." This countertheme was developed through negative case analysis (or by finding concepts which constrasted with those of the major theme) and is, thus, dependent on the foundation established by the major theme of "valuing thinness."

Several informants appeared to view "valuing thinness" as a "Canadian" norm and "valuing heaviness" as a "Filipino" norm. Consequently, the Filipino informants living in a multicultural Canadian society experienced conflicting value systems regarding body weight.

In this section, the major theme of "valuing thinness" and its identification as a "Canadian" norm will be described first. Similarly, the countertheme of "valuing fatness" and its identification as a"Filipino" norm will be explored next. Finally, examples of how some informants negotiated the conflicting value systems will be highlighted.

4.2.1. Theme: Valuing "thinness"

The interview data revealed that the majority of informants were dissatisfied with their weight and desired a thinner body. Several informants spoke of this dissatisfaction as being a

norm among women, even for those who are not "fat" or "chubby." For example, Amy described herself as being like "normal girls" because:

Normal girls, like every girl thinks that she is fat. Every girl does. They look in the mirror: 'Gosh, I'm fat.'

Similarly, Jackie thought that "most girls" look at themselves in pictures and say: "God, I look fat in that picture."

Consequently, weight dissatisfaction motivated weight loss efforts among the informants. The goal of these weight loss efforts was a thinner body. Rose suggested that the normative goal among her peers was the thin "model ideal."

The concept of "working" towards a thinner body implied that most informants viewed weight loss as being achieved actively rather than passively. For example, when Lydia lost weight, her friends commented: "Hey, you lost a lot of weight, what did you **do**?" Not surprisingly, weight loss strategies emerged as the women talked about their weight loss experiences. Exercise and dieting were the two most commonly reported components of any weight loss effort. Exercise usually referred to physical workouts at fitness facilities or gyms, but also included physical activities within a recreational context, such as sports and walking. Dieting usually referred to monitoring eating patterns for the purposes of weight loss either through the guidance of a commercial weight loss program, such as Nutri/System or Jenny Craig, or through personalized efforts to change eating habits. In some cases, the phrase "watching what you're eating" was used in place of the word dieting. Most informants felt that both exercise and dieting were compulsory elements of a successful weight loss effort. Audrey's advice to her niece who wanted to lose weight illustrated this view:

I said: 'Okay, you have to exercise and you have to diet. Because if you diet only,

> *I don't think it will be effective. So you have to do your exercise and also your*
>
> *dieting.'*

Because many women viewed both exercise and dieting as neccessary for weight loss, a lack of one or the other was a common explanation for unsuccessful weight loss efforts, weight gain, and, thus, heaviness.

The reasons underlying the desire to lose weight were revealed when informants talked about the positive consequences of being thinner. The benefits of being thinner, which include being healthy, having a desired physical capacity, and having a desired physical appearance, will be described in turn.

"Feeling healthy" was described as a positive consequence of weight loss. For example, Rose's mom participated in the Nutri/System program in the past because she was concerned with her weight. When asked if Rose agreed with her mom's weight concern, Rose answered:

> *In a sense I did because she would feel more healthy when she had lost her*
>
> *weight...everything felt light to her, and she felt more healthy. That's what she*
>
> *said: 'You feel more healthy when (you) let go of some of the pounds that you've*
>
> *been carrying around.' That's what she was saying.*

In addition to "feeling healthy" being a positive consequence of becoming thinner, thin people were consistently described as "being healthy." Martina's description of her mother illustrated this recurring view:

> *...my mom is so skinny like my body, we never eat lot of frying food and she's still*
>
> *healthy. She's strong. She's strong. She's sixty-five years old and strong.*

In addition to "feeling" and "being" healthy, an increase in physical capacity was another positive consequence of becoming thinner. Many informants reported an increase in physical capacity, defined in terms of ease of movement and energy level, when thinner. For example, Audrey observed changes in her physical capacity during her experiences with weight gain and weight loss. When she arrived to Canada, she weighed 115 pounds, but gained an undisclosed amount of weight during her "adjustment period." During this period, Audrey wanted to "taste everything." However, at the time that she was planning for her wedding in the Philippines, she began "thinking that I have to lose weight." By using Slim Fast and doing "a lot of exercise," she weighed 105 pounds upon her arrival to the Philippines. One week before her wedding as a result of her "hectic schedule," her weight had decreased to 98 pounds. At the time of the interview, approximately one year after her wedding, she weighed 108 pounds. Audrey claimed that she would like to lose more weight because of the positive impact the lower weight had on her ease of movement:

I observed to myself, when I have that less weight, just like 105--or I'm still hoping to lose weight, 103, 100, or 100 even...It's so easy to move.

Energy level was another component of physical capacity. Several women talked about how a lower weight increased their energy level. For example, when describing future goals, Jackie included weight loss as one of her aims because of the positive effect that a lower weight would have on her energy level:

(LF: What do you see changing in yourself in the future?) Like grow my hair. I like to lose some weight. Not a lot, maybe about five pounds, five to ten pounds. Just because, I feel better when I'm lighter. I feel lighter and I feel more energetic. And I like to get an even better job than what I have.

In addition to feelings of healthiness and improved level of physical capacity, the third positive consequence of becoming thinner that emerged from the data was a desireable physical appearance. Thin people were described as being "sexy," "in shape," "toned," "beautiful," and "looking good." For example, Terry described her Jenny Craig counsellor as follows:

> *My counsellor, she was also a client of Jenny Craig before. She lost like 72 pounds. And she's so pretty and she's so sexy and everything.*

The association of beauty with thinness was also apparent in Jackie's description of her brother's ideals. Earlier in the interview, Jackie mentioned that one of her brothers was weight conscious because he worked out and watched what he ate. Later, she clarified that this brother was not really weight conscious, but instead was interested in appearances because of his interest in art:

> *It's not so much weight consciousness...He's an artist. He's in fine arts, so everything has to be aesthetically pleasing to look at. So, he's conscious about appearances. I wouldn't say that he's particular to a point where he'd pick on something and say: 'Cut your hair,' or something like that. But everything to him is a form of beauty. And, I think very highly of that.*

Positive comments regarding physical appearance usually occured as a result of weight loss, thus, perpetuating the value of thinness. For example, Terry remained with the Jenny Craig program until she was halfway to her goal weight, when she discontinued for financial reasons. She received positive comments about her body from both her mother and boyfriend at this halfway point:

She'd (mom) see my back and she'd go: 'Oh my god, look at your back. You're so slim now. You don't have anymore fat on your back. And it looks so good.' It makes me feel really good, right. And my boyfriend too. He noticed the difference: 'Like you're more shapely, and more firm.' That's what they noticed, him and my mom. And that made me feel good.

Informants also appeared to value those clothes worn when thinner. Therefore, many informants revealed self-directives about future weight loss efforts in order to fit into certain clothes. Audrey reported that she did not want her weight to exceed 110 pounds because:

I don't have to spend (money) on my clothes (laughs). Before this summer comes, actually, I really plan to lose weight because last year, I lose my weight, and I can't wear those clothes this summer if I don't lose weight. And you know, clothes are expensive.

Audrey did not mention, however, the expense of the clothes that she bought last summer to accommodate her thinner body. This implied that Audrey preferred to fit into last summer's "thin" wardrobe rather than buying clothes to fit her heavier size.

A few informants spoke of the freedom of choice in clothes that existed when they are thinner. This freedom allowed informants to achieve the type of appearance that they desired. Often times, fashion models exemplified the desired "look." Terry's explanation that appearance was a major reason for her desire to lose weight revealed that clothing played a major role in achieving her desired appearance:

[LF: Why do you want to lose weight?] Vanity. That's all, I guess. I just want to look good. Like okay, cause when my roomate and I are watching T.V., like: 'Oh, look at them, like look at all those models.' I don't want to be like them. But, you know, I want to be able to go to the mall and find a dress, and just be able to buy it without having to worry about: 'Oh, do they have my size?' I just want to wear all the clothes that I want to wear.

Therefore, at Terry's current weight, she apparently felt that she lacked the freedom to wear the clothes she wanted and to attain the physical appearance she desired.

The value placed on thinness by the majority of informants was emphasized when informants revealed their perceptions of the negative consequences of heaviness. Unlike the positive consequences of thinness, lack of health, decreased physical capacity, and undesireable physical appearances were associated with heaviness.

In contrast to thin people, heavy people were described by informants as being unhealthy. In most cases, the women referred to older adults who had experienced an illness or were at high risk of an illness, and were characterized by their heavy weight and undesireable eating patterns. For example, Martina revealed that her aunt, who had died of a heart attack, was a "big woman" who ate "a lot of fat." Similarly, Amy's dad, whose family had a history of strokes, was described as being "overweight" and eating "a lot of fat."

While most women spoke of conditions afflicting older adults, one informant revealed her experience with a recurring back problem. Rose, who recently finished a nursing program and was working part-time as a nurse's aide at the time of the interview complained of back pain. Early in the interview she attributed the pain to the nature of her nurse's aide job which she described as "hard" and "heavy."

It's like I have a bad back from it (work) already (laughs). I haven't even started

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practicing my (nursing) career and I have a bad back already.

However, later in the interview, when Rose talked about her weight fluctuations over the years, she described a visit to a physician concerning her back pain. The physician led Rose to believe that her increased weight may have contributed to her back pain:

[LF: Has your weight ever fluctuated? Changed over the years?] Well, it's gone up (laughs) since I graduated from high school. I don't know what happened in university...You're always eating there. It just keeps going up. I don't think I'm overweight for my height. I have, you know, concerns, sometimes. 'Cause when I went to see my doctor about my back pain, she goes: 'Maybe try losing weight. Just a little bit of weight. Like maybe five pounds.' She said: 'Maybe it won't hurt as much.' Yeah, it could be true. It could be a result of sudden weight gain or something.

In addition to lack of health, informants also associated heaviness with a lack of energy and a decreased ease of movement. For example, Rose's mom experienced these deficits in physical capacity when she was heavy, as Rose described:

She just felt heavy all the time. She'd get tired when she walked....Everything seemed harder for her to do because she was heavy.

Lastly, informants associated undesireable physical appearances with being heavy. Clothing was talked about in this context as a medium for expressing desired appearances and attaining self-esteem. In contrast to being thin, informants talked about how being heavy limited their choice of clothing. Gabriella explained that "you cannot wear the clothes that you want to

wear if you're already fat." She said that, if "you are only forced to wear (certain) clothes because you are fat," you will "(be) conscious about yourself" and not "feel comfortable (with) yourself." Thus, the impact that a heavy weight would have on Gabriella's self-esteem was apparent.

Several informants associated the concept of "valuing thinness" with being a Canadian norm. This association was identified by searching for phenomena that informants perceived to be "Canadian." Accordingly, "Canadian" values, attitudes, beliefs, and norms were those which the informants specifically identified as being "Canadian." The following discussion will provide evidence for the assertion that "Canadian" culture valued thinness.

Canadians were described by informants as being dissatisfied with their weight and desiring weight loss. For example, Grace talked about how her Canadian friends "all want to be thin" like Grace, whose weight her friends described as being "okay" and "fine." When Grace expressed her desire to gain weight because she believed herself to be underweight according to the physican's height/weight chart, her Canadian friends answered:

> *'What for? It's not necessary. Alot of people are working hard to get what you've got.'*

She received a similar reaction from her physicians who discouraged her from gaining weight:

> *I think I'm underweight, but the doctors here (in Canada) wouldn't tell me that. They would say: 'Well lots of ladies will die to have that kind of figure. Why would you like to (gain weight)?'*

The concept of "working hard" for thinness was evident in the above quotes and emphasized the value placed on thinness as the ideal body shape. "Working" for thinness through "watching what you're eating" and exercise were also associated with being "Canadian." Lydia

indicated that "a lot of people here (in Vancouver) really watch what they eat." In general, "watching what you're eating" referred to restrictive eating patterns. This phenomenon of "watching what you're eating" will be explored further in the section entitled "Meanings underlying food and eating."

Informants also associated the concept of exercise with being "Canadian." Grace commented on the pervasiveness of organized exercise programs or "gyms" in Canada. As well, Lydia noted the emphasis placed on sports and exercise in Canada:

> *I notice also, here a lot of people are more into sports. They're more active in*
>
> *sports. Alot of people here exercise a lot because a lot of people here are into*
>
> *sports. Even in schools--they reinforce sports.*

Informants suggested that thinness was desired among Canadians because of its association with healthiness. For example, Grace indicated that her Canadian friends wanted to be "very slim" because: "They tend to look at it as being healthy."

In addition to healthiness, Canadians were described as desiring thinness because of its association with a desireable physical appearance. Canadian television advertisements for weight loss programs were viewed as being perpetuators of the association between thinness and attractiveness. For example, Grace felt that Canadians were exposed to media advertisments, such as those for Jenny Craig, which send the following messages: "you're no good if you're not slim and sexy," and "you won't be physically attractive if you're not slim." Similarly, Lydia attributed the trend of "eating light" for the purpose of weight loss in Canada to the media's emphasis of thinness as a symbol of attractiveness:

> *I notice young girls in high school. They see these models on t.v. and they want*
>
> *to be like them. So, they eat light sometimes to the point of starving themselves,*

because they have this idea: 'If I don't eat this much and look like this, I'd get a

guy like hers.'

4.2.2. Countertheme: Valuing "fatness"

While the majority of informants desired a thinner body, a minor theme emerged which indicated that some individuals desired a fatter body. This countertheme became apparent in two ways. First, some informants expressed dissatisfaction with their thin bodies and proclaimed the desire to gain weight. For example, Grace and Maria both felt that they were "thin" or "skinny," and both reported their desire to gain weight. Second, the friends and relatives of some informants were reported to be dissatisfied with the informants' thinness and, thus, encouraged them to gain weight. For example, when Grace sent pictures home to her mom in the Philippines, her mom replied: "Gain weight, gain weight." Similarly, Gabriella's mom encouraged Gabriella and her sister to get fatter because, as she explained:

I think she's happier if both my sister and I are fat...I said: 'Oh, I'm getting fat

already.' (My mom) said: 'Oh, that's good.'

Thinness, in this context of "valuing fatness," was believed to be a result of not "taking care of yourself." Not "eating properly" was an example of not "taking care" of oneself. This view was in contrast with that of achieving thinness through "watching what you're eating" and exercising and, thus, implied an integral difference between "eating properly" for some women and "watching what you're eating" for others. Lydia and Grace's experiences with their older relatives were examples of how thinness was viewed as a lack of self-care. Because Lydia was thinner than when she left the Philippines three years earlier, her mother and grandparents believed that Lydia was not "eating properly." As a result, they took measures to ensure that

Lydia ate properly while she visited the Philippines:

> *My grandma was really watching me eat. We would have dinner together. I'll just put the food on my plate. She made me finish it even if I don't like (it). And I got a lot of lectures about me eating from my grandpa and my mom.*

Similarly, Grace's mom believed that Grace was thin because she was not "taking care" of herself; therefore, Grace felt the need to assure her mom that she was, indeed, "eating well."

For those individuals who "valued fatness," thinness was believed to be be "not good" because it was associated with lack of health and decreased physical capacity. Grace, who believed that she was too thin and needed to gain weight, indicated that she, her mom, and some friends "think that if you are thin, you're not healthy." For Grace, "not healthy" meant being "really sick," "sickly," "bedridden," and "malnourished." Therefore, thinness was viewed as an objective symbol of unhealthiness for some individuals, as Maria revealed in her prediction of how some people might react to her thin body:

> *'Oh, I think she's not healthy, because she's so skinny.'*

In addition to lack of health, a compromised physical capacity was another negative association of thinness. For example, the issue of "energy" level arose when Lydia described her grandfather's "lecture" about her weight loss:

> *My grandpa said that I don't have some sort of energy, as much as when I was in high school. He goes: 'It's because you haven't been eating as much.'*

Again, the association between thinness and lack of self-care is apparent in the "lecture" Lydia

received from her grandfather.

On the other hand, for those individuals who "valued fatness," fatness was believed to be associated with being healthy rather than having a degenerative illness. For these individuals, a heavy or "fat" person was considered to be healthy. Health in this context was consistently referred to as having "good resistance" to illness. Because "fatness" was viewed as being healthy, weight gain was, thus, valued. For example, Gabriella's mom praised Gabriella for "getting fat" because she believed that "you will not suffer any sickness already, if you're fat." Therefore, "fatness" was seemingly an objective physical symbol of health. This association was emphasized in Maria's rationale for wanting to gain weight. Although Maria felt that she was physically "strong" and "tough," her "skinny" appearance did not represent healthiness. Therefore, she wanted to gain weight because, as she explained:

If I gain more weight, that kind of weight that I want, that can show that I'm really healthy. Because, right now, I can't call myself healthy because I'm skinny.

The stories of several informants suggested that the theme of "valuing fatness" was a "Filipino" phenomenon. Evidence of this association emerged from instances where informants described how thinness was devalued and fatness was desired by some Filipinos. For example, Grace, her mom and her Filipino friends believed that Grace, who weighed 96 pounds and stood 5 feet 2 inches tall, was "too thin." Grace explained:

Like (for) some Filipinos, if you're thin like this, they would say: 'It's not good.'

Consistent with the countertheme of "valuing fatness," thinness in this context was viewed by some Filipinos as a result of a lack in self-care. Grace indicated that her thinness was viewed by some Filipinos as being "malnourished," thus, implying a lack in "proper eating." On the other

hand, Canadians reportedly viewed Grace's thinness in a positive and non-critical manner. These contrasting views are apparent in Grace's explanation:

> *Canadian people say (that) I'm fine. They like my figure. It's okay. They don't*
> *think I'm thin at all. When I say thin...Filipinos will think sort of a malnourished*
> *side. They're thinking that you're undernourished.*

Therefore, Grace indicated that a "Filipino" reaction to a thin individual like herself would be the following:

> *On the Filipino side, having this kind of weight and physical structure, they would*
> *say that: 'You should eat more and rest more, and try to gain more weight*
> *because it's healthier.'*

Accordingly, thinness was associated with unhealthiness, while fatness was associated with healthiness.

The "Filipino" association between fatness and healthiness was apparent in the informants' discussions about the commonly reported phrase: "Oh, she's fat, I know she's healthy." Several informants suggested that the phrase originated in the Philippines by describing how only Filipinos said this phrase. Health in this context referred to illness resistance, as Audrey emphasized: "She's got a lot of resistance because she is fat." The recurrence of this phrase in several interviews implied that the verbal acknowledgement of fatness is prevalent in the "Filipino" culture. To support this, several informants did reveal that older Filipino adults have commented on their weight gain. As Jackie, who received comments about her weight from older Filipino relatives and friends, explained:

Filipinos have a tendency, when they see you, to say: 'Tumatabataba ka ya ta' (It

looks as if you are getting fat). Or something like that. And that's just natural in

Filipino society.

Not surprisingly, the concept of "working hard" for thinness through "watching what you're eating" and exercising was not associated with the Philippine culture. Exercise facilities or "gyms" were not, according to Grace, "very rampant" in the Philippines. Existing facilities were said to be frequented by "socialites," according to Gabriella and "actors and actresses," according to Terry. Lydia, who came from a wealthy family in the Philippines, admitted that she knew a few people who worked out regularly. Therefore, access to gyms appeared to be limited to those of higher socioeconomic status.

Another informant commented on the inaccessibilty of exercise facilities in the Philippines. Terry, a twenty-two year old student who had lived in Canada for three years, talked about how she had wanted a fitness club membership in the Philippines, but "it seems like it's very inaccessible there." For Terry, her lack of knowledge of club locations and her age while in the Philippines may have contributed to their perceived inaccessability:

I didn't know where to go. I guess, it's because, too, I was younger when I was

there, so I didn't have as much freedom as I do here. So, I didn't know where to

start to get a fitness membership.

However, when Terry arrived in Canada, she was introduced to Fitness World through an advertisement:

When I got here. I think I was reading the newspaper and I found the Fitness

World offer. One of the 'quick fit' offer(s). So, I went there and I joined. I joined

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the total fitness membership. So that's it. And then my friends, they all go too.

Terry's experience, therefore, seemed to highlight the difference in exercise norms between Canada and the Philippines.

Several informants suggested that the climate and the type of daily physical activity in the Philippines precluded the need for exercise. As Lydia noted, "you don't even have to exercise, because you sweat without exercising."

In addition to the climate, other informants commented on how the lack of technology in the Philippines reduced the need for formalized exercise activities. Grace contrasted the situation between Canada and the Philippines:

It's hot in there (Philippines) and people are really working physically. Like there's not much equipment. In here (Canada), you can be a labourer and yet, the equipment here are very high that you don't really sweat.

In sum, most informants valued thinness, while only a few valued fatness. Since "valuing thinness" was the dominant view, it was termed the major theme. For those informants who valued thinness, thinness was achieved by "working hard" through exercising and "watching what you're eating." Also in this context, thinness was associated with health, ease of movement, physical energy, and beauty, whereas heaviness was associated with degenerative illnesses, less than optimal physical capacity, and undesired physical appearances. This concept of "valuing thinness" was viewed as a "Canadian" norm along with the concepts "watching what you're eating" and exercise as ways to achieve thinness. On the other hand, "valuing fatness" was the minority view or countertheme which contrasted with the dominant view. For those individuals who valued fatness, thinness was seen as a result of a lack of self-care, and associated with illness and a compromised physical capacity. Fatness, on the other hand, was associated with illness

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resistance and energy. This theme of "valuing fatness" was described as being a "Filipino" norm.

4.2.3. Interplay of Filipino and Canadian cultures in the lives of the informants

The preceding exploration emphasized contrasting value systems. One value system viewed thinness as a result of lack of nourishment and self-care, whereas the other system viewed thinness as something deliberately achieved through a recognized process of "watching what you're eating" and exercise. Not all Filipinos subscribed to what was described by some as "Filipino." Several informants and their Filipino peers espoused the "Canadian" value system underlying thinness. For example, Lydia's friends in the Philippines and Canada did not react in the same way to her lower weight as her grandparents and mother did:

> *They (her friends) weren't telling me to eat that. They were just saying: 'Hey, you*
> *lost a lot of weight, what did you do?'*

Other friends in the Philippines said that Lydia looked "more sexy," while one friend in Canada, who knew her when she was "chubby," told Lydia:

> *'You should stay that way, it's better on you.'*

Consequently, this section will explore how Filipino Canadian women living at the interface of these two cultures resolve varying and conflicting value systems.

Several informants showed resistance to conform to the "Filipino" value system. Although Grace, her mother, and Filipino friends claimed to believe that Grace needed to gain weight, she explained that:

It's not like I'm working at it so hard, like I'm dying to really gain weight and so desperate that I just go on and eat as much as I can.

One reason for not actively pursuing weight gain was her attitude, based on her personal experience with illness and advice from Canadian friends, that "there's nothing really wrong" with herself. As a result, she assured her mom of the following:

I'm eating well...I'm not sickly...I get headaches a lot, but other than that I don't get bedridden. Not at all. In all the three and a half years that I was here, I haven't been sick. Really sick.

As well, several informants disagreed with the conclusion of some Filipinos that fatness was indicative of healthiness. They attributed this belief to lack of education. For these informants, as long as thin individuals have resistance to illness, then these individuals are also considered to be healthy. Audrey stated that:

Sometimes thin people, they have resistance, good resistance, you know. I guess, healthy, you have that strong resistance not to be sick.

Evidence of coping with the contrasting cultural values surrounding thinness and fatness was apparent. When friends of Jackie's mom commented about Jackie's weight gain, her mom advised her to "just take it with a grain of salt because that's the way Filipinos are." Jackie indicated that Filipinos coming from the Philippines would not consider these comments offensive because:

Back in the old days, it's like: 'Bali wala lang' (It does not matter) Right?

However, here in Canada, Jackie explained that the circumstances are different because:

Over here, you don't grow up with that kind of bluntness. If somebody comes up

to you and says that, you take it as an insult right away.

Tolerance of some informants to comments about their weight gain was dependent on the perceived intentions of those people who make the comments, the type of relationship between the commentator and the informant, and the life stage of the commentator. When her aunts arrived from the Philippines to attend her sister's wedding, Jackie found it difficult to resolve the conflicting value systems. When Jackie's aunts first saw her, they said:

'Ana, ang laki mo. Tumatabaka nang husto' (You are so big. You have become

very fat.)

Because her aunts were also impressed with her job and other accomplishments, Jackie felt confused by the conflicting messages given by these aunts whom she loves "to death." She resolved this confusion by labelling her aunts' comments about her weight gain as "endearments" or "something to say," although she first thought of them as "put downs" that gave her the desire to "crash diet" in order "to show them."

On the other hand, when Jackie perceived that comments about her weight were made maliciously in order to fuel competition between herself and others, she considered these comments to be insults. For example, the comments made by one of her mom's friends were perceived to be "put downs" because they were made by a woman who praised her daughters for working out twice a day at a fitness establishment. Jackie's annoyance is evidence in the following excerpt:

She's so easy to comment, this one aunt of mine. You know that: 'Tumataba ka' (You are getting fat). And you know, she's always putting her kids up on a pedestal. I guess most parents do put their kids up on a pedestal. But, don't put anybody down while you're at it.

Rose also reported differing reactions to comments about her weight depending on who was making the comments. While in California for vacation, her aunts, whom Rose had not seen since 1989, commented about her weight gain. Rose explained the effect that these comments about her weight had on her as follows:

Doesn't really bother me. No. 'Cause I know it's true. I don't feel bad when they say it or anything like that. I don't.

On the other hand, Rose admitted that she would react differently if one of her peers commented about her weight because: "I guess maybe (you) want to fit in with what their ideals are." Rose described the ideal of her peers as the thin "model ideal." Although Rose felt that the women in the older generation aspire to such an ideal, they do so in a more limited way than the younger generation:

They're (older generation) always talking about: 'Oh, I have to lose weight, I have to do this, I have to do that.' But I don't think it's as important to them as it is to the younger people. 'Cause they've had the children, they're middle aged. 'Cause once you've had the children, you know.

Rose's response to the pressure to conform to the "model ideal" varied over time. She explained that this pressure to conform to what she called the "young person's mentality" did not

affect her "all the time," but she did "have those feelings once in awhile."

The media was reported to play a role in they way in which people in Canada viewed the relationship between weight and a desirable appearance. Jackie suggested that:

Maybe people just don't take things as seriously in the Philippines about people being conscious about the way they look. But over here we are a lot more (conscious) because of the media, and what they project to us as what's good and what's bad.

Since the major theme of "valuing thinness" corresponded to "Canadian" values, most of the participants appeared to be personally adopting the "Canadian" value system surrounding body weight. However, being Filipino Canadian, the participants were also influenced by the "Filipino" value system, as evidenced by the above exploration. Consequently, coping mechanisms were evident in the women's interpretation of the remarks of others about body weight. For example, informants appeared to interpret remarks about their weight differently depending on the perceived value system of the individual making the remarks. Additionally, time living in Canada may have played a role in the adoption of Canadian values as the two women who seemed to espouse more "Filipino" values were here for 1 and 5 years. However, other factors may also be important because other informants who were living in Canada for a similar time were also talking "Canadian."

4.3. Meanings underlying "food" and "eating"

The majority of informants valued the concept of "watching what you're eating," while a minority valued that of "just eating." "Watching what you're eating" implied monitored foodways in which fat, rice, sugar, salt, and junk food intake was restricted. The term foodways refers to all aspects of food and eating that pertains to food choice, preparation, and consumption. Conversely, "just eating" implied unmonitored foodways in which the consumption of fat and rice was valued and, thus, unrestricted. Because valuing the concept of "watching what you're eating" was a dominant view among the participants, it was identified as a theme. Valuing the concept of "just eating" was a minority view which countered the dominant view and was, thus, termed the countertheme. Concepts which contrasted with those belonging to the theme of "watching what you're eating" were used to develop the countertheme of "just eating." Informants seemed to attach a "Canadian" label to the theme of "watching what you're eating." Similarly, they appeared to attach a "Filipino" label to the theme of "just eating." Despite the attachment of "Canadian" and "Filipino" labels to these foodways, the informants' personal experiences with food and eating were not readily labelled as "Canadian" or "Filipino." Instead their experiences with food and eating were reflective of the multicultural environment in which they lived.

In this section, the theme of valuing the concept of "watching what you're eating" will be explored first. Second, the countertheme of valuing the concept of "just eating" will be examined. The association of the theme and countertheme with Canadian and Filipino foodways, respectively, will be discussed in the appropriate sections. Third, examples of how Filipino Canadian women negotiate varying cultural systems will be reviewed.

4.3.1. Theme: "Watching what you're eating"

"Watching what you're eating" was a phrase used by informants to describe valued foodways. The word "watching" implied that foodways required monitoring because of the

generally reported tendency to consume certain foods in excess. For many informants, fat, rice, sugar, salt, and junk foods were reportedly consumed in excess of a desireable level. Not surprisingly then, monitored foodways restricted these foods. For most informants, the food perceived as being consumed in excess was the food being "watched" and, thus, restricted. Hence, the term "watching" connoted the restriction of foods through surveillance.

Not all informants, however, used the phrase "watching what you're eating." Other phrases used by informants to describe monitored foodways were the following: "being careful about what you put into you're body," "being aware of the food that I'm taking," "being cautious of what we are taking into our body," and "trying to make choices correctly." Although the phrase "watching what you're eating" was not used by all informants, it is used to label the main food-related theme because it captures the predominant elements of valued foodways: restriction by way of care, caution, and awareness. In this section, the underlying reasons for "watching" fat, rice, sugar, salt, and junk food intake will be explored in turn. As well, because fat and rice appeared to be the primary targets for restriction among the participants, the strategies for "watching" fat and rice intake will be described. Lastly, the association of the concept of "watching" with Canadian foodways will be explored.

4.3.1.1. "Watching" fat intake

The informants consistently reported the need to restrict fat using phrases such as "stay away," "avoid," "cut down," "not too much," "control myself," and "watch what you eat" when describing their efforts to restrict fat and/or cholesterol. For example, Jackie mentioned that she was making the effort to "stay away from greasy food, for cholesterol" in order to "be healthy." Red meat and eggs were two foods frequently identified as high in fat and/or cholesterol and, thus, were predominantly targeted for restriction. Similarly, food prepared with fats, like oils, mayonnaise, and butter, were also viewed negatively. Fried foods, such as french fries, fried fish, and fried chicken, were consistently described as being "not good" because of the use of fat in the

frying process. As Amy explained: "fried is not good...there would be a lot of...oil, which is not good."

Many informants felt the need to recognize that fried foods were undesireable whenever they mentioned that they consumed or prepared fried foods. For example, Lydia's comments about cooking fried chicken emphasized her supposition that fried foods are thought of by others as being undesireable:

...I make fried chicken which is, not supposed to be good, because it's fried.

Similarly, Amy talked about how her preference for fried fish was undesireable because of the increased fat content resulting from its preparation method:

One thing that I love to eat. We eat a lot of fish in our household. Mind you, they're fried. We eat a lot of fish. But that's really bad. My parents eat a lot of fish. (LF: Why did you say 'fried' like...) Because fried is no good. Baked, like, oven baked is good. But fried, there would be a lot of...oil which is not good.

The perceived need to restrict fat was linked to the informants' view of fat as an antagonist in their quest for health and thinness. This view was apparent as they associated decreased risk of disease and weight loss with decreased fat consumption.

Disease risk was viewed as a major component of health status, and behaviours leading to a decreased disease risk were labelled as healthy processes. Informants talked about restricting fat intake in order to decrease the risk of future diseases, such as cardiovascular diseases. Therefore, restricting fat intake was viewed as one component of a positive health process, as Melissa revealed when asked what the word "health" meant to her:

I'd probably say adequate amount of exercise, and eating food that aren't high in fat. And that would be healthy.

The associations between cholesterol and fat intake and heart disease and hypertension, were common reasons for restricting fat intake. Examples of this include Jackie's statement that she was trying to "cut down" on red meat consumption because "(it is) just better, more healthy for your heart," and Lydia's story about her mom asking their cook to refrain from frying foods because of her recent concern about high blood pressure.

The desire to lose weight was another common reason for restricting fat consumption. Fat restriction was reported by numerous informants to be a compulsory part of any weight loss effort, whether commercially or personally monitored. For example, Melissa, who undertook the Scarsdale diet to lose weight when she was sixteen years old, reported that "there's hardly any fat in the diet." As well, Jackie's description of her friends' fat consumption also emphasized the association between thinness and fat restriction:

My Japanese friends are very very much...stickler(s) about fat. I guess that's why Japanese girls are so slim. Because they're very careful about what their intake (is).

In the above quote, the connection between surveillance and restriction was apparent with Jackie's description of how her slim friends were "very careful" about their fat intake.

For some informants, the degree to which individuals restricted their eating habits indicated the degree to which they were "into health." For example, Rose described her sister as being "more into that healthy eating" than Rose, who only limited her red meat consumption. The restrictive eating of Rose's sister was fuelled by her desire to look good for her friends, as Rose described:

...'Cause her friends are like (laughs), friends are like that...She wants to be
wearing the cut-offs you know. The shirt cut-offs so that she could show off her
stomach.

Just as restricting fat intake was associated with positive consequences, unrestricted fat consumption was associated with negative consequences including increased disease risk, weight gain, and guilt.

Informants associated the consumption of "greasy," "fried," "cholesterolly," and "rich" foods with an increased risk of heart attacks and strokes in later life stages. For example, Amy explained that eating "a lot of fat" resulted in an increased risk of a stroke occuring. Melissa's warnings to her husband about his high fat intake also revealed a fear of heart disease later in life stages:

...I told him: 'You've got to stop. You eat too much high cholesterol, high fat
foods.' And he's begging to go to Kentucky Fried Chicken the other day. I'm like:
'Nooo, you can't! I don't want you to have a heart attack when you're thirty or
something, or forty, because you eat, like crappy foods.'

An extreme concern was that unrestricted fat or cholesterol consumption would eventually cause death, as implied by Jackie, who recently experienced deaths of several family friends due to heart attacks. She explained the reason for being concerned about her consumption of fried foods as follows:

Well, it's not healthy for you, for one thing. And I'm scared of all cholesterol.
I've had a couple of not, not really uncles of mine...but just family friends, who

had heart attacks, who passed away. One passed away about a couple of weeks

ago, and one last year, in May.

Some informants revealed an understanding of the mechanism by which fat increases the risk of cardiovascular disease. For example, Rose equated cholesterol with the "stuff building up in your arteries."

In addition to their beliefs about fat intake increasing disease risk, many informants also discussed how unrestricted fat intake led to weight gain and, thus, heaviness. For example, Gabriella, a new resident of Canada, reported her belief that she should have only "a little bit of fat" in her balanced diet because "fat can cause tataba (fatness)." Consequently, since heaviness was associated with numerous negative phenomena with regards to health, physical capacity, and appearance, weight gain as a result of permissive fat consumption was seen as being negative.

Finally, many informants expressed feelings of disappointment and guilt as a result of consuming fatty foods. For example, Melissa felt guilty whenever she fried her food:

...I don't like to fry my food so much, although, I do like the taste and I'll do it,

but I feel guilty doing it because she's (mom) sitting there going na, na, na,

na...'You shouldn't be doing that, it's so much oil.'

Given the informants' desire to restrict fat intake, it is not surprising that a variety of restriction strategies were identified during the interviews. The most common strategies mentioned were removing fat from foods, choosing low fat foods, and using low fat food preparation methods.

Various methods of removing fat emerged from the data. First, excising or removing fat was one method of restricting fat intake. Melissa mentioned how her mom, whom she described as being healthy, "takes the skin off the chicken." Additionally, she described how her aunt

removed the fat from soup:

> *...make the soup the day ahead of time, put it in the fridge and then the fat*
>
> *solidifies on the top and you just have to scrape it off. And it becomes really lean*
>
> *soup.*

Grilling meats so that the fat was allowed to separate from the meat as it cooked was another method of removing fat from foods. Maria's uncle and family used a cooking device called a "turbo" to grill chicken. They would "throw the oil" that was "going out from the thing (chicken)" because as they explained to Maria: "We don't need the fat. That's...cholesterol."

In addition to removing fat from foods, a second strategy for restricting fat was to choose lower fat foods as alternatives to high fat foods. Foods perceived as having an inherently lower fat content than red meat, for example, included vegetables, fish and chicken. Foods that have undergone processing to reduce fat or cholesterol content were also included in this category. Low fat food products, such as skim milk and other processed foods bought with 'low fat' or 'cholesterol-free' labelling were other low-fat food choices.

Increasing one's consumption of vegetables appeared to play a role in a fat-restricted eating pattern where weight loss is the goal. For example, Melissa, when following a restrictive low-fat diet, explained that:

> *If you were hungry, you could snack on carrots or celery...Like if you were ever*
>
> *hungry before you had to eat another meal, you just take a carrot and eat it*
>
> *because they don't have calories. By the time you chew it, you burn the calories*
>
> *already...One bite may be a calorie, but then by the time you finish chewing it you*
>
> *burned off a calorie already, so it goes down as nothing.*

Similarly, Terry explained that the Jenny Craig program was "making me eat vegetables" because vegetables have "less calories" and "less fat" than meat. Meat was consumed only in small portions because of the "amount of calories and the fat" it contained.

A third strategy for restricting fat intake was using food preparation methods that do not require the addition of oil. For example, broiling, grilling, and baking were three recurring methods of preparing food with minimal amounts of fat.

The interview data revealed evidence for the association of the concept of "watching" fat intake with "Canadian" foodways. Canadians were described as being really conscious of their fat intake. Cholesterol-free and low-fat food products were identified as a "Canadian" phenomenon that reflected the "Canadian" norm of "watching" fat intake.

Another indication of the association between "watching" fat intake and "Canadian" foodways was the observance of the "Canadian" norm of "throwing" fat away. For example, Maria observed that fat was removed from the meats in the grocery stores and that Canadians removed fat when cooking food. Her amazement at the "Canadian" practice of "throwing" fat away in comparison with the "Filipino" practice of "just eating" fat was apparent in the following quote:

> *Here (in Canada)...everytime I go to the grocery, I can't see skin, pork skin. I can't see that. In the Philippines, we even eat the pork skin. Here (in Canada), no. That's why I was wondering, how come? And then I was asking my aunt: 'Are they throwing the skin?' You know, because we make use of that...In the Philippines...we gather it (the skin) and then we let it dry, and then we start to cook (it) with oil, and then it will pop. So we call that chicharon.*

As evident in the above quote, the concept of "watching" fat intake was not associated with "Filipino" foodways. Many women who valued fat restriction for health and weight reasons,

therefore, devalued "Filipino" foodways where fat intake was not "watched." For example, Amy felt that Filipinos do not have "right eating" habits because of their high fat consumption. This perceived "Filipino" norm of consuming plenty of fat was thought by Amy to increase risk of disease. Her fear of "killing herself" by eating "a lot of fat" was evident in her desire to "get rid" of her ties to the perceived "Filipino" norm of eating "a lot of fat:"

You know how Filipinos are, they eat a lot of fat...And I want to get rid of that. Like I don't want to eat that much (fat). Like I don't want to worry about killing myself one of these days...(LF: Killing yourself?) You know...you hear horror stories: 'Cut down that fat, cut down on red meat'...'Don't do this, don't do that (because) you know that's going to kill you'...I think Filipinos, a lot of (their) food (is) not great (because) they're very fatty. (LF: For example?) For example, what does my mom cook? My mom cooks a lot of fat, like meat with fat.

Consequently, Amy predicted that only those Filipinos who are "into the very healthy lifestyle" will remove the fat from foods in order to restrict their fat consumption.

4.3.1.2. "Watching" rice intake

As with fat intake, many informants talked about restricting rice intake or "eating rice," as many informants described their rice consumption, for the purpose of weight loss. During the process of data interpretation, it became apparent that my discussions with the informants often lacked clarification of the definition of "eating rice." Because I shared to a large degree the culture of the informants, it was assumed by both the informants and me that "eating rice" meant eating a meal with rice. Some informants named specific dishes eaten with rice, while others simply described the accompanying foods as "meat or fish, and vegetables." The following quote

showed the need to clarify the meanings of "eating rice" and emphasized the shared understandings between the informant and me about "eating rice":

*...I wake up in the middle of the night and get something to eat. Like something big to eat like rice (LF: **Just rice?**) No, rice and...ulam (a dish), whatever, **you know**.*

Similarly, the shared assumption that white rice was the type of rice talked about in the interviews was evident in the following interchange:

*(LF: Would you ever serve rice in the cafeteria?) Yeah, brown rice...but it's brown rice. So there's a different in **our** rice, right. (LF: **Our** rice is) White (laughs).*

The majority of informants reported to "eat rice" regularly. Many ate rice for their evening meals, while some also ate rice for breakfast and lunch. Rice and rice meals were viewed as a "heavy," "energy-giving," and carbohydrate- and calorie-rich, which contributed to feelings of fullness when consumed.

Additionally, rice meals were cooked and usually included a meat or fish and vegetables. Altogether, however, the view that "rice," whether on its own or as part of a meal, was "heavy" was a consistent theme with all the interviewees. The majority of the informants contrasted rice-based meals with sandwiches (the most commonly reported bread-based meal), breakfast cereals, and vegetable-based dishes such as salads.

Bread was seen as an analog or substitute for rice, except that rice meals were generally viewed by informants as being "heavy" and "big," whereas sandwiches were described as being "light" and "small." In effect, sandwiches were viewed as a "lighter" counterpart to rice meals.

This perception of the interchangeability and the differences between rice meals and sandwiches was apparent in Rose's preference for "light" lunches and "big" and "heavy" dinners:

I like having light lunches actually. So, like a salad with sandwiches...I prefer something like that instead of always having the rice here...(LF: Lighter, in what sense?) Lighter in terms of calories...it's lighter, not heavy (LF: How about for dinner?) I like having big dinners. So I'd have the rice with it.

Heaviness was a negative consequence of unrestricted rice consumption. This perception was based on the belief that rice causes weight gain. For example, Audrey explained: "When I ate lots of rice, I observe that I really gain weight." Similarly, Rose's mom believed that rice was "fattening."

Eating excess rice was also described as being a behaviour antagonistic to weight loss efforts. For example, Amy, who attempted to diet like "normal girls" in the past, explained that her lack of "willpower" and love of food impeded her efforts to "eat sensibly" in order to lose weight:

(LF: Have you ever tried to diet?) I tried. I really tried but I don't have the willpower. I love food. I'm trying to eat sensible but I can't do it because I eat so much. I'm used to eating a lot of rice. I'm used to eating a whole two bowls of rice. I tried, I really did. But I can't do that, I can't.

Similarly, at the time of the interview, Amy was involved in a personal exercise effort in order to lose weight for the summer. She described how her excessive consumption of food was in conflict with this effort:

> *Like another bad thing about working out for me is...when I work out, the one*
>
> *thing bad is when I get home, I pig out. And it shouldn't be like that. Like I have*
>
> *the worst habits, I swear out of anyone.*

"Pigging out" for Amy included eating "something big," like rice meals, in the middle of the night. As well, on a work day, she reported going home for lunch on her break to consume a rice meal. Because she normally did not eat breakfast before work, she would have a "big" lunch. Her evening meal, if eaten at home, also consisted of a "big" meal with rice. She would have "another little thing" afterwards. After reflecting on a typical day, she exlaimed: "So I think that's why I've gained ten pounds."

While heaviness was a perceived consequence of unrestricted rice consumption, thinness was a reported consequence of restricting rice intake. Again, this was based on the belief that consuming rice is the cause of heaviness, while consuming "light" foods, like bread, instead of rice is a behaviour that supports weight loss.

For Audrey, eating "lots of rice" meant eating rice "three times a day" for breakfast, lunch, and dinner. Consequently, Audrey reported that when she felt that she was gaining weight, she will restrict rice to her evening meal and eat "light" during the beginning part of the day:

> *...when I feel that my weight is gaining, I really have to lose, I really have to miss*
>
> *rice. Okay cereal or just a cup of milk, you know that's enough. And then light*
>
> *food during lunch time (LF: Light food is what?) Just like one apple and then a*
>
> *cup of milk. Or, noodles, actually noodles is getting heavy (laughs). Or*
>
> *sometimes, sandwich....And suppertime, yeah, I can have rice. At least once a*
>
> *day.*

The effort to restrict and limit was evident in the words used by Audrey: "just a cup," and "just

like one apple." Similarly, Rose's mom who believed that rice was "fattening" would "eat bread sometimes, when she wants to lose weight, instead of eating rice"

As with the personal weight control efforts indicated above, commercial weight loss programs also encouraged the restriction of rice. For example, Melissa described the restriction of rice but allowance for bread as a source of complex carbohydrates in the Scarsdale diet:

...for dinner...I don't remember what you had it with. I'm sure...there was a starch. Maybe a little bit of rice or something. But I know it was really small. Starch was very minimal, except for toast. That one toast you would have at breakfast and at lunch...Starch wasn't really a big thing.

An indication of the association between "watching" rice intake and "Canadian" foodways was the association of eating rice with eating a "Filipino meal" and eating sandwiches with eating a "Canadian" meal. Some informants felt that, for Filipinos, sandwiches were viewed as being snack foods or "meriendas" that did not provide the neccessary fullness to constitute a meal as would a meal with rice. As Maria explained:

Canadian foods are like only a snack. (A sandwich) is only a snack for us (Filipinos). It's not heavy...Filipino food(s) are very (heavy). If you eat that (Filipino food) you can even (last) up to one o'clock or two o'clock. At least, because of the rice, right. But then in here, the food here, it's only a snack.

Consequently, restricting rice intake would result in the consumption of "lighter" foods, such as sandwiches, thus, emphasizing the association between "watching" rice intake with "Canadian" foodways.

4.3.1.3. "Watching" sweet, salty, and junk food intake

Informants also talked about the need to restrict other foods, like sweet, salty, and junk foods and a few talked about the need to restrict sugar. Foods high in sugar or sweet foods such as cake, pasteries, ice cream, and chocolate were the objects of restriction, as Lydia explained:

> *I wish I could control myself from eating a lot of sweets. I'm so fond of it. And it's really, it's not so good.*

Two informants who identified the need to restrict sugar as a priority had a close relative with diabetes. Jackie talked about this association between sugar intake and diabetes:

> *...And you know, it's all diet-related, I think...even with sugar. I had one uncle who was diabetic, who just passed away maybe in April...And you know when things like this happen around you tend to worry a bit more.*

Similarly, Lydia's fear of consuming excess sweets was explained when she described her maternal grandmother's history of diabetes in conjunction with her mom's love for sweets:

> *My grandma's diabetic. I guess I get it from my mom--she loves sweets. She's watching what she's eating 'cause I guess, you know, she's probably thinks she might get (it).*

Some informants also mentioned the need to restrict their intake of salty food, as Amy indicated:

> *I still wanna like eat normal food. (LF: Like?) Like cut back on fat and salt.*

That's what I want to cut back on: fat and salt, and calories.

Interestingly, her examples of "normal food" were expressed in terms of restrictive actions, which were described as being "normal."

Although a few women talked about restricting salt intake in the context of weight loss efforts, the consequences of restricting salt were never revealed or explained. Terry, who admitted to not knowing the rationale for eating many of the foods while with the Jenny Craig program, offered a weak and insecure explanation that salt was restricted from rice cakes because of the calories that it possessed:

> *...it's (rice cake) like eating styrofoam. And then there's no salt, no sugar, no butter. (LF: Why not?) Salt--(because of) calories.*

Several informants spoke of the need to restrict junk food. As with "eating rice," because the informants and I shared a similar culture, we assumed that the meanings of "junk food" were mutually understood. Consequently, the informants did not offer explanations of the meanings of "junk food", and I did not explore them. Nonetheless, insight into the meanings of "junk food" for these women was revealed in the data. Junk food consisted of foods such as chips, pop, choclolate, and fast foods. The informants' descriptions of junk foods suggested that these foods are sources of fat, sugar, and salt--ingredients previously mentioned as being undesireable and, thus, restricted. Like fat, sugar, and salt, the restriction of junk foods was viewed as being positive, while the permissive consumption of these foods was seen as being "not good."

For example, Amy talked about how restricting fat was a component of "eating sensibly," whereas eating junk foods was not. Although Amy did not explicitly say that she devalued junk foods because of their fat content, the following excerpt shows how she viewed the meat her mom cooked at home and junk food as parts of the same phenomon of foods with increased fat:

What does my mom cook? I don't know, my mom cooks a lot of fat, like meat with fat...So every night we have meat, with canin (rice) and of course what does Amy do with it. She eats it. She doesn't throw it away or anything like that, like normal people do. She eats it. I don't know, I want to cut down on fat, and I love junk food. I'm a junk food freak.

Again, the assumed normative behaviour of restricting fat is evident in Amy's assertion that "normal" people would "throw" the fat away.

The association of junk food as being a source of salt and sugar is evident in Melissa's description of the types of junk food she prefers:

...I can't have chips in the house, because I'll (eat) them all in one sitting. Like, chips are like to me, what chocolate probably is to others...I would see chocolate, I wouldn't do anything, but if I saw potato chips, it would take all my strength to walk away. I'd rather have salt than sweet and sugar.

The act of restraining junk food to minimize disease risk was one of Amy's future goals:

...I would like to one day see myself, not eating so much junk food, maybe once a month, I'll be eating junk food, like my, my chips and stuff. I'd like to be able to skip that altogether and just like eating sensible, like not so much you know, I don't know. I don't think I should lose weight, but I think I should not kill my body (LF: Kill your body). 'Cause, my family has umm, like grandfather had a stroke, and I was told it, that it runs in the family. And I'm worried that what if I'm next, you know, kind of thing. You worry about things like that.

The above exploration of the concept of "watching what you're eating" illustrated the view held by most of the informants: restrictive foodways, with particular emphasis on restricting fat, rice, sugar, salt, and junk food, were viewed as positive phenomena that resulted in desireable outcomes, such as decreased risk of disease and weight loss. On the other hand, unrestricted foodways were viewed as negative phenomena because they were believed to result in undesireable outcomes, like increased disease risk and weight gain. This concept of "watching what you're eating" was associated with "Canadian" foodways as opposed to "Filipino" foodways by several participants. The next section will explore the countertheme of "just eating" where unrestricted foodways were viewed as being positive rather than negative.

4.3.2. Countertheme: "Just eating"

A few participants revealed a view of positive foodways that contrasted with the view of the majority. These few participants felt that "just eating," as opposed to "watching what you're eating," was positive. Unlike the concept of "watching what you're eating," the phrase "just eating" implied lack of monitoring and, thus, lack of restriction. As previously mentioned, the countertheme was developed through negative case analysis or searching for concepts that contrasted with those of the theme. The aim was, thus, to find instances in which the unrestricted consumption of fat, rice, sugar, salt, and junk food was viewed as being positive. The data failed to reveal evidence for the desireability of "just eating" salt, sugar, and junk food. However, "just eating" fat and rice was viewed as acceptable by a few women. In this section, the meanings of fat and rice will be explored within the context of valuing "just eating."

4.3.2.1. "Just eating" fat

The concept of "just eating" fat emerged from the stories of Grace and Maria. Unlike

other participants, these two participants did not speak of the personal need to restrict fat intake by "watching" or being "careful," "aware," and "cautious" about fat consumption. Instead, they spoke of consuming fat unconditionally. Grace and Maria differed from others because, contrary to other participants, they desired weight gain rather than weight loss to improve their health status. Accordingly, they talked about "just eating" fat without fear of weight gain and increased disease risk.

Within the context of "just eating" fat, taste satisfaction and weight gain were two positive consequences of unrestricted fat consumption that emerged. Firstly, taste satisfaction was revealed as a consequence of eating fat in the form of fried and fatty foods. As Maria reported:

...it doesn't matter whether (oil) is bad or good, as long as it's good, we eat (fried foods). [LF: Good in what way?] In our taste.

Maria expanded her explanation of unrestricted fat consumption by using her perception of the rationale behind eggplant consumption as an analogy:

We know that for a fact that eggplant has not vitamins. It's only watery right?...Every Filipino (knows) that eggplant has no vitamins at all. But then we still eat that to satisfy ourself. Because we cook the eggplant: sometimes we fry it, sometimes we toast it, sometimes we put egg on it...and then that's it, we're satisfied about that.

Another desired consequence of "just eating" fat was weight gain. For example, Maria sought fat to eat so that she could gain weight. Her desire to consume fat to gain weight was evident in the following example of a conversation with people who valued the restriction of cholesterol consumption:

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So, what I'm doing (is asking): 'What kind of food is that?' They will say, like for example: 'This is cholesterol.' So what I will do, since I want to gain weight, I will eat that, more on that-- the one they don't want to (eat), I'm eating it.

Within this context of valuing "just eating" fat, two undesireable consequences of removing fat emerged. Firstly, the production of "low-fat" and "cholesterol-free" products was viewed negatively because of the processing perceived to be involved in their production. Processing was viewed negatively because processing involved "altering the original state of the food" which results in a food product that "ends up lacking the real nutrients after all those processing that they do," as Grace explained. As well, Grace believed that the methods of preserving such processed foods reduced the "healthiness" of these foods. Grace's disregard for low fat and cholesterol-free products was evident in the following:

I don't really believe in them (low-fat and cholesterol free products). I think because they are processed as well. How can they lower the fat there, if they don't do something about it. It's processed...I don't know how they lessen the fat...The more you alter the original state of the food. I think, how can you preserve it? You have to put something in there as well. I mean, all those extra baggage there, I don't think they're healthy.

Consequently, Grace consumed what she termed the "regulars without all those signs that this is less fat, no cholesterol, 100% fat free."

Another undesireable consequence of removing fat from foods was that fat removal was considered to be wasteful. For example, Maria talked about how she viewed fat removal from meats in the grocery store and fat drainage of meats while cooking as "throwing away" food.

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Instead of restricting fat consumption by "throwing" fat, Maria searched for fat to consume. This trend is evident in the following exchange with her aunt concerning the meat in the grocery stores:

I was asking my aunt: 'Where are they throwing the pig skin or the chicken fat?

(My aunt answered:) 'I don't know.' I wish I know so that I can get that.

Several lines of evidence suggest that the concept of "just eating" fat was associated with being a "Filipino" foodway in the minds of many informants in addition to the two women who valued "just eating" fat. Firstly, several informants described Filipinos as consuming foods high in fat. As well a Filipino foods themselves were viewed as "high fat" and "fried." Melissa's view that "Filipinos eat a lot of high fat foods" mirrored the view of the majority of participants.

Another indication that the concept of "just eating" fat was associated with being a "Filipino" foodway was the view that Filipinos do not "waste" food products. In effect, fat removal from meat would constitute as wasteage. Maria emphasized this concept by describing how people in the Philippines used every part of the animal either for consumption or for fertilization. Maria provided a vivid description of this practice:

There's no waste in the Philippines. Meaning, for example, chicken. Filipinos are eating the blood of the chicken. Second, they're eating even the head, the brain, the feet, and everything, everything in the chicken, we eat...We make use of everything...Like say for pork--everything, we're eating it. Even the tongue of the pig. You make use of that...langua is the Spanish word meaning tongue...Filipinos love that...There's no waste really.

4.3.2.2. "Just eating" rice

A few informants talked about "just eating" rice without reference to any negative consequences of rice intake. Instead, rice intake was spoken of positively by these participants who preferred rice over bread-based or vegetable-based meals, such as sandwiches or salads respectively. For example, Maria, Grace, Lydia, and Gabriella, who had been in Canada for under four years at the time of their interviews, preferred rice meals. If given a choice between rice and pasta, Grace indicated that "I'll go for rice all the way...because I know I will be satisfied." Moreover, unlike other informants, they did not speak of the negative consequences of regular intake of these meals. As previously mentioned, for those who valued "watching" their rice intake, unrestricted rice intake was perceived to result in weight gain. Also in contrast to other informants, regardless of what these four participants felt about their current weights, they spoke of the pressure, either internally or externally, to gain weight or to be fatter. For example, Maria and Grace, whose stories were told in a previous section, wanted to gain weight because they felt that they were underweight at their current weights. On the other hand, although Lydia herself preferred to be lighter, her grandparents and mother preferred her to be heavier and took steps to ensure her weight gain during her visit back to the Philippines. Similarly, although Gabriella was satisfied with her current weight in that she neither wanted to lose nor gain weight, her mother praised her in the past whenever she became fatter. Seemingly, the pressure for thinness appeared to be less intense for these individuals than for the other participants. Not surprisingly, the countertheme of "just eating" rice, a concept devalued by other participants, arose from these four women's stories.

In this context of "just eating" rice, rice meals were viewed as "proper" and "complete" meals. Lydia described how in high school in the Philippines, the concept of "eating properly" was impressed on students:

And when I go to school...I guess, they reinforce us to eat properly. So we would

have the right type of, you know, the usual rice and something with it, the meat, -

and that's what we'd have in school.

Similarly, Grace described how rice was a component of a "complete" meal, whereas a meal with bread instead rice was not:

> *Every meal is complete. Maybe breakfast, you would skip it a little bit, like you*
> *just (have) bread and coffee and that's probably all. But lunch and dinner, for*
> *sure are, you know, complete, like rice, fish, vegetables.*

"Proper meals" were also associated with being healthy by the informants. For example, Lydia, who reported that she did not eat properly in Vancouver, felt that she obtained her "share of health" whenever she visited the Philippines because her family's cook prepared rice meals for breakfast, lunch, and dinner.

For the women who valued "just eating" rice, meals not based on rice were not satisfying because they did not provide the necessary feeling of "fullness." For example, Grace felt that sandwiches for lunch were not satisfying, whereas rice meals were, as she reported in the following:

> *For some reason, a sandwich is not enough for me...I would still get hungry after*
> *an hour or so...It could fill me up for a little bit but not as if I would eat rice, and*
> *vegetables and meat or fish. That would last me until dinner time.*

As mentioned previously, sandwiches were described by a few women as being "just a snack," rather than a meal, thus, emphasizing that, for some women, a meal without rice lacked sustenance. For example, Maria indicated that she would eat sandwiches, but "only for a snack."

Evidence for the association of "just eating" rice with Filipino foodways was found

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throughout the interview data. Several participants were able to compare food norms in the Philippines with food norms in Canada. In the Philippines, informants revealed that rice was usually eaten three times a day for breakfast, lunch, and dinner. The rice eaten with the morning meal was usually fried and eaten with meat.

In Canada, Filipinos were described by many informants as eating rice at least once a day usually for dinner. However, if a person was at home during lunch time, then rice may be consumed at this time. For example, Amy, who was able to return home for lunch on a typical work day, ate a rice meal which was prepared by her mother. Similarly, when Rose was not working, she would eat a home-cooked rice meal prepared by her grandfather for lunch. Only one informant reported eating rice for breakfast on the weekends. Rose's mom cooked fried rice for weekend breakfasts for their family.

On the other hand, Canadians were described by informants as eating rice less frequently than Filipinos. For example, Audrey, a domestic worker who had worked with families of various cultural backgrounds, observed the following:

> *(A) Canadian family eat(s) rice once a week...Or seldom. Twice a month, like that. But Filipino(s) always...usually there's rice everyday. Even though not in three meals, but usually suppertime they have rice.*

Evidently, the concept of "just eating" rice was associated with "Filipino" foodways in the minds of several informants.

4.3.3. Interplay of Filipino and Canadian cultures in the lives of the informants

As previously emphasized, the participants were Filipino women living in a multicultural Canadian society and were, thus, exposed to a variety of cultural systems of meanings. The data revealed that this exposure to different value systems and norms resulted in conflict--either

externally experienced with others or internally experienced within individuals. This section highlights examples of the conflicts experienced by the informants and the ways in which these women lived through the conflicts.

Informants felt that Filipinos began to "watch" their fat intake as they adopted the "Canadian" system of meanings surrounding body weight and disease risk. For those individuals who have not adopted the "Canadian" system, pressure from others may result. Maria's story highlights the pressure to adopt:

Some Filipinos here. Since they will (have) been here for a long time, they adopt

the system of a Canadian, which is they're afraid of getting fat. Like my cousins,

they are afraid of having more cholesterol. And then, I was telling them: 'I don't

even know that.'. People here (in Canada) are very conscious about cholesterol,

about this oil thing, about this fat. You know, there's really (a) difference. That's

why they were saying (to me): 'No Maria, don't (you) know that you will get this

kind of sickness if you will eat this kind of food.'

Like Maria, Gabriella also experienced the pressures to conform to the "Canadian" way of eating lunch. Unlike the other participants, Gabriella was a high school student; therefore, her lunch hour coincided with those of other students in a typical school day. Although Gabriella preferred to bring rice to school for her lunch or "baon", her mother, who worked as a domestic worker for a Caucasian family, gave her the following warning:

'They will laugh at you if they will see that you are eating rice at lunch, because

they (are) used to eat(ing) sandwiches.'

While Maria and Gabriella's stories highlight the external pressures to conform to the

dominant value system, Terry's story highlights the internal pressure one feels to adopt the values of "watching what you're eating." Early in her interview, Terry talked about how she preferred and desired fried foods and meat without mentioning any negative consequences. Later in the interview she began to describe her experience with Jenny Craig and the restrictive nature of the program where fat and calorie intake were limited and weight was monitored by a program counsellor. Near the end of the interview, Terry evaluated her present consumption of high fat and fried foods by using her Jenny Craig experience as a standard for "right" eating:

> *I just realize, I'm such a bad person. I don't eat the right thing...like I know that I'm not doing the right thing for my body, but I can't help it because that's what (my) mouth wants. (LF:...If you were doing the right thing, what would you be doing?) Like what I was doing with Jenny Craig.*

She seemed to attach a negative moral label to her present eating pattern because of its deviation or lack of conformity to the apparently desireable or healthy way, as set up by Jenny Craig.

Adopting the "Canadian" value system surrounding body, and food and eating, usually resulted in some degree of rejection of objective symbols of "Filipino" ethnicity, such as Filipino foods. For example, Jackie did not eat rice meals unless the food accompanying the rice or "ulam" was deemed acceptable by her standards because of her determination to "make my choices correctly." Instead, she would make a "fresh salad" rather than eat the rice meal at home. Similarly, Audrey talked about how she used to eat three rice meals a day when she first arrived in Vancouver approximately three years prior to her interview. However, she learned that this type of unrestricted rice intake caused her to gain weight. Therefore, she now limited her rice intake to dinner when she felt that she was gaining weight.

Some informants revealed strategies that allowed them to "watch" what they ate and still consume Filipino foods. For example, Melissa revealed ways to cook traditional Filipino dishes

with a lower fat content by removing chicken skin for adobo, a traditional Filipino meat dish, and "scooping" fat out from sinigang, a traditional Filipino soup. Similarly, Maria described ways in which her Filipino Canadian uncle and his family and friends cooked Filipino foods in ways that minimized the fat, such as draining meat fat using a turbo cooker that grills foods, and placing fried foods on a paper towel to soak up excess oil.

4.4. Meanings underlying "health"

The concept of "disease" emerged as the central "health" issue among the participants. The centrality of "disease" became apparent in the study participants' descriptions of various health states and processes. Most participants talked about health in terms of disease risk where healthiness was associated with a minimized risk of disease. In contrast, some informants talked about health as a function of disease resistance where healthiness was associated with a maximized resistance to disease. The discussions of both disease risk and resistance were tightly woven with the discussions of body, and food and eating. Therefore, this section will be dedicated to the summary and clarification of the meanings underlying health that have been alluded to in the previous sections with regard to disease risk and disease resistance.

4.4.1. Theme: Minimizing disease "risk"

Most informants were concerned with minimizing their disease "risk." In this context, it became apparent that informants were referring to degenerative diseases, such as cardiovascular disease and cancer, when they talked about their desire to decrease their risk of developing diseases.

A physical indicator of a minimized disease risk was thinness. As previously mentioned in the "body" section, a thin body was associated with a decreased disease risk by the majority of the informants, whereas a heavy body was associated with a greater disease risk. Melissa's rationale

for the undesirablity of a high body weight illustrated this connection between weight and disease risk:

> *(LF: What kinds of things would be bad about being 200 pounds?) You're more susceptible to heart disease (and) to diabetes.*

As mentioned previously, the majority of informants believed that people "worked" in order to lose weight by "watching what you're eating" and exercising. Consistent with the association between thinness and healthiness, "watching what you're eating" and exercising were two strategies that were also believed to reduce the risk of degenerative diseases and, thus, promote health. Given this predominant association, many informants defined "health" in terms of eating and exercise habits, thus, emphasizing the concept of "health" as a process. Melissa's description of her mom showed the association between weight and health, and the perception of health as a behavioural process:

> *My mom's very very fit. She does aerobics everyday. And for her age, she's got an okay body. You know, she's not fat. And if anything, she's got a nice body except for here (in stomach/waist region). But she eats well and she's really healthy, she doesn't smoke, doesn't do anything bad for her. She doesn't drink, you know. So she's very very healthy.*

The consequences of being in a positive and a negative health process was illustrated by Amy:

> *If you eat a lot of fat, there's more (of a) chance for you to get it (a stroke). I'm not saying there's no chance of you not getting (it). You know, there could still be*

a chance that you get a stroke...But I think if you watch what you eat...you're less

likely to get things like that.

Therefore, eating "a lot of fat" is part of a negative health process because it contributed to an increased risk of a stroke, whereas "watching" fat intake decreased the risk.

This theme of mimimizing disease "risk" was associated with "Canadian" health values. Maria's explanation of the association between the previously established "Canadian" concepts of "valuing thinness" and "watching what you're eating" also emphasized the "Canadian" concept of "minimizing disease risk" (see p. 83).

One informant, however, pointed out the paradox of the "Canadian" norm of "watching what you're eating" with the increased prevalence of degenerative diseases in Canada in contrast to the Philippines. Grace observed the following:

...People here (in Canada) are very very conscious about what they eat...and yet it

seems to me that they tend to get more cancer. I'm not sure how. But there's so

much...Here, everytime you will just hear people having cancer. You cannot

really hear about that in the Philippines.

4.4.2. Countertheme: Maximizing disease resistance

A few informants talked about the concept of maximizing resistance to disease. In most cases, informants talked about disease resistance in terms of how other people viewed a healthy status. That is, in contrast to disease risk, this view of disease resistance was not a major health issue of immediate personal importance to any of the informants.

In this context, it became apparent that informants were referring to infectious diseases when they talked of the need to maximize disease resistance. Unfortunately, because of the lack of attention to disease and illness, types of infectious diseases were not revealed.

As previously mentioned in the "body" section (p. 51), a physical indicator of "good resistance" was fatness. Self-care in the form of eating properly was identified as a way to ensure desired fatness, disease resistance, and, thus, health.

This view of disease resistance was consistently associated with "Filipino" values. As mentioned in the "body" section, the phrase "she's got a lot of resistance because she's fat" was associated with the Philippine culture. Furthermore, the concept of "working" towards health in order to be thin and minimize disease risk was not associated with the Philippines as it was with Canada. Informants' accounts of the scarcity of weight loss programs and exercise facilities in the Philippines emphasized this lack of association (p. 53).

The importance of "cleanliness" and "hygiene," as revealed by one informant, in the Philippines also emphasized the possible importance of maximizing disease resistance. As Maria indicated:

> *(Filipinos) are very clean when it comes to health...Physically, they're very conscious about health or about cleanliness. Because, for example, in the Philippines, we take a bath about three times a day because it's too hot right?*

Maria further explained that health depends on "how you take good care of yourself, how you clean yourself." She compared Filipinos to Americans with regards to hygiene:

> *Let's say if we pee, we make use of water. But the American(s), they just use tissue. We make use of water because it cleanses.*

CHAPTER 5

Discussion

The purpose of this study was to explore the meaning systems underlying body, food, eating, and health for first generation Filipino Canadian women. This chapter discusses the relevance of the major findings to the literature, as well as the implications of these findings to practice.

5.1. Comparison of the major themes with the meanings of body, food, eating, and health within the host North American culture

Three major themes concerning body, food and eating, and health were identified as the dominant view among the majority of participants. Valuing thinness emerged as the dominant body issue, valuing "watching what you're eating" emerged as the dominant food and eating issue, and minimizing disease risk emerged as the dominant health issue. These three themes are similar to the values and norms of the host North American culture, as described in the literature review. The majority of the women participating in this study reportedly felt heavier than they wanted to be and, thus, desired thinness. Moreover, some informants described weight dissatisfaction as a norm among "girls." These findings are consistent with what is known about the concern for weight in the host North American culture. The literature shows that a "normative discontent" with weight does indeed exist among women in North America (Rodin et al., 1984). Numerous studies have revealed that weight dissatisfaction is pervasive among adolescent women, college women, and women in the general population of the United States (Abrams et al., 1993; Silberstein et al., 1988; Williamson et al., 1992; Page, 1991; Koff & Rierdan, 1991; Moses et al., 1989). For example, 40% of the women surveyed in a large multistate American study were trying to lose weight (Williamson et al., 1992), and 54% of the female high school students in another American study rated themselves as "too fat."

Informants revealed that dissatisfaction with weight prompted weight loss efforts. The most commonly reported weight loss strategies among the informants included dieting or "watching what you're eating" and exercise. These weight loss strategies are consistent with those found in

existing studies, such as energy-reduced diets, restrained eating, and exercise (Conrad, 1994; Johnson et al., 1990; Emmons, 1992; Koff & Rierdan, 1991; Thomas & James, 1988).

Thinness was desired by most of the informants because of the association of thinness with healthiness, increased physical capacity, and attractiveness, and the association of heaviness with unhealthiness, decreased physical capacity, and unattractiveness. As with the results from the present study, the association between body size and healthiness is evident in the existing literature. For example, the goal of health-promoting activities, such as healthy eating and exercise, was found to be a thin and toned body among women, thus, emphasizing the view that thinness was associated with healthiness (Conrad, 1994). On the other hand, obesity is associated with an increased health risk (Robison et al., 1993). The association with body size and physical capacity found in the present study was also evident in other research. For example, in Allen's (1988) qualitative study of weight management, heavier women felt that they had no energy. The existing literature also shows the importance of the association with body size and physical appearance. As described in the literature review, in North American society, thinness is a predominant symbol of beauty (Rodin, 1984; Root, 1990). On the other hand, women have reported that the consequences of being or becoming heavy included a diminished self-image or an unattractive appearance (Allan, 1988).

The majority of informants in this study valued the concept of "watching what you're eating." "Watching what you're eating" involved the restrictive consumption of fat, rice, and sweet, salty and junk food. This trend towards restrictive foodways is also characteristic of the host North American culture, as evident in the studies that have found disordered eating as a means of weight control to be prevalent in the general North American population (Vanderycken & Meerman, 1984; Thompson & Schwartz, 1982). Of particular interest are the non-pathogenic weight control techniques which include dietary restraint and exercise (Johnson et al., 1990; Emmons, 1992; Koff & Rierdan, 1991; Thomas & James, 1988). Since dietary restraint refers to the tendency to change eating behaviours in order to lose or maintain a desired weight, the majority of informants may be classified as having the tendency to be restrained eaters.

Fat, rice, and sweet, salty and junk food were devalued and, thus, targets for restriction for several reasons. With regards to fat consumption, the positive consequences of restrictive fat intake included decreased disease risk and weight loss, while negative consequences of unrestrictive fat intake included increased disease risk, weight gain, and guilt. For rice consumption, the positive consequence of restrictive rice intake was weight loss, while the negative consequence of unrestrictive rice intake was weight gain. The positive consequence of restrictive sweet and junk food intake was decreased disease risk. No clear explanation for restricting salt intake emerged except with regards to its classification as a possible component of junk foods. Fat and sugar were also possible components of junk food. Two qualitative research studies revealed similar descriptions of foods as being valued or devalued by their informants depending on the foods' effects on both health and weight (Conrad, 1994; Chapman & Maclean, 1993). Furthermore, Chapman & Maclean (1993) also found the association of junk food with being high in sugar, fat, cholesterol, salt, and/or calories.

The major health concern for most of the informants was the issue of minimizing risk of degenerative diseases such as cardiovascular disease and cancer. This health concern is evidence of the increasing role of degenerative diseases in Western societies as described by the theory of epidemiologic transition (Omran, 1982). The term epidemiologic transition refers to "complex changes in patterns of health and disease in a society and on their demographic, socioeconomic, and biologic determinants and consequences (p.172)" (Omran, 1982). The past two hundred years have resulted in a gradual decline in mortality in Western societies such as Canada. Moreover, epidemics declined and communicable diseases were mostly but not completely replaced by degenerative, stress-related, and environmental diseases. Given this theory of epidemiologic transition, it is logical for the women in this study, who live in Canadian society, to be concerned about the risk of degenerative diseases.

Thinness was the predominant physical indicator of a minimized disease risk and, thus, a healthy status for the informants, whereas heaviness was a predominant physical indicator of an increased disease risk. Similarly, in his study of the morality of health promotion, Conrad (1994)

found that the goal of health-promoting behaviours, such as eating healthy foods and exercise, was a smaller and more toned body for women.

The concept of "working" for health was a view espoused by the majority of informants. The two most common ways of "working" towards health and, thus, thinness were "watching what you're eating" and exercising. This trend towards emphasis on health as a process was consistent with the growing health promotion movement in the host North American culture. Eating healthy foods and exercise were considered to be "good" and health-promoting, whereas eating junk foods and lacking exercise were considered to be "bad" and disease-promoting (Conrad, 1994). In effect, taking part in health-promoting behaviours may result in the minimization of the risk of degenerative diseases.

The informants associated the themes of valuing thinness, "watching what you're eating," and minimizing disease risk with Canadian culture. The values and norms underlying thinness, restrained eating, and health promotion of the host North American culture, as reported in the literature, support the perception of the informants that the three dominant body, food and eating, and health themes are "Canadian."

5.2. Comparison of the counterthemes with the meanings of body, food and eating, and health within North American minority ethnic cultures

Three counterthemes emerged which provided valuable insight into Filipino culture. First, valuing "fatness," emerged as a view which countered that of the majority of informants and was associated with the Filipino ethnic group. Other studies have found that while obesity is devalued in North American culture, fatness is valued in developing countries where food or resources to buy food are scarce (Cassidy, 1991). Since the Philippines can be classified as a developing country, the association between valuing "fatness" and Filipino culture is not surprising.

Second, valuing "just eating" emerged as minority view which was in contrast to the dominant view of "watching what you're eating." As described in the results section, "just eating" implied unmonitored foodways in which fat and rice intake was unrestricted. This countertheme of "just

eating" was associated with Filipino foodways by several informants. Although information about the eating and food norms of Filipino Canadian women was not available in the literature, the existing data for eating and food norms of several ethnic cultures in North America support the findings of this study. For example, the prevalence of disordered eating is greater in Western countries and the dominant culture of North America and Great Britain than in non-Western countries and the minority ethnic/racial groups of North America and Great Britain (Pumariega et al., 1984; Silber et al., 1984; Thomas & Smukler, 1985; Hsu, 1987; Silber, 1986; Lacey & Dolan, 1990; Hamilton et al., 1985; Gray et al., 1987; Lee et al., 1992; Ong et al., 1982; Pate et al., 1992; Davis & Yager, 1992). As well, several researchers have found that there is an increasing trend towards disordered eating as women of various ethnic groups acculturate to the host North American culture (Pumariega et al., 1986; Abrams et al., 1993). Finally, increasing consumption of American foods was found among Korean Americans at each progressive stage of acculturation (Choe et al., 1993). Although these studies showed the trend towards changing eating patterns from those of the original ethnic culture to those of the host culture, information regarding the food and eating values and norms of the originating culture was not available. This study was successful in uncovering some of the meanings underlying Filipino foodways.

Third, maximizing disease resistance emerged as a minor health issue among a few of the participants. In this context, infectious diseases were the focus. The concept of epidemiologic transition discussed earlier supports the emphasis on infectious diseases for a developing country like the Philippines (Omran, 1982). In an evaluation of the health status of Filipinos published by Health Action Information Network (Anonymous, 1988), the leading causes of illness and death in the Philippines from 1979-1983 were communicable diseases.

Informants revealed that, for some Filipinos, fatness was an objective symbol for disease resistance and, thus, healthiness. For these Filipinos self-care through proper eating was necessary to maintain a healthy status. Thinness was thus viewed as being a result of lack of self-care or, more specifically, lack of proper eating. This concern for undernourishment seems valid for people living in the Philippines because, in surveys conducted in the twelve years prior to

1988, 70% of Filipino preschoolers were found to be undernourished (Anonymous, 1988).

5.3. Interplay of "Filipino" and "Canadian" meaning systems and the theory of acculturation

The preceding sections have suggested that there are distinct meaning systems for Canadian and Filipino culture with regard to body, food and eating, and health. Although the informants belonged to a distinct cultural group because of their Philippine heritage, they immigrated to a multicultural society and are, thus, subjected to a vast array of differing value systems. Cultural changes result from enduring and direct contact with a dominating culture (Berry, 1980; Krondl & Lau, 1993; Choe et al., 1993). Most acculturation studies in the area of food and nutrition are conducted from the perspective of assimilation as the goal of cultural change (Pumariega, 1986; Abrams et al., 1993; Choe et al., 1993). Berry (1980) identified four stages of acculturation from the perspective of assimilation. First, in the contact phase, interaction of two or more cultures occurs. Second, in the conflict phase, resistance to aspects of the dominant culture occurs and desire to maintain aspects of the originating culture remains. Third, in the adjustment phase, resistance to aspects of the dominant culture decreases and changes are made to reduce the conflict between the originating and dominating culture. Finally, in the assimilation phase, the original cultural identity is relinquished and new cultural patterns consistent with the dominant culture emerge.

Given that the dominant views concerning body ideals, food and eating values and norms, and health concerns among most of the informants are similar to those issues prevalent in the host North American culture, the majority of informants appeared to be assimilated to Canadian culture. That is, Filipino body ideals and foodways were generally devalued, while Canadian body ideals and foodways were generally valued. However, the data suggested that Filipino values and norms still play a role in the lives of most of the informants despite their apparent assimilation. All informants maintained contact with older Filipinos and some had maintained contact with the

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Philippines. This exposure to Filipino values and norms, which was evident in all the informants' stories, resulted in either internally or externally experienced conflict. Consequently, although the informants appeared to be fairly assimilated, they did indeed live at the interface of two varying cultures and displayed mechanisms with which to cope with these conflicting experiences as evident in the interplay sections of the results chapter. Therefore, in contrast to Berry's (1980) definition of cultural assimilation which implies the diminishment of conflict upon assimilation, the assimilated informants in this study still experienced conflict as a result of their exposure to Filipino values and norms within the contexts of their lives.

This experience of living at the interface of the Canadian and Filipino cultures was not isolated to young Filipino Canadians living in Canada. Evidence for the espousal of "Canadian" meaning systems among Filipinos in the Philippines was revealed in the women's stories of weight concern and dietary changes of friends and relatives living in the Philippines. Additionally, informants talked about how older Filipino adults in the next generation also valued thinness, "watched" their food intake, and were concerned with minimizing disease risk.

Given that most subjects had lived in Canada for less than four years, the process of assimilation to the values of the host culture appeared to occur quickly rather than gradually as Berry's (1980) theory of acculturation implied. In contrast, the mean duration of stay in the United States for those Korean immigrants who were classified as being in the assimilation stage was 12 years (Choe et al., 1993). The decreased time to assimilate to Canadian culture seen in this study may be a result of exposure to North American values prior to immigration to Canada. Evidence of exposure to the North American ideals in the Philippines was found throughout the interview data. Global travel between North American and the Philippines may allow for the spread of North American values and norms. As well, global communications and access to North American media may facilitate the process of exposure of people in the Philippines to North American culture. Furthermore, the strong American military presence in the Philippines, which began with American colonization in the earlier part of this century, may also explain the spread of North American ideals and norms to the Philippines. Consequently, contact with North

American culture may be a global process occurring in non-Western societies, like the Philippines, rather than a product of actual migration to North America.

5.4. Limitations of the research

Limitations of the study stem from the sample size and the sampling technique. First, although coherent themes emerged from the data, the sample size was not large enough to be confident in the saturation of the emergent categories. A larger sample size would increase the opportunity to saturate the categories. Second, despite the researcher's membership in the Filipino Canadian community and the variety of sampling techniques employed, access to a wide range of participants was difficult. The research would benefit from access to a larger pool from which to draw informants. Third, given that the concept of acculturation was used to explain the adoption of Canadian ideals and norms and that the length of time in Canada played a large role in interpreting the results in relation to the theory of acculturation, one major limitation of the study was the two distinct groups in the study sample: seven informants in Canada for less than four years, and four informants in Canada for greater than 14 years. No informants had lived in Canada between four and fourteen years. This study would, therefore, benefit from the addition of first generation Filipino Canadians who had lived in Canada for four to fourteen years.

5.5. Conclusions

Body weight emerged as the central "body" issue among the study informants. The majority of informants desired and, thus, valued thinness. Consequently, deliberate weight loss efforts were reported by many informants, thus, emphasizing that individuals "worked" for thinness. The most common weight loss strategies involved exercising and dieting or "watching what you're eating." For these informants, thinness was associated with being healthy, having a desired physical capacity, and having a desired physical appearance. In contrast, heaviness or fatness was associated with lack of health, decreased physical capacity, and undesirable physical appearances. Informants associated the idealization of thinness with being "Canadian." They talked about how

Canadian media and material environment encouraged the pursuit of thinness and increased accessibility to institutions, like weight loss programs and gyms, which aided in the pursuit of thinness.

A few informants revealed a view in which fatness was valued. In contrast to those who "worked" for thinness, thinness in this context was believed to be a result of a lack of self-care or, more specifically, lack of proper eating. In turn, lack of health and decreased physical capacity were reported consequences of thinness. Conversely, fatness was associated with health in the form of "good resistance." This minority view was associated with "Filipino" culture. For example, the phrase: "She's got a lot of resistance because she's fat" was described as originating from the Philippines. Additionally, Filipinos were described as being known to comment on weight gain and fatness. As well, accessibility to weight loss and exercise institutions was limited when compared to the accessibility of these institutions in Canada. Furthermore, informants reported that the hot climate and the emphasis on hard physical labour in the Philippines precluded the need for exercise.

The majority of informants valued the concept of "watching what you're eating." "Watching what you're eating" involved the restrictive consumption of fat, rice, and sweet, salty and junk food. "Watching" fat intake was viewed positively by most informants because it decreased disease risk and promoted thinness, while not restricting fat intake was viewed negatively because it increased disease risk, promoted fatness, and resulted in guilty feelings. Consequently, several strategies for restricting fat consumption were identified. Moreover, "watching" rice intake was viewed positively by many informants within the context of weight loss efforts because it encouraged weight loss, while unrestricted rice intake resulted in heaviness. Finally, the restrictive consumption of sweet, salty, and junk foods was also valued for a combination of health and weight reasons. The concept of "watching what you're eating" was viewed by informants as a "Canadian" norm.

A few informants valued the concept of "just eating." Two informants valued the concept of "just eating" fat. Taste satisfaction and weight gain were two positive consequences of "just

eating" fat, while reduced food quality and increased food wastage were two negative consequences of restricting fat consumption. Four informants valued the concept of "just eating" rice. Rice meals in this context were viewed as proper and complete meals. Eating meals not based on rice were not satisfying for these women. The informants associated "just eating" fat and rice with Filipino foodways.

The majority of informants viewed health in terms of minimizing risk of degenerative diseases. For these informants, a thin body exemplified a healthy body with a decreased risk of disease, whereas a heavy body exemplified an unhealthy body with an increased disease risk. "Watching what you're eating" and exercising were two ways in which informants "worked" towards thinness, decreased disease risk and, thus, health. Because of the association of restrictive eating and exercise with decreased disease risk, the concept of health as a "process" emerged. Informants associated this theme of minimizing disease risk with "Canadian" health values. Conversely, a few informants talked about the concept of maximizing resistance to infectious diseases. Fatness was a physical indicator of "good resistance" for some individuals. Self-care through proper eating was identified as a way to ensure desired fatness, disease resistance, and, thus, health. Some informants associated this view with "Filipino" values.

The dominant view among the participants regarding body, food, eating, and health was consistent with the meaning systems within the host Canadian culture, while the minority view regarding these issues was reflective of the Filipino culture. Although the majority of Filipino Canadian informants appeared to espouse the Canadian culture's meaning systems underlying body, food, eating, and health, all informants showed evidence of living at the interface of both the Canadian and Filipino cultures. Therefore, despite the apparent assimilation of the majority to the host Canadian culture, these individuals were still confronted with the conflicting "Filipino" and "Canadian" cultural systems regarding body, food and eating, and/or health. Consequently, the theory that assimilation to the host culture resolves conflict (Berry, 1980) does not describe the experiences of the study informants.

5.6. Implications and Recommendations

There is an increasing call in the literature for the need to provide culturally sensitive health care (Lynam, 1992; Anderson et al., 1990). This study has provided information about body, food and eating, and health values, beliefs, attitudes and norms of Filipino Canadian women living in British Columbia's lower mainland. Although the meanings systems uncovered during the course of the research suggest that there is a distinct Canadian and a distinct Filipino system of meanings, the Filipino Canadian women lived at the interface of these two cultures. Consequently, their experiences cannot be labelled either "Canadian" or "Filipino." Instead, their life experiences allowed them to move between the two cultures. Consequently, intra-ethnic diversity existed within this study sample. Anderson et al. (1990) urged health professionals to avoid ethnic stereotyping because of the existence of widespread intra-ethnic diversity among people of the same ethnic group.

Lynam (1992), in her attempt to build a culturally sensitive nursing curricula, suggested that a culturally sensitive approach to caring for individuals from different cultures is an approach that "enables nurses to identify differences and then seek out ways of working with such differences (p. 153)." The present research has provided a wealth of information about differing values and norms for Filipino Canadian women. This information could be used in two ways to teach professionals who work with Filipino Canadian women about providing culturally sensitive care and education. First, this research provides specific information not only about meanings underlying objective symbols of Filipino ethnicity, but also about those underlying objective symbols of Canadian culture. Therefore, professionals have the preliminary communication tools with which to work when interacting with Filipino Canadian women. Second, because this research has highlighted the value-ladeness of language, it can also be used to emphasize to professionals who work with Filipino Canadian women the importance of seeking out the meanings of words used when discussing body, food, eating, and health issues with Filipino Canadian patients, clients, and/or students. Given the intra-ethnic diversity of individuals within the Filipino Canadian ethnic group, exploration of the meanings of concepts with each individual

is necessary.

The findings of this research can also be useful for Filipino Canadian women themselves. This study revealed that the informants of this study experienced conflict, either internally or externally, surrounding the issues of body, food, eating, and health. By introducing the concept of value-ladeness of language and other objective symbols of both Filipino and Canadian culture, the sources of conflict may be identified and ways of coping to minimize conflict may be explored.

With regard to future research, given the cross-sectional nature of past acculturation studies and the present study, a longitudinal study that observes the process of change in body, food, eating, and health values and norms, beginning from the time new immigrants arrive in Canada, would add to the theory of acculturation and uncover the determinants of acculturation in relation to food and nutrition issues. Additionally, research of the effect of North American influence in the Philippines on acculturation to North American culture prior to immigration will also add to the theory of acculturation in the present global community.

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APPENDIX B

Screening Questionnaire

<u>SCREENING Q'RE :</u> Name: _____ Telephone: _____

1. Where did you hear about this study?
   a) from poster_____; where?
   b) from friend_____; who?
   c) from newsletter/newspaper_____; which one?

2. How old are you? _____

3. - Where were you born? _____

   - Where were your parents born? _____

4. - What language(s) are you able to speak? _____

   - What language(s) are you able to understand only? _____

   - At home, does your family (or, if more appropriately, the people whom you live with) speak:
      a) Pilipino all the time?
      b) Pilipino most of the time?
      c) Pilipino and English equally?
      d) English most of the time?
      e) English all the time?

5. Would you say that your friends are:
      a) Filipinos only?
      b) mostly Filipino?
      c) equally Filipino and Canadian?
      d) mostly Canadian?
      e) Canadians only?

   With friends, do you speak:
      a) Pilipino all the time?
      b) Pilipino most of the time?
      c) Pilipino and Canadian equally?
      d) English most of the time?
      e) English all the time?

6. Of the movies that you watch, are they:
      a) All North American?
      b) Mostly North American?
      c) North American and Filipino equally?
      d) Mostly Filipino?
      e) Filipino only?

7. Of the types of food that you eat, are they:
      a) Filipino only?
      b) Mostly Filipino?
      c) Filipino and Canadian equally?
      d) Mostly Canadian?
      e) Canadian only?

<u>NOTES:</u>

APPENDIX D

Preliminary Interview Guide

THE OPENING STATEMENT WILL INCLUDE THE FOLLOWING:

1. A description of the research candidate's own background:
   - age of immigration
   - languages spoken
   - family

2. An explanation of the research study:
   - what the research candidate is interested in learning and why
   - what type of contribution the interviewee will make to the study

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1. Before we get started, I would like to get to know you a little. So, why don't you start by telling me a little bit about yourself?

> (probe questions: to elicit information about living situation, work, family, and immigration to Canada)

2. Tell me about the role of food in your life.

3. a) Could you describe what normally happens on a typical day for you. If someone were to follow you around for one day--starting in the morning--what would they see you doing?

> (probe questions: to elicit information about activites related to food)

   b) In what ways are the people in your family (or at home) involved with the preparation of the food?

4. a) When you get together with family and friends, what types of things would you normally do?

   b) Could you tell me about the last social occasion that you attended?

> (probe questions: to elicit information about who attended, activities related to food, types of food)

5. What does the word "health" mean to you?

> (probe questions: to elicit information about how she feels about the influences of food and eating on her health)

6. What do you think about your body?

> (probe questions: to elicit information about what she likes, what she dislikes and what she wants to change about her body; to elicit information about how she believes food and eating influence her body.)