Examining the role of integration experiences in shaping immigrants’ post-migration food choices and eating practices in Ontario, Canada

Eunjeong Eugena Kwon, The University of Western Ontario

Supervisor: Adams, Tracey L., The University of Western Ontario
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Abstract

Despite the extensive literature on immigrants’ post-migration dietary transitions and their implications for long-term health and well-being, little research has been conducted to link these processes to their integration experiences. This dissertation contributes to the current literature by examining the interrelationship between immigrants’ integration experiences – especially their economic integration – and their post-migration food choices and eating practices.

The first integrated article (Chapter 2) draws on qualitative interviews with 38 recent immigrants in two Ontario cities (Toronto and London) in Canada. First, this chapter focuses on illustrating recent immigrants’ general experiences in managing their post-migration food choices and eating practices in Canada. Second, this chapter further explores what structural aspects related to immigrants’ integration experiences play a role in shaping their opportunities and barriers to healthy eating. The next integrated article (Chapter 3) draws on qualitative interviews with 23 immigrant men and immigrant women that are heterosexually married. This chapter takes an intersectional life course approach to explore who takes on the responsibility of “feeding the family” and identifies forces and pressures that encourage taking on such a role. Further, I also examine what specific challenges these immigrant families experience and what strategies they adopt as they endeavour to produce healthy, home-cooked meals. The last integrated article (Chapter 4) is a case study using a mixed-method approach. By analyzing quantitative data from the 2015 Canadian Community Health Survey, this study first examines the awareness and usage of Canada’s Food Guide among Canadian adults in Ontario, comparing how immigrants differ from native-born Canadians. Second, I draw on qualitative data from 45 in-depth interviews with recent immigrants and international students to further explore their general experiences in accessing and using Canada’s Food Guide.

The overarching goal of this dissertation is to contribute to the current literature on immigrant integration, lifestyle, health, and well-being – and also to suggest future directions for policies surrounding immigration and their health and well-being.
Keywords:

Summary of Lay Audience

Unhealthy food choices and eating practices have long been identified to have a negative impact on individual’s health and well-being. Building on this well-established link between diet and health, a relatively small but growing body of literature has started to examine the link between post-migration dietary changes and immigrant health. In particular, unhealthy dietary transitions among the immigrant population have become a recent health concern among scholars in major immigrant-receiving countries, such as the United States, Australia, and Canada.

*Dietary acculturation* is a process by which minority groups adopt the dietary patterns of their host country. The literature on dietary acculturation finds that immigrants are more likely to make unhealthy food choices as they acculturate. Such unhealthy post-migration food choices may undermine the long-term health and well-being of the immigrant population. With the number of immigrants continuously growing, newcomers’ health and well-being have become ever more important for Canada’s future. Nonetheless, current healthy eating initiatives focus on encouraging individuals to educate themselves about making informed food choices and maintaining healthy eating practices. This approach is problematic because it posits that immigrants are solely responsible for their own health and well-being, and it neglects the role of structural factors (e.g., integration challenges) that may shape their opportunities to engage in healthy eating.

The objective of this dissertation is to address this gap by taking a sociological approach to explore the interrelationship between immigrants’ integration experiences and their post-migration food choices and eating practices. More specifically, I identify what structural aspects may shape immigrants’ post-migration food choices and eating practices and examine how these are interrelated to the inequalities they experience during their processes of settlement and integration. Through the three integrated articles presented, this dissertation adds to the current literature on immigrants’ lifestyles, specifically their diet, health, and integration. The final chapter concludes by highlighting key implications and suggesting future directions for policy and research.
Co-Authorship Statement

Chapter 3 in this dissertation, entitled “Feeding the Canadian Immigrant Family: An intersectional approach to meal preparation among immigrant families in Ontario,” is co-authored with Dr. Tracey L. Adams (supervisor). As a first author, Eugena Kwon took the lead on the research and Dr. Tracey L. Adams co-contributed as a second author.
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Sincerely,

Eugena Kwon
Table of Contents

Abstract............................................................................................................................................................... ii
Summary of Lay Audience........................................................................................................................................ iv
Co-Authorship Statement ........................................................................................................................................ v
Acknowledgments .................................................................................................................................................. vi
Table of Contents ................................................................................................................................................ viii
List of Tables ........................................................................................................................................................ xii
List of Appendices ............................................................................................................................................... xiii
Chapter 1 ............................................................................................................................................................ 1
  1.1 INTRODUCTION ............................................................................................................................................. 1
  1.2 LITERATURE REVIEW .................................................................................................................................. 3
  1.2.1 Healthy immigrant effect: Erosion of immigrants’ initial health advantages with acculturation............... 3
  1.2.2 Prior literature on dietary acculturation: Overwhelming focus on the United States context ......................... 5
  1.2.3 Immigration and immigrant integration experiences in Canada ................................................................. 8
  1.2.4 Contributions of the Canadian Context .................................................................................................... 9
  1.2.5 Interrelationship between immigrants’ economic integration experiences and their post-migration food choices and eating practices ................................................................. 10
  1.3 THEORETICAL FRAMEWORKS .................................................................................................................. 11
  1.3.1 Cockerham’s health lifestyle theory ........................................................................................................ 11
  1.3.2 Intersectionality ......................................................................................................................................... 13
  1.4 OVERVIEW OF THE DISSERTATION ........................................................................................................ 16
  1.4.1 Study objectives and data sources ........................................................................................................... 16
  1.4.2 Reflexivity ................................................................................................................................................... 17
  1.4.3 Organization of the dissertation ............................................................................................................... 18
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3</td>
<td>METHODOLOGY</td>
<td>81</td>
</tr>
<tr>
<td>3.4</td>
<td>RESULTS</td>
<td>84</td>
</tr>
<tr>
<td>3.4.1</td>
<td>Gendered roles in feeding the immigrant family</td>
<td>84</td>
</tr>
<tr>
<td>3.4.2</td>
<td>Food Provisioning for family and accommodating children’s taste</td>
<td>88</td>
</tr>
<tr>
<td>3.4.3</td>
<td>Challenges related to feeding the immigrant family in Canada</td>
<td>92</td>
</tr>
<tr>
<td>3.5</td>
<td>DISCUSSION/CONCLUSIONS</td>
<td>97</td>
</tr>
<tr>
<td>3.6</td>
<td>REFERENCES</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>Chapter 4</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Awareness and usage of Canada’s Food Guide: A comparison of recent and established immigrants to native-born Canadians in Ontario.</td>
<td>108</td>
</tr>
<tr>
<td>4.1</td>
<td>INTRODUCTION</td>
<td>108</td>
</tr>
<tr>
<td>4.2</td>
<td>CANADA’S FOOD GUIDE AS A CASE STUDY</td>
<td>111</td>
</tr>
<tr>
<td>4.3</td>
<td>METHODOLOGY</td>
<td>113</td>
</tr>
<tr>
<td>4.3.1</td>
<td>The mixed-method approach</td>
<td>113</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Quantitative data: The Canadian Community Health Survey 2015</td>
<td>114</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Qualitative data: In-depth, semi-structured interviews with 45 recent immigrants</td>
<td>117</td>
</tr>
<tr>
<td>4.4</td>
<td>RESULTS</td>
<td>120</td>
</tr>
<tr>
<td>4.4.1</td>
<td>Results from the CCHS 2015</td>
<td>120</td>
</tr>
<tr>
<td>4.4.2</td>
<td>Results from in-depth qualitative interviews with 45 recent immigrants</td>
<td>130</td>
</tr>
<tr>
<td>4.5</td>
<td>DISCUSSION</td>
<td>136</td>
</tr>
<tr>
<td>4.6</td>
<td>CONCLUSION</td>
<td>140</td>
</tr>
<tr>
<td>4.7</td>
<td>REFERENCES</td>
<td>142</td>
</tr>
<tr>
<td></td>
<td>Chapter 5</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Discussion/Conclusions</td>
<td>148</td>
</tr>
<tr>
<td>5.1</td>
<td>INTRODUCTION</td>
<td>148</td>
</tr>
</tbody>
</table>
5.2 SUMMARY OF FINDINGS .................................................................................. 148
5.3 CONTRIBUTIONS TO THE LITERATURE .................................................... 153
5.4 POLICY IMPLICATIONS ............................................................................... 155
5.5 LIMITATIONS AND FUTURE DIRECTIONS .............................................. 158
5.6 REFERENCES ............................................................................................... 163

Appendices ......................................................................................................... 167

Curriculum Vitae .................................................................................................. 178
List of Tables

Table 1: Sample characteristics of participants, by region of residence (N=38) …………… 45

Table 2: The Sample Characteristics of Married Participants (N=23) ……………………… 83

Table 3: Cross-classification analysis of variables by the length of residence in Ontario, Canada, Canadian Community Health Survey, 2015 ………………………………………………… 121

Table 4: Odds ratios from weighted logistic regression model estimating the likelihood of being unaware of Canada's Food Guide ………………………………………………… 126

Table 5: Odds ratios from weighted logistic regression model estimating the likelihood of not using Canada's Food Guide………………………………………………………… 128
List of Appendices

Appendix I: Letter of Information and Consent Form ........................................... 167

Appendix II: Recruitment Posters ................................................................. 172

Appendix III: Semi-Structure Interview Guide ............................................... 173

Appendix IV: Research Ethics Approval Form ............................................... 177
Chapter 1

1.1 INTRODUCTION

Among the G8 countries, Canada has the highest proportion of immigrants, with one out of five people being foreign-born (Statistics Canada, 2017). This is reflective of Canada’s emphasis on multiculturalism and ethnic diversity, with immigration considered as the most vital source of Canada’s population growth and economic development (Statistics Canada, 2011, 2016, 2017). The proportion of immigrants in Canada is predicted to grow continuously (Statistics Canada, 2017). A recent population projection forecasts that first- and second-generation immigrants could account for nearly half of the Canadian population by 2036 (Statistics Canada, 2017). As such, identifying immigrants’ challenges and barriers to successful integration has been a priority for scholars and policymakers in Canada (Buzdugan & Halli, 2009; Picot & Sweetman, 2011).

Successful integration requires that various aspects of immigrants’ needs are met (Murphy, 2010; Picot, 2008). However, most research has focused on immigrants’ economic integration (Murphy, 2010; Picot, 2008; Picot & Sweetman, 2011). Although there is a large body of literature on immigrants’ economic integration (i.e., employment outcomes), there has been a relatively smaller but growing body of research examining other domains of integration, such as immigrants’ health and well-being (Antecol & Bedard, 2006; Martinez, 2013; McDonald & Kennedy, 2004; Vang et al., 2017). With the number of immigrants continuously growing, newcomers’ health and well-being have become ever more important for Canada’s future.

Unhealthy food choices and eating practices have long been identified to have a negative impact on health and well-being (Ezzati & Riboli, 2012; Garriguet, 2009; Hooper et al., 2012; Howard, Edge, & Munro 2013). In Canada, more than two-thirds of deaths each year result from nutrition-related chronic diseases, such as cardiovascular disease and Type 2 diabetes (Public Health Agency of Canada, 2010a). Building on this well-established link between diet and health (Willett, 1994; Rozin et al., 1999; Katz & Meller, 2014; de Ridder et al., 2017), a relatively small but growing body of literature has started to examine the link between post-migration dietary changes and immigrant health (see the review of Lesser et al., 2014; Sanou et al., 2014). In
particular, unhealthy dietary transitions among the immigrant population have become a recent health concern among scholars in major immigrant-receiving countries, such as the United States, Australia, and Canada (Akresh, 2007; Lesser et al., 2014; Sanou et al., 2014).

*Dietary acculturation* is a process by which minority groups adopt the dietary patterns of their host country (Satia-Abouta, 2003; Satia, 2010). The literature on dietary acculturation finds that immigrants are more likely to make unhealthy food choices as they acculturate (Lesser et al., 2014; Sanou et al., 2014). Such unhealthy post-migration food choices may undermine the long-term health and well-being of the immigrant population, increasing their risk for nutrition-related chronic diseases (Lesser et al., 2014; Satia, 2010; Vargas & Jurado, 2016). With Canada’s increasing immigrant population, it is important to pay attention to changes in immigrants’ post-migration lifestyles since these are also closely related to healthcare costs in Canada (Chronic Disease Prevention Alliance of Canada, 2017). Furthermore, according to studies on return migration, deterioration in health and well-being is one of the reasons immigrants leave Canada (Davies et al., 2011; Handlos et al., 2015). Given such findings in the migration literature, considering immigrants’ health and well-being is important in light of their implications for immigrant retention.

Current healthy eating initiatives focus on encouraging individuals to educate themselves about making informed food choices and maintaining healthy eating practices (Government of Canada, 2019; Howard et al., 2013). This approach is problematic because it posits that immigrants are solely responsible for their own health and well-being, and it neglects the role of structural factors (e.g., integration challenges) that may shape their opportunities to engage in healthy eating. The objective of this dissertation is to address this gap by taking a sociological approach to explore the interrelationship between immigrants’ integration experiences and their post-migration food choices and eating practices. More specifically, I identify what structural aspects may shape immigrants’ post-migration food choices and eating practices and examine how these are interrelated to the inequalities they experience during their processes of settlement and integration. Complementing the insights from Cockerham’s health lifestyle theory (in Chapter 2 and Chapter 4), the second integrated article (Chapter 3) in this dissertation adopts an intersectional lens to explore how the various dimensions of inequalities experienced by immigrants during the integration process may simultaneously combine to further shape or even
exacerbate immigrants’ challenges and barriers in managing their post-migration food choices and eating practices in Canada.

Through the three integrated articles presented, this dissertation adds to the current literature on immigrants’ lifestyles, specifically their diet, health, and integration. The final chapter concludes by highlighting key implications and suggesting future directions for policy and research.

1.2 LITERATURE REVIEW

In this section, I provide an overview of the existing literature on the following areas: (1) immigrant health, (2) dietary acculturation, and (3) immigration and immigrant integration in Canada. First, I identify the current gaps in these research realms, discuss the contributions of situating the study in the Canadian context, and provide an overview of the theoretical frameworks used in this dissertation – health lifestyle theory (Chapter 2 and 4) and intersectionality (Chapter 3). Second, I discuss the reflexive issues related to my position as an immigrant, in relation to the current research context. Last, I explain how this dissertation links these research areas to contribute to the current literature on immigrants’ health, post-migration lifestyle practices, and integration.

1.2.1 Healthy immigrant effect: Erosion of immigrants’ initial health advantages with acculturation

Good health and well-being, defined as functioning well and feeling good in daily life, are identified as one of the key outcomes of successful immigrant integration (Buzdugan & Halli, 2009; Picot, 2008; Picot & Sweetman, 2011). Immigrants’ long-term health and well-being in Canada are important not only for the newcomers but also for everyone in Canada. With a significant proportion of Canada’s population being immigrants, it is important for scholars and policymakers to further explore immigrant health as it may also be closely related to various issues related to policies surrounding both immigration and population health.
The healthy immigrant effect refers to the phenomenon in which immigrants enter the host country healthier than the native-born population (Antecol & Bedard, 2006; Kennedy et al., 2015; Martinez, 2013; McDonald & Kennedy, 2004). This health advantage is partly due to a selection effect since immigration policies require medical screening for people to qualify for immigration (Kennedy et al., 2015; Kobayashi, Prus & Lin, 2008; McDonald & Kennedy, 2004). As such, individuals with serious medical conditions are often disqualified and screened out during the immigration process, which results in a healthier pool of incoming immigrants who have substantially better health than the native-born population (Kobayashi et al., 2008; McDonald & Kennedy, 2004). Furthermore, this particular health advantage may also be partially due to immigrant self-selection – those who decide to immigrate tend to be healthier individuals who can endure the prolonged processes of migration (Kobayashi et al., 2008; McDonald & Kennedy, 2004). However, these initial health advantages observed among the immigrant population gradually deteriorate over time, as immigrants reside longer in the host country (Martinez, 2013; Vang et al., 2017). With a greater duration of stay in the host country, immigrant health eventually converges with that of the native-born population; in fact, immigrants’ health risk for various chronic conditions eventually surpasses that of the native-born population (McDonald & Kennedy, 2004). This trend has been well-documented in the literature in Canada and around the world (Kennedy et al., 2015; Martinez, 2013; Sanou et al., 2014; Vang et al., 2017).

Several potential mechanisms account for this post-migration health decline, including cultural, socioeconomic, psychosocial, and lifestyle changes associated with immigration (Dogra, Meisner & Ardern, 2010; George et al., 2015; Murillo et al., 2015; Panchang et al., 2016; Sanou et al., 2014; Vang et al., 2017). Among the numerous factors identified are the underutilization of health services (e.g., preventive screenings), barriers in access to healthcare due to language differences, acculturative stresses associated with settling in a new environment, and adoption of unhealthy post-migration lifestyles (Kalich, Heinemann & Ghahari, 2016; Martinez, 2013; McDonald & Kennedy, 2004; Murillo et al., 2015; Panchang et al., 2016; Salas et al., 2016).

One of the mechanisms that contribute to immigrants’ gradual health decline is nutrition transition, mediated by dietary acculturation (Akresh, 2007; Satia et al., 2010). As previously mentioned, health scholars suggest that migration often involves some changes in dietary
practices and that these changes may lead certain immigrants to adopt unhealthy food choices and eating practices (Lesser et al., 2014; Sanou et al., 2014; Serafica, 2014). These studies reveal that immigrants often consume more processed convenience food as they acculturate (Lesser et al., 2014; Sanou et al., 2014). Such post-migration dietary changes are often associated with a higher intake of fats and a lower intake of fruits and vegetables, when compared to traditional ethnic meals (Sanou et al., 2014; Serafica, 2014). Such negative dietary changes have been linked with increases in immigrants’ risks for nutrition-related chronic diseases, such as cardiovascular diseases and Type 2 diabetes (Lesser et al., 2014; Martinez, 2013; Sanou et al., 2014). Several studies note how the resettlement experience produces new health challenges for immigrants, as immigration is followed by significant changes to people’s environment and ways of living that alter their post-migration lifestyle practices (Martinez, 2013; Satia-Abouta, 2003; Serafica, 2014).

1.2.2 Prior literature on dietary acculturation: Overwhelming focus on the United States context

Despite the well-established link between dietary acculturation and health decline among immigrants, relatively little work has been done to explore the various underlying mechanisms that contribute to such negative dietary changes (See the review of Sanou et al., 2014). To identify and understand these mechanisms, prior studies have focused heavily on the role of socioeconomic status on immigrants’ post-migration food choices and eating practices (Martin, Van Hook & Quiros, 2015; Mazur et al., 2003; Pérez-Escamilla & Putnik, 2007). Previous studies on dietary acculturation have focused primarily on the experiences of Hispanic immigrants, and some on African-Americans in the United States (Akresh, 2007; Gray et al., 2005; Patil, Hadley & Nahayo, 2009; Villegas, Coba-Rodriguez, & Wiley, 2018). These studies concentrated on the role of socioeconomic status (i.e., education and income), given the disproportionate representation of Hispanics and Blacks at the low end of the socioeconomic spectrum in the United States (Akresh, 2007; Allen et al., 2014; Card & Raphael, 2013; Noël, 2018; Walton, 2014). For example, Hispanic immigrants are the least educated racial/ethnic group in the United States; about 10% of them are high school dropouts, and only about 20% hold a bachelor's degree or higher (U.S. Census Bureau, 2017).
These studies based in the United States emphasize the role of education, attributing immigrants’ poor eating practices to their lack of food literacy due to their low educational attainment (Akresh, 2007; Cockerham, 2005, 2013; Walton, 2014). *Food literacy* refers to the ability of individuals to understand food in a way that allows them to make informed food choices and to properly “navigate, engage, and participate” in healthy eating (Cullen et al., 2015, p. 143; Vigen & Gallegos, 2014). Particular emphasis has been placed on how higher educational attainment allows individuals to acquire better dietary knowledge, which helps them to better understand and interpret nutrition-related information (Malloy-Weir & Cooper, 2017; Mirowsky & Ross, 2015; Perry et al., 2017; Sinclair, Hammond & Goodman, 2013; Ward et al., 2013).

In addition, studies on Hispanics in the United States have also identified income as a key mechanism for immigrants’ negative post-migration dietary changes (Allen et al., 2014; Mazur, et al., 2003; Pérez-Escamilla & Putnik, 2007; Martin et al., 2015). Hispanic households in the United States are twice as likely to live in poverty compared to non-Hispanic white households (United States Congress, 2015), which many of these studies partially attribute to the low-educational attainment of the Hispanic population. These studies discuss how economic constraints create several negative implications for people’s food choices and eating practices. For example, economic circumstances affect people’s ability to purchase healthy food and increase the likelihood of being residentially segregated in food desert neighbourhoods with relatively less access to larger grocery stores that provide fresh and affordable ingredients (Allen et al., 2014; Akresh, 2007; Mazur et al., 2003; Pérez-Escamilla & Putnik, 2007; Walton, 2014; Varghese & Moore-Orr, 2002; Villegas et al., 2018). Although these prior studies have been valuable in understanding the role of socioeconomic status as one of the key mechanisms for immigrants’ dietary acculturation, they have not specifically considered the role of underlying structural inequalities that contribute to these immigrants’ greater vulnerability of being disproportionately represented in the low socioeconomic spectrum.

To further explain negative changes to immigrants’ post-migration food choices and eating practices, other studies have identified cultural barriers as key mechanisms. These barriers include limited availability of traditional ethnic ingredients, inadequate understanding of the new food context, and language barriers, and they may further affect immigrants’ ability to adjust to the unfamiliar food context and navigate their way in managing healthy food choices (Aljaroudi,
Horton, & Hanning, 2019; Dweba, Oguttu, & Mbajorgu, 2018; Munger et al., 2015; Osei-Kwasi et al., 2016; Ramirez et al., 2018; Terragni et al., 2014; Weisberg-Shapiro & Devine, 2015). The extent of these barriers, which emanate from cultural differences, may differ depending on immigrants’ racial/ethnic background, with immigrants from non-Western countries being more likely to experience such barriers in managing their diet in the new context. As such, more research is needed on these barriers and on other potential structural aspects that may shape immigrants’ post-migration food choices and eating practices.

Overall, there is currently a limited understanding of forces beyond socioeconomic factors and cultural differences that may play a role in shaping immigrants’ post-migration food choices and eating practices. More attention should be paid to other aspects of social experience, including structural inequalities experienced during immigrant integration and settlement. As migration literature highlights, not all immigrants may acculturate in a similar way (Abraído-Lanza, Echeverría & Flórez, 2016; Berry, 1997; Schwartz & Zamboanga, 2008). With such considerations, more recent research has begun to consider how dietary acculturation can be multifaceted (Cleverland & Xu, 2019); providing a more nuanced understanding of how immigrants navigate and come to understand the new food context to manage their food choices and eating practices (Mycek et al., 2020). Considerations from these studies shed light on the importance of taking a holistic approach, and raises a need for greater attention to what other structural aspects may play a role in shaping immigrants’ food practices in the host country.

As discussed earlier, prior research on this topic has mostly been conducted in the context of the United States, with particular focus on the Hispanic immigrants (Akresh, 2007; Patil, Hadley & Nahayo, 2009; Villegas, Coba-Rodriguez, & Wiley, 2018). There has been little research conducted in other social and regional contexts. As such, the focus on the Canadian context in this dissertation will provide a valuable contribution, especially given that the composition of Canadian immigrants is vastly different from the U.S. immigrants. The next sections will provide an overview of the Canadian immigration context.
1.2.3 Immigrant and immigrant integration experiences in Canada

Historically, immigration has been the key ingredient to nation-building in Canada. From the time of Confederation, immigration has been an important source of population growth and a critical strategy for Canada’s economic development. Between 1951 and 1991, net migration accounted for about 25% of Canada’s population growth, and between 1991 and 2001, net migration accounted for about 60% of the increase in the country’s total population and a 71% increase in Canada’s total labour force (Li, 2003; Beajot, 2003). Although the total number of immigrants entering Canada has decreased, immigration still continues to play a significant role in the economic development of and population growth in Canada (Albanese, 2005; Lacovetta, 1995; Reitz, 2005; Ressia et al., 2017a; Ressia et al., 2017b; Statistics Canada, 2017). By 2036, as noted earlier, it is projected that first- and second-generation immigrants will comprise nearly half of the Canadian population (Statistics Canada, 2017).

Simmons (2010) discussed that the dramatic increase in the need for human capital, combined with a low fertility rate, led to labour shortages in Canada that require a strategy to fill skills gaps in its industrializing economy. The strategy adopted by Canada was to fill such immediate skill shortages with knowledge workers through immigration (Simmons, 2010). Recruiting these highly-skilled individuals through immigration was considered to be a “cheaper” solution, as it immediately filled labour shortages without employers having to bear the cost of educating and training these workers (Buzdugan & Halli, 2009). However, recent immigrant cohorts in Canada have faced declining employment outcomes despite their higher levels of human capital. A substantial body of research documents that members of these recent immigrant cohorts experience skill underutilization and struggle to find work commensurate with their education and training (Fuller, 2015; Li & Li, 2013; Banerjee & Phan, 2014). Hasmath (2012) also discussed that an ethnic penalty impedes the employment outcomes of racial/ethnic minority immigrants, while this is less of the case for immigrants from Western Europe and the United States. Immigrants from non-Western countries struggle more throughout the job search, hiring, and promotion processes as foreign credentials are often devalued, which subsequently impedes their occupational success (Buzdugan & Halli, 2009; Sakamoto et al., 2010). As a result, immigrants in Canada experience higher rates of unemployment, and they are disproportionately underemployed in low-waged, non-standard, precarious work, and earn lower wages than their
native-born counterparts with similar qualifications (Desjardins & Cornelson, 2011; Fuller & Vosko, 2007; Noack & Vosko, 2011). In summary, immigrants’ economic integration appears to be increasingly challenging in Canadian society.

1.2.4 **Contributions of the Canadian Context**

The Canadian context is valuable for understanding immigrant integration and dietary acculturation for two reasons. First, approximately two-thirds of newcomers to Canada are economic immigrants who are well educated and highly-skilled, many of whom also arrive with a certain degree of accumulated savings from their home country (Statistics Canada, 2017). Upon arrival, the majority of these immigrants settle in metropolitan areas with the highest cost of housing (Fong & Berry, 2017; Ley & Tutchener, 2001; Statistics Canada, 2017). As such, the ghettoization of ethnically concentrated neighbourhoods is relatively less of a concern in Canada compared to the United States, which also means that residing in food desert neighbourhoods is often not the central issue that influences Canadian immigrants’ post-migration food choices and eating practices.

Second, the ethnocultural diversity of the immigrant population in Canada provides a valuable context to further extend the current literature that has identified cultural differences as key barriers that negatively influence immigrants’ post-migration food choices and eating practices. Whereas earlier immigrants to Canada were primarily from European countries, Canada has experienced dramatic changes in the racial/ethnic composition of its incoming immigrants, with the majority of recent immigrants coming from non-Western countries (Statistics Canada, 2016, 2017). With 61.8% of recent immigrants arriving from East Asia and South Asia, Asia is now Canada's largest source of the immigrant population (Statistics Canada 2016, 2017). Given such differences in context, it is worthwhile to explore whether recent Canadian immigrants’ experiences would differ from those of Hispanic immigrants in the United States. Known as a country that places a strong emphasis on the importance of multiculturalism and ethnic diversity – Canada provides a good context for the analysis of immigrants’ post-migration experiences in managing healthy food choices and eating practices.
1.2.5  **Interrelationship between immigrants’ economic integration experiences and their post-migration food choices and eating practices**

Although research has documented the poor employment prospects of the recent cohort of immigrants to Canada and their declining post-migration food choices and eating practices, the link between these domains remain underexplored. Prior studies have not formally linked integration experiences (more specifically on economic integration) to immigrants’ post-migration food choices and eating practices (Akresh, 2007; Dogra et al., 2010; Sanou et al., 2014; Tremblay, 2006; Salas et al., 2016). This gap can be addressed by social science researchers, especially because there are clear reasons to believe that the challenges that immigrants’ experience during their integration process are closely interrelated to their post-migration food choices and eating practices.

Given immigrants’ greater risk of being underemployed in low-pay, non-standard, precarious work, they may be particularly at risk for negative impacts on their food choices and eating practices and, ultimately, their health and well-being. Studies find that most highly-skilled immigrants report a great degree of frustration during the integration process, which has implications for their lifestyle, health, and well-being, as they carry higher expectations for a more professionally successful life (Gauthier, 2016; Kaushik & Drolet, 2018; Meraj, 2015). For highly-skilled immigrants, the devaluation of foreign credentials and the lengthy and complex reaccreditation process add more challenges in finding commensurate work (Hasmath, 2012; Li & Li, 2013; Banerjee & Phan, 2014). As a result, many immigrant professionals have difficulty entering regulated professions, exacerbating disparities in immigrant status within professional occupations (Buzdugan & Halli, 2009; Banerjee & Phan, 2014).

While these challenges often push immigrants into jobs that are low-paying, non-standard, and precarious, certain skilled immigrants do succeed in landing higher-status jobs. However, even the latter experience their professional status being questioned, and thus feel that they consistently have to prove their worth in the workplace (Bhatt, 2013; Kristjansdottir & Christiansen, 2017; Murti, 2014). Prior studies also reveal how the intersection of gender and immigrant status may result in particular disadvantages for immigrant women in professions
(Kwon & Adams, 2018; Adams & Kwon, 2019; Murti, 2012; Ressia et al., 2017a). A small but growing body of research highlights how immigrant women experience greater challenges in rebuilding their careers in the host country upon arrival, given the intersection of inequalities arising from their immigrant status and from gender segregation in many professional occupations (Ressia et al., 2017a). Existing research, however, has not considered how immigrants’ economic integration experiences may simultaneously play a role in shaping their post-migration food choices and eating practices; even less is known about how these experiences may also be gendered.

1.3 THEORETICAL FRAMEWORKS

In this section, I provide a more detailed overview of the main theoretical frameworks used in the current dissertation: Cockerham’s (2005; 2013) health lifestyle theory (used in Chapter 2 and Chapter 4) and intersectionality (used in Chapter 3). Details of Berry’s acculturation model (Chapter 2) and life course approach (Chapter 3) are outlined in each of the relevant chapters.

1.3.1 Cockerham’s health lifestyle theory

One of the key contributions of Cockerham (2005) is his critique of prior research that has largely adopted an individualistic paradigm to study lifestyle behaviours. Such an individualistic paradigm neglects the role of structural influences beyond individuals’ own choices and preferences (Cockerham, 2005, 2013). Given the limits of this individualistic approach, Cockerham’s health lifestyle theory proposes that individual decisions may be a result of the interplay between agency and structure (Cockerham, 2005). Cockerham (2013) defines health lifestyles as “collective patterns of health-related behaviour based on choices made from options available to people according to their life chances” (p. 138). According to this theory, not everyone has equal opportunities to pursue a healthy lifestyle, including healthy eating practices (Cockerham, 2005, 2013). More specifically, individuals’ position within the broader social
context shapes their *life chances* and lifestyle choices, as individuals exert agency within these constrained options (Cockerham, 2005, 2013).

Such interplay between agency and structure is one of the central components of the health lifestyle theory (Cockerham 2005, 2013). While it may seem that individuals can freely choose the type of lifestyle they want to pursue, social inequalities shape lifestyle and well-being and determine the lifestyle options that are available (Cockerham, 2005, 2013). People often make decisions about their lifestyles that are dependent on their social context, such as class circumstances, and realistic choices are likely to be chosen over unrealistic ones (Cockerham, 2005). This theory provides valuable insights for examining immigrants’ post-migration food choices and eating practices, as current research has mostly focused on individual factors, with little attention to the role of other contextual factors, such as structural inequalities experienced during the processes of integration and settlement.

Cockerham (2013) identified several variables that may account for disparities in people’s ability to engage in healthy lifestyle practices by examining social contexts that influence their life chances (*structure*), lifestyle choices, and individual preferences. Cockerham (2013) identified *class circumstances* (e.g., education, income, and occupational status) as the most influential factors for lifestyle. Further, Cockerham (2013) also stressed the importance of considering, what he referred to as *stratification variables* (e.g., age, gender, and race/ethnicity). All of these structural aspects (related to class circumstances and stratification variables) may produce further disparities in lifestyle practices.

Moreover, Cockerham (2013) discussed the importance of social relationships and other social networks (which he refers to as *collectivities*), and *living conditions* (e.g., neighbourhood and regional differences). Through their interaction with significant others, individuals develop a sense of self and are socialized about how they should manage and maintain their health and well-being, including healthy lifestyle practices. Family and kinship are considered as the most influential social relationships that influence people’s lifestyle (Cockerham, 2013). Other examples include social embeddedness related to religion, workplace, and politics (Cockerham, 2013). Living a healthy lifestyle is also dependent on where people reside (e.g., a region of residence, neighbourhood conditions) and where they spend a significant proportion of their day-
to-day lives (e.g., location of work). For example, living in a food desert, with no grocery stores nearby, may undermine people’s access to fresh ingredients and subsequently influence their diet and eating habits. Having a long commute to work is another situation that may take away time that people can devote to healthy eating. Although this theory is valuable in providing insight into the structural factors that may influence how people manage their lifestyle practices, it does not specifically explore how these are simultaneously interrelated and how these may intersect with other social dimensions such as gender and age.

Building on the insights gained from Cockerham’s (2005, 2013) health lifestyle theory, Chapter 3 in this dissertation takes an intersectional approach to identify whether inequalities related to gender, class, and immigrant status intersect simultaneously to further shape immigrants’ post-migration food choices and eating practices.

1.3.2 Intersectionality

As mentioned earlier, Chapter 3 in this dissertation draws insight from intersectionality. Intersectionality theories demonstrate how various social dimensions of inequalities are intertwined and how these can exacerbate disadvantages and reproduce inequalities (Acker, 2006; Choo & Ferree, 2010; Hankivsky et al., 2010; Holvino, 2010). Rather than treating various social categories (e.g., gender, race/ethnicity, class, and immigrant status) as separate dimensions of inequality, intersectionality allows us to understand their simultaneity (Choo & Ferree, 2010).

What should be noted is that immigrant integration is a complex process, which may constitute multiple dimensions of inequalities unfolding simultaneously for some, depending on their social context and the social group they are embedded in. With respect to research on immigrants’ post-migration food choices and eating practices, we currently know very little about what other potential challenges and barriers may exist beyond those related to socioeconomic status and cultural differences. As such, there is a strong need to further probe for other underlying mechanisms. One such mechanism concerns the various dimensions of inequalities that are closely tied to immigrant integration processes, which may intersect with immigrants’ post-migration food choices and eating practices. As I have outlined earlier in this chapter, there
are clear reasons to believe that immigrants’ integration experiences may be closely interconnected to their post-migration food choices and eating practices. Existing research, however, has not considered how various dimensions related to immigrants’ integration experiences may play a role in shaping their post-migration food choices and eating practices.

However, despite providing valuable insights on how structural and contextual aspects beyond individual factors may influence lifestyle practices – Cockerham’s health lifestyle theory is somewhat limited from an intersectional point of view. Cockerham’s theory does not fully consider how various structural dimensions may simultaneously intersect to shape lifestyle practices. For example, gender, class and other dimensions are not simply a series of variables that have the capacity to shape healthy lifestyles, but they may actually be simultaneously intertwined. They are not simply individual demographic characteristics; rather, they are structured social inequalities and practices embedded within societal institutions and shaped by ideology and social interaction (see for example, Choo & Ferree, 2010).

Furthermore, the impacts of education, income, and employment are multifaceted, and their significance cannot be reduced to serving as proxies for class circumstances, or what Cockerham (2013) refers to as life chances. For these reasons, although the health lifestyle theory provides valuable insight into how social structures and aspects of social experience may have implications for lifestyle and health, it fails to consider how a multiplicity of factors (e.g., class, race, gender, social networks, and living conditions) may combine to simultaneously shape immigrants’ post-migration lifestyle choices. One of the advantages of examining simultaneous experiences is that it allows us to move away from previously used additive approaches and enables us to further understand how multiple forms of inequality are closely intertwined and how these further shape and reproduce inequalities (Acker, 2006; Choo & Ferree, 2010). As these multiple forms of inequality are experienced simultaneously, it is difficult to disentangle them because they are mutually constituted (Choo & Ferree, 2010; Kaushik & Walsh, 2018). Intersectionality recognizes that there are no specific social categories that have a greater influence over another (Gkiouleka et al., 2018). These categories are, rather, “single, synthesized experiences” of multiple dimensions of inequalities that are culturally specific and that vary across and socio-historic contexts (Crenshaw, 1989, 1991; Gkiouleka et al., 2018; Kaushik & Walsh, 2018, p. 29).
Although intersectionality first gained popularity in feminist research to understand the complex dimensions of oppression that African-American women experience (Collins, 1990; Crenshaw, 1989), it has evolved into multidimensional concepts that can be utilized as a theoretical and methodological approach to studying inequality (Choo & Ferree, 2010; Davis, 2008; Ozbilgin et al., 2011; Yuval-Davis, 2006). The intersectional approach can be a useful analytical tool for a diverse scholarship, such as health research, and is now increasingly applied to study social phenomena across various disciplines – including research on immigrant population (Hankivsky & Cormier, 2011; Kaushik & Walsh, 2018; Mattsson, 2014). More recently, studies have begun to raise the importance of taking an intersectional approach in examining food practices, more specifically on the intersection of gender, class, and race/ethnicity (Bowen et al., 2014; Bowen et al., 2019). Building on such emerging research that shed insight regarding the significance of immigrant status on food practices (Bowen et al., 2019; Mycek et al., 2020), Chapter 3 in this current dissertation adopts an intersectional approach to further contribute to the literature on immigrant integration, dietary acculturation, and gender scholarship related to family feeding practices.

A major tenet of intersectionality is that no social group should be considered homogeneously. It is important to recognize the diversity within social groups as individuals may have distinct experiences based on how they are situated within the intersecting systems of power within society (Dill & Zambrana, 2009; Gkiouleka et al., 2018; Kaushik & Walsh, 2018). According to Mattsson (2014), intersectionality allows us to examine “dynamic power relations and oppression in a way that is sensitive to differences and oppression both within and among groups” (p. 15). As such, there is much value in drawing insights from an intersectional approach in conducting migration research. The intersectional lens allows more detailed consideration of social experiences and inequalities across individuals and social groups within a wide range of contexts, disciplines, and locations (Kaushik & Walsh, 2018).

Intersectionality theory provides a valuable tool to further examine whether the negative changes to immigrants’ post-migration food choices and eating practices are rooted in the structural inequalities that they experienced during their processes of integration and settlement. Given its theoretical strengths, recent migration literature has started to consider intersectionality as an approach to examine how multiple strands of difference shape “the conditions of inequality
and privilege or disadvantage that are experienced by immigrants throughout their stages of integration and settlement” (Kaushik & Walsh, 2018, p. 35). In examining immigrants’ distinctive experiences, it is important to consider how social locations and structural forces (e.g., historical and geographic contexts) may also shape and influence their experiences (Hankivsky, 2012). Time and place are inseparable aspects that create heterogeneous experiences in human lives (Hankivsky, 2012; Weldon, 2008), and ones particularly relevant to examining the experiences of the immigrant population.

1.4 OVERVIEW OF THE DISSERTATION

1.4.1 Study objectives and data sources

The current dissertation takes a sociological approach in examining other structural aspects that shape immigrants’ post-migration food choices and eating practices to gain further understanding of how “opportunities” and “barriers” for healthy eating may be shaped by immigrants’ experiences of inequalities during the processes of integration and settlement. Building on insights from Cockerham’s health lifestyle theory, I explore how the various dimensions of social inequality experienced by immigrants during the integration process further shape immigrants’ post-migration food choices and eating practices. More broadly, the overarching goal of this dissertation is to contribute to the current literature on immigrant integration, lifestyle, health, and well-being and to suggest future directions for policy and research on immigrants’ post-migration food choices and eating practices.

There are two sources of data used in this dissertation. For the qualitative analyses, I used primary data collected from semi-structured, in-depth interviews with recent immigrants in two Ontario cities – Toronto and London. For the quantitative analyses, I used data from a confidential master file from Statistics Canada’s 2015 Canadian Community Health Survey (CCHS). More elaborated discussions about the strengths and justification for each source of data are outlined in greater detail in the methodology section for each of the subsequent integrated articles in Chapters 2, 3, and 4. All three integrated articles draw on qualitative data, whereas quantitative data are only used for the last integrated article in Chapter 4.
1.4.2 Reflexivity

Considering reflexivity and researcher’s positionality is a crucial strategy to minimize subjectivity in the process of generating knowledge in qualitative research. Reflexivity refers to a researcher’s deliberate effort to establish “the credibility of the findings by accounting for researcher values, beliefs, knowledge, and biases” (Cutcliffe, 2003; p. 137). Such critical self-appraisal is required to examine the interaction between the researcher and the data throughout all the phases of the research process (Jackson & Verberg, 2007). The aim is to enhance the rigour of the research for quality control (Berger, 2015). Being an immigrant from South Korea myself, I acknowledged that my position might impinge upon the research process (Bryman & Bell, 2012; England, 1994; Hesse-Biber & Leavy, 2011). In this section, I discuss my own positionality and how this may have impacted the research process, including the data collection (e.g., interaction with participants), the analysis of the results, and the discussion of the findings.

Throughout the research process, I positioned myself as both “an insider” and “an outsider.” Such a strategy, referred to as a “dual identity,” has been recognized as a strategy often used by researchers studying minority groups (Berger, 2015). My insider position as an immigrant has played a central role in the initial stage of the research process, for example, the choice of the research topic. My position as an insider provided better insights for identifying knowledge gaps and probing potential areas for further considerations. Moreover, my own experiences as an immigrant have been valuable in formulating the semi-structured interview guide, as I was able to better contextualize the issue within the broader socio-historical context in which immigrants are embedded. My position as an insider also allowed me to approach the study with more knowledge about the topic and about the participants in this research.

However, I positioned myself as an outsider as I started the data collection via semi-structured interviews. During the interviews with participants, I made deliberate efforts to maintain the separation between my own experiences and the experiences of the immigrants that I have interviewed in this research. I have done this to ensure that the results are not influenced nor steered in any particular direction so that the participants’ own experiences are emphasized. This is important, as I am an immigrant with an East Asian background (Korean), whereas this
study focuses on diverse immigrant groups. Positioning myself as an outsider has helped me to maintain a neutral position for all immigrants with diverse racial/ethnic backgrounds. Such effort has been done to minimize potential biases in the research.

I positioned myself as an outsider to be reflexive throughout the data collection process, particularly during interactions with the participants. Conducting the interviews in English, using the semi-structured interview to guide my interaction with the participants, and taking detailed memos throughout and immediately after the interview have helped me to remain self-reflective and to minimize potential biases and assumptions that may arise during the data collection. Nonetheless, despite my efforts to maintain an outsider position, my visible minority status and accent revealed my immigrant background to the participants. Although this was not intended, this actually allowed me to establish a better rapport with the participants, making them more comfortable in sharing their immigration experiences. Furthermore, being an immigrant myself, I was able to better understand some of the nuances and probe further on certain aspects that others with non-immigrant backgrounds may have missed during the data collection. However, in certain cases, some participants responded with phrases such as “…you know what I mean?” or “as you would probably know…” In these circumstances, I asked the participants if they can elaborate further about what they specifically meant – so that their experiences can be more accurately be portrayed with minimal potential biases and assumptions.

Acknowledging that it is inevitable that the background of the researcher may affect certain parts of the research process, I have made constant efforts to be mindful of the importance of engaging in reflexivity throughout the research process, especially in ensuring that my values and beliefs (from my immigrant background) do not impinge on the interpretation of the results and in drawing conclusions for the current research.

1.4.3 Organization of the dissertation

I present the three integrated articles in Chapters 2, 3, and 4, followed by the discussion and conclusions in Chapter 5. These five chapters contribute to a more in-depth understanding of
the simultaneous interrelationship between immigrants’ integration experiences and their post-migration food choices and eating practices.

The first article (Chapter 2) is entitled “Considering the role of integration experiences in shaping immigrants’ post-migration food choices and eating practices.” Drawing on primary data collected through in-depth qualitative interviews with 38 recent immigrants in one large-sized and one mid-sized city in Ontario, Canada, the objective of this chapter is to explore whether structural inequalities that immigrants experience during the processes of integration may play a role in shaping their post-migration food choices and eating practices. In doing so, this chapter addresses the following two research questions: First, what are recent immigrants’ general experiences in managing their food choices and eating practices in Canada? Second, what structural aspects related to immigrants’ integration experiences play a role in shaping their post-migration food choices and eating practices? By adopting insight from Cockerham’s health lifestyle theory and Berry’s acculturation model, this chapter adds a more nuanced, holistic understanding of immigrants’ dietary acculturation experiences in Canada.

The second integrated article (Chapter 3) is entitled “Feeding the Canadian Immigrant Family: An intersectional approach to meal preparation among immigrant families in Ontario.” Drawing on the in-depth qualitative interviews with 23 married immigrant men and women, this article adopts an intersectional life course approach to address the following two research questions. First, who takes on the responsibility of ‘feeding the family,’ and what forces and pressures encourage this? Second, what are some of the challenges experienced among immigrant families and what strategies do they adopt as they endeavour to produce healthy, home-cooked meals? The focus is on the intersection between gender, socioeconomic status (class), and immigrant status. Despite growing interest in the importance of home-cooked meals for health and well-being, recent public health strategies suggest that people should be more mindful of healthy eating and should cook more often at home. However, tasks involved in “feeding the family” (DeVault 1991) still remain as gendered practices. There is currently relatively little research on how the intersection of gender, class, and immigrant status shapes family decision-making regarding meal preparation and eating practices. By focusing on Canadian immigrants in Ontario, this article seeks to contribute to the field through its focus on the intersection of gender, class, and immigrant status during the integration processes. This study has important policy and
research implications for both immigrant women and immigrant families, specifically for their lifestyle, health, and well-being.

The last article (Chapter 4) is a mixed-methods study entitled “Awareness and usage of Canada’s Food Guide: A comparison of recent and established immigrants to native-born Canadians in Ontario.” As part of Canada’s vision for a healthier population, reducing the risk of nutrition-related chronic diseases by disseminating healthy eating messages through Canada’s Food Guide has been considered as an important priority in Canada’s public health strategies (Health Canada, 2015, 2016; Howard et al., 2013; Public Health Agency of Canada 2010a, 2010b; Taylor, 2018). From a sociological perspective, this paper discusses the limitations of such an individualistic, behavioural approach. One of the limitations of the current public health strategies is that it neglects the role of underlying structural inequalities that may influence people’s opportunities for healthy eating. More consideration is needed regarding how social context may influence food choices and eating practices (Cockerham, 2005; 2013; Delormier et al., 2009). By analyzing data from the large, nationally representative 2015 Canadian Community Health Survey, this mixed-methods study first examines the awareness and usage of Canada’s Food Guide among Canadian adults in Ontario, comparing how immigrants, both recent and established, differ from native-born Canadians. Second, I draw on qualitative data from 45 in-depth interviews with recent immigrants and international students (and those who had initially arrived as an international student) to further explore their general experiences in accessing and using Canada’s Food Guide. This article also identifies several notable policy implications to be considered for more inclusive and equitable future public health strategies on healthy eating – to better address the specific needs of the immigrant population in Canada.

Chapter 5 presents the dissertation’s conclusions, where I provide a summary of the research findings from the three integrated articles. Furthermore, this chapter discusses the contributions and policy implications of these findings and offers recommendations for future research in the field of immigrant integration, lifestyle, health, and well-being.
1.5 REFERENCES


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Chapter 2

2 Considering the role of integration experiences in shaping immigrants’ post-migration food choices and eating practices

2.1 INTRODUCTION

Healthy eating has increasingly become a priority of public health strategies today given that an unhealthy diet has been identified as a major contributing factor to various chronic health conditions, such as Type 2 diabetes, cardiovascular diseases, and various types of cancer (Delormier, Frohlich, & Potvin, 2009; Ezzati & Riboli, 2012; Fardet & Boirie, 2014; Hooper et al., 2012; Howard, Edge, & Munro, 2013; Kumar & Preetha, 2012; World Health Organization, 2018). Although prior studies have been valuable in outlining the health implications of an unhealthy diet, notable limitations need to be addressed as these studies have largely taken an individualistic approach, placing responsibility on individuals while neglecting the role of structural inequalities that may shape people’s ability to maintain healthy lifestyle practices. To address this void in the literature, further consideration must be given to how lifestyle practices are closely related to people’s social location and context (Cockerham, 2013). Migration is one important aspect to be considered when researching about healthy lifestyle practices, as it entails significant changes to people’s social and institutional circumstances and may increase their exposure to structural inequalities, which may subsequently undermine their opportunities to engage in healthy lifestyles and result in detrimental consequences for their long-term health and well-being.

Since international migration is one of the most critical components of population growth in many developed countries (e.g., United States, Australia, and Canada), research and policy interest in immigrants’ health has grown. Accordingly, interest in immigrants’ post-migration food choices and eating practices have also increased. Research on dietary acculturation provides evidence that immigrants tend to adopt unhealthy dietary patterns as they acculturate in the host country (Sanou et al., 2014; Satia, 2010). Such negative dietary acculturation has been identified as one of the mechanisms in the gradual decline of immigrants’ initial health advantage, referred to as the Healthy Immigrant Effect, contributing to their increased risk for various types of nutrition-related chronic diseases (Lesser et al., 2014; Vang et al., 2017; Vargas & Jurado, 2016).
However, many of these prior studies have been focused on the United States, and particularly on Hispanic immigrants who are known to have a disproportionally low socioeconomic status (Akresh, 2007; U.S. Census Bureau, 2017; Villegas, Coba-Rodriguez & Wiley, 2018). Most U.S. studies attribute immigrants’ negative dietary acculturation to their low levels of education that limit their food literacy and their low income that limit their accessibility to healthy food (Allen et al., 2014; Akresh, 2007; Mazur et al., 2003; Pérez-Escamilla & Putnik, 2007; Walton, 2014; Villegas et al., 2018). Other studies on dietary acculturation also identified some of the cultural barriers experienced by immigrants from non-Western countries, for example, the unavailability of ethnic ingredients and the lack of understanding of Westernized ingredients (Aljaroudi et al., 2019; Munger et al., 2015; Ramírez et al., 2018; Terragni et al., 2014; Weisberg-Shapiro & Devine, 2015). Moreover, some studies found that language barriers further limit immigrants’ ability to fully understand, learn, and adjust to the unfamiliar food context in the host country (Sanou et al., 2014; Terragni et al., 2014; Vahabi & Damba, 2013). Although these studies reveal the impact of socioeconomic status and cultural differences, most of them assume implicitly that immigrants’ dietary acculturation to the host country’s dietary practices is inevitable (Sanou et al. 2014).

Recent studies have begun to shed light on how such a linear, unidimensional approach to examining dietary acculturation is problematic because immigrant acculturation processes are multidimensional (Abraído-Lanza, Echeverría & Flórez, 2016; Cleverland & Xu, 2019). Migrating to a new country involves considerable readjustments to immigrants’ lifestyles, including food choices and eating practices, and the outcome of acculturation is multifaceted (Cleverland & Xu, 2019; see also Berry 1997). As such, immigrant dietary acculturation research needs to adopt a more nuanced view. More recently, research has considered a more holistic understanding of immigrants’ dietary acculturation experiences (Mycek et al., 2020). With regards to dietary acculturation, some immigrants continue to practice their traditional ethnic ways of eating, some completely adapt to the new food practices of the host country, while others try to maintain a balance by adopting bicultural food practices (Satia-Abouta, 2003). However, structural consideration is crucial in understanding how immigrants navigate and socialize in the new food environment (Mycek et al., 2020). For instance, immigrants may encounter challenges navigating the new food environment in the host country, which may influence their experiences in maintaining their traditional ways of eating (Mycek et al., 2020). Given such a need for a more
nuanced, holistic understanding, this paper draws on Cockerham’s (2005, 2013) health lifestyle theory to contribute to the current literature. Emphasis is placed on understanding the structural aspects that shape immigrants’ post-migration food choices and eating practices, such as the role of socioeconomic status, age, gender, and even other contextual factors such as their proximity to an ethnic community.

In this study, data are drawn from 38 in-depth qualitative interviews with recent Canadian immigrants in one large-sized and one mid-sized city in Ontario (Toronto and London). Canada provides an ideal context, given that the composition of the immigrant population in Canada is vastly different from the United States. Approximately two-thirds of Canadian immigrants arrive as economic immigrants with relatively higher levels of education (Statistics Canada, 2017). Moreover, the racial/ethnic composition of Canadian immigrants is also different from the U.S. context, as the majority of immigrants to Canada are from Asian countries (Statistics Canada, 2016, 2017). However, although immigrants to Canada arrive with a different sociodemographic composition (e.g., relatively better socioeconomic standing) than U.S. immigrants, evidence shows that Canadian immigrants also experience similar changes to the way they eat, with gradual adaptations to unhealthier diets (see the review of Sanou et al., 2014). It is, therefore, important to seek further understanding of recent immigrant’s post-migration experiences in managing their food choices and eating practices in the context of Canada, and to further consider whether structural aspects related to their integration and settlement process may simultaneously play a role.

2.1.1 Dietary acculturation of immigrants: Insights drawn from Berry’s models of acculturation and Cockerham’s Health Lifestyle Theory

Earlier conceptualizations of acculturation emphasized immigrants’ linear assimilation to the so-called core culture\(^1\) of the host country. Such a conceptualization has been criticized for their portrayal of processes of acculturation as “unidimensional” (Alba & Nee, 1997; Gordon, 1997; Page 829).

\(^1\) What Gordon described as core culture – which was initially coined by Joshua Fishman – refers to the “the middle-class cultural patterns of, largely, white Protestant, Anglo-Saxon origins” (Alba & Nee, 1997; Page 829).
1964; Schwartz et al., 2010). Similarly, prior research on dietary acculturation often assumes that acculturation to the host country’s dietary pattern is inevitable upon migration (Lesser et al., 2014; Sanou et al. 2014). As previously mentioned, these assumptions are problematic; as recent research shows how post-migration food choices and eating practices can be complex processes shaped by a multiplicity of factors (Cleverland & Xu, 2019; Delormier et al., 2009; Terragni et al., 2014). For instance, not only are immigrants’ food choices and eating practices shaped by one’s social location (e.g., socioeconomic status, age, gender, race/ethnicity, and so forth), but they are also means through which immigrants formulate their sense of belonging, and construct their ethnic (or transnational) identities (Chapman & Beagan, 2013).

Berry’s (1997) cultural-psychological conceptualization of acculturation strategies provide valuable insights for sociological research to ensure a better understanding of immigrants’ dietary acculturation experiences. Berry (1997) identified four possible outcomes of acculturation that immigrants may adopt: assimilation, rejection, biculturalism, and marginalization (Schwartz et al., 2010; Schwartz & Zamboanga, 2008). These outcomes can be applied to dietary acculturation (Satia-Abouta, 2003), to identify four types of dietary acculturation strategies that immigrants may adopt. First, immigrants who abandon their traditional ethnic ways of eating and completely adapt to the dietary patterns of the host country experience assimilation. Second, immigrants who maintain their traditional ethnic ways of eating and reject (or resist) the dietary patterns of the host country demonstrate rejection (which I refer to as resistance in this study). Third, immigrants may maintain a balanced dietary pattern, embracing both the foods of their country of origin and those of their host country (i.e., biculturalism), although some may retain more of one diet over the other (e.g., traditional ethnic diet over the new diet in the host country, or the reverse). Last, immigrants may experience marginalization as they struggle in both maintaining their traditional ways of eating, and also in adapting to the new food context in the host country. Applying these insights from Berry’s acculturation model allows for a multidimensional consideration of the type of acculturation strategies that immigrants may adopt. Also useful is the work of researchers who have expanded Berry’s model to emphasize that individual differences in acculturation outcomes are the results of the interplay between agency and structure (Chirkov, 2009; Schwartz et al., 2010). Based on this consideration, the varying ways in which immigrants engage in post-migration eating
practices may be dependent on the individual choices that they make, but these choices may be shaped by a multitude of structural factors (Cleverland & Xu, 2019; Cockerham, 2005, 2013).

Cockerham’s health lifestyle theory identifies various structural factors that shape people’s lifestyle decisions, including socioeconomic status (e.g., education, income, and occupational status), age, gender, race/ethnicity, social relationships (e.g., kinship), and region of residence/quality of the neighbourhood (Cockerham 2005, 2013). Through its critique of the current individualistic approach to lifestyle behaviours, this theory asserts that not everyone is given equal opportunities to engage in healthy eating (Cockerham 2005, 2013). As a theory which is at the forefront of structural approaches to lifestyle behaviours, Cockerham’s health lifestyle theory helps to inform our understanding of these opportunities and barriers by focusing on structural aspects that shape our lifestyle choices, including the influence of social and institutional contexts (Dondero et al., 2018; Montez, Hayward & Zajacova, 2019). Based on this theory, immigrants make their own lifestyle decisions, including their food choices and eating practices; but their decisions may be dependent on what is realistic in their given circumstances (Cockerham 2005, 2013). Nonetheless, as several prior studies discussed, it must further be noted that immigrants may also have varying understandings of ‘healthy eating’ that may somewhat vary from the dominant discourse in the host country (Mycek et al., 2020; Ristovski-Slijepecevic, Chapman & Beagan, 2008).

Combining Cockerham’s theory with Berry’s insights on the multifaceted nature of acculturation allows for a more nuanced understanding of how structural inequalities related to integration and settlement may shape immigrants’ post-migration food choices and eating practices. The processes of integration and resettlement are multifaceted and structural influences may shape immigrants’ food practices in the host country in varying ways (Martinez, 2013; Serafica, 2014). Further, as discussed earlier, immigrants’ food practices may also reflect their sense of belonging and play a role in their identity formation (Chapman & Beagan, 2013). However, little current research sheds light on the multifaceted nature of immigrants’ post-migration food choices and eating practices.
2.1.2 The Canadian context: Interrelationship of immigrant integration and resources for healthy eating

Previous research on immigrant integration experiences largely focused on economic integration (Picot, 2008; Picot & Sweetman, 2011). Despite Canada’s immigration policy that emphasizes human capital, numerous studies have documented the declining economic outcomes of recent cohorts of immigrants arriving in Canada (Buzdugan & Halli, 2009; Simmons, 2010). About two-thirds of newcomers to Canada are highly-educated, skilled immigrants arriving under the economic class; the majority of these recent immigrants come from non-Western countries (Statistics Canada, 2017). Studies find that immigrants are less likely to utilize their skills at work than native-born Canadians, as many immigrants struggle to find work commensurate with their previous work experience and the educational credentials they have acquired from their home countries (Banerjee & Phan, 2014; Fuller, 2015; Li & Li, 2013). Recent immigrants are particularly disadvantaged, receiving generally low returns from education, and they are more likely to be overqualified for their jobs compared to non-immigrants (Wald & Fang, 2008). Moreover, compared to their native-born peers, immigrants are more likely to remain unemployed or underemployed or to be compelled to choose self-employment as an alternative (Banerjee & Phan, 2014; Buzdugan & Halli, 2009; Fuller, 2015; Wald & Fang, 2008). Furthermore, many immigrants in Canada end up in low-skilled, temporary, and precarious jobs (Guo, 2015; Li & Li, 2013; Reitz, Curtis, & Elrick 2014). These labour market disadvantages can lead to economic vulnerability, with consequences on their lifestyle and well-being (e.g., limiting financial resources to engage in healthy eating practices).

Beyond economic impacts, studies found that working in multiple low-skilled, temporary, precarious jobs to earn a living wage and having inflexible hours can limit people’s time and energy to engage in certain lifestyle practices (Devine et al., 2003, 2006; Dibsdall et al., 2003; Pelletier & Laska, 2012). A study by Fujishiro and Heaney (2017) suggests that the ability to utilize one’s skills at work is closely linked to the likelihood of engaging in healthy behaviours, including healthy eating. In this study, skill utilization was measured by comparing the worker’s educational level to the typical educational attainment of others employed in the same job (Fujishiro & Heaney, 2017). Although this study did not focus on immigrants, other studies document the relationship between educational mismatch and immigrant workers’ health.
(Dunlavy, Garcy, & Rostila, 2016). These prior studies suggest how perceived social status and economic opportunities are also potentially impactful in shaping one’s lifestyle, health and well-being. Research on immigrant health further suggests that some non-conventional indicators of socioeconomic status, such as self-perceived social status and perceived economic opportunities, are important predictors of mortality among Asian immigrants (de Castro, Gee, & Takeuchi, 2010; Gong, Xu, & Takeuchi, 2012). Other more recent studies show that skilled immigrants often arrive with higher expectations for economic integration (Gauthier, 2016; Kaushik & Drolet, 2018; Meraj, 2015). Therefore, it is possible that when these expectations are not met due to structural inequalities in the labour market, these immigrants may experience greater frustration, even when they do not necessarily have low socioeconomic status (e.g., experiencing poverty). Accordingly, it is possible that their frustration, arising from unmet expectations, has implications for their lifestyle practices.

The systematic barriers that immigrants may experience in the labour market, may produce an unfavourable context of reception (i.e., the ways in which the receiving society constrains and limits the acculturation options available to immigrants), which may negatively influence immigrants’ acculturation experiences (Schwartz et al., 2010; Schwartz et al., 2014). In unfavourable contexts of reception, immigrants are more likely to strongly retain their own ethnic culture and are likely to remain separated from the host country’s culture. This phenomenon is referred to as reactive ethnicity (Agudelo-Suárez et al., 2009; Rumbaut, 2008) and it exemplifies outcomes identified by Berry (1997), such as rejection (or resistance). Other studies suggest that adopting bicultural acculturation strategies to integrate both cultures is associated with positive integration experiences (Benet-Martinez & Haritatos, 2005; Choi et al., 2016; Schwartz et al., 2010). In general, the impact of the context of reception on dietary acculturation may also be similar, where immigrants’ post-migration food choices and eating practices may vary depending on their integration experiences in the host country.

To summarize, previous research suggests that immigrant’s experiences of integration and acculturation may significantly impact their lifestyle behaviours. As such, there is a reason to further explore whether immigrants’ post-migration food choices and eating practices are shaped by the structural inequalities they experience during the process of integrating in Canada. Nonetheless, there has been little research on this issue. In contributing to these notable gaps in
the current literature, this study focuses on addressing the following two research questions: First, what are recent immigrants’ general experiences in managing their food choices and eating practices in Canada? Second, what structural aspects related to immigrants’ integration experiences play a role in shaping their post-migration food choices and eating practices? The aim is to add a more nuanced, holistic understanding of immigrants’ dietary acculturation experiences in Canada.

2.2 METHODOLOGY

2.2.1 The data source

The data for this study are drawn from in-depth, semi-structured qualitative interviews with recent immigrants in two Ontario cities (N=38). This is a subset of a larger research project\(^2\) (N=45) that focused on post-migration food choices and eating practices of recent immigrants (N=33) and those who are (at the time of the interview) or have initially arrived as international students (N=12). Although the initial recruitment for this research project did not include international students – the inclusion criteria were revised later, as several international students contacted the researcher and expressed interest in participating in the research project. For the purpose of this specific paper, the analytic sample is restricted to recent immigrants only. Out of the 12 participants that were categorized under the admission category of international students, I excluded those who are currently an international student (N=7). Those who had initially arrived under the admission category of an international student but are now currently working in Canada (all but one participant\(^3\) is now a permanent resident or citizen) were included (N=5) – which leaves the final sample size for this study to 38 participants. With respect to further details of the inclusion criteria, Participants had to be 18 years or older, and have arrived in Canada within the

\(^2\) What should be noted is that the focus of the research project was revised for a greater focus on the structural aspects – from the initial focus on the role of food literacy in shaping immigrants’ post-migration food choices and eating practices. The need for such change was raised through the data collection process as additional data were collected and analyzed from the recruited participants.

\(^3\) Participant under a work visa
last 10 years\textsuperscript{4}. Immigrants that arrived in Canada more than 10 years ago, but who had left Canada to live in another country for an extended period of time, were also eligible for participation in this study if the participant self-defined themselves as a ‘recent immigrant’ and their total duration of stay in Canada did not exceed a total of 10 years.

Research ethics approval was obtained from a university ethics board before the start of the research. The data were collected only in English, as the study aims to explore the experiences of diverse immigrant groups in Canada. It was clearly indicated in the recruitment advertisements and letter of information to inform potential participants that the interview will only be conducted in English, with no translator available. As such, efforts were made to conduct interviews with all participants that have contacted the researcher with interest in participating in this research, as long as they were capable of speaking at least some English. Full fluency in English was not required. The data collection process took place in one large-sized and one mid-sized city in Ontario – Toronto and London – between February 2017 and March 2018. The goal of selecting these two different sized cities was to consider potential regional variations in immigrants’ integration experiences, as documented by prior studies (Hyndman et al., 2006; Sano et al., 2017). Toronto is known as one of the largest gateway cities for immigrants, where 35.9\% of Canada's overall immigrant population is residing (Ontario Ministry of Finance, 2017). Whereas approximately 46.1\% of Toronto’s total population is comprised of immigrants, approximately 22\% of London’s population are immigrants (Ontario Ministry of Finance, 2017; City of London, 2019). Out of the 38 participants, a total of 27 participants resided in Toronto (some participants were residing in the proximate Greater Toronto Area), and a total of 11 participants resided in London, Ontario.

\textsuperscript{4} Initially, this study intended on recruiting recent immigrants that have arrived Canada within the last 5 years. However, this inclusion criteria was revised during the early stage of the data collection for the following two reasons: (1) due to the challenge experienced in recruiting participants, (2) to be consistent with the measure commonly used by prior studies to define recent immigrants (See the review of Vang et al., 2017).
2.2.2  **Data collection**

Non-randomized convenience sampling and passive snowball sampling methods were used for recruitment. Notably, snowball sampling was only used when it was initiated by the participants. Participants were recruited through posters and flyers (Appendix II) placed around immigrant settlement agencies, English classes, employment centres, university/college campuses, ethnic community centres, and various grocery stores, both ethnic and non-ethnic. Several ethnic organizations (e.g., ethnic associations, ethnic churches) were also contacted for approval regarding the distribution of posters, flyers, and announcements. A potential limitation of this method of recruitment is that, this may have oversampled those who are not as well-integrated. For instance, it may be possible that those who were recruited through the employment centre are those who are experiencing challenges in finding employment, or who are looking for better employment as they may be underemployed. It is possible that those who are recruited through various ethnic organizations might be those who are more embedded within their own ethnic community. This is a potential limitation.

Additional participants were recruited through referrals. After going over the letter of information at the beginning of the interview, a few small recruitment cards (Appendix II) were given to each participant to inform them about the potential possibility of referring the study to others who may be eligible. However, referrals through snowball sampling were limited to a maximum of two per participant to minimize the homogeneity of the sample as much as possible. Despite these efforts, most participants referred someone from their own ethnic community, which contributed to the homogeneity of the sample. Recruitment stopped once the saturation point for emerging themes was reached. Participation in the study was fully voluntary; participants were allowed to withdraw at any time. The participants were given a grocery gift card worth 10 Canadian dollars as compensation. There was no compensation during the initial stage of recruitment, however, the compensation of a 10 dollars grocery gift card was added later to encourage participation. Those who had participated in the study earlier, without the compensation, were later contacted again to distribute the compensation. Most accepted the compensation, however, two participants did not accept the compensation and offered this to be used towards compensating additional participants. After this compensation was added to the recruitment advertisement, there were noticeable changes to the number of interested participants who expressed interest in participating in this study. This may be a potential limitation of the data as this might have generated selection-bias by potentially encouraging participation of those who are in a greater financial need.
transferred to those who participated in the phone or Skype interview. Prior to the start of the interviews, all participants were informed that compensation would be given regardless of whether they completed the interview or not. That said, there were no participant withdrawals in this study.

Each participant was given options of being interviewed in person (N=33), via telephone (N=3), or by Skype (N=2). For participants that were open to several options, in-person interviews were encouraged. Each interview lasted for about 45 minutes to one hour. In-person interviews took place at a location convenient for the participants, such as coffee shops, cafeterias, and common areas in public libraries. Before the start of the interview, the participants were fully informed about the nature of the research, the risks and benefits of the study, and the way collected data would be used. When all questions had been answered satisfactorily, the participants were asked if they were willing to participate in the study and consent to having the interview audio-recorded. Although all interviews were audio-recorded with the participants’ consent, there were instances where further conversations continued even after the interview had officially ended and the recorder was turned off. In these cases, detailed memos were taken once the participants had left the location of the interview.

All in-depth, interviews were conducted using a semi-structured interview guide. Open-ended questions asked about the participants’ immigration background, various aspects of their integration experiences, and general management of health and well-being. Probes were used to ask about post-migration lifestyles, with particular emphasis on how post-migration food choices were made and what challenges and barriers the participants experienced in making food choices and engaging in eating practices in Canada.

2.2.3 Data analyses

Referred to as inter-situationality, one of the hallmarks of qualitative research is its ability to “examine actors across space and time and also following health holistically over several years, even across generations” (Timmermans, 2013, p. 5). These “cross-situational strengths” of qualitative methodology (2013. p. 5) make it well suited for conducting research on dietary acculturation in Canada, specifically on the post-migration food choices and eating practices of
immigrants, as it captures holistic narratives about immigrants’ integration experiences over time. Moreover, according to Bisogni and colleagues (2012), qualitative studies are powerful means in identifying and understanding why people cannot or do not act on their healthy eating ideals. What immigrants shared during the interviews ranged from pre-migration experiences to the very early years of migration to, lastly, their current experiences of managing healthy eating practices.

The collected interviews were transcribed and coded using QDA Miner Lite (Version 2.0) to identify the themes most relevant to the research questions of this study. The data analysis involved three phases. First, grounded theory was used, as “grounded theories developed through qualitative research provide frameworks for anticipating and organizing the multiple, diverse, and interacting factors and processes that are part of people’s experiences related to healthy eating” (Bisogni et al., 2012, p. 293). Accordingly, an inductive approach was utilized to organize the data into broader themes using an open coding strategy (Strauss & Corbin, 1990). After the initial coding using the software, each transcript was hand-coded to verify broader themes. Second, these broad themes were reviewed and further refined into various sub-themes using a focused coding strategy (Lofland & Lofland, 2006). Finally, the last phase involved the interpretation of the findings via an iterative process between the data and the analysis (Becker, 2017).

To uphold ethical guidelines regarding confidentiality and privacy requirements, each participant was given a pseudonym to ensure anonymity and confidentiality. Only a few minor editorial changes were made to the interview quotations to make them more readable; therefore, the quotations reflect the original transcribed interviews as much as possible.

2.2.4 The sample characteristics

Out of the 38 participants, 17 (44.74%) were immigrants from East Asian countries (South Korea, China – including mainland, Taiwan, and Hong Kong), 8 participants (21.05%) were from South Asian countries (India, Bangladesh, and Pakistan), 5 participants (13.16%) were from Africa (one participant from each of Ghana, Somalia, Sudan; and two from Nigeria), 4 participants (10.53%) were from Europe (one participant from each of Romania, France; and two from Finland), and the remaining four participants (10.53%) were immigrants from elsewhere (two participants from Southeastern Asia, Vietnam; one participant from Honduras; and one
participant from Uruguay). With respect to the admission categories, a majority of the participants for this study arrived under the economic class\(^6\) (42.11%, 16 participants), followed by family class\(^7\) (21.05%, 8 participants), refugee status\(^8\)/refugee claimant (15.79%, 6 participants), with 5 participants (13.16%) who had initially arrived under the admission category of an international student (all are now a permanent resident or citizen; except one participant under a work visa), and lastly, with three participants (7.89%) opting not to disclose the details of their immigration admission categories. Although the participants were not directly asked about their education and income\(^9\), most of them disclosed their prior education and current financial situation while answering various questions throughout the interview. The majority of the participants interviewed had an educational level of at least some bachelor’s degree or higher. With respect to income, participants were rather asked about their perceived financial situation. As several participants had recently arrived in Canada and were still settling in, most expressed concerns about their current and/or future financial situation. These included those who were currently employed, seeking work, unemployed, or stay-at-home parents. Table 1 outlines the sample characteristics.

\(^6\) “Economic immigrants include those “who have been selected for their ability to contribute to Canada’s economy through their ability to meet labour market needs, to own and manage or to build a business, to make a substantial investment, to create their own employment, or to meet specific provincial or territorial labour market needs.” (Statistics Canada, 2019)

\(^7\) Immigrants that arrived under a family class admission category includes immigrants “who were sponsored by a Canadian citizen or permanent resident living in Canada and who have been granted permanent resident status on the basis of their family relationship with this sponsor.” (Statistics Canada, 2019)

\(^8\) ‘Refugee class immigrants’ refer to those “who were granted permanent resident status on the basis of a well-founded fear of returning to their home country.” (Statistics Canada, 2019). Refugee claimant refer to those who are going through the refugee determinant process, who has not yet received legal status but is able to remain in Canada until the decision is made by the government.

\(^9\) Initially, I directly asked participants about their income and education level. However, through several interviews, I observed that certain participants (particularly the refugees and some international students) reacted sensitively to these direct questions which created uncomfortable vibes during the interview. As such, I decided to probe for these aspects rather than directly asking participants about their income and education.
Table 1: Sample characteristics of the participants, by region of residence (N=38)

<table>
<thead>
<tr>
<th></th>
<th>All Participants (N=38)</th>
<th>Participants in London (N=11)</th>
<th>Participants in Toronto (N=27)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>44.74%</td>
<td>54.55%</td>
<td>40.74%</td>
</tr>
<tr>
<td>Women</td>
<td>55.26%</td>
<td>45.45%</td>
<td>59.26%</td>
</tr>
<tr>
<td><strong>Marital Status:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married (Including: Partnered/Cohabiting)</td>
<td>60.53%</td>
<td>63.64%</td>
<td>59.26%</td>
</tr>
<tr>
<td>Single (Never-Married)</td>
<td>31.58%</td>
<td>36.36%</td>
<td>29.63%</td>
</tr>
<tr>
<td>Divorced/Separated/Widowed</td>
<td>7.89%</td>
<td>0.00%</td>
<td>11.11%</td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>23.68%</td>
<td>27.27%</td>
<td>22.22%</td>
</tr>
<tr>
<td>30-39</td>
<td>42.11%</td>
<td>36.36%</td>
<td>44.44%</td>
</tr>
<tr>
<td>40-49</td>
<td>23.68%</td>
<td>0.00%</td>
<td>33.33%</td>
</tr>
<tr>
<td>50-59</td>
<td>7.89%</td>
<td>27.27%</td>
<td>0.00%</td>
</tr>
<tr>
<td>60+</td>
<td>2.63%</td>
<td>9.09%</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Country of Origin:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Asia</td>
<td>44.74%</td>
<td>18.18%</td>
<td>55.56%</td>
</tr>
<tr>
<td>South Asia</td>
<td>21.05%</td>
<td>18.18%</td>
<td>22.22%</td>
</tr>
<tr>
<td>Europe</td>
<td>10.53%</td>
<td>18.18%</td>
<td>7.41%</td>
</tr>
<tr>
<td>Africa</td>
<td>13.16%</td>
<td>18.18%</td>
<td>11.11%</td>
</tr>
<tr>
<td>Other</td>
<td>10.53%</td>
<td>27.27%</td>
<td>3.70%</td>
</tr>
<tr>
<td><strong>Admission Status:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic/Skilled Class</td>
<td>42.11%</td>
<td>9.09%</td>
<td>55.56%</td>
</tr>
<tr>
<td>Family Class</td>
<td>21.05%</td>
<td>36.36%</td>
<td>44.44%</td>
</tr>
<tr>
<td>Refugee Status</td>
<td>15.79%</td>
<td>27.27%</td>
<td>11.11%</td>
</tr>
<tr>
<td>International Student (at the time of arrival; but now a PR*)</td>
<td>13.16%</td>
<td>18.18%</td>
<td>11.11%</td>
</tr>
<tr>
<td>Unknown/Not Shared</td>
<td>7.89%</td>
<td>9.09%</td>
<td>7.41%</td>
</tr>
<tr>
<td><strong>Duration of Residence in Canada:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 years or less</td>
<td>57.89%</td>
<td>54.55%</td>
<td>59.26%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>39.47%</td>
<td>45.45%</td>
<td>33.33%</td>
</tr>
<tr>
<td>Unknown/Not Shared/Return Migrant*</td>
<td>2.63%</td>
<td>0.00%</td>
<td>7.41%</td>
</tr>
</tbody>
</table>

*PR=Permanent Resident; *One participant was a return migrant that arrived in Canada more than 10 years ago but who had left Canada to live in another country for an extended period of time, whose total duration of stay in Canada did not exceed a total of 10 years.
2.3 RESULTS

The interviews with the participants in this study revealed that a confluence of factors simultaneously shape recent immigrants’ post-migration food choices and eating practices. In this section, I explore the participants’ general experiences in managing their food choices and eating practices. The findings revealed some of the opportunities and barriers that immigrants experienced in maintaining their traditional ways of eating and in adapting to new food contexts in Canada. Overall, the focus of both sections was to identify what structural aspects played a central role in shaping immigrants’ post-migration food choices and eating practices, and further, how these influenced their dietary acculturation experiences.

2.3.1 Opportunities and barriers to maintaining traditional ways of eating

Cultural differences and regional variations

When participants were asked about their general experiences in managing their food choices and eating practices after migrating to Canada, notable differences in dietary acculturation experiences were observed between participants from non-Western countries who experienced a significant post-migration cultural shift and participants from countries with relatively few cultural differences with the host country. Participants from European countries – for example, Shaleen from Romania – mentioned that their eating habits were relatively similar to those of Canadians. Shaleen, however, specifically mentioned that food prices are different. Shaleen elaborated on how certain ingredients that she frequently used back home, such as “organic fruits and vegetables that are locally grown,” are more expensive in Canada, whereas “meat products are much cheaper.” Notably, these participants rarely mentioned significant cultural differences in food types or ingredients.

On the contrary, a significant proportion of participants from non-Western countries mentioned cultural differences as one of the barriers to managing their food choices and eating practices after migration, specifically referring to their experiences in maintaining their traditional ways of eating. Several participants shared their grocery shopping experiences in the Canadian context, providing insight into how cultural differences influenced their decisions regarding food purchases. Caren, an immigrant from South Korea currently living in Toronto,
mentioned that there are certain aisles that she passes by fairly quickly in the local grocery store, stating “I don’t really use any of those ingredients in my cooking.” When asked what ingredients she was referring to, Caren responded, “There are so many. Everything except the ones that I always use [laughs].” Caren explained that her food repertoire in the Canadian context is somewhat limited. Emily, a young barista from Hong Kong, also had a similar experience as Caren’s. She was confused about ingredients that she was not exposed to in her traditional food culture, which she mentioned: “like different types of fresh herbs, as well as different types of gourmet cheese”.

Participants further shared that their prior food knowledge does not always directly transfer to the host country’s food environment. Caren stated that, although she worries less about her fruit purchases, she is often cautious about purchasing vegetables at the local grocery store. Although some vegetables were labelled with the same name, according to Caren, they look different and do not necessarily taste the same. For this reason, Caren buys vegetables from the Korean market or from other Asian grocery stores near her neighbourhood.

“I always buy basic veggies that I need like potatoes, onions, carrots… So, I usually shop for those and spend time to buy fruits. I tend to buy more fruits like bananas. And as you know, these tropical fruits are actually cheaper here (in Canada). I love how there are so many different types of apples here too. You can’t go wrong with fruits. Fruits are fruits. But with veggies… there are some risks [laughs]. I once bought a zucchini from The Food Basics (local grocery store). It tasted different from the zucchini that I normally use, and I didn’t really like the smell in my soybean soup [laughs].”

–Caren, late 40s, temporary employment, from South Korea (currently residing in Toronto)

Others, particularly those residing in London, a mid-sized city with a relatively smaller ethnic population compared to large-sized immigrant gateway cities like Toronto, shared experiences similar to Caren’s. Michael, who currently resides in London, described how the sweet potatoes sold in local grocery stores are different from the ones he used to eat back home in Vietnam.
“When I think about sweet potatoes, the ones that I am looking for are those that are purple. The one that I bought (from the local grocery store) was orange inside… [It is] more like yam… It is different from the ones that I used to eat.”

–Michael, late 20s, bank teller, from Vietnam (currently residing in London)

Michael further expressed his frustration about the limited availability of some of the ethnic ingredients he needed to cook traditional Vietnamese dishes. In London (where Michael resides), there is a small Vietnamese population. As such, Michael’s case contrasted with that of Caren’s since she lives in Toronto and had proximate access to ethnic grocery stores from her own background (i.e., Korean). Michael and Caren’s cases demonstrate regional variations – one of the structural aspects identified by Cockerham (2005, 2013). Regional variations shaped immigrants’ opportunities and barriers to maintaining their traditional ways of eating in Canada. In contrast to Caren, Michael is not proximately located to the Vietnamese grocery store, and while he is able to purchase some ethnic ingredients from other East Asian grocery stores (e.g., Chinese supermarkets) that are closer by, these stores had limited availability of Vietnamese ingredients. As Michael’s experience illustrates, the limited availability of traditional ethnic ingredients among immigrants living in regions without an ethnic grocery store nearby, is one of the most notable barriers to maintaining their traditional ways of eating. Such narratives reveal regional variations in the availability of ethnic ingredients and the challenges encountered by immigrants residing in regions that are far from their own ethnic communities. Thus, the region of residence played a significant role in influencing immigrant participants’ ability to maintain their traditional ethnic ways of eating in Canada. Their opportunities to adopt the dietary acculturation strategy that Berry would identify as rejection, or resistance to the new dietary practices of the host country varied by region of residence, specifically by their proximity to ethnic grocery stores.

Economic circumstances and access to transportation

While some participants articulated difficulties in maintaining and replicating their traditional ways of eating, others had to dedicate even greater effort to follow their religious
dietary practices. Amlika is a Pakistani immigrant with a Muslim background. She elaborated on the difficulties associated with maintaining her religious dietary restrictions as this further limited her food purchases at the local grocery stores.

“Those (Halal sold at the local grocery store) are probably the Arabic style. They eat their chicken with skin on. We don’t. So, they are Halal too. But it's just a different cut. We eat meat with a different style of cut. […] The way the Arabs cut and eat their meat is different from the way that we eat our meat. Different from how Southern Asians do it. Although we are all Muslims… Like, the way the chicken is cut… These things are different. So we don't go to those stores (local grocery stores). Although it's Halal, I don't buy those. […] For me to cook at home, shopping for the right ingredient is also important. […] And another thing is… Well, now I am now just talking about Pakistan, not Arabs, but we are very, very particular about the smell of the meat. If there is even the slightest smell in the meat that we don't like, we would never buy it.”

–Amlika, early 40s, stay-at-home mother, from Pakistan (Currently residing in Greater Toronto Area)

This example shows that regional variations are not necessarily dichotomous between London and Toronto (including proximate Greater Toronto Area). Amlika and several other participants also revealed that even in large cities like Toronto, access to ethnic ingredients could be challenging. For her, “accessibility” to ethnic grocery stores also mattered. Although Amlika lived in a suburban area near Toronto (proximate Greater Toronto Area), and while her neighbourhood was not significantly far from several ethnic grocery stores in Toronto, none were within walking distance. Here, economic circumstances exacerbated Amlika’s challenges as she had to rely on public transportation since she could not afford a car. This relates to Cockerham’s emphasis on socioeconomic status as one of the most influential factors that shape lifestyle behaviours (2005, 2013). The inconvenience of taking public transportation, combined with the lengthy time that it takes to travel to ethnic grocery stores, exacerbated the accessibility of specific ethnic ingredients for Amlika; hence, limiting her ability to shop for these as frequently as she wants.
“Because there are not many Pakistanis population here in this area, most stores that are available here are Indian stores. [...] So, the place that we go, the store that I go – is like a 45-minute bus ride from my house. And this is ONE WAY. Just to get there.”

–Amlika, early 40s, stay-at-home mother, from Pakistan (Currently residing in Greater Toronto Area)

In contrast, relatively few East Asian immigrants residing in Toronto expressed challenges cooking their traditional food in the Canadian context as they have easy access to traditional ethnic ingredients, and most of them have access to a personal vehicle.

Economic circumstances not only affected participants’ mode of transportation and the accessibility of ethnic ingredients, but also impacted the latter’s affordability for some. This is also linked to regional variations, as discussed earlier. For participants living in regions where ethnic grocery stores are somewhat rare, the relatively expensive cost of imported ethnic ingredients limit their traditional food repertoires to a certain extent. According to Michael and Seyeong, some of these imported ethnic ingredients are not of good quality and are often more expensive than the ingredients sold in ethnic supermarkets in larger cities or those sold in their home countries.

When certain staple ingredients for traditional ethnic food are overpriced, some participants expressed that they became reluctant to cook these dishes as frequently as they did in the past. Michael’s experience illustrates this point, stating “These add up. You buy overpriced items for one or two… Sometimes, I also notice that they (small ethnic grocery stores) still keep expired items on the shelf.” Michael further described his frustration living in a mid-sized city where there are only a few small ethnic grocery stores. These represent the barriers that limited immigrants’ ethnic food options, especially in regions where there are fewer people who share their ethnic background, and thus fewer local ethnic grocery stores. Seyeong and Victoria echoed Michael’s frustration about finding the “right” ingredients.

“[…] But it is not the legit one that I used to eat back home. […] Most of the ones found here seem like they have been mass-produced in a factory or something... When it is like
double the price. The proper ones are supposed to be handmade, you know? [...] Well… I don’t want to pay more for something that doesn’t even have the proper taste that I want.”

– Seyeong, early 60s, retired early childhood educator, from South Korea (Currently residing in London)

“Have you heard of bitter leaf? I struggle to find this in Canada… This is what I absolutely need for our Nigerian vegetable soup. [...] Then, my friend told me about this store that sells imported food from Africa. That’s where I found bitter leaf, but it wasn’t fresh one… They are dried ones, not fresh. Well, I guess this is because they don’t grow them here so that’s why.”

– Victoria, early 30s, stay-home mother, from Nigeria (Currently residing in London)

Michael, Seyeong, and Victoria all noted that these challenges compromised the quality of the ethnic meals they cook at home. This illustrates how not all immigrants are exposed to equal opportunities to maintain their traditional ways of eating, and how structural factors, such as the region of residence and economic circumstances, further combined together to simultaneously shape their dietary acculturation experiences (Cockerham, 2005; 2013). Seyeong’s experience is particularly notable as it contrasts Caren’s experience. Although both participants have Korean backgrounds and experienced cultural differences, Caren lives in a Korean ethnic enclave with convenient access to large ethnic supermarkets, while Seyeong lives in a distant city with relatively limited access to a variety of ethnic ingredients, especially those of good quality. While Caren can shop at a Korean grocery store when she cannot find the “right” ingredients at the local grocery store, Seyeong experienced challenges in finding quality ingredients (even at the Korean ethnic grocery store), describing how this compromised her ethnic food options. As such, Seyeong mentioned how she visits large Korean supermarkets in Toronto every once in a while to “stock up” on various ethnic ingredients that are of better quality and reasonable price.

Barriers to accessing the ethnic ingredients were shared even among those participants who lived closer to Toronto but in neighbourhoods that are somewhat distant from an ethnic grocery store. Challenges were further exacerbated for those without access to convenient
transportation and those with religious dietary restrictions like Amlika. While Amlika still continued to purchase food from the ethnic grocery store despite the long bus rides, other participants tried to find other ways to cook with what was available to them.

Michael shared, “I cannot get access to all [the ingredients] that I want, but I make good use of what is available.” For Michael, this did not necessarily mean that he was limiting his cooking options to ethnic food from his own country, Vietnam. Given the challenges that he experienced, Michael expressed that he cooks Vietnamese food much less often, and spoke about how he also cooks other food more frequently. This reflects the dietary acculturation strategy of dietary biculturalism. The challenges he experienced led him to cook beyond his traditional foods, to other diverse options ranging from Western food to ethnic food from other cultural groups, although Michael mentioned that he does not cook meals that are too complicated. To some extent, his choice to do this was largely influenced by his greater exposure to a variety of other food types. He mentioned how he enjoys hosting “potluck” dinners with his friends and trying a variety of new food from different cultures from time to time.

The findings revealed diverse strategies and individual differences in immigrants’ ways of dealing with challenges related to the accessibility of traditional ethnic ingredients. These examples demonstrate the “interplay between agency and structure” (Cockerham, 2005). Although immigrants’ opportunities and barriers to maintain traditional ethnic ways of eating were influenced by various structural aspects – in this case, regional variations, economic circumstances, and exposure to other cultures – there were also individual differences in the meanings they gave to healthy eating, and the dietary acculturation strategies they adopted.

2.3.2 Opportunities and barriers to adopting the new food context

Unfamiliarity with Westernized ingredients

Overcoming cultural differences and re-adjusting to an unfamiliar food environment in a new context often requires a lengthy “trial-and-error” process. The findings reveal that various structural aspects influence immigrants’ opportunities and barriers to adapting to the new food context. Several participants pointed out that they have made several attempts to use ingredients that are unfamiliar to them and shared that after experiencing a few failures, they eventually
decided to stop taking the “risks” involved in such “trial-and-error” process. Several participants elaborated on their hesitation to experiment with unfamiliar food. While their efforts may appear to reflect individual choices, they are, in fact, shaped by a multitude of factors.

For some participants, economic reasons were at play. Nonah, a refugee from Sudan, stated that she cannot afford to waste money on unfamiliar food as she might ultimately be unable to eat it. Nonah elaborated, “It is quite upsetting when my attempt on a new dish fails [laughs]. It is not a good feeling… ending up with a meal that is not so tasty after spending time and money.” Mei, another participant who was juggling multiple part-time shifts while looking for full-time work – also shared a similar view, saying “I don’t want any of my food to be wasted.” Like Nonah and Mei, several participants spoke about their hesitation to try new food because of their constrained budget. For many participants, the potential economic cost of such experiments was not deemed worthwhile. Many shared how they often think very deeply before making any food purchases at the grocery store, considering whether each food item is a necessity and whether it will be eaten or not. These participants also minimized eating out and preferred to cook at home to save money. These experiences of financial constraints during the process of integration, combined simultaneously with cultural barriers, and negatively influenced immigrants’ receptivity to the new food environment in the host country.

A few participants further elaborated that avoiding experimenting with new food was not solely about the financial aspect. Some immigrants tried to maintain traditional ethnic diets because of health concerns. When asked about the frequency of cooking, Justin, a refugee claimant from Somalia, said that he cooks most of his meals at home. When asked whether this is due to economic reasons, he agreed, but then he also elaborated that it is due to concerns for his health as he shared that he is sensitive to certain food. Justin’s narratives also reveal how his health concerns are related to his status as a refugee and the fact that he does not have any family or relatives in Canada.

“Yeah… For instance, recently, I bought, like, shawarma for 16 dollars. […] Get it? With the same money, I can have maybe two days or even more food at home. […] But it’s also about health too. […] Once, I tried this food from a food truck. It was some type of Asian food, and I got really sick after eating that. […] (If I cook) I know what’s going in there, as I'm the one who’s cooking it. […] And there is another aspect – which is very
important – I am a refugee. I cannot go home. You get it. And I am totally alone here. I don't have any relatives here in Canada, I am here on my own, so I really need to take good care of myself. […] I am really concerned about my health, yes. And this is one of the main reasons why I don't often eat outside.”

-Justin, mid-30s, temporary employment, from Somalia (Currently residing in London)

Justin added that although he does not eat out often, when he needs to, he only eats food that he is familiar with. Justin mentioned, “Okay, pizza, that is not a problem because we have them everywhere. If I’m eating lasagna, that is fine too because we also have that in my country. But there are other types of foods and ingredients that I don't know. I don’t eat them.” Interestingly, some of these Western foods (i.e., pizza) that he mentioned were not necessarily the type of food that is always considered healthy. When asked about the source of his concerns for not trying other foods, Justin responded, “I don’t know what they are… and I prefer to eat [food] that I know about than those I don't know.” Both economic constraints and his limited receptivity to unfamiliar food simultaneously influenced Justin’s decision to cook more often at home. However, this constrained Justin’s food repertoire to mostly ethnic food or to some globally known Western food (e.g., pizza), and somewhat limited his exposure to other foods from diverse cultures that are available in the new food context – including a diverse array of healthier food options.

Several older participants, like Kabir, were similar to Justin (in his mid-30s), saying that they do not like to try what they are “not fully aware of”. Kabir, an immigrant from India in his mid-50s, expressed skepticism regarding the nutritional aspects of the food in Canada as he has religious dietary restrictions. Kabir elaborated that the reason he continues to eat in his traditional way is because he can fully “gauge the nutritional aspects”. In addition, several immigrant mothers interviewed, including Devi who is a stay-at-home immigrant mother from Bangladesh, discussed that they feel more comfortable cooking ethnic food because they know “exactly what it is and what goes into it.” At the same time, several participants reported that they feel less confident about cooking Western food. For Justin, Kabir, and Devi, knowing about the nutritional aspects of the food they eat was important. Given that people usually acquire food knowledge based on the ethnocultural context in which they have been raised, several participants from non-
Western countries shared how they were more comfortable with gauging the nutritional aspect of their traditional ethnic food. As such, they were more likely to resist adopting the eating practices of the dominant discourse on healthy eating, which Alba and Nee (1997) described as so-called “core culture,” that refers to “the middle-class cultural patterns of largely white Protestant, Anglo-Saxon origins” (Page 829). This study also sheds light on how immigrants may understand and enact eating practices differently from the dominant food practices of the host country. The ways in which some of the immigrant participants in this study valued their own traditional ethnic diet to maintain their health, resonates with other studies that shed light to how some may still exert agency in healthy eating practices by resisting dominant discourses on healthy eating, while continuing their own food practices that reflect their ethnocultural background (Garnweidner et al., 2012; Mycek et al., 2020; Ristovski-Slijepcevic et al., 2008).

**Competing demands related to integration and settlement**

In addition to economic circumstances and health concerns, several participants identified competing demands related to the integration and settlement process as one of the barriers to familiarizing themselves with the new culture and adapting to the Canadian food context. Participants described how integration takes time and how the process is associated with many competing demands. Upon arrival, recent immigrants often devoted much of their time to various time-consuming activities that are common during the initial adjustment stage following migration (e.g., finding a place to live, filing various paperwork, seeking out employment etc.). In such circumstances, time constraints due to competing demands further combined with economic hardships and limited immigrants’ ability to expose themselves to the new food environment of the host country. Moreover, when asked whether they have made any personal effort to better understand some of the healthy food options in their new food contexts, many participants replied that they were unable to do so. Several participants stated that they are too occupied and overwhelmed to take on new endeavours. Varying dietary acculturation strategies emerged, particularly by age, marital status, and gender.

For the participants that were experiencing economic hardships in this study, establishing financial security seemed to be more of their immediate concern. Hence, trying out new food and
familiarizing themselves with new ingredients were less of their immediate priorities. For example, Mei said her focus was not so much on healthy eating, but elsewhere:

“I am sure it would probably help me […]. But it is a challenge for me to do that in reality, right now. Day in and day out, I am currently more concerned about doing work and getting things that I need to get done. […] I don't think it would be a realistic thing for me at the moment. […] Thinking about it, these are kinds of luxurious things. I am still too unsettled with everything… I feel bad, but I would rather put that effort elsewhere.”

– Mei, late 30s, temporary employment (with bachelor’s degree), from China (Currently residing in Toronto)

Several other participants mentioned their strategy of dealing with their competing demands – such as through cutting down on certain tasks, such as time spent on cooking. Many young participants that lived alone, mentioned how they often opted for convenience, like pre-made food or frozen processed products from grocery stores, as it was easier to cook them, and it also did not require much effort nor any additional skills or knowledge about cooking. While some mentioned that these were to save time, some also cited economic reasons for doing so. For many, it was a combination of both.

Younger, single participants, like Emily and Thomas, for instance, shared that relying on convenience foods was not only cheaper and relatively healthier than eating out, but it also saved them tremendous time and energy, which would otherwise have been spent on cooking:

“I think cooking takes up so much time… So I like more convenient things. […] I tend to rely a lot on the pre-made stuff – which helps me to easily make a good meal. And this really saves me time and money. […] Yeah, it (taking advantage of pre-made convenience food) is my strategy [Laugh]. It is cheaper than buying out, and it saves me more time than cooking it from scratch.”

– Emily, early 20s, barista, from Hong Kong (Currently residing in Toronto)

“I go grocery shopping once a week or something. Maybe once every two weeks sometimes? I used to go more frequently, but the thing was… Sometimes, I buy stuff… And they go bad, and I had to throw them out… So I kind of stopped. I was just too busy
to cook… So I tried to buy more frozen products that I can put in the freezer. Those things, they last a lot longer and I usually don't have to stress out about throwing them away because I don't eat them quickly enough. Once I started doing that… I just got used to microwaving my food rather than cooking something up.”

– Thomas, early 30s, data analyst, from Taiwan (Currently residing in Toronto)

Several participants mentioned how engaging in further skills-development to establish themselves often took away time and effort to learn about the new food context. Wang, for instance, was taking an extra course outside his work hours, as he was underemployed in an entry-level position for which he was overqualified. As a father of two young children, he was one of many male participants who expressed eagerness to integrate and to establish economic stability as quickly as possible. He explained that “My salary at the current company isn't that high… […] I need to be prepared…” Wang shared that such pressure often makes it harder for him to make time and devote effort in other aspects like “helping out [with] cooking.” Nonetheless, Wang mentioned that he continues to eat homecooked meals prepared in a traditional way since his wife takes charge of this role within the family. This contrasts the situation of single participants like Emily and Thomas.

It should also be noted that time constraints may particularly be experienced by immigrant women, as some may be subjected to gendered cultural expectations of domestic responsibilities, including food work (Nichols et al., 2018). Not surprisingly, gender differences among the married participants emerged in this study. Wang’s case contrasts with Chetana’s and Caren’s efforts in seeking strategies to provide nutritious food for their families, even while managing their full-time work and shift work. Like others that expressed time constraints as one of their barriers in familiarizing themselves with the new food context, a similar experience was shared by Chetana:

“I don't pick up stuff that I don't know about. Because I don't have time. I usually go food shopping between things, so I have specific time allocated to it. So if I have a 30-minute gap between my errands, I go in between, and if I do that, usually I don't have the luxury of browsing. Also, for me, seeing things that I don't really know is kind of stressful too […]. I just don't want new things to overwhelm me.”
However, Chetana’s case contrasts with Wang, as she strived to seek out other ways to continue preparing healthy meals at home. Although Chetana was hesitant to learn about new foods, she shared that she prefers to cook based on what she already knows. As such, whenever Chetana cooked, she mostly cooked ethnic meals. Nonetheless, Chetana also mentioned that the task of cooking itself is “time-consuming” as she was working full-time, and she confessed that she started to substitute a lot of her meals with other options so that she does not have to cook these ethnic meals as frequently.

“I cook rice and curry myself [laugh]. I cook huge batches on Sunday which will last for two or three days… But I can’t just let them (referring to her family) eat curry all the time. [Laugh]. So I often get those “ready-to-go” meals to alternate, because my husband doesn’t like to eat out. Like, at Costco, I always get those pre-packed salads that they have there. […]. You know, there is also a place (referring to a restaurant) nearby my house that sells delicious vegetable soups in family packs if I do take out. So, I rotate between these. […] Well, it does costs more than cooking at home, but I am too tired after work… It is worth the cost.”

Chetana explained how her perceptions about “Western food” have somewhat changed throughout her time in Canada as she became exposed to diverse types of food. As Chetana shared, “I see more diverse options here than in my country. For instance, when I go to these lunch events (at her company), there are always options. Like, for vegetarians and vegans.” Chetana initially thought that Western food is “all about burgers and pizzas”. Although Chetana was not necessarily cooking these meals at home, she mentioned that she enjoys trying them when she is shopping for “the substitutions” to save time spent on the “task of cooking”. This shows how Chetana’s greater exposure to the new food context influenced her perception and receptivity to unfamiliar food. Although Chetana was not necessarily cooking Western food at home, Chetana was able to adopt a bicultural diet; as she continuously cooked her ethnic food
while also substituting some of her meals with the healthier pre-made food options in the host country’s context.

Chetana’s experience contrasts that of Caren’s, also a working mother, but working in several part-time shift jobs. Caren shared similar experiences of competing demands – juggling between her shift work and providing care for her family – but she cooked most of her meals in a traditional way and was less receptive to unfamiliar food. Caren frequently compared her traditional food with “Western food” and discussed that, “It (referring to ethnic food that she cooks) is healthier than the food here.” Caren’s perception of the food in Canada seems to be more associated with the American diet, which is similar to Chetana’s initial perception of Western food. Although Caren found it to be quite challenging to cook all her meals from scratch, Caren was confident about her health and her food’s nutritional aspects, saying “This is what I have been eating all my life anyway.” Although such varying dietary acculturation strategies adapted by Chetana and Caren may seem like individual choices, it sheds light on the interplay between agency and structure by revealing the potential influence of structural factors highlighted by Cockerham (2005, 2013). Socioeconomic status and type of work can potentially provide immigrants with varying opportunities for cultural exposure, and also the economic means to afford new food (or not), to the extent that might shape their perception of and receptivity to food in the Canadian context. Such differences influenced Chetana to adopt a bicultural way of eating (dietary biculturalism), whereas Caren adopted a dietary acculturation strategy of rejection (or resistance).

Further, differences by age, marital status, and gender were evident. Single participants like Emily and Thomas seem relatively less concerned about nutritional aspects, having adopted some of the unhealthy Westernized dietary practices for convenience. Nonetheless, even while considering some substitutions, it was evident that Chetana was making those choices with consideration for nutritional aspects by selecting healthier options as much as possible. Even though this incurred more cost than cooking at home or opting for other cheaper options (e.g., processed, frozen food) as Emily and Thomas did, Chetana perceived it as “worth the cost,” given that it allowed her to provide her family with healthier meal options. Meanwhile, another working mother, Caren, continued to cook traditional ethnic food from scratch after her shifts, as she believed that this is healthier. Given that immigrant women usually took charge of managing
their family’s meals, married immigrant men, like Wang, were often able to continue eating healthy meals at home.

Overall, immigrants’ openness and receptivity to the unfamiliar food context in Canada were influenced by various aspects, such as socioeconomic status and other structural considerations related to integration, including time constraints arising from competing demands, and systematic barriers in the labour market. Further, these aspects related to immigrants’ integration experiences, as well as age, marital status, and gender, also played an influential role in shaping individual differences in dietary acculturation experiences.

2.4 DISCUSSION AND CONCLUSIONS

Migration has been discussed as a notable turning point for immigrants’ ways of eating, as they often find themselves in a different food environment, one that may influence the way in which immigrants manage their food choices and eating practices in the host country (Dweba, Oguttu, & Mbajjorgu 2018; Martinez, 2013; Serafica, 2014; Terragni et al., 2014). This paper has explored diversity and difference in immigrants’ food practices by drawing on Cockerham’s health lifestyle theory and Berry’s acculturation model. Berry highlights that acculturation takes different forms (Satia-Abouta, 2003). Moreover, whereas earlier studies on health and lifestyle behaviours have emphasized the individualistic approach, insights from Cockerham’s health lifestyle theory allowed for further consideration of the broader structural dimensions that may influence the dietary acculturation strategies that immigrants may adopt. In combining these two theories, this study illustrated how processes of integration often produce many multi-faceted challenges that, in turn, may influence how immigrants maintain their traditional ways of eating and the extent to which they adapt to the new food context of the host country. This is important, as food choices are complex processes shaped by multiple, interrelated aspects of the social context (Delormier et al., 2009; Palojoki & Tuomi-Gröhn, 2001). By drawing on insights from the structural considerations that are outlined by healthy lifestyle theory, the study sought to identify whether structural inequalities related to the integration process may play a central role in shaping immigrants’ dietary acculturation experiences.
Overall, the findings revealed how the consequences of migration on immigrants’ dietary acculturation experiences are not unidimensional, but are multifaceted (Cleverland & Xu, 2019). The current study revealed that some immigrants (from non-Western countries in particular) faced challenges to healthy eating due to their limited access to traditional ethnic ingredients, and a lack of familiarity with the new food context due to cultural differences. However, unlike some of the earlier studies that assumed dietary acculturation (i.e., assimilation to the host country’s diet) as an inevitable process (Lesser al., 2014; Sanou et al., 2014), the findings in this study were more in line with recent research that provides insight to a more nuanced understanding to the diverse ways in which immigrants adapt dietary practices in the host country (Garnweidner et al., 2012; Mycek et al., 2020).

First, how immigrants engaged in their traditional ways of eating largely varied by cultural differences, regional variations, and economic circumstances. Some of the widely shared challenges experienced by those immigrants who struggled to maintain their traditional ways of eating included: unavailability and limited accessibility of ethnic ingredients, difficulties related to food restrictions from religious beliefs, and the expensive price of imported ethnic ingredients. Although many of the ethnic ingredients are now relatively more accessible than before, this was not the case for immigrants living in less ethnically concentrated regions, and for those who were less mobile due to lack of access to convenient transportation. Among the most notable were regional differences – one of the structural aspects identified by Cockerham (2005, 2013). As immigrants who lived in less ethnically concentrated regions experienced greater challenges in accessing traditional ethnic ingredients, such challenges limited their ability to adapt the dietary acculturation strategy of resistance (which Berry referred to as rejection), as it made it difficult for them to retain their traditional ways of eating. The “availability” and “accessibility” of ethnic ingredients varied depending on the region in which the participants resided – for example, their proximity to an ethnic community.

Second, the findings also revealed how immigrants’ opportunities and barriers in adapting to the new food context were shaped by cultural differences, socioeconomic status, and also by other integration experiences. The findings revealed that some of the structural inequalities during the economic integration process, particularly those related to economic hardships and time constraints, also played a central role in shaping immigrants’ post-migration food choices.
and eating practices. These can be related to an unfavourable context of reception (Schwartz et al., 2010; Schwartz et al., 2014), where immigrants experience inequalities that may create negative acculturation experiences that may facilitate reactive ethnicity (Agudelo-Suárez et al., 2009; Rumbaut, 2008). Long work hours to ’make ends meet’ may create an unfavourable context of reception, limiting not only the amount of time and energy available to cook more often at home, but in the case of immigrants experiencing greater cultural differences, also limiting opportunities to acquire new nutrition information in the host country’s context or to spend time in adjusting and navigating a new food environment. This may relate to reactive ethnicity, where immigrants may remain separated from the host country's culture and maintain stronger ties to their own, as they encounter negative integration experiences. This often meant that these immigrants were likely to resist the dominant food practices (resistance/rejection) and less like to adopt the dietary acculturation strategy of assimilation. Furthermore, unemployment, underemployment, and financial limitations may act as barriers to healthy eating by limiting immigrants’ financial resources. This sheds light on how challenges that immigrants experience during the integration process may both directly or indirectly influence their post-migration food choices and eating practices.

In sum, cultural differences, economic circumstances, and time scarcity related to competing demands influenced immigrants’ ability to adapt to the new food context. Further, these factors also varied by age, marital status and gender. Not everyone regularly engaged in the task of cooking, as it was revealed that some participants (e.g., younger participants like Emily and Thomas) adopted more convenient options (e.g., frozen food) to save both money and time spent on food. Most married, immigrant men interviewed in this study (with the exception of a few who were self-employed) mentioned that they are not as involved in cooking and that their wives are mostly in charge of these tasks. Although time constraints due to competing demands were also raised by several participants, different strategies were used to manage their food choices and eating practices. Certain participants, like Chetana, continued to cook ethnic food at home for her family, while substituting some meals with other relatively healthier pre-made food options in the Western context (e.g., pre-packed salads) to meet her competing demands – even though this involved some extra financial cost. In contrast, Caren was less receptive to Western food and continued to cook in her traditional ways as she perceived this to be healthier and characterized Western food as unhealthy.
These aspects played a role in determining whether certain participants decide to continue their traditional ways of eating, or adapt to other types of food as part of their diet. While some continued to retain their traditional ethnic diet as much as possible, even in challenging situations, some participants incorporated the dietary patterns of the host country or other cultural food into their diet. The type of dietary acculturation strategies that immigrants adopt, also seemed to be largely shaped by their exposure to the different types of food in the new environment, which were largely influenced by structural aspects such as economic circumstances, age, marital status, and gender. As learning the cultural norms and values around everyday food practices involves persistent instruction, which Bourdieu (1977, 1984) referred to as ‘a prolonged process of inculcation’ (1977, p. 36), this often translates to not just acquiring an understanding of the new food context but also to the willingness on the part of immigrants to do so. Economic circumstances clearly played a significant role in immigrants’ exposure to the new food environment, where those that were constrained for financial resources had limited opportunities to expose themselves to the unfamiliar food context (e.g., exposing themselves to a new food by going through ‘trial-and-error’ of cooking or by eating out). Those participants that were economically constrained, expressed that they cannot afford to take ‘risk’ of experimenting on unfamiliar food, which subsequently influenced their opportunities to expose themselves to food in the new context. For several immigrants, these limited their understanding of the Canadian food context. This often led some of them to fully retain their traditional ways of eating, and possibly adopt the dietary acculturation strategy of resistance (rejection). But as the findings revealed, for some, this option may exacerbate challenges for participants with less access to ethnic ingredients. Immigrants may demonstrate the dietary acculturation strategy of marginalization in cases where the immigrant is unable to, or unwilling to adopt the host country’s diet (resistance/rejection); but at the same time, also experience challenges in maintaining their traditional ethnic food practices. Although no participants in this study demonstrated the dietary acculturation strategy of marginalization, future research may further examine what implications this may have on immigrants’ food practices and their diet quality.

The findings further underline the need to consider whether immigrants’ dietary acculturation experiences may differ according to the different stages of the integration processes. This study revealed the multi-faceted nature of dietary acculturation and how various structural aspects simultaneously influence immigrants’ opportunities and barriers to healthy post-
migration food choices and eating practices. It also reinforced the importance of considering the interplay between agency and structure that further impacts individual differences in dietary acculturation experiences (Cockerham, 2005, 2013). However, what should not be neglected is the consideration of how individuals agentically operate within their structural circumstances. The ways individuals exert their agency may influence their opportunities and barriers to maintain certain types of food practices they wish to pursue.

Drawing on Berry’s acculturation model, the findings also revealed that dietary biculturalism can also take multiple different forms. For instance, immigrants may acculturate (a) to healthy dietary aspects of their own ethnic background while also adapting to unhealthy dietary patterns of the host country, (b) to healthy dietary patterns of the host country while retaining unhealthy dietary aspects of their traditional ways of eating, (c) to both the healthy dietary aspects from the two culture, and (d) to both the negative dietary aspects from the two culture (which can also be a type of marginalization). While challenges related to cultural differences were identified as one of the key barriers, immigrants’ opportunities to be familiarized and be exposed to the new food context were shaped by various structural aspects related to their integration experiences. As such, those that experienced a more favourable context of reception (such as having more economic resources, having greater accessibility to ethnic ingredients, or being knowledgeable of the new food context), had an influential role in immigrants’ opportunities to adapt bicultural diet, given that studies discussed that favourable acculturation experiences may allow immigrants to more easily blend different cultures together (Schwartz & Zamboanga, 2008; Schwartz et al., 2010).

To conclude, this paper explored the interrelationship between integration experiences and immigrants’ post-migration food choices and eating practices. By drawing on Berry’s acculturation strategies and Cockerham’s (2013) health lifestyle theory to inform the analysis, this study revealed how immigrants’ post-migration food practices may be shaped by their individual experiences of structural inequalities related to the immigrant integration process. As such, findings from this study shed light on how structural inequalities experienced during the economic integration process play a central role in shaping immigrants’ post-migration eating practices, and what type of dietary acculturation strategies immigrants adopt. This is important, as food choices are complex processes shaped by multiple, interrelated aspects of the social
context (Delormier et al., 2009; Palojoki & Tuomi-Gröhn, 2001). Whereas immigrants’ opportunities and barriers to maintain their traditional ways of eating were largely influenced by cultural differences, regional variations, and economic circumstances, what determined immigrants’ adaptation to new food context in the host country were related to cultural differences, socioeconomic status, and competing demands related to integration and settlement. Further, these also varied by age, marital status and gender.

Future research should further consider taking a life course intersectional approach. Despite the valuable insights of Cockerham’s health lifestyle theory provided in revealing the importance of considering the role of structural inequalities related to immigrant integration, future studies can further benefit by incorporating an intersectional approach. This is given that, health lifestyle theory alone, has been limited in considering how various social dimensions – such as gender, race/ethnicity, and class – may simultaneously be intertwined and may reproduce and even exacerbate challenges and barriers to healthy eating practices for the immigrant population. As such, adopting an intersectional lens can further provide a valuable addition to benefit future research. Further, a life course approach would be beneficial, more specifically to find out whether immigrants’ diet may change over time, if they become more integrated (e.g., economically or culturally integrated). This is important, given that recent research has begun to suggest that the direction of the dietary acculturation, to either healthy or unhealthy change, is difficult to reverse once it begins (Blanchel et al., 2018). Further, although other aspects of immigrant integration, such as social integration, may also closely influence the way immigrants engage in post-migration food choices and eating practices, this current study has not sufficiently considered the role of the social relations and social practices. More consideration of how various aspects related to social integration may influence the type of dietary acculturation strategies that immigrants may adopt, may also be a valuable direction for future research.
2.5 REFERENCES


Chapter 3

3 Feeding the Canadian Immigrant Family: An intersectional approach to meal preparation among immigrant families in Ontario.

3.1 INTRODUCTION

With increasing concerns about obesity and Type 2 diabetes, healthy eating has become a central focus of public health initiatives around the world (Fardet & Boirie, 2014; Willett et al., 2006; World Health Organization, 2018). In light of the positive association between home-cooked meals and healthier diets (Wolfson & Bleich, 2015), many recent health promotion strategies have encouraged us to cook at home more often. For example, the Government of Canada’s recently revised Food Guide recommends that people should “cook more often to develop healthy eating habits” and suggests that “you can cook more often by planning what you eat and involving others in planning and preparing meals” (Government of Canada, 2019). Although this advice is well intended, cooking is a complex process, and “cooking ‘proper’ healthy family meals is a skilled practice” (Short, 2006, p. 89). Making meals from scratch involves time and energy spent on visiting grocery stores, organizing and prepping ingredients, and the actual cooking process. Cooking also involves other invisible tasks (Bowen, Elliott, & Brenton, 2014; Bowen, Brenton, & Elliott, 2019), including what Daminger (2019) and others refer to as cognitive labour, which includes anticipating needs, identifying options for meeting those needs, making decisions, and monitoring progress. Research has identified inequalities with regard to these invisible tasks, which have traditionally fallen to women (Bowen et al., 2014; DeVault, 1991; Luxton, 1980; Oakley, 1974).

The work of ‘feeding the family’ (DeVault, 1991) has not only been linked to gender inequality but also to economic inequality (Bowen et al., 2019; Luxton, 1980; Luxton & Corman, 2001). It remains very much tied to household resources, especially time, financial means, food availability, quality of cooking facilities, and the number of people eating and/or available to help. Studies have shown how challenging ‘making ends meet’ (Luxton, 1980) can be for those experiencing economic difficulties (Luxton, 1980; Luxton & Corman, 2001). Not everyone has the same opportunities to provide nutritious, healthy, home-cooked meals for their family.
Recently, Bowen, Brenton, and Elliott (2019) explored the inequalities surrounding home-cooking, revealing the impact of class, race, and gender inequalities. These studies have been valuable for understanding the intersectional dimensions of meal preparation, and such research raises the question of how the intersection of other social dimensions of inequality may shape food choices, cooking, and eating practices.

An area of particular interest is the experiences of newcomers (Bowen et al., 2019; Mycek et al., 2020). Research has indicated that at least some changes in food choices and eating practices follow immigration, as migrating to a new country brings changes to immigrants’ food environment (Akresh, 2007; Lesser et al., 2014; Sanou et al., 2014). There is evidence that acculturated immigrants tend to make food choices that are less healthy than their traditional ethnic meals, with increased consumption of more processed, convenience foods that are associated with higher fat levels and a lower intake of fruits and vegetables (Holmboe-Ottesen & Wandel, 2012; Serafica, 2014). Such unhealthy post-migration changes to immigrants’ diets have been identified to be associated with immigrants’ gradual health decline observed over time (Lesser et al., 2014; Vang et al., 2017).

Research documenting immigrants’ post-migration dietary changes has begun to examine their connection to economic hardship, limited availability of traditional ethnic ingredients, and lack of familiarity with Western food (Dweba, Oguttu & Mbajiorgu, 2018; Terragni et al., 2014; Sanou et al., 2014). Building on the prior research conducted in this area, this study investigates the social relations and social practices shaping the food choices and eating practices of immigrant families – which feminist scholars have highlighted as being so important. This study will further explore how the intersection of gender, class, and immigrant status shapes immigrants’ food choices and eating practices and what implications these might have on immigrant health and well-being.

This paper adopts an intersectional life course approach to explore the social relations and social practices involved in feeding the immigrant family. Our focus is on the intersection of immigrant status, gender, ethnicity and economic hardship (related to class) during integration processes. We focus on how these aspects intersect to shape family decision making around meal preparation and eating practices and identify the challenges experienced by immigrant families –
and especially immigrant women – as they endeavour to provide their families with healthy meals. We find that there are numerous pressures on immigrant women to bear responsibility for feeding the family, but economic integration challenges and the complexities of the cognitive labour involved in preparing appropriate meals, especially among mothers with young children, were identified as major barriers that may have implications for their health and well-being.

3.2 BACKGROUND

3.2.1 Gender, family, and work in feeding and eating practices

Feminist scholars writing in decades past argued that ‘feeding the family’ is gendered work, the organization of which was tied to women’s oppression (DeVault, 1991, p.12; Luxton, 1980; Oakley, 1974). Meal preparation involves shopping, cooking, and cleaning, as well as ‘making ends meet.’ The latter activity entails money management and stretching household income to meet family needs (Luxton, 1980, p.18). All these activities are core features of domestic labour, which through most of the twentieth century (and into the 21st), has been predominantly carried out by women (Oakley, 1974; Luxton, 1980). Feminists such as Meg Luxton (1980) have shown how this domestic labour is crucial to the functioning of capitalist society, as it ensures “that people are ready for paid work every day – clothed, fed and rested enough to labour” (Adams & Welsh, 2007, p. 288) and that a new generation of workers is raised for the future. Some scholars have viewed inequalities in the domestic division of labour as perhaps the primary source for gender inequality in society more generally (Hartmann, 1981).

Studies of domestic labour, and meal preparation specifically, have revealed considerable complexity underlying what appears, to many, to be routine chores. Cooking itself can be viewed as a creative activity, but it is one that can be pressure-filled, requiring planning, budgeting, shopping, and the difficulty of balancing the wants, tastes and nutritional needs of various family members (Bowen et al., 2014; Bowen et al., 2019; DeVault, 1991). Also, the process of meal preparation and cooking can be challenging in itself, and of course, there is the required cleaning up after. Often, these activities must be combined with others – looking after children, doing other domestic tasks – and for working women, even tasks such as responding to work-related
emails at home. This is gendered work (DeVault, 1991), done by women in individual family homes, in support of partners and children. It is work with high demands and high standards, reflecting intensive mothering (Hays, 1996) – cultural expectations that parents and especially mothers will prioritize children and invest heavily in their growth and development. It is privatized labour, often done in isolation. Moreover, it is ‘care’ work that is viewed socially not as labour but simply as a reflection of care and love for family members (DeVault, 1991; Luxton, 1980).

More recently, there has been an increase in the time that both women and men spend on home cooking (Taillie, 2018). Nevertheless, meal preparation remains disproportionately ‘women’s work,’ as women spend more time on cooking than men (Bureau of Labor Statistics, 2016; Tallie, 2018). Moreover, women are still viewed as the ‘guardians’ of the health and well-being of their families (Beagan et al., 2008, p. 662) and hence may take on a disproportionate share of responsibility for making food choices to ensure good nutrition for health (Blake et al., 2009; Parsons, 2014). Women may be household food gatekeepers, responsible for food-related domestic tasks and with the potential to influence the food attitudes and behaviours of the entire family (Burton et al., 2017). Recent research has challenged such emphasis on women as the primary transmitters of cooking knowledge by revealing that food learning continues throughout the life course, although early adulthood (i.e., ages 19-29) is when most of the food skills are acquired (Oleschuk, 2019). However, the persisting schemas that construct cooking as maternal work often provoke guilt and anxiety among mothers when they are not able to keep up to these expectations (Oleschuk, 2019).

Women’s (particularly mother’s) guilt and anxiety arising from the pressure to ensure that family meals are home-cooked and nutritious may have become even heavier in recent times as women’s work hours outside the home have increased (Agrawal et al., 2018; Bowen et al., 2014). Research shows that married women – particularly those who have children and are engaged in paid employment – struggle more with meal preparation as they juggle various competing demands (Agrawal et al., 2018; Blake et al., 2009; Martin & Lippert, 2012). Married working women, especially those with children, engage in a double shift (Hochschild, 1989; Jabs, 2006); for them, feeding the family may involve various trade-offs as they attempt to manage both paid work and family work responsibilities (Agrawal et al., 2018; Jabs & Devine, 2006; Blake et al., 2018).
One of these trade-offs may be a reliance on prepared and processed meals. However, home-cooked meals are considered hallmarks of good mothering that demonstrate women’s intense devotion to their families (Bowen et al., 2014; Bowen et al., 2019). Women, then, may feel pressured to feed their families healthy and nutritious home-cooked food. When unable to do this, as discussed earlier, women may experience feelings of guilt and frustration (Agrawal et al., 2018; Blake et al., 2009). Women can also make personal sacrifices by limiting their own food intake to ensure the needs of others in the family are met (DeVault, 1991; Luxton, 1980; Martin & Lippert, 2012).

Another trade-off may involve making adjustments to paid work, cutting back on or altering hours to ensure that family needs are met. Yet many women cannot afford to do this. Women are still more likely than men to be in the lowest-wage occupations (Lichtenwalter, 2005) and hold multiple jobs, and they are less likely to have flexible work schedules (Agrawal et al., 2018; Blake et al., 2009). Those with demanding work schedules may have particular difficulties cooking regularly at home (Jabs & Devine, 2006; Blake et al., 2009, 2011; Caswell & Yaktine, 2013). Workers with unpredictable schedules find it even more difficult to cook their own meals and eat with their families regularly, due to their inconsistent working times (Agrawal et al., 2018; Blake et al., 2009, 2011). Workers with low incomes might also have pragmatic problems with food preparation and home-cooked meals, such as challenges related to the unaffordability of healthy food and inadequate facilities and equipment to prepare homemade meals (Bowen et al., 2019). It is important to pay particular attention to those who are most disadvantaged in the labour market – such as women and immigrants – and how they might be hard-pressed to meet rising social expectations surrounding the preparation of home-cooked meals for family members.

3.2.2 Feeding and eating practices among immigrant families

Previous research has discussed migration as a key turning point in life that alters one’s context, and which might subsequently alter one’s food practices (Devine, 2005; Terragni et al. 2014). However, there is much we do not know about the food practices of immigrant families and how they may change over time. What is clear is that many immigrants experience dietary
acculturation, where over time, they make more unhealthy food choices as they acculturate in their host country (Lesser et al., 2014; Sanou et al., 2014). Such negative dietary acculturation has been identified as one of the key mechanisms to the gradual health decline observed among the immigrant population (Lesser et al., 2014; Popovic-Lipovac & Strasser, 2015; Sanou et al., 2014; Satia-Abotta, 2003; Satia, 2010). To explain such negative post-migration changes to immigrants’ diet, studies have pointed to immigrants’ relatively lower socioeconomic status, and also to barriers related to cultural differences (Allen et al., 2014; Aljaroudi, Horton, & Hanning, 2019; Pérez-Escamilla & Putnik, 2007; Martin, Van Hook, & Quiros, 2015; Munger et al. 2015; Osei-Kwasi et al., 2016; Ramírez et al., 2018; Terragni et al. 2014). Those studies that have focused on socioeconomic status attribute immigrants’ poor eating practices to inadequate food literacy resulting from low levels of education; difficulty in affording healthy food because of low-skilled, and hence low-paid jobs; and residential segregation in food-desert neighbourhoods with fewer large grocery stores selling affordable fresh food, and so forth (Akresh, 2007; Varghese & Moore-Orr, 2002; Van Hook et al., 2016; Villegas, Coba-Rodriguez, & Wiley, 2018). Other studies emphasize the barriers arising from cultural differences: personal preferences for their own ethnic food, inadequate understanding of Westernized ingredients, unavailability of ethnic ingredients, and language barriers that may limit immigrants’ ability to fully understand and adjust to the unfamiliar food context in the host country (Aljaroudi et al., 2019; Munger et al., 2015; Mycek et al., 2020; Osei-Kwasi et al., 2016; Ramírez et al., 2018; Terragni et al., 2014; Weisberg-Shapiro & Devine, 2015).

Furthermore, divisions of labour surrounding meal preparation may also vary cross-culturally, with husbands more likely to play a role in some contexts, while grandmothers may help out in others (Aboim, 2010; Oh, 2018; Pinto & Coltrane, 2008). Immigration, though, could potentially disrupt divisions of labour around meal preparation and alter the food practices of immigrant families; immigration not only impacts their economic circumstances but also may influence their social environment. Although no specific focus had been given on meal preparation, a recent study revealed how family expectations that reflect the cultural pressure related to immigrants’ racial/ethnic background, contributed to women’s burden of domestic work (Nichols et al., 2018). The implications of the emphasis given to a male-breadwinner model within immigrant families have also been discussed, that this model may devalue immigrant
women’s unpaid work devoted to domestic and caring responsibilities (Nichols et al., 2018). Given such considerations, further work is needed to examine the social relations and structures shaping the process of feeding the immigrant family – and the intersection of gender, immigration status, and economic resources in this process.

3.2.3  *An Intersectional, Life Course Lens*

To guide the investigation of food practices and policies, we adopt an intersectional life course lens. Intersectionality theory reveals how gender, race, and class are interlocked and interact with other structural inequalities to shape social experience and social practice (Acker, 2006; Choo & Ferree, 2010; Crenshaw, 1989; Holvino, 2010). Intersectional approaches hold that gender, race, and class are co-constructed, and simultaneously shape identity, as well as institutional and social practices (Acker, 2006; Holvino, 2010). Intersectionality theory encourages sociologists to examine the multiple, complex, and recursive processes through which social practice is shaped by gender, race, and class in complex and even contradictory ways (Choo & Ferree, 2010). Research may, in specific instances, focus on a few dimensions of inequality but should remain cognizant that these cannot be easily separated from others that are inter-related and mutually defining.

Until recently, intersectionality research was ambivalent about the inclusion of age and the life course. For example, Acker (2006, p. 455) claimed that while age is a basis for inequality, it is not as embedded in “organizing processes” as other dimensions. This difference may have contributed to a lack of attention to the age and life course stage within intersectional research. More recently, several scholars have argued that there is value in expanding intersectionality theory to incorporate a life course perspective (Choroszewicz & Adams, 2019a; Choroszewicz & Adams, 2019b; Kwon & Adams, 2018; McMullin, 2011). Life course perspectives highlight the structured social pathways individuals follow throughout their lives, which vary across time and place (Shanahan & Macmillan, 2008; Elder et al., 2003). Along these pathways, individuals experience many central life events, including transitions and turning points that shape life trajectories. By combining intersectionality theory and the life course perspective, this approach
illuminates how the construction, experience, and impact of intersectional inequalities can vary across age, cohort, life course stage, and social-historical context.

The findings of previous research hint that such an approach may be valuable for understanding food practices. Although research has long highlighted the significance of gender in domestic labour, particularly meal preparation, it is only recently that studies have revealed that gender alone is insufficient to understand these practices, with emphasis given to the importance of economic resources and income, as well as race/ethnicity (Bowen et al., 2019) in shaping the challenges associated with feeding the family. Moreover, other prior research has highlighted the significance of life course stage in that it has identified women’s roles as wives and mothers – especially mothers of younger children living in the home – as being particularly salient (Agrawal et al., 2018; Blake et al., 2009; Martin & Lippert, 2012). Despite such hints in the literature, though, few studies have taken an intersectional life course lens to examine the way in which gender intersects with other factors to shape the food practices of the immigrant families. Further, the implications of these practices for social inequality and well-being remain little understood.

This paper adopts an intersectional life course approach to explore food choices, cooking, and eating practices among immigrant families in Ontario. The following research questions will be addressed:

1. Who takes on the responsibility of ‘feeding the family,’ and what forces and pressures encourage this?

2. What are some of the challenges experienced among immigrant families and what strategies do they adopt as they endeavour to produce healthy, home-cooked meals?

At the end of the paper, we consider the implications of our findings for women and immigrant families – and their lifestyle, health, and well-being.
3.3 METHODOLOGY

This research analyzes data from interviews with 23 heterosexually-married participants, which is a subset drawn from a larger research study on immigrants’ post-migration food choices and eating practices in Canada. Upon approval of the university ethics review board, data collection took place between February 2017 and March 2018. The population of interest was recent immigrants, older than 18 years, who arrived in Canada within the last 10 years. Although full proficiency in English was not required for participation in this study, participants had to be fluent enough to be able to communicate in English as there were no translators available.

Data collection took place in one large-sized and one mid-sized city in Ontario – Toronto (N=16) and London (N=7). The participants were recruited through both non-randomized convenience sampling and passive snowball sampling methods. Several locations were targeted for the distribution of recruitment advertisements, which included posters, flyers, and small recruitment cards. The primary locations targeted were immigrant settlement agencies, employment centres, English as second language classes, and various ethnic organizations (e.g., ethnic churches, ethnic community centres). Several ethnic organizations actively provided assistance by disseminating the recruitment announcements on behalf of the researcher. Other locations were university and college campuses and ethnic and non-ethnic grocery stores. During the introductory briefing at the beginning of the interview to go over the letter of information, participants were informed about the possibility of referring the study to their own personal network and were given a few recruitment cards containing information about the study. Snowball sampling was only used when it was initiated by the participant, and the referrals were limited to a maximum of two per each participant.

Semi-structured, one-on-one, in-person interviews were conducted at a place that was most convenient for the participants. Phone (N=2) or skype (N=1) interviews were conducted as an alternative method for those who are unable to participate in person. In cases where the participants were flexible to all interview options, in-person interviews were recommended. The interviews were conducted using a semi-structured interview guide that contained several questions related to immigrants’ background, their general integration experiences, and how they managed their lifestyle (more specifically on food choices and eating practices), health and well-
being in Canada. Each interview lasted for about 45 minutes to 1 hour. All interviews were audio-recorded with participants’ consent. As there were several valuable conversations that often continued after the interview had officially ended, when the audio recorder had been turned off, the researcher also took detailed memos of these dialogues immediately after the participant left the interview location. The recruitment and data collection process continued until the saturation point was reached. As compensation for participating in the interview, a grocery gift card of 10 Canadian dollars was given to participants.

The interviews were transcribed and coded using QDA Miner Lite (Version 2.0). A pseudonym was assigned to each participant to ensure anonymity and confidentiality. Among the interviews collected for the larger research project, 11 men and 12 women were married. The objective of this paper is to explore food choices, cooking, and eating practices among immigrant families; more specifically, this study investigates whether immigrant women take on the responsibility of “feeding the family” and identifies challenges they may experience and what strategies they may adopt in this process. As such, the sample for this paper was restricted to these married men and women, leaving our final sample size at 23 participants. With the exception of three participants, all married participants in our sample have at least one child. The sample characteristics of the married participants are outlined in Table 2 below.
Table 2: The Sample Characteristics of Married Participants (N=23)

<table>
<thead>
<tr>
<th></th>
<th>Married Men (N=11)</th>
<th>Married Women (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Participant #</td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td>30-39</td>
<td>36%</td>
<td>4</td>
</tr>
<tr>
<td>40-49</td>
<td>27%</td>
<td>3</td>
</tr>
<tr>
<td>50-59</td>
<td>27%</td>
<td>3</td>
</tr>
<tr>
<td>60+</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td><strong># of Children:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td>one child</td>
<td>18%</td>
<td>2</td>
</tr>
<tr>
<td>two children</td>
<td>64%</td>
<td>7</td>
</tr>
<tr>
<td>3+ children</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Race/Ethnicity:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>18%</td>
<td>2</td>
</tr>
<tr>
<td>Black</td>
<td>18%</td>
<td>2</td>
</tr>
<tr>
<td>East Asian</td>
<td>27%</td>
<td>3</td>
</tr>
<tr>
<td>South Asian</td>
<td>18%</td>
<td>2</td>
</tr>
<tr>
<td>Hispanics</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Admission Status:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic/Skilled Class</td>
<td>64%</td>
<td>7</td>
</tr>
<tr>
<td>Family Class</td>
<td>18%</td>
<td>2</td>
</tr>
<tr>
<td>Refugee Status</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td>International Student (at the time of arrival; but now a PR*)</td>
<td>9%</td>
<td>1</td>
</tr>
<tr>
<td>Unknown/Not Shared</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Current Employment Status:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed Full-Time: Self-Employed</td>
<td>27%</td>
<td>3</td>
</tr>
<tr>
<td>Employed Full-Time: Waged-Employee</td>
<td>36%</td>
<td>4</td>
</tr>
<tr>
<td>Employed Part-Time: Temporary</td>
<td>18%</td>
<td>2</td>
</tr>
<tr>
<td>Unemployed/Stay-Home Parent/Retired</td>
<td>18%</td>
<td>2</td>
</tr>
</tbody>
</table>

*PR=Permanent Resident

NOTE: All participants are immigrants who have arrived in Canada within the last 10 years. However, two participants in this sample had initially arrived as international students but are now permanent residents in Canada.
Using grounded theory, the first author started by inductively coding for key emerging themes from the interviews. Open coding (Strauss & Corbin, 1990) was used as an initial coding strategy. Themes related to gender immediately emerged during this initial coding process that was done through the use of coding software (e.g., pressure for immigrant men to take on the breadwinner role and women to take on the domestic responsibilities, including the task of feeding the family). After verifying the key emerging themes through another round of coding (this time, hand-coded line-by-line), both authors discussed the gender theme, which we further refined into more focused sub-themes (Lofland & Lofland, 2006). For the data analysis, we adopted an intersectional life course lens given that the emerging themes hinted the importance of life course stage – specifically the life course stages where women have children at home. Further, the data analysis involved an iterative process (Becker, 2017) to examine the intersection of gender, immigrant status and class in shaping the food choices and feeding practices of immigrant families. This examination was achieved through the constant iterative process of going back and forth between the coded results and the interpretation of the findings to make sense of the data.

3.4 RESULTS

3.4.1 Gendered roles in feeding the immigrant family

From our interviews with married immigrant men and women, it became clear that wives usually took on the primary responsibility of feeding the family. Although such a gender division of labour existed prior to immigration as well, there was some evidence of change. The few immigrant men who had contributed to food preparation prior to immigration, explained that they participated to a more limited extent in Canada. In interviews, immigrant men reported participating in food preparation, clean up, and sometimes shopping, but they often identified themselves as ‘helpers’ or assistants. The majority said that it was their wives that planned and made most of their family meals. To explain this division of labour, many of the immigrant men in this study claimed they lacked the ‘talent’ to cook.
“To be honest… My wife cooks and I usually do the dishes. *[Laugh]*. I am not really used to cooking and I am a horrible cook. Well, my wife is a really good cook.” – Jonan

“I just can’t … I don’t think I have the skills *to cook*. Well, I tried a few times, but I am not good at it.” – Matt

Matt continued to explain that he helps his wife to cook some meat dishes like steak, and he also helped out with grocery shopping, so that she did not have to do too much heavy lifting. Danny’s wife also cooked for them both, but he explained that he “helped” at breakfast: “I brew the coffee and sometimes have the fruits ready.” Interviews with married immigrant men – like Jonan, Matt, Danny and others – made it clear that immigrant women usually took on the primary responsibility to prepare meals for their families.

However, several other reasons for this gendered division of domestic labour became clear through the interviews, including economic hardships following the migration that led to the prioritizing of immigrant men’s careers, women’s more dependent status after immigration, and the lack of extended family support in Canada.

For example, Robert was trying to break into the software industry and had been having a very difficult time. Employers seemed to be discounting his foreign degree and experience, so he was encouraged to acquire additional Canadian experience through internships, volunteering, and further re-training, in order to secure a job in this industry:

“But really… I have two children and a wife that I needed to take care of… I really had to make money quickly, so I just took on the entry-level job... I decided to take this job to get some experiences until I find a better job.” – Robert

Jason was in a similar position, where he was underemployed and the current income from his day-time job was not keeping up to his standards.
“Since I am the one who is in charge of my family…. I am quite stressed about finding a good-paying job. So, I am not really paying attention to things other than that… I am working right now, but this is not the work that brings enough income for my family to live a good life here. So I am still looking for better work …. To be honest, my current income is not enough. Not for someone like me with a child and a wife to support.” – Jason

It was often the immigrant men that took on the role of a family breadwinner, working long hours at one job, and in some cases, even picking up a second job on the side, while actively looking to secure a job that matched their prior skills and experiences. Many of these immigrant men were overwhelmed, some with multiple jobs, and they expressed that they often did not have much time to participate in domestic tasks, such as meal preparation. As immigrant men struggled in the labour market, domestic roles became even more gendered, and heavier domestic responsibilities fell on immigrant women. Nevertheless, even in families where immigrant wives had full-time jobs in Canada, as Matt’s wife did, women were primarily responsible for preparing meals for the family.

Immigrant women’s own struggles in the Canadian labour market made this choice a rational one. For instance, despite having a professional career as a pharmaceutical consultant back home, Wei explained how she engaged in paid-work at a low-skilled, minimum waged job to financially support her family while her husband studied to get his professional credential transferred and secured a job in his field. Wei spoke about how she was able to manage her work to provide full financial support for her family, given how supportive her husband was in sharing the childrearing responsibilities while she was at work. However, Wei elaborated that when she was back home after work, she was still mostly in charge of other domestic responsibilities including meal preparation.

Once Wei’s husband secured a job, after a long reaccreditation process, she stopped working in her low-skilled job and decided to be a stay-at-home mother to take on the domestic labour and also take better care of her children. Wei shared that she did initially think about finding work in her field, but expressed that she was discouraged after seeing what her husband
had to go through. Several immigrant women in this study revealed a lack of confidence in finding work commensurate with their prior education and experiences.

“I did initially try. When I first got here … To find proper work… [...] I really didn’t try to find a real job after that, since… I knew that I will not get it. Seeing what my husband went through, I kinda felt that I had to prepare more.” – Wei

Min Hee also had a successful career in the financial sector back home, but like Wei, she had decided to be a stay-at-home mother given the reality that she faced: she struggled to find a job in her field that was worthy enough to bear the high childcare cost.

“It was more about the reality that I was faced with … Like the type of job that I was about to work at…. I figured that it would actually cost about the same [amount of money] to send my two children to daycare. All I was able to pick-up were minimum-wage jobs. It was not worth it, for sure.” – Min Hee

Many immigrant families with young children at home had decided to prioritize and concentrate their efforts on launching husbands’ careers first. This was also largely because immigrant men were often the principal applicant\(^\text{10}\) for skilled migration in many of these families. Despite some immigrant women also being highly-skilled themselves, they were categorized as secondary applicants – dependent spouses of principal applicants. Beyond this, many of these immigrant women with young children at home needing childcare, decided that their labour market prospects were so poor that a breadwinner-homemaker family model made sense. As a result of these economic and social circumstances, women often took on primary responsibility for domestic labour including meal preparation.

\(^{10}\) When a family applies together, one member must be the main or “principal” applicant. A secondary applicant (also referred to as an accompanying dependent) is the principal applicant’s spouse, common-law partner, dependent child or dependent child of a dependent child (grandchild), who plans to immigrate to Canada with the principal applicant. (Source: Government of Canada https://www.canada.ca/en/services/immigration-citizenship/helpcentre/glossary.html)
In some of these families, women also identified the lack of local extended family as an important factor that influenced their ability to balance both their careers and their domestic work. Prior to migration, Min Hee was able to maintain a highly demanding professional job in the financial sector back in her country of origin, because of the support of her mother-in-law who often helped with childcare, domestic tasks, and prepared meals for their family.

“Working in the financial sector (back in her home country) was very competitive. Some of the busy days, I came home at like 9 or 10pm at night. […] On those nights, she (mother-in-law) was able to take care of them (Min Hee’s children) until I was back home. […] I honestly couldn’t have done it, if it wasn’t for my mother-in-law.” – Min Hee

Such narratives of Min Hee resonate with prior studies that have revealed how mothers with young children often sought out childcare support from grandmothers as their strategy to continue their career (Oh, 2018). Further, some immigrant women in this study also spoke about how they were previously able to afford outsourcing some of the domestic responsibilities, given their professional job with high-income but also given the low-salary of caregivers (e.g., nannies) in their country of origin. Lacking such support in Canada, and given their reality of relatively lower-skilled jobs with low income, it was very difficult for many of the immigrant women in this study to maintain full-time work and also take care of their families simultaneously.

Although specific circumstances differed across families, in this challenging economic context, the intersection of gender and immigration status (for people in this life course stage) encouraged a family division of labour where immigrant wives took on the primary responsibility for feeding the family.

3.4.2 Food Provisioning for family and accommodating children’s taste

The interviews revealed that there was considerable cognitive labour that immigrant women, especially mothers with young children, took on to feed their families. Many women
were committed to providing healthy and nutritious meals for their children that were similar to the kinds of meals they would have made in their countries of origin. Nonetheless, this could require considerable economic and time resources for some, in light of limited ingredient availability, cultural differences, and economic constraints. Most talked about the planning challenges involved in not only putting meals on the table, but making sure those meals were nutritious and tasty for their family, especially for their children. This could be a complex undertaking. For example, Devi, a stay-at-home mother from Bangladesh, explained that she tries to balance taste and health when she cooks, but mentioned that “I can’t just focus on making it healthy because then no one will eat it…” When asked about what she meant by ‘healthy food,’ she elaborated:

“Like a good balance of vegetables, fruits and proteins… [...] With my son, it has been quite a challenge… Because some kids… They have like… They have a phobia towards fruits and vegetables… [Laugh]. So that's something that I kind of struggle to manage. But in terms of eating, I try to cook as healthy as possible.” – Devi

It appeared that family members’ food receptivity (especially children’s) had a huge influence on women’s desire to experiment with new food or seek out alternative ways to cook nutritious food. Further, the narratives of immigrant women in this study revealed that these were also closely tied to economic hardships. Economic hardships are often related to risk aversion in food choices which may potentially have implications for children’s receptivity for new tastes and healthier options (Daniel, 2016). Children acquire their taste through repeated exposure (typically about 8-15 times) before they accept new food (Sullivan & Birch, 1990). Therefore, parents with limited economic resources may have limited opportunities to expose their children to healthier food options (Daniel, 2016). For instance, Shaleen explained that she had previously made some efforts to experiment and try healthier foods and recipes that she was less familiar with, but that she stopped as she could not afford to experiment frequently because her children and husband were quite sensitive to changes:

“My children are very sensitive to the changes in food… and also the ingredient… So when I experiment, they usually don't eat them. I don't really like to throw out my food…”
So I am less tempted to experiment. [...] If I am gonna cook something… It better be something that both my children and my husband can eat together.” – Shaleen

Going back to Devi’s previous narratives about her challenges to cook “as healthy as possible” while ensuring her children and husband had tasty food, this was also experienced by several others who reported having to resort to careful shopping and creative meal preparation to accomplish their goals. Victoria, a stay-home mother from Nigeria, explained how she also tries to balance both the nutrition and taste preferences of her family.

“My boys (referring to both son and husband) are totally meat-centred. So they absolutely need that meat to be on the table. So I will always have a meat dish, usually a chicken. And it’s not the healthiest, but I think it is quite healthy because I cook it myself. I also try to make sure there are some vegetables there. So I will introduce a new vegetable every few days… Sometimes my son eats one or two bites and [will] not eat it… But I still try… I don't want to force it on him… But still, don't want to give up.” - Victoria

In a similar vein, Min Hee frequently had to resort to subterfuge to get her children to eat vegetables:

“There was a time, a while ago, when I used to force my kids to eat healthy, regardless of whether they find it tasty or not. But I never do that now. I am not one of those parents that force them to do anything. If they don't want to eat it, that's fine… I let them not eat it. [...] I always try to think of ways to mask that veggie taste [Laugh]. Do you know what I mean? Like dice all the veggies and make fried rice, or boil them in a pasta sauce, or make a soup… I always think hard about how I can make them eat veggies without noticing that they are actually ‘veggies’ [Laugh]. It’s definitely not easy, but what can I do? Force them to eat? I have come to realize that forcing kids… doesn't do anything really.” – Min Hee
Food preparation involved considerable cognitive labour (Daminger, 2019) for women: they planned, shopped, prepared and served meals that balanced taste and nutrition, and met the individual needs of their family members. As prior studies have discussed, these activities can be pressure-filled (Bowen et al., 2014; Bowen et al., 2019) as they are intertwined with expectations about being a good mother (Elliott & Bowen, 2018; MacKendrick & Pristavec, 2019). Victoria expressed considerable ambivalence about her efforts to sneak vegetables into her boys’ meals (*‘boys’ refers to both her son and husband*) and was self-critical about her limited creativity. She continued to say:

“I should really think more creatively about what else I can make… Which is more tasty, but also healthy…. I feel really bad to just keep pushing my son to eat something that he doesn’t want to eat… He should be enjoying his food. Although I can’t just let him eat whatever he wants… But at least, I can make healthy food a bit more tasty for my son…?" -Victoria

Here we can see that in discussing how they prepare meals, women also describe practices associated with intensive mothering (Hays, 1996). Being child-centred, mothers feel a responsibility to make their children happy and healthy – considerations that can be contradictory when it comes to managing healthy eating. Min Hee also expressed ambivalence about her strategies, feeling pressure to get her children to eat healthy without actually forcing them. In the interview, she defended her decision-making: “Some may say that this is a bad parenting style, like… To spoon-feed them in a way *Laugh*. But this is what I believe in.” Such a narrative resonates with Elliott and Bowen’s (2018) concept of defensive mothering. Min Hee resisted the idea of forcing her children to eat vegetables that they did not want to eat, while defending her “spoon-feeding” practice through the discussion of her efforts to “mask the veggie taste,” by using creative ways of cooking. By doing this, she said that she is able to let her children still enjoy their food without having to force them. We can see how Min Hee constructed her feeding practices in a way that demonstrates intensive mothering (Hays, 1996), while also demonstrating
defensive mothering practices (Elliott & Bowen, 2018) as she distanced herself from those who force their children to eat healthy food.

Victoria also did not believe in forcing her children to eat something that they did not want to eat and engaged in intensive mothering practices (Hays, 1996), as she allowed her son to eat what he prefers to eat (i.e., meat). Victoria, nonetheless, defended her child-centred feeding practices explaining that this allows her son to enjoy having food. Further, she also emphasized her efforts to balance both the nutrition and taste preferences of her family, particularly her devotion to cook homemade meals from scratch. She further mentioned her persistent efforts to introduce “a new vegetable every few days,” and how she “doesn't want to give up.” Both Victoria and Min Hee, although in varying ways, revealed how much effort they were devoting to feed their family.

However, despite engaging in such defensive mothering (Elliott & Bowen, 2018), Victoria did not necessarily challenge the norm that she still had to feed her child a healthy meal, as she expressed guilt and blamed herself for not being creative enough to find ways to feed vegetables to her son without resistance. Min Hee similarly discussed in considerable lengths her efforts to meet nutritional expectations by using creative strategies to “mask the veggie taste”. Similarly, Elliott and Bowen (2018) found that low-income mothers rarely challenged or contested dominant views of ideal feeding practices, despite rejecting negative assessments others made in relation to their feeding practices or their children’s body sizes.

3.4.3 Challenges related to feeding the immigrant family in Canada

Not only did immigrant women want to feed their children nutritious meals, they wanted to feed their family meals that reflected their culture and pre-immigration eating practices. This responsibility was not limited to when children were young but continued as their children entered adulthood. For example, Caren continued to provide Korean meals for her children, even when they attended university away from home. Caren shared that she often prepared and froze marinated beef packages for her son when he visited home, for him to take back to university. Caren explained that she prepared the meals “because my son can't really eat Korean food there,
if I don't make those packages for him.” She felt that her son did not have enough access to the ethnic ingredients around the university area to be able to cook for himself, and she also wanted to make sure he was able to continue eating ethnic dishes even when away from home, because she was very concerned about his health and nutrition.

“When I make him that (Korean beef packages), he cooks more often and don't eat out as much. He really likes that. [...] He always says that he prefers to eat those over the food that he eats out, but I am such a bad mom. I don't always do that for him. I need to do that more often for him. But it's kind of hard.” – Caren

Caren clearly felt guilty for not being able to cook for her son more often, but as a working mother engaged in part-time temporary work, she had limited hours in the day to devote to cooking. The guilt of not being able to properly feed their family seemed greater for those who felt that they were the only ones who could provide traditional ethnic food – food which Caren described as a “taste of home.” She did not want her children “to lose the (ethnic) taste.” Caren explained that she did not want her children to stop eating ethnic food and felt responsible to continue providing them with homecooked ethnic food, as she believed that this is also connected to ethnic identity. This reveals how food practices go beyond nutrition, health and well-being, and are also closely related to how immigrants preserve their ethnic identity. Caren’s case was not exceptional; it was shared among several other immigrant women in this study.

The immigrant wives and mothers interviewed for this study had embraced intensive mothering, which required a lot of work planning and preparing meals. They had also adopted the role of household food gatekeeper (Burton et al., 2017). They took on the responsibility as ‘guardians’ for their families, managing family members’ health and well-being (Beagan et al., 2008). However, for them the burden may have been more intense given the challenges of producing traditional ethnic food when ingredients were sometimes in short supply. Immigrant women were committed to making their ethnic dishes, even when they had difficulty finding the right ingredients. Most of these immigrant women made an effort to continue making the foods they were used to, as Devi explained:

“But for dinner, I almost always cook Bangladesh food because my son is really attached to it. So I have to cook that. He would usually want me to cook him a chicken curry or a
beef curry... I think I like to make Bangladesh food for my son because I know exactly what it is and what goes into it, and whether it is healthy or not. Western food, I don’t really know how to cook it. […] I just don’t know much… This is something that I always feel bad for my son. I can only make him what I know, so I feel like he doesn’t get to try new food.”

Some immigrant women were cautious about adopting Western diets, as they were not as familiar with them. They preferred to provide their children with food that they were more familiar with, by cooking homemade ethnic meals which they felt more confident about, in terms of their nutritional aspects. Such findings are in-line with previous research showing that dietary gatekeepers’ food confidence has a strong influence on the quality of food and meals consumed within the family home (Burton et al., 2017).

Nonetheless, several immigrant women in this study also expressed feelings of guilt related to their limited cooking skills and lack of knowledge of Western food. This resonates with discussions from prior research about how dominant discourses of ‘mother blame’ can encourage marginalized mothers to blame themselves for the challenges they and their children experience (Elliott & Aseltine, 2013). Devi expressed her discomfort and frustration and blamed herself for not knowing how to provide her child with more diverse types of food other than traditional Bangladeshi food. Her sense of responsibility, and her discomfort with dining out, were further shaped by the cultural stigma attached to women who did not cook homemade meals for their own families in her country of origin:

“That (eating out) is stigmatized. It is a cultural thing. Like when people were growing up in the 70s and early 80s, there wasn’t such a concept of eating out in my country. This was because that meant that the women in the house are not cooking, and eating out means that the family has to eat out because the women are not doing their job at home. […] So eating out looked very poorly. Well, this changed a lot now. […] There is nothing wrong with eating out. (But) I think I have some of that perception (stigma towards eating out) embedded inside my mind.” – Devi
Among the immigrant women interviewed in this study, those who were involved in paid work (full-time and part-time) spoke about how they were still fully engaged in meal preparation, often seeing food preparation as their responsibility. Despite experiencing the heightened challenges of competing demands as a working mother with several part-time shift jobs, Caren shared similar views with a stay-at-home mother Devi. Caren also stigmatized Western food as unhealthy ‘American food’ and continued to cook her food in a traditional way. In contrast, Chetana was substituting part of her meals with healthy pre-made Western food options that she purchased. While Chetana continued to cook traditional dishes at home, she also adopted alternative options, explaining that she was too busy to cook as frequently.

There were some women, mostly among the stay-home mothers, that created their own versions of popular Western foods to accommodate their children’s taste. This involved bicultural ways of improvising – merging their cultural, traditional ethnic food with Western food they wanted to experiment with. Wei did experiment to a minor degree with Western food, making adaptations that fit her family, ethnic culture, and the ingredients she had on hand. This relates to Garnweidner et al. (2012)’s finding that immigrants valued preserving their traditional ethnic diet even when adopting new dietary aspects of the host country. To a question that asked if she ever cooked Western food, Wei replied:

“Umm… See, I don't know how to explain it. For example, my kids like spaghetti a lot. Ah… But it is kind of tricky to say. Haha, the type of spaghetti that I make is kind of my own version… So, I don't know if can say that it is Western food. [...] I put some Chinese seasonings, and I always put the chicken in it too. It is quite interesting because it actually tastes good [Laugh]. But it’s not the kind of spaghetti that you will find elsewhere.” – Wei

For some immigrant women who wanted to prepare traditional ethnic meals for their families, there were challenges. For those who lived in less ethnically concentrated regions, accessing ethnic ingredients and proper seasonings for their ethnic meals – at a reasonable cost –
could be especially difficult. Religious food restrictions exacerbated these challenges associated with feeding the family homemade traditional ethnic meals, as Amlika explained:

“Actually, there actually isn't much option to buy them. Because there isn't much Halal stuff. So, because we are a Muslim background, we have issues with meat. [...] Here, it is kinda difficult to find the ones that we can eat.”

Few women also reported pressure around the food that they served to their children, believing that they should serve and prepare more Western food for them. For example, Amlika explained that she was really reluctant to have her children take ethnic food to school for lunch:

“Ah… My kids actually never took our food to school… I have actually never packed those for them… And they didn't particularly ask for them or told me about their preference… But it seems like they don't think about taking something like curry to school. [...] Well, it’s not like I am not worried that they will be discriminated for taking our food to school or anything… But it's just a manner. I am really, really conscious of the smell of our food. We use so many spices that it gets into our hair and our cloth and everywhere. And I am very conscious about that. So whenever, I have to go out somewhere I try not to cook before I step out. Whenever I cook… I take a shower and stuff [Laugh]. So I do think about these when I pack lunch for my kids. But I always run out of ideas because I don’t know much about food other than my [ethnic] food.”

Amlika’s narrative reveals the difficult challenges that many immigrant women have to navigate. She feels self-conscious about the ethnic food from her own background, and is reluctant to share the smells with others, and yet she does not have a great deal of familiarity with other ways of cooking or knowledge of recipes for other types of food. At the same time, most of these immigrant women felt responsible to feed their family, especially their children with healthy homecooked meals. For instance, Amlika spoke about how she would like to invest more effort into creative cooking beyond her own ethnic food. For her, as for several other immigrant women interviewed in this study, meal preparation was fraught with challenges, and required considerable cognitive and physical labour. That is, immigrant women not only had the work of
preparing meals, but of navigating conflicts between their current food context, their cultural practices, and the preferences of their families. While some immigrant mothers felt responsible to continue providing their children with ethnic food, at the same time, some also felt obligated to expose their children to new types of food in the host country – which created further guilt among some of these immigrant mothers.

3.5 DISCUSSION/CONCLUSIONS

Interviews with recent heterosexually-married Canadian immigrants about their food practices reveal a gender division of labour whereby women take on the main responsibility for feeding the family. The findings clearly reveal the intersection of gender, socioeconomic status, and immigrant status, indicating that married immigrant women often experienced heavier domestic responsibilities (e.g., feeding practices), as their husbands experienced systematic barriers respecting labour market integration, such as the devaluation of foreign credentials. The feminist literature on feeding the family has highlighted the gendered division of domestic labour and the challenges that women face when they perform it. The findings of this study suggest that immigrant women face many of the same challenges; however, the intersection of their gender, immigration status and constrained economic circumstances creates additional challenges for them.

Family members were highly reliant on women for various domestic tasks, including meal preparation. This was particularly the case for immigrant women in the life course stages where they have young children at home, thereby revealing the importance of gender, age, and cohort. Such findings resonate with studies that discussed women’s role as household food gatekeepers (Burton et al., 2017) and ‘guardians’ of health and well-being of the family (Beagan et al., 2008). While this gatekeeper role is seen to reflect traditional divisions of labour (whereby men provide for their families through their economic activity and wives prioritize caring for family members) – and is at times rationalized as a practical division of labour that allows men and women to specialize in what they do best – it is also a pragmatic strategy pursued by immigrants as they struggled to integrate into a Canadian society where they face discrimination and economic disadvantage in the labour market. More specifically, during the processes of
integration and settlement, both immigrant men and immigrant women experience difficulties in finding well-paying jobs that match their prior skills and credentials from their home country. In such circumstances, many immigrant families prioritize men’s careers because they are usually the principal applicant for skilled migration. Such findings also highlight how migration can be a notable turning point that may influence the division of labour within immigrant families, and how immigration policies can also play a role in affecting who takes on the primary responsibilities of food work.

Immigrant men’s long hours spent re-training and working in low-paying jobs (sometimes multiple jobs) while seeking better jobs that match their experience leaves even little time for domestic work, such as tasks involved in feeding the family. As a result, immigrant women often provided support through their work both outside and within the home. Some immigrant women temporarily took on the primary breadwinner role working at low-wage jobs, while remaining in charge of feeding the family, so that their husbands achieve successful economic integration. Nonetheless, several immigrant women interviewed in this study eventually took on the role of stay-at-home mother and homemaker, once their husbands were able to secure stable jobs. For immigrant women that had a full-time career back home, this breadwinner-homemaker division of labour was not something they embraced prior to migration but was a product of the challenges they faced afterwards. The decision to take on the role of a homemaker instead of seeking to re-integrate into the labour market was largely influenced by the perceived challenges in finding commensurable work; combined with economic circumstances, high childcare costs, the lack of extended family support and so forth. However, the decision to adopt a breadwinner-homemaker family model in the Canadian context does have a potentially negative impact on immigrant women, by making their work invisible and devaluing their contribution to the family (Nichols et al., 2018). Even among the few that had continued to be engaged in paid work, the task of feeding the family still remained as their primary responsibility.

While women with young children reveal an adherence to intensive mothering (Hays, 1996) to ensure that their children are fed healthy and nutritious meals, they also engaged in defensive mothering and defended their decisions in feeding their family (Elliott & Bowen, 2018). While it is not clear whether they adopted intensive mothering prior to immigration or after, it seemed that intensive mothering manifested in a particular way for study participants.
Immigrant women not only tried to feed their children nutritious meals, while accommodating their children’s tastes, but endeavoured to ensure their children had healthy, traditional ethnic meals, made from scratch, despite the economic and practical challenges of cooking these meals in the Canadian context where ingredients were not always available. Their lack of familiarity with the Western food context and limited budgets created additional challenges. Their adoption of intensive mothering reflected not simply effort to be ‘good mothers’, but ‘good immigrant mothers’ who provided their children with culturally appropriate, nutritious food, while adapting to the local food context to varying degrees.

Overall, their narratives revealed their devotion to home-cooking to accommodate their children’s taste, their emphasis on ensuring their kids had a ‘taste of home’, and their practice of letting children enjoy food (without compromising nutritional aspects). Nonetheless, many still expressed feelings of guilt and uncertainty about their feeding practices. Regardless, immigrant women demonstrated both adaptability and creativity in seeking out ways to provide healthy meals to their families, despite time constraints, competing demands or financial pressures from their constrained economic circumstances. Consideration of the role of ‘nutrition socialization’ (Mycek et al., 2020) would be valuable in gaining further understanding of how the exposure to dominant nutritional standards in the host country and the pressure to enact to them may potentially have an influence on diverse strategies that immigrant women, particularly mothers with children, would adopt as they endeavour to provide their families with healthy, home-cooked meals.

The current dialogue surrounding healthy eating encourages families to acquire better nutritional knowledge and cook homemade meals more frequently. Several studies, for example Burton et al. (2017), also suggest that the best way to promote healthier food decisions within the household is to encourage current and future household food gatekeepers to acquire better knowledge about healthy food choices, for example through public health strategies aimed at building food skills and nutrition knowledge (Burton et al., 2017). These studies suggest that dietary gatekeepers’ food confidence may have a strong influence on food attitudes and behaviours within the household (Burton et al., 2017). However, both the current public health strategies and scholarly research on healthy eating fail to recognize the fact that these gatekeeper roles disproportionately fall on women and that women face many difficult challenges fulfilling
these roles, depending on their social and economic circumstances. Policies that place additional pressure on women may enhance the guilt and pressure they feel in trying to meet high standards for healthy eating (which are often the standards set in Western context), leading them to blame themselves for their lack of food skills and nutrition knowledge. As this may particularly be the case for marginalized mothers (Elliott & Aseltine, 2013), further consideration should be given to how such guilt and mother’s self-blame may be exacerbated for immigrant women.

When the women in our study talked about feeding the family, they focused on their children, and at times their busy husbands, but they said very little about themselves. It was clear, however, that women’s experiences were shaped by the intersection of gender, immigration status and economic circumstances (class), in a manner that disadvantaged immigrant women in this study. They prioritized their children and husband’s health and well-being above their own. Preparing healthy meals involved a lot of work, and was a source of stress and anxiety for many. The challenges in their domestic work, combined with labour market discrimination, influenced many women in this study to leave the labour market, or cut back on their work hours. These decisions have potential implications for women’s economic, physical, and mental well-being and for gender inequality. Previous research has found that the channeling of immigrant women into homemaker roles can have negative implications for them (Nichols et al., 2018). Future research should explore the impact of these practices on women in more detail, especially in light of previous research showing that women sometimes sacrifice their own food and nutrition for others (Luxton, 1980). Future research should continue to adopt an intersectional lens but extend it further to consider how children’s gender may be relevant. Interestingly, immigrant women rarely spoke about conflict or challenges in feeding their daughter(s). Most of these women spoke about particular challenges related to feeding their son(s). Clearly, the intersection of gender, immigration status and economic circumstances needs to be teased out more. In addition to the gender of children, future research could explore the relevance of race/ethnicity.

Lastly, it is important to highlight the policy implications raised from the findings in this study. Largely attributed to immigration policies that consider immigrant men as principal applicants, the findings revealed how men’s careers are prioritized within the immigrant family, which often led to a heavier domestic burden on immigrant women after migration. All of these aspects raise several policy implications, particularly those in relation to immigrants’
opportunities for participation in the labour market, as well as their health and well-being. Further, this study also noted how the inability to receive childcare support from extended family was an additional barrier for immigrant women with young children, which illustrates the importance of age, cohort, and family ties, and their shifting nature across time and place (Shanahan & Macmillan, 2008; Elder et al., 2003). As such, policy consideration should be also given to married immigrant women with young children; their heavy domestic responsibilities, combined with childcare, often seemed incompatible with other tasks that immigrants have to go through in order to achieve economic integration (e.g., learning English, building additional Canadian experience through volunteer work, reaccreditation process). Perhaps, future policies can consider implementing subsidies for childcare during the initial integration and settlement stages for immigrant families, as this may help alleviate immigrant women’s challenges in integrating into the workforce in Canada.
3.6 REFERENCES


105


Chapter 4

4 Awareness and usage of Canada’s Food Guide: A comparison of recent and established immigrants to native-born Canadians in Ontario.

4.1 INTRODUCTION

Over two-thirds of deaths in Canada result from chronic diseases, such as cardiovascular disease and Type 2 diabetes (Public Health Agency of Canada, 2010a). Responding to this rising prevalence of chronic health conditions in Canada, the Federal, Provincial, and Territorial (FPT) Ministers of Health (with the exception of Quebec) worked together to launch the Integrated Pan-Canadian Healthy Living Strategy (Public Health Agency of Canada, 2010b). The aim of this strategy is to promote healthy eating, as unhealthy diets have been widely identified as a significant risk factor for various types of chronic health conditions (Astrup et al., 2008; Hawkes, 2006; World Health Organization, 2018). One of the key supporting initiatives of Health Canada’s (2016) recent 2018–2019 Department Plan is to implement the Healthy Eating Strategy as part of the federal government’s vision for a healthier population, thereby reducing the risk of nutrition-related chronic diseases (Taylor, 2018). Accordingly, public health strategies have focused on the implementation of various initiatives to promote healthier eating practices among the Canadian population (Ezzati & Riboli, 2012; Garriguet, 2009; Hooper et al., 2012; Howard, Edge, & Munro, 2013). Nonetheless, healthy eating has become even more challenging in today’s society. While the benefits of cooking meals from scratch in ensuring health and well-being are emphasized (Wolfson & Bleich, 2015), at the same time, there has also been a growing consumption of processed, packaged, and pre-made food due to the convenience and affordability of such food (Okrent & Kumcu, 2016).

Current public health strategies on healthy eating emphasize having adequate knowledge of nutritional guidelines and necessary food skills to make informed food choices and engage in healthier eating practices (Ezzati & Riboli, 2012; Garriguet, 2009; Hooper et al., 2012; Howard et al., 2013; Vidgen & Gallegos, 2014). For example, one of the government’s targeted public health strategies for a healthier population is Canada’s Food Guide. This guide not only places the responsibility on individuals to make more informed food choices and to cook at home more often for better health and well-being, it also emphasizes the importance of making critical
judgements as a consumer, particularly regarding nutrition-related information disseminated by the media and non-experts (Colatruglio & Slater, 2014; Government of Canada, 2019a). Overall, the approach adopted in such resources aims to empower individuals to be more mindful of the nutritional aspects of the food they eat, acquire sufficient food skills in order to cook more often and maintain healthy eating practices (Government of Canada, 2019a).

Despite growing sociological consideration of how food choices and eating practices are shaped by various aspects of the social context (Cockerham, 2005, 2013; Delormier et al., 2009), current public health strategies on healthy eating continue to neglect the role of underlying structural inequalities that influence individuals’ opportunities to make healthy food choices and develop healthy eating practices. The emphasis of public health strategies has largely been on promoting the pursuit of healthy lives (Dumas et al., 2014), reflecting an ideology, so-called healthism, that encourages individuals to take responsibility for maintaining their own health and well-being (Crawford, 1977). Crawford (2006) has criticized the emergence of this ideology asserting it arose out of governments’ efforts to control high healthcare costs. This ideology potentially blames people for their health conditions, without considering the structural conditions that may shape opportunities to achieve and maintain health (Dumas et al., 2014).

Cockerham’s *Health Lifestyle Theory* (2005, 2013) has drawn attention to the importance of structural considerations in shaping individuals’ health, and specifically their healthy lifestyle practices. According to this theory, our ability to engage in healthy lifestyles is dependent on various dimensions of social inequalities, which are, in turn, dependent on the broader social structure (Cockerham, 2005, 2013). While it is undeniable that making healthy food choices and cooking homemade meals require considerable knowledge and skills (Colatruglio & Slater, 2014; Short, 2006), Cockerham’s theory proposes that focus must be given to how people are exposed to varying opportunities to utilize their given resources to adopt a healthy diet (Cockerham, 2005, 2013). The decisions that we make every day about our food and eating practices are often situated in our given social context, which influences our access to resources and our opportunities for healthy eating.

In Canada, one such structural consideration is related to immigration. Migration affects the eating practices of immigrants, as their prior knowledge regarding nutrition and healthy eating are not always applicable in the new context (Mycek et al., 2020). Research has revealed
that, as immigrants reside longer in Canada, they tend to adopt unhealthy dietary patterns that contribute to their gradual health decline over time (Sanou et al., 2014; Vang et al., 2017). This is particularly the case for immigrants from non-Western and less-developed countries, as they tend to experience greater challenges and barriers in navigating the new food context (Aljaroudi et al., 2019; Ramírez et al., 2018; Terragni et al., 2014). While certain immigrants may arrive with substantial knowledge of nutrition and health, others may arrive with relatively little nutritional knowledge acquired in their country of origin. For some, it may be challenging to adjust from a farm-to-table food environment to a more urban setting; for others, difficulties may arise due to unfamiliarity with the Westernized food context or the lack of access to traditional ethnic ingredients to maintain their food traditions (Blanchet et al., 2018; Mycek et al., 2020; Terragni et al., 2014).

Given that migration involves significant changes to one’s social context, comparing how the experiences of immigrants differ from those of native-born Canadians provides further insight into the structural influences shaping immigrants’ post-migration food choices and eating practices. As noted, Canada’s current public health strategies on healthy eating, like Canada’s Food Guide, appear to disregard this broader social context. Despite prior studies emphasizing the importance of such resources to build greater nutritional knowledge for diet and health (Garcia & Piche, 2001; Garcia et al., 2016; Jessri, Ng, & Abbe, 2017), it must be recognized that eating practices are influenced by a multitude of aspects, including culture, economic means, and other social considerations. For instance, immigrants may experience language barriers, religious differences, or economic hardships due to challenges in integrating into the Canadian labour market after their migration (Creese & Wiebe, 2012; Gans, 2009; Guo, 2013; Sanou et al., 2014; Shaw, 2016; Vahabi & Damba, 2013). Nonetheless, current policies fail to recognize that immigrants may experience challenges in navigating the new food system (Mycek et al., 2020), and these challenges might act as barriers in accessing and using resources such as Canada’s Food Guide. As such, there are reasons to believe that immigrants’ awareness and use of resources, like Canada’s Food Guide, may differ from native-born Canadians.

Furthermore, upon migration, immigrants may be introduced to the new norms regarding nutrition and health in the host country. In providing a better understanding of immigrants’ post-migration dietary changes, a recent study raised the importance of considering immigrants’
processes of nutrition socialization, more specifically on how immigrants are exposed to the advice of the nutritional experts on diet and health (Mycek et al., 2020). What needs to be considered is that these nutritional norms or guidelines are socially constructed, often reflecting the dominant food standards of the host country (Biltekoff, 2013; Mycek et al., 2020). Such dominant food standards may reinforce expectations about healthy eating that may not necessarily align with immigrants’ prior nutritional knowledge or traditional ways of eating. Drawing on these considerations from prior studies, this study examines whether the awareness and use of Canada’s Food Guide differ between immigrants (both recent and established) and native-born Canadians, and also further explores immigrants’ general experiences in accessing and using Canada’s Food Guide.

4.2 CANADA’S FOOD GUIDE AS A CASE STUDY

Canada’s Food Guide is among the various public health strategies that employ an individualistic, behavioural framework. It is known as an educational resource designed to disseminate nutrition-related information to promote healthy eating among Canadians; its aim is to help Canadians make healthier food choices that meet the recommended nutritional guidelines (Government of Canada, 2018; Health Canada, 2015). While all these goals are important, the emphasis on nutritional knowledge places the primary responsibility for healthy eating practices on individuals and neglects the role of other structural influences that may shape people’s food choices and eating habits. Further, these guidelines for healthy eating are largely based on the dominant food standards of Western countries (Biltekoff, 2013; Mycek et al., 2020).

A small but growing body of research has been conducted on Canada’s Food Guide (e.g., Andersen et al., 2015; Black & Billettere, 2013; Garcia & Piche, 2001; Mathe et al., 2015, 2016; Slater & Mudryj, 2018; Vanderlee, McCrory & Hammond, 2015); however, a majority of these studies have been conducted using small sample sizes and relatively few have used large-size, population-based data. For example, two studies conducted in Alberta (N = 1,210) found that most Albertans are aware of Canada’s Food Guide and its specific recommendations (Mathe et al., 2015; 2016). These studies also found that being female, being White, and having a higher income are associated with greater awareness of Canada’s Food Guide. Another study conducted among adults who purchased food at two hospital cafeterias in Ottawa (N = 1,048) found similar
evidence that visible minorities have particularly low awareness of Canada’s Food Guide compared with their White counterparts (Vanderlee et al., 2015). Combined, these studies suggest that those with low socioeconomic status and those who are members of visible minorities are less likely to be aware of Canada’s Food Guide.

Meanwhile, a qualitative study conducted among 32 immigrant mothers from two different countries of origin revealed that awareness of Canada’s Food Guide differs among ethnocultural groups (Anderson et al., 2015). However, although this study demonstrated the heterogeneity of the immigrant population, it only focused on Latin American and Sri Lankan immigrant mothers (Anderson et al., 2015). More recently, Slater and Mudryj (2018) utilized population-based data from the Canadian Community Health Survey (CCHS) to quantitatively examine Canadians’ exposure to, knowledge of, and use of Canada’s Food Guide. The researchers found that there are gaps between awareness and eating behaviours, where only a few Canadians that knew about Canada’s Food Guide were actually using the guide for their dietary decisions. Nonetheless, this study did not consider how the patterns may vary for immigrant populations compared to native-born Canadians.

The current research on Canada’s Food Guide is somewhat limited, and one important gap in this regard is the lack of attention given to the differences between immigrants and native-born Canadians and their awareness and usage of Canada’s Food Guide. In addition, even less is known about immigrants’ experiences in accessing and using these resources and the varying role that these resources may have on their post-migration food choices and eating practices. Considering the importance of healthy eating for overall health, these observations emphasize the need for more research on immigrants’ awareness of Canada’s Food Guide and the role that these nutritional guidelines may have on their post-migration food choices and eating practices.

Overall, the small body of literature on Canada’s Food Guide has not sufficiently explored differences between immigrants and native-born Canadians, as well as differences between recent and established immigrants. Further, more consideration is needed in understanding immigrants’ nutrition socialization experiences, especially those related to accessing and using Canada’s Food Guide. Insights can be drawn from a recent study conducted in the U.S. about how immigrants engage in “nutrition socialization” (Myczek et al., 2020). This research found that participants were exposed to expert advice based on American food
standards, and it illustrated the value of adopting a holistic understanding of immigrants’ experiences. Moreover, by highlighting that immigrants experienced a lack of guidance in navigating the new food system, this study raised a need for more community-based participatory research. Building on such insights, greater consideration of the immigrant population is needed in the Canadian context.

To address this gap in the literature, this study adopts a mixed-methods approach, drawing on population-based quantitative data from the 2015 Canadian Community Health Survey and qualitative data from 45 in-depth interviews with recent immigrants. This case study on Canada’s Food Guide is guided by the following research questions: First, how do immigrants (both recent and established) differ from native-born Canadians with regard to their awareness and usage of Canada’s Food Guide? Second, what are immigrants’ general experiences in accessing and using Canada’s Food Guide? The goal of this study is to inform future policies and initiatives surrounding healthy eating by providing a more comprehensive understanding of the limitations of the current individualistic approach and, thus, better addressing the specific needs of the growing immigrant population in Canada.

4.3 METHODOLOGY

4.3.1 The mixed-method approach

In this study, I employed a mixed-method approach. Numerous studies affirm the strength of integrating methods when conducting health policy research, as such an approach combines the strength of both methodologies (Ridde & de Sardan, 2015; Tariq & Woodman, 2010; Wisdom & Creswell, 2013). Quantitative analysis provides generalizable statistical evidence, while qualitative analysis offers rich data for understanding social experiences and social problems and identifying potential solutions (Spillman, 2014). A growing number of health policy scholars have begun to integrate mixed methods into research, because integrating quantitative and qualitative approaches can yield a more holistic understanding that can better inform future policies (Ridde & de Sardan, 2015; Tariq & Woodman, 2010; Wisdom & Creswell, 2013). Migration scholars also suggest that more research should utilize a mixed-methods approach, as combining both qualitative and quantitative data analyses can compensate for the
shortcomings of each method (Kaushik & Walsh 2018). When used together, these methods complement each other and provide better ways to contribute to the current body of scholarship (Kaushik & Walsh 2018).

For this study, I first conducted a quantitative analysis using data derived from the master file of the 2015 Canadian Community Health Survey (CCHS), which was accessed through Statistics Canada’s Regional Research Data Centre. The goal of the quantitative analysis is to provide a generalizable statistical overview of how the awareness and usage of Canada’s Food Guide may differ between immigrants (both recent and established) and native-born Canadians. Second, I based the qualitative analysis from data drawn from 45 in-depth, semi-structured interviews conducted with recent immigrants—including international students—who arrived in Canada within the last 10 years. The interview questions regarding Canada’s Food Guide provide a more in-depth understanding of immigrants’ general experience and perception of the usefulness of Canada’s Food Guide. The following sections detail how the quantitative and the qualitative analyses were conducted.

4.3.2 **Quantitative data: The Canadian Community Health Survey 2015**

*The data source and study population*

The Canadian Community Health Survey (CCHS) is a nationally representative cross-sectional survey that collects information related to health status, health care utilization, and health determinants for the Canadian population aged 12 years and over (Statistics Canada, 2016b). This current data set is well-suited for the current study, as CCHS is frequently used by government agencies as well as non-profit organizations to monitor, plan, implement, and evaluate programs to improve population health in Canada. It is also the only nationally representative data set in Canada that includes variables on Canada’s Food Guide. The CCHS is collected in both English and French, and interviewers with a wide range of language competencies were hired by each of the Statistics Canada Regional Offices to reduce the language barriers as much as possible for all Canadians (Statistics Canada, 2016b). The CCHS excludes residents living on reserves, full-time members of the Canadian Forces, and those who are institutionalized. While numerous researchers have pooled various years of the CCHS when
conducting research with immigrants as the population of interest, CCHS 2015 cannot be pooled with previous years of CCHS as there was a major redesign of the data (e.g., new sampling frame) and content revisions (e.g., additional variables) for the 2015 cycle. Given all these factors, Statistics Canada advised that caution must be exercised when comparing data from previous cycles to data released for the 2015 cycle onward. Therefore, I only used the 2015 cycle for this study.

For CCHS 2015, data on Canada’s Food Guide was only collected in Ontario and Prince Edward Island. Given this study’s interest in immigrant populations, I restricted the final sample to adult residents in Ontario (aged 19 years or older), as Ontario is identified as the top destination in Canada for immigrants (Ministry of Citizenship and Immigration, 2017). The leastwise deletion technique was used to handle missing cases at random after the exclusion (Kang, 2013). Further, a sensitivity analysis was conducted to evaluate the robustness of the results. To this end, the final unweighted analytical sample size for this study is 15,180 (10,530 native-born Canadians; 1,030 recent immigrants; and 3,620 established immigrants).

**Measures**

Two outcome variables related to Canada’s Food Guide are used to compare whether the patterns of awareness and usage of Canada’s Food Guide may vary between immigrants and native-born Canadians. For the first outcome variable, responses to the question, “Have you ever seen or heard of Canada’s Food Guide?” were categorized dichotomously (0 = yes; 1 = no) in order to estimate the likelihood of being unaware of Canada’s Food Guide. The second dependent variable that measures the usage of Canada’s Food Guide was collected from among the respondents who responded “yes” to the first question on knowledge of Canada’s Food Guide. The second outcome variable was also categorized dichotomously (0 = yes; 1 = no) in order to estimate the likelihood of not using Canada’s Food Guide, which was collected from a question asking whether or not the respondent has ever used information from Canada’s Food Guide. The
version of Canada’s Food Guide used here is entitled *Eating Well with Canada's Food Guide*; which was used consecutively for 12 years after its release in 2007.

The independent variable is “duration of residence in Canada,” coded in the following manner: 0 = native-born/non-immigrants; 1 = recent immigrants; 2 = established immigrants. Recent immigrants are defined as those who have lived in Canada for 10 years or less, while established immigrants refer to those who have lived in Canada for over 10 years. This measure is consistent with other prior studies in the migration literature that account for immigrants’ duration of residence in Canada (see the review by Vang et al., 2017). Other control variables are also included in order to identify other factors that may impact immigrants’ levels of awareness and usage of Canada’s Food Guide. These control variables were informed by those that have been identified by Cockerham (2013) as a set of factors that have the capacity to shape an individual’s lifestyle practices. First, I included the basic demographic characteristics: age (reference group = 19–25 years), gender (reference group = men), and marital status (reference group = married/common-law). Next, the following three variables were included for socioeconomic status: (1) highest level of education of the respondent (reference group = less than high school or high school graduate); (2) total income of the respondent (reference group = less than $30,000); and (3) employment status (reference group = employed). Variables on racial/ethnic background (reference group = White), language first learned at home in childhood (reference group = official language), sense of belonging to the community (reference group = very strong), and size of the region of residence (reference group = rural area with population of less than 1,000) are also used as control variables to probe for differences among immigrants as well as between immigrants and native-born Canadians.

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11 The food guide discussed in the current study refers to the 2007 version, which is entitled *Eating Well with Canada's Food Guide*. This is due to the timing of the data collection, for both quantitative data (which used the 2015 Canadian Community Health Survey) and qualitative data (which was collected between February 2017 and March 2018). Until the recent release of the revised version of Canada’s Food Guide (released January 2019), a version entitled *Eating Well with Canada's Food Guide* was used since its release in 2007. This 2007 version of the food guide provided age and sex-specific dietary recommendations for four food groups, including vegetables and fruits, grain products, milk and alternatives, and meat and alternatives (Health Canada, 2007). Moreover, it also provided recommendations on selecting foods that are low in added fat, sugar, or salt as well as the recommended daily energy intake (Health Canada, 2007). The recently released 2019 Canada’s Food Guide, a version entitled *Eat well, Live well* has undergone massive revisions—such as reducing the food groups to three and eliminating milk and milk products (Government of Canada, 2019a). However, although the specific nutrition-related details of the recommended food intake may have undergone changes, the objective of Canada’s Food Guide remains the provision of a nutritional guideline to encourage Canadians to acquire adequate levels of nutritional knowledge and, thus, to engage in healthier food choices and eating practices.
Statistical analysis

I conducted two separate analyses. In the first part of my quantitative analysis, I conducted a cross-classification analysis to describe sample characteristics for native-born Canadians, recent immigrants, and established immigrants. As both dependent variables used in this study are dichotomous, the second part of the quantitative analysis involved a series of multivariate logistic regression models to show the odds of being unaware of Canada’s Food Guide and the odds of not using Canada’s Food Guide. First, Model 1 controlled for demographic factors (e.g., age, gender, and marital status). For each of the subsequent models, additional control variables were added to Model 1. Model 2 added aspects of socioeconomic status (e.g., education, income and employment status) as control variables. Next, Model 3 added racial/ethnic background and language first learned at home in childhood as control variables. Model 4 adjusted for a sense of belonging to the community and the size of the region of residence. Lastly, Model 5 controlled for all variables that were included in Models 1–4. The results from these models are presented with odds ratios (ORs). Further, in order to account for clustering due to the complex survey design (i.e., the CCHS sample is stratified by health region and age), all analyses were weighted using the sampling weights provided by Statistics Canada to ensure representative population-level estimates. The statistical software package STATA 15 was used for all quantitative data analysis and all results were subjected to Statistics Canada’s vetting procedures prior to the release.

4.3.3 Qualitative data: In-depth, semi-structured interviews with 45 recent immigrants

I derived the qualitative data from 45 in-depth, semi-structured interviews with recent immigrants and international students. The data were only collected from participants who were 18 years or older, and although full fluency in English was not required, they had to be able to communicate in English for the interview. Participants had to be recent immigrants, referring to those who had arrived in Canada within the last 10 years (Vang et al., 2017). Return migrants, referring to those who returned to Canada after leaving for an extended period of time, were also eligible as long as their total duration of stay in Canada did not exceed 10 years in total. The data
collection took place in one large-sized and one mid-sized city in Ontario, Toronto (N = 30) and London (N = 15), between February 2017 and March 2018. The data were collected as part of a larger study to explore immigrants’ post-migration food choices and eating practices in Canada. Before the research began, research ethics approval was obtained from a university ethics board.

For the sampling strategy for recruitment, I employed non-randomized convenience sampling and snowball sampling methods. Recruitment posters and flyers were distributed at various locations for recruitment, including immigrant settlement agencies, ethnic organizations, English classes, employment centres, university/college campuses, and various grocery stores. Several ethnic organizations also helped with the recruitment by distributing recruitment posters among their members and visitors. Although snowball sampling was only used when it was initiated by the participant and was limited to a maximum of two referrals per participant, a significant proportion of participants in this study was recruited through referrals. Recruited participants were interviewed either in-person, via the telephone (N=4), or on Skype (N=3). The location of the in-person interviews was decided according to the participants’ preferences, but a majority of the interviews were conducted in public locations, such as coffee shops, cafeterias, and public libraries.

Each of the in-depth interviews was conducted using a semi-structured interview guide. Interviews were audio-recorded with the participants’ consent. Participants were given a full briefing regarding the objective of this research before the interview began. In each of the interviews, participants were asked to share their immigration experiences and their general lifestyle practices in Canada. For example, semi-structured questions were asked to identify their motives for immigration, integration and settlement experiences, post-migration food choices, and how they managed their general health and well-being. In the semi-structured interview guide, there were several questions that specifically asked about immigrants’ knowledge and perceptions of Canada’s Food Guide. First, participants were broadly asked about whether they know about Canada’s Food Guide. Participants who responded that they do not know about the guide were further asked whether they would be interested in knowing more about it, and why or why not. Next, additional questions were asked to explore their general perception about the use of Canada’s Food Guide. For example, participants were asked, “Do you ever use Canada’s Food Guide to make dietary decisions?” Depending upon the participants’ responses, appropriate
probes followed. If they answered “yes,” they were asked about how they used the guide and if they answered “no,” they were asked why they were not using the guide. The participants that were aware of the guide were also asked how much they knew about it and their expectations for its use.

The duration of each interview was approximately 45 minutes to 1 hour. All participants were given a grocery gift card of 10 Canadian dollars as compensation for participating in the study. Once the data collection was completed, all interviews were transcribed and coded using QDA Miner Lite (Version 2.0). To uphold ethical guidelines regarding confidentiality and privacy requirements, each participant was given a pseudonym to ensure anonymity and confidentiality. In light of the focus of this study, efforts were made to primarily focus on analyzing the data collected from the questions that were related to Canada’s Food Guide. Further, in order to reflect participants’ experiences as accurately as possible, the quotations presented in the results are presented with very few editorial changes.

In regard to the demographic composition of the immigrants interviewed in this study, the majority arrived under the economic class (35.6%, 16 participants), followed by international students (26.7%, 12 participants), family class (17.8%, 8 participants), and refugee status (13.3%, 6 participants), with three participants (6.6%) opting not to disclose the details of their status. Among the 45 participants, 42% were men (19 participants) and 58% were women (26 participants). About 40% of the participants were from East Asian countries, whereas one-third were from South Asian countries; the remaining participants were from countries in Europe, Africa, Latin America, or elsewhere. The participants were not directly asked about their education and income. Nevertheless, most of them disclosed their prior education and current financial situation while answering various questions throughout the interview. Approximately 70% of the participants interviewed had an educational level of at least a bachelor’s degree or higher, although four participants did not reveal their educational level during the interview. Overall, several participants were concerned about their current and/or future financial situation, including those who were currently employed, seeking work, unemployed, or stay-at-home parents.
4.4 RESULTS

4.4.1 Results from the CCHS 2015

**Cross-classification analysis**

The weighted descriptive results of the sample population are presented in *Table 3*. The results reveal that awareness of Canada’s Food Guide varied among recent immigrants, established immigrants, and native-born Canadians. While only 8% of native-born Canadians reported being unaware of Canada’s Food Guide, 45% of the recent immigrants and 26% of the established immigrants reported that they did not know about Canada’s Food Guide. To a follow-up question that asked whether the respondent ever used information from Canada’s Food Guide, 49% of the recent immigrants, 45% of the established immigrants, and 41% of the native-born Canadians responded that they had never used information from Canada’s Food Guide. Thus, descriptive results revealed relatively marginal differences in usage among recent immigrants, established immigrants, and native-born Canadians.

Overall, recent immigrants were generally younger (average age 36), married, and well-educated (51% with a bachelor’s degree or higher), but the majority (58%) reported low incomes of less than $30,000. Although established immigrants reported lower levels of education than recent immigrants, they still reported higher education than native-born Canadians (45% and 26% having a bachelor’s degree or higher, respectively). Both native-born Canadians and established immigrants reported higher incomes than recent immigrants. Moreover, although established immigrants still earned less than their native-born counterparts, their income differences were relatively marginal compared to those of recent immigrants. There was no difference in employment status.

A large proportion of recent immigrants reported an Asian racial/ethnic background, including South Asians (34%), East Asians (10%), and Other Asians (8%). On the other hand, 41% of established immigrants reported being White, with 88% having learned an official language (English and/or French) as their mother tongue. Further, a significant proportion of immigrants, both recent and acculturated, had a non-official language (not English or French) as their first language learned at home (69% and 60%, respectively). Recent immigrants’ sense of belonging in the community was slightly higher (24% reported very strong) than that of native-
born Canadians and established immigrants (19% and 21%, respectively). Notably, 95% of recent immigrants lived in a large urban population centre (with a population of 100,000 or higher). In addition, a large proportion of the established immigrants also lived in a large urban population centre (87%). In contrast, native-born Canadians were relatively more distributed across rural areas (18%), small/medium population centres (21%), and large urban population centres (61%).

Table 3: Cross-classification analysis of variables by the length of residence in Ontario, Canada, Canadian Community Health Survey, 2015

<table>
<thead>
<tr>
<th>Variables</th>
<th>Native-Born (N=10530)</th>
<th>Recent Immigrants (N=1030)</th>
<th>Established Immigrants (N=3618)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of Canada's Food Guide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>92</td>
<td>55</td>
<td>74</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>45</td>
<td>26</td>
</tr>
<tr>
<td>Usage of Canada's Food Guide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>59</td>
<td>51</td>
<td>55</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>49</td>
<td>45</td>
</tr>
<tr>
<td>Age (Mean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19-25</td>
<td>43</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>26-34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-49</td>
<td>25</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>50-64</td>
<td>21</td>
<td>37</td>
<td>25</td>
</tr>
<tr>
<td>65+</td>
<td>15</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>49</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td>Women</td>
<td>51</td>
<td>51</td>
<td>54</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/common-law</td>
<td>52</td>
<td>61</td>
<td>64</td>
</tr>
<tr>
<td>Single/never-married</td>
<td>37</td>
<td>32</td>
<td>17</td>
</tr>
<tr>
<td>Divorced/separated/widowed</td>
<td>11</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Highest level of education of the respondent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>less than high school diploma</td>
<td>19</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>high school graduate</td>
<td>21</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>trade or college certificate/diploma, some university (no bachelor's)</td>
<td>35</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td>bachelor's degree</td>
<td>17</td>
<td>30</td>
<td>23</td>
</tr>
<tr>
<td>degree higher than bachelor's</td>
<td>9</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Total income of the respondent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income Level</td>
<td>Less than $30,000</td>
<td>$30,000-$49,999</td>
<td>$50,000-$79,999</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>22</td>
<td>21</td>
</tr>
</tbody>
</table>

**Employment status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Employed (Including temporary and part-time work)</th>
<th>Not employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>63</td>
<td>37</td>
</tr>
</tbody>
</table>

**Racial/ethnic background**

<table>
<thead>
<tr>
<th>Background</th>
<th>White</th>
<th>Black</th>
<th>South Asian</th>
<th>East Asian</th>
<th>Other Asian (Southeast Asian/West Asian)</th>
<th>Latin American</th>
<th>Arab</th>
<th>Other (Multiple cultural/racial origin or other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

**Language first learned at home in childhood and still understood**

<table>
<thead>
<tr>
<th>Language</th>
<th>Official language (English, French, or both)</th>
<th>Official language (English, French, or both) + Other</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>88</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

**Sense of belonging to the community**

<table>
<thead>
<tr>
<th>Strength</th>
<th>Very strong</th>
<th>Somewhat strong</th>
<th>Somewhat weak</th>
<th>Very weak</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>52</td>
<td>23</td>
<td>7</td>
</tr>
</tbody>
</table>

**Size of the region of residence**

<table>
<thead>
<tr>
<th>Region</th>
<th>Rural area (less than 1,000)</th>
<th>Small population centre (1,000 to 29,999)</th>
<th>Medium population centre (30,000 to 99,999)</th>
<th>Large urban population centre (100,000 or higher)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18</td>
<td>11</td>
<td>10</td>
<td>61</td>
</tr>
</tbody>
</table>

*Note: All represented in percentages. The total percentage for certain variables does not add up to 100% due to rounding during the Statistics Canada vetting process. However, these roundings do not systematically bias the results.*

*Source: Canadian Community Health Survey (CCHS), Master File, Statistics Canada, 2015.*
Table 4 presents the findings from the logistic regression analysis, reporting the odds of being unaware of Canada’s Food Guide. Adjusting for demographic characteristics (age, gender, and marital status), Model 1 revealed that recent immigrants (OR = 10.33) and established immigrants (OR = 2.67) were more likely to be unaware of Canada’s Food Guide than their native-born counterparts. With socioeconomic status controlled in Model 2, the odds of being unaware of Canada’s Food Guide increased to approximately 16 times higher for recent immigrants and approximately four times higher for established immigrants compared to native-born Canadians. Socioeconomic status was suppressing the results for both recent and established immigrants, with the extent being greater for recent immigrants. When controlling for the racial/ethnic background and the first language learned at home (mother tongue) in Model 3, the magnitude of the odds ratio for recent immigrants was vastly attenuated (OR = 3.82). The odds of not being aware of Canada’s Food Guide was also attenuated for established immigrants (OR = 1.22), but to a relatively lower extent compared to the recent immigrants. Controlling for a sense of belonging to the community and the size of the region of residence in Model 4 had relatively little impact on the odds ratio, with little changes from the results from Model 1.

The results presented in Table 4 also reveal several other control variables that are statistically associated with being unaware of Canada’s Food Guide. Older adults (aged 65 years or older) were generally less likely to know about Canada’s Food Guide than younger adults (aged 19–25 years), while women were more likely to be aware of the guide than men across all models. In Model 1, those who were not married (never-married, single, divorced, separated, and widowed) were generally less likely to know about Canada’s Food Guide than those who were married. Nonetheless, the results were not statistically significant for single/never-married, once education and income were adjusted in Model 2. Having higher levels of education and higher personal income were associated with lower odds of being unaware of Canada’s Food Guide.

The findings from Model 3 also indicate that racial/ethnic background and first language learned at home was significantly associated with awareness of Canada’s Food Guide. Compared to Whites, the odds of not knowing Canada’s Food Guide was higher across all racial/ethnic backgrounds, with the exception of Latin Americans. Moreover, compared to Whites, the odds of being unaware of Canada’s Food Guide was higher for Blacks (OR = 1.74), South Asians (OR =...
1.58), East Asians (OR = 2.00), Other Asians (OR = 2.79), Arabs (OR = 3.84), whereas the odds ratio were insignificant for Latin Americans. Further, those whose first language learned at home (mother-tongue) was a non-official language were 2.72 times more likely to be unaware of Canada’s Food Guide than those who only learned official languages (English and/or French only) as their first language. Those with a very weak sense of belonging to the community were 1.56 times more likely to be unaware of Canada’s Food Guide (Model 4). Model 4 also found that the region of residence was not statistically associated with awareness of the guide. Lastly, Model 5 shows that immigrants were still less likely to be unaware of Canada’s Food Guide, even after all control variables have been accounted for.

**Usage of Canada’s Food Guide**

Findings from the logistic regression analysis reporting the odds of not using Canada’s Food Guide are presented in Table 5. With demographic characteristics (age, gender, and marital status) adjusted in Model 1, compared to their native-born counterparts, recent immigrants were 1.56 times and established immigrants were 1.32 times more likely to report that they had never used Canada’s Food Guide. When socioeconomic status was accounted for in Model 2, established immigrants’ odds of not using Canada’s Food Guide increased by 15% from the previous model (OR = 1.47), whereas marginal changes in the odds ratio were observed for recent immigrants (OR = 1.57). Notably, the odds of not using Canada’s Food Guide among recent immigrants increased by 21% (OR = 1.78) once racial/ethnic background and first language learned at home (mother-tongue) were controlled in Model 3. Moreover, the odds of not using Canada’s Food Guide also increased for established immigrants but to a relatively marginal extent (OR = 1.40). Adjusting for the sense of belonging to the community and size of the region of residence (Model 4) also brought about marginal changes to the odds ratios as compared to the results reported in Model 1. Accounting for all control variables, Model 5 revealed that immigrants still reported greater odds of not using Canada’s Food Guide.

In addition to differences by the length of residence in Canada, the results from Table 5 also revealed other control variables that were statistically associated with the usage of Canada’s Food Guide. Generally, older adults were less likely than younger adults to use Canada’s Food guide across all models. Notably, women were more likely to use Canada’s Food Guide, whereas
those who were not married were less likely to use Canada’s Food Guide than those who were married. Further, the findings also revealed that racial/ethnic background and first language learned at home (mother-tongue) were not statistically associated with the usage of Canada’s Food Guide, with the exception of Latin Americans. Latin Americans were 44% more likely to use Canada’s Food Guide than Whites. However, results for Latin Americans were not statistically significant in Model 5, when all control variables were included. Having a weaker sense of belonging to the community is associated with not using Canada’s Food Guide. For the size of the region of residence (Model 4), those living in medium-sized population centres and larger urban population centres are more likely to use Canada’s Food Guide as compared to those who live in rural areas; but this result became insignificant once all control variables were included in Model 5.
Table 4: Odds ratios from weighted logistic regression model estimating the likelihood of being unaware of Canada’s Food Guide

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1: Demographics</th>
<th>Model 2: M1 + SES</th>
<th>Model 3: M1 + Race/Ethnicity</th>
<th>Model 4: M1 + Sense of Belonging + Region of Residence</th>
<th>Model 5: M1 + All Control Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of residence in Canada (Reference group=Native-born, non-immigrant)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent immigrant (Less than 10 years)</td>
<td>10.33 **</td>
<td>15.56 ***</td>
<td>3.82 ***</td>
<td>10.10 ***</td>
<td>4.63 ***</td>
</tr>
<tr>
<td>Established immigrant (More than 10 years)</td>
<td>2.67 ***</td>
<td>3.84 ***</td>
<td>1.22 *</td>
<td>2.62 ***</td>
<td>1.31 *</td>
</tr>
<tr>
<td>Age (reference group=19-25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-34</td>
<td>1.20</td>
<td>1.74 **</td>
<td>1.24</td>
<td>1.12</td>
<td>1.72 **</td>
</tr>
<tr>
<td>35-49</td>
<td>1.00</td>
<td>1.46 *</td>
<td>1.06</td>
<td>0.93</td>
<td>1.44 *</td>
</tr>
<tr>
<td>50-64</td>
<td>1.08</td>
<td>1.54 **</td>
<td>1.26</td>
<td>1.01</td>
<td>1.76 **</td>
</tr>
<tr>
<td>65+</td>
<td>2.26 ***</td>
<td>1.64 **</td>
<td>2.83 ***</td>
<td>2.09 ***</td>
<td>2.09 ***</td>
</tr>
<tr>
<td>Gender (Reference group=Men)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>0.37 ***</td>
<td>0.23 ***</td>
<td>0.36 ***</td>
<td>0.37 ***</td>
<td>0.23 ***</td>
</tr>
<tr>
<td>Marital status (Reference group=Married/common-law)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/never-married</td>
<td>1.30 **</td>
<td>1.10</td>
<td>1.29 **</td>
<td>1.20 *</td>
<td>1.05</td>
</tr>
<tr>
<td>Divorced/separated/widowed</td>
<td>1.68 ***</td>
<td>1.28 *</td>
<td>1.77 ***</td>
<td>1.59 ***</td>
<td>1.33 **</td>
</tr>
<tr>
<td>Highest level of education of the respondent (Reference group=less than high school diploma)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high school graduate</td>
<td>0.46 ***</td>
<td></td>
<td></td>
<td>0.49 ***</td>
<td></td>
</tr>
<tr>
<td>trade or college certificate/diploma, some university (no bachelor’s)</td>
<td>0.33 ***</td>
<td></td>
<td></td>
<td>0.35 ***</td>
<td></td>
</tr>
<tr>
<td>bachelor's degree</td>
<td>0.72 ***</td>
<td></td>
<td></td>
<td>0.34 ***</td>
<td></td>
</tr>
<tr>
<td>degree higher than bachelor’s</td>
<td>0.38 ***</td>
<td></td>
<td></td>
<td>0.35 ***</td>
<td></td>
</tr>
<tr>
<td>Total income of the respondent (Reference group=less than $30,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,000-$49,999</td>
<td>0.75 **</td>
<td>0.75 **</td>
<td></td>
<td>0.79 *</td>
<td></td>
</tr>
<tr>
<td>$50,000-$79,999</td>
<td>0.45 ***</td>
<td>0.45 ***</td>
<td></td>
<td>0.49 ***</td>
<td></td>
</tr>
<tr>
<td>$80,000-$99,999</td>
<td>0.48 ***</td>
<td>0.48 ***</td>
<td></td>
<td>0.49 ***</td>
<td></td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>0.36 ***</td>
<td>0.36 ***</td>
<td></td>
<td>0.39 ***</td>
<td></td>
</tr>
<tr>
<td>Employment status (Reference group=Employed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td>0.98</td>
<td></td>
<td></td>
<td>0.94</td>
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</tr>
</tbody>
</table>
### Racial/ethnic background (Reference group=White)

<table>
<thead>
<tr>
<th>Group</th>
<th>1.74</th>
<th>**</th>
<th>2.25</th>
<th>**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>1.58</td>
<td>***</td>
<td>1.73</td>
<td>***</td>
</tr>
<tr>
<td>South Asian</td>
<td>2.00</td>
<td>***</td>
<td>2.23</td>
<td>***</td>
</tr>
<tr>
<td>East Asian</td>
<td>2.79</td>
<td>***</td>
<td>3.30</td>
<td>***</td>
</tr>
<tr>
<td>Other Asian (Southeast Asian/West Asian)</td>
<td>0.93</td>
<td></td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td>3.84</td>
<td>***</td>
<td>6.07</td>
<td>***</td>
</tr>
<tr>
<td>Arab</td>
<td>1.38</td>
<td>*</td>
<td>1.47</td>
<td>*</td>
</tr>
</tbody>
</table>

### Language first learned at home in childhood and still understood (Reference group=Official language - English, French, or both)

<table>
<thead>
<tr>
<th>Language</th>
<th>1.85</th>
<th>***</th>
<th>2.42</th>
<th>***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official language (English, French, or both)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other language</td>
<td>2.72</td>
<td>***</td>
<td>3.57</td>
<td>***</td>
</tr>
</tbody>
</table>

### Sense of belonging to the community (ref=Very strong)

<table>
<thead>
<tr>
<th>Sense of belonging</th>
<th>0.88</th>
<th></th>
<th>0.91</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat strong</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat weak</td>
<td>1.03</td>
<td></td>
<td>1.08</td>
<td></td>
</tr>
<tr>
<td>Very weak</td>
<td>1.56</td>
<td>***</td>
<td>1.53</td>
<td>**</td>
</tr>
</tbody>
</table>

### Size of the region of residence (ref=Rural area less than 1,000)

<table>
<thead>
<tr>
<th>Size of the region of residence</th>
<th>0.96</th>
<th></th>
<th>0.93</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Small population centre (1,000 to 29,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium population centre (30,000 to 99,999)</td>
<td>1.04</td>
<td></td>
<td>1.08</td>
<td></td>
</tr>
<tr>
<td>Large urban population centre (100,000 or higher)</td>
<td>1.07</td>
<td></td>
<td>1.05</td>
<td></td>
</tr>
</tbody>
</table>

### Log likelihood

<table>
<thead>
<tr>
<th>cons</th>
<th>0.86</th>
<th>0.23</th>
<th>0.07</th>
<th>0.93</th>
<th>0.17</th>
</tr>
</thead>
</table>

Source: Canadian Community Health Survey (CCHS), Master File, Statistics Canada, 2015.

Note: *p<0.05, **p<0.01, ***p<0.001. Standard Error in brackets. ref=reference category. NS=statistically not significant.
Table 5: Odds ratios from weighted logistic regression model estimating the likelihood of not using Canada’s Food Guide

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1: Demographics</th>
<th>Model 2: M1 + SES</th>
<th>Model 3: M1 + Race/Ethnicity + Language</th>
<th>Model 4: M1 + Sense of Belonging + Region of Residence</th>
<th>Model 5: M1 + all Control Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of residence in Canada (Reference group=Native-born, non-immigrant)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent immigrant (Less than 10 years)</td>
<td>1.56 ***</td>
<td>1.57 **</td>
<td>1.78 ***</td>
<td>1.58 ***</td>
<td>1.51 *</td>
</tr>
<tr>
<td>Established immigrant (More than 10 years)</td>
<td>1.32 ***</td>
<td>1.47 ***</td>
<td>1.40 ***</td>
<td>1.31 ***</td>
<td>1.40 ***</td>
</tr>
<tr>
<td>Age (reference group=19-25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-34</td>
<td>1.66 ***</td>
<td>1.60 ***</td>
<td>1.71 ***</td>
<td>1.56 ***</td>
<td>1.61 ***</td>
</tr>
<tr>
<td>35-49</td>
<td>1.55 ***</td>
<td>1.51 ***</td>
<td>1.60 ***</td>
<td>1.48 ***</td>
<td>1.55 ***</td>
</tr>
<tr>
<td>50-64</td>
<td>1.90 ***</td>
<td>1.76 ***</td>
<td>1.91 ***</td>
<td>1.81 ***</td>
<td>1.79 ***</td>
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<tr>
<td>65+</td>
<td>2.81 ***</td>
<td>2.35 ***</td>
<td>2.77 ***</td>
<td>2.85 ***</td>
<td>2.58 ***</td>
</tr>
<tr>
<td>Gender (Reference group=Men)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>0.36 ***</td>
<td>0.32 ***</td>
<td>0.35 ***</td>
<td>0.35 ***</td>
<td>0.32 ***</td>
</tr>
<tr>
<td>Marital status (Reference group=Married/common-law)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/never-married</td>
<td>1.41 ***</td>
<td>1.48 ***</td>
<td>1.44 ***</td>
<td>1.36 ***</td>
<td>1.43 ***</td>
</tr>
<tr>
<td>Divorced/separated/widowed</td>
<td>1.23 ***</td>
<td>1.16 *</td>
<td>1.26 ***</td>
<td>1.20 ***</td>
<td>1.14 *</td>
</tr>
<tr>
<td>Highest level of education of the respondent (Reference group=less than high school diploma)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high school graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>trade or college certificate/diploma, some university (no bachelor's)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bachelor's degree</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>degree higher than bachelor's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total income of the respondent (Reference group=less than $30,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,000-$49,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50,000-$79,999</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>$80,000-$99,999</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment status (Reference group=Employed)</td>
<td>1.02</td>
<td>1.06</td>
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<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------</td>
<td>------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not employed</td>
<td>0.91</td>
<td>0.89 *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racial/ethnic background (Reference group=White)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>0.81</td>
<td>0.93</td>
<td></td>
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</tr>
<tr>
<td>South Asian</td>
<td>0.95</td>
<td>1.11</td>
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<td>East Asian</td>
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<td>1.33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Asian (Southeast Asian/West Asian)</td>
<td>0.95</td>
<td>0.96</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td>0.56 *</td>
<td>0.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arab</td>
<td>0.56</td>
<td>0.61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Multiple cultural/racial origin or other)</td>
<td>0.91</td>
<td>0.99</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Language first learned at home in childhood and still understood</td>
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</tr>
<tr>
<td>(Reference group=Official language - English, French, or both)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Official language (English, French, or both) and other language</td>
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<td>1.12</td>
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</tr>
<tr>
<td>Other language</td>
<td>0.96</td>
<td>1.00</td>
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</tr>
<tr>
<td>Sense of belonging to the community (ref=Very strong)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat strong</td>
<td>1.10 *</td>
<td>1.09 *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat weak</td>
<td>1.54 ***</td>
<td>1.47 ***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very weak</td>
<td>2.29 ***</td>
<td>2.38 ***</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Size of the region of residence (ref=Rural area less than 1,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small population centre (1,000 to 29,999)</td>
<td>0.91</td>
<td>0.99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium population centre (30,000 to 99,999)</td>
<td>0.84 *</td>
<td>0.87</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Large urban population centre (100,000 or higher)</td>
<td>0.90 *</td>
<td>0.98</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Log likelihood</th>
<th>8219.20</th>
<th>5844.43</th>
<th>-7860.74</th>
<th>-8215.70</th>
<th>5500.52</th>
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</thead>
<tbody>
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<td>_cons (SE)</td>
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<td>0.98</td>
<td>0.53</td>
<td>0.57</td>
<td>0.79</td>
</tr>
</tbody>
</table>

Source: Canadian Community Health Survey (CCHS), Master File, Statistics Canada, 2015.
Note: *p<0.05, **p<0.01, ***p<0.001. Standard Error in brackets. ref=reference category. NS=statistically not significant.
4.4.2 Results from in-depth qualitative interviews with 45 recent immigrants

*General perception shared by participants who were unaware of Canada’s Food Guide*

Similar to the results of the quantitative analysis, the findings from the qualitative interview also revealed that a majority of the immigrants were unaware of Canada’s Food Guide. When asked whether they know what Canada’s Food Guide is, 71% of the participants (32 out of 45) responded that they did not know about it. These participants who were unaware of Canada’s Food Guide were asked a follow-up question that asked whether or not they would find this type of resource to be helpful.

Among those who responded that they do not know about Canada’s Food Guide, 75% of them (24 participants) responded that the food guide sounded like a helpful resource and that they were interested in knowing more about it. Many of these participants were very eager to learn about where and how they could access this resource. This was particularly the case for immigrants who were from a country with a very different food context. Aqeelah expressed interest, mentioning that her knowledge of the nutritional context in Canada is limited, given her Pakistani background.

“Well, I don’t know how they look like, but I am going to look it up today. You said that it’s on the website too, right? I am curious about how they take all the different types of food into account. I would be interested to know about these… But I guess, I just didn’t know that we had such a thing *[Laugh]*. I am actually very glad that you told me about it, because I don’t know much about the way of eating here in Canada. Pakistanis eat really different. *[Laugh]*. I want to know more about what’s considered healthy or not healthy here.”

–Aqeelah, Female, Mid-20s, Single, Financial Advisor (with a Bachelor’s degree), Pakistan

A few participants questioned why they had not been directed to such resources anywhere, including places such as immigrant settlement agencies, English as Second Language (ESL) classes, and even their family doctors. They felt that this was generally an essential resource that must be more widely disseminated among newcomers in a country. Participants also asked the
interviewer about where they could access these resources on healthy eating, more specifically, where they could gain access to Canada’s Food Guide.

“Do a lot of people actually know about it? I don't think I heard about this from my colleagues or friends… Ever. I lived in Canada for about nine years now. [Laughs]. Where do you get this info? Like, I am surprised that my family doctor never told me about it. Well, I wonder if this is generally not well-known among other Canadians too? [...] I don’t think it is well-advertised if I didn’t run into it during my nine years in Canada. Well, like… I feel like this stuff should have been given out on my very first visit to my family doctor when I arrived… Or… Well, somewhere. It seems like it's essential info.”

—Wang, Male, Mid-30s, Married, Technician (with a Master’s degree), China

While there were numerous participants who were interested in knowing more about Canada’s Food Guide, approximately 25% of those who were unaware of Canada’s Food Guide (6 participants) responded that they were either not interested or did not yet see a need for such a resource. For example, Kabir did not see a need for Canada’s Food Guide and expressed that he would not be interested. He further elaborated on his knowledge about food that was acquired throughout his life, with particular reference to his father’s influence on his own perception of diet and health:

“I do similar things a lot… For myself. Like, it wasn't an official guide like you mentioned, from the government or anything… But I tried a few things myself, since when I was very young. So, being the age that I am, I know that I need to take good care of myself. I am usually careful about what I eat, and how I eat. Like, I think my father also had a huge influence because he always measured the amount of oil, sugar, salt and so on… like how much of those goes into our food when cooking. [...] He absolutely didn't care if people made fun of him or not. He actually never had health issues until he passed away a few years ago at an age close to ninety. [...] So the food guide that you mentioned… I don't know. I have my own ways of keeping up.”

—Kabir, Male, Mid-50s, Married, Self-Employed (with a Bachelor’s degree), India
For some, this attitude simply reflected their own preferences, while others did not see an immediate need for it. However, many of these participants were those who expressed confidence in their knowledge and understanding of living a healthy life, including healthy eating practices.

Experiences shared by participants who are aware of Canada’s Food Guide

A total of 13 from among 45 participants (29%) responded that they were aware of Canada’s Food Guide. Overall, the participants who were aware of Canada’s Food Guide were young, ranging from their early-20s to mid-30s. Most of these participants were either 1.5 generation immigrants or international students (or had initially arrived as an international student in the past). In particular, the results highlighted the role of educational institutions. All but four of the participants responded that they were exposed to the food guide as part of their school curriculum in primary and secondary schools. Two participants acquired information on Canada’s Food Guide at university, through an elective course on nutrition and during the orientation session for international students. In addition to the school curriculum, one participant responded that they were told about the guide from a work colleague and another participant mentioned receiving the food guide from their family doctor.

Among these 13 participants, only 4 participants were aware of the existence of the translated versions of the 2007 version of Canada’s Food Guide, which was offered in 10 different languages. This reveals how these resources are not effectively disseminated and promoted among the immigrant population. Once they were told about these translated versions, a few

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12 1.5 generation refer to those who are foreign-born, but who have arrived in Canada after the age of 12 years (Rumbaut, 2004).

13 Health Canada’s (2015) previous evidence review for dietary guidance identified a lack of consideration for ethnocultural diversity as an issue and stated that the current framework does not meet the needs of all audiences in Canada (Government of Canada, 2017). During the process of revising Canada’s Food Guide to create the current version, Health Canada (2015) affirmed that they would take such feedback into consideration when revising and updating the new guide and would further address the “changing face of this country” (the growing racial/ethnic diversity in Canada due to immigration) by including foods from various ethnic cuisines and incorporating diverse cultural preferences (Government of Canada, 2017). Although the new guide has not specifically addressed diverse cultural preferences, the government has made efforts to increase Canadians’ awareness of Canada’s Food Guide by providing translations in various languages. Whereas the 2007 version of Canada’s Food Guide (Eating Well with Canada’s Food Guide) was translated into 10 different languages, the 2019 version has been translated into 26 different languages, 9 indigenous and 17 multicultural languages (Cision, 2019; Government of Canada, 2019b). The government advocates the efforts they have invested to increase the awareness of Canada’s Food Guide by ensuring these resources are accessible in a variety of languages for different ethnic and cultural groups.
participants mentioned their willingness to share this with their family members with language barriers.

“Oh, really? I actually didn’t know that they had one in Korean. [...] Yeah… I knew about the guide, and I know about it because I took this nutrition class for credit. That’s when I was first taught about the food guide. [...] I placed a copy on our fridge at home and tried to use it a few times… But it didn’t really work out for our family. I think it’s still on our fridge. [Laughter]. I am not a good daughter, I don’t usually cook. My mom is in charge of the kitchen! [Laughs again]. I think it (the food guide) didn’t really stick to her because it was perhaps harder for her to read it…? I find that these things are hard to follow even with a full understanding of English. Maybe, the Korean one will be more eye-catching for her as it is easier to read.”

–Miyoun, Female, Mid-20s, Single, Bank Teller (with a Bachelor’s degree), South Korea.

Further, participants who were aware of Canada’s Food Guide were also asked whether or not they found the guide to be useful. Several participants found the guide to be very helpful in exposing them to nutrition-related information that they were completely unaware of. It was particularly beneficial for those with greater cultural differences. For example, Fei elaborated:

“Oh… Like peanut butter? I was surprised to see them on the guide. I thought those were unhealthy… Because when I was a child, my mother didn’t really let me eat them too often. [Laugh]. Well, we see more peanut better now in my country, but when I was little, it was rare and was really expensive. Only sold in the imported section [Laugh]. And there was this perception that this is like… Umm… Like, kind of junk food? Like Nutella. [Laugh]. Well, I remember that it used to be sold side-by-side with Nutella. [...] But yeah, it was helpful… Like these things, I wouldn’t have known before?”

–Fei, Female, Early 20s, Single, Undergraduate Student, Hong Kong.

However, several participants openly expressed mixed feelings about the food guide. Although most believed that the guide provided them with valuable nutritional knowledge and helped them to remain mindful of their diet, everyone who knew about the guide commented that
the guide itself is not practical enough for them. Participants noted that the food guide only offers limited examples and does not provide sufficient practical knowledge and understanding. Some younger participants mentioned that they preferred to acquire additional information from other sources like the internet.

“Well, how I felt about it was… It’s not really practical. [...] Really, the guide itself… I don’t think it gives enough examples. But definitely, I think the guide made me think that I should be more mindful… Like, I realized that I don’t consume enough protein. I think the food guide helped me to realize that and start eating more meat… Oh! And it also provided a bit of info on checking product labels for nutrient facts. In my country, checking labels wasn’t really a habit, so I think that was quite helpful. But other than that… Well, I kind of had to do a lot of YouTube search myself in certain areas to learn more about how I can eat better. [Laughs].”

– Kwasi, Female, Mid-20s, Single, Undergraduate Student, Ghana.

Edwin also noted that there are impractical aspects to Canada’s Food Guide, as he shared that he experienced difficulties in categorizing certain foods into different food groups when counting the recommended number of servings from the guide. Interestingly, for certain immigrants, the difficulties in using the guide were not necessarily culturally-specific ones.

“I did have those guides on my fridge at one point. But to be honest, I only looked at the pictures [Laughs]. Well, I did try following it a few times… Like keeping track of how much I can consume for each category. Hmm. Maybe it’s just because of the way I eat… I might be different, but many times the things I eat are hard to categorize into those groups. Like if I eat deluxe pizza… There are some proteins in there, but some veggies too… And what about the tomato sauce? Is that supposed to be in a veggie category or what? [Laughs]. My head started to spin, and I stopped. [...] Well, I don’t think we have to keep track to know that we are eating healthy or not. I feel that I am eating healthy through other ways, I don’t think those are practical at all.”

– Edwin, Male, Early 30s, Single, Real Estate Agent (with a Bachelor’s degree), Taiwan
Kwasi discussed that she had to seek out information beyond the food guide and had to refer to additional resources through the internet (e.g., Google, YouTube). Kwasi suggested that additional resources or programs to supplement the guide might be an effective approach for newcomers who were older in age. Although Kwasi did share that the guide did not provide sufficient information for practical use, she did not see this as a challenge as she was able to easily obtain other necessary information through internet searches. She was using both resources in a complementary manner. However, she elaborated that this was usually not the case for her older parents who had arrived in Canada as refugees. Kwasi said that her family’s immediate needs were often beyond the nutritional guidelines provided:

“You know, you might find it surprising… But my parents don’t really use the internet. They know how to use it, but don’t really use it for searching or anything like that. So what happened was… When we first came to Canada, we only went grocery shopping at this small grocery place… Rabba…That’s the only place that we went to! Then, I started to realize that that place is really really [with emphasis] expensive and has a limited selection for food. I immediately searched for an alternative nearby, which was actually not that far. And then we never really went back to Rabba because my parents were so satisfied with No-frills. So much cheaper and more food! [Laugh]. It took us close to 4 months to make this switch. If I didn’t step up, it could have been longer. [Laugh]. […] It would have been really helpful for older newcomers, like my parents, if the guide also provided basic information like this. It doesn’t even have to be part of the guide. Maybe as supplementary info? I think, perhaps, they think these are really obvious things that are not important. But for my parents, I think the concern was more about ‘where’ to go for fresh and affordable food.”

– Kwasi, Female, Mid-20s, Single, Undergraduate Student, Ghana.

As illustrated in Kwasi’s narrative regarding her parents, the immediate needs of older immigrants appeared to be more closely related to navigating in an unfamiliar environment and less related to nutritional aspects. Difficulties in locating a proximate grocery store and finding out where they could find fresh ingredients at more affordable prices were examples of immigrants’ more immediate needs related to their eating practices. Kwasi’s narratives, along with those of
others (such as Jamie below), also revealed generational differences in immigrants’ needs for managing their everyday food choices and eating practices.

A 1.5 generation immigrant, Jamie, provides a detailed discussion of her perspective regarding her parents’ rigid eating practices in Canada. As such, Jamie believed that providing a translated version of Canada’s Food Guide to her parents would do little to change their diet.

“I guess… It seems like it is because they don’t have many opportunities. [...] So, I think it could be just… Them, being unaware of what options they have? [...] My parents usually work all day (at their laundry depot). And… When they are not at work – they watch Korean television at home. [Laughs] They go to the Korean church and hang out with Koreans… [Laughs again.] When can they be exposed to a new environment? [...] I feel like I am the only one who really exposes them to different types of culture… I mean, other than Korean things. Like food is just one example. I am the one introducing different types of food for them.”

– Jamie, Female, Early 30s, Single, Dentist, South Korea

Jamie identified her parents’ embeddedness within the ethnic community and how they often did not have sufficient opportunities to be exposed to other healthy non-ethnic food options. While younger immigrants appeared to be experiencing relatively fewer barriers in navigating the new food environment, particularly given their ability to utilize technology to navigate the information that they are in need of, older immigrants appeared to experience relatively greater challenges in adjusting to the new context in Canada.

4.5 DISCUSSION

Amid rising healthcare costs in Canada due to the increased prevalence of chronic health conditions, significant policy efforts have been made to promote healthy eating practices (Chronic Disease Prevention Alliance of Canada, 2017; Health Canada, 2016; Public Health Agency of Canada, 2010b; Taylor, 2018). Between 2009 to 2015, Canada spent approximately $37,337,000 for the development, maintenance, and implementation of the Nutrition Policy and Promotion Program, which aims to increase knowledge, understanding, and action on healthy eating among
Canadians (Public Health Agency of Canada, 2010b; Health Canada & Public Health Agency of Canada, 2015). Efforts to improve nutritional knowledge through resources like Canada’s Food Guide, have become key elements in the government’s targeted public health strategies to encourage Canadians to make healthier food choices and develop better eating practices. Despite these efforts, the quantitative findings reveal that awareness of Canada’s Food Guide is strikingly low among immigrants in Ontario. Both recent immigrants and established immigrants are more likely to be unaware of Canada’s Food Guide compared to native-born Canadians, with the extent being significantly greater for recent immigrants. Moreover, even when immigrants were aware of the guide, they were less likely to use it compared to native-born Canadians. Although the descriptive results revealed rather marginal differences in the usage of Canada’s Food Guide among recent immigrants, established immigrants, and native-born Canadians; the multivariate results indicated that immigrants, both recent and established, are significantly less likely to use Canada’s Food Guide than native-born Canadians even when they are aware of it.

Making food choices, cooking, and eating are complex social processes that involve more than acquiring nutritional knowledge. Having sufficient nutritional knowledge and being aware of the importance of healthy eating are essential; however, there is a need to consider other social processes that influence an individual’s eating practices. With the objective of addressing the limitations of the individualistic approach in prior studies, Cockerham’s theory provided insights into the role of several structural dimensions that may influence immigrants’ post-migration food choices and eating practices (Cockerham 2005, 2013). Accordingly, the quantitative analyses in this study specifically focused on several structural aspects identified by Cockerham (2005; 2013). Once socioeconomic status was accounted for, the findings from the multivariate analysis in this study revealed that recent immigrants are even more likely to be unaware of Canada’s Food Guide. Further, the quantitative findings reveal that racial/ethnic minorities (except for Latin Americans) and those whose first language is a non-official language were also less likely to be aware of Canada’s Food Guide compared to Whites and those who speak the official language as their first language. Nonetheless, even when all the covariates have been accounted for, immigrants (particularly the recent immigrants) were still more likely to be unaware of Canada’s Food Guide than the native-born Canadians.

The qualitative findings complement the quantitative results in suggesting that public health strategies should be tailored to consider the specific needs of recent immigrants. More
specifically, various post-migration changes that immigrants may experience in the context of the new host country must be acknowledged. The qualitative interview findings revealed that the ineffective dissemination of Canada’s Food Guide may explain the immigrant population’s lack of awareness about it. The majority of the immigrants interviewed in this study reported that they did not know about Canada’s Food Guide. Many of them expressed that the guide appeared to be a helpful resource and showed interest in learning more about it, and inquired about ways to access such resources, although they expressed that they did not view such a guide as an immediate need. Such results resonate with a study conducted with young underprivileged women in Canada, which found that healthy lifestyle practices may be driven more by imminent needs than health-related knowledge (Dumas et al., 2014). However, there were also a few participants (who were aware of Canada’s Food Guide) that commented that it helped them to be exposed to new information and to be more mindful of their diets. Although it was not evident from the data in this study, this may particularly be the case for immigrants arriving with relatively lower levels of nutritional knowledge or greater cultural differences (e.g., refugee population). Conversely, others also discussed the impracticality of the guide’s content for everyday use as part of their eating practices. Notably, some of these difficulties in using the food guide were not necessarily specific to migration experiences and revealed flaws in the food guide itself (e.g., impracticality of the food guide due to its complexity).

In this current study, several participants also expressed that they did not see a need for Canada’s Food Guide, as they felt that they already had sufficient nutritional knowledge regarding healthy eating in their own traditional way. Nonetheless, prior studies have consistently documented immigrants’ inability to apply their prior nutritional knowledge in the new context, and their struggles in replicating their traditional dietary practices (e.g., due to challenges such as insufficient access to ethnic ingredients). Given such barriers in keeping up to their former ways of eating, combined with insufficient knowledge of the new food context, immigrants may experience a decline in the quality of their diet in the host country. Further, it must also be noted that some of the difficulties that immigrants experienced in managing their diet were exacerbated by their challenges in navigating a new food environment in the Canadian context. More specifically, some of these challenges were related to immigrants’ economic circumstances, as well as their age and ability to use technology. This sheds light on immigrants’ challenges in learning how to navigate the new food environment, which also resonates with findings from a
recent U.S. study that highlighted how immigrants experience a lack of guidance in navigating the new food system (Mycek et al., 2020). Consistently, the qualitative findings in this current study also revealed that challenges related to shopping and accessing healthy food may be exacerbated for those with limited access to transportation, which is also closely linked with economic circumstances. As Mycek and her colleagues’ (2020) recent research discussed, future studies can benefit more from community-based participatory research to better understand immigrants’ *nutrition socialization* experiences in a holistic way. Beyond the nutritional guidelines which enforce dominant food standards, future initiatives on healthy eating can provide supplementary resources to better address the specific needs of recent immigrants (Biltekoff, 2013; Mycek et al., 2020). As immigrants often arrive with knowledge of healthy food practices based on their own cultural traditions (Mycek et al., 2020), providing assistance for them to be able to continue their prior ways of eating in the new context may also be a way to help immigrants to maintain a quality diet. Therefore, as much as disseminating nutritional guidelines in the host country (e.g., Canada’s Food Guide) is important, the public health strategies must consider ways to help immigrants be able to utilize their prior nutritional knowledge.

In terms of awareness, the results from the qualitative interviews reveal the role of institutions in raising awareness of Canada’s Food Guide. The majority of the immigrants who responded that they were aware of the guide said that they learned about it through educational institutions (e.g., primary/secondary school, university). This finding corresponds to other recent studies related to health that have drawn insight from Cockerham’s structural considerations regarding the importance of social institutions (Dondero et al., 2018; Montez et al., 2019). Over the past few years, Health Canada has exerted considerable effort in conducting an evidence-based review, including multiple consultations with various stakeholders, to revise Canada’s Food Guide (Government of Canada, 2018). However, while the revision process for Canada’s Food Guide was a collaborative effort that involved various stakeholders—including provincial/territorial/regional governments, health professionals, academics, and non-governmental organizations—immigrant organizations were not actively engaged in this process (Health Canada, 2015). In examining ways to revise various public health strategies in Canada, immigrant organizations were excluded from policy discussions surrounding healthy eating. Given that immigrants constitute approximately 20% of the Canadian population, there is a need to further consider immigrants’ diets, health, and well-being in policy decisions (Sanou et al., 2017;
Statistics Canada, 2016a; Vang et al., 2017). Since immigrant organizations (e.g., settlement agencies and other community-based newcomer programs) are the primary places where recent immigrants seek assistance upon arrival, the implementation of a multi-sectoral partnership with immigrant organizations would be highly recommended in order to better identify immigrants’ challenges and barriers to healthy eating and tailor the public health strategies based on their specific needs.

The specific focus on Canada’s Food Guide in this study is not without limitations. Although awareness of the food guide is important, it must be acknowledged that awareness itself may not always lead to the usage of nutrition-related information. Whether those who are aware of the guide actually use it to make food choices and develop eating practices is another issue. This study indicates that it is not sufficient to simply “know” about the food guide. Although the guide can help people to acquire nutrition-related knowledge, it is difficult to determine whether awareness of such a guide translates to healthy eating practices among people—an awareness of Canada’s Food Guide does not necessarily mean that it is used by people. Conversely, it is also important to recognize that those who are not aware of or do not use such a guide can still have adequate levels of nutritional knowledge to engage in healthy eating practices through other means. Nonetheless, it should be clarified that the aim of this paper is not to assess the effectiveness of such a guide. The goal was to use Canada’s Food Guide as a case study to show how immigrants (both recent and established) differ from native-born Canadians in their awareness and usage, in order to inform future policies and initiatives to start considering the varying needs of the growing immigrant population in Canada. As the current emphasis on the awareness and usage of Canada’s Food Guide has certain limitations, better measures are required for future studies to assess the effectiveness of these public health strategies.

4.6 CONCLUSION

Overall, this study reveals that immigrants in Canada have a low awareness and usage of Canada’s Food Guide. This study highlights the need for future public health strategies to consider the role of other social dimensions beyond nutritional knowledge, which may influence people’s ability to develop healthy eating practices. Government effort has focused mainly on revising the content of the food guide to disseminate nutritional information to the public, but greater efforts
are needed to address other challenges and barriers that may influence people’s ability to develop healthy eating practices. The current emphasis on Canada’s Food Guide suggests that healthy eating is an individual responsibility. However, for certain groups that are more vulnerable to structural inequalities – in this case, immigrants – a “one-size-fits-all” approach may not work. The findings in this study emphasize the need to give greater sociological consideration to understanding the health impact of changes to social and contextual dimensions that are part of the migration process (Castañeda et al., 2015). Using Canada’s Food Guide as a case study, this study highlighted the limitations of the individualistic approach adopted in current public health strategies and suggests the incorporation of more sociological considerations in policies surrounding the promotion of healthy eating.
4.7 REFERENCES


5 Discussion/Conclusions

5.1 INTRODUCTION

The objective of this dissertation is to provide an in-depth understanding of the role of integration experiences in shaping immigrants’ post-migration food choices and eating practices in Ontario, Canada. Drawing insights from Cockerham’s health lifestyle theory and by adopting an intersectional lens, this dissertation sheds light on how the structural inequalities experienced by immigrants during the integration process may combine in shaping their post-migration food choices and eating practices. The three integrated articles draw attention to the current literature and policies surrounding healthy eating, which often neglect the structural inequalities that may limit immigrants’ opportunities to engage in healthy eating practices. This dissertation contributes to the current literature on migration and immigrant well-being by examining the interrelationship between immigrants’ integration experiences – especially their economic integration – and their post-migration food choices and eating practices. Despite the extensive literature on immigrants’ post-migration dietary transitions and their implications for long-term health and well-being, little research has been conducted to link these processes to their integration experiences. This dissertation thereby addresses this gap in the literature. In this chapter, I highlight the key findings of the three integrated articles and discuss the contributions of this dissertation to the sociological literature, including its key policy implications. I conclude by outlining the limitations of the study and suggesting potential directions for future research.

5.2 SUMMARY OF FINDINGS

Drawing on insights from both Cockerham’s health lifestyle theory and Berry’s acculturation model, the first integrated article (Chapter 2) explored how structural inequalities related to integration and settlement may shape recent immigrants’ post-migration food choices and eating practices. The findings revealed how socio-economic factors, regional location and other structural inequalities related to integration and settlement influenced the type of dietary
acculturation strategies adopted by recent immigrants. The objective of the article was twofold: first, to provide an overview of recent immigrants’ general dietary acculturation experiences in Canada, and, second, to explore what role structural aspects related to their integration experiences play in shaping their post-migration food choices and eating practices. In accordance with previous research on immigrants’ dietary acculturation, the results of this study showed that immigrants from non-Western countries experienced greater challenges in healthy eating. Some of these challenges were related to the limited accessibility of traditional ethnic ingredients and immigrants’ lack of familiarity with Western food. Whereas immigrants’ ability to continue their traditional ways of eating were largely influenced by cultural differences, regional variations and economic circumstances, immigrants’ opportunities and barriers to adopt the new food context of the host country were largely influenced by cultural differences, economic circumstances, and time constraints related to the competing demands encountered during the integration and settlement. These aspects played an important role in shaping how immigrants engaged in their post-migration food choices and eating practices, and the type of dietary acculturation strategies they pursued.

As Cockerham’s health lifestyle theory posits, findings from Chapter 2 shed light to how immigrants’ post-migration food choices were not only bounded to socioeconomic status and cultural differences but were also shaped by various structural inequalities, especially those related to systematic barriers during the integration and settlement process. Depending on the context of reception (Schwartz et al., 2010; Schwartz et al., 2014) that immigrants encounter during their processes of integration, certain participants may decide to fully adopt the food practices in the new context (assimilation), continue their traditional ways of eating (resistance/rejection), or adapt both their ethnic diet and the new diet of the host country together (biculturalism). In some cases, immigrants may experience challenges in maintaining their traditional ways of eating as well as pursuing the new food practices of the host country (marginalization). Overall, the goal of Chapter 2 was to provide a more holistic understanding of the multifaceted nature of immigrants’ dietary acculturation experiences.

Although the results from Chapter 2 revealed differences by age, marital status, and gender, it did not provide a more elaborated consideration of the role of gender in shaping the food practices of the immigrants, particularly among married immigrant men and women. The
second integrated article, presented in Chapter 3, builds on the findings of Chapter 2 by focusing on the social relations and social practices that shape the process of feeding families. This second article adopts an intersectional life course approach in exploring food choices, cooking, and eating practices among immigrant families in Ontario. The chapter addresses the following research questions: First, who takes on the responsibility of ‘feeding the family,’ and what forces and pressures encourage this? Second, what are some of the challenges experienced among immigrant families and what strategies do they adopt as they endeavour to produce healthy, home-cooked meals? This chapter reveals how the intersection of gender, immigration status, and constrained economic circumstances create additional challenges for women in feeding their families. The findings from this chapter also reveal a clear gender division regarding domestic labour, in which immigrant families are highly reliant on women for domestic tasks, such as meal preparation. Although this may seem to reflect the traditional gender division of domestic labour, the findings illustrate how this is closely related to immigrants’ economic challenges following migration. As immigrant men struggle to achieve economic integration because of the devaluation of foreign credentials in the Canadian labour market, heavier domestic responsibilities fell on immigrant women, as they prioritized launching their husbands’ careers first. For many of the highly-educated women interviewed, this breadwinner-homemaker division of labour was not something they embraced prior to migration. Most of the immigrant women interviewed shared that this was their pragmatic strategy, particularly because their husbands (who were usually the primary applicant) were also juggling competing demands – including job searching, retraining, and managing multiple part-time, low-income jobs to make ends meet until they can find a job that matches their qualifications.

In such a challenging economic context for immigrant men, the intersection of gender and immigrant status compelled immigrant women to take on the primary responsibility as household food gatekeepers (Burton et al., 2017), and as guardians of their family’s health and well-being (Beagan et al., 2008). Given that immigrant men were usually the primary applicant for skilled migration, many immigrant families prioritize men’s careers, revealing how immigration policies can shape the gender division of food work within immigrant families. Women with children who fulfill this role further experienced the societal pressure of intensive mothering (Hays, 1996), to feed their children with nutritious and healthy meals. Further, some immigrant women in this study also engaged in defensive mothering (Elliott & Bowen, 2018). Overall, meal preparation
was particularly challenging for immigrant women, as it often involved greater *cognitive labour* (Daminger, 2019) associated with difficulties in feeding their family in an unfamiliar food context, with some experiencing further difficulties in finding ethnic ingredients, while some also experienced constraints from their limited budget for food. These challenges are further exacerbated by the fact that many did not have support from their extended family to help with domestic work and childcare in their host country.

Chapter 3 also highlights important policy implications (which will be discussed further in 5.4) for current public health strategies that encourage families to maintain their health by acquiring better nutritional knowledge to cook more often at home (Government of Canada, 2019). Such individualistic aspects of current public health strategies are based on prior research that highlights the positive association between homemade meals and health, as well as the importance of household food gatekeepers’ nutritional knowledge in promoting healthier food decisions within the household (Burton et al., 2017; Wolfson & Bleich, 2015). However, this chapter revealed that these gatekeeper roles disproportionately fell on women in immigrant families. Moreover, these immigrant women often expressed greater guilt when faced with many difficult challenges in fulfilling these roles, depending on their social and economic circumstances. The findings from this chapter raise potential implications for women’s economic, physical, and mental well-being. These findings reveal problems of current public health strategies’ individualistic approach that places overwhelming emphasis on food skills and nutritional knowledge, which the third and final integrated article, presented in Chapter 4, explores further.

Chapter 4 focuses on Canada’s Food Guide as a case study by using a mixed-methods approach. By drawing on Cockerham’s health lifestyle theory, this article highlights the limitation of the current individualistic, behavioural approach that emphasizes the importance of nutritional knowledge and food skills to engage in healthy eating. The goal of this study was to show how a sociological perspective that draws attention to the importance of structural considerations can further inform future policies and initiatives on healthy eating, to address the varying needs of the immigrant population. Overall, the quantitative results revealed that immigrants were generally less aware of Canada’s Food Guide, and even those who were aware of it were least likely to use
it compared with native-born Canadians. Recent immigrants, in particular, were both less likely to know and use Canada’s Food Guide.

The qualitative findings from this study suggest directions for future public health strategies to better address the needs of the immigrant population. The findings reveal that Canada’s Food Guide is ineffectively disseminated among immigrants. Although recent immigrants were generally interested in learning more about Canada’s Food Guide; despite their interest, however, they expressed mixed feelings about its usefulness for them at the moment. Furthermore, older immigrants generally expressed less interest in such a resource, as they felt that they already have sufficient knowledge about maintaining their health and well-being, including eating practices. Meanwhile, immigrants who knew about Canada’s Food Guide generally considered it helpful in acquiring new information and to be more mindful about their diet; however, they shared that it is not practical to use because of its complexity. Several immigrants, particularly recently arrived immigrants, did not consider acquiring nutritional information as an immediate need, and they rather expressed their difficulties in navigating an unfamiliar food environment. Such findings reveal a greater need for support and resources that are tailored to address the specific needs of the immigrant population. As more recent research reveals (Myczek et al., 2020), immigrants may arrive with food knowledge that adheres to the nutritional standards, but which is applicable in their own ethnocultural context. This study revealed the limitations of current resources – in this case, Canada’s Food Guide – in addressing the specific needs of the immigrant population regarding their eating practices and managing healthier food choices.

The findings from these three integrated articles not only make important sociological contributions to the scholarship on this topic but also raise important policy implications. In the following sections, I will outline the sociological contributions of this dissertation to the current literature and further discuss the related policy implications in greater detail.
The first contribution of this dissertation is its linkage between the literature on immigrant integration and that on immigrants’ health and well-being. Such a link between these domains contributes to the current migration literature, which has overwhelmingly been focused on immigrants’ integration experiences, particularly their economic integration (Picot, 2008). A successful integration entails the fulfillment of various aspects of immigrants’ needs, including their economic, social, physical, and mental well-being (Murphy, 2010; Picot, 2008), but prior research has tended to consider these various domains separately. There is a large body of work on immigrants’ economic integration (i.e., employment outcomes), and a smaller but growing body of literature that examines other aspects of well-being, such as diet. The findings of this dissertation contribute to addressing this research gap by revealing the interrelationship between immigrants’ integration experiences and their post-migration food choices and eating practices.

Second, the findings of this dissertation contribute to the growing literature on immigrants’ dietary acculturation. By situating the study in the Canadian context, I was able to add to the existing literature on immigrants’ dietary acculturation, which has overwhelmingly been conducted in the U.S. context, with a specific focus on the Hispanic population (Akresh, 2007; Gray et al., 2005; Patil, Hadley & Nahayo, 2009; Villegas, Coba-Rodriguez, & Wiley, 2018). The composition of Canadian immigrants is vastly different from that of U.S. immigrants, as approximately two-thirds of newcomers to Canada are economic immigrants that are highly-educated, with most of them possessing post-secondary education or higher degrees (Statistics Canada, 2017). However, the findings of the current dissertation revealed that some of these immigrants experienced economic hardships because of their struggles in the Canadian labour market, which subsequently also influenced their ways of eating. The findings from Chapter 2 show that the structural inequalities immigrants experience during economic integration (e.g., unemployment and underemployment due to devaluation of foreign credentials), may subsequently create other barriers (e.g., economic hardships and time constraints) and play a significant role in shaping their post-migration eating practices. By drawing insights from Berry’s acculturation model (1997), this chapter added a further understanding of diverse ways in which immigrants acculturate to the food practices in the host country. This contributed to the current literature by providing a more nuanced view of how dietary acculturation experiences may be
multifaceted (Cleverland & Xu, 2019; see also Berry 1997). This chapter also sheds light to the link between the literature on immigrants’ lifestyle, health and well-being and the literature on the sociology of work – by revealing how the poor quality of the job, skill underutilization, discrimination in the hiring process or at the workplace, all have implications for immigrants’ food choices and eating practices as it may create unfavourable context of reception (Schwartz et al., 2010; Schwartz et al., 2014), that may facilitate reactive ethnicity (Agudelo-Suárez et al., 2009; Rumbaut, 2008), and influence immigrants to resist adopting the food practices of the host country.

As Cockerham’s Health Lifestyle Theory (2005, 2013) contends, these experiences of structural inequalities embedded in the Canadian labour market may limit immigrants’ resources and opportunities to engage in the type of post-migration food practices that they hope to pursue (as discussed in Chapter 2), and even resources such as Canada’s Food Guide (as discussed in Chapter 4) – and further limit immigrants’ “opportunities” to engage in food practices they hope to pursue. All of these reveal the underlying systematic barriers that put immigrants at a greater disadvantage and how these may subsequently impact other aspects of their lives, including their lifestyle, health, and well-being. These findings may also be useful to the current body of U.S. literature on the Hispanic population – by suggesting a need for further understanding of the underlying structural inequalities behind their low-socioeconomic status. This could be a way to create increased public awareness about the importance of implementing more equitable policies that can better address immigrants’ needs. However, as Chapter 4 has outlined, current policies surrounding healthy eating often neglect these structural inequalities which are at play. The individualistic, behavioural approach of current public health initiatives is problematic from a sociological point of view. Not only does it place the responsibility on individuals, it also underplays the symbolic meanings of food and eating. Chapter 4 has been valuable in highlighting the value of sociological consideration for future policies, through its examination of how awareness and use of resources (in this case, Canada’s Food Guide) may differ for immigrants compared to native-born Canadians. Chapter 4 sheds light on many potential ways in which sociological considerations can be incorporated into future policies surrounding healthy eating.

Third, chapter 3 further contributes by linking the literature on immigrant integration, dietary acculturation, and gender scholarship related to family feeding practices. Prior studies have
paid relatively little attention to how these research realms are interrelated and how gender, socioeconomic status, and immigrant status intersect to shape immigrant families’ feeding practices. Moreover, this chapter sheds insight for future research related to the body of literature on gender, work, and migration – more specifically regarding deskilling among immigrant women (Creese & Wiebe, 2012; Man, 2004; Premji et al., 2014; Slade, 2003). There is room for more research in this area, especially by making further connections to the established scholarship with a consideration of family. Moreover, there is even less focus given on how the deskilling of immigrant women influences the feeding practices of immigrant families. Chapter 3 in this dissertation provides valuable insight into this small, but, important body of literature.

5.4 POLICY IMPLICATIONS

Beyond its contribution to the migration and integration literature, this dissertation also raises important policy implications for immigration and public health. First, Chapter 2 suggests several implications for policies on immigrant integration and healthy eating. Currently, these two policy arenas are not sufficiently linked. On the one hand, immigrant settlement agencies mostly work toward helping immigrants to secure employment, but they often do not provide adequate support in other aspects, such as social integration, immigrant health, and well-being. In Chapter 3, the findings revealed how immigration policies that consider immigrant men as principal applicants lead many immigrant families to prioritize men’s careers, which placed greater domestic responsibilities (e.g., feeding the family) on immigrant women as many of these women chose to opt-out from re-entering the workforce. This was partially due to the consideration of the systematic barriers that immigrants, especially women, experience in the labour market; but also due to challenges related to childrearing. This chapter suggested for future immigrant integration policies to consider alleviating immigrant women’s challenges, by providing childcare subsidies for immigrant families during their initial integration and settlement stages. Furthermore, Chapter 4 also revealed immigrants’ varying needs for healthy eating, such as their need for further assistance in navigating the unfamiliar food environment during the initial settlement stages. On the other hand, current public health strategies take an individualistic approach that places a greater emphasis on food skills and nutritional knowledge (Chapter 4). This policy gap is an
important one, and it can be better informed through sociological considerations. Such a connection between sociological research and policy considerations has been a notable contribution of Chapter 4.

Disseminating food literacy skills and providing short-term food subsidies would certainly help, but these would never be a long-term solution to the underlying problem. Strategies on healthy eating should go hand-in-hand with more systematic solutions toward eliminating the fundamental inequalities in the labour market that disadvantage the immigrant population. One potential effort could be made through workplace policies that are targeted at addressing the devaluation of foreign credentials, racial/ethnic discrimination in the hiring process, and other issues that disadvantage immigrants. For example, more policy consideration is needed to reduce the systemic barriers in the Canadian labour market that push immigrants disproportionately into being underemployed in low-skilled, precarious, temporary work with low pay and that often contributes to their economic hardships (Desjardins & Cornelson, 2011; Fuller & Vosko, 2007; Noack & Vosko, 2011; Premji et al., 2014). As the findings of this dissertation reveal, these aspects simultaneously shape immigrants’ post-migration food choices and eating practices, which would have implications for their long-term health and well-being.

Although changes must ultimately happen at the structural-level with policy changes and support from the government, changes can also start within the community. For example, in Toronto, a non-profit organization called Newcomer Kitchen\(^{14}\) shares their community kitchen with Syrian refugee women to prepare meals every week and sell the food to the public for income. Such an opportunity not only provides these immigrant women with economic opportunities, but it also creates a socially-and-culturally inclusive environment for these newcomers to Canada. This program has been a huge success in facilitating these Syrian refugee women’s integration – in a holistic way. Further, another example is the Chinese Elders Community Kitchen\(^{15}\) in Vancouver, which is one community initiative that helps vulnerable Chinese seniors experiencing isolation, by providing food and a space to get together on a weekly basis.

\(^{14}\) The Newcomer Kitchen Story. Retrieved from https://thedepanneur.ca/newcomerkitchen/about-newcomer-kitchen/
basis. Beyond this, this centre further provides additional support for these Chinese seniors that are experiencing language barriers and mobility issues, and assists these seniors with their daily needs, such as providing help with various application forms, finding affordable housing, providing assistance in utilizing healthcare services and so forth. These programs offered in the community see integration more holistically, as a set of interrelated processes. However, the critical problem is the lack of governmental support for these non-profit organizations, as the majority of their operating cost\textsuperscript{16} is dependent on crowdfunding, online donations, pop-up events, corporate sponsorship, and fundraisers – with the programs primarily run by volunteers. A more effective allocation of funding at the policy level is necessary, with the consideration of the interrelationship between the economic, social, health and well-being of the immigrants. Policymakers should recognize that these are not separate dimensions but are closely interrelated.

Elaborating on policy implications discussed in Chapter 4, more collaborative efforts and dialogue between various stakeholders are needed through the implementation of a multi-sectoral partnership. There is a need to identify what specific challenges and barriers may exist for immigrants in managing healthy eating in Canada. This will help to better address immigrants’ needs through more tailored strategies for a more equitable, holistic approach. A better system must be in place to help immigrants to effectively navigate the resources they need for managing their lifestyles, health, and well-being during their initial processes of integration and settlement. However, as discussed earlier, the majority of the resources related to immigrant integration are tailored to help immigrants’ employment outcomes. Nonetheless, there are also insufficient health-related resources and information to support immigrants’ lifestyle, health, and well-being – and even the few existing services, programs, and resources that are currently provided are often underutilized. These are often not effectively disseminated to reach the immigrant population. Given that the role of the institution has been highlighted in Chapter 4, active multi-sectoral partnerships between relevant stakeholders and policymakers (that are related to immigrant integration, population health, and health policy) may be an effective strategy to move forward.

LIMITATIONS AND FUTURE DIRECTIONS

Although the purpose of the qualitative data used in this current dissertation was not to generalize to the larger population, but rather to gain deeper insight into the ways immigrants engage in food choices and eating practices following migration, the sample size (N=45) was somewhat limited in its ability to examine the heterogeneity within the immigrant population. As the majority of the participants in this current study were economic, skilled-immigrants (a majority of whom arrived from East and South Asian countries), the first notable limitation in this dissertation was that the findings are limited in highlighting the experiences of immigrants who arrived in Canada under other admission classes. Immigrants’ experiences in the labour market and their consequences for eating habits, health, and well-being may also vary by their admission class (e.g., skilled, family, refugee). This is important, given the insights from the findings from this current dissertation, which revealed the importance of family support for domestic tasks, including feeding practices (Chapter 3); as well as given the importance of socioeconomic status in shaping food choices and eating practices (Chapter 2). More research is needed in comparing the experiences of immigrants across different admission class.

Second, although this dissertation has been valuable in revealing the interrelationship between immigrants’ economic integration, and their lifestyle, health and well-being – and especially their feeding practices – more research consideration is needed on other aspects of the immigrant integration process. As part of the data collected for this current dissertation, the narratives from these interviews also signalled that the way immigrants eat not only relates to their health and well-being, but it is also closely related to their sense of belonging and their ethnic identity. Given these insights provided, particularly in Chapter 3, exploring these issues can further contribute to a small but growing body of literature on food and ethnic identity, which suggests that the way immigrants eat also plays an important role in how they maintain and/or (re)construct their ethnic identity. For example, a study conducted among the Latino immigrants in New York revealed that ethnic food served a role as “a catalyst for recalling memories and maintaining an emotional connection to distant family, and a basis for social interaction and group solidarity within the broader Latino community” (Weller & Turkon, 2015, p. 70). Food may also have a significant influence on how immigrants socially and culturally become integrated into
Canadian society. With a strong emphasis on multiculturalism and ethnic diversity in Canada, there is a strong need to conduct this type of research in the Canadian context.

For instance, it would be valuable to explore how different immigrant generations (re)construct their ethnic identity through food. By adopting the theoretical framework *Segmented Assimilation Theory* (Portes & Zhou, 1993; Zhou, 1997), the divergent pathways to immigrants’ post-migration food choices and how these may subsequently influence their ethnic identity may be further explored. The concept bicultural assimilation from the *Segmented Assimilation Theory*, can be reframed as “dietary biculturalism” to examine the convergence of dietary aspects of both their home country and the host country. This may be particularly important to further move the literature forward, as Chapter 4 in the current dissertation has also hinted at the generational differences within the immigrant population, particularly among the 1.5 generation immigrants. However, the current dissertation has been limited in exploring this aspect due to the limited data from a relatively small sample. Future research can explore the transnational role of food in shaping the ethnic identity by immigrant generations, and how it may have implications for their physical and mental well-being.

Third, due to the cross-sectional nature of both the qualitative and the quantitative data utilized for this dissertation, my findings are unable to speak to the long-term health implications of Canadian immigrants’ dietary transitions over time. Given such a gap, more longitudinal research is needed to compare the food choices and eating practices of immigrants by their diverging integration trajectories in Canada. Utilizing longitudinal data to conduct a study to compare the changes to eating habits between those immigrants who were pushed into jobs that are low-paying, non-standard, and precarious, versus those who were able to succeed in landing a higher-status job, would shed light on this important issue. Further, it would be valuable to move beyond such comparisons, to consider the experiences of immigrants in a variety of occupations and professions, and to pay greater attention to gender – and its intersection with race and class. Prior studies, including my earlier research, has highlighted how the intersection of gender, race/ethnicity, and immigrant status create particular challenges related to career and family

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17 1.5 generation refer to those who are foreign-born, but who have arrived in Canada after the age of 12 years (Rumbaut, 2004).
choices for immigrant women in professions (Kwon & Adams, 2018; Adams & Kwon, 2019; Murti, 2012; Ong, 2005). These could further be tied to how racial/ethnic minority immigrant women engage in domestic labour and feeding practices. Although I acknowledge that these intersectional aspects have not been fully discussed in the current dissertation (due to the limited scope of the collected data), I plan to further expand my research by taking an intersectional life course approach in examining the role of career transitions and employment trajectories on immigrants’ food choices and eating practices – exploring the intersection of gender, class, race/ethnicity and immigrant status.

Lastly, future research can also benefit from more quantitative research on the long-term trajectories of immigrant integration experiences and their consequences for their lifestyle, health, and well-being. Despite the abundance of longitudinal research on immigrants’ economic outcomes, research examining the long-term trajectories of immigrants’ social and health outcomes in Canada has remained scarce. This notable gap was largely due to the unavailability of a suitable longitudinal dataset in Canada. Until very recently, the Canadian Community Health Survey (CCHS) was the primary source of data with variables related to lifestyle and well-being that could be used to examine the health outcomes of immigrants. The 2016 General Social Survey (GSS) is another recently released dataset that includes a multitude of themes related to lifestyles and well-being. However, given that these datasets are cross-sectional, no longitudinal research has yet been conducted on immigrants’ dietary acculturation in the Canadian context. As such, very little research has focused on immigrants’ long-term health trajectories in Canada. While the Longitudinal Survey of Immigrants to Canada (LSIC) was available, this longitudinal data was primarily focused on economic outcomes, with limited variables to examine the social and health outcomes of the immigrants. Furthermore, this dataset is now somewhat outdated. Therefore, longitudinal analysis of immigrants’ dietary acculturation in Canada and its interrelationship and implications to their social, economic, and health outcomes was previously not feasible in the Canadian context, largely due to data limitations.

These notable gaps can now be addressed by utilizing the newly released secondary data set (released fall 2018), CCHS-IMDB, which links cross-sectional health survey data (the Canadian Community Health Survey) and administrative data (the Longitudinal Immigration Database). While the CCHS includes information related to health status, health care utilization,
and health determinants for the Canadian population aged 12 and over, the IMDBs include data on annual tax file and an immigrant landing file of immigrants who have landed in Canada since 1980 (Statistics Canada, 2016; Evra & Prokopenko, 2018). This new linkage between the two datasets will allow researchers to conduct important research in the areas of newcomer settlement, resettlement, and integration that were previously not possible using either survey or administrative data alone. In particular, this linkage will allow researchers to capture immigrants’ long-term social and health trajectories as they acculturate in Canada. Another strength of this new dataset is that it includes information on non-permanent resident files, which were unavailable in previous datasets in Canada. By utilizing such linked data, future research can further explore the outcomes of those members of the more disadvantaged immigrant population that have remained understudied in the prior literature (e.g., temporary foreign workers, international students, and refugee claimants).

However, despite its strength, CCHS-IMDB linked data are currently underutilized; the linked dataset has just recently been released to researchers through the regional Research Data Centres (RDCs). Such a valuable addition to the available quantitative data in Canada can be combined with qualitative research for a mixed-method approach in examining immigrants’ lifestyle, health, and integration trajectories.

The considerations that have been outlined in this section would be valuable directions for future research to better address and inform future policies surrounding immigrant integration and population health and well-being in Canada. Further, the insights from the three integrated articles in this dissertation show the potential value of scholarship in making a meaningful social impact – such as in identifying policy implications and suggesting directions for future policy changes. It should be noted that these contributions can also be extended beyond a focus on immigrants. By recognizing how structural challenges and barriers may place certain populations in more disadvantaged circumstances that can have negative implications on their lifestyle, we may also be able to develop better long-term solutions for the health and well-being of other vulnerable population as well (e.g., Indigenous people, single parents, LGBTQ).

Through insights from Cockerham’s health lifestyle theory, this dissertation was able to shed light on how the structural inequalities related to economic integration may combine with other challenges and barriers to shape immigrants’ eating habits. Further, adopting an
intersectional lens has revealed how gender, class (economic circumstances), and immigrant status may intersect to simultaneously shape immigrants’ integration experiences, post-migration food choices and eating practices. Overall, both Cockerham’s health lifestyle theory and an intersectional lens have been valuable in revealing the interrelationship between immigrants’ integration experiences and their post-migration food choices and eating practices in Canada.
5.6 REFERENCES


Appendices

Appendix I: Letter of Information and Consent Form

**Project Title:** Exploring the role of food literacy in shaping immigrant integration experiences in Canada

**Letter of Information and Consent**

**Principal Investigator:** Dr. Tracey L. Adams, Department of Sociology, Western University

**Co-Investigator:** Eugena Eunjeong Kwon, Department of Sociology, Western University

**1. Invitation to Participate**

You are being invited to participate in this research project that explores “the role of food literacy in shaping immigrant integration experiences in Canada”. Briefly, the purpose of this project is to examine the challenges and barriers in promoting food literacy among the immigrant population and how this may shape immigrant integration experiences.

**2. Purpose of the Letter**

This letter is yours to keep and the purpose of this letter is to provide you with information required for you to make an informed decision regarding your participation in this research.

**3. Purpose of this study: Why is this study being done?**

The purpose of this study is to examine the challenges and barriers in promoting food literacy among the immigrant population, and how this influences immigrant integration experiences. To achieve this goal, this study examines the following four groups: recent immigrants (who immigrated within last 10 years), recent international students (who migrated within last 10 years), immigrant-service providers (e.g. settlement agencies), and health-service providers (e.g. community organizations). This will allow us to have a full understanding of the gaps and limitations in promoting food literacy among the immigrant population.
4. Inclusion Criteria

You are eligible to participate in this study if you belong to one of the following groups: 1) recent immigrants (who immigrated within last 10 years), 2) international students (who migrated within last 10 years), or 3) service providers (e.g. immigrant settlement agencies, community health organizations). You must also be above the age 18 and must be able to communicate in English.

5. Exclusion Criteria

You are not eligible to participate in this study if you are below 18 years of age. If you are seeking participation under the recent-immigrant category, you are not eligible if you have lived in Canada for more than 10 years. You are not eligible if you are not able to communicate in English.

6. How long will you be in this study?

This study involves one interview that is anticipated to take 30 to 60 minutes of your time.

7. Study Procedures

If you agree to participate, you will be interviewed about your experiences in acquiring and/or providing information regarding making healthy food choices in Canada. With your consent, the interview will be audio recorded. This is optional and you are still able to participate without being audio recorded. If you do not wish to be audio-recorded, the interviewer will take notes. Interviews will take place at a time and location that is most convenient for you. There will be a total of about 30-65 participants in this study.

8. What are the risks and harms of participating in this study?

There are no known or anticipated risks or discomforts associated with participating in this study.

9. What are the benefits?

You may not directly benefit from participating in this study but information gathered contribute to our understanding of the ways to better promote food literacy among the immigrant population, and may help for future policy decisions and program development.
10. Can participants choose to leave the study?

If you decide to withdraw from the study, you have the right to request withdrawal of information collected about you. If you wish to have your information removed please let the researcher know.

11. How will participants’ information be kept confidential?

I will be using pseudonyms and codes in the transcripts of the interview, as well as in the research papers generated from the data and analysis. I will keep any personal information about you (your name and contact information) in a secure and confidential location for 5 years. A list linking your study number with your name will be kept in a secure place, separate from your study file.

While I will do my best to protect your information there is no guarantee that I will be able to do so. If data is collected during the project which may be required to be reported by law I have a duty to report.

Representatives of The University of Western Ontario Non-Medical Research Ethics Board may require access to study-related records to monitor the conduct of the research.

12. Are participants compensated to be in the study?

You will be given a $10 CAD grocery gift card for your participation in this study.

13. What are the Rights of Participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right not to answer individual questions or to withdraw from the study. If you choose not to participate or to leave the study at any time it will have no effect on your employment status.

We will give you new information that is learned during the study that might affect your decision to stay in the study.

You do not waive any legal right by signing this consent form.
14. Whom do participants contact for questions?

If you require any further information regarding this research project or your participation in the study you may contact the co-investigator, Eugena Eunjeong Kwon (ekwon22@uwo.ca).

If you have any questions about your rights as a research participant or the conduct of this study, you may contact the Office of Research Ethics at the University of Western Ontario (519) 661-3036, email: ethics@uwo.ca.

15. Publication

If you would like to receive a copy of any potential study results, please contact the co-investigator, Eugena Eunjeong Kwon (ekwon22@uwo.ca).

This letter is yours to keep for future reference.
**Consent Form**

**Project Title:** Exploring the role of food literacy in shaping immigrant integration experiences in Canada

**Principal Investigator:** Dr. Tracey L. Adams, Department of Sociology, Western University, tladams@uwo.ca

**Co-Investigator:** Eugena Eunjeong Kwon, Department of Sociology, Western University,

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant’s Name (please print): ________________________________

Participant’s Signature: 

_______________________________________________

Date: 

_______________________________________________

I am aware that it is not mandatory to be audio-recorded to participate in this study.

I consent to be audio-recorded: ________________________________

I do not consent to be audio-recorded: ________________________________

Date: 

_______________________________________________

Person Obtaining Informed Consent (please print): ________________________________

Signature: 

_______________________________________________

Date: 

_______________________________________________
Appendix II: Recruitment Poster

Recruitment Poster (after the revision to include the international students):

Are you an Recent Immigrant? OR an International Student?

Recruiting recent immigrants for a study exploring the role of food literacy in shaping immigrant integration experiences in Canada.

We are currently looking for participants to share experiences in making healthy food choices in Canada.

You may choose to do a phone interview or an in-person interview, which will be approximately 30-45 minutes.

< Compensation of $10 gift card >
Gift card will be distributed at the start of the in-person interview, but will be mailed for the phone interview.

Please e-mail [blacked out] if you are interested in participating in this study!
Appendix III: Semi-Structure Interview Guide

< Interview Guide >

The primary purpose of this research is to examine the challenges and barriers in promoting food literacy among the immigrant population, and how this influences immigrant integration experiences.

Pre-Interview Instruction:
- spend some time in relaxing the interviewee by briefly introducing yourself, and ask the interviewee to do the same
- have little bit of conversation to set the mood so that the interviewee can open up for the interview
- get the informed consent signed by the interviewee
- remember to explain the participant about the purpose of this study, briefly explain how this study will work, and that this interview will be audio-recorded and transcribed for data analysis
- go over the details outlined in the informed consent together
- during this process, I should have had all questions answered to the participant’s satisfaction

-NOTE: Remember that this is just an interview “guide”. The conversation should flow naturally, rather than as a formal interview.

Semi-Structured Interview Questions:
1) Ask participant about their immigration background:
   -Probes:
     ● Which country are you from?
     ● When did you immigrate to Canada? Under what category did you immigrate as?
     ● What is your age (or range of age – e.g. 30s or 40s)?
     ● What made you want to immigrate to Canada? (motivation/reason for deciding to immigrate) Why specifically Canada?
     ● What was your first impression of Canada? (e.g. regarding Canadian population in general, health care system, social services and etc)
     ● How were your settlement experiences? Did you take advantage of any of the government services and assistances offered?
     ● What was your most positive experience since coming to Canada?
     ● Did you experience any difficulties during or since immigration? What did you find most difficult in the immigration process?
     ● Are you currently working?
       -If yes, is it the same industry/field that you used to be employed in your home country?
- If no, are you currently looking for work? What industry were you employed prior to immigrating to Canada?
  - Has your previous education from your home country been helpful in finding employment or at work?
  - Did you receive any education in Canada? If yes, in what ways did it help your experience in Canada?

2) Immigrant’s experience in making everyday food choices:
- Probes:
  - How do you make everyday food choices?
  - Are there particular things you consider when making food choices? (e.g. budget, nutrition, weight maintenance etc) If so, how do those factors influence the way you eat?
  - What are your favourite meals? Why are they your favourite?
  - Do you cook your meals?
    - If yes, how often do you cook and what do you cook? What are your most favorite ingredients to cook with?
    - If no, what do you consider as barriers to cooking? And how do you substitute your meals?
  - Do you consider yourself as someone who make healthy food choices? Why or why not?
  - Do you know about Canada’s Food Guide? Have you heard of it?
  - Do you ever use Canada’s Food Guide to make dietary decisions?
    - If yes, in what ways?
    - If no, why not?
  - How much do you know about the Canada’s Food Guide?
  - What do you consider as most difficult/challenging part in making everyday food choices?
  - Is there any particular aspect you enjoy the most in making food choices?
  - Would you be able to describe your typical meals? What do you usually eat for breakfast, lunch, and dinner these days?
  - Referring to the dietary pattern described above, is it different from the type of meals you had back in your home country?
    - If yes, how are they different?
    - If no, how are they similar?
  - Are you familiar with where to get, and how to work with local ingredients in Canada? Were there any particular ingredients which were unfamiliar to you?
  - Do you still cook your traditional ethnic meals? Why or why not?
  - Do you think changes to your dietary pattern has an influence in the way you define yourself? (e.g. your identity etc)
  - What does your ethnic food from your home country mean to you and your family?
  - For younger participants: Have you ever experienced any difficulties or discrimination, because of the ethnic food? (e.g. at school)
3) Social and Cultural Capital:
-Probes:
- Did you personally know anyone living in Canada, prior to immigration? (e.g. relatives or friends)
  - If yes, in what ways did it help/or not help you?
  - If no, do you think it would have made a difference if you knew someone?
- How much did you know about Canadian culture prior to immigrating?
- How did you acquire information about Canadian culture?
- How different is Canadian culture from your own? Did you experience any difficulties in adjusting?
- Other than your family, who are the people that you spend most time with? Would you be able to elaborate on your social network?
- Where did you meet people in your close social network?
- How do you usually get to know new people and make friends in Canada?
- Do you experience any difficulties in getting to know new people? Please elaborate.
- Do you currently have anyone who you can request for help when you are in need?
- Are you involved in any of the ethnic group or communities?
  - If yes, in what ways did it help/or not help your experience in Canada?
  - If no, do you think it would have made a difference in your settlement experience if you were involved?

4) General Health management:
-Probes:
- how are you managing your overall health? Do you experience difficulties in managing your health? If so, what are the barriers?
- do you feel burnt out? If so, from what?
- Do you have any health concerns?
- Do you have a family doctor?
- How often do you visit the clinic?
- What is your general experience of health care system in Canada?

Physical Activity:
- do you exercise frequently? What kind of exercise?
- Did you exercise frequently before immigrating?
- has your perception towards adequate levels of exercise changed since immigration?
- out of healthy eating and engaging in physical activity – which one do you think is more Important? Or both?
5) Economic Integration: Work-life balance, discrimination
-Probes:
- how is your general experience in searching for job?
- for those who are still looking for job: how are you searching for the job opportunities?
- Was there anything in particular you found helpful during your job search process?
- Have you experienced any challenges or barriers?
- how do these challenges related to economic integration interfere with your health management? (e.g. healthy eating, physical exercise, regular check-up with doctors etc)

For participants that are currently working:
- can you tell me about your work?
- How did you find out about the job? Would you walk me through your job search process?
- How are you managing work-life balance?
- do you feel burnt out?
- do you sometimes feel that you have to work harder than the native-born Canadians?
- have you ever experienced discrimination at work? Was it direct or indirect?

6) Neighbourhood Environment:
-Probes:
- Please describe your neighbourhood:
  -Are there many community centres or social service centres?
  -Are there many restaurants or fast-food chains?
  -Are there large grocery stores or supermarkets?
- How is your experience in your neighbourhood? What was your first impression and did that impression change as you lived there longer?
- Why did you choose to settle in your current neighbourhood?
- Do you have people from the same ethnic background living in your neighbourhood?
Appendix IV: Research Ethics Approval Form

Western University Non-Medical Research Ethics Board
NMREB Delegated Initial Approval Notice

Principal Investigator: Dr. Tracey Adams
Department & Institution: Social Science/Sociology, Western University

NMREB File Number: 108396
Study Title: Exploring the role of food literacy in shaping immigrant integration experiences in Canada

NMREB Initial Approval Date: February 07, 2017
NMREB Expiry Date: February 07, 2018

Documents Approved and/or Received for Information:

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<th>Document Name</th>
<th>Comments</th>
<th>Version Date</th>
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<td>Received January 26, 2017</td>
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<td>Recruitment Items</td>
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<td>Other</td>
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The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.
Curriculum Vitae

Name: Eunjeong (Eugena) Kwon

Education: Western University
2014-2020 Ph.D. (Sociology/Migration and Ethnic Relations)

Honours and Awards:
CRDCN Emerging Scholar
Canadian Research Data Centre Network (CRDCN)
2019

Globalink Research Award (Declined the award in lieu of tenure-track faculty position)
Mitacs Canada
2019

SSHRC Top 25 Storyteller Finalist
Social Sciences and Humanities Research Council (SSHRC)
2018

Enviro Mushroom Farm of Excellence
KCSF Scholarship
2018

CPS Best Student Paper Award
Canadian Population Society (CPS)
2018

Social Sciences and Humanities Research Council (SSHRC) Doctoral Fellowship
Government of Canada
2017-2019

Ontario Graduate Scholarship (Declined the award for 2017-2018 in lieu of SSHRC)
Government of Ontario
2016-2018

Shortlisted for 9th annual RBC Top 25 Canadian Immigrant Award (One of the Top 75 finalists)
Canadian Immigrant Magazine and RBC Royal Bank.
2017
Inter-university Consortium for Political and Social Research (ICPSR) Scholarship
Robert Wood Johnson Foundation
2017

Epidemiology and Population Health Summer Institute at Columbia University (EPIC) Scholarship
National Institute for General Medical Sciences
2017

Best Graduate Student Paper Award
Centre for Population, Aging and Health (CPAH)
2017

Faculty of Social Science Graduate Thesis Research Award
Western University
2016

Work, Professions and Occupations (WPO) Cluster Best Student Paper Award
WPO Cluster-Canadian Sociological Association (CSA)
2015

Outstanding Graduating Sociology Student Award
Canadian Sociological Association (CSA)
2015

Faculty of Social Science Dean's Recruitment Scholarship
Western University
2014

Al and Frances LaPorter Award
University of Toronto
2011

University of Toronto Staff and Faculty Admission Scholarship
University of Toronto
2007

Queen Elizabeth II Aiming for the Top Scholarship
Government of Canada
2007
Related Work Experience:
Assistant Professor
Department of Sociology, Saint Mary’s University
2019-current

Sessional Instructor
Department of Sociology, Western University
Spring 2019

Research Assistant
Department of Sociology, Western University
2017-2019

Teaching Assistant
Department of Sociology, Western University
2013-2017

Publications:


*S*Winner of the Work, Professions and Occupations (WPO) Cluster Best Student Paper Award, Canadian Sociological Association (CSA)*