Published in final edited form as:

J Transcult Nurs. 2012 April ; 23(2): 124–133. doi:10.1177/1043659611433872.

The influence of *marianismo* beliefs on physical activity of immigrant Latinas

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Abstract

Purpose—To verify and explicate the impact of *marianismo* beliefs on the physical activity behaviors of immigrant Latinas.

Design/Method—Twenty-eight immigrant Latinas, ages 18–40 years, were recruited to participate in two focus group interviews. Data collection and analysis were driven by Spradley's Developmental Research Sequence (DRS)

Results—Two domain terms were identified: "Life is too fast here" and "The woman is the center of the family". Six included terms and five cultural themes were specified.

Discussion/Conclusions—A combination of *marianismo* beliefs, acculturation stress, loss of social support and conflicts between collectivist and individualist values combine to adversely influence physical activity behaviors of immigrant Latinas.

Implications for Practice—Physical activity interventions for Hispanic women should capitalize on the strengths of the *marianista*, address factors leading to acculturation stress among women and their families and the establishment of bridges of social support among new groups of immigrants.

Obesity and sedentarism have unfortunately become a way of life for many people in the US. In 2007, only 10% of women in the US reported meeting current recommendations for physical activity (USDHHS, 2009). As a group, Hispanic women/Latinas are even less likely to report adequate physical activity (5.8%) and are more likely than other groups of women to report no leisure time physical activity. The acculturation process may inadvertently support such sedentary lifestyles, as levels of both planned and incidental physical activity among Hispanic immigrants decrease dramatically following their arrival in the United States (Unger et al, 2004; Himmelgreen et al. 2003).

Various hypotheses have been advanced to explain the relatively sedentary lifestyles of Hispanic women. One potential explanation is the influence of *marianismo*, a construct that describes the influence of traditional Hispanic cultural beliefs on the gender role identity of Latinas (Stephens, 1973; Gil & Vasquez, 1996). The construct is articulated and understood in many different ways within different spheres of society, but generally stresses the prioritization of familial responsibilities over self-care, self-sacrifice and "elevated motherhood" in emulation of the Blessed Virgin Mary. Because of the tendency to put the needs of others before their own, Hispanic women with strong *marianismo* beliefs (*marianistas*) may be more likely to neglect their own health needs, particularly with regard to health promotion behaviors such as physical activity.

The purpose of this ethnographic focus group study (Latina Interview Project –LIP Study) was to verify and explicate the impact of *marianismo* beliefs on the physical activity behaviors of immigrant Latinas. Young adult women were targeted for two reasons. First, as wives and mothers of young children, women in this age category can have great influence

over the health practices of spouses and children, yet frequently have little time to incorporate physical activity into their own busy schedules. Second, little information is available as to the relative strength of *marianismo* beliefs among younger Latinas, who may be less likely to espouse such traditional cultural belief systems. The study was planned to inform a *promotora*-mediated pilot physical activity intervention for low-income immigrant Hispanic women. The specific aims of the study were to: 1) assess the attitudes, beliefs and preferences of immigrant Hispanic women with regard to physical activity; 2) identify the social and culture-specific barriers to participation in physical activity and 3) use this information to build a physical activity intervention. The LIP Study is an example of Community Based Participatory Research (CBPR) and was carried out in partnership with the Salvation Army.

Background

Physical activity among Latinas

Like most women, Latinas spend less time engaged in physical activity than do their male counterparts (Márquez & McAuley, 2006). In comparison with other American women, Hispanic-American women are less likely to engage in physical activity (Hubert, Snider and Winkleby, 2005; Slattery et al., 2006) particularly formal exercise and planned vigorous physical activity. The use of the term “leisure time” physical activity among Latinas is often problematic. Keller & Fleury (2006) reported Hispanic and African- American women responded negatively to the term “leisure time” and often viewed leisure time as a luxury. D’Alonzo and Sharma (2010) have noted that the term evokes an elitist mindset which is not consistent with the lifestyles of most immigrant women. Some Latinos, particularly those with low acculturation levels, feel that most types of physical activity and sport are unfeminine (D’Alonzo & Fischetti, 2008). Salazar and Jirovec (2000) observed that among Mexican women, participation in physical activity is often confined to younger, wealthier women.

Acculturation process

The acculturation process for many Hispanic American women is characterized by a striking increase in obesity (Wolin et al, 2009) as well as low levels of physical activity and high inactivity (Abraido-Lanza et al, 2005; Unger et al, 2004). The specific effects of acculturation on physical activity behaviors of Hispanic women are not well understood. While acculturation itself may be seen as a normative process of cultural change, acculturation stress may occur during the process of adaptation to the new culture. While some researchers have reported an increase in physical activity among Latinas associated with acculturation, (Crespo et al, 1996; Cantero et al, 1999), it can be argued that this relationship may be mediated by socioeconomic status and education. Socioeconomic pressures and the need to work multiple jobs are major factors that may limit the availability of leisure time for physical activity (Juniu 2000; D’Alonzo and Sharma, 2010).

Marianismo beliefs

Individuals have an inclination to adopt behaviors which are consistent with their specific cultural beliefs and social constraints. A construct referred to *marianismo* describes the gender ideals and code of behavior for Latinas (Stevens, 1973). The Virgin Mary is viewed as the quintessential *marianista* (Gil & Vasquez, 1996; Rivera-Marano, 2000; Cofresi, 2002). In order to accept the *marianista* role, women must acknowledge their destiny as mothers and wives, be prepared to tolerate the demands of motherhood, live in the shadow of husbands and children and support them by all measures needed. Ultimate self sacrifice is the focal point of *marianismo* and a woman’s self-worth is largely measured in terms of what she can do for others. Melendez (2004) has noted that *marianismo* is a psychological

state so deeply imbedded in the Latinas' experience that it persists across educational, acculturation and economic levels. This is partly because within the traditional Latino community, Hispanic women who are strong *marianistas* are revered for their devotion to family. For such women, physical activity is often viewed as a selfish indulgence rather than a health promoting lifestyle behavior (D'Alonzo and Sharma, 2010). Clearly, in order to encourage Latinas to become more physically active, it will be necessary to problem-solve appropriate ways to achieve a balance between responsibilities toward others (*marianismo*) and healthy self-care activities, e.g. physical activity.

Paulo Freire's empowerment model is an example from the "Southern tradition" of community based participatory research (CBPR) theorists. Brazilian educator Paulo Freire originally developed a participatory model of adult literacy (Freire, 1970) to make learning more meaningful for adult learners. His approach sometimes referred to as "popular" or "empowerment" education, later became the basis for community based health promotion programs for oppressed populations throughout Latin America. To Freire, the purpose of education is human liberation, where individuals become the subjects of their own learning, rather than empty vessels filled by teachers' knowledge (Freire, 1973). To promote the "learner as subject" approach, Freire proposed the construct of *structured dialog*, wherein everyone involved in the educational process participates as a co-learner to create a jointly understood reality. This model is particularly appropriate for use in an ethnographic focus group (Freire referred to such groups as "culture circles") study used to inform an intervention.

Research Design and Methods

Setting

The culture circles were held in a Salvation Army center, located in an urban community in central New Jersey. Data from the 2006–2008 American Community Survey (ACS) estimate that approximately 50% of the city's residents are Hispanic/Latino; many of these are new immigrants who arrived since 2000. The center is a popular meeting place in the Latino immigrant community. The pastors of the Salvation Army Corps at the time of the study were themselves Mexican immigrants.

Sample

A purposive sample of 28 women from 14 different Latin American countries was recruited for the study by a key informant who was born and educated in Puerto Rico. The women were all enrolled in a women's leadership program at the center and were purposively selected for their interest in health and fitness issues. Subjects ranged from 18–40 years of age, most were in the US for 5 years or less and had an average of 9.8 years of education. The sample was about equally divided between women who worked outside the home and those who did not. The immigration status of the women was not assessed. Demographic information concerning the sample is provided in Table 1.

Procedure

The protocol was approved by the University Institutional Review Board (IRB) before the LIP Study was initiated. Each participant received a copy of the consent form which included information regarding confidentiality and the right to refuse to participate or to terminate participation at any time. Based on the subjects' availability and data gleaned from preliminary discussions, the sample was initially divided into two groups based upon the subjects' employment status. Each group was then subdivided into two smaller "culture circles" of 6–8 members each. Each circle met twice, either for a morning session (for stay

at home mothers) or an early evening session (for working women). Each session lasted 2–3 hours.

Following informed consent and completion of a demographic data form, the informants participated in an “ice breaker” activity. The informants were then asked to respond to and discuss each of the questions in Table 2. The group moderator, assisted by a co-moderator and recorder, guided the discussion to ensure that all members had an opportunity to contribute. All of the interviews were conducted in Spanish. The moderator utilized broad, opened ended questions to encourage participation from the women and to focus on the emic perspective. Discussions were audio taped by a bi-lingual paid transcriptionist. Two tape recorders were used in the event of equipment malfunction.

Data collection and analysis

Data collection and analysis were driven by the use of Spradley’s Developmental Research Sequence (DRS) (Spradley, 1979). DRS chosen because of the Spradley’s emphasis on the emic perspective. This approach directs the researcher to pay close attention to the informants’ understanding of the meaning of their experiences and is very consistent with Freirian philosophy. The method is appropriate as there is a paucity of research describing the manner in which immigrant women view their health and barriers to wellness (McGuire & Georges, 2003). The DRS is based upon ethnosemantic analysis; the researcher learns about the reality of an individual’s experience through a study of the meaning behind the spoken word. Informants share details of their experiences, while the researcher identifies common beliefs and values that emerge from the data. Because of the DRS’s emphasis on semantics and the fact that the discussions were conducted in Spanish, particular attention was paid to the translation/back translation process when transcribing and analyzing the data.

The steps in Spradley’s DRS and the corresponding methods used in the LIP study are summarized in Table 3. In this study, words that related to women’s roles and responsibilities, forms of habitual and incidental physical activity, barriers to exercise, views of health and stressors associated with acculturation formed the basic semantic relationship used for domain analysis. A taxonomic analysis refined the meaning of each term included within a domain by determining a set of categories that described the attitudes associated with each category. Cultural themes that reflected the participants’ views about the realities of life as a Latina immigrant were then determined (Spradley, 1979).

The moderator, co-moderator, recorders and transcriptionist met immediately after each culture circle discussion session to debrief and then engage in member checking with study participants. The audio-taped recordings were later transcribed into English and back translated into Spanish by the paid transcriptionist in the manner described by Brislin (1986). The results were then reviewed by the research team and informants. Transcripts were checked for accuracy against original tapes and field notes to verify consistency. To ensure adequate reliability and to identify errors and incomplete data, the PI replayed the audiotapes while reviewing a copy of the transcript and clarified any semantic differences with the transcriptionist. Responses were first hand coded and domain, taxonomic, componential and cultural theme analyses were performed. Included terms and themes were developed following member checks with study participants (Creswell, 2009). The PI then recoded the transcripts using computer software (Ethnograph, Version 5.7, Qualis Research). Inter-coder reliability was satisfactory and minor coding, category and theme discrepancies between the two versions were discussed and resolved among the members of the research team and study participants. Triangulation of data sources and member checking were used to assure the validity of the findings.

Results

Two major themes were identified by the PI; these themes correspond to the two domain terms of the LIP study. The first domain term was labeled “*Life is too fast here*”. This phrase reflected the fact that the women were less likely to have worked outside the home prior to immigrating to the US and that work was a major source of stress for them now. The informants lamented the loss of their friends and extended family members who would have been a source of social support for them, especially with the added responsibilities of working outside the home.

All of the women reported participating in more physical activity in their home country than in US. Riding bicycles and dancing were common activities and several of the women had played basketball in their youth. One informant commented:

“I believe that women have less time here to spend in playing and doing activities with the family. It is more difficult here because we live a very fast life.”

While another woman from Nicaragua added:

“It is true. We become less active because we concentrate more on work. When I get home (from work), I just want to rest.”

While the women grieved loss of their previous social support system, they also acknowledged their husbands had difficulty accepting responsibility for domestic duties while their wives worked. None of the women in this study were familiar with the term *marianismo*, but all of them could identify various characteristics of the construct. This led to the development of the second domain term within the study, “*The woman is the center of the family*”.

Within each domain term are included terms and cultural themes which were identified from the transcripts. In this section, the terms and themes are described in detail, along with the participants’ quotations.

Domain term- “*Life is too fast here*”

Included terms

1. *Aislamiento (Isolation)*-Among the women, isolation was commonly noted as a barrier to physical activity. The majority of the respondents were recent immigrants from rural areas of Latin America and they expressed great fear of the urban setting, strangers and the potential for crime. In traditional Hispanic culture, it is expected that married women will rarely interact socially with men other than their spouse or male relatives (Gil & Vasquez, 1996). Since many Latin American immigrants arrive as nuclear families, the women reported feeling very dependent upon their spouse/partner and tended not to venture out into the neighborhood without him. This was particularly the case if the woman did not speak English and/or did not work outside the home. One woman sadly observed:
 “Soy una prisionera en mi casa” (“I am a prisoner in my own home”)
2. “*No tiempo para mí*” (“*No time for me*”)- The relative complexity of daily life and the need to assume multiple unfamiliar roles often lead the women to neglect their own personal needs, including physical activity. Several of the women acknowledged that these **stressors** were greater among undocumented women, who struggled to pay their bills and avoid deportation. The women justified what little time they took for themselves to keep up their strength to be able to work:

“ I need to make sure I get enough sleep because I cannot be falling asleep at work”

3. “ *We don’t think about our health*” - All of the women were aware of the physical and emotional benefits of regular physical activity. At the same time, most of the women were young enough that they had not experienced serious illnesses and tended to disregard the need for health promoting behaviors. Others found it difficult to plan ahead, a skill that was considered essential to remain physically active and to maintain a healthy diet:

“That is the problem, we don’t plan anything. ...sometimes I may want to eat a pear, an apple or a banana, but I just don’t have time to wash it and prepare it to eat”

Cultural themes

1. “*Living in America*”- It was clear that the majority of the women struggled with adaptation to life in the US. Only a few of the women in this group attended English as a Second Language (ESL) classes and virtually none had contact with English speaking persons. Even those who had lived in the US for a longer period of time appeared to have ambivalent feelings about their host country:

“ I tell my daughter who still lives in Puerto Rico that if I had come young to the US, I wouldn’t have had babies. The system here is that the woman has to get up at 5am, rain or shine, take the children to school and then go to work, then pick up the kids, do household chores and everything. This is too much for women.”

2. “*Making the day longer*”- All of the women expressed feelings of role overload associated with their lifestyle. They had more tasks to do and less help with which to do them than in their home country. At the same time, the women felt an overwhelming need to make money to support their families, both here and at home. This cultural theme came directly from a statement made by one of the informants. Faced with a multitude of daily tasks that interfered with sleep, healthy eating and physical activity habits, she lamented:

“ I wish there was a way to make the day longer, but there is not”

Domain term- “*The woman is the center of the family*”

Included terms

1. “*Family is a priority for me*”- The strongest responses from the women in each group centered around this theme, that a woman’s primary responsibility is to attend to the needs of her family. The activities of other family members take precedent over the women’s interests, so that much of a woman’s free time is spent helping with the children’s homework, making phone calls to check on relatives and talking to her husband about his day. Indeed, most of the women saw their value to society primarily in terms of their ability to promote the health and well-being of their husbands and children. One young mother from Mexico summed up this included term in her statement:

“Women are not only the foundation of the marriage, but also of the raising and development of the children and society.

Another woman admitted that this devotion to husband and family clearly stood in the way of personal time for physical activity:

“If I go spend an hour at the gym (I would love to go), I feel I am robbing time from my children”

The combination of *marianismo* beliefs, socioeconomic pressures and a lack of social support appeared to further impact a women's ability to participate in physical activity:

"In Latin America, sports such as volleyball are practiced all the time (by women). However, most of the women don't work. Here in the US, where the women work, it is mostly kids or husbands who play sports and the women watch."

2. "*Women's work and men's work*" - many of the women felt that they engaged in a great deal more role overload than did their husbands. No matter what type of job a woman held outside the home, she was still expected to prepare dinner before her husband arrived home, deal with picking up the children from school, arranging their activities and keeping the house clean. These tasks left little time or energy for physical activity:

"*There is no physical activity because I get home very tired, cook, clean and then I want to rest*"

Although many women reported their husbands did not help with household tasks and childcare, others indicated they did not expect them to do so and were grateful "if they do not interfere". Still others relied on their faith to give them the sustenance they needed to accomplish all of their tasks independently:

"My boyfriend's name is Jesus Christ. He helps me and is my strength."

3. "*Low self-esteem*". Several of the women mentioned that growing up, they were taught not to expect much from life and that it was more important to give than to receive. As an adult, they came to believe they didn't deserve to be treated well or to be concerned about their health. One woman who survived an abusive relationship noted:

"We women have been raised with a very low-self esteem because we saw our mothers only doing housework, cleaning and cooking. So we grew up and thought that was all we needed to learn. Women like this don't understand the need for personal growth."

Cultural themes

1. "*Women change but men don't*" - Notwithstanding the changes associated with the acculturation process, the women generally felt they were adapting more positively to life in the US than were their husbands/partners. Although they were quick to note the differences between life here and in their home countries, none of the women verbalized a strong desire to return home. In fact, they readily seized opportunities to help them adapt to their new lives:

"We had the opportunity of leaving our countries. Then we should do everything possible to prosper and do better wherever we go."

In contrast, the women reported their husbands/partners were often nostalgic for their former way of life. Some of the respondents indicated their husbands/partners felt threatened by their wife's employment, her style of dress or by the presence of new female friends. The frustration of the women as they began to experience a newfound sense of empowerment can be heard in this woman's response:

"If we come to this country and have to get used to life here, then the men should do the same"

2. "*A woman makes a man what he is*". Curiously, although many of the subjects complained about their husbands' behavior, they also felt it was their responsibility

as wives to make the men change. Just as women must teach their husbands about the need to help with household duties and childcare, the women also felt the need to set a good example for health habits by encouraging their husbands to go for a walk with them. A few of the subjects commented that American women seemed to be fairly successful in molding the behaviors of their husbands/partners. One of the older women in the group, a social worker from Puerto Rico, summed up her feelings about the influence of women on their husbands by saying:

“We are the oil that keeps the home running. A woman makes a man what he is. We need to know our identity, that we are special”

3. “*Our mothers*”- All of the women interviewed indicated they had no female role models for healthy physical activity as children. In fact, they rarely saw their mothers engage in any leisure time activity:

“I think the fact that we were not taught or guided into an active lifestyle as children is a big reason why it is so hard for us now. My mother was not a woman to take time to exercise. She told me that after she had her three children, she would mop the house three times per day to lose weight. ..I think this influenced me and probably all of us here”

Discussion

The results of this study suggest that, consistent with the cultural construct of *marianismo*, immigrant Latinas routinely prioritize family responsibilities above their own health needs, leaving little time for physical activity. These data support findings from previous studies (Cofresi, 2002; Jezzini, Guzman & Grayshield, 2008) which emphasize the potentially deleterious effects of *marianismo* beliefs on an immigrant woman's health. However, the complex nature of the construct has implications for its application in contemporary US society.

In her seminal work on the construct, Stevens (1973) noted that within Hispanic culture *marianistas* are judged to be morally and spiritually stronger than men. Such women are highly respected within the Latino community and their status is comparable to that of a martyr. One criticism of Stevens' work that is particularly pertinent here is that she based her research on observations of middle-class Latin American women, not the indigenous poor and working class who make up the majority of immigrants to the US. These aspects of *marianismo* may reflect a post-colonial cultural mindset that has served to benefit and protect wealthy Latin American women and afford them the luxury of some leisure-time activity. However, this lifestyle is not an economic reality for most immigrant Latinas. In a study of mid-life immigrant women, D'Alonzo and Sharma (2010) reported that the Latinas in a Photovoice study took on a series of low paying jobs in order to finance their children's college tuition, a situation the authors referred to as the “*nuevo marianismo*.” Lorch (1996) noted it is when Latin American women immigrate to the US that contradictions in values become apparent and cultural conflicts can occur. Findings from the LIP Study suggest that *marianismo* beliefs are but one of a constellation of interrelated social and cultural factors which combine to adversely influence the physical activity behaviors of immigrant women.

The women in the LIP Study all verbalized frustration with lifestyle changes associated with acculturation and the impact they had on the family unit. Most noteworthy was the experience of role overload associated with the stress of acculturation. Acculturative stress has been defined as the psychological, somatic, and social difficulties that may accompany acculturation and is considered a fundamental psychological force in the process of acculturation (Berry, 1980). Socioeconomic pressures forced the women to seek unskilled or semi-skilled jobs, mostly in the service sector, for which they worked long hours, received

little pay and returned home with little energy for physical activity. This data support previous research findings which identify work as a barrier to physical activity among new immigrants (Easter et al. 2007; Stodolska & Yi-Kook, 2007). Poor English language skills and undocumented status added to the stress of acculturation. The responses of the women suggested that they were adapting to acculturation at a faster rate than their husbands/partners, which resulted in more domestic discord. It is easy to see how adaptation to a new way of life took precedence over engaging in forms of leisure time physical activity. As one respondent declared:

“ We have so many things to think about. I know that exercise is important, but it is not an emergency.”

Compounding the stressors of acculturation was the loss of social support from extended family and friends that the women experienced with immigration. Social support has been identified as an important determinant of exercise behaviors (Evenson et al, 2002; Resnick et al, 2002). Berkman (1995) has noted that social support may be directly related to exercise activity through informational or emotional activities, but it may also involve instrumental activities such as babysitting. Many of the women in the LIP Study indicated they had been accustomed to having relatives and friends who lived nearby take turns watching each other's children. This freed them up to pursue walking, bicycling and other physical activities. As immigrants, the barriers of inadequate financial resources to hire a babysitter, strong *marianismo* beliefs about prioritizing family before yourself, and limited maternal social support combine to discourage participation in physical activity. One pregnant young woman, who had been an avid athlete in her youth, sadly noted:

“ My husband is the only provider for the family, so this makes it(exercising) difficult. I cannot have someone else care for my daughter so that I can go out and exercise.”

Another change which immigrants encounter in the acculturation process is the transition from a collectivist to an individualist society (Hofstede, 1980). Throughout much of Latin America, there is an emphasis on collectivism, or the subjugation of individual aspirations to group goals. In these societies, interdependence and group success are valued, along with adherence to norms and respect for authority/elders. Such values are in marked contrast to the characteristics of an individualist society, as epitomized by the US, where individual success, autonomy, self-expression and personal choice are admired. Given the collectivist orientation of many Latinos, it is not surprising that the women in the LIP Study expressed such feelings of isolation living in the US. Health care professionals in the US may unwittingly attempt to impose such individualistic values upon Hispanic women through such statements as, “ You need to take better care of your own health and worry less about your family” or “How can you expect to be there for your family if you don't take care of yourself ?” Latina immigrants who are acculturating to life in the US may struggle with reconciling such statements with cultural directives about being a “*buena madre*” (“good mother”). One participant, describing her conflicting feelings about taking an exercise class, told the group:

“I feel as though I am damned if I do and damned if I don't”

The findings of this study suggest that it is the interaction of *marianismo* beliefs, acculturation stress, loss of social support and the conflict between Latin American collectivism and U.S. individualism which combine to adversely influence the physical activity patterns of immigrant women. The proposed relationship between these factors and their effects on physical activity behaviors among immigrant Hispanic women is depicted in Figure 1.

Implications for Practice

The data from the LIP Study are rich in implications for the design of physical activity interventions for Hispanic women. Such interventions can capitalize on the strengths of the *marianista*. As the center of the family, Latinas are the gatekeepers of their family's health and are ideal candidates to serve as role models for physically active lifestyles. Whenever possible, physical activity interventions should target the family unit and address pragmatic concerns including babysitting, transportation and the availability of sites in the local neighborhood. They should also include culturally appropriate forms of physical activity, which may include dance for women or soccer for men.

Daily bouts of physical activity for all family members can be seen as one component of an overall "culture of health" in the home. Health care professionals working with Latinos should be aware of the physical and emotional toll that immigration can take on health and develop programs which address the factors leading to acculturation stress among Hispanic women and their families. Building "puentes" (bridges) of social support among groups of new immigrants can be one way for Hispanic women to preserve salutogenic health practices such as walking, dancing and other forms of physical activity from their home country. These connections can be cultivated by Hispanic community based organizations (CBOs) in cooperation with nurses and *promotoras*/lay community health workers.

Further efforts should be directed at providing emotional and social support for immigrant men undergoing acculturation stress. Health approaches which emphasize selective biculturalism (Lagana, 2003) show great promise to reduce stress and promote health among immigrant women and their families. Using the framework of selective biculturalism, Hispanic women can participate more fully in society and gain a sense of personal, interpersonal and collective empowerment that moves beyond the *marianismo* model.

Limitations

Although the informants in the LIP Study could readily identify with aspects of the concept, none of the women were familiar with the word "marianismo" itself. This is not surprising because the term was coined by a researcher (Stevens, 1973). For this reason, the PI did not introduce the word *marianismo* into the focus group discussions, but deliberately chose instead to refer to features of the concept that were readily recognizable by the informants. A potential danger in this type of representation is that the researcher may misinterpret the meaning of certain behaviors in an attempt to fit them into his/her own view of the cultural system or may invest the construct with greater significance than it actually possesses within the culture. This is particularly true in Spradley's ethnosemantic analysis, where great attention is placed upon the informants' understanding of a given word or expression. To avoid this situation, the PI discussed her preliminary findings with the key informant and selected group members who later confirmed her interpretation of the cultural meaning of the women's self-sacrificing behaviors.

As noted, the construct of *marianismo* is articulated and understood in many different ways within different spheres of society. This study was conducted by a U.S. born, non-Hispanic female investigator among low acculturated immigrant Hispanic women from several different Latin American countries. Because *marianismo* is such a value-laden construct, it is possible that the participants may have been reluctant to discuss situations where their personal values clashed with either the perceived views of the investigator or the opinions of other women in the group.

The results of this study suggest that strong *marianismo* beliefs may be one source of acculturation stress for immigrant Hispanic women. Nurses who work in the Latino community need to be aware of the impact of *marianismo* beliefs and work to identify

culturally appropriate strategies to help women reconcile these beliefs with the need to engage in health promoting behaviors such as physical activity. Doing so will ultimately fortify the physical and emotional health of entire family unit, which is the driving force of Hispanic life.

Acknowledgments

The work described in this paper was supported by a Mentored Research Scientist Development Award (1 K01 NR009381) from the National Institutes of Health/National Institute of Nursing Research (NIH/NINR).

The author gratefully acknowledges William A. Vega PhD and Cheryl T. Beck DNSc, CNM, FAAN for their guidance with study design and data analysis issues. Special thanks go to Captains Gerardo and Monica Balmori, Jeanette Lugo and the staff of the Salvation Army, New Brunswick Corps for their assistance in the conduct of the study.

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Figure 1.
Proposed model of social and cultural factors influencing physical activity behaviors of immigrant Hispanic women

Table 1

Demographic characteristics of study sample (n=28)

Variable	Mean (SD)	Range	Number (%)
Age(years)	31.9 (3.10)	18–40	
Years living in the U.S.	5.25 (2.16)	1–10	
Marital Status:			
Married			20 (71%)
With partner			0 (0%)
Divorced			3 (11%)
Single			5 (18%)
Number of children per woman	1.88 (1.41)	0–5	
Worked outside the home			14 (50%) Yes
			14 (50%) No
Country of origin:			
Mexico			
Honduras			7 (25.0%)
Peru			3 (10.7%)
Ecuador			3 (10.7%)
El Salvador			2 (7.1%)
Guatemala			2 (7.1%)
Puerto Rico			2 (7.1%)
Argentina			2 (7.1%)
Chile			1 (3.6%)
Colombia			1 (3.6%)
Costa Rica			1 (3.6%)
Cuba			1 (3.6%)
Dominican Rep.			1 (3.6%)
Nicaragua			1 (3.6%)

Table 2**Culture circle questions**

Session 1

- a. Tell us what a typical day is like for you. Tell us about what kinds of things you do in the course of a normal day.
- b. What do you think it means for you as a woman to take care of your health? What things help you to take care of yourself? What things make it difficult to do so?
- c. How important do you think it is for women to get enough physical activity? How important do you think this is relative to other goals you have for yourself?
- d. Statistics indicate that many Latinas in the US don't get enough physical activity/exercise and that Latinas who migrate to the US become less physically active than in their country of origin. Do you think this is a true statement? Why or why not?
- a. What types of obstacles do you think may keep some Latinas from becoming more physically active?
- b. Do you think it is possible for a woman to take care of her own health (e.g. be physically active) as well as to take care of her family? Why or why not?
- c. What do you think could be done that would help women to become more physically active?
- d. Briefly summarize the findings and feed them back to the group for clarification.

Session 2

- a. What do you feel were the most important issues we talked about last week?
 - b. How do you see that we can address these issues to help you get more exercise?
 - c. What kinds of things can we do to encourage other women like you to become more active?
 - d. A big problem with exercise programs is that people are very interested at the beginning, but it's tough to keep them involved. What kinds of things can we do to do to keep women active?
 - e. What sorts of activities do you think that should be included in exercise classes?
 - f. Are there any particular suggestions that you would like to make? These may include what days, times, length of sessions, etc.
-

Table 3

Spradley's Developmental Research Sequence (DRS)

Steps	Implementation
1. Locating an informant	<ul style="list-style-type: none"> Purposive sampling Key informants Good rapport with informants
2. Interviewing an informant	<ul style="list-style-type: none"> Naturalistic setting "Culture circle" format Interviews tape recorded, transcribed, translated and back-translated
3. Making an ethnographic record	<ul style="list-style-type: none"> Field notes, tape recordings and transcripts
4. Asking descriptive questions	<ul style="list-style-type: none"> Grand tour questions- Tell us about what kinds of things you do in the course of a normal day. Mini-tour question- How important do you think it is for women to get enough physical activity? How important do you think this is relative to other goals you have for yourself? Example question- What types of obstacles do you think may keep some Latinas from becoming more physically active? Experience question- What things help you to take care of yourself? What things make it difficult to do so? Native language question- What does the term <i>marianismo</i> mean to you?
5. Analyzing ethnographic interviews	<ul style="list-style-type: none"> Cultural meaning created by the use of symbols, categories
6. Making a domain analysis	<ul style="list-style-type: none"> Overall term given to a symbolic category. Includes cover term, included terms and semantic relationships
7. Asking structural questions	<ul style="list-style-type: none"> Help to clarify terms already used or develop new categories- Statistics indicate that many Latinas in the US don't get enough physical activity/exercise and that Latinas who migrate to the US become less physically active than in their country of origin. Do you think this is a true statement?
8. Making a taxonomic analysis	<ul style="list-style-type: none"> In depth study of the domain; includes cover term and included terms- Do you think it is possible for a woman to take care of her own health (e.g. be physically active) as well as to take care of her family? Why or why not?
9. Asking contrast questions	<ul style="list-style-type: none"> Distinguish between included terms and their subsets- How did you take care of yourself differently in your own country?
10. Making a componential analysis	<ul style="list-style-type: none"> Reduce each term to a plus or minus value