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Feeding families and influences on healthy eating in Scotland:

findings from a qualitative study

A series of policy documents in the 1990's highlighted the contribution of dietary factors to morbidity and mortality in Scotland. Primary Care was identified as one setting where advice about diet and health eating may be effective[1]. Less is known, however, about attitudes and practices relating to food and feeding in families. This qualitative study explored these issues with couples in social class groups III (skilled occupations), IV (semi-skilled) and V (unskilled) who had primary school aged children.

Key points

- People attach their own meanings and priorities to 'healthy eating' and these affect their everyday decisions about feeding their families.
- Pre-prepared foods were seen, particularly by the women in this sample, as an acceptable way of feeding their families, enabling them to fulfil their perceived obligations as 'mother' and 'wife' and make cooking feel like an achievable routine.
- These 'inconvenience foods' were not necessarily seen as 'proper foods', however. Rather, many interviewees identified a gap between the food they felt they should provide and meals that were realistically achievable.
- The term 'a balanced diet' appears to have many different meanings to different people.
- Achieving balance with regard to food and eating was a complex social and practical accomplishment, involving many demands from within and outside the family, which went far beyond notions of nutrition.
- People may be prevented from making changes to what they eat as they already view their diet as healthy enough.
- The couples in this study seemed to be distancing themselves from the stereotype of the Scottish diet; the current presentation of healthy eating advice in the media may be increasing people's scepticism about expert advice.

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This briefing is a joint publication of CRFR and RUHBC, and marks the beginning of the RUHBC Research Findings Series

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Background

International evidence suggests that interventions aiming to improve nutritional health are more likely to be successful if they are based on a detailed understanding of local customs and structures[1] . The Scottish Diet Action Plan emphasised the message that all sectors in Scottish society should recognise the need to change their diets and know what they have to do to improve their health and well-being. This report also clearly identified a role for health professionals, particularly those working in Primary Care, to give advice to patients. However, a knowledge gap existed in understanding how patients saw the place of healthy eating in their daily lives, as well as what General Practitioners themselves thought about diet and healthy eating, personally and professionally, and what they understood about the perspectives of their patients on such matters.

Study Description

The researchers interviewed couples with children as well as General Practitioners. The part of the study reported here focused on interviews with couples and set out to investigate social and cultural influences on understandings of food, diet and eating in this sample of general practice clients. Interviewees were recruited through three general practices in the Lothian Health Board area which had a DEPCAT (a standard index of deprivation) score of 4 or 5. The general practices had differing list sizes and represented a range of city centre and semi-rural geographical areas. Fifteen couples with primary school-aged children, who were in social class groups III, IV and V and did not suffer from any chronic disease or illness, took part in the study. Although interviewees' incomes varied, these were all evenly spread around the mean household income for Scotland; and all of their parents had been in jobs which fell into the 'working class' category. Thirty in-depth interviews were carried out separately with male and female partners.

As the study aimed to explore questions about healthy eating and healthy eating advice within the wider everyday contexts of food, diet and eating, interviewees were first given the opportunity to talk more generally about food and feeding their families before concentrating on their health concerns. They discussed what they and their families usually ate at home and elsewhere; routines concerning food purchase, preparation and eating; attitudes towards cooking; experiences of family meals and feeding children; gender and eating; influences of time, money and place; the 'Scottish Diet'; and how they viewed healthy eating advice from GP's.

Findings

Who feeds the family?

In the majority of these households the role of 'feeding the family' was still being assumed, somewhat unquestioningly, by the female interviewees. Some said they had always done this and did not think about it much; others said they did not mind assuming this responsibility.

As Rachel commented:

> *It's something I've always done. Even when I worked full time, I still made dinners at night. It meant you had to wait a bit longer, but it was still me, it was me that cooked.*

In many respects the acceptance of this role seemed to be seen by most of the female interviewees as a form of 'caring for' the family, in which looking after health was simply incorporated into the general obligations of 'being a mother'. Any critical comments tended to focus on not enjoying cooking or not particularly enjoying food because they had cooked it. Although it was reported that a few of the men occasionally prepared or helped with a meal, this was often seen as something pleasurable or relaxing for them, or as cooking 'something special', rather than the routine preparation of food for the family.

It was apparent, however, that the women in this sample had to face a number of competing priorities in the course of providing meals for their families and that a concern for health and healthy eating was usually low down on the list. In addition to questions of economy and avoidance of waste, interviewees spoke of trying to provide a 'sit down' meal for their children, as this was seen as part of family life. Even those who found this hard to achieve on a regular basis made statements such as the following:

> *You just get used to it and at the same time they tend to eat a bit earlier than us anyway but come Sunday I will find something that we all eat and we will sit down together and it's quite good but during the week it doesn't happen very often I must admit. (Caroline)*

'Convenience foods'

Many interviewees, both female and male, said they did not feel competent at cooking a meal from scratch and that, sometimes, different family members had different preferences (not just fussy children but also women preferring lighter or less fattening foods). The study found that women's own diets or dieting were yet other 'needs' that had to be incorporated into this equation. Against the background of domestic and work demands, these pressures resulted in an apparently heavy reliance on pre-prepared or 'convenience' foods. One of the ways that many interviewees managed to produce meals on a routine basis was through the use of such foods, commonly frozen foods or cooking sauces to which meat could be added. Using such foods to achieve a 'family meal' that everyone would eat was also seen as an important way to avoid children snacking on less healthy 'junk', such as crisps and sweets. One of the men in the study rationalised his children's preference for convenience foods as follows:

And hopefully as they get older, they will begin to enjoy other foods. They can sit down together and have the same things, but they're still at the stage of having fish fingers, or chicken dippers and they like going to McDonalds – like any kids. But it's just a matter of taking things slowly. (Ted)

Interviewees still expressed guilt that pre-prepared meals or foods were not 'proper' foods. They were regarded as a necessary compromise. Nevertheless, many of them also commented that people should not be too conscious about what they ate or worry about it too much. 'Good' or 'proper' meals were seen to involve having some vegetable component and probably meat; and, ideally, these meals should be 'balanced out' against those which might involve 'bad foods', such as chips and burgers. However, less healthy foods were seen as meeting other family needs, such as keeping the peace! As Gary commented: 'I'm no' going to be a sergeant major and ram it down their throats'.

Getting the 'right' balance

When interviewees reflected on what 'healthy eating' meant to them, the terms 'variety', 'balance' and 'moderation' were often used. Although all interviewees recognised the importance of the relationship between food and health, many believed that you should watch what you eat but not take healthy eating too seriously. As one woman explained:

Well it's very important. You need food to survive. Too much of the wrong food's going to lead to all sorts of health problems. Erm, but you have also got to be relaxed and happy about what you are doing, I don't think it's healthy if you get too fanatical about how much of how many bits and pieces are in every bit of food. Erm, you've got to get a happy balance. (Amanda)

Achieving balance with regard to food and eating was a complex social and practical accomplishment, involving many demands (from within and outside the family) which went far beyond notions of nutrition. Interviewees rarely talked in detail about different nutritional food groups or used scientific terminology. Rather, when speaking of the importance of achieving a 'balanced' diet this was usually expressed in terms of balancing out the 'good' (healthy) and the 'bad' (unhealthy) foods. This implied that a varied diet could be a 'balanced diet', because different food groups, of whatever kinds, were being balanced. Typically, interviewees said that they would 'try and eat a reasonably varied diet which included vegetables and fruit, and only have chips every now and again' (Nicola). In this following example, a male interviewee said that he tried to give his daughter as varied a diet as possible:

as I say, just trying to make her eat as varied as possible really. Erm, we don't have the same thing every night, sometimes chips or something like that. We try and alter it. She's not into eating a lot of vegetables, but she likes salad and that sort of thing, so, we try and give her salad. (Stuart)

Balance was also seen to be achieved over time; periods or instances when interviewees said they ate unhealthily were traded off against times when they tried to be healthy. Interestingly, there was also a notion of an overall family balanced diet, which incorporated all of the family members' likes and dislikes, so that if one person did not eat a certain 'healthy' food, such as fruit, it was possible to assert that other people in the household did.

'You are what you don't eat'

The study found an interesting new perspective being aired by many interviewees when they were asked what they thought about the 'Scottish Diet' and its associated negative press. Here, the media discourse about the poor state of Scotland's diet and the stereotype of the unhealthy chip-eating Scot did appear to be playing a role in how interviewees thought about 'healthy eating'. For instance, many of them constructed their ideas about a 'balanced diet' around the claim that they were not eating chips or other symbolically 'bad' foods, such as fried Mars bars. They then spoke of how the absence or limiting of such 'bad' foods was a form of evidence that their own diets were 'good', or at least better than the stereotype of the bad Scottish diet. As one man commented:

Well again, like you say from the media, we are not a very healthy country. I don't really associate myself with what I see about that because we don't eat a lot of pies, or fry-ups or curries or whatever we want - we just don't eat that sort of thing. Well curries, we do make our curries - but again I don't see myself as having that sort of diet. (Ted)

Healthy eating advice

Although interviewees talked about a range of information and advice on healthier eating in the media and official health promotion sources, they frequently then said they already knew these things, considered their diets to be healthy and did not need any more advice. Many said they felt bombarded by all of this information and tended just to ignore it. Expert advice was seen as often contradictory and this led interviewees to say they preferred to trust their own ideas. Perhaps most importantly, however, they felt that much of the advice in the Scottish media was directed at those people who were eating the stereotypically unhealthy 'Scottish diet'; and, because they distanced themselves from this, they argued that healthier eating advice in general did not apply to them.

Policy implications

- Dietary advice and health promotion campaigns need to take account of the fact that people may distance themselves from messages about healthy eating, which are not perceived to be relevant to them
- People's ideas about 'balanced' diets may be much more complex than commonly understood by professionals in a position to offer advice
- It is vital to grasp the cultural context of eating, recognising that food choices are made in relation to everyday priorities and demands, such as family life

References

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