Perceptions on How Healthy Eating is Defined among Diverse Households

Alyssa Janic

May 2, 2012

Abstract

The objective of this study was to obtain qualitative data about the perceptions of what healthy eating means among diverse households, defining perceived barriers to eating healthy, and identifying any resources to help assess these perceived barriers. Methods used for this study involved conducting qualitative interviews of four women from diverse households who currently have at least one child in the home. The interviews consisted of open-ended questions to encourage elaboration and an interview guide was used to assure consistency. Field notes followed each interview and edge codings were used to compare and contrast the results of each interview. Correlations identified from the edge codings were used to create a code of matrix and then charts and diagrams were developed to further show the significance of the top four themes. Results showed that the participants believe healthy eating is defined as a diet high in vegetables, then fruit, followed by protein and then soy. Results also showed that the media, followed by culture/ethnicity, religion, and family were the main influences on the informants' perceptions of what healthy eating means to them. Food choices were equally influenced by media, culture/ethnicity and family, followed by religion. Eating healthy was of great importance to each household, and financial status was a barrier for only one informant. Three out of the four informants believed that education/knowledge is a key resource needed to achieve healthy eating practices. In conclusion, perceptions on how healthy eating is defined are influenced the most by the media. The media, culture/ethnicity and family have an important impact on food choices in today's society. Financial status has become a decreasing barrier to healthy eating practices. Education/knowledge is a key resource needed to achieve healthy eating practices.

Introduction & Literature Review

This study will examine perceptions of what healthy eating means to diverse households, perceived barriers to eating healthy, and any resources that may help assess these perceived barriers.

This topic was chosen to further explore if the concept of healthy eating is defined differently among diverse households. Not only will this study look at diversity, but also the different meanings of healthy eating between low-income households versus middle or high-

income households. Importance of eating healthy may be different among households with different socio-economic status. In a low-income household, putting a little bit of anything in their stomachs may be more important than what is going into their bodies, whereas a wealthy household may stress the importance of what goes into their bodies since the cost is not an issue.

Low-income households are the focus of this study because they have many perceived barriers to eating healthy. It is reported in a qualitative study that people with low incomes have less healthy diets than higher-income people (Kaiser and Baumann, 2010). This is due to the availability of food in the communities. It was also reported that subjects in a cross-sectional study valued nutrition more than food price (Beydoun and Wang, 2008). With this in mind, there may be more influences and barriers than just price in the food choices of low-income households which needs to be explored further.

In the cross-sectional study "How do socio-economic status, perceived economic barriers and nutritional benefits affect quality of dietary intake among US adults?" the authors found that socio-economic status, perceived barrier of food price, and perceived benefit of diet quality all affect dietary intake, but vary by gender and ethnicity. They also concluded, "Nutrition education is important to promote healthy eating."

In the qualitative study, "Perceptions on Healthy Behaviors among Low-Income Latino and Non-Latino Adults in Two Rural Counties," the authors found that a barrier to healthy eating was the lack of knowledge (Kaiser and Baumann). Participants emphasized the need for resources such as community gardens and community education related to healthy eating.

With reviewing these studies, perceived barriers to eating healthy, and resources to achieving healthy eating practices will be examined further.

Methods

The study population included 4 female informants who participated in qualitative interviews about healthy eating. The three diverse, low-income households were interviewed and compared to the interview of a middle- high income, Caucasian American. These low-income households were culturally, ethnically, or religiously diverse. Each participant had a different ethnic background than the other and contained strong beliefs. Each household had one or more children living in the home and had not taken any nutrition courses. The interviews consisted of seven open-ended questions (in Table 1) about how each person would define healthy eating, the importance of healthy eating in their home, any influences on their perceptions of healthy eating and perceived barriers that may keep them from eating healthy. Formatting the questions to be open-ended questions helped to encourage the participants to elaborate their answers. All the interviews were no shorter than 20 minutes. The majority of the interviews lasted about 45 minutes long. Confidentiality was assured at the beginning of each interview to increase validity of the interview results. A pilot test of the interview guide was done to assure elaboration.

Table 1: Qualitative Interview Guide Questions
1. How would you define "healthy eating?"
2. Tell me about any ethnic/cultural/religious/family influences on your perception of what

"healthy eating" means to you.
3. Tell me about any influences on your perception of "healthy eating" by any other sources. (Do the media influence your perceptions in any way? How so?)
4. How important is eating healthy in your household?
5. What would you consider to be barriers to "healthy eating?" (How do you feel your financial status affects your practices of "healthy eating?") (Would you consider your food choices to be healthy?)
6. What resources do you think are related to achieving "healthy eating" practices?
7. When buying a food, what is important to you?

Informant 1 was a 44 year old Caucasian female with two children; one living in the home and the other away at college. Informant 2 was an 81 year old Indian female living with her children and grandchildren. Informant 3 was a 22 year old Mexican female with two young children living in the home. Informant 4 was a 43 year old Korean female with two young children living in the home. These individuals were chosen because they all have at least one child in the home, increasing the importance of healthy eating practices, and they are of different ethnic backgrounds with different beliefs.

The four interviews were set up at each informant's choice of place. This created a comfortable environment to be interviewed in for each participant. The interviews were set up so that there were no distractions. Many open-ended questions were asked followed by probing questions as seen in parenthesis in Table 1. This allowed each informant to elaborate further

The interview guide was used during each interview to write down the informants' answers and important quotes. Field notes were developed by following the interview guide from each informant's interview. Each field note was written right after each interview to assure accuracy and to decrease the chances of forgetting any important information. Edge codings were written in the margins of the field notes to highlight themes and sub-themes of the study. Correlations were then made by making a chart called the code of matrix (Table 2). This chart shows the similarities and differences in each informant's answers. From the code of matrix, charts and diagrams were developed for the top four themes (Figure 1- Defining a Healthy Diet, Figure 2- Influence on Perceptions of What Healthy Eating Means, Figure 3- Influence on Food Choices and Figure 4- Resources to Achieving Healthy Eating).

Results

The four qualitative interviews of the diverse households found that perceptions of what healthy eating means to them is influenced differently, and affects their dietary choices differently.

Defining Healthy Eating

Each informant defined what healthy eating means to them. As shown in Figure 1, vegetables were first on the list, then fruit, followed by meat, and lastly soy. Informant 1 (44 year old Caucasian female, middle-high income) defined healthy eating to be a balance between protein and vegetables in each meal. Informant 2 (81 year old Indian female, low-income) defined healthy eating to be a diet with fruits, vegetables, real butter, not too much salt, and no animals. Informant 3 (22 year old Mexican female, low-income) defined healthy eating to be a diet high in fruits and vegetables. Informant 4 (43 year old Korean female, low-income) defined healthy eating to be a diet with fruits, vegetables, soy, meat (chicken, tofu, and sometimes beef), juice, fish, candy on occasion, no soda, fast food, or pork.

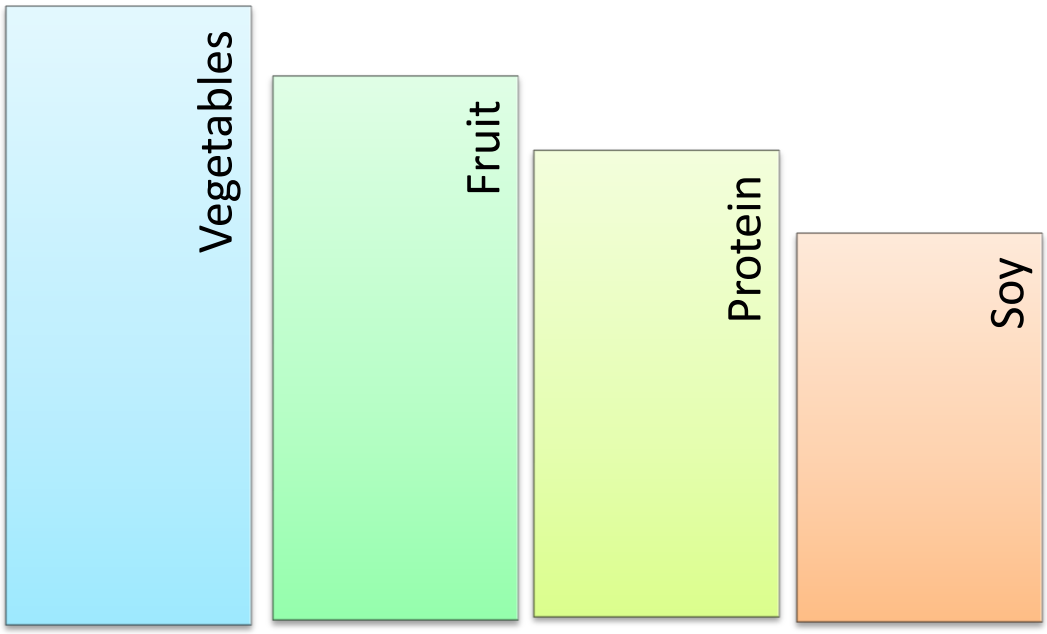


Figure 1: Defining a Healthy Diet

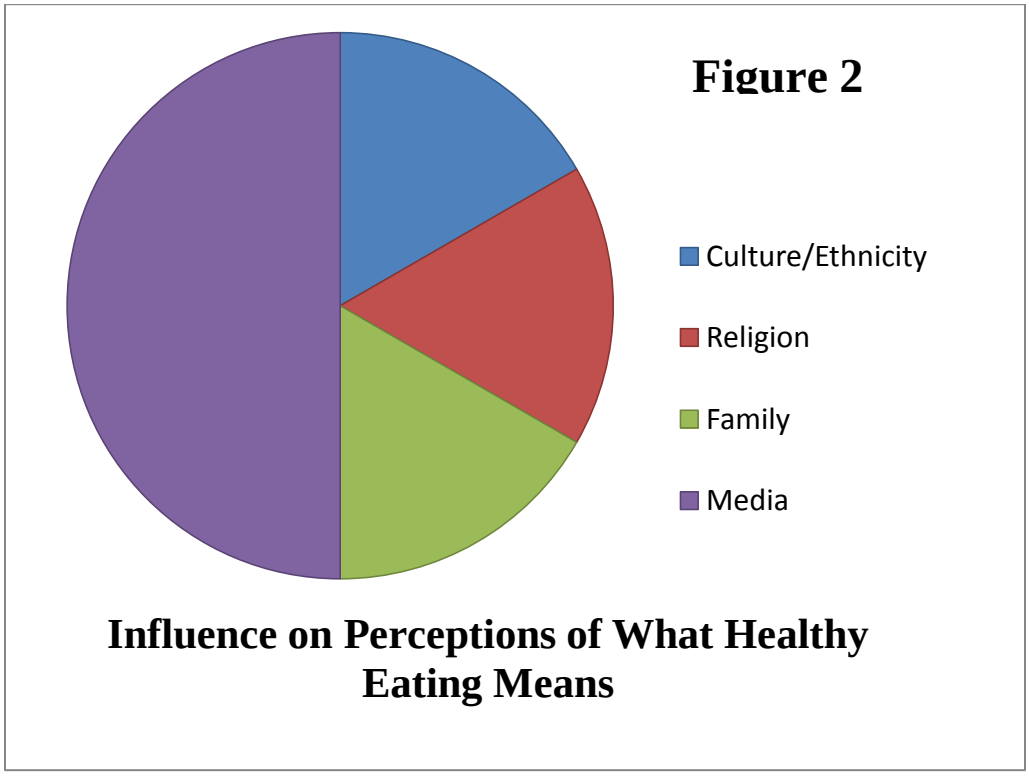
Influence of Perceptions

After assessing what the informants defined as a healthy diet, looking at their influences is important. In figure 2, a pie graph shows that the media is the highest influence on the informants' perceptions of what healthy eating means to them, followed by culture/ethnicity, religion, and family influence.

Informant 1 has no ethnic, cultural, or religious influence on her definition of healthy eating. Her main influence of what healthy eating means to her is from the media (watching Dr. Oz and other informative shows). In informant 2's household, as part of their culture, they tend to use a lot of garlic, ginger, and onion in all their foods. Religion also plays a huge role on her perception of a healthy diet and her household's overall food choices. A healthy diet is defined in Sikhism. She states, "The almighty wants all his children to eat what is grown from the earth, not

the animals." Certain talk shows like, the Drs., influence her perception as well, except when they talk about eating animals.

Informant 3's perceptions are not influenced by her cultural background, family, religion, or ethnicity. Her perceptions of what healthy eating means is influenced by the media through articles and magazines. Informant 4 has no religious influence on her definition of healthy eating; however, her family's dietary practices of eating a lot of fish, homemade smoothies, and never eating outside have encouraged her to do the same with her kids. Eating a lot of fish may have also come from her ethnic or cultural background. Her main influence of what healthy eating means to her is what the online research says about the nutrients in different foods.

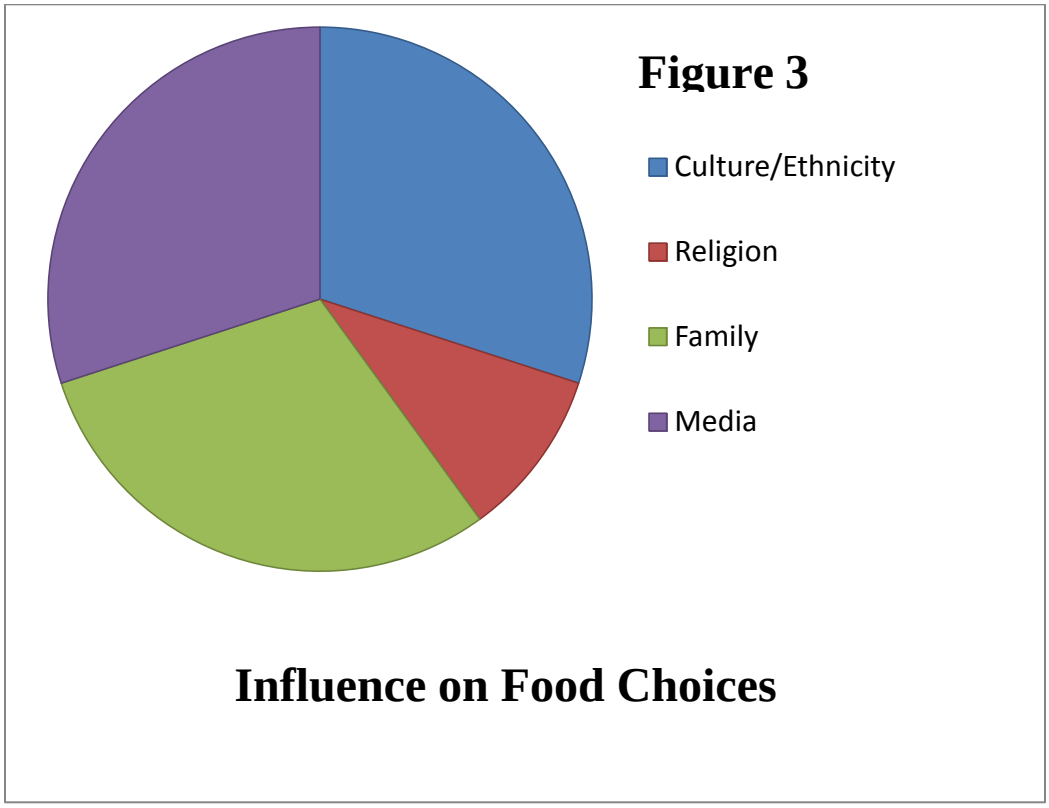


Influence of Food Choices

In assessing perceptions of what healthy eating means, whether or not the informants' perceptions influence their dietary choices is critical. Figure 3 shows culture/ethnicity, media, and family traditions to be influences on dietary choices, followed by religion. Whereas previously discussed, media was the main influence of perception, followed by culture/ethnicity, religion and family influence.

Informant 1's family's dietary habits of sugar, butter and cheese when she was growing up influenced her to branch away from their diet. Informant 2 is strictly against eating meat. Overall, her main influences on her food choices are religion and culture. In informant 3's culture, they consume a bunch of "fattening foods" which has influenced her dietary choices

today. For informant 4 her family ate a lot of fish and made homemade smoothies. She does the same with her kids as a result. Also, what the online research says influences her dietary choices.



Importance of Eating Healthy

The importance to making healthy dietary choices may be higher among a population of female moms because they want to encourage their kids to do so as well. For all four informants, eating healthy is very important to their households. For informant 1, eating healthy is very important; on the other hand, she feels that splurging every now and then is needed to enjoy life. Eating healthy is also important to informant 2's household. They eat fresh, home-made meals that are made every night. For informant 4, healthy dietary choices are very important because she has two young children in the home and she believes that most unhealthy foods cause behavior changes in her kids.

Barriers to Eating Healthy

Making healthy dietary choices may be important to many, but there may be barriers to achieving a healthy diet. It may be finances, time, disease states, disabilities, lack of education about nutrients foods contain, some may not know how to cook or come up with recipes, or have the lack of resources to learn these skills.

For informant 1 fast food restaurants are a barrier for her because it is quick and easy when she is on the go. Her financial status is not a barrier for her household, and she feels as

though her food choices are generally healthy. Informant 2's biggest barrier to eating healthy is her diabetes because she cannot eat too much fruit or other sweets. Although diabetes can be a setback for her, she feels that her overall food choices are healthy. Her financial status does not seem to be an issue for making healthy choices in her household because she does not buy meat or premade foods, which she believes is more expensive than buying vegetables. Informant 3's barriers to eating healthy are "how expensive it gets and how time consuming it is." She feels as though her lack of money affects her eating practices a great deal. She does not feel her food choices are healthy. Having a lack of time to make homemade foods all the time is a barrier to informant 4. Her financial status is not a barrier for her household, and she feels as though her food choices are generally healthy.

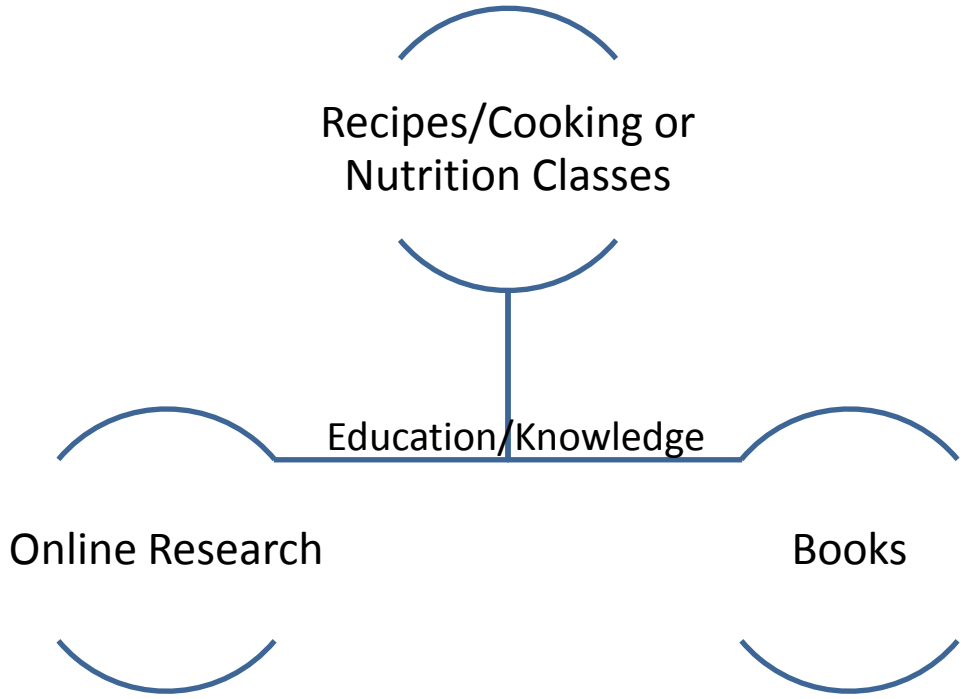
Financial status is a barrier for only one informant and there were three low-income families. Also, this is the only informant who feels her dietary habits are unhealthy overall.

Resources Related to Achieving Healthy Eating

Taking into account the different types of barriers, the informants were asked what type of resources they think are related to achieving healthy eating practices. All the informants came up with different answers.

Informant 1 thinks that doctors, the media, and social influences are resources that are related to achieving healthy eating practices. The resources informant 2 thinks are related to achieving healthy eating practices are education or knowledge of what is "good" and "making sure you know God." Informant 3 feels that having more money, having recipes to look at, and taking hands on cooking classes (being shown how to prepare a healthy meal, not just told what to buy) are resources that would help improve her eating practices. Lastly, Informant 4 thinks nutrition/ cooking classes, books, and legit sources on the internet are all resources that are related to achieving healthy eating practices. Within the different resources the informants came up with, there were many forms of educating materials as seen on Table 2. Figure 4 was created to show the different types of education in order of hierarchy chosen by the informants. Recipes, cooking classes, and nutrition classes were of higher importance than books and online research.

Figure 4



Resources to Achieving Healthy Eating

Importance When Buying a Food

When choosing what to buy at the grocery store, one might pay attention to what is more important to them. This is something to consider when analyzing one's dietary choices.

When buying food, calorie and sugar content is important to informant 1, buying in bulk ("knowing how much you can get for your money") is important to informant 2. Taste, visual appearance, and the ingredients of a food are important to informant 3, and nutrition content is very important to informant 4.

Table 2: Code of Matrix

	Participant 1	Participant 2	Participant 3	Participant 4
Def.-"healthy diet"				
Fruit/Juice		X	X	X

Vegetables	X	X	X	X
Protein	X			X
Soy				X
Influence- perceptions				
Culture/ Ethnicity				X
Religion		X		
Family				X
Media	X	X	X	
Influence-food choices				
Culture/ Ethnicity		X	X	X
Religion		X		
Family		X	X	X
Media	X	X		
Importance-eating healthy				
Very Important to household	X	X	X	X
Not important to household				
Barriers-eating healthy				
Convenience of Fast Foods	X			
Lack of Money (financial status)			X	
Diabetes		X		
Lack of time	X			X
Resources-achieve healthy eating				
Education/ Knowledge		X		
➢ Books				X
➢ Online Research				X

➢ Recipes/Cooking or Nutrition Classes			X	X
Knowing God		X		
Money			X	
Doctors	X			
Media	X			
Social Influences	X			
Importance-buying a food				
Calorie/Sugar Content	X			
Buying in Bulk		X		
Taste, Appearance, Ingredients			X	
Nutrition Content				X

Discussion

Results showed that the participants believe that healthy eating is defined as a diet high in vegetables, then fruit, followed by protein and then soy. Participants of the study, "Perceptions on Healthy Behaviors among Low-Income Latino and Non-Latino Adults in Two Rural Counties," defined healthy eating by referring to the food pyramid (now MyPlate), a list of food groups, individualized diets for individual nutritional needs or health conditions, and a variety/balanced foods (Kaiser and Baumann, 2010). Generally, the definition of a healthy diet is on an individual basis.

Results also showed that the media, followed by culture/ethnicity, religion, and family were the main influences on the informants' perceptions of what healthy eating means to them. Food choices were equally influenced by media, culture/ethnicity and family, followed by religion. In the study, "Perceptions on Healthy Behaviors among Low-Income Latino and Non-Latino Adults in Two Rural Counties," family members being resistant to change are an important barrier for the participants. Marketing of junk foods in stores and on television is also a negative influence on food choices (Kaiser and Baumann, 2010). Overall the media, culture, and family influences the food choices of the participant the most.

Eating healthy was of great importance of each household in this study. Three out of the four informants came from low-income households. Only one out of the three believes that her socio-economic status affects her eating practices a great deal; however, in previous studies financial status is a major barrier. In the qualitative study, a participant expresses the amount of cost with shopping, preparing the food, and cost of the gasoline to get to the store, "Sometimes to save yourself gas or electricity….It turns out more expensive to cook than go out and buy a

hamburger" (Kaiser and Baumann, 2010). Also, in the cross-sectional study, the authors found that socio-economic status, perceived barrier of food price, and perceived benefit of diet quality all affect dietary intake, but vary by gender and ethnicity (Beydoun and Wang, 2008). Financial status may be a barrier to developing healthy eating practices.

In this study, three out of the four informants believed that education/knowledge is a key resource needed to achieve healthy eating practices. In the cross-sectional study, they also concluded, "Nutrition education is important to promote healthy eating" (Beydoun and Wang, 2008). In the qualitative study, the authors found that a barrier to healthy eating was the lack of knowledge (need for help learning how to cook, learning about foods in the US, and how to modify traditional recipes to be healthier). Participants emphasized the need for resources such as community gardens and community education related to healthy eating (Kaiser and Baumann, 2010). This confirms that education and knowledge is believed to be a key resource to practicing healthy eating.

Limitations of this study may be that the study group may not represent the general population. Also, with little data and a little sample size assumptions may have been made.

Conclusion

Overall, perceptions on how healthy eating is defined are influenced the most by the media. The media, culture/ethnicity and family have an important impact on food choices in today's society. Financial status has become a decreasing barrier to healthy eating practices. Education/knowledge is a key resource needed to achieve healthy eating practices.

Besides having more interviews conducted, this study could include more questions and probing questions on the topic at hand. Since financial status is a declining concern to eating healthy, more research can be done on financial status and the effect on dietary choice in relation to knowledge and access to resources.

References

Beydoun MA and Wang Y. How do socio-economic status, perceived economic barriers and nutritional benefits affect quality of dietary intake among US adults? *European Journal of Clinical Nutrition*. 2008; 62, 303-313.

Kaiser BL and Baumann LC. Perspectives on Healthy Behaviors among Low-Income Latino and Non-Latino Adults in Two Rural Counties. *Public Health Nursing*. 2010; 27: 6, 528-536.