

Qualitative Investigation of Differences in Benefits and Challenges of Eating Fruits versus Vegetables as Perceived by Canadian Women

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ABSTRACT

Objective: This study examined the perceived differences in benefits and challenges relating to fruit versus vegetable consumption among a purposive, convenience sample of Canadian women.

Design: This inductive, qualitative study involved 8 semi-structured group interviews conducted by an experienced moderator.

Setting: Interviews were conducted at public health units in southern Ontario.

Participants: Forty-seven women, aged 20 to 44 years, were recruited through existing community programs and newspaper advertisements.

Analysis: The constant comparison method of data analysis was used to identify overarching themes.

Results: Five themes were identified: (1) fruits “fill the gap between meals” (the main benefit); (2) concern about “pesticides and parasites and bacteria”; and (3) “How can something look so good and have no taste?” (main challenges of eating fruit); (4) vegetables make meals “appealing” (main benefit); and (5) the “social” dimension of eating vegetables (main challenge).

Conclusions and Implications: Participants readily described different benefits and challenges relating to consumption of fruits versus vegetables. Tailored nutrition messages addressing perceived differences in the benefits and challenges for eating fruits versus vegetables may be needed to encourage increased consumption of these foods. Further research can determine whether these perceptions are widely held.

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INTRODUCTION

Higher levels of fruit and vegetable consumption have been associated with a reduced risk of chronic disease.^{1,2} Recent provincial surveys have reported that most Canadian adults consume fewer than 5 servings of fruits and vegetables daily.³⁻⁵ The 1990 Ontario Health Survey reported that 56% of respondents ate less than 5 servings of fruits and vegetables per day.⁴ Compared with other age groups, women aged 20 to 44 years were reported to be least likely to consume the minimum recommended number of servings of fruits and vegetables daily.⁴ Increasing consumption of these foods has become a priority in nutrition programming.

In the literature examining factors that influence consumption, fruits and vegetables are typically considered together, as a single food group.⁶⁻⁹ The benefits and barriers to consumption reported by these studies reflect the shared attributes of fruits and vegetables. Few studies have reported perceived challenges and benefits of fruits and vegetables separately.⁹⁻¹² Attitudes, social influences, and self-efficacy have been associated with intention to eat vegetable salad but not boiled vegetables or fruit.¹⁰ Attitudes were not associated with intention to eat fruit.¹⁰ The influence of significant others has been associated with vegetable consumption but not fruit consumption.¹¹ These observed differences were not examined in detail in these studies.

Treiman and colleagues used focus group interviews to examine attitudes and behaviors related to fruit and vegetables among low-income women.⁹ Although this study was not designed to query participants' perceptions of fruits and vegetables separately, some differences in perceptions were reported. The benefits of fruit consumption included ease of preparation, cancer-protective properties, and weight loss. The main benefits of vegetable consumption reported were regularity, healthfulness, and low cost. Cost and selection and

storage difficulty were the main barriers to fruit consumption, whereas rapid spoilage was the main barrier to vegetable consumption. These reported differences were not examined in detail.

Trudeau and colleagues examined differences in demographic and psychosocial predictors for fruits and vegetables in relation to self-reported consumption data.¹² The psychosocial variables measured included belief in an association between diet and cancer, 4 intrinsic and 3 extrinsic motivators of behavioral change (such as “to stay healthy” and “so that people will stop nagging me,” respectively), barriers (ease of eating fruits and vegetables daily and perception of an excess of health recommendations), and attitudes (interest in health messages and importance of food for one's health). Stage of change for adopting high fruit and vegetable consumption was also measured. Higher levels of vegetable consumption were associated with increasing age, being married, and increasing years of education.¹² For men, higher education level was positively associated with fruit intake. For women, fruit intake was positively associated with education and age and inversely associated with body mass index. For women, fruit intake was positively associated with a belief in the importance of diet in one's health. For men, this belief was associated with vegetable intake. Intrinsic motivators were most strongly associated with fruit consumption. Associations between fruit and vegetable consumption and stage of dietary change were stronger for fruits than for vegetables.¹² The use of a random sample and the use of behavior theory to identify variables are the strengths of this study. However, the comprehensiveness of the study findings is limited by reliance on a priori variables and closed-ended questions. The authors do not provide a rationale supporting the selection and definition of variables in relation to fruit and vegetable consumption. A more comprehensive understanding of perceived differences in benefits and challenges of eating fruits and vegetables is required for the development of effective nutrition messages.

This body of literature predominantly reflects the perceptions of American and European study participants. The perceived benefits and challenges to fruit and vegetable consumption among Canadians have not been studied. Consumer research suggests that cultural differences between Canadians and Americans are reflected in their grocery shopping practices and food choices; therefore, research involving Canadian participants is needed.¹³

Nutrition education interventions may be more successful in increasing fruit consumption than vegetable consumption.^{12,14} Ciliska and colleagues reported that the most successful education interventions designed to increase fruit and vegetable consumption achieved increases of questionable clinical significance, mostly attributable to increased fruit intake.¹⁴ Achieving an increase in vegetable consumption may require tailored messages that may arise from research examining differences in perceived benefits and challenges for fruit and vegetable consumption. Based on the Health Belief Model, outcome expectations, such as perceived benefits and

challenges, may mediate behavior change.¹⁵ This study will contribute to our understanding of the perceptions of the benefits and challenges of eating fruits versus vegetables that may influence consumption of these foods among Canadians.

The examination of beliefs and experiences concerning behaviors, such as eating fruits and vegetables, is well suited to application of qualitative methodologies, which enable researchers to collect the richly descriptive data needed for thorough examination of a new and complex area of inquiry concerning human behavior.¹⁶ The objective of this study was to investigate differential perceptions of benefits and challenges relating to fruit versus vegetable consumption. The study focused on Canadian women aged 20 to 44 years, reported to be least likely to consume 5 servings of fruits and vegetables daily.⁴ The inductive approach used in this research allowed relevant themes to emerge from the data.

METHODS

Participants and Recruitment

Women aged 20 to 44 years were recruited through newspaper advertisements and public health department programs in Hamilton, St. Catharines, Brantford, and Oakville, Ontario. This purposive, convenience sampling strategy was used to recruit “best informants”—those who were willing to share relevant experiences about fruit and vegetable consumption in a group discussion.^{16,17} Eligibility (based on sex, age, and willingness to talk about food choices) was determined during a telephone screening interview. Individuals who had a doctor, nurse, or dietitian in their immediate family or diet-related health conditions were excluded because these factors might influence participants' responses. Participants were randomly assigned to a first or second interview scheduled for their community.

Data Collection

An experienced interviewer conducted the 8 semistructured group interviews during November 1997. Two interviews were conducted in each of the 4 locations. A serial interviewing technique, in which subsequent groups generate new data and comment on the aggregate data provided by previous groups, was used.⁶ By exposing the data to scrutiny by other study participants, serial interviewing was used to verify the credibility of the data.^{18,19} A comprehensive form of “member check,” serial interviewing reduces the likelihood of researcher bias by involving participants in the confirmation, adaptation, or rejection of overarching themes.^{18,20,21} The group interview format was constructed to provide a comfortable, nonjudgmental atmosphere in which women with shared characteristics would feel comfortable in expressing their views.^{22,23}

A flexible 4-question interview guide was created to direct the interviews while allowing the interviewer to probe for details concerning different benefits and challenges

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