

# Concepts of Healthful Food among Low-Income African American Women

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## ABSTRACT

**Objective:** Describe beliefs about what makes foods healthful among low-income African American women.

**Methods:** In one-on-one interviews, 28 low-income African American mothers viewed 30 pairs of familiar foods and explained which food in the pair was more healthful and why. Responses were grouped into codes describing concepts of food healthfulness.

**Results:** Nutrient content, physical effects of food, and food categories were used to judge the healthfulness of foods. Fruits, vegetables, and dairy foods were considered the most healthful and starchy foods the least healthful because they were believed to cause weight gain. Beliefs about which foods contain which nutrients and which foods have particular physical effects varied widely across participants.

**Conclusions and Implications:** Participants demonstrated awareness of which foods are healthful but lacked understanding of why those foods are more healthful than others. Knowledge about the health effects of foods may be necessary to motivate individuals to choose healthful foods.

**Key Words:** African American, food choice, low income, nutrition knowledge, nutrition beliefs, nutrition education (*J Nutr Educ Behav.* 2012;44:154-159.)

## INTRODUCTION

Relative to women in other ethnic groups, African American women are at increased risk of diet-related chronic conditions such as obesity, type 2 diabetes, and cardiovascular disease.<sup>1</sup> Socioeconomically disadvantaged African American women are particularly vulnerable to unhealthful diet and diet-related disease.<sup>2-4</sup> A better understanding of the determinants of food choice behavior in low-income African American women would facilitate the development of effective dietary interventions for that population.

A number of models of health behavior assume that the intention to engage in health-related behavior is driven by a cost-benefit analysis of the expected outcome of performing

the behavior. For example, the Theory of Planned Behavior assumes that beliefs about the outcome of a behavior drive intention, which in turn determines behavior.<sup>5</sup> The decisional balance component of the Transtheoretical Model assumes that intention is driven by an assessment of the costs and benefits of performing a behavior: an individual is more likely to engage in a healthful behavior if the perceived *benefits* of doing so outweigh the perceived *costs*.<sup>6-8</sup> Similarly, models of deliberative food choice such as the Food Choice Process Model assume that the decision to eat a particular food is determined by a cognitive process in which the benefits and costs of eating a food are assessed across a number of food-related values, such as taste, price, convenience, and health.<sup>9-11</sup>

Research suggests that considerations of taste, price, and convenience are likely to increase the perceived cost of eating healthful food for low-income African Americans. A number of qualitative studies report a widespread preference among African Americans for traditional African American foods, which are high in fat and salt.<sup>12-14</sup> The relatively lower palatability of more healthful foods may increase the perceived cost of eating them. In addition, limited resources, lack of access, and the inconvenience of preparing healthful foods were also considered barriers to healthful eating by low- and middle-income African Americans.<sup>15,16</sup> More healthful foods are more expensive than less healthful, more processed foods<sup>17,18</sup> and are less likely to be available in African American neighborhoods.<sup>19-21</sup> Lack of availability and higher price are associated with decreased healthful food consumption among low-income adults.<sup>18,22-24</sup> In sum, on price, convenience, and taste, the cost of eating healthful foods is likely to outweigh the benefits.

Considering the effect of foods on health might increase the perceived benefits of eating healthful food and decrease the perceived costs. However, in a number of qualitative studies

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doi:10.1016/j.jneb.2011.04.001

low-income African Americans stated that they were confused about how to eat a healthful diet, and many were not convinced that diet influences health.<sup>16,25-28</sup> According to decision-based models of food choice, it is important that consumers understand the benefits of healthful eating in order to counterbalance the perceived costs that result from considerations of taste, price, and convenience. Although a number of studies have explored social and cultural factors influencing African American food choice, less is known about beliefs related to healthful eating among African Americans.

Standard approaches to measuring nutrition knowledge are limited with regard to understanding individuals' perceptions of the health benefits of eating particular foods. Nutrition knowledge is commonly measured by asking participants to react to nutritional statements, such as eating more vegetables may prevent heart disease.<sup>29,30</sup> Such measures describe the extent to which participants know about or agree with scientifically accepted facts, but may not capture the information people use to make healthful food choices. Other studies have measured beliefs about nutrition by asking participants to define "healthful diet." Sometimes participants are unable to define what constitutes a healthful diet,<sup>25,31</sup> and in other studies participants define a healthful diet as including fresh fruits and vegetables and low-fat foods.<sup>32-34</sup> Both of these methods are limited with regard to understanding how people make healthful food choices. The first method presupposes what information is relevant to individuals. The second method captures information relevant to participants but is problematic because definitions of a healthful diet may be too abstract to inform choices among specific foods.

The goal of the current study was to discover what information socio-economically disadvantaged African American women use to judge the healthfulness of specific foods. To approximate the cognitive processes used when food choice decisions are made in daily life, we elicited beliefs by asking participants to choose the more healthful of 2 foods and explain their choice. To avoid making tacit assumptions about the information participants would find relevant, we used an open-ended question format and

presented women with a wide variety of food comparisons.

## METHODS

### Participants

Participants were a convenience sample of 28 African American women who were aged at least 18 years, caretakers of at least 1 child younger than 18 years, and living in the North Lawn-dale community area of Chicago, which is a low-income, predominantly African American neighborhood. Participants were recruited by flyers posted in schools and childcare centers in the community and word of mouth. This study was approved by the Northwestern University Institutional Review Board, and participants gave verbal consent to participate in the study. Participants received \$50 cash for completion of 3 interviews (data from only 1 interview are reported here).

### Stimuli

A set of 30 pairs of 39 familiar foods was used in the current study (Table 1). Foods were selected from a list of familiar foods generated by a different group of women from the same community. Food pairs were designed to represent a broad range of nutrient comparisons within and across food groups. Of the 30 food pairs, 2 compared drinks (soda, fruit juice, milk) because drinks are a common food category,<sup>35</sup> 9 compared foods within a food group (2 meats, grains, or vegetables), and 19 compared 2 foods from different food groups. Pairs were not designed to have a correct answer, but rather to generate the broadest range of possible responses.

### Procedure

Each pair of foods was written on an index card and shown to participants in a random order. Participants were asked to select which of the 2 foods was more healthful and to explain why. All interviews were performed by the first author and a trained interviewer (SAK) and all responses were audiorecorded. Demographic information was collected at the end of the interview.

**Table 1.** Thirty Food Pairs Used in the Current Study

Cabbage	Crisco oil
Carrots	Hamburger
Fruit juice	Soda
Broccoli	Cheddar cheese
Peas	Chicken
Spaghetti	Banana
Wheat bread	Spaghetti
Apple	Chicken
Apple	Sweet potato
Combread	Margarine
Macaroni	Raisin Bran cereal
Perch	Short ribs
Rice	2% Milk
White potato	Broccoli
Egg	Banana
American cheese	Steak
Chicken	Pot roast
Pork chops	Ice cream
Bagel	Egg
Hamburger	Pork chops
2% Milk	Perch
Chicken	Rice
Egg	Chicken
Lucky Charms cereal	Bagel
Pork chops	Butter
Short ribs	Macaroni
White potato	White bread
Whole milk	Fruit juice
Catfish	Turkey
Orange	Collard greens

### Data Analysis

Audiorecordings were transcribed, with identifying data deleted, and text was entered into QSR NVivo qualitative data analysis software (NVivo 6, QSR International, Melbourne, Australia, 2002). Transcripts were analyzed to discover common themes regarding the attributes of food perceived to be associated with health. Using the constant comparison method of grounded theory,<sup>36</sup> the first author (EBL) developed a set of primary codes to describe the most common explanations for the healthfulness of foods. Secondary codes were also developed for the primary codes to provide more detail regarding participant responses. Using this coding system, 2 authors (EBL and SAK) independently coded all responses, compared coding, and resolved disagreements in coding. Codes that

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