



Diet and public health campaigns: Implementation and appropriation of nutritional recommendations in France and Luxembourg



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ABSTRACT

Based on two surveys – a French and a Luxembourgish one – with in-depth-interviews, this article examines the implementation of nutritional recommendations in two European countries. Each of them has promoted at governmental level a public health campaign regarding food consumption and daily diet. In which way – and by which social categories – are the recommendations taken in and put into practice, and if so, which appropriation processes and interpretations occur? Do the social, societal and cultural differences between Luxembourg and France (as well as within them), in terms of standard of living and dissemination of norms account for differentiated appropriations of dietary incentives? We will first compare the overarching goals as well as the dietary norms these two programs promote, in terms of similarities versus particularities both of the recommendations' content and of the way they are communicated. We will then examine the perception of these norms. The comparison France / Luxembourg shows that socio-cultural logics override national ones: the way in which individuals perceive the recommendations and appropriate them reflect more the social affiliation than the national one; gender and the events of the life cycle, particularly parentality, are also relevant to the reception of dietary recommendations. Transversal to all social milieus and in both national contexts, interviewees operate a selective internalisation of the perceived recommendations in a proactive yet pragmatic posture of personal responsibility. Ultimately, public dietary recommendations are only appropriated if they match people's daily priorities and constraints, as well as the general cultural values of their social milieu. This allows us to conclude to transnational, transversal, plural and distinctive everyday-cultural models of food consumption and differing notions of a "proper" diet.

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1. Introduction

Since the early 2000s nutrition has increasingly established itself in various European countries as a major element of public health policies. The launching at governmental level of the Programme National Nutrition Santé (PNNS) (National Programme Nutrition and Health) in France in 2001, and of the National Action Plan "Gesond iessen, méi bewegen" (GIMB) (Eat healthily, move more) in Luxembourg in 2006 has generated a number of public health campaigns and the dissemination of a series of nutritional recommendations directed at the resident population (for their

assessment, see Escalon, Bossard & Beck, 2009 for France; Alkerwi, Couffignal & Lair, 2013, p. 5 for Luxembourg).

However, while these policies were developed concomitantly in numerous European countries, the work on their institutional implementation but also the appropriation of nutritional recommendations by individuals has rarely been put into European comparison, even less so in the field of social sciences and sociology. The ways how these recommendations are perceived and put into practice have been the subject of research works in specific national frameworks (including Régnier & Masullo, 2009 for France; Smith & Holm, 2010 for Denmark; Reckinger, 2011 for Luxembourg), and these studies tend to emphasize the opposition between an effortless internalization in the most educated categories and forms of opposition in the less educated groups (Smith & Holm, 2010).

Based on two surveys with in-depth interviews as well as

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representative statistical data, this contribution will examine the political implementation and societal appropriation of nutritional recommendations in two European countries, France and Luxembourg. These two countries show sufficient similarities for a comparison to be productive and at the same time some significant differences – notably in terms of demographic and socio-economic structure¹ – in order to determine the effect of different contexts that can be particularly significant when it comes to food practices (Warde, Cheng, Olsen & Southerton, 2007), diet and body weight (Robineau & Saint Pol, 2013). Such a comparison makes sense for the reason the GIMB plan was notably inspired by the PNNS, among other European programmes. Despite having both the same objectives, it is the countries' different size that permits a distinct implementation, and particularly an 'intersectoral' approach in Luxembourg, which takes into account the actors in the field. Such a loop structure would be much more difficult to set up in a larger context. More fundamentally, though, France and Luxembourg constitute two ideal types that allow us to examine differences on the institutional, economic and social level regarding the implementation of public health programmes. These differences suggest significant contrasts in the individual appropriation of nutritional recommendations. In France, the dimensions of its territory as well as its political history have led to the establishment of a centralized system: there is a considerable distance between the centre and the periphery, between the Ministry of Health that launches the policies of the PNNS (at the time the Ministère de l'Emploi et de la Solidarité and local actors. In Luxembourg, by contrast, a geographically small country, there are, in an environment of strong interpersonal knowledge, very few intermediary levels between the centre and the periphery. In addition, France and Luxembourg also contrast on a socio-economic level: while in France the economic crisis has further exacerbated the differences in food consumption and, more generally, inequalities in health, Luxembourg has the highest standard of living of all European countries with fewer social disparities.

In how far and in which way do these differences influence the implementation of recommendations for better nutrition?

Based on this comparison, the article explores the following research question: in which way – and by which social categories – are the recommendations taken in and put into practice, and if so, which appropriation processes and interpretations occur? Do the social, societal and cultural differences between Luxembourg and France (as well as within them), in terms of standard of living, cultural values and dissemination of norms, account for differentiated appropriations of dietary incentives? Which socio-cultural factors and everyday constraints favour a frontal internalisation of dietary recommendations, as opposed to a more creative appropriation or even a critical avoidance? By means of the recommendations issued in the framework of public health, we pose the more general question of *how* and *why* dietary norms are perceived and integrated by individuals.²

2. Methods

Our work is based on a mixed methodology combining an institutional analysis of two national models and a field survey.

The institutional analysis is based on a detailed analysis of the official documents, i.e. documentation of the public policies, reports web sites, guides for the public emitted by the French and the Luxembourgish governments. In regard of the public health policies, we analysed in particular two pamphlets: one issued within the framework of the Programme National Nutrition Santé (PNNS) in France and the other one within the framework of the National Action Plan "Gesond iessen, méi bewegen" (GIMB) in Luxembourg. The 2002 edition of the French pamphlet *La santé vient en mangeant* (Health comes with eating) is the first large-scale communication campaign of the PNNS, whereas in Luxembourg, the 2007 edition of the bilingual French and German pamphlet *Freude am gesunden Essen. Spaß an der Bewegung! / Le plaisir de bien manger et d'être actif!* (Enjoying healthy food, enjoying exercise) is the first nationwide dissemination of the National Action Plan "Gesond iessen, méi bewegen" (GIMB).

The field study was carried out in France and in Luxembourg, involving in-depth interviews, in a socially contrasted sample, among 161 individuals (86 in France and 75 in Luxembourg). Interviewees were recruited in a sample representing the diversity of the categories of the working population from upper, middle and low-income backgrounds, with additional geographical diversity for the French case (recruitment in Paris and in the provinces) and national diversity in the case of Luxembourg (weighting of resident interviewees by nationality). The sample was developed in order to compare different social situations, based on the declared profession, which we have synthesized according to the INSEE's PCS classification (Professions et Catégories Socio-Professionnelles), but also taking into account the standard of living, education, gender, age, the composition of the household and the income of the persons interviewed. After anonymisation, they were submitted to a classical content analysis using, for both samples, the same analytical framework, and a textual analysis (Hyperbase and MaxQDA software). In these qualitative interviews, on the basis of an equivalent interview guide, respondents were asked open questions about their personal assessment of their tastes, their daily eating habits, their sensitivity to and opinion on PNNS and GIMB (in the concrete form of large information campaigns) as well as their ways and reasoning of appropriating and putting those recommendations into practice (or not).

3. Results

3.1. Nutrition as public health policies in France and Luxembourg: institutional differences and similarities

In this section, we will compare the overarching goals as well as the dietary and bodily norms these two policies promote, in terms both of the recommendations' content and of the way they are communicated.

3.1.1. The implementation of two national policies

In a context of a warning issued by the World Health Organisation (WHO, 1997) of a future epidemic of obesity and the adoption of a common health policy framework by the European countries, nutrition has become from the early 2000s on a main focus of public health plans, which has led to the formulation of health targets and subsequently to the establishment and the dissemination of dietary recommendations. In this respect, France and Luxembourg show close similarities.

The French PNNS, launched in January 2001, and the National

¹ In 2014, Luxembourg's Gross Domestic Product per capita was 119,487.934 US \$ (the highest worldwide), whereas France's was 44,331.604 US \$. (

² In our approach, norms correspond to rules and dictates in terms of diet as they are disseminated in public health campaigns, whereas appropriations designate the multiple ways interviewees deal with these injunctions in their everyday contexts.

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