



Research review

Building a framework for theory-based ethnographies for studying intergenerational family food practices



Sanne Siete Visser ^{a, b, *}, Inge Hutter ^{a, b}, Hinke Haisma ^{a, b}

^a Department of Demography, Population Research Centre, University of Groningen, Landleven 1, 9747 AD Groningen, The Netherlands

^b Healthy Ageing, Population and Society HAPS, University of Groningen, Groningen, The Netherlands

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ABSTRACT

The growing rates of (childhood) obesity worldwide are a source concern for health professionals, policy-makers, and researchers. The increasing prevalence of associated diseases—such as diabetes, cardiovascular diseases, and psychological problems—shows the impact of obesity on people's health, already from a young age. In turn, these problems have obvious consequences for the health care system, including higher costs. However, the treatment of obesity has proven to be difficult, which makes prevention an important goal. In this study, we focus on food practices, one of the determinants of obesity.

In recent years, it has become increasingly clear that interventions designed to encourage healthy eating of children and their families are not having the desired impact, especially among groups with a lower socioeconomic background (SEB). To understand why interventions fail to have an impact, we need to study the embedded social and cultural constructions of families. We argue that we need more than just decision-making theories to understand this cultural embeddedness, and to determine what cultural and social factors influence the decision-making process. By allowing families to explain their cultural background, their capabilities, and their opportunities, we will gain new insights into how families choose what they eat from a complex set of food choices. We have thus chosen to build a framework based on Sen's capability approach and the theory of cultural schemas. This framework, together with a holistic ethnographic research approach, can help us better understand what drives the food choices made in families. The framework is built to serve as a starting point for ethnographic research on food choice in families, and could contribute to the development of interventions that are embedded in the cultural realities of the targeted groups.

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Contents

1. Introduction	49
2. Background	50
2.1. Food choice and Sen's capability approach	51
2.2. Food choice and cultural schemas	52
3. Methods: from theory to framework	52
4. Synthesis of the theories	54
5. A theoretical framework for an ethnography on family food practices	54
6. Conclusion and discussion	54
References	56

1. Introduction

In recent decades, the growth in rates of obesity has become a cause for concern. Especially after the release of the report Obesity:

* Corresponding author. University of Groningen, Population Research Centre, Landleven 1, Groningen 9747 AD, The Netherlands.

E-mail addresses: s.s.visser@rug.nl (S.S. Visser), i.hutter@rug.nl (I. Hutter), h.h.haisma@rug.nl (H. Haisma).

preventing and managing the global epidemic by the World Health Organisation (World Health Organization, 2000), much attention has been paid to the rapid rise in the numbers of people who are obese in both the developed and the developing world (Parikh et al., 2007).

In general, the bio-medical approach attributes the rapid increase in the number of people with overweight and obesity to an increase in food choices, to the quantity and the quality of the food produced, and to a decrease in daily exercise (de Vries, 2007). More implicitly, obesity is considered to be the result of rational choices about nutrition and exercise (Thomas, Olds, Pettigrew, Randle, & Lewis, 2014; de Vries, 2007). As a result, obesity and overweight have become highly medicalised, and framed in terms of measurements and interventions which mostly focus on medical outcomes, such as a decrease in BMI, and in the prevalence of associated diseases and other mono-dimensional health outcomes. Health professionals, the media, and policy actors now portray obesity as being out of control and threatening (Craig, 2009; Gracia-Arnaiz, 2010; Moffat, 2010). But defining obesity as an epidemic is too narrow, as framing overweight and obesity in this way does not reflect social and cultural influences, and the implications of these influences.

A range of social and cultural disciplines have investigated the context and the environment in which overweight and obesity develop. These studies especially highlighted the link between food and obesity (Kaufman & Karpati, 2007) and showed food choice is one of the most complex factors which contributes to the development of obesity (Mela, 2001). Thus, in our paper, we have chosen to study obesity issues in context by focusing on the multidimensionality of valued food choice.

The importance of finding alternative ways of looking at food and the body has been emphasised by scholars such as Evans (2006) (see also (Mol, 2007)), who have argued that in daily life people do not consider food and exercise in terms of risks, but instead relate them to meanings and experiences (Horstman, 2010). Several disciplines have attempted to explain food in more social and cultural terms (e.g. Bruss et al., 2005; Counihan, 1999; Fjellström, 2004).

Next to the increasing attention for the social and cultural meaning of food choice, in recent years researchers have also acknowledged that food choice cannot be explained by a single theory (Sobal & Bisogni, 2009). Specifically, they noted that in families food choices are made in —multi-layered contexts|| (Antin & Hunt, 2012; Fan et al., 2015), in which children, parents, and in some cases grandparents build and use their capabilities, meanings and roles within the families' context (Devine et al., 2006; Fan et al., 2015). Still, many studies have approached food behaviour using more traditional decision-making theories (Sobal & Bisogni, 2009), which do not reflect the complexity and, sometimes, the irrationality of food choices. Also a holistic approach in household food studies, which includes multiple generations and includes views on factors both within and outside the household setting, has been missing (Kaufman & Karpati, 2007).

Therefore, to describe and explain food choices in families from a multidimensional point of view, with an emphasis on the perception of choice, we suggest incorporating in a theoretical framework on food choice:

- The functionings, the capabilities, and the freedom/agency (freedoms to choose) of families through Sen's capability approach (Sen, 1999);
- Embedded in the social and cultural context of food choice processes through the addition of elements of the theory of cultural schemas (D'Andrade, 1981).

In this study, we define the family as a unit consisting of children and their caretakers (parent(s) and grandparent(s)).

The aim of this paper is to present this theoretical framework, to examine concepts relevant to the decision-making process in families from a social and cultural perspective, and with a focus on the capabilities (freedom of choice) of families. To understand the functionings, the freedom/agency, and the capabilities of the individual family members (rather than only their food choices), these capabilities should be studied at the family as well as at the individual level, as it may be assumed that family members are always interdependent. The framework can be used for crafting studies from a holistic family perspective.

We have chosen to use the framework of Sen's capability approach for three reasons. First, it provides us with the opportunity to study the valued food choices of the family members, and how these choices affect the families well-being. Second, it allows us to focus on the multidimensionality of food choices, and the related (healthy or unhealthy) food consumption pattern. Third, Sen's framework provides us with insights into how people deal with opportunities and freedom within a context in which there appear to be socioeconomic inequalities. The literature suggests that people with fewer opportunities and lower incomes tend to have less healthy food consumption patterns (Roos, Lahelma, Virtanen, Prättälä, & Pietinen, 1998). We argue that inequalities should be seen not only from a socioeconomic perspective, but also from a more general opportunity and agency perspective (the capability to do or to have (Sen, 1992)). This means that although from a socioeconomic perspective individuals may seem to have few opportunities, social and cultural perspectives should also be examined to help us discern what other factors might encourage people to make empowered choices, or might hinder them in making such choices. We also use cultural schema theory, as it supports us in seeking to understand how families interpret cultural experiences and expressions related to food and health. It defines how a macro cultural meaning system is interpreted on the micro level.

The use of the framework can provide us with insights into health behaviour (in relation to overweight/obesity), the context and the capabilities of individuals, and the need for the development of food behaviour prevention/intervention programs. While the effects of interventions have been studied, there is little research on the perceived need for interventions within society. To ensure that the interventions are useful and have an impact on the individuals for whom they are designed, it is important to frame, contextualise, and interpret the perspective of the people (i.e., the emic perspective) regarding food, overweight, and obesity (Antin & Hunt, 2012). This approach will improve the chances that these interventions will meet the needs of the program participants, and not just the needs of external parties (de Vries, 2007).

2. Background

Currently, 35 percent of adults worldwide (aged 20 and over) are overweight, and 11 percent are obese (World Health Organization, 2014). Studies on the latest trends in obesity show an increase in the share of overweight and obese people in cohorts born since the 1950s (Parikh et al., 2007). Some studies have also provided evidence that particularly in families with a low socioeconomic background (SEB), multiple family members may be obese, as these families tend to consume foods of poor nutritional quality (Wang & Lobstein, 2006). Among younger age groups, health organisations have also found that overweight and obesity are growing rapidly (Onis, Blössner, & Borghi, 2010). There is also evidence that individuals who are obese early in life face psychosocial development problems, as well as a higher risk of having

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