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Research report

Caught in a 'spiral'. Barriers to healthy eating and dietary health promotion needs from the perspective of unemployed young people and their service providers ☆

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ABSTRACT

The number of young people in Europe who are not in education, employment or training (NEET) is increasing. Given that young people from disadvantaged backgrounds tend to have diets of poor nutritional quality, this exploratory study sought to understand barriers and facilitators to healthy eating and dietary health promotion needs of unemployed young people aged 16–20 years. Three focus group discussions were held with young people (n = 14). Six individual interviews and one paired interview with service providers (n = 7). Data were recorded, transcribed verbatim and thematically content analysed. Themes were then fitted to social cognitive theory (SCT). Despite understanding of the principles of healthy eating, a 'spiral' of interrelated social, economic and associated psychological problems was perceived to render food and health of little value and low priority for the young people. The story related by the young people and corroborated by the service providers was of a lack of personal and vicarious experience with food. The proliferation and proximity of fast food outlets and the high perceived cost of 'healthy' compared to 'junk' food rendered the young people low in self-efficacy and perceived control to make healthier food choices. Agency was instead expressed through consumption of junk food and drugs. Both the young people and service providers agreed that for dietary health promotion efforts to succeed, social problems needed to be addressed and agency encouraged through (individual and collective) active engagement of the young people themselves.

Introduction

The number of young people aged 16–24 years in Europe (EU Labour Force Survey, 2012) and the United Kingdom (UK) (Department of Education Northern Ireland (DENI), 2011) who are currently not in employment, education or training has reached record levels. Contributors to young people becoming unemployed include educational underachievement, problem behaviour (Jimerson, Egeland, Sroufe, & Carlson, 2000; Speilhofer et al., 2009), difficult personal and/or family circumstances and poverty (Cabinet Office, 1999; DEL, 2010). Unemployed young people, therefore, constitute a socio-economically disadvantaged group at particular risk of engaging in adverse health related behaviours and associated outcomes (Bell & Blanchflower, 2010; McCoy, Kelly, & Watson, 2007; McDade et al., 2011). Young people, particularly those from socio-economically deprived backgrounds, have a tendency to consume diets of poor nutritional quality (Ball, MacFarlane, & Crawford, 2009; Brown, McIlveen, & Strugnell, 2006; Shepherd et al., 2006). Frequent fast food intake is a marker of less healthy eating habits (Larson et al., 2008). During adolescence, junk food consumption increases (Bauer, Larson, Nelson, Story, & Neumark-Sztainer, 2008; Kerr et al., 2009; Larson et al., 2008) and consumption of fruit and vegetable intake decreases (Larson, Neumark-Sztainer, & Story, 2007) particularly among socio-economically deprived youth (Fraser, Edwards, Cade, & Clarke, 2011). This implies an imperative to consider factors determining food choice in unemployed young people.

Qualitative studies of food choice in young people have tended to focus on the school, home, family and the environment. School-based qualitative studies have implied the importance of the availability of healthy food (McKinley et al., 2005), autonomy (Contento, Williams, Michela, & Franklin, 2007; Stevenson, Doherty, Barnett, Muldoon, & Trew, 2007) and social factors (Contento et al., 2007; Fitzgerald, Heary, Nixon, & Kelly, 2010; Neumark-Sztainer, Story, Perry, & Casey, 1999) in the development of eating habits.

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Qualitative family-based studies conducted in America have also suggested that young peoples' food choices are largely determined by the degree of autonomy afforded to make them (Bassett, Chapman, & Beagan, 2008) and the availability of food in the home (Holsten, Deatrick, Kumanyika, Pinto-Martin, & Compher, 2012). A large proportion of existing qualitative studies of young peoples' dietary health perceptions, however, have sampled under-sixteen year olds (Cullen, Baranowski, Rittenberry, & Olvera, 2000; Holsten et al., 2012; Hunt, Fazio, MacKenzie, & Moloney, 2011; McKinley et al., 2005; Stead, McDermott, MacKintosh, & Adamson, 2011; Stevenson et al., 2007). Those that have considered those aged sixteen plus years (Bassett et al., 2008; Contento et al., 2007; Fitzgerald et al., 2010; Loannou, 2009; Neumark-Sztainer et al., 1999) have emphasised the importance of social factors in determining the food choices. Food consumed outside the home, particularly junk food, can be an expression of independence and a reflection of emerging social identity (Loannou, 2009; Stead et al., 2011). It is during adolescence that social identity develops (Tarrant et al., 2001) with potential to impact upon health-related behaviour (Stewart-Knox et al., 2005). Peers become an important influence upon dietary behaviour (Larson et al., 2008; Larson & Story, 2009; Wouters, Larson, Kremers, Dagnelie, & Greenen, 2010). With this emerging social identity there is likely to be heightened awareness of food and eating where social factors become particularly salient and social cognitive processes may serve to explain food choices, hence, the need to take a broader perspective and explore how young people talk about food and eating, and making food choices in both the social and peer context.

Unlike previously reported qualitative studies which have placed adolescent food choice within the context of the home/family (Bassett et al., 2008; Holsten et al., 2012; Hunt et al., 2011) or school (Contento et al., 2007; Cullen et al., 2000; Fitzgerald et al., 2010; McKinley et al., 2005; Neumark-Sztainer et al., 1999; Stevenson et al., 2007), this research has located young people outside of (the constraints of) these 'imposed' environments and within the community support system where the young people engage socially with peers. It is generally accepted that to better understand health related behaviour and how to encourage change will require the collaboration of those in research and practice (Barker & Swift, 2009). Community service providers have been studied given they are in contact with the young people up to five days a week and in doing so have built trust as well as gained understanding of the problems encountered by the young people in the course of their daily lives. Service providers may potentially play an important role in acting on the young people's behalf in the implementation of future dietary health intervention. Using this triangulated approach, the aim of this exploratory study has been to gain an understanding of determinants of food choice and dietary health promotion needs of young people who are not in education, employment or training. In order to better understand how to encourage healthy dietary behaviour change, theory needs to be integrated within practice (Barker & Swift, 2009). A secondary aim of this exploratory research, therefore, has been to build theory for subsequent testing through quantitative means and from which to inform health promotion practice and policy directed towards encouraging healthy food choice in unemployed young people.

Social cognition models take into account how cognitions interact with and impact upon decision making, motivation and behaviour (Barker & Swift, 2009). Such models, therefore, could enable the translation of young peoples' conceptualisation of food into potential food related behaviour. According to social cognitive theory (SCT), behaviour is motivated by incentives to execute the behaviour including the perceived value of the outcome (e.g. health) and expectancies related to the consequences of the behaviour (Bandura, 1989). Expectancies can be concerned with the perceived consequences (control) over the behaviour and/or competence (self-efficacy) which interact to determine behaviour. The notion of agency is integral to SCT and refers to actions that are executed with intention and forethought (Bandura, 2001). Intention and forethought can be influenced directly (personal agency), by others working on one's behalf (proxy agency) or through working as part of a group of interdependent agents (collective agency) (Bandura, 1997, 2001). That SCT attempts to explain behaviour from conception through to execution renders it a potentially appropriate tool for understanding health behaviour and identifying intervention needs. SCT has been applied previously in survey studies seeking to explain dietary behaviour in young people (Ball et al., 2009; Corwin, Sargent, Rheaume, & Saunders, 1999; Lubans et al., 2012; Reynolds, Hinton, Shewchuk, & Hickey, 1999). Few qualitative studies, however, appear to have used SCT as a framework through which to view and understand dietary health behaviour in young people. This exploratory, qualitative study, therefore, has employed SCT as a lens through which to view determinants and barriers to healthy eating from the perspective of young people aged 16–20 years of age not in education, employment or training (NEET) and their social care providers.

Methods

Ethical approval was granted by the University Research Ethical Committee. The study took place in the United Kingdom (Northern Ireland) during 2011. Contact was made initially with co-ordinators of youth service provider settings who facilitated participation of youth service providers and young people availing of such services. Individual interviews with service providers (study 1) took place before commencement of focus group discussions with the young people (study 2). All of the interviews and focus group discussions were moderated by the same researcher 'JD' a female who was aged in her early twenties at the time of data collection. Prior to commencement of the study, individuals read an information sheet and signed a consent form, whereby they agreed that they understood the aims of the research and were willing to participate.

Study 1 – interviews with service providers

Sampling

Those involved actively and directly in the provision of services directed towards engaging with young people to enable them back into education, training or employment were considered eligible to participate. The resultant sample comprised 7 individuals (6 female and 1 male), 3 of whom were youth project managers and four who were coordinators.

Interview procedure

The interview method has been used to communicate with service providers to enable them to articulate in confidence the meanings they personally attribute to their experiences and to be candid about their experiences in supporting the young people (Arksey & Knight, 1999). Service providers underwent individual qualitative interviews each of which lasted approximately 40 to 60 minutes until no new topics arose. Interviews were held in a quiet room within the organisation centre and conducted by the same researcher (JD). Interviews commenced with open questions which aimed to elicit background information in relation to the organisation: "What is your role here at the centre?"; "What are the demographics of the young people who attend here (gender, age-group)?"; and, "Can you tell me about the various types of programmes offered here?" Topics discussed were: types of health education programmes; main health issues; barriers to promoting health; and, how to promote health in unemployed young people.