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Influences underlying family food choices in mothers from an economically disadvantaged community

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ABSTRACT

Purpose: The purpose of this qualitative study was to explore the perceptions and attitudes that underlie food choices, and, the impact of a school-based healthy eating intervention in mothers from an economically-disadvantaged community. The aim of the intervention was to educate children to act as 'health messengers' to their families.

Method: Sixteen semi-structured phone interviews were conducted with mothers with four receiving a second interview. Interviews were conducted following their child's participation in a six-week after school healthy cooking intervention.

Results: Thematic content analysis revealed four main themes: *Cost and budget influence on food choices*, *diversity in household rules controlling food*, *role of socialisation on diet*, and *improved cooking skills and confidence to make homemade meals.* The interview findings demonstrated the positive influence of the after-school cooking intervention on children and their families in cooking skills, promoting healthier cooking methods and increasing confidence to prepare homemade meals.

Conclusions: The findings demonstrated the wider economic and social influences on food choices and eating practices. Socialisation into, and strong cultural norms around, eating habits were significant influences on family diet and on parental decisions underpinning food choices and attitudes towards the control of food within the family. The intervention was perceived to be successful in terms of improving nutritional knowledge, cooking skills and increasing confidence to make healthy and tasty homemade meals. The study demonstrates the importance of parental involvement in school-based interventions if improvements in healthy eating are to be evidenced at the family level and maintained.

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1. Introduction

Incidence of chronic diseases such as cardiovascular disease, cancer, and diabetes is strongly related to unhealthy behaviours including poor diets, excessive alcohol consumption, and a sedentary lifestyle (Butland et al., 2007; World Health Organisation, 2003; World Cancer Research Fund and American Institute for Cancer Research, 2007). In the UK, 10% of all disability-adjusted-life-years (DALY's) are attributed to poor diet, with direct costs to the NHS of £6 billion related to poor eating habits (Rayner & Scarborough, 2005). Recent government reports (Department of Health, 2004; Wanless, 2004) have emphasised the importance of promoting health-related behaviours, particularly healthy eating, in order to improve health and curb escalating health costs. In the UK in 2011 65% of men and 58% of women were overweight and 24% and 26% respectively were obese (The Health and Social Care Information Centre, 2013). In relation to diet, just 24% of men and 29% of women consumed the recommended five or more portions of fruit and vegetables daily (The Health and Social Care Information Centre, 2013).

There is evidence to suggest that individuals from lower socioeconomic status (SES) groups compared to those of higher SES are more likely to consume high fat diets, low in micronutrient density and lower intakes of fruit and vegetables (Davey Smith & Bruner, 1997; Giskes, Turrell, Patterson, & Newman, 2002; Mishra, Ball, Arbuckle, & Crawford, 2002). The impact of SES on health behaviour is complex with a variety of factors including economic resources, perceived stress, tastes/preferences, discounting of future value, knowledge, and personality factors proposed to explain the relationship between SES and a variety of health behaviours (Cutler & Lleras-Muney, 2010). For example, Cutler and Lleras-Muney (Cutler & Lleras-Muney, 2010) reviewed the relationship between education and a variety of health behaviours concluding that command over resources accounted for up to 30% of the variation in the educational gradient on health behaviours. Knowledge and measures of cognitive ability explained approximately 12% and 18% of the variance of SES on health behaviours, respectively, while

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personality factors and value of the future did not appear to account for any of the variance. Cognitive ability appears to be about how an individual processes information rather than knowledge per se. Higher SES groups may understand healthy eating better in relation to the reasons to eat healthy foods and how to prepare healthy food.

Interventions to improve health behaviours within the family have been less successful in reaching lower SES groups (Attree, 2005; Emmons, 2000). A limited number of interventions have specifically targeted lower SES groups, while published outcomes of locally implemented projects are rare (Witall, Jago, & Cross, 2009). The present study aimed to address this gap by exploring the influences underlying food choices in mothers from an economically disadvantaged community, and the impact of an after school intervention on food choices, confidence and cooking skills. The issues facing mothers are important since women are traditionally more involved with food purchase and preparation. Understanding parents' attitudes towards healthy eating and reasons underlying food choice is important if we wish to assist them in meaningful ways and create more effective interventions.

Qualitative approaches are highly appropriate for understanding complex personal and social issues such as food choice and eating habits and useful when there is little existing knowledge (Dibsdall, Lambert, & Frewer, 2002; Hardcastle & Hagger, 2011; Hardcastle, Glassey, Tye, & Hagger, 2015). There are few qualitative studies that have explored the dietary beliefs and experiences of low SES women (Dibsdall et al., 2002). This study contributes to the research base by exploring the influences affecting food choice made by mothers living in an economically disadvantaged community.

Individual and psychological influences on eating behaviours include knowledge, taste, beliefs, attitudes and confidence. Of these, nutritional knowledge has the most support in the literature as being significantly poorer in low income communities compared with those other attributes hypothesised to be of importance (Buttriss, 1997; Parmenter, Waller, & Wardle, 2000). There is also some evidence of differences in attitudes with higher SES middle class mothers being more likely to limit unhealthy foods in their own and children's diets, in comparison to mothers of lower SES (Hupkens, Knibbe, & Drop, 2000). The influence of taste does not appear to differ by SES group, although generally young people cite a preference for unhealthy food (e.g., fast food) due to the perception that healthy foods are not as tasty or attractive (Evans, Wilson, Buck, Torbett, & Williams, 2006; Shepherd et al., 2006).

Social factors are also likely to influence eating behaviour. One potentially strong influence is that of the family where health behaviours are ‘learned’ and where parents' attitudes and behaviours strongly influence children's health behaviours (Tinsley, 2003; Pearson, Timperio, Salmon, Crawford, & Biddle, 2009). Pearson, Biddle, and Gorely (Pearson et al., 2009) found that parents that consumed a high intake of fruit and vegetables were more likely to have children who also exhibit high fruit and vegetable intake. These findings point to the importance of including parents in interventions aimed at encouraging healthy eating behaviours among children. According to Swinburn et al. (Swinburn, Caterson, Seidell, & James, 2004), the home environment is one of the most important settings for shaping eating behaviours. Furthermore, mothers are likely to be the household food gatekeeper and have a significant influence on household diet and what their families considers appropriate to consume (Reid, Worsley, & Mavondo, 2009; Pliner, 2008; Wansink, 2003). Therefore, mothers, in particular, represent a key target group to explore family attitudes to eating, food purchase and preparation, and also, the effectiveness of school-based interventions that include the household food gatekeeper.

Parents may also play a role in reinforcing health messages and dietary knowledge learned by their children in the school context. The school environment is recognised as an important setting for health promotion interventions and review level evidence demonstrates that school-based interventions can have a positive effect on children's eating behaviour (Van Cauwenberghe, Maes, & Spittaels, 2010). Parental involvement in school-based healthy eating interventions is critical for their success (Peters, Kok, & Ten Dam, 2009; Sharma, 2006). Recent evidence from systematic and meta-analytic reviews suggests that parental involvement in children's weight-related preventive interventions significantly contributes to intervention success rates (Niemeier, Hektner, & Enger, 2012; Hingle, O'Connor, Dave, & Baranowski, 2010; Van der Kruk, Kortekaas, Lucas, & Jager-Wittenaar, 2013) and, that direct approaches. Parental involvement in interventions is also positively associated with adolescents' healthy weight-related behaviour (Golley, Hendrie, Slater, & Corsini, 2011; Hunter, Steele, & Steele, 2008; Peterson & Fox, 2007). However, to date little is known about the nature of parental involvement to intervention effectiveness or the degree to which school-based interventions influence eating behaviours and behaviour change at the family level.

In addition to psychological and social influences, diet is likely to be influenced by the physical environment. For example, cost and availability of food are likely to influence food choices. Evidence suggests that provision of fruit, vegetables and other fresh foods in the local community is poorer in areas of lower SES and that people of low SES rely more on smaller convenience stores where there is less variety and where food prices are often higher than in large supermarkets (Larson, Story, & Nelson, 2009). However, another study found no differences in food availability, accessibility or affordability by SES (Turrell, Blakely, Patterson, & Oldenburg, 2004). Given that cost is a major influence on food purchases (Van der Kruk et al., 2013; Golley et al., 2011) and that lower SES groups are likely to have less disposable income, it's quite likely that healthier (often more expensive) foods may be overlooked in favour of more unhealthy, energy-dense choices (Giskes et al., 2002; Hunter et al., 2008).

In summary, there are likely to be a range of factors that influence food choice and healthy eating of those in lower SES groups including environmental, social and psychological factors. To improve the effectiveness of public health interventions, particularly for lower SES groups, the range of factors that influence food choices need to be identified. Mothers, in particular, represent a key target group to explore such influences because they tend to be the caregiver that is most prominently involved in child food choices including purchase and preparation and, therefore, child food preference. The study aimed to (1) explore and understand the influences underlying food choices and eating patterns in mothers in an economically disadvantaged community; (2) explore the perceived barriers to healthy eating; and (3) examine the impact of an after school intervention on food choices, confidence and cooking skills. We adopted an inductive, qualitative approach to explore the influences underlying food choice, barriers to healthy eating, and, the impact of an after school cookery on food choice and cooking skills among mothers in an economically disadvantaged community. Given the relative dearth of knowledge in this field, particularly in relation to how such interventions are received and the impact on family eating patterns, a qualitative approach in which rich, in-depth knowledge is generated and used to build an evidence base which may be used in the development of subsequent behaviour interventions was considered appropriate. While we recognise that our approach is inductive and knowledge-generating rather than deductive and hypothesis testing, we also acknowledge that the research is not conducted in the absence of prior research or knowledge. We therefore expect that participants will articulate various barriers to healthy eating including time, financial cost, food preferences and lack of knowledge. In relation to intervention impact, we expected participants to develop healthy cooking skills and become more confident at cooking meals from scratch.

2. Methods

2.1. Participants and recruitment

Participants were mothers from a socially-deprived community in Sussex. The study town is one of the most deprived wards nationally

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