



## Research report

Defining food literacy and its components <sup>☆</sup>Helen Anna Vidgen <sup>a,\*</sup>, Danielle Gallegos <sup>b</sup><sup>a</sup> School of Exercise and Nutrition Sciences, Faculty of Health, Queensland University of Technology, Victoria Park Rd, Kelvin Grove, Queensland 4059, Australia<sup>b</sup> School of Exercise and Nutrition Sciences, Faculty of Health, Queensland University of Technology, Australia

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## ABSTRACT

Food literacy has emerged as a term to describe the everyday practicalities associated with healthy eating. The term is increasingly used in policy, practice, research and by the public; however, there is no shared understanding of its meaning. The purpose of this research was to develop a definition of food literacy which was informed by the identification of its components. This was considered from two perspectives: that of food experts which aimed to reflect the intention of existing policy and investment, and that of individuals, who could be considered experts in the everyday practicalities of food provisioning and consumption. Given that food literacy is likely to be highly contextual, this second study focused on disadvantaged young people living in an urban area who were responsible for feeding themselves. The Expert Study used a Delphi methodology (round one  $n = 43$ ). The Young People's Study used semi-structured, life-course interviews ( $n = 37$ ). Constructivist Grounded Theory was used to analyse results. This included constant comparison of data within and between studies. From this, eleven components of food literacy were identified which fell into the domains of: planning and management; selection; preparation; and eating. These were used to develop a definition for the term "food literacy".

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## Introduction

Food is essential for healthy growth and development and has an important role to play in enhancing the quality of life, particularly in the prevention and management of many chronic conditions (World Health Organisation, 2004). Chronic disease prevention requires consistency in both selection of appropriate food and long-term maintenance of healthy habits. The unprecedented increase in diet-related disease has been linked to poor eating habits and a perceived diminishing understanding and skill set around food and its use (Berry, 1990; Bifulco & Caruso, 2007; International Union of Nutrition Sciences, 2005; Lang & Caraher, 2001). However, globally, the food system and the relationship of the individual to that system, continues to change and grow in com-

plexity (Lang, 2003). Individuals must adequately navigate the complex food system to ensure food intake contributes to health.

Consistent diet quality can be difficult to achieve. Food and eating are part of everyday life and hence respond to, and are challenged by, daily changes in individual, household, community, national and global environments (Bisogni, Jastran, Shen, & Devine, 2005; Devine, Connors, Bisogni, & Sobal, 1998; Poulain, 2002; Schubert, 2008; Visser, 1986; Wills, 2005). Maintenance of diet quality requires regular revision and adaptation of food habits in response to these changes. "Food literacy" has emerged as a term to describe the everyday practicalities associated with navigating the food system and using it in order to ensure a regular food intake that is consistent with nutrition recommendations. Its appearance coincides with an increase in the general term "literacy", which is increasingly used to describe the knowledge and skills needed to navigate a range of other societal systems such as health, technology and finance (Frisch, Camerini, Diviani, & Schulz, 2012; Goldney, Fisher, Dal Grande, & Taylor, 2005; Nutbeam, 2008; Organisation for Economic Co-operation and Development).

The emergence of this term may relate to the inadequacy of existing measures to capture the complexity of knowledge, skills and behaviours used to meet day-to-day food needs. Measures tend to either focus on just one element, such as cooking, food skills, eating competence, nutrition knowledge or food preparation (Byrd-Bredbenner, 2004; Caraher, Dixon, Lang, & Carr-Hill, 1999;

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Devine, Farrell, & Hartman, 2005; Fordyce Voorham, 2011; Larson, Perry, Story, & Neumark-Sztainer, 2006; Parmenter & Wardle, 1999; Satter, 2007) or have been developed to describe consumer behaviour for food marketers rather than to describe protective or risk factors for health (Bell & Marshall, 2003; Scholderer, Brunso, Bredahl, & Grunert, 2004). In addition, these measures are based on constructs which individual researchers consider to be relevant, rather than necessarily the targeted individual. Differences between expert and client perceptions of health “problems” are well established (Bond, 2007; Lupton, 2003). It is likely that expert and client identification of enabling and protective factors for diet, such as food literacy, would also differ. Exploring the lived experience of feeding oneself would more accurately reflect individuals’ responses to social and environmental changes in food and eating.

“Food literacy” as a term is increasingly used in policy, practice, research and in the public arena, however, there is no shared understanding of its meaning. In some cases the term “food literacy” is used explicitly, in others it is implicit with the provision of a list of food skills, knowledge and behaviours. Implied components vary greatly and include the language of food, knowledge of its origins, neophilia, food preparation and sustainability (BEST Institut für berufsbezogene Weiterbildung und Personal training, 2006; Department of Agriculture Fisheries and Forestry, 2013; Department of Health, 2010, 2011; European Union Committee, 2011; Gale Smith, 2009; Glickman, Parker, Sim, Del Valle Cook, & Miller, 2012; Kolasa, Peery, Harris, & Shovelin, 2001; National Health and Medical Research Council, 2013; Prime Minister's Science Engineering and Innovation Council, 2010; Public Health Association of Australia, 2009; Queensland Public Health Forum, 2009; Rawl, Kolasa, Lee, & Whetstone, 2007; Reisch, Lorek, & Bietz, 2011; Vandebroek, Goossens, & Clemens, 2007). Practitioners are intuitively working more in the everyday practicalities of using food to meet nutrition guidelines through a closer connection with food. Yet there is little agreement on the set of knowledge and skills required or indeed what the end goal might be. A shared understanding is important in guiding efforts and investment at individual, community and population levels.

The aim of this research was to develop a definition of food literacy, informed by the identification of its components. This was considered from two perspectives: that of food experts which aimed to reflect the intention of existing policy and investment; and that of individuals who could be considered experts in the everyday practicalities of feeding themselves using young people and disadvantage as a case study. Data between and within studies was used to develop a definition for food literacy and identify its components. This method allowed the construct of food literacy to be explored from multiple perspectives in order to empirically define it.

The need for this research emerged from nutrition professionals who were already working in areas which they considered might contribute to food literacy. They were interested in gathering evidence to clarify what their work should focus on and why. The nutritional quality of dietary intake, therefore, was the primary outcome of interest for this research. The design and analysis have been framed within this context. Food literacy is likely to contribute to outcomes beyond nutrition. However, while some of these have been addressed in this research, the design did not allow for them to be fully explored.

## Methods

This research was composed of two studies; the Expert Study and the Young People Study. The design allowed food literacy and its components to be comprehensively examined from multiple viewpoints. Figure 1 describes the sequence of these studies,

the interaction between them and the use of Constructivist Grounded Theory (Charmaz, 2006). As the figure shows, the Expert Study occurred first. From this study, an agreed “expert” definition was developed and food literacy components were proposed. These findings formed the framework for a review of interventions and series of peer debriefings to test their face validity (Cullerton, Vidgen, & Gallegos, 2012; Vidgen, 2011; Vidgen & Gallegos, 2011). The Young People Study occurred concurrently with this review. Data from the Young People Study was analysed independently of the results of the Expert Study. Results were again presented at peer meetings (Vidgen & Gallegos, 2012a, 2012b; Vidgen, Gallegos, & Caraher, 2012). The dotted arrows in Fig. 1 communicate the iterative nature of this research design. Definitive conclusions were not drawn at the end of each study, rather, data from each study were re-examined and compared prior to the development of a final definition and set of components.

### The Expert Study

The first study examined Australian food experts’ understanding of the term food literacy. A three round Delphi was used to explore the level of consistency and consensus in this understanding (de Villiers, de Villiers, & Kent, 2005; Keeney, Hasson, & McKenna, 2001).

Multiple strategies were used to determine the sampling criteria and select participants for the Expert Study. The sequence of these strategies and an overview of the Delphi process are shown in Fig. 2. Informed by key themes represented in the literature, a research advisory team composed of researchers and practitioners from youth, education, health, community and welfare sectors brainstormed who they considered food experts. Secondly, delegates of Home Economics and Health Promotion conferences attending a session on food literacy were surveyed regarding who they thought should be consulted in developing a definition of food literacy. This information was used by a selection panel made up of the primary researcher, her supervisors and a health department senior public health nutritionist, to develop a sampling matrix and list of prospective participants. The sample was made up of participants from nutrition, education, gastronomy, welfare, food production and food industry sectors. Within each of these sectors, the sample included those working in research, practice, policy and advocacy settings. Participants came from all Australian states and territories, had several years’ experience in their field and included people working with Aboriginal and Torres Strait Islanders. During their round one interview, participants were also asked who else they thought should be included in the study. This was used to both confirm the existing participant list and as snowballing to populate areas in the matrix in which the selection panel had been unable to identify suitable individuals.

The first round of the Delphi was a semi-structured telephone interview with the identified food experts. All interviews were conducted by the primary researcher. The average interview duration was 35 min with the range being 19–61 min. They were audio-recorded and later transcribed. These experts were asked: what they thought were the knowledge and skills needed to use foods to meet individual needs, how these were different or similar to those needed to meet nutrition needs; and the applicability of a health literacy continuum to describe these (Nutbeam, 2000). They were then asked about their use and understanding of the term “food literacy”. Round one data was analysed qualitatively using Constructivist Grounded Theory, that is, codes emerged from the data rather than being predetermined (Charmaz, 2006). All interviews were analysed by the first author. Ten percent, or one interview from each sector group, was also coded by the second author then compared and discussed. Themes that emerged for the second author were highly comparable to those identified by the first

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