



Research report

“Sometimes they’ll tell me what they want”: Family and inter-generational food preferences in the food decisions of Singaporean women [☆]



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ABSTRACT

This study examines responses to questions regarding food choices and decisions from 18 focus groups of women ($n = 130$) age 30–55 years living in Singapore. Focusing on the responses to the questions in the interview protocol closely associated with decision making identified several themes. Food choices and eating decisions are composite phenomenon. These composite food decisions reflect flexible, open systems we refer to here as idiosyncratic regimes in which environmental, social, and intra-personal streams of influence are prioritized as individuals generate possible food decisions. Food decisions represent the imagined and actual presence of the “family” and differing inter-generational food preferences. As women attempt to create harmony from the diversity of food preferences they generate idiosyncratic regimes of food and eating reflecting “triadic streams of influence” manifest in the context of everyday contingencies of family and individual life. Recent concern in Singapore on the part of the Health Promotion Board and the Saw Swee Hock School of Public Health at the National University of Singapore regarding the increasing prevalence of diet-related diseases and obesity among Singaporeans provided the impetus for conducting this qualitative study of food and eating among Singaporean women.

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Introduction

Human food preferences and patterns of eating are simultaneously individual and social phenomenon activated in particular environments. Therefore, food preferences and choices always reflect simultaneously social contexts, cultural influences, and environmental parameters. Individual decisions are formulated within socially and culturally relevant “foodways” (Mintz & Du Bois, 2002; Murcott, 1988) forged from this “triadic” context (Flay & Petraitis, 1994). Moreover, while food decisions and eating take place within a context of influences – environmental, social, cultural – food decisions also represent individually lived histories of food and eating, referred to as “personal systems” (Sobal & Bisogni, 2009). Personal systems are managed by individuals “in time, in social location, and in history” (Devine, 2005). The combination of the triadic influences, relevant foodways, and personal systems

result in human food decisions that Sobal and Bisogni (2009) describe as “frequent, multi-faceted, situational, dynamic, and complex.” This composite, multifaceted nature of food decisions formulated within and inflected by this complexity of influences ensures that the analysis of food and eating, and in this case decisions making processes associated with food and eating, using any single framework of theoretical orientation, or emphasizing any single factor from among the plurality of factors involved is insufficient (Sobal & Bisogni, 2009).

Research was conducted among Singaporean women of various ethnic backgrounds in order to examine attitudes and practices relevant to food and eating in general. The purpose of the study was to use qualitative methods to examine ethnic as well as any other cultural and social differences related to food and eating among Singaporean women. In order to establish the presence of ethnic and other socially anchored differences and similarities in food choice and eating, the Singaporean women participating in the study were organized into focus groups by ethnicity and education level. In addition, women were chosen as study participants based on the assumption that women are central to family organizations of food and eating.

Current and compelling health issues related to food and eating are the motivating factors for this and any other investigation into

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food and eating from a public health perspective. Recent concern in Singapore on the part of the Health Promotion Board (HPB) and the Saw Swee Hock School of Public Health at the National University of Singapore (NUS) regarding the increasing prevalence of diet-related diseases and obesity among Singaporeans provided the impetus for conducting this qualitative study of food and eating among Singaporean women. In Singapore, a prevalence of overweight and obesity portends increasing risk among Singaporeans for various health issues associated with increases in body weight and size (Health Promotion Board Singapore, 2013). One related health problem, Type 2 Diabetes Mellitus, has increased from 8.2% in 2004 to 11.3% in 2011 in 18–69 year olds overall. For medical and other health related research, insights into decision making processes regarding food preferences and eating are crucial in light of increasing prevalence worldwide of nutritional diseases, in particular obesity and diabetes, that have become leading causes of death worldwide (Rothman, Gillespie, & Johnson-Askew, 2009).

In particular, this study analyzes the responses to questions specifically targeting food choices and decisions. Singapore's gastronomic history and present are characterized as an urban food and eating environment dominated almost entirely by food imports, the majority of which are consumed as prepared foods and meals. A central and visible feature in the everyday life of eating in Singapore is the “hawker center” – the ubiquitous food courts located at or near apartment buildings, flats, sky-rises, malls and city centers where Singaporeans can eat prepared meals at affordable prices (Kong, 2007). The hawker center may not be the only outlet Singaporeans consider in the process of making food decisions, but these food courts, and prepared foods in general, hold central positions in food and eating attitudes and practices. In 1998, 37% of Singaporeans reported eating outside the home 6 or more times per week. In 2004 and 2010 that number had increased to 49% and 45% respectively (Health Promotion Board Singapore, 2013). This gastronomic present has been characterized as an environment that is “highly urban, high income” within which eaters and food decision makers access food resources in a country that is a “net-food importer country” importing 90% of the food resources that 4.9 million Singaporeans consume on a daily basis (Teng & Escaler, 2010). Singapore's Department of Statistics recorded that from 2007 to 2008, 63% of the “average monthly household expenditure on food”, which was calculated as 22% of an individual's monthly income, went to “food serving services” that included prepared meals in food courts, supermarkets, restaurants, and hawker stalls (Singapore Department of Statistics, 2009). The centrality of publically available processed and prepared food, and the frequency of eating outside the home, shape attitudes and practices related to food preparation in and outside home-based kitchens. While Singapore's foodways are unique in terms of history, environmental and social circumstances, this Southeast Asian city state shares commonalities with other Asian entrepôts, for example Hong Kong (Tam, 2001).

The responses of the Singaporean women participating in the focus groups to the questions in the interview protocol closely associated with decision making identified several themes. First, food choices and eating decisions are composite phenomenon. Food choices and eating decisions are formulated within and reflect necessary yet shift relations among the triadic influence of social and cultural contexts, environmental parameters, and personal systems built from individual experiences and histories of food and eating forged within the interacting triadic streams of influence (Flay & Petraitis, 1994; Sobal & Bisogni, 2009).

Secondly, these composite food decisions operate as flexible, open systems which as outcomes are described here as *idiosyncratic regimes* (Ferzacca, 2000, 2004). Idiosyncratic regimes that any single food decision represents are forged from triadic “streams of influence” and personal systems that are brought to

bear on food decisions formulated in response to immediate and phenomenological urgencies that characterize a person's daily context surrounding food and eating. Idiosyncratic regimes are individually managed yet are formed within these broader patterns relevant to food preferences and eating. Individuals manage the presence of triadic streams of influence and personal systems by constantly re-arranging these parameters in shifting hierarchical relationships, establishing priorities that are dependent upon the equally shifting contingencies and priorities involved in any food decision. Singapore's highly pluralistic gastronomic milieu provides an interesting case study to explore these concepts. In Singapore, idiosyncratic regimes surrounding food and eating are historically anchored, phenomenologically generated social constructions in which these women play some role – sometimes central, other times at odds with the consequences of any food decision.

In order to illustrate the composite nature of the idiosyncratic regimes within which food decisions are formulated, the study highlights several factors that women respondents identified as central influences in their food decisions: (1) the presence and idea of the “family” appeared as a majority feature in the women's discussion of food preferences and eating; and (2) generational differences within and among family members plays a central role in food choices and patterns of eating that influence food decisions.

Food and eating in Singapore, while unique in terms of the history of social, cultural, and environmental influences involved in food and eating in this southeast Asian city-state, also represents an increasingly common phenomenon worldwide – systems of food and eating dominated by processed and prepared foods. The purpose of this study is to contribute to the growing qualitative research in public health research on food decisions as well as provide qualitative data on food and eating in Singapore for comparative purposes. Specific health programs in Singapore can formulate more effective initiatives and interventions based upon a greater understanding of the composite nature of food decisions, especially for Singaporean women. Public health programs worldwide can include these Singaporean results as a comparator for further research and policy.

Methods

The results of the research are derived from a subset of responses extracted from the transcripts collected from 18 focus group interviews with Singaporean women ($n = 130$) between the ages of 30 to 55 years. A focus group study design was chosen so as to take advantage of the discussion initiated by interaction among the research participants, with the view that such interaction may stimulate discussion and ideas in other participants and reduce the likelihood of providing socially desirable answers (Kitzinger, 1994; Krueger & Casey, 2009).

The women were recruited from three ethnic groups from the Singapore Consortium of Cohort Studies (SCCS) (<http://www.nus-cme.org.sg/>) to participate in the focus group interviews. Contact details were obtained from previous participation in one of the studies that make up the SCCS. The selection of participants for the SCCS was organized by two variables: (1) age (21–64 years old); and (2) country of residence (Singapore).¹ The focus groups were further stratified by their education level obtained (\leq O-level, \geq A-level). Singapore, a former British colony, provides school age residents with the General Certificate of Education (GCE). This aca-

¹ Information regarding the SCCS study can be accessed at (<http://www.p3gobser-vatory.org/catalogue.htm?studyId=22>) and (<http://www.nus-cme.org.sg/participant-Information.html>). A more detailed Study Protocol for the SCCS can be found at: <http://www.nus-cme.org.sg/pdf/Study%20Protocol,%20SCCS,%20short%20version,%20v5,%20Kaavya%20Narasimhalu%20071129.pdf>.

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