



## Research report

Management of healthy eating in everyday life among senior Europeans<sup>☆</sup>

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## ABSTRACT

The aim of the present study is to explore how older people reflect on, make sense of and express their views about healthy eating messages and how they narrate these responses in relation to managing their diets along with strategies adopted in terms of existing food and meal patterns. This qualitative study draws on data from 564 in depth interviews collected as part of the European Union (EU)-funded project Food in Later life – Choosing foods, eating meals: sustaining independency and quality of life in old age. The two major areas studied related to the connection between food and health and management of a healthy everyday life. Eating healthy was regarded as an investment to ensure independence was kept as the transition of old age approached, but old age could also be a reason for not bothering about it. Participants described different ways that they simplified and organized in order to manage “healthy eating”. When trying to support senior Europeans, those working in health and community services should take into account the situational context of the older person and be aware of the variation in their conceptualization of “healthy eating”.

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## Introduction

Messages about healthy eating and individuals' attempts to maintain a healthy diet have become an integral part of our daily lives (Arcury, Quandt, & Bell, 2001; Giddens, 1991; Lupton, 1996). In society today, the relationship between diet, nutrition and health is the subject of significant public interest and constant scientific debate. The World Health Organization (WHO) reports that food-related diseases are one of the main threats to well-being in the Western world. In the European health report for 2005 (WHO, 2005), it is stated that interventions are needed to empower

and encourage individuals as well as populations to make health-enhancing decisions about diet.

During the past years, there has been increased interest in explaining and describing the factors that influence food choice (Furst, Connors, Bisogni, Sobal, & Falk, 1996; Rozin, 1990). Food choice and its underlying motives constitute a complex phenomenon, and several approaches have been used to develop models to describe or measure it (Sobal, Bisogni, Devine, & Jastran, 2006; Steptoe, Pollard, & Wardle, 1995). Overall, there has been a great deal of research on influences affecting food choice other than people's actual “beliefs” about food and health and on ways to manage healthy eating even though this perspective is known to be important. Earlier research exploring the meaning of health maintenance behaviors suggests that older adults and health professionals often speak different languages when discussing activities such as diet (Arcury et al., 2001). This research highlights the importance of critically examining beliefs about food and health and how these impact on the health behavior of older people.

Several studies have reported that trying to maintain a healthy diet is one of the most important factors affecting food choice among Europeans (Kearney, Kearney, & Gibney, 1997) and older consumers (Divine & Lepisto, 2005; Lennernäs et al., 1997). Food is viewed by many as being one of the primary means to achieve a healthy life and a better understanding of how senior Europeans make sense of healthy eating messages and incorporate these

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beliefs into their everyday life is needed (Ristovski-Slijepcevic, Chapman, & Beagan, 2008).

Previous research has tended to be based on predefined healthy eating behaviors and definitions of health (De Almedia, Graca, Afonso, Kearney, & Gibney, 2001; Povey, Conner, Sparks, James, & Sheperd, 1998). However, people define and rationalize healthy eating in many different ways (Chapman & Beagan, 2003; Falk, Sobal, Bisogni, Connors, & Devine, 2001). Interpretations may change over the life course or be specific to older generations (Blane, Abraham, Gunenell, & Ness, 2003; Kearney et al., 1997). Some qualitative studies have focused on the older people's definitions of healthy eating. For example, in one study healthy eating was conceptualized as “proper meals” that tended to be traditional in composition and preparation (McKie, 1999). Proper food meant having fresh “natural” ingredients, and having an eating routine where eating in moderation was also stressed. McKie (1999) also found that food was considered to be of great importance in maintaining independence. More recent research by Ristovski-Slijepcevic et al. (2008) explored different ways in which people make sense of healthy eating. The research revealed three broad healthy eating discourses: cultural/traditional, mainstream and complementary/ethical. Engagement in different discourses is found to lead to different food-related practices.

Today, eating healthy food may serve as a basis for identity, social categorization and moral valuation, much as religion has done in the past (Lindeman & Stark, 1999). Giddens (1990, 1991) discusses how Western societies have been influenced by the modern movement during the past centuries, with an emphasis on natural science and logical reasoning and a view of the world as analyzed, planned and controlled. Many specific life course influences are unique to a given generation or cohort (Blane et al., 2003; Warde, 1997). The current food choices, beliefs and behaviors of older people have been shaped by their experiences during their entire lives (Lupton, 1996). Food acts as constructs of historical, social and cultural forces through which individuals act out their place in the cultural and social milieu (Mattsson-Sydney, Sidenvall, Fjellström, Raats, & Lumbers, 2007; Quandt, 1999). Throughout history, societies have developed complex ways of explaining health and illness, drawing on different ways to conceptualize health (Coveney, 2000). The present population of seniors has experienced enormous changes in the food system during their life course (Mattsson-Sydney et al., 2007) and finds itself at historic crossroads between the democratization of what was once considered high-status food (i.e., red meat, butter, eggs, cheese and whole milk) and how nutritional science now promotes the consumption of fruits and vegetables, fish and skimmed milk, to give some examples (Blane et al., 2003; Fjellström, 1990). Today's senior Europeans' ideas about what is regarded as healthy or not and the ways in which they report on putting these ideas into practice in everyday life should therefore be viewed as grounded in their social, cultural and historical world.

The aim of the present study is to explore how older people reflect on, make sense of and express their views about healthy eating messages and how they narrate these responses in relation to managing their diets along with strategies adopted in terms of existing food and meal patterns.

## Method

This qualitative study is part of the EU-funded project Food in Later life – Choosing foods, eating meals: sustaining independency and quality of life in old age, which was carried out in 2003–2005. Eight countries participated in the project: Sweden, the United Kingdom, Denmark, Germany, Italy, Poland, Portugal and Spain. The present study reports on data from one of the work packages in

the project developed by the Swedish team and carried out in all participating countries.

## Participants

Participants were recruited from all countries with the exception of Portugal. A total of 564 older people aged 65–98 years were interviewed for the purpose of the study. Eighty participants were recruited from each country and stratified according to gender, living circumstances (living alone or as cohabitants) and age (65–74 years and 75 years and over). This distribution according to gender, living circumstances and age produced eight groups from each country. The inclusion criteria were: men and women aged 65 years and older, who speak the native language of the country and who do not live in supported accommodations or have extreme visual or hearing impairments. Variables of socio-economic or demographic characteristics were collected as part of a specially designed questionnaire administered in advance of the interviews across all countries, yet these data were not analyzed in relation to each of the 546 participant's narratives on health. Thus the socio-economic and demographic data were collected to provide the ‘context’ of the research and thereby improve the ‘rigor’ of work and not to make comparisons between groups given the nature of the approach used. Recruitment procedures varied across the participating countries and included direct recruitment at meetings for a range of different senior associations or at daycare centers and the like, random sampling from a database and advertising in newspapers or circulars for welfare organizations. Each country also recruited participants using snowball sampling. Participation was voluntary and all data were treated confidentially.

## Interviews

Semi-structured interviews were chosen to ensure consistency in topics covered during the interviews by each country sample. A constructivist approach was used – where the topic of “healthy eating” was viewed from the perspective of the participant. The semi-structured interviews were based on a conceptual framework in which the following topics areas were used; the concept of the meal, favorite or ideal meals and food habits during life. The first topic emphasized the participants to elaborate on what constituted a “meal” and what they associated with this specific concept. The second topic aimed at exploring what could be an ideal meal as well as the opposite of this. The last topic included questions on how food habits, including food choices, had changed during the participant's life span. Although the interviews did not explicitly focus on health-related issues, it became apparent from the outset that “health” formed an important area in relation to food. This led researchers to specifically probe about health even for those participants who did not spontaneously raise the issue during the course of the interview.

Interviews were undertaken based on an interview guide developed by the Swedish team in order to ensure that key areas were covered whilst allowing flexibility to probe participants further if certain themes emerged. Both the design and analysis of the present study were based on Patton's work relating to interview guides and inductive qualitative analysis (Patton, 2002). This entails developing an interview guide with open-ended questions and being able to condense extensive so called raw data into an understandable brief summary and to show links between the research objectives and the brief summary findings derived from the data. The Swedish team gave detailed advice and instructions to the other research teams and recommended appropriate research literature to help them gain a deeper understanding of the specific methodological issues. The interview guide was pilot tested in each participating country, and the

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