

# **Beliefs and experiences in relation to healthy eating in Irish adults aged 50-70**

6th June 2012

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# Overview

- **Background**
- **Method**
- **Findings**
- **Conclusion**



# Background

- A healthy lifestyle, including diet, is important for an ageing population in order to maximise their health and well-being
- Understanding how ageing Irish people consider their food choices in light of health is important for developing tailored nutrition communications and interventions
- Choosing food is a **complex behaviour** - socially mediated

*"The food we eat and the form we eat it in are themselves socially constructed and meet many needs that are socially, rather than biologically, determined"*

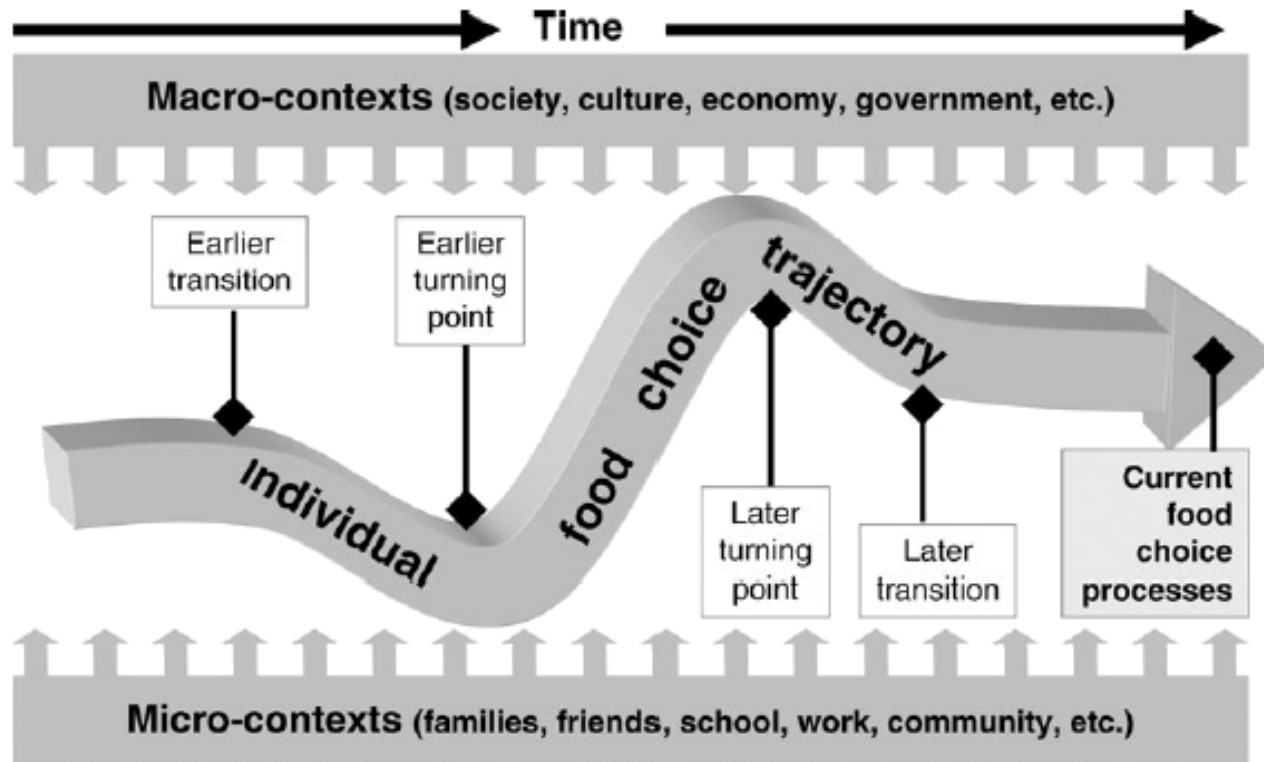
*(Charles & Kerr, 1988, p. 239)*

- Beyond rational choices – considering the roles and meaning of food in participants' lives

# Background

## Life course framework for studying food choice

*(Furst et al, 1996; Sobal et al, 2006)*



# Background

## Socio-cultural context over time

Present

### Individualisation & Healthism

Giddens, 1991; Crawford, 1980



### Obesity Surveillance

Monaghan, 2007



### Thin Ideal

Bordo, 1995

### Nutritional Science

Levenstein, 2003



### Economic Growth/ Industrialisation

Popkin, 2005



Past

# Background

## Healthy-eating nutrition agenda

Eating more complex carbohydrates while reducing intake of fats (particularly animal fats) and salt and sugar

*(Chamberlain, 2004)*



# Background

## Food choice trajectories at individual level– common patterns and concerns in ageing adults

### Life course influences on food beliefs, ideals and dispositions

- Childhood a critical period  
*(Falk et al, 1996; McKie et al, 2000; Lupton, 1996)*
- Increasing health consciousness with age – reactive rather than proactive  
*(Gough & Conner, 2006; Edstrom & Devine, 2001; Lawton, 2002)*

### Mid-life and older adults' perspectives on healthy eating

- "Proper" balanced meals, fresh and natural food, moderation  
*(McKie et al, 2000; Falk et al, 1996; Lupton, 2000)*
- Acceptance of personal responsibility for health but also scepticism  
*(McKie et al 2000; NicGabhainn et al, 1999; McFarlane & Kelleher, 2002)*
- Gender and socio-economic differences  
*(Lupton, 2005, Beardsworth et al, 2002, Chambers et al, 2008)*



# Research Aim

**To explore how mid-life and older Irish adults consider healthy eating in the context of their everyday food lives**





# Method



## **Purposive Sample of Cork and Kerry Study Participants**

- 25 men and 25 women interviewed  
*(age range 50-69, mean 59)*
- 33 healthy participants  
*(20 with higher quality diets, 13 with lower quality diets as defined by DASH quintiles)*
- 17 participants with chronic disease  
*(10 with type 2 diabetes; 7 participants with a history of CHD)*

## **Semi-structured interviews in local health centre**

- Food choice across the life course, using biographical timeline
- Perspectives on current food life, healthy eating and anticipated future

## **Thematic analysis (Braun & Clarke, 2006)**

# Findings

- **Participants' beliefs and ideals about healthy eating**
- **“Food Healthism”**
  - Tensions and conflicts
  - Sources of tensions and conflicts
  - Challenges and resistances
  - Consequences

Social view

Traditional  
"plain"  
food

# Healthy eating ideals

I think **what your ancestors ate**, you should stick as much as possible maybe to that you know. It's what suited **them** and you know...

*(Male aged 62, normal weight, DASH 2)*

I think just having **a bit of everything** and not too much fast food

*(Female aged 57, overweight, DASH 5)*

... I think **the closest food is to nature**...then, **hopefully**, you are eating something good

*(Female aged 53, overweight, DASH 5)*

Well I suppose eating you know **fat-free and sugar-free** would be healthy and eating lots of **vegetables and fruit** and that.. Yeah...and not eating fries or...well I never really fry anything if I do something I grill it...since I went to **weight watchers** ...I try to do **as best I can** ...

*(Female aged 62, obese, DASH 5)*

Social view

Balance  
and  
moderation

Avoiding "junk"  
/convenience  
food

"New Nutrition"  
Health / Industry view

Low-fat, fruit  
and veg, weight,  
avoiding sweet  
food

Social view

Fresh  
and natural

# Tensions and conflicts:

## health considerations juxtaposed with other concerns



Taste/ pleasure  
vs health



Nature vs  
science

Social and  
communicative  
roles of food vs  
health



Personal  
controllability  
of health vs  
experience



Resolvable? (*Fischler, 1980*) → Balancing, moderation

# Sources of tensions and conflicts

## Belief in personal control of health via diet

- Perceived health risk – embodiment/ experience/ anxiety/ optimism
- Trust in scientific worldview
- Holistic approach to health

## Willingness to sacrifice/ restrain eating

- Moral viewpoint
- Concern with physical appearance - conforming to thin ideal
- Food centredness

*But like going through life, **it's a terror to kind of have to give up everything that you like**, do you know what I'm talking about? Like I know that I'm eating the wrong things but like I'm kind of doing nothing really wrong to no one.*

*(Male aged 65, obese, DASH 4)*

# Sources of tensions and conflicts

## Socio-structural factors → social norms

- Gender roles and identities (food involvement - skills, strategies and forum for discussion)
- Education and economic status

*Interviewer: So you wouldn't really be deciding what food to buy....?*

***Ah no, I'd leave it up to herself say because she's always on to me about what I eat anyway*** so she wouldn't be inclined to give me anything that I shouldn't be eating anyway like do you know. She is always on that way, that I should be eating a lot more fish and things like that and all that.

*(Male aged 58, overweight, DASH 2)*



# Challenges and Resistance to Food Healthism

Questioning personal control of health via diet (experience vs advice)

Questioning one size fits all vs embodied experiences

*You see I **don't consider myself** overweight do you know, even though my man (health worker) told me I was (laughs)...I think you feel, **you'd feel yourself that you were overweight...You** wouldn't have the energy, you wouldn't have the, and I think then, that's the time then you have to watch you know.*

*(Male aged 60, obese, DASH 1)*

# Challenges and Resistance to Food Healthism

Questioning simplistic health messages vs holistic /complex approach to health

Questioning problematisation of non-health functions of food such as providing pleasure, comfort and communication

Myself, I would be a **sweet eater** myself...I **need** that bit of sugar in my diet, that's my treat. I can't see myself.. because I feel **that's my luxury** because I don't drink and I don't smoke and I feel that's just my luxury, yah.

*(Female aged 51, normal weight, DASH 1)*

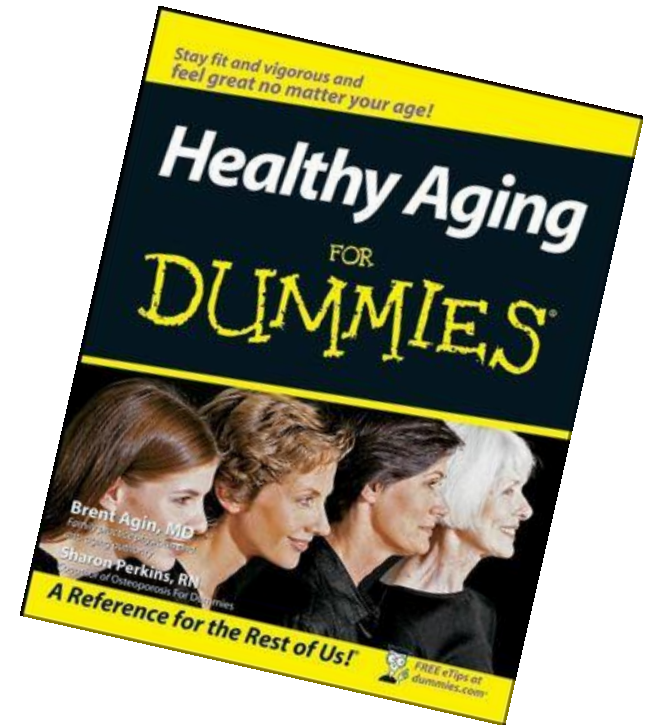
# Consequences of food healthism

## Making the cut

- Empowerment & reassurance
- Superiority - Conflation of morality, image and advantage

## Not quite making the cut

- Freedom and rebellion
- Shame/ guilt/disempowerment
- Feeling abnormal/ inadequate



# Conclusion

## Enhancing the appeal of healthy eating for mid-life and older adults?

- Need to be cognisant of endurance of ideals and dispositions arising from early socialisation
- Important to recognise and acknowledge challenges and resistances to the healthist agenda. More open and nuanced dialogue about these may facilitate public interest in considering their food choices
- Offer realistic and sustainable strategies to deal with unresolvable tensions and conflicts
- Taking emphasis off personal responsibility "reframing debate" in socio-ecological context may encourage political and societal change, address stigma and encourage expression of counter-opinions
- Structural barriers to engaging with food and health issues - SES and gender

**THANK YOU**