



Social and Cultural Aspects of Food Shopping

A pilot study of mums' healthy and unhealthy food choices

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1. Introduction and background

In this report we present the findings of an exploratory small-scale research project examining 'photographic food-shopping journeys' amongst mothers using a children's centre in an area of relative deprivation in Essex. Our study has used innovative qualitative research methods to enable participants to explore factors that influenced their food-shopping, in the context of developing future interventions that might 'nudge' people into changing their food habits.

The research is particularly relevant as our everyday 'foodways' (i.e., our ways of doing food) are judged to be a major public health issue, with 'unhealthy' food choices considered a contributory factor in a range of chronic conditions, such as 'obesity', cardiovascular disease, type 2 diabetes *mellitus* and gastro-intestinal cancers. To date, government interventions have focused on educating families on how to make appropriate 'healthy' food choices, with an emphasis on increasing fruit and vegetable consumption. This research is also timely in light of current government plans to introduce a sugar tax on drinks from 2018.

Of course the notion of 'food choice' is complex, and our everyday foodways (what we eat, when, where and with whom) are not just a matter of individual decision-making processes but influenced by wider socio-cultural norms and values (Parsons 2015). Further, when food-shopping, we engage in the 'social relations of consumption' (Warde, 2016:14) and this reinforces a sense of cultural belonging. In contemporary society it has been well documented that 'healthy eating' and preparing home cooked meals from scratch are examples of middle-class cultural norms/values (Jackson 2009, James 2010, Naccarato and LeBesco 2012, Parsons 2014, 2015). In comparison, the everyday foodways of those living in more deprived areas and/or on more limited budgets have been relatively difficult to capture. This research therefore serves an extremely useful function, in that it works with mothers from a deprived area, engaging them in a project that encourages reflection on food-shopping decisions.

2. About Healthwatch Essex

This research has been conducted by Healthwatch Essex (HWE), an independent organisation with responsibilities under the Health and Social Care Act (2012) to provide a voice for the people of Essex with regard to health and social care services. Our research team conducts high quality research on the 'lived experience' of citizens to inform improvements in local health and social care provision. Studying the 'lived experience'¹ involves the detailed examination of participants' 'lifeworlds', their experiences of a particular phenomenon, how they make sense of these experiences and the meanings they attach to them. It is premised on a philosophical understanding that a proper scientific understanding of the social world cannot be undertaken by merely collecting 'objective facts', but that research

needs to engage in a deep and empathetic way with those involved in an attempt to get as close as possible to the everyday world as experienced by those individuals. It is the lived experience that reflects and determines people's confidence and trust in public health and social care system and undoubtedly contributes to their overall physical health and emotional well-being.

This research was undertaken as part of a qualitative research methods training programme for Dr. Jonathan Fok, Public Health Registrar at Essex County Council. The work was supervised by Dr. Oonagh Corrigan from HWE with additional expertise provided by Independent Research Consultant, Dr. Julie Parsons.



¹ The 'lived experience' is a concept that originates from the work of the German philosopher Edmund Husserl. He proposed that a proper scientific understanding of the social world could not be undertaken by collecting 'facts' about an event, but rather the researcher needs to engage in an empathetic way with those they are studying in an attempt to get as close as possible to the world as experienced by those individuals. (Husserl, E. 1970 [1901].

3. Research methods and approach

A qualitative research design was adopted as it enabled us to consider how broader social processes influence individual behaviour/decision-making. This is because it places the emphasis on how participants make sense of their own actions, how they understand concepts such as 'healthy' eating (Barbour 2014), and further, because we were looking at the complexities of food choice, rather than quantifying what people chose.

This research project made use of explorative and innovative methods, such as photo-dialogue and photo-elicitation techniques, which are part of a repertoire of various visual research methods (Pink 2011). These methods form a key part of a community-based participatory action research (CPBR) approach/orientation to research, which aims to 'involve community members and other stakeholders throughout the research process, including its culmination in education and action for social change' (Minkler and Wallestein 2008:02). It is therefore considered enabling for participants, who become co-producers of knowledge, working alongside researchers.

The research was carried out at a children's centre in an area of relative deprivation, which has poorer clinical and social outcomes compared with many surrounding areas. Notably, this target group is traditionally

hard to reach and engage in research (James et al 2009, Wills 2012). The setting was considered appropriate because parents were already receiving other health-related promotion there, and health improvement activities taking place on a regular basis. There were also external factors, such as specific time limitations on when the research needed to be completed, which resulted in a small number of participants (n2). However, as an exploratory pilot-study, this number was sufficient for the purpose and the study generated enough data for comment in such a context. The Research Governance Group at Essex County Council approved the project proposal, and prior to conducting the research individual participant consent was gathered. Pseudonyms have been assigned to the two participants and food vouchers issued to those who participated.

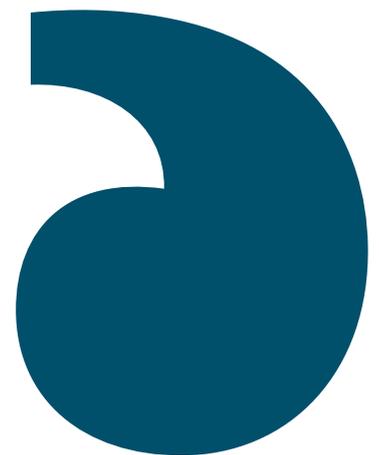
This research project made use of photo-dialogue and photo-elicitation techniques.

4. Stage 1: Photo-dialogue group discussion

To begin with, participants were invited to a photo-dialogue focus group, where they were encouraged to find photographs that represented their individual likes/dislikes, as well as healthy/unhealthy food, in terms of meals, snacks, food-shopping, take-away food and eating out for themselves and their children. This method involved asking participants to choose and discuss photographs of food from a large selection laid out on a table (these were magazine images of a variety of different food and drinks) in response to a series of questions. The initial questions used to generate a broad ranging discussion about food and participants' relationship to food including discussion around personal preferences for foods that the individuals liked or disliked.

Firstly, participants were invited to choose three photographs of foods that appealed most to them and, following a group discussion, there were two further rounds where participants chose and discussed foods they disliked and foods they thought were healthy.

Choosing food photographs to represent individual tastes is a highly visceral and often emotional experience in which people can have strong reactions, especially when 'dislike' turns to 'hate' (Warde 2011). This focus group was also useful for introducing the photo-elicitation element of the study, as well as giving an insight into the characters of the participants involved, who began developing trust with the research team.



5. Stage 2: Photo-elicitation

The photo-elicitation stage of the project involved participants photographing their individual food-shopping journeys, returning the disposable camera so that the photographs could be developed and then meeting up with a researcher to discuss the photographs in an interview. Hence, the photographs become important visual cues that aid the development of knowledge between the researcher and participant regarding the meaning of the photograph to the participant, and what their motivations were for taking them. Indeed, 'the images only become meaningful in the context of their viewing' (Pink 2011:268). It is therefore the discussion around the photographs, and how participants reveal their cultural meanings, which is important.



Images 1 and 2: Photographs taken during participants' food-shopping journeys: examples of popular items.



6. Findings and discussion

This research focuses on the food likes and dislikes of mothers and their understanding of 'healthy' eating and food-shopping. It therefore inevitably highlights issues relating to the conceptualisation of 'good' mothering, alongside social class-based maternal identities. Hence, these photographic food-shopping journeys provide a valuable insight into the cultural norms and values of those not engaged in middle-class cultural performances of 'healthy' eating, which often includes preparing home-cooked meals from scratch (Parsons 2014, 2015). Instead, whilst these mums are knowledgeable about what counts as 'healthy' eating, as demonstrated in the photo-dialogue session (see below), when working with limited finances food-shopping is mostly planned and routinized. If there are 'specials' on offer there might be extras that week. Indeed, it is notable that both participants were food-shopping for their families on limited budgets. Elizabeth had been earning prior to the birth of her first child, a boy who was 12 weeks old at the time of the study, and currently living in a 3rd floor flat with her partner who works full time. She is a regular visitor to the children's centre. Hannah has a four-year-old son and works part-time at the children's centre. She lives nearby in a flat with her partner, who is working. She says in her photo-elicitation interview that 'at the minute I've got no food in my house, so I need to go food-shopping,' and prior to this, in the photo-dialogue focus group, she told our researchers that 'I've actually got nothing in my fridge.'

Both mums' photographic food-shopping journeys demonstrate engagement with wider class-based socio-cultural norms and values, which centre on a preference for treats, meals made with pre-prepared packets, fizzy drinks and 'branded goods'. Indeed, despite Hannah needing to stop consuming fizzy drinks (due to dental problems) she clearly demonstrates the social pressure to drink 'Coke'. Food-shopping is also a social event, an opportunity for 'social consumption' on many levels, not least in terms of learning to develop personal tastes, whether these are for 'Coke' or 'Colman's' packet sauces.

6.1 'Healthy' eating and 'treats'

One of the most striking things about the mums' photographic food-shopping journeys is the extent to which they shop for others; notably, their partners and children. In the photo-dialogue focus-group sessions both Elizabeth and Hannah chose to discuss photos that demonstrated a thorough grasp on 'healthy' eating. Hannah says:

I'll eat all different veg, different salad and prawns and things... I've got some oranges or satsumas, that's fruit, that's healthy. I've picked some brussel sprouts, which are vegetables so they're healthy.

And Elizabeth says:

I've got a green salad with chickpeas. It seems healthy. I've picked fruit, so clementines, apples and I think... figs, yes. So I picked those for the good snacks... [In my weekly shop] I would always buy cheese... there will always be bread as well and vegetables, I'll always buy vegetables or salad stuff...

Although Hannah does admit in the focus group that:

Things that I'd actually never pick up when I'm shopping is fruit because no one really eats fruit in our house, it's a thing I wouldn't buy.

Hence, despite liking fruit and 'healthy' eating when discussing her photographic food-shopping journey, she says:

I eat very healthy ... My partner doesn't, he'll only eat sweetcorn, so it's hard because he doesn't venture and neither does my little boy... I buy lots of veg and things to eat myself, but then it works out too expensive because you're only buying that for one person... Healthy eating's a big one, a lot of people say, "Let's go healthy eating." It works out more expensive to healthy eat than to actually cut down on things...

In Elizabeth's photographic food-shopping journey, she begins:

So, basically, I took pictures of things that I was purchasing on the day. I took a picture of some crisps for my partner, hobnobs... I took a picture of some KitKats, and I took a picture of... there were loads of sweets, but

the one that I was picking up was a Picnic for my partner... Capri Sun drinks, which was on special... [Coke for] my partner... I took a picture of some sausages, which nine times out of ten they're probably in our weekly shop as well because my partner likes sausages... bananas, my partner always has a banana every day; he takes a banana to work with him...



Images 3 and 4: Photographs comparing the types of food the mothers might buy based on the preferences of family members with food they suggest they were more likely to choose for themselves.



Image 5: Photograph illustrating a staple food purchase, as stated by Elizabeth.

Notably, neither mum photographed many fruits or vegetables. Elizabeth bought bananas, onions and potatoes. A lot of the purchases here are also 'treats', little extras that mean a lot in terms of demonstrating care, especially when living on a limited budget. The focus on food costs is reminiscent of food studies from the 1980s, when the percentage of disposable household income spent on food was much higher (Murcott 1982, 1983, Charles and Kerr 1988), as well as more recent research that demonstrates how food purchasing decisions are influenced by the individual preferences of different family members, knowing what children/partners 'will' eat takes precedent over what they 'should' eat when shopping on a budget (Jackson 2009).

6.2 Meals made with packet sauces

Both mums had a good understanding of the value of preparing family meals from scratch (Parsons 2014). Hannah's photographic food-shopping journey begins with photographs of 'Colman's sauces'. She says:

A lot of them [photographs] are Colman's sauces which I make for my dinners, because the meals that I've done, that I took pictures of [are what] we do every day as a family as well... I do a meal for all of us at the same time, because otherwise you're doing three, four or five different meals... it's a little bit of lazy cooking, but I don't just do the sauces, but yes, quite a lot... these are just quick, easy, they take 45 minutes, but it's still a good nutritious meal. You've still got a big meal, it's not like you're getting takeaway and things all the time... I always do the same meals...

So Hannah differentiates between a 'take-away', considered to be 'bad' food, and her meals which, although not prepared from scratch, are still 'good' nutritious meals for her family. Elizabeth comments:

I must have been buying a mix, like it's all the sachets of... That would have been for a shepherd's pie I would have been making; I buy the sachet of the shepherd's pie mix... I would have picked up the burrito dinner kit because we're a fan of that one... I've got one friend that's a very good cook and has got a background of chefs and things. I always joke with her because she makes everything from scratch. Whereas I would get a frozen Yorkshire pudding out, she would make it properly.



Elizabeth, like Hannah, does not prepare many meals from scratch. We might therefore infer that it is an acceptable cultural norm that packets, mixes and frozen foods are considered good enough additions to the weekly shop.



Image 6: Photograph of a typical selection of 'Colman's' sauces, a favourite of the participant mothers.

6.3 Fizzy drinks and branded goods

The excessive consumption of 'fizzy drinks' was an issue that emerged from the photo-dialogue focus group and then carried on into the photo-elicitation. Hannah had recently stopped drinking 'Coke' due to dental problems, which she expands on while discussing the fizzy-drinking habits of her friends:

She drinks Coke all the time. She said she tried to stop and she was getting shakes - I don't just drink Coke, I have tea in the morning and things, she doesn't, she's just Coke. Then I spoke to my other friend who I haven't spoken to in a long time, and she said she goes through a big litre of Coke a day, which you can see. If I do have a Coke, I'll have a little glass now... because I know it's rotting my teeth, that's why I stopped.

However, Hannah also describes the difficulties she has encountered in trying to give 'Coke' up completely, saying:

I found, for example, New Year, you can't drink alcohol without Coke or fizzy in it. I was just like, "Oh no." It was hard, I did have one or two, I didn't go out, but it was hard. Even after I felt like, "What am I doing? My teeth are going to hurt again." So it is hard, you try to stop it but it is there everywhere you go... There is Coke round me all the time, it is hard. Even, for example, I was at my mother-in-law's on Sunday and we had roast dinner, and she was like, "Do you want Coke or a bottle of water?" I didn't have anything, but it was tempting because it was there and I had a little glass of it, but still after it I was like, "I'm supposed to be not drinking it," because even my partner comes in [from work] and he has a Coke, and it's so hard... If I want a bit then I have a tiny sip or a little glass, but that's it...

The social and cultural value associated with the consumption of 'Coke' was further evident in Elizabeth's photographic food-shopping journey.

Even though Elizabeth herself doesn't like 'Coke', she stated:

I took a picture of down the drinks aisle, I bought some bottles of Coke, my partner's a fizzy drinks person, I'm not really. I tend to have a fizzy drink if I'm having an alcoholic drink; I don't really drink it other than that and I don't really drink alcohol a lot... I also would buy it if I had people coming round...

Elizabeth is here also highlighting her engagement with widely accepted cultural norm, the drinking of 'Coke' in alcohol and with friends. She adds:

No, it's funny actually, because when I was a child my mum used to constantly buy us bottles of fizzy drink. We actually had a cupboard that was dedicated to bottles of fizzy drink. I'm not a great lover of it, yet it was on tap when I was younger. I'd rather have a juice over a fizzy drink.



Image 7: Litre bottles of 'Coke' in a special discount '2 for £2.00' deal.

The notion that juice is potentially healthier than 'Coke' was a common misconception; for example, in the photo-dialogue focus group, Hannah says:

I went out for a meal with my friend and she was, like, "You're not drinking Coke?" I went, "No," because I just got a J2O of orange juice. She just couldn't believe it. She was like, "What? You've gone healthy on me? What are you doing?"

Another feature relating to the prevalence of 'Coke' consumption, is the important association of fizzy drinks with the 'brand' itself; Hannah says:

I don't like the cheap Coke for example, it doesn't taste the same, you can taste it... it does taste different.

The emphasis on having the 'right' brands is often heightened when food-shopping on a budget. For Hannah especially, branding is important, it is 'Colman's' packet sauces she buys; 'they are at the back of the store, they're not ever on offer.' She refers to Heinz tomato ketchup as "normal ketchup" and buys 'Aunt Bessie's' when putting together a roast dinner.

In Elizabeth's photographic shopping journey she similarly refers to particular favourite brands of biscuits and chocolate, 'Hobnobs', 'KitKats', a 'Picnic' and 'Quality Street'. Then she buys branded orange juice drinks of 'Capri Sun', because 'they were on special'. When they used to go out (before she gave up work and had her baby) it was to 'Pizza Express', and 'Frankie and Benny's', and she notes how her sister is more of a 'Waitrose' or 'Marks and Spencer' shopper, whilst she tends to use Tesco's (online) because it is her partner's preferred supermarket chain.

7. Concluding comments

This research demonstrates the importance of innovative qualitative research methods and community-based participatory approaches. Evidently, it is important to engage with people in the community if effective and positive interventions are to be developed. The frank discussion enabled by such research methods meant that we not only gained new insight into ordinary mothers' understandings of 'healthy food', but discovered the various nuances of this understanding.

The mothers had a visceral and emotional reaction to some of the photographs of food (both in our initial focus group, and in their own photos), which extended to a desire to 'treat' members of their families with certain items, using food to express their care and maternal instinct (the food-shopping budget was often directed in favour of the likes and dislikes of their partners or children). This emotional and/or social response to food further extended to a preference when food-shopping for branded items, specifically the fizzy drink 'Coke', which was deemed to taste 'better' than other 'own-brand' alternatives. This is significant, as the mothers were from a low-income background and conducted food-shopping on a very limited budget.

Through conversation with the mothers, 'Coke' was in fact revealed to be a very significant aspect of both their foodways, and a clear cultural norm - both spoke extensively about their own and their wider circle of friends' drinking of 'Coke', commenting on its consumption during most social engagements. The research thus further highlights how government initiatives can be misinterpreted, and this has implications in light of the recent government decision to tax fizzy drinks from 2018 (but not fruit juice, which is more often marketed to/as for children²). In abstaining from drinking 'Coke' for health reasons one mother reported that she was drinking juice instead, but a number of recent surveys demonstrate the fact that sugar content in fruit juice is dangerously high and, in fact, no different from their 'unhealthy' alternatives, fizzy drinks.³

Nevertheless, the mothers both had a relatively good understanding of basic healthy foods, and tried to incorporate vegetables in their diet where they could; the problem thus seems to really lie in what they did not realise was *unhealthy*. For example, 'Colman's' sauces, which were described as 'lazy' but 'nutritious', and the misinterpretation of fruit juice being a healthy alternative to fizzy drinks.

² Boulton J, Hashem KM, Jenner KH, et al. "How much sugar is hidden in drinks marketed to children? A survey of fruit juices, juice drinks and smoothies". *BMJ Open* (2016); 6

³ Briggs Adam DM, Mytton Oliver T, Kehlbacher A, Tiffin R, Rayner M, Scarborough P, et al. "Overall and income specific effect on prevalence of overweight and obesity of 20% sugar sweetened drink tax in UK: econometric and comparative risk assessment modelling study." *BMJ* (2013); 347

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Interestingly, both mothers also said they were personally willing to eat more healthily, but when shopping they could not afford to cater to making different meals for different family members, so all-rounder 'crowd-pleasing' items such as the 'Colman's' sauces were opted for instead.

As such, this prototype study, conducted by talking to two mothers from an economically deprived area of Essex, has demonstrated the various complexities when considering what 'healthy' eating means to mothers who do not have the same middle-class luxuries or cultural norms with regards to food-shopping. These mothers generally understand 'healthy' eating as a concept but are subject to various pressures (social, financial and familial) to shop in a certain way. We recommend that further similar research is undertaken which makes use of such explorative and qualitative methods, perhaps with a higher number of participants from varying cultural backgrounds and ages. This research should similarly intend to gain vital insight into the 'lifeworlds' of participants and eventually to produce a new and insightful narrative, rather than focusing on 'objective' facts and an overly simplistic understanding of people's 'food choices'.

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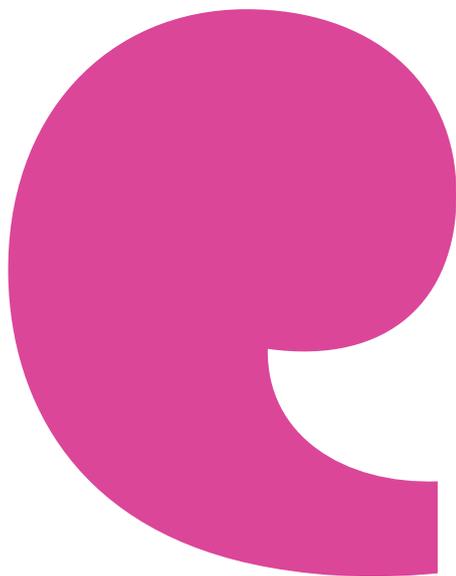
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