

4. Perceptions and Buying Behaviours of Health Foods

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4.1 Introduction:

Global trends of obesity continue to rise. The urgency for public health to improve population nutritional status is of vital importance, given the central role that nutrition plays in health, and chronic disease and obesity prevention. This is especially pertinent in childhood, during which time nutrition-related health problems often become established. Childhood obesity is an identified, immediate priority, given the unrelenting increase in its prevalence worldwide, a trend foretelling a future with generations of young adults burdened with diabetes, among other chronic conditions that compromise wellbeing. Worldwide, public health agencies at all levels are struggling to figure out how to deal with this mounting problem.

The obesity crisis has been linked to obesogenic environments and societal trends that encourage overeating and little physical activity. Preventing obesity, however, has predominantly focused on the behaviour of individuals. This is also true for nutrition education interventions. Generally, outcomes related to dietary behaviour change have been disappointing. A review of school-based, cardiovascular disease prevention programmes, which were comprehensive and well evaluated, achieved intended positive dietary behaviour outcomes at 34 per cent (effect ratio of 34%). While the promise of school-based nutrition education has tended to centre on improving elements of the intervention programme and evaluation processes, questions have been raised regarding the adequacy of theories underlying these programmes.

Most population-based, nutrition and obesity prevention interventions have been theoretically based on Social Cognitive Theory and other models which aim to modify psychosocial characteristics of individuals such as knowledge, self-efficacy and attitudes. Travers explains that psychological models of behaviour emphasise 'individualistic, behaviour change strategies which negates the role of the social context in shaping behaviour, and thus implies a separation of people and their environment'. Thus, in most current approaches 'food, bodies and eating are disembodied and disengaged from the social contexts in which people live their lives.

Understanding how the social context, (social policy, environmental and sociocultural influences) affects health behaviour is identified as necessary for more powerful interventions. Specific reviews have addressed the determinants of healthy eating and support models which conceptualise population perspectives for improving nutrition. Population perspectives acknowledge that the collective characteristics of a society and its

norms greatly influence individual behaviour. For example, it has been observed that when support, provided as part of clinical approaches for dietary behaviour change, is no longer available, people tend to fall back into their normal routine. Deviation from normal routines requires continual efforts to sustain alternative behaviours and might help to explain why interventions based on individual behaviour change theories have achieved limited success when implemented in populations. Population approaches, on the other hand, acknowledge the integral role that normal routine plays in influencing behaviours and promote modification of that role by creating conditions to support altered patterns of eating for whole populations, not just for at-risk individuals. The relationship between social conditions and population eating patterns is acknowledged as important; conceptual frameworks to study this relationship for public health, however, have not been developed. In this article, we take on the challenge of developing a true population perspective by formulating a theoretical approach that attends to the relationship between the social context and food choices, and how these shape eating patterns. We first discuss the limits of individual behaviour theories for addressing the social nature of eating. We then characterise eating as embedded in social relations and propose to study eating as a social practice. Using Giddens' theory of structuration, specifically the concepts of social practice, the duality of social structure, and agency, we examine social structural conditions and their relationship to the practice of family feeding. This theoretical framework is proposed as one tool to understand population eating patterns and to guide health promotion interventions aiming to modify social structural conditions and thus improve population-level food and eating patterns.

4.2 Eating as Behaviour Versus Eating as a Social Practice:

Patricia Crotty wrote that 'the act of swallowing divides nutrition's "two cultures", the post-swallowing world of biology, physiology, biochemistry and pathology, and the pre-swallowing domain of behaviour, culture, society and experience'. She offers this to help explain her observation that nutrition gives limited attention to the pre-swallowing or the social nature of food and eating. Nutrition, as a scientific discipline that studies nutrient requirements for the optimal functioning of the body, regards food and eating as how nutrients are delivered to the biological system. Fields that address the application of nutrition science, such as public health nutrition, home economics and dietetics, are concerned with eating behaviour but remain heavily preoccupied with its impact on nutrition. For example, nutrition counsellors aim to modify their clients' eating behaviours as a means of improving nutrient intake. Like theoretical approaches that underlie nutrition counselling, dietary change interventions for populations have been founded on social-psychological theories for understanding individual dietary behaviour. These theories, such as the theory of reasoned action, social cognitive theory, and the Trans theoretical model, are used to explain individual food choices and other dietary behaviours. In behavioural models, the individual is conceived as rationally deciding her fate in response to multiple influences acting upon her. Researchers using this approach have elaborated extensive lists of social and physical environmental influences, as well as psychosocial characteristics of individuals, that correlate with various eating behaviours. The most important limitation of studying eating strictly as behaviour under the control of an individual is that it exaggerates the extent to which rational choice drives what people choose to eat and underestimates the extent to which eating is embedded in the flow of day-to-day life. People's eating patterns form about other people, alongside everyday activities that take place in family groups,

work and school. Eating does involve isolated choice, but it is a choice conditioned by the context in which it occurs. The social theory provides theoretical guidance for studying the social nature of eating, approaching eating as integrally linked to context. Sociological and social anthropological studies of food have characteristically focused on food cultures and the collective character of eating patterns among social groups. In contrast to behavioural approaches, sociological approaches study group eating patterns and aim to explain patterns in their sociocultural contexts. In these fields, theoretical orientations for explaining collective eating patterns have emphasised cultural and symbolic expressions of food use, where eating patterns are understood to reflect systems of meaning constructed by people, while other theories have emphasised materialist orientations presenting social, economic, and political conditions as central in explaining group eating patterns. Theoretical approaches that address both the meanings of food and the material aspects of food to explain the eating patterns of groups of people are important but require adequate theoretical approaches to integrate them.

Investigating social relations as the basis for understanding eating patterns is a promising route for meeting this theoretical challenge. Social relations as organised or structured social processes constitute the basis for understanding the social world. The social context can be understood as ‘the local configuration of social relations which are comprised of social structures such as class, race, and gender; institutional practices, collective and individual behaviour, and intersecting personal biographies. Eating patterns that are characteristic of different groups of people can be understood as being embedded in configurations of social relations and being shaped distinctively by them. For example, eating patterns observed in a community of Indigenous people situated on reserve lands in the Canadian province of Québec, are reflective of the social relations underlying the political, economic, and meaning systems of that place. Using social relations as a basis for understanding and explaining eating patterns as social processes, accommodates both symbolic and material possibilities as well as cultural and material conditions which have generally been examined separately by food anthropologists and food sociologists respectively. By examining eating as social practice, we have a conceptual entry point for apprehending the underlying social relations which connect people in the social world, and which, we propose, generate population eating patterns. To develop a theoretical framework for the investigation of eating as social practice, we turn to social theory. The third revolution of public health recognises health as a social phenomenon as well as a biological and psychological one. This encourages a dialogue with the social sciences, in particular a consideration of theoretical understanding of the world and how this shapes human action. In conceptualising eating as a social practice, we turn to social theory to develop a conceptual framework.

4.3 Food Classification:

The classification used in the present paper groups foodstuffs according to the extent and purpose of the industrial processing used in their production. Industrial food processing is defined here as all methods and techniques used by food, drink, and associated industries to turn whole fresh foods into food products. Agriculture and horticulture, especially industrial and other intensive methods of farming, can be seen as a type of processing, but these are not included here. The classification assigns foodstuffs to one of the three main groups described below:

A. Group 1: Unprocessed and minimally processed foods:

The first group is unprocessed and minimally processed foods. Minimal processes are mostly physical and are applied to single basic foods to preserve them and make them more available and accessible, and often safer and more palatable. These processes include cleaning, portioning, removal of inedible fractions, grating, flaking, squeezing, bottling (in itself), drying, chilling, freezing, pasteurization, fermentation, fat reduction, vacuum and gas packing, and simple wrapping. They may be used by the primary producer, packing house, distributor, or retailer, as well as by manufacturers, for eventual sale to consumers.

B. Group 2: Processed Culinary or Food Industry Ingredients:

The second group is of substances extracted and purified from unprocessed or minimally processed foods to produce culinary and/or food industry ingredients. Physical and also chemical processes such as pressure, milling, refining, hydrogenation and hydrolysis, and the use of enzymes and additives, are employed. These processes are different from those used to obtain minimally processed foods in that they radically change the nature of the original foods. Typically, foodstuffs in Group 2 are inedible or unpalatable by themselves and have higher energy density and lower nutrient density compared with the whole foods from which they were extracted. They are used, at homes or restaurants, in the preparation and cooking of dishes made up of fresh or minimally processed foods (Group 1), and in the industrial development of ultra-processed products (Group 3, see below). In modern food systems, the processing of most Group 2 foods is undertaken by agri-businesses for sale as ingredients to food manufacturers and also directly to consumers.

C. Group 3: Ultra-processed food products:

The third group is ultra-processed food products. These result from the processing of several foodstuffs, including ingredients from Group 2 and unprocessed or minimally processed basic foods from Group 1. Processes used in the production of Group 3 products include salting, sugaring, baking, frying, deep frying, curing, smoking, pickling, canning, and frequently the use of preservatives and cosmetic additives, the addition of synthetic vitamins and minerals, and sophisticated types of packaging. These industrial processes are all designed to create durable, accessible, convenient, attractive ready-treat or ready-to-heat products. Many of them are 'fast' foods or convenience foods.

They are formulated to reduce microbial deterioration ('long shelf-life), to be transportable for long distances, to be extremely palatable ('high organoleptic quality) and often to be habit-forming. Typically, they are designed to be consumed anywhere – in fast-food establishments, at home in place of dishes and meals prepared from scratch, while watching television, at desks or elsewhere at work, in the street, and while driving.

Group 3 products can be subdivided into (i) ready- to-eat snacks or products liable to be consumed as snacks or desserts and (ii) pre-prepared ready-to- heat products created to replace home-prepared dishes and meals. Their processing is usually undertaken by food manufacturers, or else by caterers (such as burger outlets) or food retailers (such as bakeries), for sale to consumers.

Responsibilities of Stakeholders in the food system for providing healthy processed foods

Ensuring that processed foods contribute to a healthy diet requires input from all segments of our food system (agriculture and food scientists, food industry, grocers, restaurants, food service, health care and public health professionals, the media, government, and consumers). Although the general responsibilities of health professionals in each segment differ, the combined, integrative contributions of all determine the composition, quality, accessibility, and safety of our food supply (Table 4.1). In general, agricultural scientists, food scientists, and the food industry should develop and maintain our food supply; grocers, restaurants, and other food services should ensure access to safe, adequate foods; health professionals, along with the media, should provide responsible information; government officials should set standards, monitor, and educate the public; and public health and nutrition scientists should identify health problems stemming from insufficient access to quality food and assess the effect of changes in the food system on population health.

Table 4.1: Responsibilities of our food system for positioning processed foods in a healthy diet

Food Component System	Responsibilities
Agriculture and food scientists	Develop new agriculture and procedures for enhancing food quality evaluating food safety;
	Invent new technologies for increasing accessibility to healthy processed foods
Food industry	Develop new technologies for food preservation and enhancing food quality
	Maintain food quality and safety standards
	Provide affordable, accessible, healthy processed foods
	Develop price structures for healthy foods to reduce food insecurity
Grocers, restaurants, food services	Educate consumer palates for fresh-tasting processed food items Provide healthy, tasty, low-cost processed food menu alternatives.
Health care professionals	Communicate healthy uses of processed foods
	Incorporate healthy processed foods into counselling and educational tools
The media	Provide information on placing processed foods into a healthy diet pattern or meal