

How does women's perception of food affect their food choices and does this influence their perception of health and their emotional wellbeing?



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Abstract

The aim of this project was to investigate women's perception of food choices and its relation to health. In order to thoroughly perform the investigation a mixed methods approach was employed. Initial data was conducted using a survey, which led to further data being gathered through semi-structured interviews, using the survey as a guiding tool during development of the interview guide.

The findings of the project showed that health perception and food choices are not closely connected to emotional wellbeing as the initial assumption suggested. Instead health perception was connected to physical health and especially weight was of concern to the women. This was examined through a critical discourse analysis and the health belief model. Additionally, the discourse was significantly impacted by environmental and societal factors regarding women's perception of food and food choices.

Resumé

Målet med dette projekt var at undersøge kvinders opfattelse af madvalg og dets relation til sundhed. For at undersøge dette grundigt blev en mix metode tilgang brugt. Det indledende data var samlet ved brug af et spørgeskema, hvilket ledte to yderlige data som blev indsamlet via semi-strukturerede interviews, hvor spørgeskemaet var brugt som et vejledende redskab da interview guiden blev lavet. Fundene af projektet viser at sundhedsopfattelse og madvalg er ikke tæt relateret med følelsesmæssigt velvære hvilket den oprindelige antagelse havde været. I stedet er sundhedsopfattelse relateret til fysisk sundhed og især vægt er relevant for kvinderne. Dette var undersøgt via en kritisk diskurs analyse og med sundhedstros modellen. Derudover så var diskursen indenfor sundhed stærkt påvirket af miljø og samfundsmæssige factorer i henhold til kvindernes opfattelse af mad og madvalg.

How does women's perception of food affect their food choices and does this influence their perception of health and their emotional wellbeing?

- *How does the narrative of food choices play a role in women's understanding of health?*
- *Do women focus on weight as a motivator and why?*
- *What influences the food choices of women?*

Introduction:

Health is hard to define, we all have our own idea of what health is or should be, or maybe even more so how it should feel to be healthy. What is a healthy body? Is it one that have no ailments and pain, is it one that looks at certain way, or is it something third? Depending on who you ask, you'll get different responses.

That is probably due to the context one is found in. Health does not happen in a vacuum, it is part of our lives and nobody live the same way with the same circumstances. What might be healthy to one person, can seem less than to another.

A way to navigate these differences in health definitions is to look at how we speak about food and health and how we relate to it within the discourse. Is health a common word in our vocabulary, do we even talk about it and how we talk about it? How much power do we give health? Do we take it seriously and perceive our health, food choices and bodies in certain ways because of it, or maybe despite of it?

We identify ourselves as healthy/unhealthy eaters, emotional eaters, gorment eaters but rarely simply do we identify as eaters (Bisogni, 2002).

Food, like health, happens in context. It can both be a meal as a joint event in a family, then the narrative of the food is social but might be unspoken of it in terms of food choices. It can be an identity marker in the form of a lifestyle choice like being a vegan or following a specific diet.

Indirectly speaking about food does not mean that we do not talk about it.

In this project we wish to look closer at what health perception is by looking critically at the narrative and discourse within women's food choices, as well as look at how these perceptions influences the way we see diets and what motivates us to stay healthy; Are those inside or outside forces? This is done by looking at a survey and interviews through a critical discursive lense and applying the principles of the health belief model.

Terminology

Emotional wellbeing

Mental health according to WHO: "Mental health is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life can work productively and fruitfully, [...]" (WHO, 2011). If we draw on this, then could emotional wellbeing be defined as being able to manage our inner worlds by understanding how to handle emotions, feeling, situations and sensations.

Included in this is mood, or moods which can be viewed as a time and stimuli specific mental state which have the potential to change quickly, either affected by internal or external stimuli.

Health according to WHO: "Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". This statement is problematic since it is rather utopic and hard to attain. However, drawing upon that we will define health as the personal experience of partly to complete physical, mental and social wellbeing, as perceived by the participant. When asked if they feel healthy, they usually themselves emphasize important areas such as being energized.

Focus on Women in the project

The following project is problem oriented and focuses narrowly on women and their perceptions and beliefs. The focus on women in this project is due to narrowed focus of the data collection as well as an important variable within the environmental and social hegemony in relation to dieting and perceived healthy food choices. Studies confirm that women's perception of their appearance is generally in relation to an idealized slim body. Slimness in many women's eyes is associated with

success, attractiveness, health, caring for oneself and a strong will. Overweight women, on the contrary, is considered negligent and lazy. Many women believe that a shapely figure will provide them with a great job, help them find a partner and gain sympathy among their peers or employees, so achieving a perfect figure becomes for some women the purpose of life. Barbara L. Fredrickson, Tomi-Ann Roberts in their article on Understanding Women's Lived Experiences and Mental Health Risks argue that the social ennoblement of physical attractiveness means that contemporary women - wanting to match these patterns - concentrate on their own appearance. Thus, the binding canon of beautiful and slim, sometimes even lean women evokes frustration and may be the cause of the development of eating disorders.

Philosophy of science

Within health, there are rarely instant gratification gained from our behaviors, it is a long-term investment, this means that motivation needs to come from more than external forces. It needs to be something we believe in, something that is worth our effort. Therefore, we have chosen to look at **How does women's perception of food affect their food choices and does this influence their perception of health and their emotional wellbeing.**

To answer the problem formulation, we have chosen a mixed method approach to both get a broader idea of the concept of food and emotional wellbeing, and to include a varied perspective of the subject of women's perception of food choices influence on health and emotional wellbeing.

Mixed method combines qualitative and quantitative research methods into one coherent methodology, where it is possible to match methods from different paradigms.

The mixed method approach comes into effect by adding qualitative semi-structured interviews to the preliminary survey. The interview guide for these, is based on the survey and its replies, thus the survey both illuminates the topic in a broader sense but more superficial way than the interviews, as well as work as a stepping stone for the interview guide and potentially for further research.

Despite the mixed method approach, the qualitative aspect gets more attention since there is a big focus on perception and experience, which is examined using a critical discourse analysis.

The project leans more towards constructivism paradigm rather than positivistic despite the critical use of quantitative method which is commonly and traditionally seen in the positivistic paradigm.

Considering that human mood and motivation is a complex and highly personal matter, it is not possible to come up with a universal truth about experiences of mood and motivation no matter how transparent and replicable a study is, there will always be several conclusions (Moravcsik, 2015). This is not uncommon within the constructivistic paradigm, especially within studies with limited resources such as this.

As the name suggest, the research within the constructivistic paradigm is based upon constructions, it affects how we approach and judge our perceptions of reality. In this paradigm reality is a layered construct, that can be deconstructed to expose new constructs (Ponterotte, 2005). This is like what we see in the critical discourse analysis, where the language construct and reveal our perception within a given social context.

Qualitative data works with a smaller sample size than quantitative, which is reflected in the amount of people interviewed (In our case, two). Here the sample size is not critical as it is within the quantitative design, whereas the form of data gathered within the method is of greater importance. The form of data gathered using qualitative methods is referred to as rich data which shows depth and allow more aspects or perspectives to be considered since the participants and their perceptions are in focus. Due to the constructivistic nature of the project and the use of qualitative data, the same project might be interpreted in many ways (Buchanan, 1994). Thus, our understanding is simply one way of viewing the data, this might be influenced by our own backgrounds in psychology and prenotions on health awareness as a related to mental wellbeing.

Quantitative approach is usually used within natural science, in the positivistic end of the paradigms. This means that we look for fixed variables and try to see if we can find a correlation or cause. Quantitative studies usually need a big sample size, a big population are better at

representing and illuminating the problem at hand and finding the potential correlation or causality (Ponterotte, 2005). In our case, the population are not of great size, which limits the power of the conclusions we draw.

The quantitative element is represented in the form of a survey. The survey is based on 25 questions that focuses on mental health as well as eating habits and food choices. The aim for the survey is to gain knowledge of how women perceive food in relation to emotional wellbeing.

It is important to understand that this is only a reflection of the result of a small study population. Due to the scope, size and limitations of this project, a thorough and elaborate quantitative study is not the focus.

Theoretical framework

Health belief model

The health belief model can help give us an insight into what motivates individual to engage in health-promoting behavior.

Like discourse analysis, health belief can be expressed in the way we talk as well have how we behavior. Do we narrated health changes as difficult, or do we speak of them in positive terms? Do we support our actions with our words or do they contradict each other?

The Health Belief Model (HBM) was developed in the 1950s by Hochbaum and fellow social psychologists at U.S. public health services. It was meant as a tool to research why so many health promoting programs failed, or more specifically why people failed to get involved and use the program to prevent and improve health.

It's based on the premise that health behavior is influenced by a range of intrapersonal factors which build on personal perceptions.

In short HBM revolve around how these perceptions and intrapersonal factors affect how motivated a person is to participate in health promoting incentives and how their health behavior is like.

To examine these perceptions and aspects of motivation, several components are included, these are: *perceived seriousness, perceived susceptibility, perceived benefit and perceived barriers*.

Later, other constructs have been added to the model such as *cue to action, motivating factors and self-efficacy* (Hayden, 2013).

Cue to action is the final drop that make us act upon a threat. It can both be an external cue such as a specific event or person, or it can be an internal cue such as realizations. The key part is that a cue pushes us to act differently regarding our health. These cue to actions can both be negative such as a death of a family or positive such as gaining control over one's blood sugar.

Motivating factors are factors that on their own do not hold enough leverage to make a behavior change but contributes to it, the increase the perceived seriousness. In our case it the participants might be cutting out certain food but not just for health sake but also to lose weight or save the environment. Motivating factors accumulate and help towards a behavior change.

Bandura's term self-efficacy was added to HBM in 1988 to account for internal motivation. Self-efficacy is the belief we have in our abilities to do something. This affect how motivated we are to try things. If we believe we can succeed, we are more likely to try.

In our case it could be that we believe it's possible to lose weight if we are careful with our food choices, this belief in one's ability to control the food choices gives us the strength to attempt to try it out in real life. This could be referred to as food choice self-efficacy.

Perceived seriousness relates to how dangerous or how big of an impact a specific health threat poses to oneself. It's a matter of will engaging in harmful behavior, in this case unhealthy living, impact our lives to such a degree that we should expand the effort of acting upon it or not. In layman's terms: is it serious enough for us to bother with it.

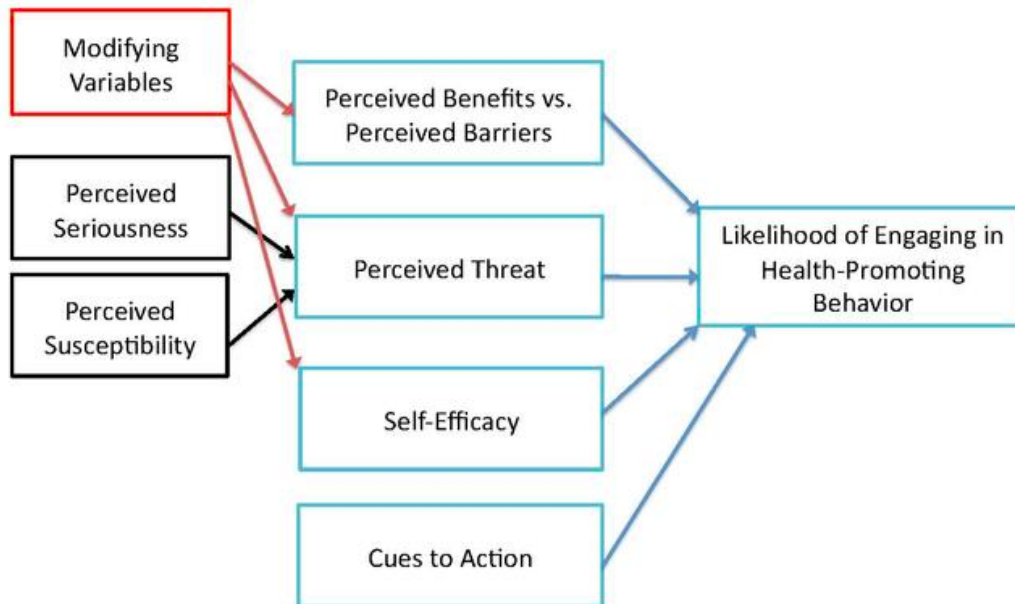
In our case and as seen in the survey in appendix 4, it could be if mood-swings affect the participant to such a degree that it is bothering their life or prohibit them from living the life they wish to.

Perceived susceptibility regards how likely we believe we are to be affected by the health threat is. Do we believe that our health behavior puts us at high risk for developing a certain disease or not? It could be whether we believe we overeat to an extent that will lead to overweight or if we can maintain a healthy weight despite possibly overeating. In the survey this is reflecting in the questions about restrictive behavior e.g. "is that any sort of food you avoid"

Perceived benefit occurs after we have decided that the threat is big enough (seriousness) as well as likely to happen (susceptibility). Here health behavior starts to change, we start weighing our options. We are still not at a point of behavior modification, but we are considering making a change. Perceived benefit is about how much we think we will gain from making the effort to change. It relates to the motivating factors and our self-efficacy. If we perceive the benefits to be greater than the barriers, we are likely to act upon the threat and make a change in our health behavior. This cost-benefit analysis is related to our cue to action (Ibid.).

Perceived barriers are how likely we think we are at failing a behavior change. It could also be perceived obstacles to successfully make a change. For example, that we do not believe that we are able lose weight due to inability to control our sweet tooth and thus we do not try making any weight improving changes at all. Believing we will not reach our goal, will prevent us from trying.

The Health Belief Model



Source: Hayden 2013

It is relevant to know the health beliefs of the target group; women, since we are interested in the perceptions that women have in regards health and their emotional wellbeing. This is being examined further in the interviews, where HBM is applied afterwards as a lense to view motivation and beliefs through.

Discourse Analysis

- What is discourse analysis?

Many contemporary researchers believe that discourse is a communication event, since people use language to convey their ideas, beliefs or to express emotions. Discourse analysis is a tool within qualitative methodology that is used as creation of meaning within a certain language in a

specific text or action. However, whether it is a text or an action, it is important to note that it takes place within various social situations as the discourse analysis depends on societal context it arises from.

Discourse analysis allows us to delve into the content of the message and the social functions that are expressed in the language of the discourse used. Its purpose is not to provide an objective explanation, but rather to understand and interpret socially generated meanings and to learn about the processes of shaping the identity of interaction partners (Gee, 1999). The task of analyzing the discourse is to provide an integrated description of the following dimensions of communication: how the use of language influences the human image of the world and the course of the interaction, and how various aspects of the interaction determine the form of expression. The understanding proposed by the researchers clearly indicates the multifaceted concept of the discourse analysis in which it is important to look at: (1) language usage, (2) communication of ideas and (3) interaction in social situations.

The focus within DA lies within “language in use”, the wording, sentence construction, tone emphasis and, creation and reflexivity of the contexts in which the language is used. The images or patterns that are assembled within a situated meaning occurs at the exact moment a conversation is held where a given context is being based on the construct of the context and one’s own history. It creates less general meaning of the wording used within the discourse because of subjective experiences, its own storylines, images or informal theories which are called Cultural models. Thus, the same reality acquires different meanings and sense making depending on the discourse it is found in and how it is created (Gee, 1999).

What can it be used for?

Within this project it is important to mention that there are three variants of contemporary discourse analysis, namely: linguistic oriented discourse analysis, sociologically oriented discourse analysis and critical discourse analysis (Dobrołowicz, 2016). In the linguistic approach, research focuses on the language structure of written texts. Such studies are formalistic and refer mainly to the internal structure of the text and the characteristics of the sender and recipient. Sociologically oriented discourse analysis, on the other hand, focuses much more on non-linguistic reality, which

is the context of the statements within a conversation. It is the context that reveals which kind of discourse is produced and how it is perceived. Sociologically oriented discourse analysis assumes that discourse is a culturally conditioned way of using language. Both perspectives of analyzing the discourse: linguistic and sociological, are located within the descriptive-explanatory research as those enable the description and explanation of the analyzed reality. The third and slightly different perspective is the critical discourse analysis (CDA). To understand the essence of this research method, it is necessary to recognize that every social phenomenon affects the language, and the language has an impact on the social sphere. Critical discourse analysis is also aimed at realizing that language is not only a natural and neutral tool, but rather a carrier of the system of beliefs and values manifested by individuals (Dobrołowicz, 2016). CDA method is interested in determining important social problems and is therefore the main method of analysis used in the following project.

Applied methodology

The data for this project was gathered through a survey, interviews and secondary data.

The survey

Never have surveys been easier to conduct than now, in the time of technology and the internet. A survey is a mean of gathering a large amount of data in a simple form. The survey's possibility to reach a large study population, and generate large datasets make it a quantitative method. It works with pre-termed areas decided by the researcher, and thus take a form of fixed variables. Nonetheless a survey fits well within a mixed method approach like the one used in this project, despite our focus on perception and personal experience.

The survey is a 25 question long digital survey conducted using SurveyGizmo.com. First a pilot survey was conducted, where five women were asked to fill out the survey and give feedback,

based on this feedback, some structural changes were made such as making some questions optional.

Within these 25 questions, four optional elaborative ones are included.

It ran for 20 days and ended with 48 replies, whereas one was incomplete. Five replies were disqualified since they were replies from men, which is outside the scope of the project. Meaning the total amount of qualified replies ended on 42.

For some the optional questions several replies by the same respondee was recorded leading to over 42 answers for some questions.

The survey was constructed on and inspired by the health belief model, which looks at the beliefs and barriers people have regarding health. To do an activity, such as eating healthy, a form of motivation must be present. There must be a belief in the benefit it will reap and a trust in the usefulness of the activity. By activity, we not only refer to action but also mental beliefs and motivations. This will be explained further in the theoretical framework (Hayden, 2013).

The survey included questions about food choices as in restrictions and preferences, food awareness and habits, as well as perceived mood and mood swings.

The results from the survey will be presented as pie charts that illustrates the percentages as well as descriptions of said percentages. To conduct an accurate analysis of women's perception of health and food choice, we needed to conduct an exploratory investigation. The survey provided us with that. The results worked as a precursor for the interview guide.

The interviews

Semi-structured interviews are a means of interviewing a person without a fix agenda but with a guide to keep the interview from straying too far of topic. The benefit of a semi-structured interview is the flexibility and the possibility to respond to the participants' answers as opposite to

sticking to a rigid formula. This opens for new perspective on the topic which can produce richer and more subjective data than a fully structured interview (Kristensen & Hussain, 2016)

For our interviews, the survey was used as a stepping stone for further exploration. We decided to zone in on food awareness and habits by asking into how food was spoken of in their childhood homes, how their history with dieting had been and what they considered healthy and unhealthy among other questions. This was then examined further in the discourse analysis.

The interviews were conducted using a semi-structured interview guide containing 21 questions. Interviews were recorded and transcribed verbatim.

One interview had to be repeated due to recording problems, this might have affected the replies from the interviewee as they had already answered them on the previous day. This could possible increase social desirability, in the way that they already had an idea about what the interviewer wanted to hear.

Both interviews occurred in English since this was the shared language between all parties involved. However, this is not being the first language of the participants.

Another possible pitfall in the design might be the way the questions were asked or in what order they were asked, see appendix 1 for interview guide.

No pilot interview was conducted considering the survey was used as a stepping stone and the interview guide was built upon that.

Considerations

When designing a survey or interview, a lot of bias might occur, considering we do not have measurements and perform calculations such as confidence intervals, our bias will take the form of information bias.

Survey as one-way communication because it's a "transmission" of information, and no relationship with the receiver is made. The one-way communication lets the sender have the

power, both regarding what is asked but also regarding how the answers will be interpreted (Sapienza et al., 2017).

The bias we have likely encounter during the survey process is:

Information bias which, is the over or underreporting on a variable due to information problems (Juul et al., 2017). Especially two biases are relevant when talking about health, these are:

- Recall bias

When it comes to eating habits, it's especially difficult to remember what we have eaten. We tend to underreport or make ourselves seem healthier.

- Social desirability bias

People easily becomes affected by social desirability, the desire to report what we think the interviewer want to hear (Nederhof, 1985). Thus, you need more kind of data hence why the survey will be used alongside semi structured interviews.

Leading, wrongful or misunderstood questions is a third bias one might run into while designing a survey. How questions are perceived varies greatly and will be influenced by culture, literacy and norms.

To minimize wrongful or misunderstood questions, a pilot survey was sent out to five women who represented our target group.

Critical Discourse Analysis

- What is CDA and how it is used in the project?

"The basic premise of CDA is that discourse is shaped by social groupings culture and constructs, and has the power to limit our knowledge and beliefs" (Grbich, 2013).

However, CDA can focus on components from other discursive variants eg. linguistically or sociologically oriented discourse.

CDA involves the interaction of three components: 1. The text, 2. Discursive practices and 3. The broad social context. CDA has a general-broad guideline for how to approach the data, which allows flexibility within the analysis. It contains several points as listed by Teun A. van Dijk in “Aims of Critical Discourse Analysis” (1995), but only few are mentioned as those are relevant for the following project:

- The focus on the relation between discourse and society
- Power is developed and maintained in society by discursive practices
- Focuses on the socially/culturally- oriented problem
- A socio-cognitive approach can expose the links between text and society
- Systematic discourse analysis involves investigation and interpretation of content and context
- Uncover the discursive means of mental control and social influence
- Attempt to uncover, what is implicit hidden or otherwise not obvious in relations of discursively enacted dominance [...]

CDA is a conscious tool of social change. Through the description of a certain phenomenon, one changes the context in which it occurs - that is, it pays attention to it, puts an emphasis on it, gives it meaning. In this way, one spreads discursive awareness and discovers hidden layers of discourse. Therefore, the activities of CDA taken in this project can be considered in terms of raising awareness of the social problem of persuasion of an individual to eat “healthy” or just the impact of environmental factors on the selection and consumption of food. Moreover, disseminating knowledge about them and looking for the discursive indicators of its influence on emotional wellbeing.

Within discourse analysis several concepts are used to find meaning within the context of the discourse. In the project the concept of nodal point, chain of equivalence, chain of difference and antagonism (Sørensen 2011) will help in finding the discursive indicators within the context. Nodal point creates the meaning of the discourse it is the main theme of the text where chain of equivalence points at the main theme of the discourse by making a connection between concepts.

Antagonism, on the other hand develops the discourse theme based on conflicting interests; it is an opposition to the discourse's main theme and it is created by the chain of difference.

Within the project the critical approach is applied to conducted semi-structured interviews with a socio-political and oppositional way of investigation of the data. Here CDA is used as an analytical tool to explore eating habits in relation to health and discover i.a. if social influences on eating choices can be pervasive or/ and have a powerful influence on the individuals' wellbeing in relation to dietary choices. It is transparent in the empirical data, as well as in other studies (Higgs & Thomas, 2015) *that one is more likely willing to follow an eating norm if it is perceived to be relevant based on a social comparison.*

The choice of food depends on many factors that affect people in different ways, leading to the choice of some products and the rejection of others. More often the significant role of socio-cultural factors is emphasized, which often shape dietary behaviors of people than physiological factors. The gathered data results indicate that i.a. economic factors are an important determinant of food selection. Moreover, the influence of such social factors as family and friends or media on dietary behavior is observed. Preferences and the choice of products or meals are also significantly influenced by the context and the experience of an individual. Therefore, the aim of CDA within this project lies in exploration of social eating norms in relation to its effect on individual emotional wellbeing.

Secondary data

Described above is our primary data methods, hence data we have collected ourselves and are the primary interpreters of.

Due to the limited amount of primary data, secondary data will be included.

This is done to strengthen the project and view the project from different angles. Despite the strength of having primary data, secondary data might expand the possibilities and perspectives observed in the primary data. It will be used to both support and counteract the interpretations gained by the analysis of the primary data.

To ensure quality, several criteria for acceptable secondary data was set, these goes as follows:

- The paper had to be published within the last 20 years unless it was a model or from WHO fact sheets and supported by current data from other sources.
- Must be done in westernized countries to resemble the target group and culture better. Preferably American or Scandinavian.
- Must be free due to limited funds.
- Must be e human trials and not animal based studies.
- Must Contain at least one of the search words.
- Must be from a credible site or publisher.

Mixed methods

Without the use of mixed methods, the inconsistency between our assumption that health is very related to emotional wellbeing, and the this is reflected in the perception of women, and what the actual empirical data showed will have been recognized had we only used quantitative data or qualitative data. The pilot survey showed that emotional wellbeing, described as mood had a significant connection with food and we thus continued with an edited version, however when documenting the interviews, it became clear that there was a heavy weight on physical health and wellbeing, with weight and appearance being important. Had we only had the survey, we might have missed or undervalued the effects of physical health on the perception of health in women. The survey also points on the social construction perspective of food choices regarding body image and the idea of a desirable body which is socially motivated. Both the survey and the critical discourse analysis showed a connection between the motivation to change and body image.

The project works within human health science which is varied, complex and consists not only of natural science but also includes social science, considering that health does not occur as a singular containable event but in social settings and different contexts, which are constantly replicated and everyone has their own social construct in which they regard and perceive health.

Thus, both tools from a more natural science-oriented approach and from a social science approach is needed to illuminate the concept that is health.

Analysis

Introduction to the analysis

Considering the data was collected sequentially, with the survey done before the interviews and survey served as a tool in designing the interview guide, the analysis will also be done sequentially. First, we will look at the survey, with a special focus on health belief model within mood, weight and what is considered healthy by the respondents. Second, we will perform a critical discourse analysis applied on the qualitative semi-structured interviews of two participants A and B with a health belief model as a lens to view motivating factors and actions through. Finally, we will see how this tie together in a partial discussion of both analyses. Thus, participants' motivation behind eating habits, their food choices and factors influencing those choices will be revealed.

Survey Analysis

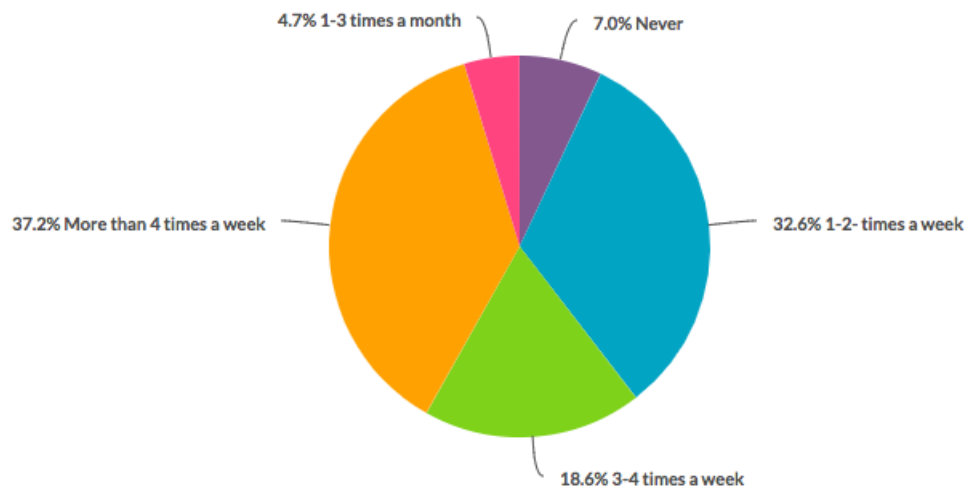
Healthy is a relative term and has many meanings, it is a matter of who and maybe even more so how you ask.

In the survey when people were asked to describe their diet 7 out of 22 used varied version of healthy/unhealthy to explain their eating habits. Most of them plainly used healthy, whereas a few gave more elaborate answers and explained their diets instead of labelling it as one of the other. When asked specifically, what their eating habit where like survey answers reflected a tendency of associating healthy food with fruit and vegetables. 37% replied that they ate the recommended amount of fruit and vegetable more than 4 times a week. Most of the respondents ate according to Danish recommendations a few times a week.

“When eating healthy I feel both better with myself. But also, healthy foods (fruits, veg) improves your energy levels, which I agree with”

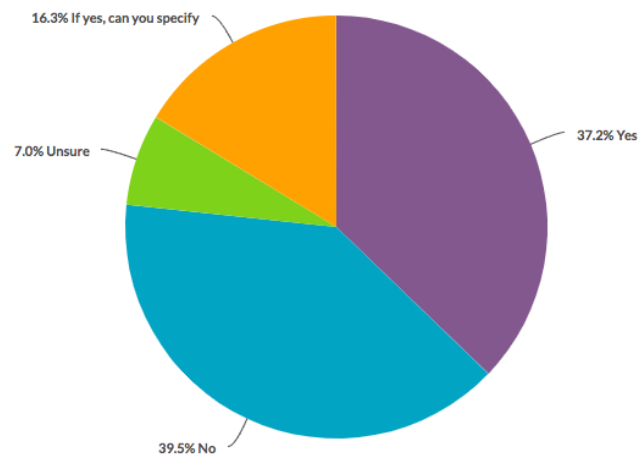
Some mentioned their eating habits as being normal but did not specify, others mentioned motivating factors for their eating habits such as controlling their weight, having enough energy or having a specific diet due to medical reasons.

13. How often do you eat the recommended amount of fruits and vegetables (600g a day)?



An almost equal amount said yes, they do avoid certain food and no they do not, 37% and 39% respectively. This shows a dichotomous approach to eating habits, where the participants are equally divided within their behavior. Regarding the avoidance behavior, the main cause for cutting something out of their diet was shown in the optional written replies where several had replied that it was meat they avoided. So, avoidance of a food is not necessarily about cutting carbohydrates or other major nutrient groups. Which is commonly seen in popular diets such the atkins diet where carbohydrates are very low or high protein diets such as paleo. These diets are often designed to lose weight or more specifically lose body fat (Layman, 2003).

11. Are there specific foods or food groups you avoid?

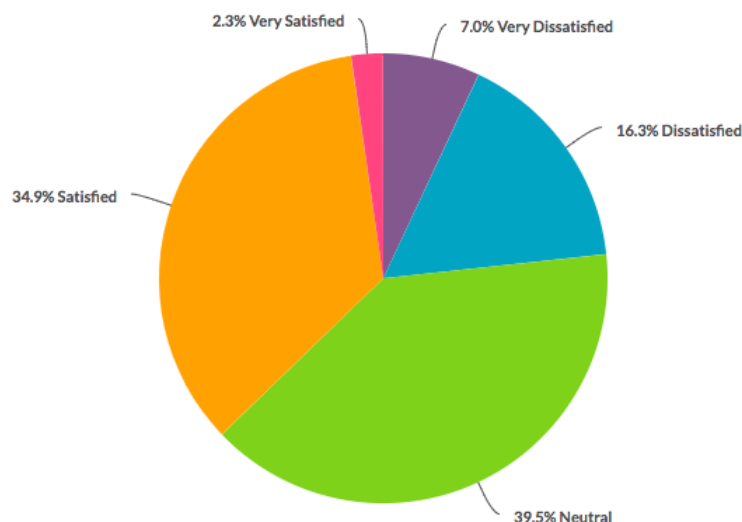


Weight is a continuous theme in both our interviews and the replies given in the Bisogni study, as well as the survey. 10 out of 35 written respondents mentioned in the survey that weight loss was a motivating factor for dietary changes, for some it was closely related to cues to action such as medical conditions which could be regulated by monitoring and controlling diet and weight.

Appearance is a way to identify ourselves, and our weight, eating and body image have the possibility of affecting that. Appearance can also work as a motivating factor, it may even relate to our self-efficacy. If we look a certain desired way, it may help improve performance in other fields, it is thus a chain reaction.

Eating habits influence mood, this is reflected in the survey with 56% of respondents saying that they feel an association between the two. moods such as being angry, sad and tired were mentioned in the optional section as the ones influencing them.

4. Within the last week, how would you describe your general mood?



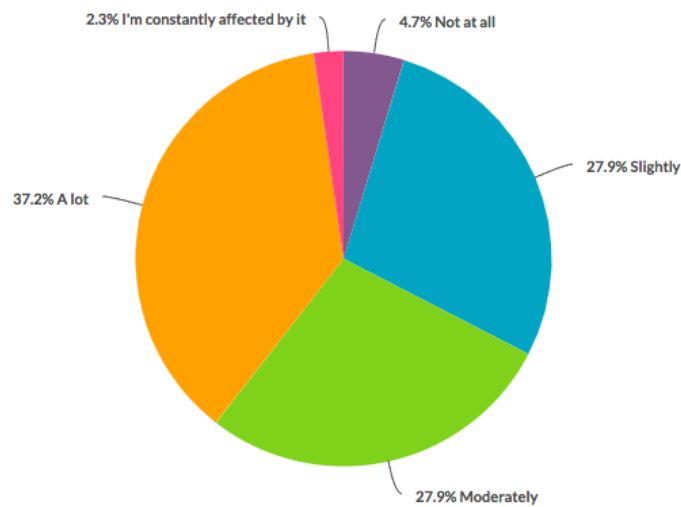
74.4% reported experiencing mood swings despite as much 39% describing general mood as neutral within the last week.

Despite this high number of respondents claiming they feel an association, the action connection between the two are not shown within the answers given.

32% mentioned feeling mood swings as often as 3-4 times a week and 14 mentioned feeling it more than 4 times a week. Only 14% answered "not applicable" to the answer. This seems to conflict with the answer that 39% were neutral.

This could also depend on what kind of week that respondents have had, whether it was significant to them or no. Another reason to reply neutral might be that they did not understand the questions as intended.

9. How does poor mood affect your everyday life?



The 32% mentioning mood swings 3-4 times a week are likely also the ones reporting being very affected by poor mood in their everyday life.

This effect on mood could be used as a motivating factor for dietary changes. Considering the severity is high, the benefit, improved mood might outweigh the cost, effort spend changing.

In the survey 39% mentioned feeling satisfied with themselves after dietary changes, one specified by saying *“Just that good feeling about yourself which makes me feel beautiful”* and *“My mood, I don’t feel so full. I look and feel much better”*. The use of the word feel/feeling is of interest due to its dual meaning, at first it’s an emotional express that relates to oneself whereas in the second quote it is first a physical expression and than an emotional one. However, this dual use of the word feel can make it hard to specify what it meant unless the rest of the context is clear.

Discourse Analysis

Participant A

Wellbeing is the nodal point within the discourse of participant A, (see appendix 2 for complete interview). She talks about her eating habits in the context of health and healthy lifestyle. She uses words like “more energetic”; “relaxed”; “exercises” in relation to healthy food choices. The word “diet” is associated with something positive by the participant A (as opposite to participant B) and the antagonism to wellbeing within her discourse is clearly fear of illness or being disabled in the

future. Participant A mentions not wanting a life where she must go to the doctors and where moving around is unpleasant. The perceived seriousness of weight and unhealthiness has swayed her to make changes in her eating habits as shown by the chain of difference. It points out the concern for elderdom and health with words and sentences like “I don’t have stomach problems” and

“[...] when you look at some people struggling in everyday life going to doctors once or twice a week because everything hurts them, like this hurt and that hurts [pointing at the stomach] I don’t want to spend my life like that, so it’s health”

which indicates the fear of pain and her motivation for diet change. Moreover, participant A talks about unhealthy food in terms of *“[...] they can do some damage to your organs”* which again expresses her fear of illness. She also mentions “struggling with things” in relation to her being “overweight” and “unhealthy” which manifests the fear of being disabled. On the other hand, weight is mentioned by the participant A as the primary reason for dieting *“I mean at very beginning it was weight to be honest but after a while I started to think about it differently and it is really health than other benefits(...)”*

In a study by Bisogni et al, it was found that we identify a lot with how we eat, and that body image is one of the thing, we associate eating with (Bisogni, 2002). The discourse shows that eating is simply not a matter of consuming food but a way of showing who we are. In relation to that, participant A’s discourse also shows a strong social and environmental impact with a strong emphasis on today's “awareness” about the healthy lifestyle. The participant struggled with unhealthy choices in the past therefore she underpins the strong emphasis on “now” when she speaks of healthy eating habits. She refers to the unhealthy eating choices as a “problem” in the past and uses the adjective “popular” while she describes healthy eating habits and lifestyle in the present time. This discourse can be related to the discourse of the participant B while they both put an emphasis on the diet being a trend in today’s culture. Moreover, participant A is under a strong influence of her partner. The indicators of that are clear within the context of the discourse as well as her statement that he is the one making changes to her diet. The statement *“in general it is all over TV, between your friends, everywhere practically there is a talk about diet, exercise or healthy life or whatever trend [...]”* indicates strong environmental influence on the participant and the verb

“reading” used in relation to research done by the participant on healthy/unhealthy food choices demonstrate the power of persuasion that societal and environmental factors can have on the individual.

Participant B

Participant B focuses on food in terms of diet and lifestyle where diet is the nodal point of her discourse, (see complete interview in appendix 3). Her main association with the word diet is seen throughout the interview as a negative phenomenon. She describes diet with words like: “crash diets”; “unhealthy”; “conflicting”; “body image”; “lose weight”, “quick effects”; “hardcore”; “disturbing”; “negative” and sentences like: “Oh, my god, what have I done”; “I associated carbs with something negative, in my head”. This also points to her old mental wellbeing, or lack of. If we attempt to put it into the health belief model we will see that the motivating factor is not actual health but a focus on looking a certain desirable way. However, she regards the problem, her body image and weight, as severe enough to act on it as if there were an actual health threat. In her perception she considered herself overweight and thus see this as a health problem.

“oh, I wish I could just puke it out” where “It” is describing the “bad food” thus, there exists a relation to guilt after eating. ; “Oh, everything is lost now”; “How I’m gonna look”; “walking in the dark”; while answering the question what advice she would give to her 15 year old self, she answered that “Calm the fuck down (...) what everybody would say to their 15 year old self on a diet” which means that she perceives people on a diet being unhealthy just as herself at the time.

On the other hand, while talking of healthy food, one of the first things mentioned in both interviews were fruits and vegetables. Especially the green kind. It is commonly associated with health to a higher degree. Participant B said:

“(...)I try to eat more greens just because, I don’t know, it’s healthy I guess” Participant B has a lot of knowledge about food, yet still some of her reasoning behind certain behavior found within the discourse is built on a generalized way of thinking, which points to another matter found within the chain of equivalence. Namely the strong impact of environmental and social aspects of dieting on participant B. The discourse shows the environmental and social representation of food norms as guidance for participant B as the common understanding that green vegetables are superior in health. Moreover, from the very start she puts a strong emphasis on environmental role of ethics in

her choice of becoming a vegan, later while she recalls her different diets from the past she refers to being “prone”; “influenced” by “that”, where “that” refers to researching specific diet culture. She uses several different diet names like, “con diet”, “crash diet” she also associates diet with media culture, she refers to it as “pop science”, which is simply said the influence social media “vlog, YouTube channels” has on her choice of eating habits.

The chain of difference within the discourse shows that the antagonism to “diet” as perceived by the participant is “lifestyle”. She states clearly from the start that she is a vegan and it is clearly shown by her tone emphasis and attitude that she is proud of her eating habits. She refers to it several times as “lifestyle” especially in relation to diet with a “contradicting association” --> chain of difference. Within the chain of difference, we can find words describing the lifestyle like “pretty good”; “energized”; “very well”; “health” which all relates to her new state of emotional wellbeing. However, the food choices are also reflected in her physical efficiency as participant B mentions, she experiences a drop-in energy and motivation after making poor food choices:

“yeah, I, usually the day after, I mean also on the day because I’m usually more tired and just wanna lie in bed watching a movie maybe. But especially the day after, I do. I started running and I can tell that if I ate a lot the day before but a lot of healthy food, I would have an amazing workout but if I ate not enough or food that are not necessarily as nutritious, then I kind of cut my workout halfway through and I just feel very tired.”

This is also an example of a motivating factor in the regard that eating poorly makes her feel worse and thus she is more motivated to eating healthy to feel better. It is not enough to be a cue to action though (Hayden, 2013). On the other hand, she states several times, in contradiction to the context of the health belief model, that her eating habits and choices regarding food are not based in health reasons. Nonetheless she still talks about how she now understands more about what is good to put into her body and that health is important. She also shows signs of being very susceptible to environmental and social forces. For example, when she says *“I stumbled upon a book, read a book about the animal industry and then overnight went “oh I don’t wanna do that anymore” [...]*” the quote clearly shows how much persuasive power the book has over her. Moreover, when she later researches the media and digs into the subject, which she also did with the “crash diets” that she

regrets having. Additionally, the strong cultural and environmental impact is seen from her closest relative when she says “[...] *my mom mostly did it for herself and it was like me... she never made me do it, but I was like “oh, I wanna eat like that as well, that sounds fun” [...]*” the relation the discourses shows between her and her mother in relation to food seems disturbing. Especially in regard to the weight loss, she mentioned having had restrictive eating regime in her teenage years but had since found peace with her eating habits, however weight loss is still being mentioned within the discourse:

“I guess the focus was mostly on “we need to get skinnier” in a way because I was overweight, and she was overweight, and it was very much like walking in the dark and trying to see.”

Previously she had mentioned her mother trying to establish healthy eating habits to *help* with weight loss AND to keep the family healthy whereas the discourse shows that the sole reason for dietary changes are only weight loss related as seen in the use of the word “skinnier” which indicates that they were already skinny to begin with.

The mother can here be a person who functions as the cue to action for weight loss, in the sense that her presence motivates weight loss. Moreover, she mentions several times that she was overweight, and she and her mother together wanted to lose weight. Moreover, the use of personal pronouns by the participant indicates a strong connection between them especially in relation to food. (WE as I; SHE as WE). Thus, participant B in her statements and throughout the context of the discourse shows symptoms that could indicate a struggle with eating disorder (in the past but still having a small impact) caused by hegemonic influence of social media and the closest relative that is her mother.

Social media is a main resource of information on food as shown in the interview and referred to as culture like “pop culture diets” “books”; “blogs”; “Vlogs”; “YouTube channels” within this specific discourse are all indicators of power of social pressure.

The outcome of the discourse is that social pressure can cause reality disturbance in relation to participant B’s eating habits and at worst might cause disordered eating behavior.

An article by Inthorn and Boyce shows that British primetime health TV has a heavy focus on obesity. The way the shows educate people are by shaming them and telling them that it is solely their own fault and responsibility that they are obese or are at risk for it (Inthorn and Boyce, 2010). This

discourse of shame relates to disordered eating due to lack of knowledge. Participant B was at the time ashamed by her body and sought out quick fixes to control her weight.

Partial discussion and conclusion of the analysis

The discussion of the results is based in whole empirical data, both the survey and the interviews. Here the aim is to partly conclude on the findings and summarise the outcome of the appliance of Health belief theory within the critical discourse analysis. Namely, in both the interviews and the survey we see a clear focus on weight as being an integrated part of the perception of health, that these women have. It is mentioned multiple times within the responses to several different questions on health. Thus, the data implies that health is a very physical thing whereas our first assumption was that emotional wellbeing would be highly relevant and emphasized within the health discourse. Nonetheless the emotional aspect was not completely off, it was simply not the focus within current societal health discourse. The discourse of appearance and physical health being important was already reigning back in 2008 as an article about english-canadian magazines and responsibilities of health (Roy, 2008). The emphasize on responsibility shows its pull within behavioral attitudes and health belief, when the magazine making it the women's duty to remain healthy in the matter described within the magazine. Even though we have a heavy focus on perception, outside forces and influences holds a very strong impact on these perceptions and the women's ideas of what health is or should be.

In the pilot survey the question, "*how you feel*" was intended as being mentally oriented whereas the answers in the actual survey indicates that feel is understood as physical factor. This was also reflected in the interviews, where when asked, the participants replied, "I have more energy". This means that determining whether food affects the emotional wellbeing of these women is hard or it might be due to there being a very low emotional connection of mood in relation to food. It is difficult to answer this. Nonetheless the survey was not in vain as it indicates a tendency to relate weight and body image to healthiness. Thus, health as the survey pinpoints is to some women, a look and not a lifestyle. It is also reflected by the focus on weight as is a continuous theme in both our interviews and the replies given in the Bisogni study, as well as the survey. 10 out of 35

respondents mentioned in the optional written answers in the survey that weight loss was a motivating factor for dietary changes. On the other hand, it can be argued that the interviews contradict that outcome, to an extent, as both participant A and B relate the weight loss to healthy lifestyle, where dietary changes related to other health related choices as exercises.

Appearance is a way to identify ourselves, and our weight, eating and body image have the possibility of affecting that. Appearance can also work as a motivating factor, it may even relate to our self-efficacy, regarding how good we are at maintaining an achievement. If we look a certain desired way, it may help improve performance in other fields, it is thus a chain reaction. Moreover, it can also motivate to engage in other health promoting behavior such as physical activity due to gained energy as shown in both interviews.

The significance of the discourse found in the interviews reflects on the impact of modern society and cultural/environmental factors. The adoption of CDA shows the environmental and cultural elements in the use of the language, and within HBM the environmental and cultural elements are also viewed as motivating factors. Therefore, the relevance of the discourse is critical in the project as it clearly undermines the individuality of the participants and their perceptions. Had only HBM been used, the reasons behind some of the motivating factors might have been lost in the context such as limiting food items due to dieting or due to fear of illness but most importantly the reason behind the choices of food. Food choices made are impacted by societal and environmental hegemony.

Conclusion

Within the discourse it is found that women perceive food dichotomously, food is either healthy or unhealthy. They perceive it as a way of indicating their lifestyle to themselves and others. It can be used as an identifier or contribute to the definition of who we are. Moreover, the food choices do influence their perception of health by altering their behavior, leading to better health in the long term. However, the perception is strongly impacted by outside forces such as the environment these women live within. Emotional wellbeing is not as significant and central within the discourse

as assumed. The discourse within this project did not show that food choices and emotional wellbeing were closely connected. It was not significant for the participants. Instead of the emotional wellbeing, the women focus on physical health, especially weight, which showed to be central to wellbeing.

Further research and considerations

Considering the small size of this project, further research could be to include more interviews and aim to get a large study population in the survey. This project is to be nothing more than a stepping stone for further research and does not in itself include enough data to say something definite about the perception of eating habits of women. It is merely an indicator of one possible way of viewing food perceptions.

Limitations

There are several limitations to the project. The limitations are primarily found within the methodology and process of the project.

Interview and survey which are the empirical data of the project have the disadvantage of small scaled data, which makes it impossible to generalize or to conclude on the outcome unambiguously.

In the survey there are possible misconceptions of the terminology used while conducting the survey. Among others, the term 'mood' used in the survey impacted the application and interpretation of the results of the study by the misunderstanding of the concept by the respondents which altered the given outcome.

Moreover one of the interviews could be impacted in terms of reliability while being conducted because of researchers close relation to the participant. Also the analysis can be influenced by the researchers close relationship to both participants due to the possible impact of background knowledge on the participants.

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