

**A STUDY OF UNIVERSITY STUDENTS' PERCEPTIONS AND  
EXPERIENCES AROUND FOOD PRACTICES**

by

© Kelly Hunter

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## **Abstract**

Food practices are complex behaviours, influenced by a range of factors within the socio-cultural, economic, political, and environmental contexts. University students, many of whom are in the phase of “emerging adulthood,” live in unique contexts, oftentimes are in the process of adapting to new independence, while managing limited budgets and dealing with busy schedules and competing priorities, which can impact their food purchasing, preparation, and consumption practices. This thesis outlines a mixed-methods research study conducted on the food practices of undergraduate students living in St. John’s, NL. Through the use of surveys and in-depth interviews, this research explores students’ perceptions and experiences with food and health, looking at how complex interrelations between social, cultural, economic, and environmental factors influence these understandings and behaviours. Reflecting the dominant discourse, participants indicated their concern with eating healthy. However, a range of factors impact their ability to do so, with time constraints, lack of energy, financial difficulties, peer influence, and availability of food being some of the most common.

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## **List of abbreviations**

CCHS – Canadian Community Health Survey

CFG – Canada’s Food Guide

HREB – Health Research Ethics Board

MUN – Memorial University

NL – Newfoundland and Labrador

SES – Socioeconomic status

UC – University Centre

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## **Chapter 1 - Introduction**

### **1.1 Importance of studying food**

Diet and lifestyle have become central areas of focus within health promotion, with most interventions aimed at the individual level. The focus on food practices in health promotion has been in part propelled by the so-called “obesity epidemic,” which equates body weight to level of health. Despite good intentions, many of these interventions are problematic in both their limited scope as well as the moralistic tone of the messages, in that they foster expectations that individuals have the moral obligation to adhere to these “healthy lifestyles” (Beausoleil, 2009; Frohlich, Poland, & Shareck, 2012; Traverso-Yeppez & Hunter, 2016). The main problem is that when approached in isolation, these interventions tend to neglect the various levels of influence behind such lifestyles.

However, food practices are crucial behaviours to explore, due to their complexity and pertinence to all aspects of life. Food practices are closely and intrinsically linked to tradition and social customs, making food a central aspect of cultural identity and conventions (Lupton, 1996). The relevance of food in health and well-being goes beyond getting enough energy for the body to sustain itself or the potential link between nutrition and the presence of chronic diseases or illnesses (Welch, McMahon, & Wright, 2012). Although the presence or absence of disease are explicit ways in which food and nutrition is manifested through the state of health and wellness, the influence that food has on general well-being and quality of life in the physical, mental, social, and cultural senses are imperative to acknowledge and understand (Lupton, 1996).

In studying food practices, it is obvious that they cannot be reduced to a single isolated influential factor, as these acts are embedded in contemporary social, political, economic, and environmental structures that are constantly shifting according to larger transformations at the societal level (Story, Neumark-Sztainer, & French, 2002). The complexity and interrelatedness of the underlying factors influencing food practices are apparent when attempting to untangle explanations around food purchasing, preparation, and consumption patterns. This complexity makes it necessary to employ a more comprehensive framework to delineate the varying environmental levels and contexts that shape perceptions and experiences around health, eating, and food practices and the role of individual autonomy and choice within structural context.

The research discussed in this thesis explores these multifaceted challenges by exploring university students' perceptions and experiences around food practices. This research provides an enhanced understanding of the complex and competing factors at the social, cultural, economic, and environmental levels and how they influence Memorial University (MUN) students' food practices. My objectives are:

1. To investigate university students' experiences and perceptions around their food purchasing, preparation, and consumption practices.
2. To examine environmental barriers that influence students' food purchasing and preparation practices.
3. To explore any economic challenges students may face in accessing affordable, nutritious foods.

4. To identify social and cultural factors that influence food choice among university students.
5. To explore how factors like media and popular culture impact students' psycho-social perceptions of and attitudes about eating.

## **1.2 Rationale**

Food, as already stated, is an integral aspect of human life, with social, cultural, political, and economic implications. As an array of factors located at the micro- and macro-levels influence food practices, it is important to take a holistic approach in understanding why people engage in particular practices and their attitudes and perceptions around food and health. However, many studies and health promotion interventions tend to focus on one isolated factor, addressing either individual behaviours or structural conditions. This is likely for ease of analysis or to allow for a more in-depth consideration of one issue.

Furthermore, the majority of the research on this topic is quantitative. Thus, there is a need for research that explores people's experiences and perceptions through the use of qualitative, exploratory methods. I adopted a mixed methods approach, and the qualitative data gathered has allowed me to address this gap in the literature.

I chose to focus specifically on university students, partially because I have first-hand knowledge and experience with many of the factors and barriers influencing this population's food practices, but also because of the unique environmental context in which university students live. The majority of students enrolled in undergraduate programs are considered "emerging adults" (Arnett, 2000), in other words, they are

between 18 to 25 years of age, a period often depicted as the “limbo” between childhood/adolescence and what is considered adult life. Within this time period, many individuals are living apart from their immediate families for the first time and are experiencing more autonomy and decision-making (Graham & Laska, 2012; Greaney et al., 2009; Nelson, Story, Larson, Neumark-Sztainer, & Lytle, 2008). Despite increased independence, many young adults in this phase are not yet at a point of financial, residential, or employment stability (Nelson et al., 2008). Furthermore, adapting to new environments and new priorities can be challenging to some of these young adults (Greaney et al., 2009); this is a time when individuals are required to develop and enhance their self-efficacy and autonomy (Nelson et al., 2008). Although it has not been a thoroughly researched area, “the transition from adolescence to young adulthood is gaining recognition as an important time for health promotion and disease prevention” (Nelson et al., 2008, p. 2205).

Despite being an educated group and likely aware of the dominant health discourse around food, university students juggle busy lives, balancing school, social lives, and often part-time work, which can result in overlooking their food practices. Similarly, factors like budgets, cost of food, and access to foods can all influence food purchasing practices, while peer influence and family background can impact consumption practices, such as sharing meals. At the same time, perceptions and attitudes of food and eating are shaped by societal and cultural norms and discourse around health and bodies. These are a couple examples of the range of factors influencing food

practices that this study explores, looking at the unique situation of university students living in St. John's, Newfoundland and Labrador (NL) .

### **1.2.1 The Newfoundland and Labrador context**

The geographic context of the research is critical to acknowledge, particularly in considering how this study will address a gap in the literature. Much of the literature on university students' food practices is American (Furia, Lee, Strother, & Huang, 2009; see Greaney et al., 2009; Nelson et al., 2008), with a handful of European studies (see Deliens, Clarys, De Bourdeaudhuij, & Deforche, 2014; El Ansari, Stock, & Mikolajczyk, 2012; Sharma, Harker, Harker, & Reinhard, 2009), indicating a need for more research from a Canadian context. As an isolated island, Newfoundland has a unique cultural heritage and faces particular challenges regarding its food system. Suffering from a short growing season, the province is limited in the amount of food it produces, resulting in 90% of fresh fruits and vegetables being imported from mainland Canada or elsewhere in the world (Quinlan, 2012). This has resulted in imported food being costly (compared to other Canadian provinces), as well as grocery stores often being forced to sell poorer quality produce. Labrador, the portion of the province located on the mainland, east of Quebec, has even more challenges regarding food security and access to healthy, affordable foods (Quinlan, 2012).

An emphasis on traditional food production still exists in some parts of the province, particularly in rural areas. This includes fishing, moose hunting, growing root vegetables, and berry-picking, to name a few of the most common. These practices are linked to culturally traditional foods acting as a tool for cultural continuity (Everett,

2009). Although the fisheries have historically been a major resource for the island, issues around sustainability of the fish populations have considerably decreased the amount of fish being caught. Furthermore, prioritizing the exportation of this resource has limited Newfoundlanders' dependencies on the fish markets as being a primary food staple. Despite best efforts to maintain culturally traditional food practices in the province, NL has not been immune to the globalized, industrial food system, which is reflected in the shifting food practices of the population (Everett, 2009).

With obesity rates among adults in the province at 35% in 2012 - above the Canadian average of 24.8% (Statistics Canada, 2014) - NL is often positioned in the media as being a “problem population” (Everett, 2009; McPhail, 2013). This was particularly evident in a news article from 2015, where a Norwegian reporter unabashedly scorned the eating habits and bodies of Newfoundlanders living on the Northern Peninsula, depicting them as grotesque, out-of-control beings (CBC News, 2015b). This example, as well as the countless other instances in the media that negatively depict Newfoundlanders as overweight have shifted perceptions of eating in the province (Everett, 2009). A qualitative study conducted by McPhail (2013) in the province around food practices, reflected Newfoundlanders' adherence to dominant discourses around the obesity epidemic and the dichotomies of food and healthy eating. Participants in this study depicted health according to weight, referencing the structural barriers they face around their food choice. McPhail's findings reflect the racist, classist, and gendered stereotypes that pervade the construction of this “problem population,” with the “intent to disrupt classist stereotypes about Newfoundlanders as ubiquitously fat due to lack of

knowledge or care about health” (McPhail, 2013, p. 299). Her work recognizes the structural and geographic circumstances and socio-economic realities that limit “free choice” around food, particularly in this context (McPhail, 2013).

Although there have been studies looking at food practices and food security in the province, there is a need for more research that takes a critical approach and questions the dominant discourse around food and health. Furthermore, there is a need for research on university students’ food practices in the province, which has been very limited up to now.

### **1.2.2 Relevance to health promotion messages and interventions**

Since the dissemination of the Ottawa Charter (1986), a multilevel approach to health promotion interventions has been recommended, considering not only individual influences, but also community, organizational, and structural conditions influencing people’s behaviours. However, the trend has been to focus on individuals, due to the complexity and scope of structural conditions (Frohlich et al., 2012). This fragmented approach is limited in its ability to effectively implement change in people’s health behaviours, as examined in Frohlich et al.’s discussion on the structural/agency debate (this is explored in more detail in the literature review in Chapter 2). A holistic approach that considers food choice beyond individualism is necessary to address the complexity behind people’s practices. Effective health promotion interventions require an understanding of people’s lifestyles and their perceptions, grounded in qualitative research.

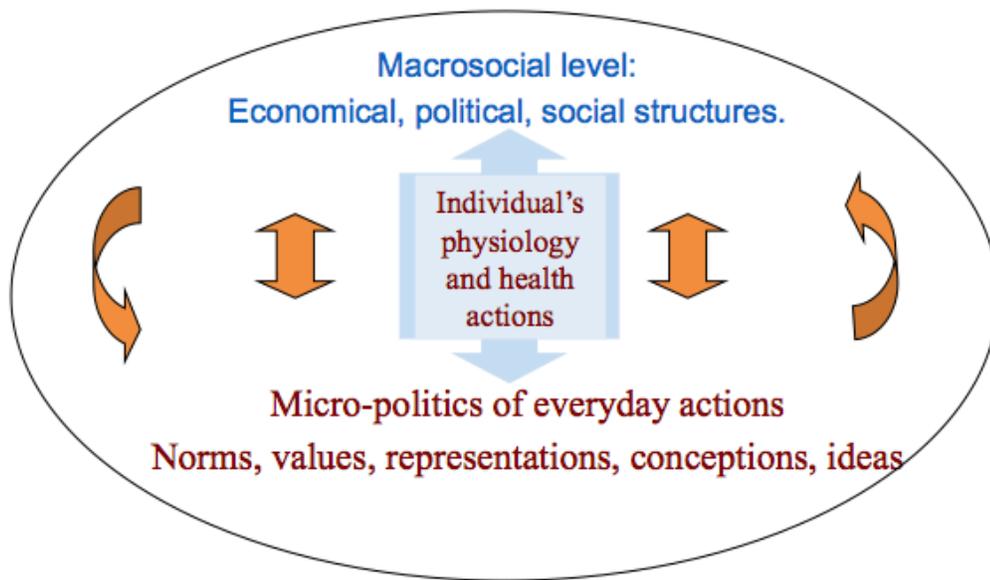


Figure 1.1 - Interactions between macro level and micro politics (Traverso-Yepez, 2008)

The above framework illustrates the interactions between the macro (structural) level and micro-politics present within the individual level. The constant interface between these two levels and the role they have on individuals' actions and behaviours are relevant to the study, which will be explored in depth in Chapter 2.

Looking closer at the micro-politics of health actions allows us to further understand the complexity around people's actions and its accounts (Radley & Billig, 1996). These actions do not happen in isolation, but also through interactions with people with whom one has significant connections in their surrounding environment (Figure 1.2 below). These multiple influences explain the diverse and often contradictory accounts in individual's health actions, depending on this immediate interactional environment (Stead, McDermott, MacKintosh, & Adamson, 2011; Traverso-Yepez, 2008). This is an

example how students may be influenced either positively or negatively by peers, in their efforts to fit in their new social environments (Stead et al., 2011).

### Closer look to the micro-politics of health actions

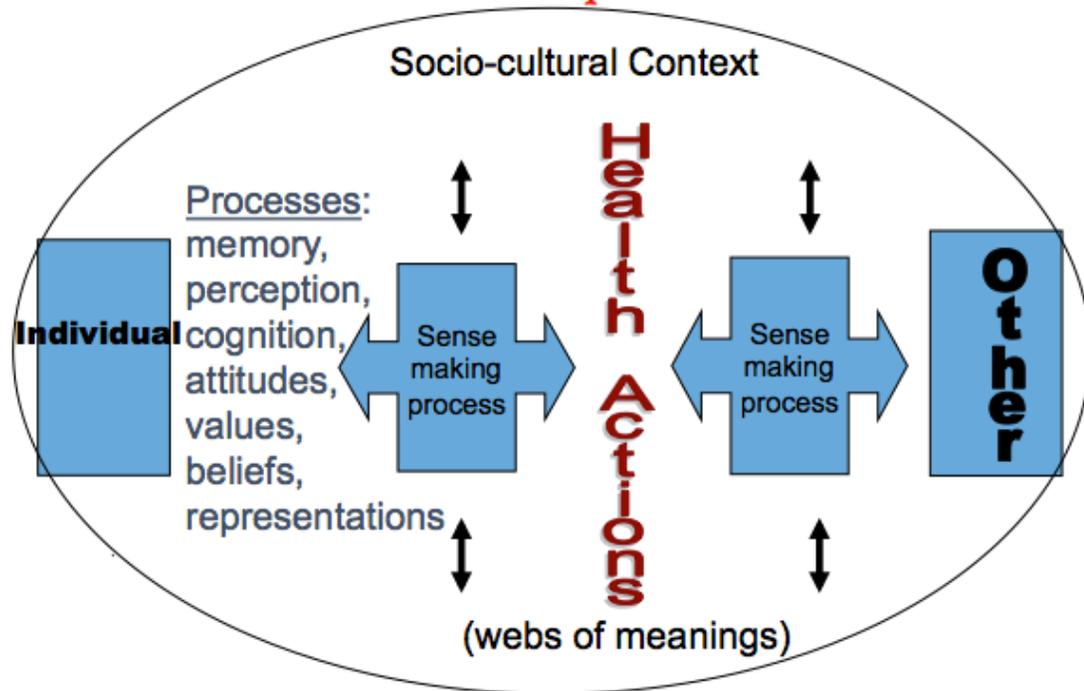


Figure 1.2 - Micro-politics of health actions (adapted from Traverso-Yepez, 2008)

Another problematic aspect of health promotion that my research addresses is the moralism often embedded within interventions (Traverso-Yepez & Hunter, 2016). This is particularly relevant in interventions around healthy eating, where a moral dichotomy between “good food” and “bad food” is disseminated through dominant discourses:

Vernacular health moralities, drawing from different modalities and hierarchies of discourse, reinforce class biases that are not normalized as simple distinction between ‘good’ and ‘bad’ foods, habits, and, ultimately, individuals, while eliding issues of unequal access and diverse sociocultural value systems. (Everett, 2009)

By illustrating the diversity of people’s perceptions of health and what constitutes “healthy eating,” we can begin to disrupt these problematic, taken for granted notions.

### **1.3 Thesis outline**

This thesis is divided into five chapters. This chapter introduces the research problem and provides a brief outline. Chapter 2 provides a literature review on food systems and practices, delineating the various interconnected levels of influence affecting individuals' choices and behaviours. Chapter 3 describes the methodological paradigm and the research methods. The findings from both the quantitative and qualitative portions of the project are presented in Chapter 4. Finally, Chapter 5 provides a more in-depth discussion of the results, explores potential limitations of the study and identifies areas for future research. Final considerations are also included in this chapter.

## **Chapter 2 - Literature review**

Food choice, like most human behaviour, is an incredibly complex and multifaceted occurrence. There are different interrelated layers of influence affecting food purchasing, preparation, and consumption patterns (Story et al., 2002). There is a need to look at these interdependent dynamics holistically without the analysis becoming muddled and somewhat convoluted. This is where an expansive, yet comprehensible, framework is useful to aid in the evaluation.

### **2.1 Conceptual frameworks to understand the complexities**

A number of models have been proposed to better understand the role of the environment in food practices. One such model is Swinburn, Egger, and Raza's (1999) ANGELO (Analysis Grid for Environments Linked to Obesity) framework. Acting as a model to analyse the various environmental influences on food practices, the ANGELO framework examines how obesity is promoted (or not) through the environment and is intended to shape interventions to address the structural causes of this health issue (Swinburn, Egger, & Raza, 1999). This framework operates on a two by four grid, which is divided based on the different types of environments. The environmental categories are organized similarly to the ecological framework: examining the physical, economic, political, and sociocultural contexts (Swinburn et al., 1999). This framework is intended to classify an environment as being either obesogenic or leptogenic, with the former promoting obesity while the latter encourages physical activity and health. Using the ANGELO framework allows policy makers and program developers to identify the

environmental setting that needs to be prioritized in addressing these “obesogenic” environments (Swinburn et al., 1999).

However, the moralistic connotations behind labelling the environmental context as being either “obesogenic” or “leptogenic” is a clear reflection of the concern in contemporary society around the so-called “obesity epidemic” (Beausoleil, 2009). For these reasons, it has limited utility for my research. Similarly, it is important to keep in mind that the complexity behind people’s food practices means that obesity cannot be boiled down to “obesogenic environments” (McPhail, Chapman, & Beagan, 2011). In utilizing these types of ecological frameworks, it is crucial to bear in mind individual autonomy and agency in people’s decision-making practices (Kneafsey, Dowler, Lambie-Mumford, Inman, & Collier, 2013). It is easy to classify people as being passive consumers, mindlessly influenced by their environmental context. However, the decision-making process is much more complex than this assumption (Frohlich et al., 2012), which is reflected in the health promotion conceptual framework adopted (Figures 1.1. and 1.2.). People have capacities and interests beyond simply consuming products and services; thus their concerns about health, the environment, and the social impact of the food they consume should be considered (Stead et al., 2011; Welsh & MacRae, 1998). Although decisions need to be seen within the environmental context, they cannot be explained in isolation and without consideration of individual autonomy and the complex decision-making process.

Although limited in showing the permanent relational dynamic among the different levels of influences, I find that an ecological orientation best accommodates this

requirement. An ecological framework breaks down the environmental influences into four levels: the macro-environment, physical environment, social environments, and the individual level (Larson & Story, 2009). In this chapter, I will outline the composition and characteristics of each of these levels, pulling examples and further explanations from the literature. Thus, the ecological framework employed within this research is adapted from Story et al.'s (2002) environmental framework designed to look at food practices among adolescents. This framework was influenced by Bronfenbrenner's ecological model (1997), in which developmental psychologist Urie Bronfenbrenner broke down external influences on child development into four complex and dynamic levels: the micro-system, the meso-system, the exo-system, and the macro-system. Although the framework employed by Story et al. differs from Bronfenbrenner's in many aspects, it uses a similar structure, which is thoroughly outlined in this Chapter.

Complementing an ecological framework is the life-course perspective, which extends the framework to highlight how environmental influences are ever-changing and shift according to social, temporal, and historical contexts (Devine, 2005). While the social context is already a component of the ecological framework, the historical and temporal contexts are relevant additions to consider. Historical context concerns the social, economic, and political conditions of that time (Devine, 2005), while the temporal context looks at how food choice is developed and constantly changes over time. This is important to recognize, particularly when thinking about how culture, tradition, and personal upbringing influence one's eating patterns throughout life, but also how these

patterns are prone to changes at certain points of one's life, particularly during periods of critical life changes, such as in "emerging adulthood" (Nelson et al., 2008).

Similarly, it is imperative to be cognizant of the fact that the combination of different contexts within the life-course perspective form food trajectories. Food trajectories form an individual's thoughts, attitudes, actions, and strategies around food consumption. These trajectories develop over the lifetime, as implied by the term "life-course," which are influenced by a range of factors, including (but not limited to) personal upbringing, life skills, ethnic identity, and gender roles (Devine, 2005). This is similar to the different components of the ecological framework; however, the life-course perspective overtly recognizes that these environmental contexts are fluid and not fixed.

The life-course perspective is particularly important when looking at food choices among university students, as a good portion of this population has recently undergone a major transition period, moving out on their own for the first time (Nelson et al., 2008). This shift can significantly impact eating patterns and may continue to be influenced as they become more accustomed to the university lifestyle. Thus, in using the ecological framework developed by Story et al. (2002) – and their four levels of influence (discussed below) - it is crucial to be cognizant of the fluidity of these environmental contexts by considering the life-course perspective.

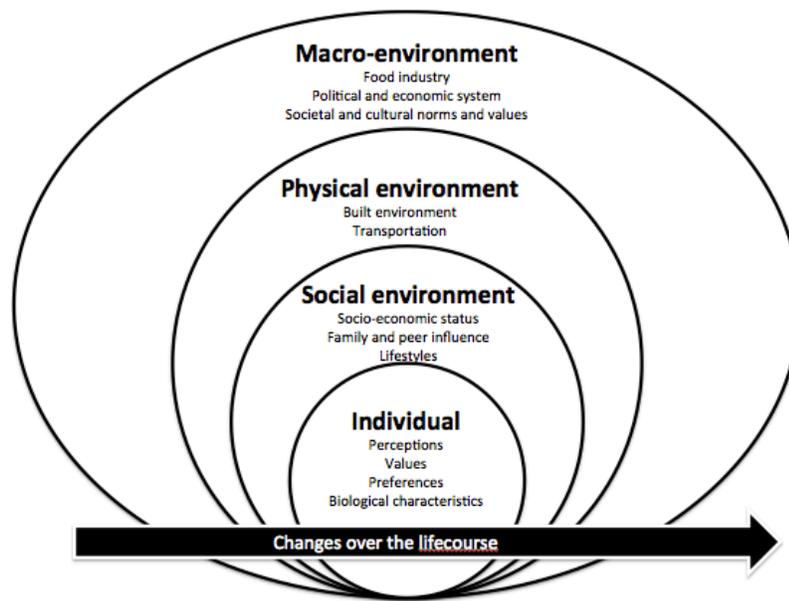


Figure 2.1 - Ecological framework (adapted from Story et al., 2002)

## 2.2 Macro-environmental influences

When thinking about an ecological framework, the macro-environment is arguably the most difficult to analyze, due to its complexity and massive scope (Story et al., 2002). The macro-environment not only encompasses prevailing cultural and political norms and values that exist at the societal level, but also acknowledges the roles of governmental regulations and policies, the food industry and agribusiness, and advertising and media. Further, the macro-level is not limited to a single geographical context, as it has local, national, and international magnitude (Swinburn et al., 1999). Despite its overwhelming scope, understanding food practices within the context of macro-level influences is critical.

### **2.2.1 The evolution of diet and the commodification of food**

Like other social norms and customs, food consumption has had a fairly fluid history, adapting with shifts in the social, economic and historical context. A significant shift in food consumption and food systems that is repeatedly discussed within the literature is the emergence of industrial food production over the past century (Winson, 2004). This shift occurred partly due to advances in technology and the mechanization of farming and processing equipment (Guthman, 2011; Winson, 2004). Industrialization has allowed for faster production of food, in much larger quantities in order to adhere to capitalist ideals of excessive consumption. This form of production relies on machines and reduces the amount of physical labour required to process foods, making these types of food commodities cheaper to manufacture, thus more affordable (Guthman, 2011). This industrial system is focused on reducing “turnover time” to the greatest extent possible. Turnover time refers to the period in which food commodities are grown, cultivated, and processed; the shorter the turnover time, the more food can be produced, and the greater profits can be received (Winson, 2004). Pesticides and chemicals have been used to increase food production, while livestock are often fed corn and antibiotics and kept in confined locations in order to speed up their physical development process.

In the past, before the industrialization of the food system, a single farm would grow a variety of produce, enabling the farmer to feed his/her family and still have provisions leftover to sell (Winson, 2013). Today, farms tend to focus on cultivating a single commodity, which is often sold to food companies, rather than straight to the consumers. This restructuring of farms has led to a diminished diversity of produce

within the agri-food sector, which has become more and more oligopolistic in the past century, with only a small handful of corporations owning the means of production (MacRae & Koc, 1999).

Furthermore, the composition of food, including its ingredients, additives, and preservatives, as well as how the food is processed – all of which determines the nutritional and biochemical properties – is greatly influenced by the food industry and food production companies. As a profit-driven industry, the main concern of food companies is to sell their products and to produce and process their commodities for as little as possible in order to increase the profit margin. This priority tends to result in sacrificing the nutritional properties of foods, in favour of highly processed foods containing chemical preservatives and an array of artificial ingredients. These types of foods have been dubbed *techno-foods* or *pseudo-foods* (Nestle, 2002; Winson, 2004), reflecting the extreme modification and transformation from the natural product into an unrecognizable edible commodity. This process of altering a food beyond perception of its original state by incorporating extra salt, sugar, and fat into processed food is referred to as *adulteration* or *substitutionism* (Winson, 2004). Not only is this done to increase the shelf life of foods, but also to make them more palatable for consumers, and thus more lucrative to the companies, which is the ultimate aim within contemporary profit-driven trends.

### **2.2.2 Critical perspectives of neoliberalism in relation to perceptions of health**

Since the 1970s, neoliberalism has been the prevailing political ideology of the Western world. Neoliberalism is founded on principles of individual liberties, promoting

little government involvement and highlighting free trade and *laissez-faire* economics (Guthman & DuPuis, 2006). Reducing the amount of government involvement in economics gives the private sector more freedom and influence. Based on capitalist values, industries are profit-driven, often promoting the excessive consumption of goods and services. Using Foucault's ground-breaking work on discipline, Robert Crawford (2006) expressed concern around how capitalism and the medicalization of daily life have influenced the concept of health and its practice. His claim is that neoliberal and capitalist values have resulted in the moralization of health, where individuals feel morally obligated to maintain their health through their personal lifestyle choices, a notion that he dubbed *healthism* (Crawford, 2006).

Drawing on Foucault's concept of control, healthism is a form of subtle discipline in which society regulates individuals' bodies. Unlike during the time of public torture, as described in the beginning of *Discipline and Punish*, this form of control is less visible. While torture was once considered a form of public spectacle to demonstrate to the public the extent of the government's power to ensure obedience, this eventually shifted into a less palpable form of control, where power is diffused throughout society (Foucault, 1977). Power is rooted in the construction of norms to which people are expected to adhere. Normalization, a concept introduced in Foucault's *Discipline and Punish*, is relevant in understanding from where Crawford's notions of healthism was derived. Normalization refers to how the body is controlled and normalized through institutions and social practices. In this sense, the body itself is a tool for control (Foucault, 1977) and

“the practice of the self are the ways in which individuals respond to external imperatives concerning self-regulation” (Lupton, 1996, p. 15).

Sociologist Nikolas Rose (1999) expands on theories of normalization and healthism by delving into why people choose to partake in particular health practices. His theories draw from similar themes inferred by Foucault and Crawford, emphasizing capitalism’s role in influencing individual health practices. He argues that advertising and the media promote certain ideals around health and wellness, all in support of capitalist principles of consumption (Rose, 1999). These notions are perpetuated throughout society and are internalized by individuals, urging them to take control over their own health, rather than relying on governmental intervention. Rose labels this type of healthism as *responsibilization*, reflecting how the burden of health is placed on individuals, who in turn face blame if they experience any significant health problems (Rose, 1999).

The concept of healthism is often applied to ideas around food consumption practices and fitness. For example, obesity has been classified as a health “epidemic” in many parts of the world, including North America and is assumed to be linked to many chronic diseases, such as diabetes, heart disease, and different types of cancers. Equating thinness with health is one of the prevailing beliefs perpetuated within the “obesity epidemic.” Thus, the body ideal within contemporary Western society is one that is fit, creating a socially constructed dichotomy between “fit” and “fat,” which mirrors that of “healthy” and “unhealthy.”

Using normalization as the method of controlling the body and enacting power on individuals, individuals are conditioned to adhere to widely accepted norms of body-ideals and health (Foucault, 1977). As such, people are judged by their ability to follow these norms and are stigmatized and marginalized if they are unable to do so. In other words, the ideal and “normal” healthy body is thin and fit, while obesity and overweight are seen as deviant (Crawford, 2006). According to Foucault, an important element of discipline is constant examination to ensure that individuals are being obedient and adhering to the prescribed norms (Foucault, 1977). This examination occurs in many ways at the individual level, institutional level, and societal level. For example, in the case of body shape and health, individuals are expected to constantly judge and assess their personal health, nutrition, and fitness levels. This is apparent when people weigh themselves daily to track their weight-loss progress. Similarly, many health care institutions also monitor people’s health and weight status, another form of examination. People are expected to make lifestyle changes if they do not “pass” the examination, in other words if they are found to be overweight or obese, which ultimately influences their perceptions and practices around food and eating.

Likewise, it is important to recognize the public’s social gaze, through the form of judgement and stigmatization directed toward people who are overweight or obese, as being another form of examination. The stigmatization in this situation is obvious in circumstances of fat shaming, which is prevalent in the media, popular culture, and even some health care institutions and health promotion and nutrition campaigns (Julier, 2008).

Attempts to stay fit and healthy to avoid this stigmatization, often transpires through the consumption of certain goods and services.

The food industry spends billions of dollars annually on advertisements and marketing campaigns. The commodification of food through marketing and advertising has a primary goal: to sell for profit. Thus, marketing strategies are used to distinguish one product from the next to persuade consumers' purchasing choices (Lupton, 1996). Despite the abundance of food commodities on the market, there is very little differentiation between items, which is the result of an illusion of free choice that has been skilfully generated by food corporations in attempt at increasing profits (Leahy & Wright, 2016). While people are led to believe that they have unlimited choice when buying food items, some scholars suggest that this freedom is a façade that positions individuals as having control of their purchasing practices, placing the responsibility with them to make the “right choice” (Guthman & DuPuis, 2006; McPhail, 2013).

An important marketing strategy to emerge in the past couple decades is the burgeoning of a “health food” sector. In a way, this sector acts to address (or restructure) the neoliberal paradox in which people are expected to consume in excessive quantities, yet maintain a healthy body, enabling them to contribute as productive citizens. This more updated version of consumerism focuses instead on people consuming “healthy” products in excess. The food industry has clearly recognized a highly lucrative opportunity by investing in the health and fitness sectors, latching onto new fad diets around “clean” eating and healthy living. Through the use of buzzwords like “low fat”, “all natural”, or “gluten-free”, these foods are being depicted as being “healthy”, despite

being highly processed and containing added chemicals, salt, sugar, and/or fats. Consumers misperceive the “health benefits” of these products and consume in excess. Scholar Marion Nestle’s and journalist Michael Pollan’s responses to this new health food phenomenon is to instead advocate an “eat less” mantra, which contests the basic tenets of capitalism (Nestle et al., 1998; Pollan, 2008). This consideration leads to the need of exploring the food industry through a political economy perspective (Guthman and DuPuis, 2006).

Furthermore, many of these processed foods are packaged and marketed as “convenience foods,” in response to the increasingly busy lifestyles that individuals perceive that they lead due in some part to expectations around productivity that prevail in contemporary capitalist, neoliberal society. Over the past half-century, the increased availability of these convenience foods and packaged prepared foods has been associated with a decrease in the amount of “cooking from scratch” that individuals engage in (Guthman, 2011; Jabs & Devine, 2006).

### **2.2.3 Food pedagogies within a neoliberal society**

As seen in the example of the health food industry, food is often depicted as a moral entity, broken down into the dichotomy of “good” versus “bad”:

‘[G]ood’ food is often described as nourishing and ‘good for you’, but is also indicative of self-control and concern for one’s health, while ‘bad’ food is bad for one’s health and on a deeper level of meaning, is a sign of moral weakness. (Lupton, 1996; p. 27)

This classification of food as being “good” or “bad” and “healthy” or “unhealthy” is reflected in some food pedagogies and health promotion campaigns around healthy eating. Stemming from the term *biopedagogies*, which is “the loose collection of

information, instructions, and directives about how to live, what a body should be, what a good citizen is, and what to do in order to be healthy and happy” (Rice, 2014, p. 121), food pedagogy refers to how people learn about and internalize concepts of food in relation to health (Welch et al., 2012).

As addressed by Lupton (1996), present in formal education, family environments, health care, and media, health education tends to be “routinely used to raise awareness in the lay population about the health risks and benefits associated with the regular ingestion of certain foods and the avoidance of others” (p. 74), and is often based on obesity concerns (Leahy & Wright, 2016). In fact, education around nutrition has been one of the main (and only) health promotion interventions that the Canadian government has undertaken in addressing healthy eating, mainly through the Canada Food Guide (CFG), despite it having been criticized in the past as being too simplified and acting as a “one-size-fits-all,” generalized solution (Andresen, 2007).

Through these health promotion campaigns, people have developed a clear, yet simplified, understanding of “healthy eating,” which is often associated with terms like “pure,” “natural,” and “clean,” fostering a very basic and simplistic understanding of nutrition based on dichotomies of “good” and “bad” (Leahy & Wright, 2016). Individuals may experience anxieties if they are unable to meet the standards set within food pedagogy (Leahy & Wright, 2016). Despite good intentions to encourage healthy eating among the population, negative ramifications include body dissatisfaction and potentially fostering disordered eating practices among individuals (Beausoleil, 2009), which will be discussed later within this Chapter.

As such, “clean” or healthy eating is a moral obligation in accordance with expectations around health; however, it is also associated with virtue in the sense of “eating responsibly” (Lupton, 1996). Often based around environmental and social justice concerns, the adoption of particular food practices (such as eating locally produced foods, sticking to a vegetarian or vegan diet, eating organic or non-genetically modified organisms, etc.) can be seen as a moral reflection of the consumers, which is further embedded in class connotations, with ethical eating contributing to higher symbolic capital (Beagan, Power, & Chapman, 2015). This categorization of diets as being ethical further compartmentalizes foods into the dichotomy of “good” versus “bad” (Lupton, 1996), with “clean” and organic eating being juxtaposed with the current industrial diet of processed, “unhealthy” options that have been produced with the use of pesticides and/or preservatives (Guthman, 2003). This moralization of healthy eating “emphasizes taking personal over collective responsibility, [therefore] people facing external barriers are regarded as lacking the skill and willpower to take healthy actions” (Rice, 2014, p. 126) leading to stigmatization and “Othering,” which means to treat someone or a group as being different from “us,” the perceived majority of society.

While biopedagogies may be present in formal health education, they also tend to be disseminated through media and popular culture. This is obvious in news reports on the “obesity epidemic” and magazines that promote weight loss and fitness. A growing trend that has not yet been studied to the same extent as traditional media forms is the role of social media in perpetuating dominant discourse around health, food, and fitness. Social media (e.g. Facebook, Instagram, Twitter, Pinterest, etc.) has exploded in the past

decade, changing the way people communicate and making our global society seem smaller and more connected. As an integral communication medium for billions of people worldwide, social media has become a new platform for sharing information, including information on health, wellness, food, and fitness (Boepple & Thompson, 2015; Fardouly & Vartanian, 2016; Tiggemann & Zaccardo, 2015). The information shared through social media and blogs varies from being developed by legitimate sources, such as health organizations or trained professionals, to being produced by self-educated non-professionals. This results in a variation in the legitimacy and validity of the information being shared (Boepple & Thompson, 2014). Despite discrepancies in the material being shared, the accessibility of this information source has made social media a burgeoning source for health and nutrition information (and misinformation).

### **2.3 Physical environmental influences**

The physical environment has received quite a bit of attention in research and health promotion interventions regarding food practices. This level pertains to the accessibility and availability of particular foods according to the built environment and the sites where food purchasing, preparation, and consumption occur (Larson, Perry, Story, & Neumark-Sztainer, 2006) Consideration of the community structure as well as the physical environment of the household is relevant in examining the physical environment.

The built environment refers to the physical design of a geographic location, land use, and transportation systems (Lake & Townshend, 2006). Many North American urban centres have been built around the use of cars, limiting pedestrian walkways and

often having less than adequate public transportation systems. This urban landscape can impact people's (in)ability to access supermarkets, convenience stores, farmers markets, and other locations that sell food commodities. Limited accessibility of food within areas of apparent food abundance has led some researchers to identify "food deserts," acknowledging urban landscape and retail locations (Walker, Keane, & Burke, 2010). This is a relevant topic for individuals who do not have access to a car, as may be the case for some university students in urban areas.

The availability of certain types of foods within the different environments in which people work, go to school, and participate in recreational activities influences people's food choices when they are outside the home. Considering access to foods within one's environment makes it necessary to think about the "institutional environments" in which people work. In the case of students, this would be mainly the university environment (Greaney et al., 2009). Thinking about students' busy lifestyles, a significant portion of their days are spent outside the home, meaning they may sometimes have no choice but to eat whatever food is available to them at that moment. These "convenience" foods often come from vending machines, convenience stores, and fast-food outlets, which offer packaged and processed snacks – in other words, *pseudo-foods* (Lake & Townshend, 2006). Availability of food on campus in terms of cafeterias, fast food outlets, and food stores is necessary to consider; however, thinking about spaces in which students can store, prepare, and eat food is equally important (Greaney et al., 2009).

The physical environment includes consumers' homes, for instance, individuals' household setup and people's access to kitchenware and cooking supplies. At-home food

preparation is very much dependent on having the proper kitchen appliances and devices that are necessary for cooking. This can be a barrier for university students who have recently moved on their own and who may not be able to afford proper cookware. The lack of kitchen supplies has been linked to lower rates of at-home meal preparation among students, impacting their food choice (Larson et al., 2006). This, along with time constraints and lack of cooking skills, can be connected to the phenomenon of dining out, which is rapidly increasing over time (Lake & Townshend, 2006). This is discussed in the upcoming subsection on social environmental influences.

## **2.4 Social environmental influences**

Impacting physical environments at the household levels are social environmental factors. These factors include demographic characteristics, such as income and employment, family influences, upbringing, and peer influences.

### **2.4.1 Exploring food security through socio-economic status and cost of food**

In the past several decades, there has been a significant amount of research indicating the association between socio-economic status (SES) and diet quality. It has been found that people living off lower incomes and with fewer resources are not necessarily able to afford quality, nutritious foods, such as fresh produce, meats, or other “whole” items (Darmon & Drewnowski, 2008; Drewnowski, 2009; McIntyre & Rondeau, 2004; Tarasuk, 2009). Thus, studies have found that those living in lower SES, are more likely to choose low cost foods, which are typically more energy-dense and less nutrient-rich, such as refined grains, potatoes, and high-fat processed foods, denoting a

certain degree of food insecurity (Drewnowski, 2009). As such, food security is considered one of the social determinants of health (Tarasuk, 2009).

As a developed, high-income country, food security is not immediately recognized as being a critical issue in Canada. However, the term “food security” has expanded significantly since its conceptualization, now encompassing household and individual level food security, and food quality, rather than simply looking at a country’s ability to provide adequate amounts of food for its citizens (Clay, 2002). When household and individual food security was first explored, the focus was primarily on calorie consumption and energy intake and whether an individual is consuming an adequate supply of energy for their body to sustain itself (Pinstrup-Andersen, 2009). This definition of food security is in contrast with more recent conceptualizations, which are more concerned with “nutritional security” (Pinstrup-Andersen, 2009). Nutritional security differs from food insecurity in that an individual may be consuming a satisfactory number of calories for the body to meet its energy needs; however, the food being consumed may not provide proper micronutrients. It seems that household and individual food insecurity is an issue that is not adequately addressed in Canada, one that is embedded in the country’s weakening social safety net and growing income inequalities within the population (McIntyre & Rondeau, 2004; Riches, 1999).

Thus, it is critical to see how financial barriers and cost of living influence university students’ food practices. However, this has not been the focus of many studies within the literature on food security (Larson et al., 2006). University students come from a range of SES backgrounds, making them a fairly heterogeneous population. Thus there

is likely a mix of students who are funding their way through university with student loans or scholarships, working full or part-time, or being supported by their parents or family. These disparities within the group make it worth examining how university students cope with financial issues in regard to food practices. Furthermore, cost of food is a crucial factor to consider when examining food choice, as this is one of the main determinants of food purchasing practices, particularly for those who are on tight budgets as many students are (Drewnowski, 2009; Story et al., 2002). Cost of food is a clear example of how social environmental factors (such as SES) are deeply embedded in and dependent on larger, macro-level influences (such as the economy).

#### **2.4.2 Family background and social aspects of eating**

Cooking skills, as well as beliefs around food are something that individuals begin internalizing at a young age within the private sphere (Lupton, 1996). As “many beliefs about food are culturally reproduced from generation to generation” (p. 25), considering family background is imperative in understanding current food practices. This includes examining the consumption of culturally traditional foods. As already discussed in the section of Chapter 1 on “The Newfoundland and Labrador context,” traditional food plays an important role in the province’s diet and culture. There are emotional, cultural, and physical ties to the consumption of traditional foods in NL, particularly regarding the examples of Jigg’s dinner, fish and chips, and moose (Everett, 2009).

There is often a sense of nostalgia associated with childhood memories of food (Lupton, 1996), which can result in the development of certain “comfort foods”, relating

to the upcoming discussion of emotional eating. However, not all memories around childhood eating practices are necessarily positive, as many parents attempt to shape children's food practices at a young age as a means of teaching "civilized manners" and values around healthy eating. This can lead to resistance and rebellion in adolescence, and experimentation with food during young adulthood (Lupton, 1996). Furthermore, changing support systems in the transition period into young adulthood means there is a shift in interpersonal influences on food practices. In other words, the family plays a different role than it had during childhood (Nelson et al., 2008). A life-course perspective, already discussed, can be utilized to explore how beliefs and attitudes that are developed at an early age transform over time (Devine, 2005).

The social situations in which people prepare and consume food also change over the lifespan. This is an important consideration specifically for the student population, as a large percentage of these individuals are living with peers and sharing and consuming meals as a means of socializing (Feunekes, de Graaf, Meyboom, & van Staveren, 1998). An American study looking at the communal consumption of food among young adults found that almost two thirds of young adults share meals at least three times a week (Larson, Fulkerson, Story, & Neumark-Sztainer, 2013). The data from this research also suggests that more family meals during adolescence will lead to the prioritization of social eating in young adulthood (Larson et al., 2013).

People are typically unaware of how their social networks influence their food practices, which makes it difficult to measure through self-reported data (Feunekes et al., 1998). However, eating and sharing meals is considered a community-building activity,

reflecting the importance that peer influence has on food practices (Lupton, 1996). Social networks can influence food practices and attitudes in a range of ways, including through persuasion or behaviour modelling, to name a few. There have been studies around the social influence of food practices and how social norms can impact the type and quantity of food individuals consume (Higgs, 2015; Robinson, Blissett, & Higgs, 2013). For instance, some studies have found that people tend to eat more or less, depending on with whom they are eating.

### **2.4.3 Dining out**

Dining out has been an increasingly popular trend over the past half century (Lupton, 1996) and has been widespread in NL since the 1970s (Everett, 2009). Studies have found that young adults consume approximately 40% of their meals away from the home, making it a particularly pertinent practice among this population (Larson, Neumark-Sztainer, Laska, & Story, 2011). Data from longitudinal research on young adults' food practices found that 95% of respondents reported eating from some type of restaurant (either fast-food or full-service) at least one time in a given week (Larson et al., 2011).

It is important to note the differences between types of restaurants and why people are motivated to eat out, whether it is to socialize, because of time constraints, lack of cooking skills, etc. In terms of types of restaurants, a general differentiation has been made between full-service restaurants and fast-food establishments. Generally, fast-food is considered to be the less healthy option. In one study on adolescents' perceptions and consumption of fast-food, it was found that although fast-food was generally considered

“low-brow” food, connected to lower classes and negative connotations, there was no class pattern found in the consumption of fast food; rather there were similar levels of consumption across all classes (McPhail et al., 2011). Although research findings on the consumption of fast-food and SES have been mixed (Arcan, Kubik, Fulkerson, & Story, 2009), it is still necessary to consider class connotations behind dining out.

#### **2.4.4 Managing busy lifestyles**

Within the social environmental level it is important to consider the active pace of life defined by the number of choices and connections people are exposed to. The emphasis on busy schedules is also important to acknowledge within the social environmental level. The emphasis on economic gain and being a “contributing member of society” through paid employment has resulted in much busier lifestyles, with more time spent at work than before (Guthman, 2011). This, along with women’s increasing participation in the workforce, has contributed to the emergence of the increased reliance on convenience, easy to prepare, and fast foods, with less significance placed on the social aspects of eating, such as the family supper (Jabs & Devine, 2006). The food industry has responded to these new consumer needs by offering quick and easily prepared foods, often in the form of canned, frozen, or packaged foods. These foods aim to reduce the amount of time people devote to cooking, while maintaining their palatability. However, these “convenience” foods often come with the cost of poor nutritional quality due to the added salt, sugar, fat, and preservatives (Nestle, 2002; Winson, 2013).

The reality of hectic schedules is likely a similar situation for most university students. Students are often constricted in the amount of time they can devote to food preparation, due to the prioritization of school, work, volunteering, and social lives. Giving precedence to other priorities results in students having little time to dedicate to healthy eating. Furthermore, they may also find it difficult to summon the effort needed for food preparation (Nelson et al., 2008). Foods that require little preparation, such as packaged, pre-made foods or take-out foods tend to be more energy dense and higher in fat, sugar, and salt, making them the presumably healthier option. However, individuals may weigh the costs and benefits and find that it is not worth the extra time and energy to make healthy meals at home (Jabs & Devine, 2006) – although, as always, personal opinions and understandings will influence these choices.

## **2.5 The individual level: Framing the individual-environment interaction**

Finally, the individual level consists of individual's attitudes, preferences, biological, and demographic influences. Personal attitudes around food and nutrition are influenced by a wide variety of factors from social norms, media and popular culture, cultural traditions, upbringing, biopedagogies etc., making perceptions around eating particularly connected to the other three environmental levels (Story et al., 2002).

### **2.5.1 Perceptions of health, food, and nutrition**

As discussed in the sub-section on “Macro-level influences,” food pedagogies – or how we learn about and internalize notions of health, food, and healthy practices – are critical in shaping individuals' perceptions of health, food, and nutrition. However, it is difficult to determine how much of this knowledge from health promotion and education

messages is translated into people's actual food practices. This is interesting to consider within a population of university students, as they should hypothetically be a fairly educated group who understand at least the basics around food, nutrition, and healthy eating. In their study on dietary guideline knowledge and food choice among American college students, Kolodinsky et al. (2007) found that increased knowledge is associated with healthier eating patterns. Despite the potential limitations in the study design, such as the reliance on self-reported data and the small sample size, this research indicates the need for more research around university students' knowledge and perceptions of dietary guidelines and their connections to food choice (Kolodinsky et al., 2007).

### **2.5.2 Food, health, and beauty triplex**

Related to perceptions of health, some say that there is a food, health, and beauty "triplex" present in contemporary Western society, which is a major influencer on individuals' level of body image satisfaction (Lupton, 1996). Embedded in the normalization of slim bodies as being healthier, as already explored in the discussion of healthism and obesity, this triplex suggests that "the link between food and health incorporates both ascetic and aesthetic notions" (Lupton, 1996, p. 137), connecting health and food to the notion of beauty, which is dependent upon having a thin body. Bodies represent individuals' abilities to adhere to self-disciplined lifestyles, reflecting their level of "civilization," as well as their worthiness (Lupton, 1996). It is important to consider the complexities between food, health, and beauty, as:

When these cultural meanings are examined, the desire for 'good health' becomes a very minor component of people's reasons for engaging in exercise regimes, superseded by concerns engendered by the powerful ideologies of

morality, asceticism, self-discipline, and control which underlie consumption patterns in a culture which is intent upon self-promotion and achieving ‘the look.’ (Lupton, 1996: p. 113)

Health and fitness have become goals that contain embedded notions of beauty, which cannot be ignored when exploring individuals’ food practices.

### **2.5.3 Dieting and disordered eating**

Due to these notions of body size, dieting is important to consider among younger populations like university students. Dieting is associated with body-image, an individual-level, psychological factor that is closely linked to other factors located within different environmental levels, such as the media and popular culture within the macro-environment, and peer influence in the social environment. Although a common practice, dieting becomes worrisome when considering that some of these more extreme weight loss measures fall under the category of “disordered eating” (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). Disordered eating is often assumed to entail only the clinically diagnosed psychological disorders outlined by the DSM-V, including anorexia nervosa, bulimia nervosa, binge eating, and “disordered eating that is otherwise not classified” (Neumark-Sztainer et al., 2011). However, some researchers suggest the need for a wider continuum to encompass the range of unhealthy relationships individuals may have with eating. This spectrum includes eating practices that can be construed as being either healthy or unhealthy, such as dieting, unhealthy weight control behaviours (e.g. fasting, eating little food, skipping meals, etc.), and extreme weight control behaviours (e.g. taking laxatives or diuretics, using diet pills, forcing oneself to vomit, etc.)

(Musolino, Warin, Wade, & Gilchrist, 2015; Neumark-Sztainer et al., 2011; Story et al., 2002).

These forms of disordered eating increase within young adulthood. Longitudinal data on unhealthy relationships with eating shows that there is a high prevalence of disordered eating in adolescence, which does not decrease when individuals enter young adulthood, rather the prevalence stays the same among females and increases among males (Neumark-Sztainer et al., 2011). These findings suggest that there is no “phase” for disordered eating, and insinuates that this is an area in need of further research within this specific subpopulation of young adults (Furia et al., 2009; Neumark-Sztainer et al., 2011).

However, disordered eating is not necessarily manifested in extreme practices. Diet restrictions under the guise of ethical eating have been dubbed as “healthy anorexic practices,” where individuals use particular food regimens (such as vegetarianism/veganism, gluten-free, local/organic, etc.) as strategies to constrain their food practices in socially acceptable ways (Musolino et al., 2015; Perry, McGuire, Neumark-Sztainer, & Story, 2001). For many of the individuals who strictly adhere to these practices, symbolic capital comes in the form of a slim body, which can be achieved through these restrictive eating practices. Using the concept of healthism and individuals’ responsibility for their own health, these food habits are rationalized, despite their similarities to other forms of disordered eating (Musolino et al., 2015).

#### **2.5.4 Emotional eating and stress**

Finally, the emotional aspect of eating is another crucial factor to consider within the individual level of influence. As “food and eating [...] are intensely emotional

experiences that are intertwined with embodied sensations and strong feelings [...] They are central to individuals' subjectivity and their sense of distinction from others" (Lupton, 1996: p. 36). This is important when thinking about emotional eating and the impact of stress on individuals' food practices, something that may be particularly relevant among university students. Emotional eating can also be tied into the concept of moralism, which was discussed at length earlier in the chapter on healthism and Foucault. "The state of being 'emotional' is often contrasted with that of being 'rational.' The concept of 'giving in' to either the emotions or to gluttony, of 'losing control,' is redolent with moralism" (Lupton, 1996: p. 31), thus when an individual gives in to emotional eating, it is as though they are surrendering to cravings by seeking pleasure from food. This can be contrasted by self-starvation that results from major stressors, where an individual uses diet restriction as a method of control (Musolino et al., 2015).

It is important to consider emotional eating when looking at university students' food practices, as this is a population that is typically under a fair amount of stress, which has been examined in past studies (Nelson et al., 2008; Serlachius, Hamer, & Wardle, 2007). Research has found that university and college students are susceptible to sleep loss, depression, and declines in emotional and mental well-being (Nelson et al., 2008). Despite there being an uncertainty around the links between stress and food practices, these are crucial considerations when exploring individuals' practices.

## **2.6 Studies on university students' food practices**

As mentioned in Chapter 1, research conducted specifically on university students' food practices that take a holistic approach in acknowledging the interacting structural

conditions have been quite limited. The main focus has tended to be on the occurrence of weight gain during university. However, relevant themes have emerged from these studies, breaking down the influential factors around food practices into different “levels,” similar to the intentions of this research.

For example, a qualitative study by Greaney et al. (2009) examines barriers and enablers to university students’ weight management breaks down focus group participants’ perceived challenges and facilitators to healthy eating into three categories: the intra-personal level, the inter-personal level, and the environmental level. The findings were similar to the rest of the literature. Temptation, emotional eating, and self-discipline were key factors at the intra-personal level. At the inter-personal level, social situations, peer influence, and partying were seen as being influential barriers or facilitators for weight management. Finally, the environmental level included time constraints, food availability on campus, and cost of food (Greaney et al., 2009).

Another qualitative study (this time from a European perspective) on university students’ food practices employs an ecological framework, breaking down factors influencing food practices into the individual level, social environmental level, physical environmental level, and macro environmental level (Deliens et al., 2014). Findings mirror those of Greaney et al.’s study, however, this research also considers broader macro influences, such as media and advertising, policy and legislation, and sociocultural norms. Furthermore, Deliens et al.’s research also aimed to gather students’ perceptions of health promotion interventions and strategies that universities could adopt in order to facilitate healthier eating among students. Their final discussion recommended

implementing multi-level interventions, aiming to modify both individual behaviour, as well as structural conditions (Deliens et al., 2014).

These two examples of investigations into university students' food practices are relevant to consider due to their scope and their findings. However, they restrict the importance of researching food practices to concentrating on why people engage in unhealthy food practices that contribute to weight gain. This reflects the studies' preoccupation with the "obesity epidemic" and with the dominant discourse that moralizes healthy eating. Taking a different ideological perspective, my research emphasizes a critical understanding of health and is less interested in perpetuating a moralistic understanding of food. Furthermore, although these studies recognize various environmental factors influencing individuals' food practices, they do not account for the complexity within these interactions, or in other words, how individual agency is enacted within certain structural contexts.

## **2.7 Locating the individual within the structural context: Structure/Agency debate**

In recognizing the holistic spectrum of influences on one's practices, individual autonomy must be acknowledged. While most traditional health promotion interventions (including those focused on healthy eating) tend to either concentrate on changing structural factors influencing individuals' health behaviours or focus on the behaviour itself through awareness or education campaigns, there are limitations to these approaches. This is where the debate on structure versus agency becomes relevant. While structural explanations focus on how external conditions shape individuals' behaviours,

agency explanations acknowledge the capacity of individuals to choose their own behaviours, although choice is limited by what they are exposed to within their structural context (Frohlich et al., 2012). This creates a dichotomy between “life chances” and “life choices,” where “[l]ife chances either enable or constrain choices as choices and chances interact to shape behavioural outcomes” (Frohlich et al., 2012, p. 110).

Sociologist Pierre Bourdieu (1977) depicted choice of food as being a depiction of cultural capital, which is a key aspect of collective lifestyles. He uses his term *habitus* to explain how people’s habits and manners are a result of acculturation (Beagan et al., 2015; Lupton, 1996). *Habitus* refers to the practices of a certain social group that are produced dynamically from conditions within the social structure. As such, what an individual eats provides indications of their gender, socio-economic status, age, ethnicity, etc., as “people are social actors who use food, as well as other consumption practices, to signify their social identities and positioning within complex social hierarchies” (Beagan et al., 2015, p. 95).

Based on Bourdieu’s (1977) concept of *habitus* is *collective lifestyles*: “Collective lifestyles comprise interacting patterns of health behaviours, orientations, and resources adopted by groups of individuals in response to their social, cultural, and economic environment” (Frohlich et al., 2012, p. 110). Using a collective lifestyles framework allows for the simultaneous acknowledgement of the structural and agency explanations, analysing the interactions between individuals and larger environmental factors (Frohlich et al., 2012). This is in contrast to Foucault’s theories of discipline and normalization (discussed in section 2.2.2), where agency is depicted as being non-existent, as structural

context will determine individuals' actions and behaviours. Considering *habitus* and *collective lifestyles* also allows us to explore why social groups partake in particular practices, while still recognizing autonomy, which are key considerations within this study. Furthermore, a collective lifestyles approach considers how individuals' social practices are shaped by the structural context, as well as how these practices in turn shape the structural context.

### **2.7.1 Collective lifestyles of university students**

There are many stereotypes and assumptions about what a university student's lifestyle consists of. These impressions pervade contemporary society and are perpetuated through media and popular culture. This includes, for example, the "poor university student" who lives off Kraft Dinner and Mr. Noodles and binge-drinks on weekends, leading to a weight gain referred to as the "Freshman 15" (Nelson et al., 2008). It could be argued that a general or stereotypical representation of university students has emerged in society and in popular culture. This is encapsulated in the stereotypical notion of the "poor university student" who is pressed for time and money, yet prioritizes friends and socializing (Nelson et al., 2008). In this depiction of students, or young adults more generally, an array of foods are considered justifiable, from fast food to easy to prepare packaged food.

However, it is important not to base understandings of university students' lifestyles around popular stereotypes, particularly as university students come from such a diverse range of backgrounds. This requires critically assessing meanings and influences behind students' practices and experiences. In other words, although university

students share similarities in their lifestyles, due to living in similar contexts, there is a significant amount of diversity within the population. Thus, one should explore people's personal experiences and perceptions by locating the individual within the larger, complex environmental context in which they live.

## **Chapter 3 - Methodological paradigm and methods**

This chapter provides an overview of the theoretical framework that I used to inform my research, as well as my epistemological standpoint. A detailed account of the methods used in this study is also included in this chapter, outlining participant eligibility criteria and recruitment strategies, the data collection process, data analyses, and ethical considerations.

### **3.1 Theoretical framework**

A theoretical framework is a system of concepts, assumptions, beliefs, and theories that informs one's research (Maxwell, 2005). In addition to considering an ecological model and adopting a life-course perspective, the aim, methods, and analysis of this research project are informed by critical theory.

*Critical theory* uses a blend of poststructuralism and postmodernism to analyze and critique how particular social, economic, historical, and political contexts shape hegemonic power relations, resulting in the polarization of the privileged and the oppressed (Lincoln, Lynham, & Guba, 2011). Poststructuralist thought is based on principles that meaning and reality are fluid and indefinable, while postmodernism challenges the concept of "truth" through the deconstruction of discourse and linguistic structures (Guba & Lincoln, 1994). Critical theorists maintain that knowledge is socially constructed, and rather than aiming to uncover a single "truth" (the goal of a positivist paradigm), their goal is to foster social change through the empowerment of the marginalized or oppressed (Lincoln, Lynham, & Guba, 2011).

Applying poststructuralism to the study of food practices will help explore how knowledge and meanings around food, eating, health, and bodies are socially constructed, which a social constructivist perspective also evokes (Lupton, 1996). By exploring the political and cultural aspects of discourse and language of food and eating practices, we can better understand the production of symbolic meaning in these phenomena (Lupton, 1996). Discourse on food is manifested in multiple, interconnected contexts, from popular culture, public health discourse, etc. Considering individuals' subjectivity and how they understand themselves in relation to these discourses is relevant when exploring "how knowledges and truths are generated and what ends they serve" (Lupton, 1996, p. 13). This emphasizes the plurality of meaning, rather than attempting to expose a single truth. This approach is particularly relevant as bodies are sites in which individuals are able to construct and express subjectivity, as their perceptions are manifested through their practices. It is impossible to isolate people's experiential knowledge from dominant discourses around health and food, thus poststructuralism explores one in relation to the other.

In applying critical theory to my research, I refer to the works of Michel Foucault and Robert Crawford, as discussed extensively in the literature review in Chapter 2. Furthermore, the discussion about biopedagogies and the dominant discourse around health and food are largely embedded in critical obesity scholarship (Wright & Harwood, 2012), a sub-field of critical theory.

### **3.2 Epistemological standpoint**

Reflexivity was an important aspect of my epistemological standpoint, exploring my personal beliefs, assumptions, and perceptions on this research topic. This is a continual process, occurring at every stage of research. As a university student in my mid-20s, I have personal experience with many of the issues that have emerged within this research, which has helped me to further understand and relate to the findings. Furthermore, reflexivity allows me to understand and minimize my prejudices and biases.

As an example, when I started this research I mainly read literature pertaining to food security, the food industry, and what influences food practices. However, upon taking a course on body, weight, and health, I was exposed to the growing body of research from a critical obesity perspective. This, along with feminist works on body image and body weight, caused me to reflect on my preconceived notions of health and body weight, which prior to this research were very much grounded in the dominant discourse prevailing in today's society that depicts obesity as being an epidemic. This transformation in how I perceive these issues had a major impact on how I approached my research. As such, I decided to take a more critical approach, questioning and exploring previously taken for granted notions and how these translate into students' perceptions and experiences.

Furthermore, as there is a lot of discussion around the notion of NL culture and traditional foods in the province, it is important to note that I hold an outsiders' perspective. I was born in British Columbia and went to high school in New Brunswick, so my first encounters with NL culture occurred when I moved to St. John's for my

undergraduate degree seven years ago. At the time, I share the typical assumptions of many pertaining to what constitutes the NL diet, assuming that everything is deep-fried. Over time, my understandings have evolved as I have interacted with more people native to the province and listened to their depictions of traditional foods. Throughout my discussion of traditional NL food, I try to be as unprejudiced and unbiased as possible, reporting on participants' individual representations as best as I can.

### **3.3 Methods**

This research is based on a mixed methods approach, using survey questionnaires as the primary data collection strategy, complemented with focus group and interview data. Both forms of data collection are explained below in more detail.

Although the quantitative portion of the project was necessary to gather a general idea of the specific context being studied, purely quantitative research is limited in its ability to understand the meanings behind human behaviour (Guba & Lincoln, 1994). For these reasons, this mixed methods research tends to emphasize the relevance of qualitative data.

#### **3.3.1 Survey questionnaires**

Throughout the first step of data collection, participants completed a questionnaire regarding their current food purchasing, preparation, and consumption practices (see Appendix I). While my background is in qualitative methods, the quantitative portion of this survey was necessary to gather emerging trends within this population's food practices. Not only did this stage of research provide an extensive overview of the

population's practices, issues, and contexts, but it acted as a guide to help shape the second stage of research.

The questionnaire was modified from two already validated surveys, the "Project EAT-II Survey for Young Adults" and the "Canadian Community Health Survey Household Food Security Module" (Statistics Canada, 2015). The Project EAT-II questionnaire was developed by Neumark-Sztainer et al. (2016) as part of a longitudinal research project on influences on adolescents' food practices. This version of the survey was designed specifically for young adults, ages 18-25, making it applicable to this research population. Furthermore, this survey takes a similar ecological approach, examining the different levels of influence impacting individuals' food practices. As mentioned, this consideration of micro- and macro-level environments is necessary in taking a social constructivist approach. As this particular questionnaire is quite lengthy and includes variables that are not relevant to this study, I only used questions pertaining to my research objectives in the survey.

Furthermore, there were additional questions adapted from the Canadian Community Health Survey (CCHS). These questions were included to ensure that all the objectives were captured in the survey. The questions adapted from the CCHS are primarily concerned with food security issues from a socio-economic standpoint (Statistics Canada, 2015). These questions focused specifically on vulnerabilities that respondents have experienced in the past 12 months regarding their access to adequate amounts of affordable, nutritious foods.

Socio-demographic questions were also included at the end of the survey. Participants were asked to provide their age, gender, year of study, and program of study. They were also asked to identify their nationality, as this has been found to have a significant impact on food choice, particularly from a cultural perspective (Larson et al., 2006). Furthermore, participants' income level and sources of income were gathered in this section, to allow for an understanding of the SES that respondents come from. These questions were meant to provide a general overview of the group of participants.

Although the questions in the survey were taken from validated surveys, it is important to acknowledge that this survey itself has not been validated. As this was beyond the scope of a Master's level research project and the main objectives of the study were to explore participants' perceptions and experiences by using both quantitative and qualitative methods, I did not think this step was entirely necessary.

I used Google Forms to conduct the online surveys. This site allowed me to pre-set the requirement of a Memorial University account to log in and access the survey. By doing so, I ensured that only MUN students completed the surveys and that each student could only participate once. Furthermore, to ensure that respondents met the eligibility criteria, before starting the survey they were asked three questions regarding their student status (i.e. whether they were undergraduate students), whether they live off campus, and whether they were 25 years old or younger. In order to proceed to the survey, the participant would have to respond "yes" to all three questions.

Each section of the survey included at least one open-ended question at the end, allowing participants to make any further comments, elaborations, or clarifications.

### **3.3.2 In-depth interviews and focus group discussions**

At the end of the survey, students were asked if they wished to participate in a focus group discussion on this topic. These discussions were intended to expand further on the qualitative data. During these discussions, participants were given the opportunity to elaborate on any issues they found particularly relevant. These discussions captured students' perceptions and meanings they attach to their practices, allowing for the exploration of the underlying influences behind their food choices.

Although qualitative portion of this research also has limitations (which will be explored in depth in Chapter 5), this stage of research was necessary in addition to the survey questionnaires, as it has a better ability of exploring the lived experiences of participants' food practices and perceptions of health and eating (Green & Thorogood, 2013). Without going more in depth in these experiences, the analysis from the survey would be limited to general descriptions, hindering the potential for critically analytical findings. The question guide for these discussions was developed based on the initial results from the first 100 survey questionnaires, keeping in mind what participants had indicated as being relevant issues to them (see Appendix II).

By having participants reflect on their perceptions, I have been also able to further grasp why they have these opinions (Kitzinger, 1995). Focus groups, which are defined as being group interviews with a focused topic or activity (Duggleby, 2005; Sim, 1998), encourage participants to respond to one another. Further, in contrast to one-on-one interviews where participants have limited time for reflection, within group situations

they have the chance to listen to other people's thoughts and opinions, giving them the opportunity to reflect on specific ideas.

Although the original intent was to only conduct focus group discussions, due to scheduling conflicts, a mix of focus group discussions and one-on-one interviews was employed. Despite the type of discussion/interview, all participants were asked the same series of questions, using the same interview template. Although one-on-one interviews are limited in their ability to capture participants' social interaction, they proved to be beneficial in getting participants to discuss more personal or sensitive issues around food that they might not feel comfortable discussing in a group setting, such as their experiences with body image.

The guideline for these interviews (see Appendix II) was developed after reviewing the preliminary results from the survey questionnaire. The five questions posed to students focused specifically on i) participants' perceptions on what constitutes healthy eating; ii) their family background and its influences on their practices; iii) perceived changes in food practices since starting university; and iv) their relationship with media and its influence on their food practices. Finally, the interview template included v) a "catch-all" question allowing participants to elaborate on a specific issue or further discuss something that had not yet come up. Though there was an interview template, the discussions were semi-structured, allowing for free-flowing conversation and giving participants the opportunity to focus on topics they saw as being particularly pertinent. Each interview lasted between 20 and 60 minutes.

### **3.3.3 Participants and forms of recruitment**

Although St. John's is considered the urban centre of the province, it is still a smaller city compared to other Canadian capitals. Nonetheless, Memorial University is the largest university in Atlantic Canada, with 18,000 students, the majority of whom attend the St. John's campus. Although there is a large portion of international students, at 10% of MUN students, many international students are registered in graduate studies (Memorial University, 2014a). Thus the undergraduate population is largely homogenous, with many students coming from various parts of NL and Atlantic Canada, and, to a lesser extent, the rest of Canada.

Participants of this study were undergraduate students at MUN's St. John's campus. The eligibility criteria also required participants to be age 25 or younger, as I was primarily interested in students who have likely moved out on their own in recent years. Purposefully excluded from participating were students living in university residences, who thus have dining hall passes. This was determined as I was mainly interested in participants who would be preparing meals for themselves on a regular basis. Although students who were living with their parents/guardians were not purposefully excluded, there was a specific question on this in the socio-demographic section of the survey to allow for analyses to be conducted without the inclusion of this population. This is a similar case for students who were married or had children.

Based on the selection criteria for participants, the estimated sample population was 8,500 students (Memorial University, 2014b). Applying a confidence level of 95% and margin of error of 10% (Fink, 2003), I aimed to have a representative sample of

approximately 95 eligible participants, with an end total of 108. Furthermore, I conducted one focus group discussion with three participants and five one-on-one interviews, before reaching saturation. In other words, I stopped when I was not obtaining any new or different information.

Table 3.1: Number of participants

<b>Data collection tool</b>	<b>Number of participants</b>
Survey questionnaire	108
(1) Focus group	3
One-on-one interviews	5

The convenience sample of participants for the survey was recruited on campus, as well as through social media sites. Information posters were put up throughout campus, such as in the library, the University Centre, and all other major buildings. A PDF of the poster was also posted on a popular Facebook page pertaining to MUN students, called “Spotted @ MUN.”<sup>1</sup> All information posters included the URL link to the online survey, as well as my contact information, instructing individuals to email me for further information if they had any questions. A snowball recruitment process was employed, encouraging participants to pass on information about the study and the survey’s website to their friends or anyone eligible to participate.

### **3.4 Data preparation and analysis**

The quantitative data from the surveys was automatically entered into Google Forms, which was then transferred to Microsoft Excel and SPSS. As this study is

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<sup>1</sup>Spotted @ MUN: <https://www.facebook.com/spottedatMUN/>

concerned with descriptive data, the statistical analysis mainly involved calculating frequencies (Fink, 2003).

The responses to each of the open-ended questions in the survey were compiled and organized in common themes/categories and are presented in Tables in order of frequency. This thematic analysis was used for the open-ended questions, as well as the focus group discussion and interviews.

I recorded and transcribed the focus group discussion and one-on-one interviews. The transcripts were read several times to identify recurring themes and concepts related to the research objectives, using a thematic analysis. Block quotations pertaining to specific subcategories were taken out and grouped together in a logical manner, allowing for meaningful quotes to be used to support the final analysis.

### **3.5 Ethical Considerations**

This research project received ethics clearance from the Newfoundland and Labrador Health Research Ethics Board (HREB) in September 2015. There were few potential risks for those participating in the survey questionnaire. There was the emotional risk of remembering particularly stressful experiences of food insecurity or economic difficulties that may have occurred in their past. In the rare case that a participant may have experienced emotional distress during or after filling out the questionnaire, we would have been able to provide the contact information for Memorial University's Counselling Centre. Furthermore, I was able to provide participants with information on different on-campus resources they could access, such as the Campus Food Bank or financial advisors on campus available for students.

Participants were given an invitation letter prior to completing the survey. This letter provided information on the study and informed the participants that all data collected would be anonymous and kept confidential. By reading this invitation letter and completing the survey, the participant gave their consent to take part in the study. Moreover, participants were free to withdraw from the study at any point and were explicitly told that they had the option of leaving survey questions blank if they did not feel comfortable answering.

As this study included the collection of potentially sensitive personal information that participants may not want to disclose, every step was taken to ensure that confidentiality was preserved. The consent forms and interview transcriptions were kept in a locked filing cabinet in the Division of Community Health and Humanities, in which only the primary investigator had access to. The computer containing the survey data and focus groups and interview transcriptions had the appropriate security features, having been password protected and encrypted.

Similar to the survey portion of the research project, participants faced few risks in partaking in the interviews. In the case of the focus group interview, as participants have the choice to discuss personal concerns with the group, there are some concerns associated with the ability to guarantee confidentiality. However, participants were made aware of this prior to signing the consent form and were asked to respect the privacy and confidentiality of fellow-participants.

To ensure that participant confidentiality is protected during the research dissemination process, any indicators that may reveal a participant's identity have been

removed or changed. This includes the mention of any specific geographic location, the names of participants, as well as the names of people who are not participating in the research but were mentioned by participants. When analysing specific quotes from the interview within this document, only the participant code is provided to allow the reader to differentiate between participants. The research data, including all consent forms and completed questionnaires, will be stored for five years before being properly destroyed, as per HREB mandate.

## **Chapter 4 - Findings**

Chapter 4 provides a thorough overview of both the quantitative and qualitative findings, breaking down the results into the major themes that have emerged. With the exception of the socio-demographic data, the survey results are presented in the order that the corresponding questions appeared in the questionnaire. Similarly, the interview and focus group data are broken down according to the questions in the interview guideline template.

In total, 108 students completed the online survey, between the months of November 2015 and January 2016. Another eight students participated in either the focus group discussion or one-on-one interviews, which were conducted from March to May 2016. When discussing the survey participants, the terms “student,” “respondent,” and “participant” are used interchangeably. The focus group and one-on-one interview participants are distinguished within the discussion of the qualitative findings as either being a “focus group participant” or an “interview participant.”

### **4.1 Survey results**

As mentioned, the survey results were broken down according to the survey’s subsections, all of which were centred on a particular theme: socio-demographic information; living arrangements and food consumption practices; food preparation practices; food preferences; level of food and health concern; food purchasing practices; and family socio-economic background and family influences.

While 108 students responded to the survey, in cases where there are missing data, percentages have been calculated based on the number of respondents who

answered the question. In cases where the number of responses is above 108, students were able to choose more than one answer.

#### **4.1.1 Students' socio-demographic information**

Socio-demographic questions were included at the end of the survey, to provide a contextual understanding of participants' lives. Participants' ages ranged between 17 and 25. While adulthood is a socially constructed and somewhat subjective term and age does not necessarily correlate with level of maturity, the question "do you think that you have reached adulthood" was included in the socio-demographic section. While 45 participants (42%) said yes and another three said no (2%), more than half respondents, 59 (55%), chose the ambiguous answer: "in some respects yes, in some respects no." Emerging adulthood is considered 18 to 25 years of age, thus all participants would technically fall within this category. However, this question was considered necessary to gather insight into participants' perceptions of where they are in terms of transitioning into adulthood.

Although the original hope was to have a representative sample of MUN's undergraduate population, due to recruitment techniques and the use of convenience sampling, the sample is not representative in terms of proportions of gender and nationality (see Table 4.1 below).

Table 4.1: Socio-demographic information

	Memorial University undergraduates (2013-2014)	Sample population
Male students	41%	15% (n = 16)
Female students <sup>2</sup>	59%	84% (n = 90)
International students	10%	7% (n = 7)

The lack of representative sample limits the ability to conduct a comparative analysis between certain socio-demographic groups.

In this sample, 102 participants (95%) were full-time students, while the remaining five were part-time students. Students were enrolled in a range of disciplines, with most participants coming from the fields of engineering, biology, English, business, and biochemistry (See Appendix III). It is likely that discipline could impact students' food practices, particularly their level of knowledge about nutrition or their schedules. However, as the respondents to the survey come from such a wide array of faculties and departments, it is difficult to conduct valid correlational analyses of the influence of educational discipline on food practices. Thus the list of disciplines is only used to provide context to the reader.

As SES is cited in the literature as being a major factor influencing food practices, it was important to consider employment, sources of income, and levels of income. When asked whether they were currently employed, 39 participants (36%) said they do not

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<sup>2</sup>One participant in the study identified as “other,” this is not yet a gender category in Memorial University’s Annual Reports.

currently work for pay. Another 50 participants (47%) work part-time, but less than 20 hours per week. The remaining seven participants work 20 or more hours per week, with 4 participants working more than 40 hours per week.

As many participants did not work for pay at the time that they responded to the survey, another question inquired about sources of income, which could include support from parents, student loans, scholarships, etc. Respondents had the option to choose more than one answer for this question, as to reflect their actual financial situations (see Figure 4.1 below).

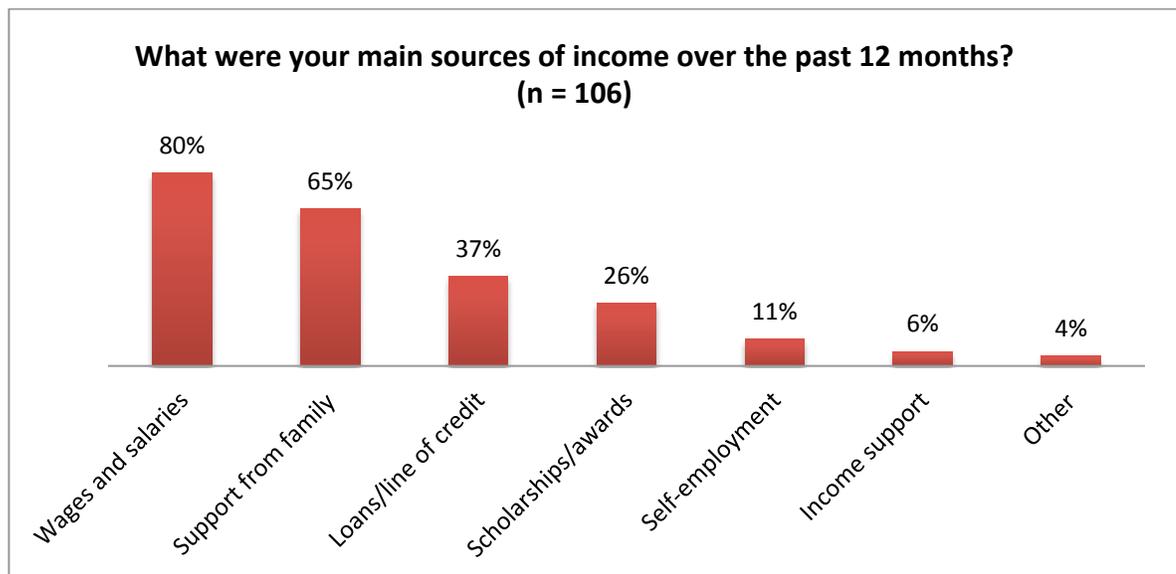


Figure 4.1 - Participants' main sources of income

In terms of the respondents who were not living with their parents and are likely to be paying for their accommodations, when asked their annual income, 58 of the 64 respondents (90%) fell under \$25,000. The remaining six (9%) had incomes between \$25,000 and \$40,000. Of the respondents who were not living with their parents (Question 2) none had incomes above \$40,000. As in NL the low-income cut-off (LICO) is \$23,861 for a one-person household and most students fell under \$25,000, this reflects

how many students straddle the line of poverty. However, in hindsight the categories for this question should have been reformulated to better represent realistic incomes for students to be able to get more accurate ideas of their financial situations, as well as measure income based on family size.

#### 4.1.2 Living arrangements and food consumption practices

Living arrangements can influence meal preparation and the consumption of meals with others, as well as food purchasing practices. When asked about their current living situation, 67 participants (63%) indicated that they rent or own a house off-campus, 31 (29%) said they live at home with their parents or family. Another 7 (7%) indicated that they board in a house or are renting a room in a private home, while another 2 (2%) chose “other” as their response. A more detailed account of with whom they lived with for the majority of the year is below in Figure 4.2.

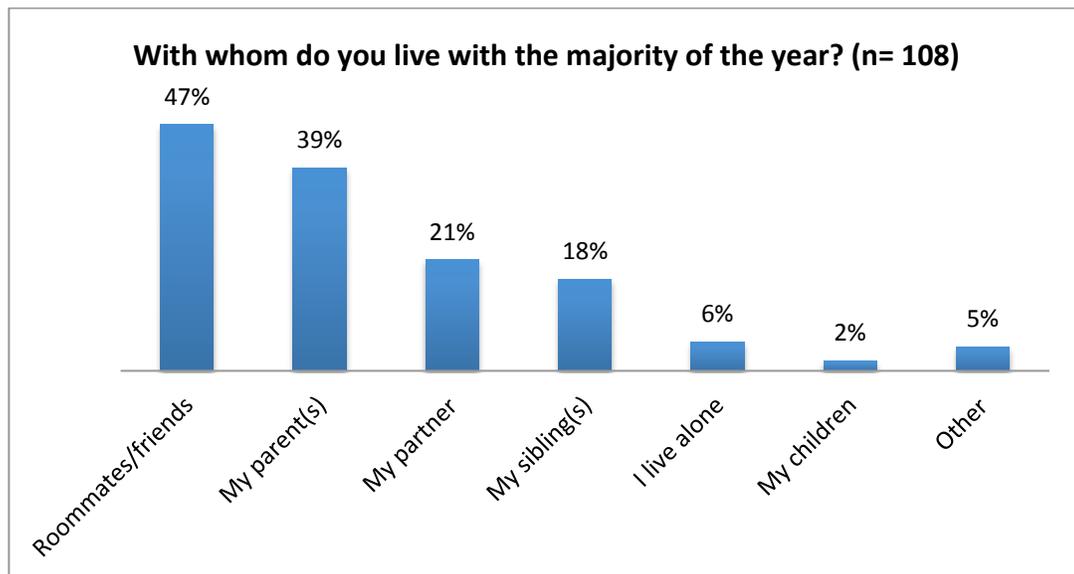


Figure 4.2 - Participants' living arrangements

Whom individuals live with can have an influence on their food purchasing, preparation, and consumption practices. For instance, a student who lives with his/her parents may not do the majority of the grocery shopping or cooking, while someone living on their own may. However, living with other people does not necessarily indicate that one shares all their meals with them. This is reflected in Question 3, when participants were asked how many times they had eaten a meal with the other people in their household in the past seven days and 27 participants (25%) indicated that they had not.

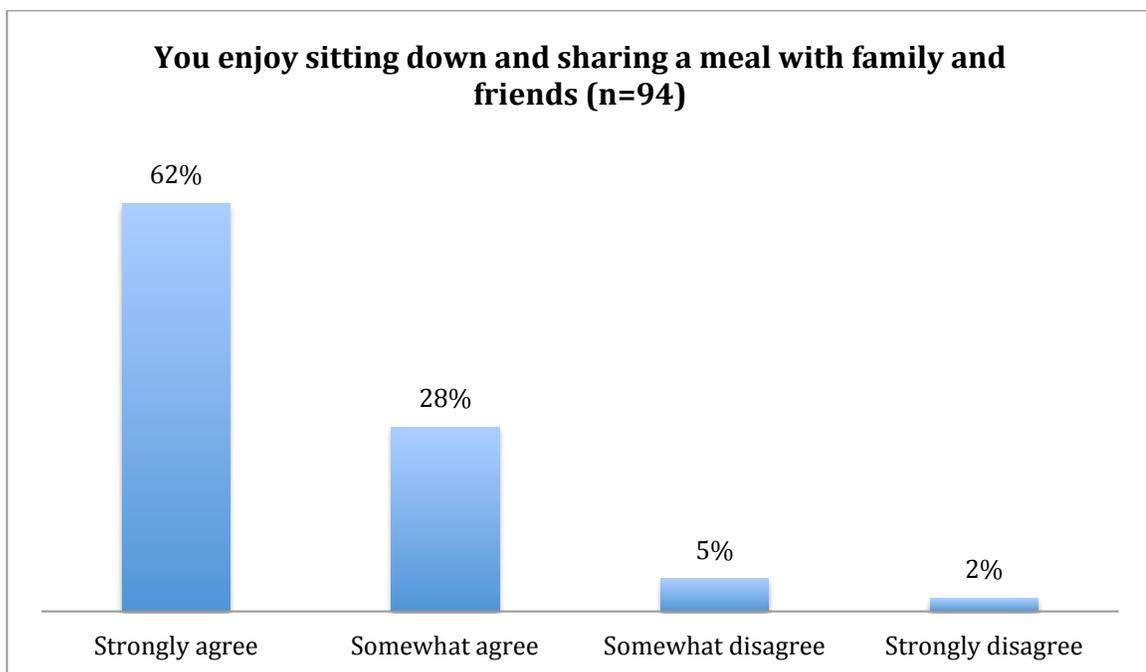


Figure 4.3: How much participants enjoy sharing meals with others

Despite the large percentage of participants who enjoy sharing meals with others (see Figure 4.3 above), when asked how much they agree with the statement that they regularly eat supper with other people, 23 (21%) said they somewhat disagree with the

statement and 29 (27%) say they strongly disagree. The difference between the amount of participants who enjoy eating with others and those who actually do it on a somewhat regular basis could be due to time constraints and busy schedules.

Another aspect of food consumption that busy schedules can determine is whether individuals have a hard time finding the time for meals or if they tend to “eat on the run,” which is addressed in Figure 4.4.

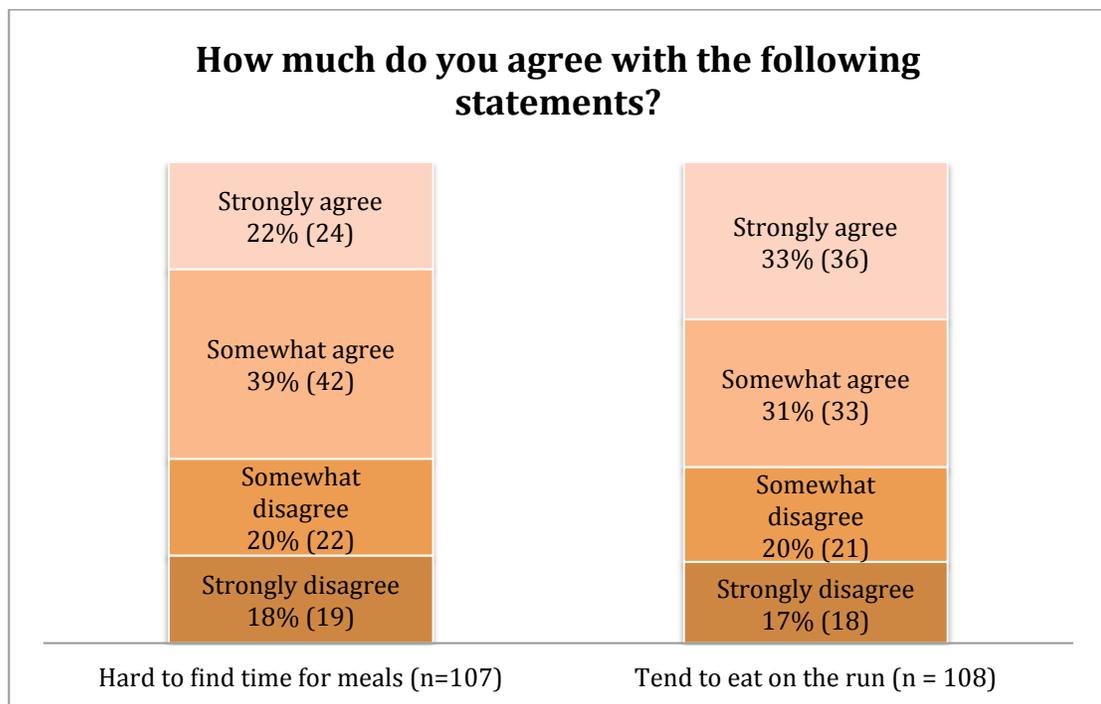


Figure 4.4 - Finding time to eat meals and eating on the run

Participants were also asked if they eat at the same time every day and if eating regular meals was important to them (Figure 4.5)

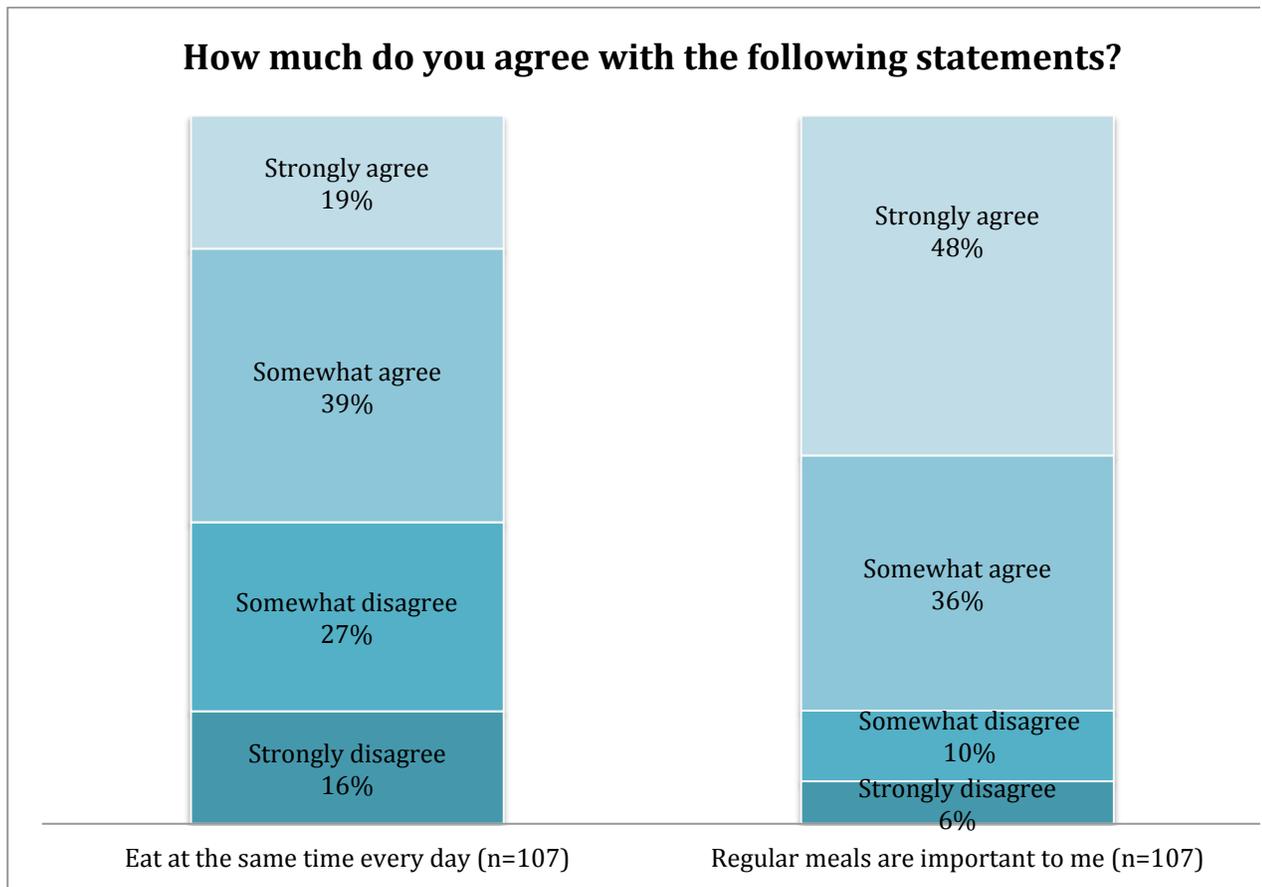


Figure 4.5 - Eating at the same time every day

Factors such as schedules, conflicting priorities, and time management skills may influence people’s ability to eat regular meals. Nevertheless, in Question 5 when asked how often they eat at home for the main meal, 81 participants (75%) said they typically do either every day or almost every day. Another 19 participants (18%) indicated they eat at home two or three times a week, while 5 respondents (5%) said they do only about once a week.

As eating at home is not always a possibility for everyone, participants were asked how often they had brought a meal to work or school during the past week, be it lunch, supper, or both (Figure 4.6)

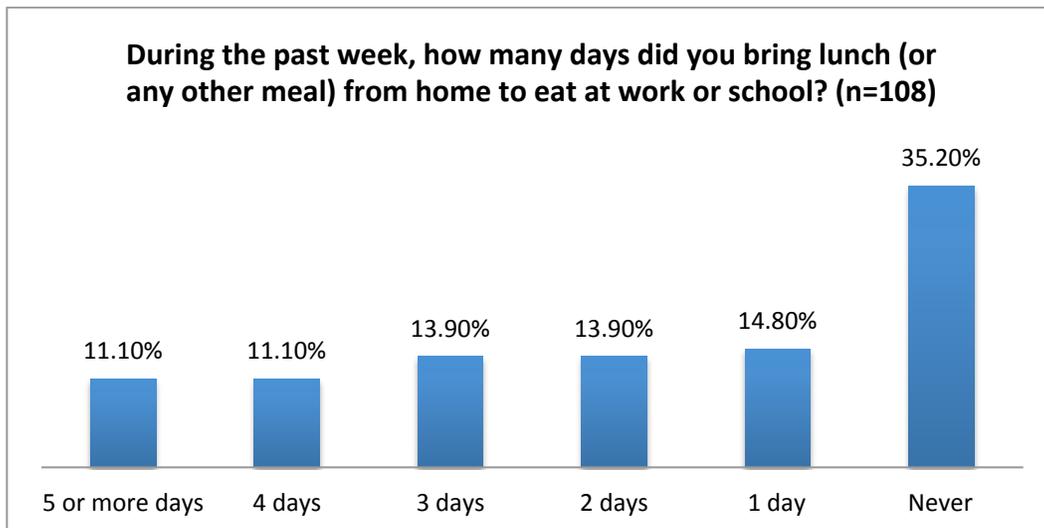


Figure 4.6 – Frequency of bringing meals to work or school

Comments within the open-ended comment section at the end of this portion of the survey illustrated the difficulties in carrying food to campus and the limitations in where individuals can store food: “I find it very difficult to bring a full meal to school in my backpack. It is already very heavy without it, and if I don't want my meals squished they need to be in bulky containers that take up too much room.” This predicament leaves some students with the option of buying food on campus or skipping meals.

Prioritizing certain meals is a common practice, thus people’s consumption of the “main meal” may vary according to their schedule or due to other factors. To be able to gather how regularly participants eat certain meals, three questions pertaining to how many times in the past week they consumed breakfast, lunch, and supper were included in this section (Figure 4.7).

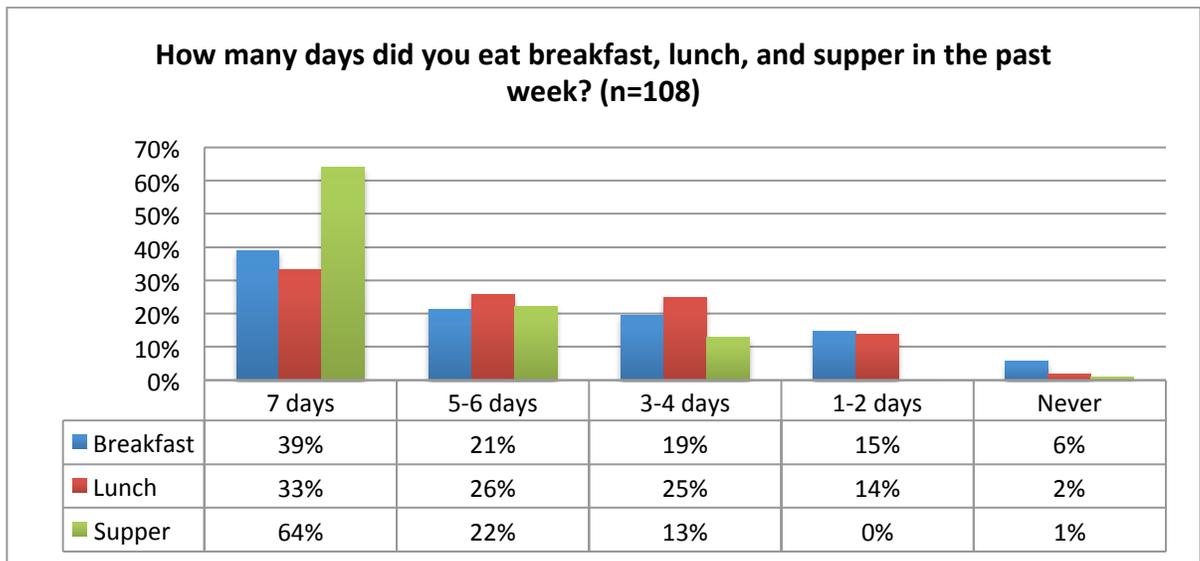


Figure 4.7 - Frequency of breakfast, lunch, and supper consumption

At the end of the subsection on food consumption, as well as at the end of all other sections, participants were provided the opportunity to make any additional comments pertaining to this topic in an open-ended question. The responses organized in Table 4.2 appear in order of frequency.

Table 4.2: Additional comments regarding food consumption

<b>Additional comments regarding food consumption</b>	
<b>Theme</b>	<b>Frequency</b>
Eating on campus during the day	8
Irregular meals and snacking	4
Busy schedules always changing	3
Having dietary restrictions	3
Social anxieties around eating in public	1
Other	3

Of the eight participants who made comments regarding eating on campus versus eating at home, two of these participants said they try to eat at home as much as possible, this is not a viable option for students who do not live near campus, which leaves them with the option of either bringing a lunch with them, buying food on campus, or going without eating. As mentioned, bringing a lunch to campus can have its difficulties in terms of having to carry around the food and not having storage areas. Although there are many food retailers on campus for students to avail of, these were depicted in the open-ended questions as being both expensive and unhealthy: “I eat out a lot, way too much, spending a lot of money on food due to the difficulty of getting home to make food and back to campus.” Finally, some respondents indicated that while on campus they go without eating or eat small snacks, which they saw as not being ideal in terms of maintaining a healthy diet: “I usually bring fruit, granola bars, or nuts to snack on but I always lose weight during the fall and winter semesters because I don't eat enough for breakfast and lunch.”

Choosing to eat small snacks throughout the day was also mentioned within this open-ended question, stated by four participants who discussed difficulties keeping regular meals and using snacking as a strategy to deal with hunger: “I don't really sleep/keep regular hours so it's hard to tell what's breakfast vs. lunch vs. supper. Sometimes it just ends up being one big meal towards the middle or end of the day.” This quote reflects the participants' difficulties in scheduling meals, thus opts for eating whenever it is convenient.

This ‘flexibility’ may be related to having busy schedules or time constraints, which was remarked on by another three participants: “during less busy times in the semester the number of times I eat with my family is higher, however this has been a less typical week due to prep for finals.” As suggested by this comment, busy periods can fluctuate for students, forcing them to constantly modify their food practices according to their current workload. Therefore, the question previously discussed comparing the frequency of consumption of breakfast, lunch, and supper throughout a given week is contingent on the time of the semester and how busy a student’s course-load is at the time.

Three participants mentioned the need to impose dietary restrictions on themselves, which is typically based on individual self-monitoring: “I generally am very concerned with what goes into my body, I actually log all of my meals on my phone and keep track of how many calories I have consumed.” Although only three participants indicated that they maintain a particular diet within this particular question, this was a recurrent theme among the remainder of the open-ended questions throughout the survey. As further discussed in the section on limitations in Chapter 5, there could be a bias among the people who responded the survey, as many of the participants appear to be food conscious and/or have different kinds of food concerns.

### **4.1.3 Food preparation practices**

The next section of the survey focused on participants’ food preparation practices, considering such things as cooking skills, cooking at home, and eating fast food or dining out at restaurants.

The first two questions within this section pertained to the types of ingredients participants tend to use when cooking. These were broken down into two categories, the first of which was the use of whole, basic items, such as vegetables, grains, and meat (Figure 4.8). In other words, this category could be considered cooking from scratch or with raw ingredients. The second category included easy to prepare foods, such as canned, frozen, or packaged foods, which is pictured in Figure 4.9 below.

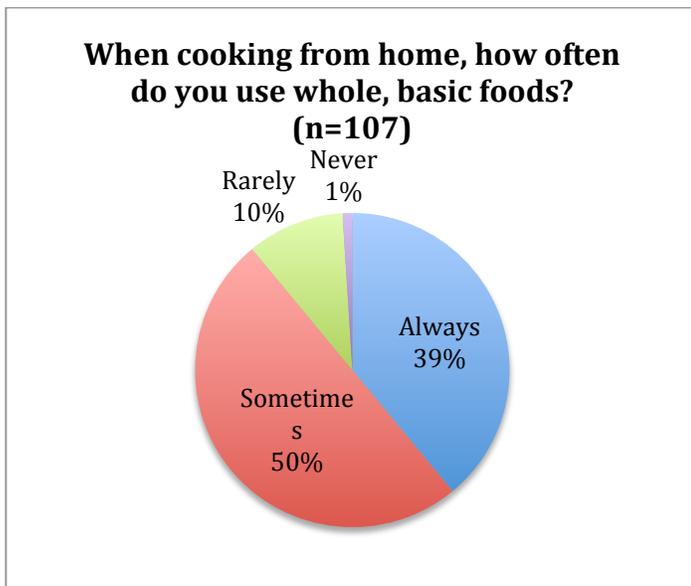


Figure 4.8 - Cooking from whole, basic foods

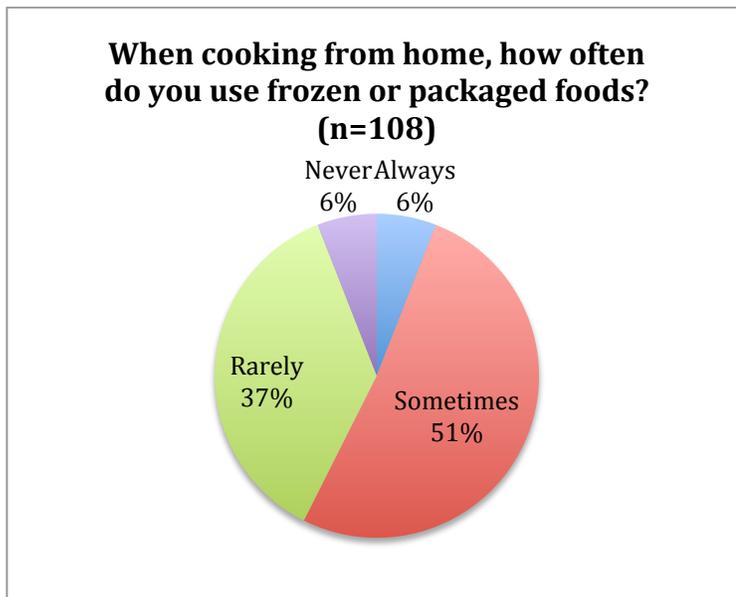


Figure 4.9 - Cooking from frozen or packaged foods

It is important to recognize that there could be various interpretations of this question, as the categorization of “packaged food” is vague and could mean different things for different people. Furthermore, this together with the next question on participants’ self-assessment of their ability to cook (Figure 4.10) shows that the sample who responded to the survey was more likely made up of individuals who were interested in or concerned about food.

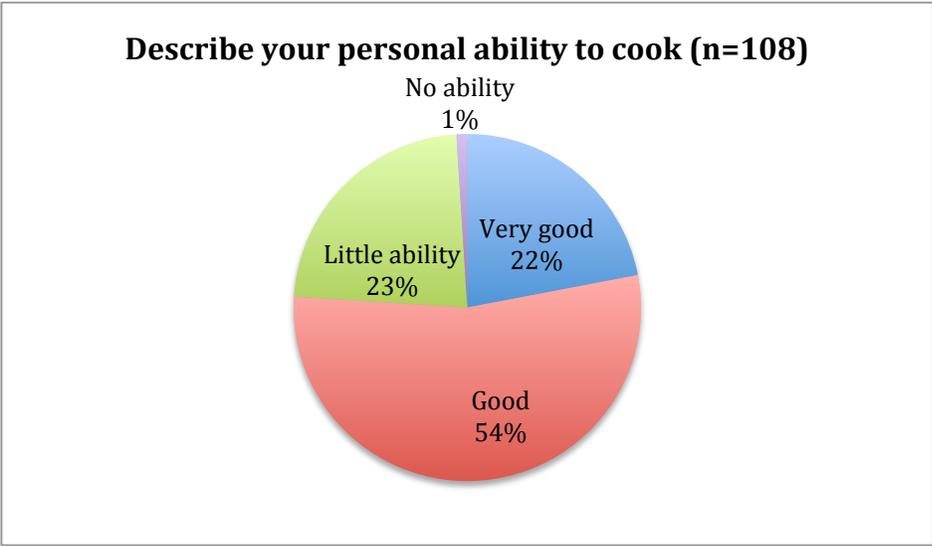


Figure 4.10: Personal ability to cook

Despite the majority of participants perceiving their cooking skills to be either “very good” or good,” a range of factors may inhibit their ability to prepare food at home, which are shown in Figure 4.11.

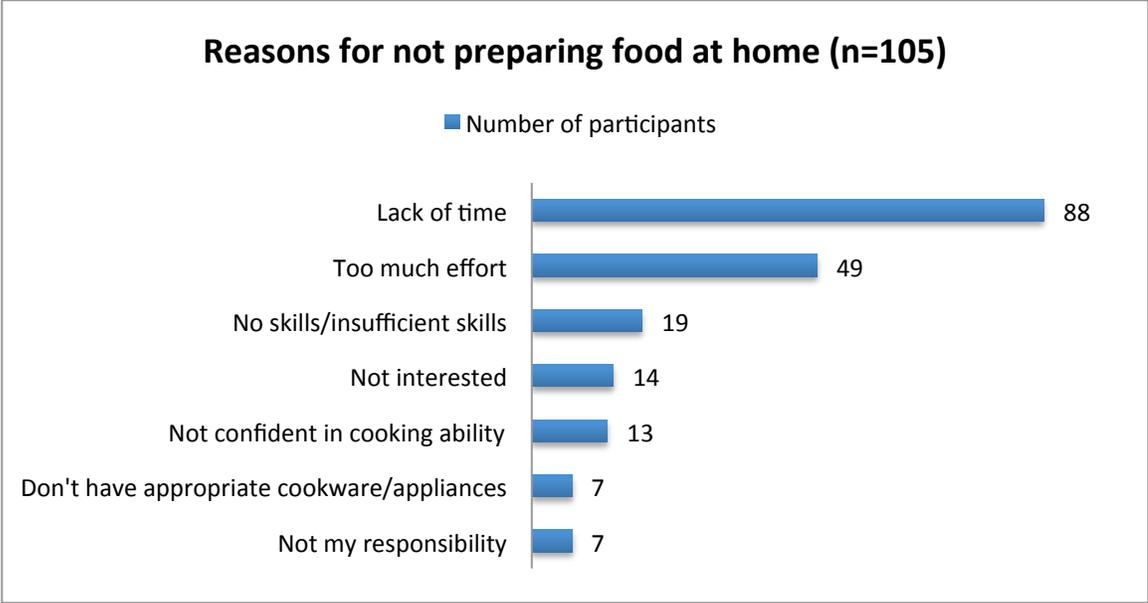


Figure 4.11 - Reasons for not preparing food at home

In cases when participants are not preparing food at home, dining out at restaurants or getting fast food were common options (see Figure 4.12). Although the

classification of what is considered “fast food” versus a restaurant can be subjective and was not specified in the survey, generally speaking, “fast food” is considered somewhere where food is prepared within a shorter timeframe (five to ten minutes), where patrons have the option of eating the food at the location, taking it out, going through drive-through, or getting it delivered. In contrast, restaurants are sit-down, full-service establishments.

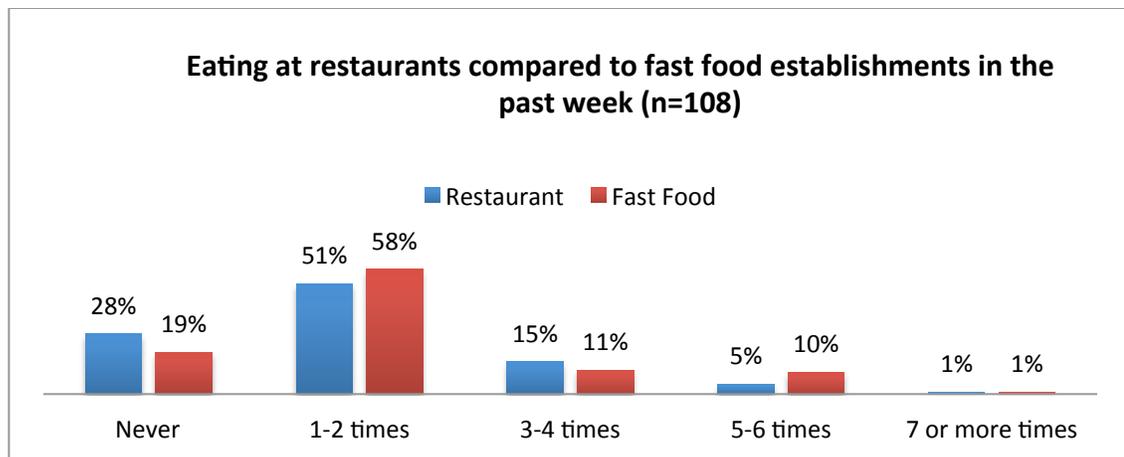


Figure 4.12 - Eating at restaurants and fast food establishments

However, something that was not addressed in the survey were the perceived differences between types of sit-down restaurants and fast food locations and the food options they offer, as the nutritional value and “healthiness” of foods may vary significantly depending on the restaurant. As one participant put it in an open-ended question:

It can be challenging finding something that is healthy and contains enough protein for me when dining out. I do not usually consume any take out, therefore if I am dining out, it is mainly at a local restaurant that would have fresher, healthier options than a chain restaurant.

Other participants indicated that the only fast-food place they would eat at is Subway, which they perceived as being a somewhat healthier option, comparing it to burger chains like McDonalds in the open-ended questions. One comment made in an open-ended question implied that the participant will eat McDonalds, but only when they are hungover. Similar assertions were made in the in-depth interviews, with a few participants explaining how fast food is considered either a “late-night treat” when drinking on weekends or the hangover cure for the next day.

There were only a handful of additional comments regarding food preparation at the end of this section (Table 4.3).

Table 4.3: Additional comments regarding food preparation

<b>Additional comments regarding food preparation</b>	
<b>Theme</b>	<b>Frequency</b>
Healthy food preferences	3
Time constraints and preparing quick meals	2
Snacking	2
Need better cooking skills	2
Traditional meals	1

Three participants mentioned general food preferences in the open-ended question. What these three comments had in common was that they were all centered around preference for “healthier” options, such as: “I try to eat healthy; usually prefer nutritious food” and “diet pop only.”

Perceived time constraints and the need to prepare quick meals was reiterated by another two participants in the open-ended answers for this question:

I like to cook what I eat, but school life has a way of forcing you to stop thinking about food for enjoyment and makes it as awkward as possible which leads me to getting fast food, precooked food, or just skipping the meal all together.

As exemplified within this quote, preparing quick meals from already prepared food is not the first choice for some participants; rather they are limited due to time constraints and busy schedules.

Only one participant alluded to the notion of traditional meals. However, in seeing the number of respondents who mentioned culturally traditional foods in NL within the question on foods and meals eaten frequently during childhood (included in the next subsection), it is evident that this is an important aspect of eating: “[Our] family cuisine often consists of Newfoundland traditional dishes, we also have Jigg’s dinner every Sunday in our household and the family (4 members) eats at the table together.” Jigg’s dinner, a quintessential NL meal, was mentioned in particular as being a culturally traditional food, as with foods like cod and moose meat. It is important to look at sharing traditional meals with family members and friends as being a form of cultural continuation, as well as a way to pass along traditional cooking skills, which will be explored in more detail within the analysis of the qualitative interviews.

#### **4.1.4 Food preferences**

In the section on food preferences, participants were asked to indicate the kinds of foods they eat most often, in order to address Objective 1 (to investigate university students’ experiences and perceptions around their food purchasing, preparation, and consumption practices). The first question asked participants to select foods that they had

eaten in the past two days, choosing from a list of pre-determined categories. All 108 participants answered this question and results are shown below in Figure 4.13.

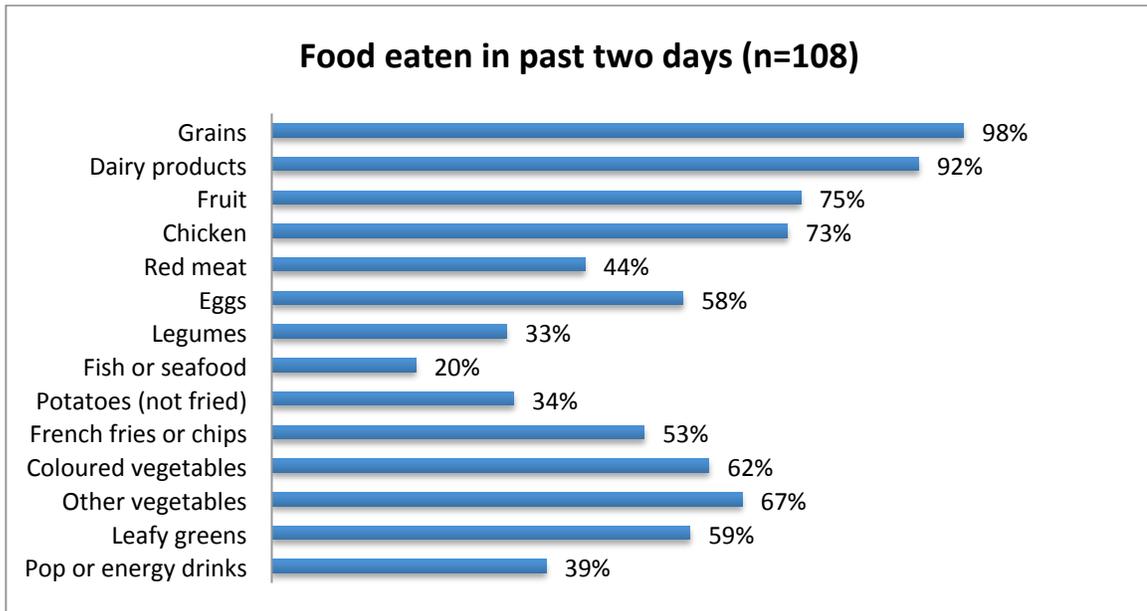


Figure 4.13 - Food eaten in the past two days

Grains (which includes wheat, oats, rice, corn, etc.) were clearly the most common food item, which is not surprising, considering how many standard meals include grains in some form. The second most popular choice was dairy products (including milk, yogurt, cheese, etc).

In terms of eating meat, chicken was more popular protein source than red meat. Eggs were also quite popular among participants. Within the open-ended question of foods participants commonly eat, many gave the example of egg dishes, which are typically quick and easy to prepare meals. Although seafood is considered a traditional food in NL, the consumption of fish and seafood was much lower than other meats or meat alternatives. The reason may be that the price is fairly high and there are still some

barriers in being able to access fresh fish, which will be further discussed within the section on the qualitative data.

As a side dish or snack, more participants tended to consume French fries and/or potato chips than potatoes that had not been fried. It seems that vegetables may be a more popular side dish than potatoes. This includes leafy greens, coloured vegetables, and other vegetables.

One limitation within this question that is important to note are the potential differences in answers that include weekends and those that include weekdays, as there has been research on differences between food practices during the week compared to weekends (Haines, Hama, Guilkey, & Popkin, 2003). Another limitation was the assortment of food categories to choose from. In hindsight, this question should have had additional options for “junk food” (such as candy or chocolate), as well as coffee or alcoholic beverages, as these are commonly consumed food items among this population.

The next question (seen in Table 4.4) asked participants to list the foods or meals they eat most often. This was structured as an open-ended question, allowing participants to be specific in their answer.

Table 4.4. Foods/meals frequently consumed

<b>“Please give a couple examples of the kinds of foods or meals you eat most often” (n=107)</b>	
<b>Type of food</b>	<b>Frequency</b>
Pasta dishes (spaghetti, alfredo, etc.)	52
Stir-fry (chicken, pork, vegetable, etc.)	30
Chicken dishes	26
Sandwiches/wraps/Subway/grilled cheese	22
Egg dishes (e.g. omelettes, boiled eggs, breakfast sandwiches)	19

etc.)	
Soup/stew	19
Salads	19
Pizza	18
Meat and potatoes/ “Jigg’s dinner”	15
Vegetable (side dish: roasted, steamed, etc.)	15
Fruits and vegetables (snacks)	11
Rice (side dish)	11
Seafood dishes (baked salmon, cod, tilapia, etc.)	11
Potatoes (side dish)	10
Oatmeal/cereal	9
Protein shakes/smoothies/juice	7
Steak/beef dishes	7
Legume dishes (chickpea salads, beans, lentils, etc.)	6
Toast/bagels	6
Pork dishes	5
Chips/chocolate (snacks)	5
Foods mentioned by four or less participants include: Indian food/curry, chilli, yogurt/cottage cheese, tacos, quinoa, frozen foods, French fries, casserole, cheese, burgers (chicken or beef), sushi, Chinese food, nachos, and Mr. Noodles	

As evident in Table 4.4, pasta was the meal that was most frequently mentioned by participants. This is not surprising, considering how quick and easy it is to prepare pasta, as well as how it is made from relatively affordable ingredients. Stir-fry was another common response. Included in this category are stir-fries made from vegetables, chicken, beef, pork, tofu, etc.

As indicated in the question on the types of foods participants had eaten in the past two days, chicken is a popular form of meat. This was also reflected in the number of responses in this question that included chicken, such as baked chicken, roasted chicken, etc.

Sandwiches, wraps, and grilled cheese sandwiches were indicated as being common meals, as one participant mentioned that these items are easy to prepare, particularly for those who bring lunches or suppers to school or work. This also applies to salads. However, in some of these cases salads were not the main meal, rather were considered to be the side-dish to a main course, such as a portion of meat.

Pizza was also a common type of food or meal. This could include homemade, take-out, or frozen pizzas; however, the type of pizza was not specified by all participants. The fact that pizza was a popular food item is not surprising, considering its popularity in North America.

Meat and potatoes was also a meal respondents regularly consume. Included within this category was “Jigg’s dinner,” which is a traditional NL meal that includes meat and root vegetables. As reflected in a similar question regarding foods and meals regularly consumed during childhood, these types of traditional meals had an important role for some participants.

The low number of respondents who indicated that they regularly eat fish or seafood is not surprising considering the high cost of these foods, despite NL being known for its fish resources, as already mentioned. In this instance, it would have been interesting to know whether the respondents who indicated that they regularly consume fish are from NL or from elsewhere, as having the social connections to locals who fish, either recreationally or professionally, can impact accessibility and affordability of this commodity. For example, if a student has a parent or relative who fishes and lives in or near the area, it is more likely that they will have access to fish at more affordable prices.

A similar question pertaining to food consumption was asked later in the survey, this time specifically inquiring about foods and meals frequently consumed during childhood (Table 4.5).

Table 4.5: Types of foods eaten during childhood

<b>Types of foods eaten during childhood</b>	<b>Frequency</b>
Pasta	51
Meat and potatoes/Jiggs dinner	28
Stir fry	22
Chicken dishes	21
Pizza	19
Chicken nuggets/fingers/wings	17
Roast/beef dishes/meatloaf/Shepherd's pie	18
Sandwiches/wraps	15
Salad	13
Fish/seafood	13
Soups/stew	12
Vegetables (side dish)	12
Rice (side dish)	11
Kraft Dinner/Mac and cheese	9
Potatoes (side dish)	9
Hamburgers/hot dogs	8
Egg dishes/Breakfast dishes	8
Canned foods/Frozen food/microwave meals	8
Fries (side dish)	8
Fruits and vegetables (snack)	6
Other foods mentioned by four or less participants include: chilli, casserole, quesadillas/tacos/fajitas, steak, vegetarian dishes, Indian food/curry, fast food, moose meat, ham/pork, and chips/chocolate (snacks)	

Once again, pasta was the most frequently cited answer, likely for similar reasons such as it being a quick, easy, and affordable meal option, but also one that picky children would enjoy. Meat and potatoes (or Jigg's dinner) was the second most frequently

mentioned meal or food among participants. These types of meals date back hundreds of years, and the preparation and consumption of “meat and potatoes” is something passed down throughout generations. This will be discussed in more detail within the qualitative research.

Also, it is important to recognize the difficulty in trying to determine whether an individual’s diet is “healthy” as this is a very subjective notion. Variations in foods and meals in terms of their ingredients, their source, and their methods of preparation can impact the overall nutritional elements and whether or not it is healthy, which is difficult to measure through a survey. Thus, these questions are only taken as general ideas of participants’ typical eating practices, while more concrete perceptions of health and nutrition are addressed within the next section and again in more depth in the interview and focus group data.

#### **4.1.5 Level of food/health concern**

The following section of the survey pertained to participants’ perceptions on health, healthy eating, and nutrition. The questions ranged from asking about how concerned participants are about eating healthy foods, their adherence to food guides, whether they care if foods are organic, locally grown, or unprocessed, as well as questions about specific nutrition matters. Furthermore, a couple questions were specific to apprehensions about body weight and food choice.

The first question (Question 17) on this topic was somewhat general, asking participants their level of concern regarding what they eat in terms of quality, quantity, and nutritional value. 25 participants (24%) indicated that these factors were priorities to

them, while another 61 (59%) said they were somewhat. Meanwhile, 13 (13%) said they were not very concerned, and 5 (5%) said they were not at all worried about what they eat. I will discuss at the end of Chapter 5 how these responses could be due to sample limitations.

The next two questions specifically asked how much participants care about eating healthy foods and how much they care about staying fit and exercising, allowing them to choose from “very much,” “somewhat,” or “not at all” (Figure 4.14)

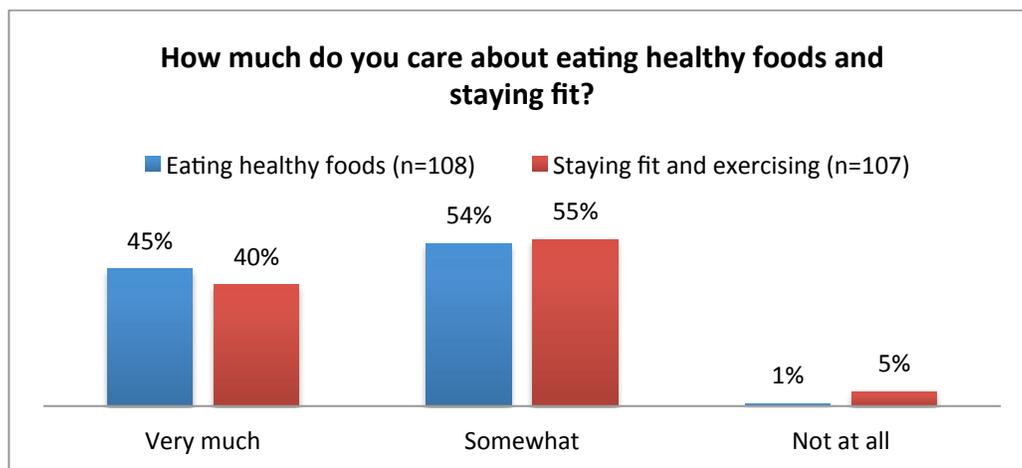


Figure 4.14 - Participants' concern about eating healthy and staying fit

Although almost all the participants indicated that they were at least somewhat interested in eating healthy and staying fit, as indicated by the questions above, when asked to describe their eating habits, it is apparent that for many participants these intentions are not always translated into their practices. This may be due to a range of reasons explored elsewhere in the survey.

Food preferences are also relevant in individuals' willingness to eat healthy. In a question included later in the survey, participants were asked how much they relate to the statement "Most healthy foods just do not taste great" (Figure 4.15).

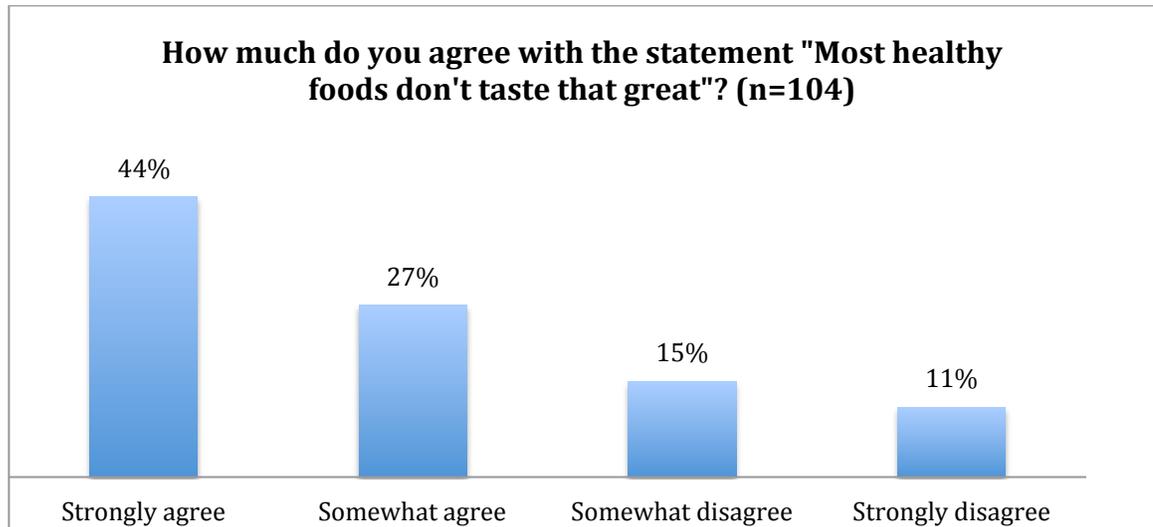


Figure 4.15 - Participants' perceptions of the taste of healthy foods

Participants were asked to describe their eating habits (Figure 4.16). Although self-assessments of personal eating habits are unlikely to accurately depict individuals' actual practices and the question itself is subjective as definitions of healthy eating vary from person to person, it is still important to understand respondents' perceptions of their own habits to be able to gauge to what extent their level of concern compares to their actual practices.



Figure 4.16 - Participants' self-assessments of their eating habits

When asked if they follow any sort of recommended food guide or diet, the majority of participants said no, at 61 participants (57%). Out of the 34 (32%) who said that they try to follow a guide or diet, and 13 (12%) said that they do so successfully the distribution of types of guides follows below in Figure 4.17.

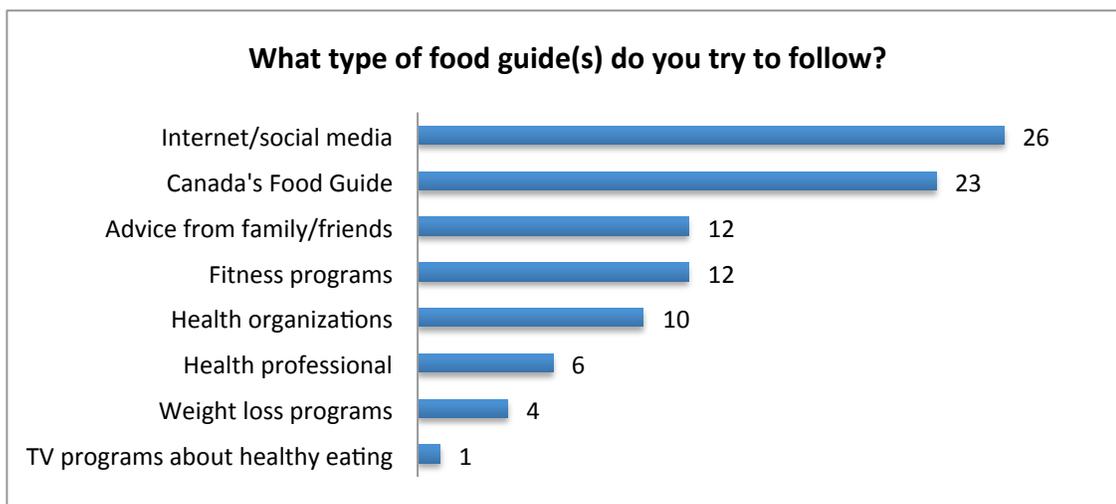


Figure 4.17 - Types of eating/food guides participants follow

Of those who follow a guide or diet, or at least try to, “general research on the internet or social media” was the most common type of source. This is not surprising due

to the prevalence of the internet in contemporary society, particularly among young adults. Similarly, Canada’s Food Guide (CFG) has been a widely distributed nutritional information source within schools and health practices, thus has reached an extremely large portion of the Canadian population. A lesser number of participants said they get information from friends and families, fitness programs, health organizations (e.g. Heart & Stroke Foundation, Canadian Diabetes Association, etc.), and/or advice from health practitioners (e.g. doctors, dieticians, registered nurses, etc.).

In two open-ended questions, participants were asked to elaborate on their experiences in following recommended diets and food guidelines (Table 4.6).

Table 4.6: Reasons for using a food guide

<b>What are your reasons for using a recommended food guide(s)?</b>	
<b>Theme</b>	<b>Frequency</b>
Maintaining general health and getting proper nutrients	14
Keeping a balanced diet and staying on track	6
Lose weight	5
Dietary restrictions or a specific health concern	5
Stay in shape	3
Expectations around healthy eating or it being a taken for granted assumption	3

When asked their reasons for following a recommended food guide or diet, the most common answer was to get adequate nutrients for good health, which was specified by thirteen participants. The second most frequent response was to “keep balance” and “stay on track” and the need to keep within certain dietary limits and curbing cravings: “My reason for using a recommended food guide is that they help you stay on track.”

Managing body weight is usually associated with good physical health within the dominant discourse and was alluded to by many participants throughout the open-ended questions. The goal of maintaining or losing body weight was mentioned by five participants as a factor encouraging them to follow a food guide or diet. Another five participants discussed specific dietary restrictions or health concerns, such as managing diabetes or gastrointestinal tract disorders.

The next open-ended question asked participants to outline any challenges they face in sticking to a recommended food guide or diet (Table 4.7):

Table 4.7: Challenges in following a food guide

<b>If you try to follow a food guide/diet, what are some of the challenges?</b>	
<b>Theme</b>	<b>Frequency</b>
Difficulty in managing cravings or portion control	16
Convenience/ time constraints	15
Budget/ healthy food inaccessible	12
Social life	4
Dining out is unhealthy	2
Lack of cooking or storage space	2
Specific health concern	1

The most common problem was difficulty controlling cravings, maintaining portion control, and dealing with picky eating: “Curbing sweet cravings. Once I let myself have some, I want more and it's harder to say no.” Many of these responses have connotations of restriction and self-discipline: “Trying to stay under the ‘limit’ in certain categories (sugar, fat, calories).”

Another 15 participants discussed time constraints and busy schedules as being a major factor inhibiting them from following a food guide or diet, finding it difficult to prepare food while juggling course loads, part-time jobs, and/or extracurricular activities:

I find it EXTREMELY challenging having an optimal supper during school days since I am in labs till 5 almost every day. This means that by the time I get home I slap together the most random meal, which usually lacks all the key nutrients I need.

In some cases, this was also linked to lack of energy required to prepare meals: “Time is the biggest constraint. When I get home from school, I often find it exhausting to have to prepare a healthy meal too.” Budget and financial difficulties was a third issue that was mentioned by 13 participants:

When I first moved here I became anaemic because I wanted to keep eating healthy like I did at home, but couldn’t afford to eat enough protein and dairy. I got sick. So now I eat processed foods and have gained a lot of weight.

This has led to a struggle for some participants in balancing their health and their budget:

I find I struggle between the desire to eat healthy, the desire to meet nutritional needs, and the desire to stay under budget. Healthy food didn't seem that expensive, but when I realized how much of it I had to buy in order to receive adequate caloric intake, it changed my purchasing habits.

Financial constraints are also connected to the high price of healthy food in NL, particularly fresh produce: “Vegetables and fruit are very expensive in NL! It would be easier on a student budget to be able to buy fresh fruit and veg at a lower cost, but it is understandable living on an island!”

Another four participants attributed their social life as being a hindrance on their ability to eat healthy, as being in a social setting with friends includes too many temptations to eat unhealthy: “Having a social life and eating healthy can be a struggle.”

One participant elaborated on this notion, explaining that they eat healthy most of the time, with the exception of when friends want to get pizza.

A lack of cooking space or storage for food is an issue for some of the students, limiting whatever they are able to prepare:

I love to cook and used to eat super healthy before moving to St. John's, going to school and living in a house where I have to share a fridge and have no deep-freeze. Never ate fast food except Subway (once a month or so) for years, until now. Rarely bought any packaged foods, and never premade meals or things like that.

Participants were also asked, in an open-ended format, to provide examples of media sources (e.g. blogs, webpages, social media sites, magazines, etc.) that they themselves or their peers use to obtain information on nutrition and food practices (Table 4.8).

Table 4.8: Type of media source used for food information

<b>Type of media source</b>	<b>Frequency</b>
Websites on healthy eating (e.g. Buzzfeed, Men's Health, Bodybuilding.com, food.com, Livestrong, Popsugar Fitness etc.)	13
Facebook	9
Pinterest	9
Google	6
Individually run healthy eating/living blogs	6
Sites by credible sources (e.g. dietician, doctors, government websites, Canada Food Guide, Heart & Stroke)	6
Instagram	4
Apps (Weight Watchers, myfitnesspal, Noom Coach, etc.)	3
YouTube Channels (e.g. Blogilates)	2
Reddit	2
Cookbooks/Recipes	2
Magazines	2

As seen in Table 4.8, websites dedicated to healthy eating and healthy lifestyles were the most frequently reported form of media source, with thirteen participants providing this as an example. This category of website does not include webpages from official organizations or healthy lifestyle blogs that are run by a single individual. The other two most frequently mentioned sources were Facebook and Pinterest, social media sites where individuals can share and search out nutrition information and recipes. Each of these sites were indicated by nine participants as being a source they refer to. Another six participants indicated that they tend to search Google for information on specific topics when they are unsure of a particular nutrition fact or if they want to know how to cook a certain food item.

Individually run blogs and webpages run by official organizations were also each used as examples by six participants. However, some participants who specified the latter emphasized that they only refer to sources they perceive as being “credible,” which includes sites run by legitimate organizations (such as Health Canada or the Mayo Clinic) or professionals trained in the matter, such as dietitians. This is in contrast to individually run blogs, where the author may not have any official training or education in nutrition, food, or health. The remainder of the sources include other social media sites (YouTube, Reddit, Instagram), cookbooks or recipe-specific webpages (e.g. allrecipes.com), and magazines. All of these sources either provide recipes, meal ideas, or information on nutrition and healthy eating, which were indicated as being interests of many of the participants.

In a series of questions, participants were asked if they choose certain foods based on particular concerns pertaining to “responsible” or “ethical” eating, and health, and to the nutrition characteristics of food (Figure 4.18).

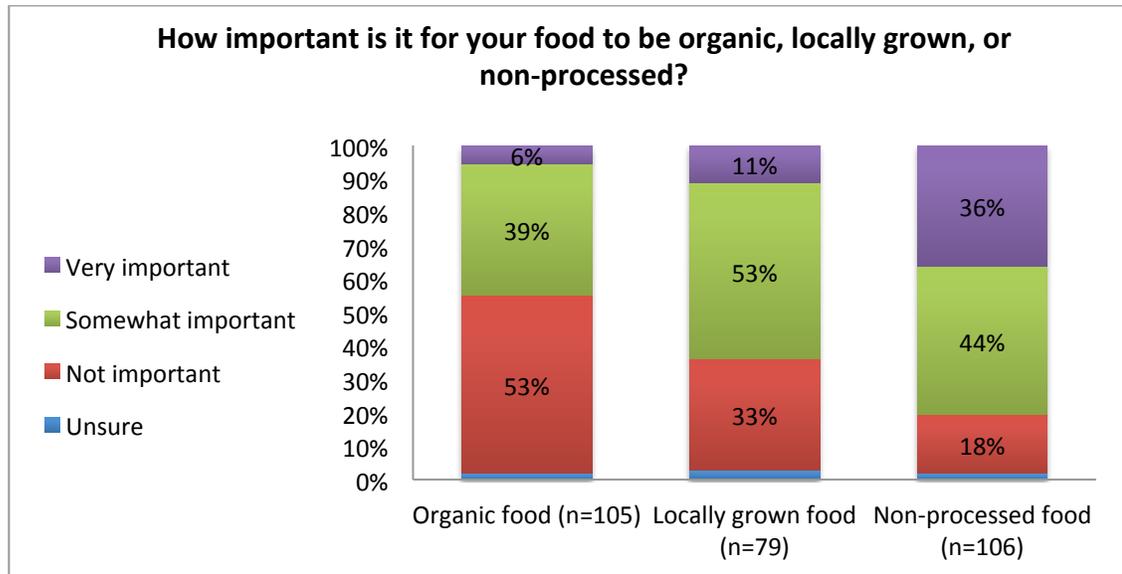


Figure 4.18 - Level of importance of organic, locally grown, or non-processed foods

It seems that many participants are interested in eating organic, locally grown foods, however, not to the same extent that it is important to them that food not be processed. This is likely because non-processed foods are typically easier to access than locally grown or organic options, as they tend to be more affordable and more widely available. It also makes sense that participants would prioritize their concerns.

In Question 24, nearly all the participants (85%) said they chose certain foods based on nutritional content. As this is a general question, the following six questions were intended to focus more specifically on particular nutritional characteristics (Figure 4.19).

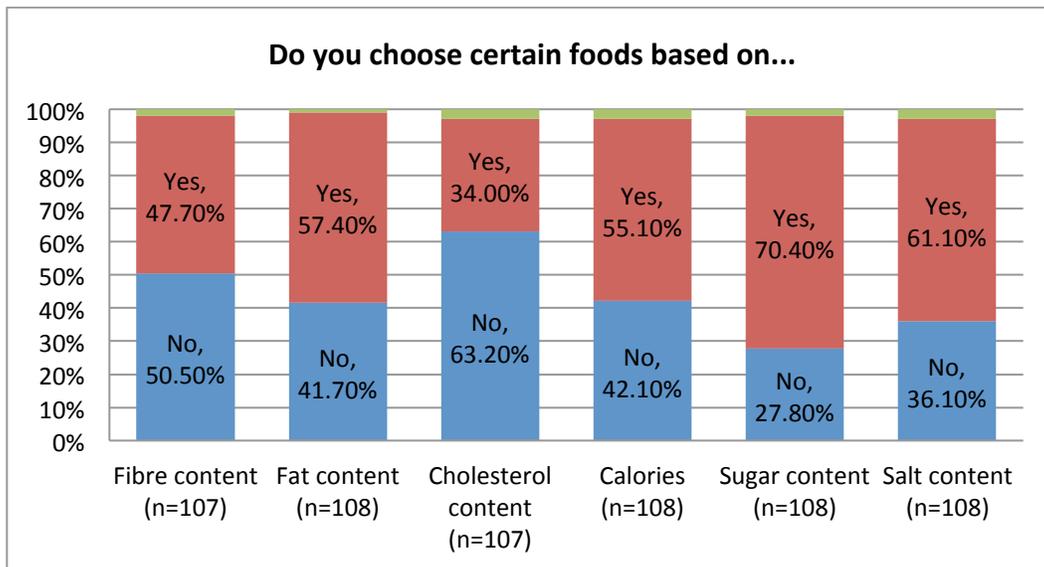


Figure 4.19 - Choosing certain foods based on nutritional content

Included in dominant health discourse is the assumption of the correlation between body weight and health. Thus, body weight management is an extremely important factor to consider when looking at food practices. When asked whether they choose certain foods because they are concerned about body weight, the overwhelming majority of participants said yes, at 81 participants (76%). Similar responses were gathered in the question about whether participants were currently trying to lose weight (Figure 4.20).

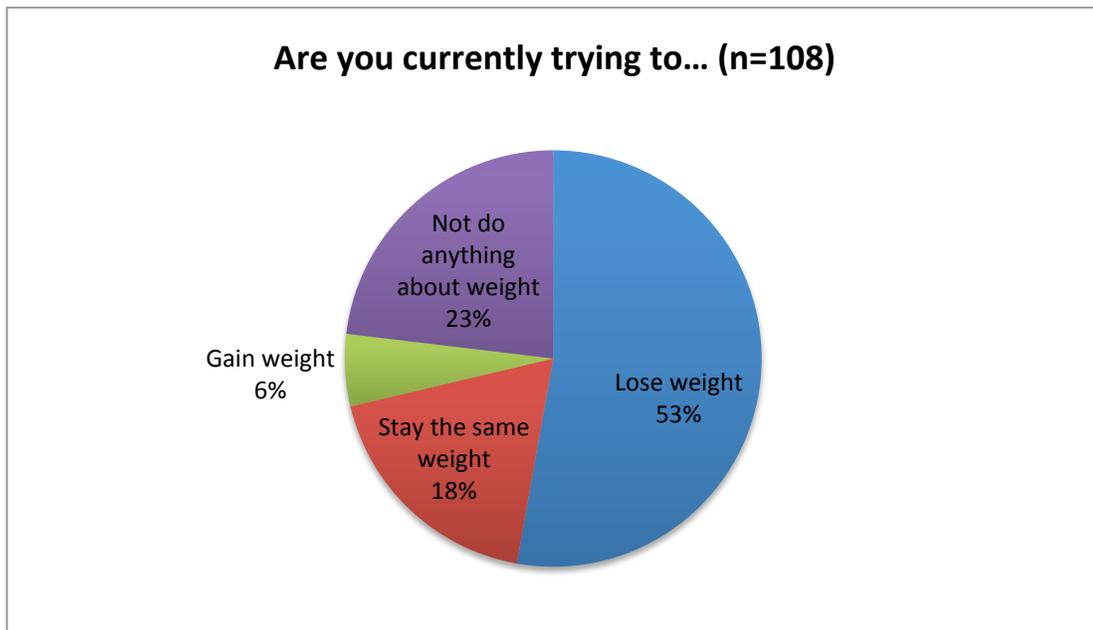


Figure 4.20 - Percentage of participants currently trying to monitor their weight

The amount of respondents who are trying to lose weight can be seen as alarming when considering the potentially harmful actions that some of these individuals may take in trying to manage their weight. For example, 11 participants (10%) said they strongly agree with the statement that they “sometimes skip meals” due to concerns about their weight (Question 27). Another 16 (15%) said they somewhat agree with this statement. Although this is not the majority of participants, risky weight-loss practices such as skipping meals is concerning among any percentage of the population and could indicate serious issues around disordered eating and body image dissatisfaction.

Participants were also asked to indicate how much they agreed with certain statements pertaining to their perceptions of eating (Figure 4.21).

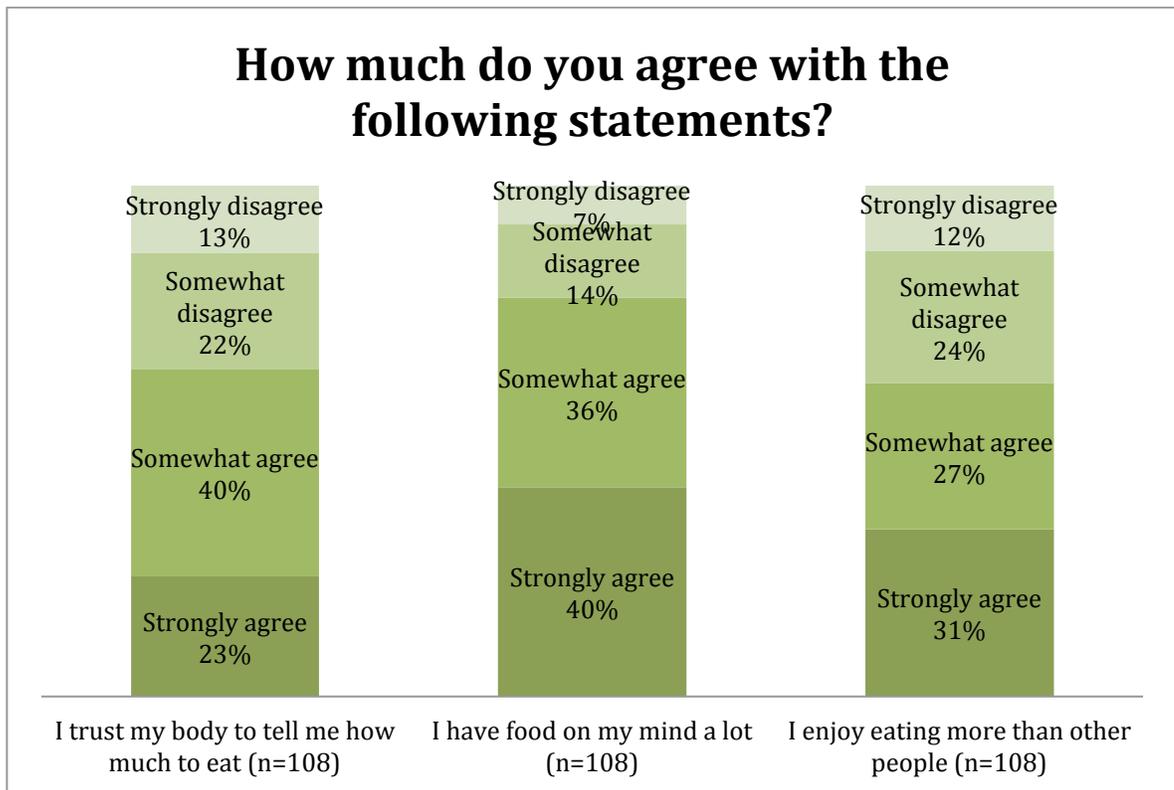


Figure 4.21 - Perceptions on eating

When asked through an open-ended question what else could be done to improve the quality, quantity, and nutritional value of the food participants consume every day, responses fell under one of three “levels” of influence within the ecological model: individual level, community level (either in terms of the university or the larger community of St. John’s), or societal level (Table 4.9 below). The question was intentionally vague to allow for a varied interpretation of the level in which respondents see a need for change. Although it is likely that many participants would have indicated particular areas of improvement within all three levels, I was interested in finding out what their instinctive answers, with little probing and without leading them to a particular answer. I had hoped that this question would allow me to capture whether respondents

view food practices from an individualistic perspective or whether they discern the larger, macro-level societal influences.

Table 4.9: What can be done to improve quality of food

<b>In your opinion, what else can be done to improve the quality, quantity, and nutritional value of the food you consume every day?</b>	
<b>Theme</b>	<b>Frequency</b>
Individual level	27
Societal level	13
University/ community level	3

The majority of respondents (27) interpreted this question as being what they could do as individuals to change their own food practices. Within this level, answers varied from specific types of foods or nutrients that participants indicate as being necessary to include or exclude in their diet (“Eat more fresh veggies and lean sources of protein”), to strategies that they see as being potentially helpful in fostering a healthier diet (“Prepare meals ahead of time so that upon arriving home for supper, I will not be tempted to eat random handfuls of things while waiting for food to cook”). Some of these answers were accompanied with explanations as to why they are unable to take these steps, such as having time constraints or being unable to afford particular foods, alluding to influences beyond the individual level: “I would love to eat organic and healthier, but sometimes I am too busy and need to buy food that I know is not healthy.”

Another 13 participants indicated changes that needed to occur within a societal level, all of which included addressing the high cost of food: “Buying fresh produce and health non-processed food is very difficult as a full-time student.” Other responses within this category related to the cost of food were the quality of produce that is imported into

NL: “Getting fresh produce in Newfoundland is hard when you’re a student because it is usually half bad when you buy it so I can never eat it all before it spoils.” As NL depends on imports for 90% of its produce, being able to ensure quality, fresh items is crucial. Unfortunately, there are limitations in the abilities of grocers in NL to guarantee produce freshness when it is being shipped in from elsewhere in Canada or from around the globe. For these reasons, a few participants suggested initiatives to promote affordable, locally grown foods: “If prices weren’t as high as they are for healthy food more people would choose it. [There must be] initiatives to eat more locally.”

Finally, three participants discussed actions that could be taken at the community or university levels to help foster better access to healthy, affordable foods. These responses concerned having proper amenities on campus for students to prepare their own foods, rather than having to resort to restaurants or cafeterias on campus, which are perceived as being expensive, with limited healthy options. One response in particular brought in a discussion of the built environment of the university campus, as well as the community surrounding the university:

Having a table and chair to eat at when at school, having more microwaves, locker sizes that can fit all the stuff you need to bring to school, a better transit system, a grocery store closer to campus, a healthy alternative for fast food on campus.

By listing a range of actions that could be taken, this participant hones in on the importance of the physical environment on individuals’ food practices. This was reflected elsewhere within the open-ended answers, with participants discussing their difficulties in carrying food to campus and problems with relying on public transportation to go to the grocery store:

The distance to the grocery store and difficulties transporting groceries home often prevents me from buying certain grocery items – like produce – that spoil quickly, and preparing and eating healthy meals.

Addressing barriers like transportation or built environment are community-level interventions that require urban planning strategies and policy changes within municipalities.

#### **4.1.6 Food purchasing practices**

As discussed above, food-purchasing practices of respondents appear to be largely dependent on factors like budget, transportation, built environment, etc. This section looks at participants' strategies in shopping for groceries and the financial restrictions they may face in paying for food, as well as the location of their home in relation to food retailers.

Participants also asked to indicate how long (in minutes) it would take them to walk from their house to a particular food retailer or restaurant (Figure 4.22).

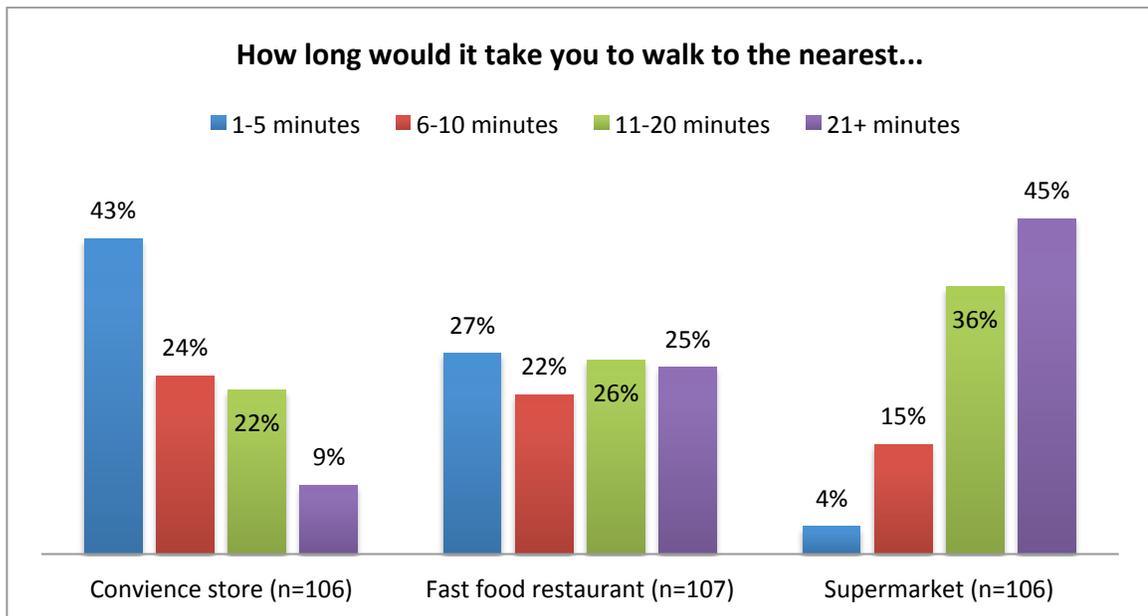


Figure 4.22 - Time required to walk to nearest stores

When asked in Question 31 whether they have the ability to transport groceries home, 68 participants (63%) said they always do, while 33 (31%) said they sometimes do. The remaining seven participants (7%) indicated that they never have the ability to transport groceries home. Transporting groceries home can be an issue for students who do not have their own car, thus have to rely on rides from friends or public transportation to get to a grocery store, particularly if there are no stores within a reasonable walking distance.

The next questions concerned strategies when shopping for groceries (Figure 4.23 below). These responses is likely to vary based on the time of school year, as during busier times, such as exam weeks, students may find they have fewer opportunities to go grocery shopping when dealing with conflicting time priorities.



Figure 4.23 - Strategies taken while shopping for groceries

Regarding budgets for groceries, the majority of participants, at 61 (57%), said they always have sufficient money or credit limit for food (Question 32). Another 43 respondents (40%) said they sometimes have enough, while only four (4%) said they never have enough money or credit limit for groceries. This question is perhaps not the best indicator of financial constraints, as an individual could have enough money to buy food to ensure they do not go hungry, however, they may have to sacrifice nutritional quality due to budget restrictions. Thus, the question asking participants to indicate their level of agreement with the statements listed in the following figure is perhaps more indicative of food security issues among this population (Figure 4.24).

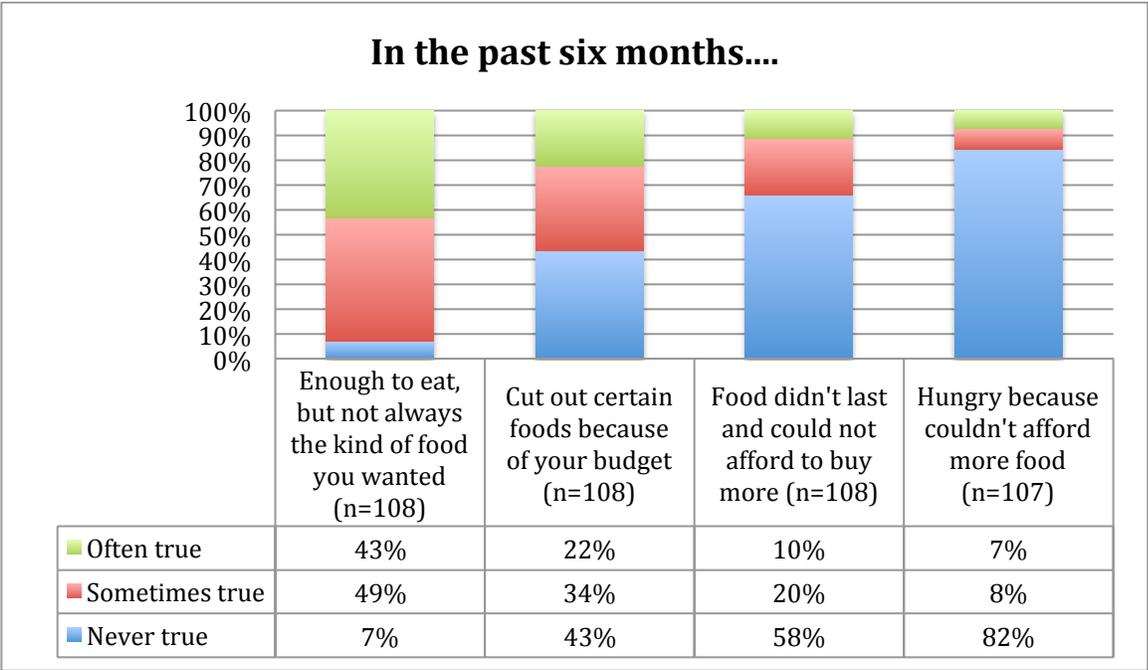


Figure 4.24 - Participants' ability to afford food

To gauge participants' perceived difficulty in living off their current incomes, this was asked as a separate question, with the categories of: not difficult at all, somewhat difficult, very difficult or barely getting by, and extremely difficult or impossible (Figure 4.25).

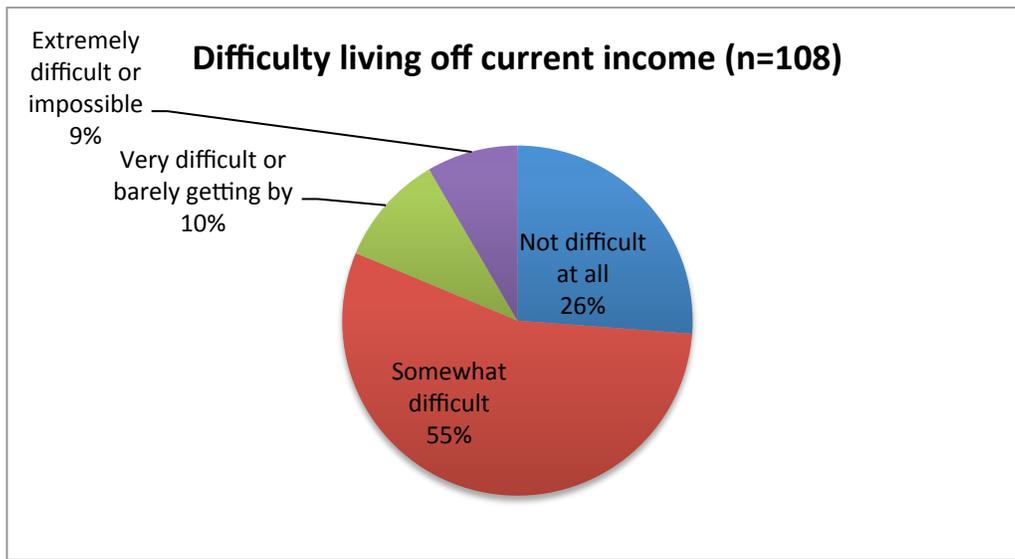


Figure 4.25 - Difficulty living off current income

Finally, food bank usage is often looked at as being an indicator of food insecurity. When asked whether they make use of food banks, only one person said they often access a food bank to supplement their diet, while six participants (6%) said they sometimes do so. However, due to stigmatization around food banks and charitable donations, it may be likely for an individual to try to “make do” with what they have, opting for cheaper (probably less healthy) foods or sacrificing certain other budget priorities.

#### **4.1.7 Parents’ socio-demographic background and family influences**

Questions about parents’ socio-demographic information were included at the end of the section on “Family influences on food practices,” to be able to understand the household environmental context in which participants grew up. This section was made up of questions about parents’ levels of education (Figure 4.26) and their current incomes.

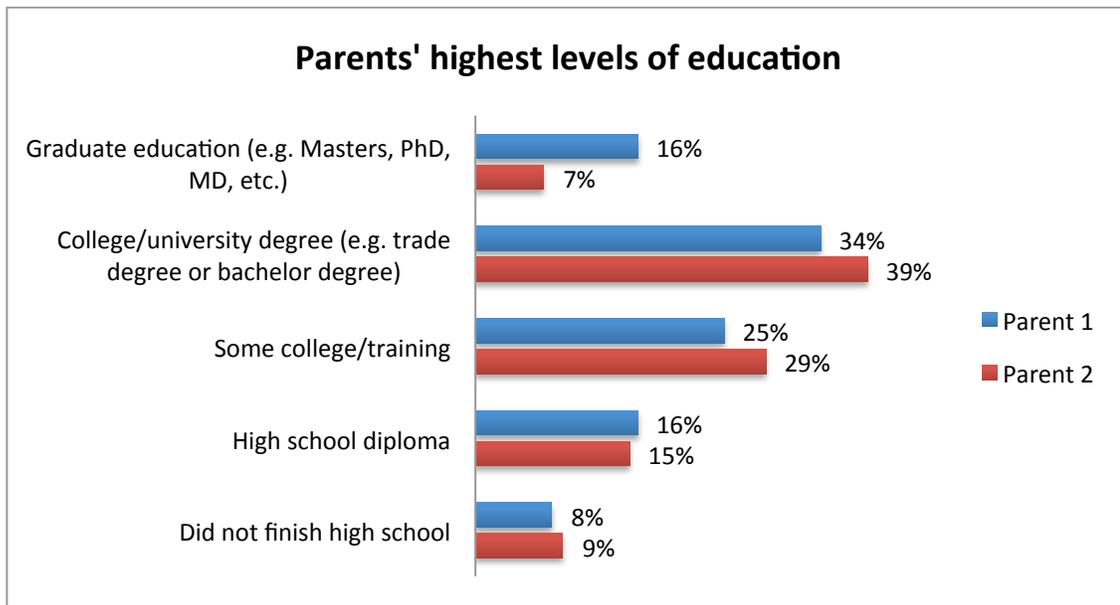


Figure 4.26 - Parents' highest levels of education

As depicted in Figure 4.26, most respondents indicated that they have at least one parent who has had some form of post-secondary education or training, which may influence their levels of income. Participants were asked the total income received by their parent(s) in the past 12 months to be able to capture their socioeconomic background in their family household. While 70 respondents (64%) indicated that it was greater than \$50,000, 10 (9%) said it was between \$25,000 and \$50,000, and seven (7%) said it was below \$25,000. The remaining 20 participants (19%) were unsure, or the question was not applicable to them.

As discussed in the literature, food practices are something that are constantly changing throughout the lifespan, influenced by current socio-economic, cultural, and historical contexts, as well as past experiences. This makes it important to acknowledge how family background and upbringing can impact individuals' food choices and preferences, as well as food purchasing and preparation skills.

Since being exposed to food preparation tasks during childhood may have a big impact on cooking skills as a young adult, exploring cooking practices during childhood is valuable (Figure 4.27).

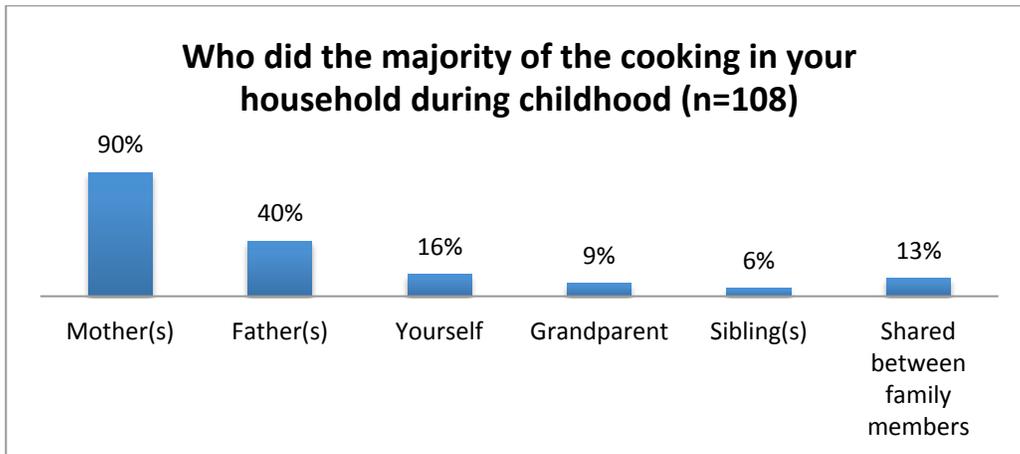


Figure 4.27 - Cooking in household during childhood

Another question within this section measured how important it was for participants' families to eat supper together, while sitting at a table (Figure 4.28).

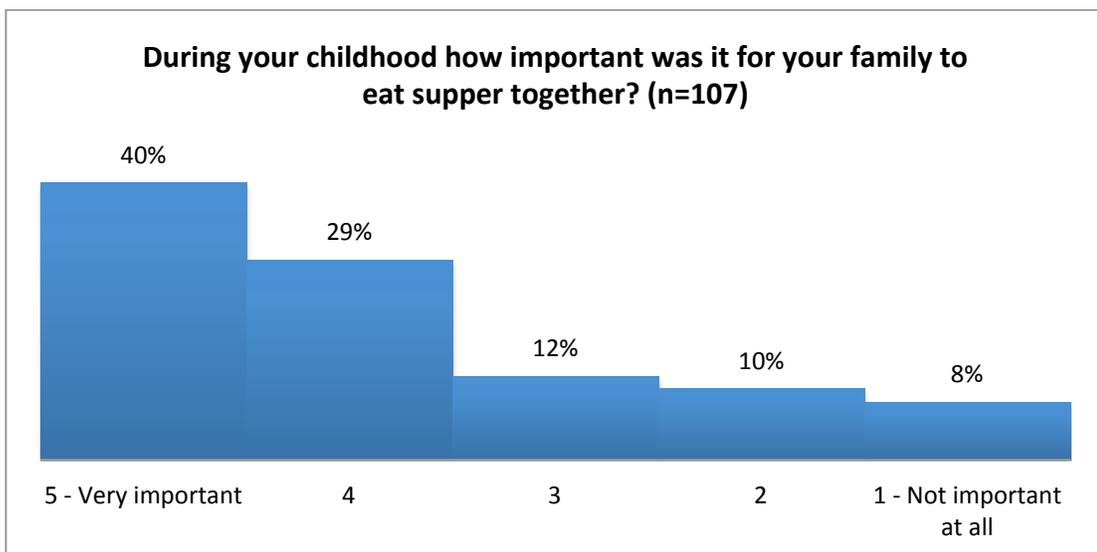


Figure 4.28 - Importance of eating supper together as a family

Most participants indicated that it was important to eat meals with family members while sitting down at a table. While studies have shown that sharing meals with family members is beneficial for one's health and well-being, a range of factors can impact people's ability or desire to do so, such as busy or conflicting schedules.

#### **4.1.8 Summary of the quantitative data**

As illustrated by these findings, the survey provides a general overview of respondents' food purchasing, preparation, and consumption practices and the combination of factors that influence these behaviours. These findings provided me with aggregated data pertaining to the social and cultural influences of food choice, the economic and environmental barriers to accessing certain foods, and the influence of media on students' understandings of food. Although the survey was mainly designed to capture students' experiences and the contexts in which they live, the open-ended questions allowed participants to indicate the perceptions and attitudes behind their practices.

Food preferences and foods that are eaten most often vary considerably, however, common meals included stir-fries, pasta, chicken, sandwiches, salads, and soups. These meals were also commonly consumed during childhood and adolescence, suggesting a possible influence that food behaviours during childhood have on future practices.

Time constraints also emerged as being a reason for students not preparing food at home, in addition to lack of energy or extra effort required for cooking. Fast food or eating at restaurants is a popular alternative to cooking at home for many of the survey participants. However, decisions pertaining to what type of fast food or full-service

restaurant they choose to go to are dependent on perceptions of “good” versus “bad” foods, as reflected in the open-ended questions.

The built environment, either in terms of where students live in the community or the physical environment of the university impacts food purchasing practices and accessibility to certain types of foods. Eating while on campus proved to be a difficulty for many students, due to lack of storage space on campus, the burden of carrying meals to campus, and the limited options to purchase affordable and healthy foods at school. Accessibility of foods is also dependent on financial resources and budgets. Although many participants indicated that although they do not experience severe food insecurity, many implied that their grocery budget did not allow them to buy the types of foods they would like to eat. In some cases this is evident in choosing not to buy organic products, despite wishing to do so.

Despite some students’ inability to always prepare healthy meals from scratch, there was a general concern among the sample around health and the desire to eat healthily, which was often depicted in terms of keeping a “balanced” diet. Thus, it could be argued that it is not for a lack of knowledge or a lack of concern that students do not eat well-balanced diets; rather it is due to the particular contexts in which they live.

A large portion of this sample population was also concerned with the need to lose weight, indicating either the assumed association between body weight and health or associations between body weight and beauty. These findings allude to how the dominant body weight discourse on health and eating in Western society shapes both their practices and their perceptions of these behaviours. For example, distinctions between “good” and

“bad” food and associations between body weight and level of health within the open-ended questions reflect how these notions are pervasive within contemporary perceptions of health. This will be explored in more depth in the subsequent section on the qualitative data from the interviews and focus group discussions, as well as within the final chapter.

Although Canada’s Food Guide still plays a role in disseminating commonly held notions about food and healthy eating, information about food and nutrition is largely gathered through the internet and social media, which is seen as being more accessible than other sources of information. This reflects the growing role of social media in people’s perceptions of health and food, which is also discussed in detail in the upcoming section on the qualitative data.

As mentioned, the survey provides a general overview, providing an understanding of students’ situations to help guide the second stage of research, which included a focus group discussion and one-on-one interviews. For example, concerns about health - which was sometimes depicted in terms of body weight – emerged as being a critical consideration in this population’s food practices. However, considering the types of food that were frequently eaten by this sample, it appears that these concerns are not always translated into students’ food practices. This was one of the key factors to be considered in the second stage of research.

#### **4.2 Exploring key points through a focus group discussion and interviews**

As previously mentioned, I conducted a focus group discussion and five one-on-one interviews using an interview guideline. Upon transcription of the focus group discussion and the interviews, each transcription was re-read and broken into questions.

All the answers for each question were coded as one entity and broken into themes and, in some cases, into further “sub-themes.” The major themes that emerged in each question in the interviews will be outlined in this section, illustrated through verbatim quotations. Participant codes are attached to all quotations, for the reader to be able to differentiate participants from one another. To provide context as to the participants, Table 4.10 provides the gender and academic discipline of the focus group and interview participants.

Table 4.10: Focus group and interview participants

<b>Code</b>	<b>Gender</b>	<b>Discipline</b>
P1	Male	Computer Science
P2	Female	Sociology
P3	Female	Sociology
P4	Female	English
P5	Female	Economics
P6	Male	Engineering
P7	Female	Communications
P8	Male	Business/Commerce

#### **4.2.1 What constitutes healthy eating**

I purposely started each interview with a general question, asking participants to talk about their perceptions of healthy eating. Although this question is very broad, participants’ answers were generally similar. The most prominent description involved depicting healthy eating in terms of restricting one’s diet or avoiding certain foods that are deemed “bad.” Six of the eight participants considered healthy eating in this manner, positioning food as being either “good” or “bad.” The “bad” food included examples like

foods with added salts or fats, take out foods, or processed foods. By contrast, participants indicated that foods that are “as close to their natural state” as possible as being the ideal healthy options.

In talking about “good” versus “bad” foods, some of the participants discussed differences in how these foods make them feel. A few participants talked about how feeling generally “good” and happier when eating foods that they consider to be healthy. In contrast, one participant talked about how she felt “sluggish” whenever she eats anything “bad,” such as deep fried or fatty foods, like poutine. These visceral descriptions suggest the deeply engrained moral value which may be attached to certain foods, while reflecting the embodied experience that one has when consuming certain foods.

#### **4.2.1.1 Who defines healthy eating?**

Despite not being a question in the interview guideline, I asked most participants where they felt these definitions of healthy eating came from or who had the authority to determine whether foods are “good” or “bad.” This question was met with uncertainty, with participants finding it difficult to pinpoint exactly where this information comes from. Three of the participants indicated that the concept of healthy eating is subjective, meaning it may be different for everyone, since people gather information from a wide range of sources.

However, four participants mentioned CFG as being a commonly used information source for food and nutrition, referencing its prevalence in educational curriculum during primary school. Two of these participants, however, expressed their wariness concerning the information that is disseminated through this source. One focus

group participant pointed out how the guide may not be culturally relevant for all Canadians, using the example of Aboriginal people living in Northern areas of Canada:

P3: But I would think that that's not really as nuanced as it could be. For example, aboriginal people who live up North, what they're eating is not necessarily in line with the Food Guide, but it's still healthy for them.

One interview participant expressed her uncertainty around simplifying and generalizing nutritional information and the difficulty in creating a "one-size-fits-all" format for healthy eating. She suggested an alternative approach of referencing multiple food guides or nutrition information sources to find what works best for the individual.

#### **4.2.1.2 How these perceptions are integrated into participants' food practices**

Although people have a certain perception of what is considered "healthy eating," these notions are not always reflected in their food practices. When asked how they integrate their conceptions of healthy eating into their own practices, many participants once again discussed this in terms of restrictions, such as staying away from added salt, eating as little processed foods as possible, and trying not to eat fast-food.

Although this healthy eating dichotomy was evident in most answers, two participants emphasized the need to maintain "balance" when choosing foods, rather than completely restricting the items that fall within the "bad" category. One participant in particular talked about how she follows a general rule of eating healthy 75% of the time, and treating herself to "bad" foods 25% of the time. This ensures that she will not break down and binge-eat copious amounts of "bad" food if she gets an uncontrollable craving. Another interview participant discussed in greater detail how she likes to keep everything

in “moderation,” allowing herself to eat “bad” foods as to not completely restrict herself, which may result in overeating:

P4: So I try to stay away from it, but I also have a little bit of it there at a time so that when I am craving it I eat that instead of waiting two weeks and having a binge on chips and stuff.

#### **4.2.2 Family background and its influences**

As family background may have a big influence on food practices throughout the lifespan, the interviews were intended to go more in-depth on this matter. Participants were first asked how their personal upbringing or traditional foods have influenced their food consumption practices. As seven of the eight participants were from NL (the eighth participant was from Nova Scotia), the discussions revolved mainly around the consumption of traditional NL dishes and foods, with the most commonly mentioned example being Jigg’s dinner:

P8: [Y]ou’d also have Sunday dinner, which was a bigger meal, sometimes it would be Jigg’s dinner, which tastes good but now that you’re old and you realize everything that goes into it is not so healthy.

As evident in this interview participants’ quote, meals like Jigg’s dinner are not portrayed as being healthy. In fact, most participants depicted traditional NL foods as being unhealthy:

P4: So the salt is definitely a part of my upbringing. And a part of Newfoundland as well because in general Newfoundland has a very bad diet. It’s all gravy, poutine, deep fried fish – it’s fried, rarely anybody bakes their fish.

The interview participant who said this particular quote explained how she is trying to get away from eating traditional foods that are prepared with excess salt and fat.

Another interview participant echoed these sentiments, saying she no longer eats salt-beef, despite it being a part of her family's Jigg's dinner.

However, there are still positive connotations associated with these types of NL foods in terms of being a means of connecting individuals to their cultural traditions, as well as a time to strengthen familial connections: "But I guess it's not always about it being super healthy – Jigg's dinner is more about tradition and family for us. A way to keep Newfoundland culture in our lives" (P8).

One focus group participant reported having had a different experience from those discussed above. Although she is from a small community in NL, her family did not eat much traditional foods or foods prepared from scratch when she was growing up, rather they ate the typical frozen and processed foods, like Kraft Dinner and hot dogs, suggesting a shift toward industrial diets within new generations. However, she explained that when she moved out on her own to St. John's, she started experimenting with cooking at home from scratch, like roasted chicken or cod, with the help of her partner and by searching on the internet for information on how to prepare these foods. So although she did not grow up eating these foods, she discussed how she enjoys eating more traditional meals: "I think I've really come to appreciate some of the things that people eat in Newfoundland" (P3). In her case, peer influence at University seems to have led her to these new options.

Her depiction of NL foods is unlike the typical negative connotations associated with it. She sees traditional foods as being inherently healthier, referencing the simplicity of the recipes and the lack of processed foods. This reflects both the subjectivity in what

is considered healthy, as well as how differences in food preparation can result in variations around how healthful a meal is. One of the focus group participants echoed these sentiments, saying that although her family ate foods like meat and potatoes growing up, she sees this as being healthier than processed alternatives that many families ate, using the example of processed nuggets and fries, which are now popular in the NL diet.

Aside from Jigg's dinner, a couple students discussed their consumption of locally procured foods, such as moose, game meat, berries, and cod. Of these two interview participants, both had family members who hunted. One of these students discussed how her uncles would go in on a moose license every year and share the moose amongst the family. Another interview participant described her family as being somewhat of an anomaly in NL, referring to their adherence to more "extreme" traditional foods, such as seal meat and rabbit.

When asked if they continue the tradition of hunting or birding, both participants indicated that this is not something they are interested in doing themselves. They both alluded to how it seems these practices were more common in their grandparents' and parents' days, and it has been becoming less popular among newer generations:

P7: But I do think there's a lot of Newfoundland families that eat in the same way, I think it's not so much my generation. I think a lot of people like turn up their nose before they try it, which I think is a big difference.

This may raise questions about the continuity of culturally traditional food procurement practices, which could be explored in participatory research with young adults in both urban and rural areas of the province. These two participants also

mentioned that their families were in the fishing industry, giving them access to an abundance of locally caught fish:

P5: [...] like the fishery, when that's on, my uncle will go out and catch 15 and then he'll switch a few people on the boat and go catch another 15. So like the freezer's always full of fish.

The focus group participant from Nova Scotia made similar comments about fish, with much of his family working in the fisheries on the southern shore of Nova Scotia. This gives his family access to locally caught fish, however going to school in NL has ceased his ability to get cheap and local seafood.

#### **4.2.2.1 Sharing and preparing meals with family and friends**

Eating and preparing food with others is considered to be a major influence on people's food choices . Therefore, I asked participants to describe how they share (or do not share) meals with others in their lives. As all of these students are living away from home, they share meals less frequently with their family than when they were younger. However, when they are home for holidays or during breaks, most participants indicate that they at least eat their meals with family members, if not help them to prepare food:

P7: I guess when I'm home I kind of depend on my parent (Robinson et al., 2013)s to cook stuff for me. But I'll definitely help out, like cutting up vegetables, or something like that. I'm not the best cook, so I'm usually not invited around.

However, sharing meals with family members does not always involve sitting around a table, as indicated by one interview participant in particular:

P7: We were a family that sat around on our couches and stuff and watched the news in the evening. So we all ate together at the same time but it wasn't that we had to sit around at the table. But we still talked and stuff, it's just more convenient and our house is kind of small.

For the most part, those who suggested that they enjoy cooking and eating with friends indicated that they do it less often than they would like, due to busy and conflicting schedules: “I really like eating with friends. I don’t do it as much as I’d like to, especially in school it’s kind of like... cook for myself, eat for myself a lot of the times” (P4).

Even if they are not regularly preparing meals with their friends or roommates, a couple of participants indicated the level of influence that their peers have had on introducing them to new foods or teaching them certain cooking skills:

P8: I guess [my roommate] influenced what I eat because he would always cook, he’d always have something with sweet potato and asparagus. I didn’t really ever eat that before I lived with him, and now I kind of – that’s really my go to side dish.

Although peer influence could be considered one of the main triggers for junk consumption among youth, as seen in the literature, food preparation and consumption in social settings could also have positive effects, as seen in this research.

#### **4.2.2.2 Gaining cooking skills**

When asked how they gained cooking skills (or why they have not yet gained these skills), all eight participants were unable to point to a singular instance of learning; rather they gained skills overtime through “trial and error.” For two participants, helping their parents or watching the cooking process in childhood and adolescence has taught them basic skills, which they supplement with searching Google for specific information or recipes.

None of the participants had received substantial food preparation skills training in primary or secondary school. Although a small number of participants indicated that

their middle schools or high schools had home economics courses, the curriculum for these classes was very limited and participants felt they had not learned anything relevant from these cooking lessons.

#### **4.2.3 Changes in eating practices since starting university**

There was a divide in how participants' perceived changes in their food practices since starting university, with four of the participants having seen positive transformations and the other four depicting it as being somewhat negative. Of those who saw the changes as being positive, being introduced to a wider variety of foods was the major factor that has influenced these variations in food practices. Guidance from friends or roommates, working in the restaurant industry, and going vegetarian were all indicated as being reasons why participants were trying a more diverse range of foods:

P1: I think a big part of that is, there was a while when I was a vegetarian and that kind of going from eating meat to being a vegetarian it was like, I've got to figure out a lot more things that I can eat. So that was a big part in getting me to try a lot of new foods.

The notion of vegetarianism was brought up in almost every focus group discussion or interview, with the participants having either gone through phases of vegetarianism themselves or having been influenced by a friend, roommate, or significant other who is a vegetarian. Sticking to a vegetarian diet was depicted by respondents as being healthier than meat-based diets, as it forces the individual to eat a wider, more diverse range of foods. In the cases where participants began eating meat again, they all agreed that their overall eating had changed for the better since going vegetarian and that they still enjoy cooking and eating vegetarian based meals.

On the topic of trying new and diverse foods, one of the participants in the focus group pointed out that moving from a rural community to urban St. John's has provided a wider variety of food available in the grocery store, particularly in terms of fresh produce. This is indicative of the challenges that those living in rural communities may face. She explained how when she first moved to the city she would buy an item she had never eaten or cooked with before and would figure out what to make with it when she got home by searching Google for information.

One interview participant described her personal health journey since starting university. Explaining that she had eaten a lot of high-sodium, fatty foods growing up, she saw moving out of her parents' house as an opportunity to explore a healthier lifestyle. As many of her friends were going through similar changes, they helped each other out in searching for information on healthy eating and supporting one another:

P4: [A] lot of my friends went through the same thing and we all started saying like, "when we're home we don't eat very well". So in here, it helps when you have a friend who's like also trying to get on track and eat a little bit healthier so that you're not surrounded by people who are eating the same when you're trying to change it.

Through a change in environment and by being surrounded by other people who promote healthy eating, this student was able to engage in what she saw as being a healthier lifestyle.

As for the four students who saw the changes in their food practices as being negative, a range of barriers and factors were discussed, all of which pertain to adapting to a university lifestyle. For instance, lack of cooking skills and limited time were reasons indicated by participants as having impacted their ability to maintain eating habits that

they had developed in childhood and adolescence: “At the start of university, I ate a lot of frozen food because of the convenience factor and it tastes good, there’s no denying it, it’s tasty” (P8). As another interview participant pointed out, it is difficult to cook small portions for one, compared to cooking for a family like her parents do.

Despite these four participants expressing their personal challenges in their first few years of university, they all indicated that their food practices have somewhat modified as they became more comfortable with cooking and had gained food preparation skills.

#### **4.2.3.1 Time constraints and reliance on convenience foods**

Related to the challenges that students may face, participants were asked to elaborate on what they see as being major influences on students’ food practices in general. At some point throughout the interviews, each participant alluded to their busy schedules and the time constraints that they face, particularly during busier times of the semester. However, only three participants brought up time constraints within the context of this question about major influences on students’ food practices. One of these participants discussed it in terms of her own reliance on fast food, as she juggles both school and a part-time job. She emphasized the convenience of grabbing take-out when she is pressed for time and lacks the energy to prepare something at home.

Another participant suggested that these time constraints may be more of an issue during certain times of the semester, with exam period being one of the busiest: “Like it’s different if you’re on campus studying and stuff, it’s hard to get home – like I know

during finals I ate cheese sandwiches for two weeks” (P7). This reflects how students’ food practices are likely to fluctuate in accordance with their schedule at the time.

#### **4.2.3.2 Peer influences on students’ food practices**

Of the eight participants in the qualitative part of the study, half indicated peer influence as being a major factor influencing students’ food practices, as already discussed. This was especially true in the case of students who live with friends or roommates: “I know that sounds crazy... I feel like not super reliant [on meat] after living with vegetarians. I mean you’re cooking communal meals and stuff...” (P5). In this quote it is implied that the participant perceives these influences as being positive. In contrast, another participant discussed the difficulty of keeping to a healthy diet when surrounding friends are eating burgers and fries for supper, reflecting how she emulates the eating practices of those around her.

Another aspect of peer influence that is relevant for university students’ is the culture of partying that is pervasive among some groups of university students. Although there was no question that specifically pertained to this in the interview guideline, a couple of participants brought this up, particularly in their discussion about what motivates students to eat fast food. As already mentioned in the survey findings, some participants indicated that they themselves and many of their friends are more likely to get fast food on the weekends if they are out with friends or eat it the next day as a “hangover cure.” This finding shows the inevitable influence of social eating, which seems to be a key consideration when thinking in terms of young adult’s food

consumption patterns. This is something that could be explored in future research within this population.

#### **4.2.3.3 University food environments**

The availability (or lack thereof) of healthy foods on campus was brought up by five participants. The food sold on campus, whether at the restaurants in the University Centre (UC) or the various cafeteria-style locations across campus, is seen as being predominately unhealthy, “fast-food” style food. One participant discussed how she feels bombarded with advertisements for cheap, unhealthy foods as soon as she walks into the UC. In contrast, the few healthier choices on campus are described as being grossly overpriced:

P3: ...there's like not a lot of fresh stuff, and what's there is super expensive. If you want to get a little cup of chickpeas and spinach, it's like four bucks. And it's like, why would you do that when you could get two muffins for the same price.

These limited options impact what students eat when they are in classes all day or are studying at the library. One focus group participant talked specifically about how she struggles with carrying meals with her to school when she already has to carry her laptop and a backpack full of textbooks. In the same discussion, another participant said he will never bring food with him to campus, so if he needs a snack he will seek out a vending machine that sells granola bars, as he sees it as being the healthiest option for the cheapest price.

When asked about the actions they felt the university could take addressing issues around the availability of food on campus, three participants indicated that the university administration should consider students' health when making business deals with food

establishments at the university. A suggestion for the university to subsidize healthier food options was also made: “if the university could maybe subsidize something or come up with a different way of offering food to people on campus that’s not so expensive, then that would be really good” (P3). Beyond changing what food is sold on campus, one participant suggested offering areas where students can store food (both in refrigerated and non-refrigerated areas), as well as having places where students can quickly prepare small meals. This need for better amenities to accommodate food storage and preparation was also reflected in several of the open-ended answers in the survey.

#### **4.2.3.4 Budget**

As students are likely to be living on restrictive budgets, as reflected in the survey data, the effects of financial resources on food practices are important to consider. Financial constraints on students’ abilities to purchase nutritious foods was discussed by three participants as being an influential factor in food practices. As one participant indicated, limited budget can impact students’ ability to buy fresh fruits and vegetables, which are typically costly in St. John’s:

P7: Like a lot of people, [I] can’t always go out and buy the fresh vegetables, even though I really try to. But there’s definitely times when it comes down to do I want to have this or do I want to have this.

Four of the participants talked about getting “the most bang for their buck,” which sometimes results in buying processed, boxed foods. However, this may not be to the preference of everyone, as explained by one student: “I called mom one day and was like, ‘it’s really hard being a university student and not liking ravioli out of a can’” (P7). This

quote aptly highlights perceptions of the “poor university student” lifestyle, where individuals live off stereotypical foods like ravioli or Kraft Dinner.

#### **4.2.3.5 Transportation**

Finally, transportation was the fifth theme that emerged from this question asking what common challenges students might face, although it was alluded to by only two participants. One focus group participant discussed transportation in the context of the built environment, explaining how in the previous year he was living in Calgary and had a grocery store fairly close to his home, allowing him to stop in for food several times a week. Now that he is back in St. John’s, he chose to live close to MUN’s campus, which, having no grocery store nearby, limits the frequency in which he can get groceries. As he does not have a car, he is dependent on his roommate to bring him to the store, resulting in him shopping for food only every two weeks. This has an impact on what he chooses to buy: “So it’s a lot more [of] buying the non-perishable and stuff that I know that I’ll have enough food to last me until the next grocery trip” (P1).

In contrast, another participant who has a car discussed how he is able to drive home for supper and return to campus in the evening if he has to go back to the library. He explained that this allows him to prepare healthier and more affordable meals at home, without having to carry a lot of food with him to campus. The conflicting experiences of these two participants clearly indicate the relevance of accessible transportation in influencing food practices.

#### **4.2.4 Students' media sources for food and nutrition information**

In the responses regarding the media sources participants find relevant in influencing people's food practices, the overwhelming majority of the conversation revolved around the internet and social media, discussed in some capacity by each of the participants. The students indicated that most young people do not have cable, thus are less likely to watch TV programs about food or eating. Thus, social media is considered the main source for accessible information, particularly in the lives of young adults. The most commonly mentioned social media sites were Facebook, Pinterest, and Instagram, similar to the question on media that was included in the survey where respondents were asked to indicate which media sources they refer to for nutrition/food information. Facebook was discussed primarily in terms of recipe ideas and health and nutrition information sharing. Of the eight participants, seven brought up the popularity of the "Tasty" videos, short videos shared on Facebook that show a recipe being made in under one minute. These videos are likely popular due to their rapidity and ability to keep viewers' attention, the simplicity of the recipes, and for presenting appetizing food. However, as the participants explain, these recipes are typically not very healthy, as they usually involve a combination of processed food products that are high in fat and sugar.

Pinterest was seen as being a source for both recipe ideas and for health and fitness information, allowing users to specify what they are looking for. Finally, Instagram was discussed in terms of people taking pictures of their food and sharing with their followers, often using "filters" to make the photographs more visually appealing, depicting an artificial representation of their life. One interview participant talked about

the use of Instagram with regard to the depiction of fit bodies: “So you look at somebody’s Instagram account and automatically you’re bombarded with pictures of what you feel like you should look like” (P4). Issues of body image will be discussed in more detail in a following section.

Three participants also questioned the legitimacy of the nutrition information being shared on social media:

P7: I’m just thinking that a lot of time you see those posts on Facebook that are being shared and they might not necessarily be true, but it’s like ‘Oh you should eat such and such because it’s really good for you’ and there might not be any information about that but people jump on the bandwagon for it.

This was discussed using examples of fad health diets, like gluten-free or paleo, and “super-foods”, like flax seeds. Weight loss information was also highlighted as often presenting extreme or unrealistic dietary recommendations: “they’re putting an unhealthy spin on a healthy thing. So they’ll be giving you healthy diets, but then they’ll be like, ‘Do it ten times quicker than normally intended’” (P4).

Aside from social media, the internet in general was depicted as being a useful source. For example, participants often praised Google, as they are able to request information about how to cook with a certain ingredient or ingredients. Similarly, if they have a specific question about a meal or a nutrition fact they would do a Google search: “So generally I’ll just look in my fridge and I’ll be like, I have these things, let’s put it into Google and see what I can make” (P4). Overall, the internet and social media were seen as being extremely accessible and resourceful and as having changed how people learn about food and nutrition, compared to when they were younger.

#### **4.2.4.1 How these media sources shape personal views of food practices**

When asked how these media sources shape participants' personal views of eating, there were mixed results. One interview participant talked about her struggles with body image dissatisfaction, which she sees as being partially contributed by the images that are depicted in the media. This is discussed in the following subsection on body weight and dieting. Two other participants explained how seeing people share unhealthy recipes on social media, such as the Tasty videos, make them feel better about what they eat: "I think I feel a lot better about myself than the people who are sharing these recipes for junk food all the time. Because I'm like 'okay, I don't eat that bad'" (P3). Again, this seems to be part of the judgement around individuals' expectations to eat healthy, as part of the health education and food pedagogy messages.

#### **4.2.5 Another key issue: the role of body image and dieting**

Although there was no specific question pertaining to body weight or dieting, the discussion came up in three different interviews. One participant discussed her own personal struggle with body image dissatisfaction, while the other two talked about people they know who have experienced body weight concerns.

The one participant who indicated that she has had issues around body image talked at length about both her own personal experiences, as well as more generally about societal expectations around body size and beauty, grounding her discussion in feminist discourse. She expressed how in her teenage years she would see images of slim women in the media and yearn to have that kind of body. It took her a couple of years to come to the realization that her body type was not built that way and that she would prefer to be

on a journey to health, rather than adopt unhealthy practices to try to attain an unrealistic goal:

P4: And then I realized, I can't be, so I should stop trying to be something that I can't be – and literal body type, not every single body type can morph into a certain thing...Everybody is supposed to look a certain way, and nobody does. Nobody looks that way. Not even the people that are supposed to look that way look that way.

In her discussion of societal expectations of body weight, this participant talked about the role that body shaming has on people's food practices, as well as anxieties around eating, particularly in public:

P4: So when you are constantly having what you *should* be looking like, what you *should* be eating, what you *should* be doing, how much you *should* be exercising constantly thrown in your face, then you're going to have an anxiety over eating it when it's not what you're expected to eat, I guess. So there's a big aspect of body shaming that goes into how people eat.

In talking about body shaming, she provided an example of a time when she was at a restaurant that served "healthier" food and overheard a group of people talking about how a larger patron did not belong in that establishment. She explained how this type of body shaming perpetuates societal expectations around health, body size, and appearance.

Furthermore, she indicated that these pressures to maintain a certain shape are particularly pertinent for women, which was echoed by another participant who discussed his own concerns with body weight. This male student talked about how he has changed his eating practices to include healthier foods over the past two years, due to concerns that he was gaining weight. However, after describing his personal concerns, he explained how he felt that women tended to be more preoccupied with weight and body image, providing the example of his girlfriend who struggles with these issues.

In addition to these concerns, two participants brought up the concept of the “Freshman 15” and the general perception that university students gain weight in their first year. One participant alluded to this by saying she had gained weight in her first year while living in residence, but brushed it off as being the norm: “I definitely put on a bit of weight, but who didn’t in their first year?” (P5). Although she noted her minor weight gain, this participant did not suggest that she was overly concerned about this.

Finally, this same participant brought up issues around body weight, but this time referencing the NL-specific context. She discussed how a health and physical education teacher at her stepsister’s school promoted healthy eating to an extreme: “I find [with] Newfoundland and obesity especially there’s all this talk. Same with [my stepsister] at school, she has this teacher that’s like crazy into like health-consciousness to the point of a bit like he’s scaring children” (P5). This quote and the teachers’ preoccupation with healthy eating may reflect the overwhelming concern in NL, as a “problem population” over obesity.

### **4.3 Summary of the qualitative data**

Through the focus group discussion and interviews, I was able to explore participants’ definition of healthy eating, their personal upbringing and the role of traditional foods, the changes in their food practices since starting university, and the use of media sources in shaping their perspectives on food practices. A lot of these discussions reflected similar themes that had emerged in the surveys, such as students’ issues with time constraints and frustration around the limited variety of food available on campus, highlighting the range of factors influencing students’ food practices. However,

the discussion around perceptions of health, bodies, and eating was a topic explored more in-depth through the qualitative portion of this research. Concerns about body weight with regard to body image and eating was discussed at length, with participants locating the issue within unrealistic societal expectations around health and beauty. One major finding to gather from participants' perceptions and experiences is how messages around healthy eating that are promoted within the dominant discourse and disseminated through health education and within the media and popular culture are likely to be distorted into issues around body image. This is something that needs to be further explored, particularly within the young adult population in NL.

## **Chapter 5 - Discussion**

Food practices are made up of a complex series of choices and behaviours that are influenced by a range of interconnected and dynamic external influences (Story et al., 2002). The relevance of food practices in the various aspects of health is undeniable, making these behaviours an unsurprising focus for many health promotion interventions. Yet these interventions – as well as the dominant discourse around health and eating – tend to either emphasize the role of the individual or how structural conditions influence people's food practices (Beausoleil, 2009; Guthman, 2011), with difficulty marrying the two matters in a concrete, comprehensive way. Exploring people's experiences and perceptions of their food practices is integral in understanding how the dominant discourse and structural context shapes food and health understandings and practices. Equally important is the need to acknowledge individual autonomy within the complexity of structural conditions.

University students, a population that is largely made up of individuals in the transition period into adulthood, have a unique set of environmental influences on their food practices (Nelson et al., 2008). Studying this population's practices and their experiences and perceptions on food, eating, and health provides insight into how individuals' habits are influenced by complexly interrelated environmental factors as well as the prevailing discourse around health and eating. Consequently, to better understand these interrelated influences on students' food practices, my discussion starts with the macro-environmental influences, as individuals are likely to make choices within the broad range of possibilities within their structural context.

## **5.1 Macro-environmental influences**

### **5.1.1 The food industry's influence on availability of food**

The variety of food that is available to the participants is clearly a major influence on what they eat. In their responses it is possible to observe the role of the food industry, a globalized and heavily industrialized system of actors, institutions, and commodities (Winson, 2013). Even when considering the food system of a small area such as NL, it is critical to acknowledge its location within a larger, global system. As already mentioned, NL imports the majority of its foods (Quinlan, 2009), resulting in higher costs and sometimes a sacrifice in quality, particularly in terms of fresh produce.

As the food industry is so large in scope, there was not much discussion within the interviews about how to address major issues. However, some survey and interview participants still alluded to macro-level problems, particularly in regard to the cost of food and the predominance of processed foods available in grocery stores.

Similarly, marketing and advertising are understood as being major macro-level influencers on food practices, however, these factors only appeared a couple times often within the qualitative data. Interview and focus group participants referenced food advertisements as influencing their practices, particularly with how seeing an ad for “junk food” ignites a food craving. Furthermore, one interview participant talked about the role of advertising in perpetuating gendered expectations around body weight and food practices, reflecting the dominant discourse in contemporary society (Guthman & DuPuis, 2006; Leahy & Wright, 2016; Wright & Harwood, 2012).

As discussed in the section on the industrialization of the food system, it has been suggested by many that profit motivations have pushed the system to overproduce and in turn encourage people to over-consume (Guthman & DuPuis, 2006). Paradoxically, neoliberalism also emphasizes the importance of individuals maintaining their health in order to be the most contributing members of society. This depiction of “health” values thinness and fit active bodies, which appears to be a preoccupation among many students. People are expected to consume, but when they become overweight or obese they are seen as a liability to society (Guthman & DuPuis, 2006), thus they experience stigmatization and prejudice. The increasingly individualistic society has constructed a moral obligation for citizens to personally maintain their body weight (Guthman, 2011; Julier, 2008). There is a great contradiction between society’s encouragement of overconsumption and the moral imperative of thinness, a juxtaposition that has been shown little attention within “mainstream” literature on food practices and the food industry. The students who participated in the in-depth focus group and individual

interviews highlighted these issues in particular, through discussing their concerns about body image, weight, and general expectations around healthy eating. These findings will be explored more in depth in the discussion of the individual level (section 5.4).

Furthermore, the food industry has clearly recognized a highly lucrative opportunity in investing in the health and fitness sectors, latching onto new fad diets around “clean” eating and healthy living. Through the use of buzzwords like “low fat”, “all natural”, or “gluten-free”, these foods are being depicted as being “healthy”, despite still being very processed and containing added chemicals, salt, sugar, and fats. Some students seem to misperceive the “health benefits” of these products and continue to do exactly what capitalism wants them to do – consume in excess. This was aptly highlighted by one interview participant who discussed people’s tendencies to jump on current health food trends, using her personal example of when she started trying to eat healthier by buying products marketed as having health benefits.

### **5.1.2 Dominant discourse around food in relation to neoliberalism**

Food is so deeply embedded in cultural and social norms, values, beliefs, and expectations, it is impossible to extrapolate meaning behind students’ practices without considering these societal-level factors. It is difficult to generalize the effects of the dominant discourse due to its fluidity and variance across different groups and sub-cultures. However, in Western culture there may be a dominant discourse around food regarding perceived health benefits or harms, manifested in the dichotomy of “good food” and “bad food.” NL culture has been no exception to this discourse, with much of its traditional foods being categorized by both Newfoundlanders and outsiders alike as being

“bad” or unhealthy (Everett, 2009). As already discussed, this classification was reflected in participants’ depictions of traditional foods, with many of them describing it as being salty and fatty, mostly fried foods. There were negative connotations associated with these descriptions, with some of the participants discussing how they were trying to “get away” from these types of traditional foods that their family eats, mentioning health issues that run in the family, such as high sodium or heart disease.

Relating back to neoliberal ideals and the concept of healthism, it appears from responses to the open-ended questions and the interviews/focus group discussions that dominant discourses are pervasive in participants’ personal perceptions of health. As already discussed, individualism is considered one of the main tenets of neoliberalism, which is reflected in the conceptualization of health, where people are expected to be accountable for their own state of well-being (Crawford, 2006). In many of the responses in the open-ended survey questions and in the interview questions, participants inadvertently reflected the normalization of the assumed parallel between thin bodies and healthy bodies. These perceptions are particularly evident in comments equating the need to lose weight with the need to become a healthier individual. These notions are embedded within the dichotomy of “good” and “bad” foods”, as discussed in the previous section, which is perpetuated through the assumption of an “obesity epidemic (Beausoleil, 2009).

The dichotomy of “good” versus “bad” food (Leahy & Wright, 2016) was similarly present throughout the open-ended survey questions and the focus group discussions and interviews. Some of the quotations from the interviews and open-ended

questions act as clear reflections of how neoliberal ideology has aided in the construction of their perceptions of health and food. By positioning themselves as having to restrict and monitor their eating practices in order to maintain a healthy weight and be healthy, the individuals are implying that they attribute health to be an individual responsibility at least to some degree. However, by doing so, the categorization of “good” and “bad” oversimplifies what constitutes healthy eating.

Furthermore, there is a moralistic tone attached to expectations to eat healthy, which was reflected in some participants’ responses. This moralism can manifest itself by individuals reflected a judgemental attitude when others who do not adhere to these expectations (Julier, 2008), for example the interview participants who compare their diets to those that they perceive as being unhealthy. Fat shaming is a form of judgement or stigmatization that often goes unnoticed, due to how normalized the dichotomy between “fit” and “fat” has become. By depicting obesity and overweight as being “other” and deviant compared to socially constructed norms, individuals seem to be disciplined and expected to adhere to certain health and fitness practices to maintain the ideal body shape and health status through diet regimens (Turner, 1982). Although overt fat shaming did not arise in participant responses – at least not to the extent that the moralization of healthy eating had transpired – the frequent comments around desires to lose weight encompass these judgements to a certain extent. This stigmatization was also reflected by some participants through the generalization of the NL population as having unhealthy diets, which is manifested in their poor levels of health and high body weight,

reinforcing the negative stereotype of Newfoundlanders as being a “problem population” (McPhail, 2013).

### **5.1.3 The internalization of food pedagogies**

Canada’s Food Guide was mentioned by many participants, both in the survey and in the interviews, as being a noteworthy educational tool in learning about healthy eating. Although many participants (particularly in the survey) indicated that they see CFG as a trusted source, one interview participant explicitly expressed concern about the simplification of nutrition information in this source, reflecting some critics’ accounts of the guide (Andresen, 2007).

Beyond health education, participants positioned social media and the internet as being frequently used sources for nutrition and food information. Some participants’ distinctions between legitimate sources and sites that are run by individuals who lack the accredited training in the area reflect people’s concern with the level of quality of the information they adhere to. These concerns were also reflected in comments about how people get caught up in “trendy” diet or lifestyle choices that may not have the proper science to back it up. Examples provided include gluten-free or paleo diets.

Finally, it is also important to note that although these perceptions of what constitutes healthy foods versus unhealthy foods were evident in participants’ responses, these notions do not strictly dictate their food practices. As emphasized throughout this thesis, food choices and practices are likely to result from the interaction between structural, environmental, and social conditions and by the student’s particular decision-making process. Thus, although an individual may have an assumption about what they

*should* be eating (according to the dominant discourse), other factors may prevent their ability or desire to do so. This is why food regimens may differ, even within a population that ostensibly shares a collective lifestyle.

## **5.2 Physical environmental influences**

### **5.2.1 The physical environment of MUN's campus**

The university environment is a pertinent aspect of the physical environment for this population, as most students spend a significant amount of time on campus studying, attending classes, and doing extra-curricular activities (Greaney et al. 2009). The importance of a university environment that meets the needs of students was emphasized in some of the open-ended answers in the survey and in the in-depth interviews. Participants expressed their desire for on-campus amenities to allow them to store and prepare food while at school. The struggle of bringing multiple meals to school for lunch/supper, combined with limited space for storing food (refrigerated or not) results in some students having to purchase food at a university cafeteria, or skip meals entirely. These hindrances that university students face were also apparent within similar research studies conducted in the United States and in Europe, where students perceived limited access to a variety of foods on campus as being a barrier to healthy eating (Greaney et al., 2009; Deliens et al., 2014).

In their discussion of eating food on campus, some participants talked about different strategies the university could adopt in fostering healthy eating on campus. Among these were the suggestions for food storage for students, areas where students can prepare food on campus, and implementing stricter regulations regarding what types of

food is sold on campus. Pertaining to the latter suggestion, participants remarked that the university should consider healthy food options when making business arrangements with external industrial food dealers who want to sell on campus. Furthermore, the recommendation to subsidize healthy options within existing cafeterias was made by a few participants. These concerns about availability of food on campus reflect the relevance of the university environment in students' food practices.

### **5.2.2 The home environment and food preparation sites**

As the physical environment of food preparation also includes individuals' homes, it is important to look at potential barriers or facilitators in people's ability to prepare food at home. Most of students' comments were related to sharing space with roommates, in terms of storing food in cupboards and refrigerated spaces or the potential chaos or awkwardness of trying to cook a meal at the same time as another person in a small kitchen. Also mentioned were other factors that influence students' reluctance to cook food at home, such as time constraints and lack of energy.

While an American study found that limited kitchen supplies has been linked to infrequent food preparation at home among students (Larson et al., 2006), this was not a focal issue among the participants in this study. Some participants commented on the physical barriers affecting their ability to prepare food, indicating the relevance of proper amenities within the home that are required to cook and store food.

### **5.2.3 Built environment and transportation to food purchasing sites**

Linked to both the built environment of the community and, in our social environment (due to limitations in public transportation), to the student's financial

resources, transportation can be considered one of the main factors influencing access to food (Lake & Townshend, 2006). Transportation did not appear to be a major issue for most participants, judging by the majority of respondents indicating that they at least sometimes have the ability to transport groceries home. However, the design of the question on transportation within the survey does not truly get at potential barriers students may face in this respect. For starters, the question does not specify what type of transportation they have access to. Although some of these students may have their own car, it is likely that many of them rely on roommates, friends, or family members for rides to grocery stores. As such, this can impact the frequency in which they are able to go get groceries, as suggested by one student in a focus group discussion who indicated that he is only able to get groceries every two weeks with his roommate, thus chooses mostly non-perishable items that will expire less quickly. Furthermore, some of these students may be relying on public transportation, which not only limits the amount of groceries they are physically able to buy in one go, but also adds time to the food purchasing process, which can be a major hindrance for those with busy schedules.

As seen in the questions on the time taken to walk to various food-purchasing sites (Figure 4.19), not all participants live within walking distance to grocery stores, which typically offer a wider variety of food for more affordable prices compared to what is found at convenience stores. By contrast, a larger proportion of students live closer to convenience stores and fast-food restaurants. While the “walkability” of a community is obviously less of a concern to those with access to their own vehicle or who get rides

with friends and families, the characteristics of the built environment have an impact on the overall health of the community (Lake & Townshend, 2006).

### **5.3 Social environmental influences**

#### **5.3.1 Busy lifestyles and reliance on convenience foods**

Having a busy lifestyle is such an ordinary trend in today's society that it has become somewhat of a necessity. Due to capitalism, there are growing expectations around employment and citizens' productivity (Guthman, 2011), which has led to more hectic schedules and busier lives. The food industry's response to the emerging prevalence of extreme time constraints has been the promotion of "convenience foods," which tend to be processed and higher in fats, salt, sugar, and preservatives (Jabs & Devine, 2006).

Students are not immune to the phenomenon of busy lifestyles, as evident in the data. Busy lifestyles and experiencing time constraints was easily the most common theme that emerged throughout the survey and many of the interviews and focus group discussions. Participants' busy schedules were evident throughout the data, reflecting their difficulty in finding time for meals and having to eat on the run. Busy schedules also prevent the students from preparing or sharing meals with friends or families on a regular basis, despite their desire to do so.

Strategies to deal with busy lifestyles included snacking rather than eating full meals, eating take-out food or pre-prepared foods, or in some cases skipping meals. These practices were also reflected in the literature on university students' food practices

and on the impact of time constraints on food preparation behaviours (Deliens et al., 2014; Jabs & Devine, 2006).

### **5.3.2 Social aspects of eating**

As social support systems shift in “emerging adulthood” (Nelson et al., 2008) the influences of friends and roommates on university students’ food practices become more important than they were during childhood and adolescence. The importance of these factors is reflected in participants’ emphasis on the social aspects of eating. As many participants live with friends or roommates, cooking with their peers is sometimes used as a strategy to share meal preparation tasks or as a tool for socialization. This form of socialization often leads to exposure to new foods, which may also contribute to a tendency for young adults to veer away from traditional foods and cooking practices.

While the study by Larson et al. (2013) found that almost two thirds of young adults share meals, almost half of the survey respondents said that they do not always eat with peers or family members, despite the majority of participants indicating that they generally enjoy sharing meals with other people. When discussing this fact in the interviews, participants explained that busy schedules and lack of time to coordinate meals limited their ability to eat with friends or family, unless it was for a specific event or occasion.

Another popular social aspect of eating is in the growing popularity of dining out. An American study found that young adults consume more than 40% of their meals away from the home (Larson et al., 2011). Many of the participants in this research also indicated the prevalence of dining out, be it at fast-food establishments or “full-service”

restaurants. Eating out at restaurants is considered more than just an easy way to eat without having to prepare food for oneself. Rather, it is also a social event of sorts, when people get together and go out, to see other people and to be seen (Lupton, 1996). Most of the discussion about eating out with friends involved going to full-service restaurants, which is seen as being more about the experience. In contrast, fast-food was depicted as being the more likely option in times of convenience or – as a couple respondents mentioned – as being the “cure” to a hangover.

In thinking about the distinctions between fast food and full-service restaurants, it is important to consider individuals’ perceptions of these establishments in terms of their healthiness and cost and how consuming certain foods reflects their *habitus*. For instance, fast-food is often considered “low-brow” due to its affordability and relative unhealthiness, making it a food choice typically attached to lower SES populations (Beagan et al., 2015; McPhail et al., 2011). The participants of this study made similar distinctions between full-service restaurants and fast food establishments. Regardless, many participants consume fast-food regularly. This may be because consuming fast food fits into the “poor university student” habitus, as this food is cheap, easy, and quick. Similar findings were explored in a Canadian study with youth, where researchers found that although youth distinguished fast-food as being for lower class individuals, the level of consumption was similar across all SES levels (McPhail et al., 2011).

Equally relevant in the discussion of university culture is partying and the use of alcohol and drugs. Although these practices were not explicitly inquired about in the survey or interview guideline, the conversation did come up in the interviews. Drinking is

a major factor of university culture, depicted in the media and popular culture as being one of the key contributors to the “Freshman 15” (Nelson et al., 2008). While binge drinking obviously entails the additional consumption of excess energy, as a couple participants pointed out, it can also encompass eating fast food or late-night snacking.

### **5.3.3 Peer influence on perceptions of food and healthy eating**

A few interview participants discussed their tendencies to eat similar amounts as those around them, be it their family, friends, or significant others. In some cases, emulating others’ eating habits was seen as negative in cases where participants would choose unhealthy foods like burgers or pizza because that was what others around them were eating. This has been also found in past studies, where people tend to emulate the eating habits of those around them, whether that means eating more or eating less, or simply choosing certain foods based on what others are eating (Robinson et al., 2013; Stead et al., 2011).

However, peer influence goes beyond shaping unhealthy food choices. Friends and peers can impact each other’s perceptions and understandings of food, nutrition, and health (Feunekes et al., 1998). This was particularly evident in some of the responses in the interviews and focus group discussions. These peer influences are not always negative, as some participants suggested that their friends acted as their support system in helping them maintain a healthy diet and “stay on track.” For others, friends, partners, or roommates have shared information about nutrition and healthy eating, in some cases introducing them to a healthier lifestyle. Furthermore, some participants discussed how their friends exposed them to a wider variety of foods. This was depicted as being a

positive factor by the focus group participant who learned how to make healthy, traditional foods from her partner, as well as the few interview participants who have been positively influenced by friends or significant others who were vegetarians.

Social anxieties around eating in front of other people also emerged in some of the discussions around the social aspects of eating, as well as in a couple of open-ended questions in the survey, where respondents indicated their preference of eating alone. Although it is difficult to determine how and why these anxieties are manifested, one interview participant hypothesized that these emerged from the desire to maintain the status quo and social expectations around eating. She touched on how these expectations are also gendered, which is discussed in some feminist works on the matter, where females are expected to eat less than men and are expected to eat “lighter” foods (Lupton, 1996). These desires to fit in, to meet expectations, or to emulate others’ practices (Robinson, 2013) is something that needs to be looked at more within the realm of food studies, particularly since food and food practices have been increasingly popular topics within social media.

#### **5.3.4 Family background and food practices during childhood**

In comparing the types of foods respondents indicated as being common meals they eat now to what they ate during childhood, the results were fairly similar. Overall, traditional meals, such as Jigg’s dinner or meat and potatoes, seemed to be more common during childhood. However, pasta, stir-fries, and sandwiches/wraps were indicated by similar amounts of participants as being consumed regularly now and during childhood. Family background and food practices during childhood have a significant impact on

people's perceptions and attitudes around health and food, as well as their preferences, skills, and behaviours throughout their life (Lupton, 1996). Exposure to certain foods during childhood is influenced by many things, such as the culture in which the child grew up, parents' cultural backgrounds, and the SES and employment status of the family (Lupton, 1996; Story et al., 2002).

In keeping a life course perspective, thinking about how attitudes and preferences around food change and transform according to various contexts is important (Devine, 2005). In analyzing the focus group and interview data, it seems that participants have diverted their food choices considerably since moving out on their own. With the new independence that transitioning into young adulthood provides, some people may see this as an opportunity to resist against the food practices that were engrained throughout their childhood (Lupton, 1996). This was evident in one interview participant's comments about how she strayed away from her mother's strict "no salt" policy, depicting this as a rebellious act.

Even if it is not a "rebellious" act, students may find this new independence as being an opportunity to try a more diverse variety of foods, start eating a vegetarian diet, or adopt a generally healthier food regimen, as discussed by most of the focus group and interview participants. Also, as discussed in the next section, most participants still have nostalgic feelings toward traditional NL foods.

### **5.3.5 Maintaining cultural connections through traditional foods**

Sharing meals within family settings may include the consumption of culturally traditional foods. As many of the participants in the survey and in the interviews are from

NL, most of the discussion around culturally traditional foods included meals such as Jigg's dinner or the consumption of moose or locally caught fish. While these types of foods were mentioned in the question on commonly consumed foods during childhood and adolescence, more discussion on the matter emerged during the interviews and focus groups.

As discussed in the section on stigmatization of body weight, foods traditional to NL culture are often depicted as being unhealthy, as traditional cooking uses copious amounts of salt and fat (Everett, 2009). These connotations contribute to the assumption of Newfoundlanders being fat and unhealthy due to their high fat, fried diet (Everett, 2009; McPhail, 2013). Depicting traditional NL foods negatively without considering the cultural background (such as the need to salt food for preservation in the past or to eat fat to overcome tough weather conditions) is a form of stigmatization. Not wanting to adhere to this stereotype may have lead some individuals to veer away from these culturally traditional practices, as seen with one of the interview participants. This reflects the presence of tensions between wanting to meet *healthist* expectations of contemporary society and wanting to maintain cultural connections. Nevertheless, participants' associations of traditional meals with connotations of home and comfort suggest the symbolic and emotional attachments to the culture and tradition.

In discussing the continuation of these traditions by preparing food on their own, there was a divide between participants who have not learned how to prepare traditional-type foods, and those who have actively learned from family members, or who have indirectly learned simply by helping with food preparation during childhood and

adolescence. In cases where participants do not cook traditional foods themselves, they still see the value in consuming these foods in terms of maintaining cultural bonds and strengthening family connections, despite their lack of cooking skills specific to these types of foods.

### **5.3.6 The process of acquiring cooking skills**

Cooking and food preparation is a skill acquired over time from various sources. Within the qualitative data, participants suggested that it is difficult to pinpoint exactly how they gained their food preparation skills, with some of them learning through observing their parents cook and others through Googling techniques. Most participants indicated that they had no formal training or education in food preparation during high school, as most of them either had no home economics/cooking classes offered at their school, or these courses were very limited in what they actually taught. Overall, “trial and error” and teaching oneself to cook seemed to be the most common techniques in gaining food preparation skills, illustrating its long process. All of the focus group and interview participants indicated that their cooking skills have improved considerably since starting university, as they experiment with preparing new foods, showing the more recent aesthetic trend of acquiring cooking skills and enjoying meals as a social form of engagement (Lupton, 1996).

However, there were discrepancies in survey participants’ self-assessments of their cooking skills. Although the majority of participants said that their ability to cook was at least “good,” some still indicated that they had little ability. It is important to

recognize that level of food preparation skills is a subjective concept that can be open to interpretation.

### **5.3.7 Socio-economic status, budget, and food security**

Budget is seen as being one of the most significant influences of food practices, as exemplified by the vast literature on food insecurity (Darmon & Drewnowski, 2008; Tarasuk, 2009). As one of the social determinants of health, food security is deeply embedded within the macro political and economic context in which individuals live. Having access to employment and income can ensure better access to foods. However, when societies have high unemployment rates and weak social safety nets, people fall through the cracks (Riches, 2002; Tarasuk, 2009). In a province where cost of living is high and most produce is imported in from elsewhere, this is a major issue for those on restrictive budgets (Quinlan, 2012).

As students come from a range of socioeconomic backgrounds, it is important not to assume that every individual will have financial difficulties. The tensions between the prioritization of financial resources versus health and nutrition were evident in many participants' responses. Although most of the participants indicated that they do not experience severe food insecurity, as exemplified in the questions within the survey on their ability to purchase adequate amounts of food, many of them do face restrictions in their ability to buy the kinds of food that they would like. This was reiterated in the interviews, where many participants discussed their personal struggles in being able to afford certain food items, specifically fresh fruits and vegetables and lean meats.

## **5.4 The individual level**

### **5.4.1 Adherence to “healthy eating” messages**

Concerns about health and nutrition emerged throughout the survey and interview data, with most students being generally preoccupied with these matters. Although some participants indicated specific concerns regarding food choice, such as being gluten-free, focusing on macronutrients, or avoiding foods that are high in salt or sugar, most participants indicated that they were just concerned about general nutrition. This was depicted in some of the open-ended questions and in the interviews as maintaining a “balanced diet,” implying that they could have a healthy combination of “good” and “bad” foods.

As shown in section 5.1 on the macro-environmental influences, adherence to these popularized notions of what constitutes healthy eating is reflective of the society in which the students are a part of. In other words, individuals internalize notions around healthy eating that are perpetuated by health educators and (perhaps to a greater extent) by media (Lupton, 1996; Welch et al., 2012). Crawford labelled this individualistic interpretation of health as the “new health consciousness,” where health problems, as well as the solutions, are within individual control. He claims that society has developed into a “health-valuing culture,” where one’s personal achievements are associated with their health status (Crawford, 2006). These implications have resulted in individuals becoming preoccupied with their health status, constantly seeking more health information.

An increasingly popular food concern perpetuated through this healthy eating discourse is the notion of “ethical eating” (Guthman, 2003). “Ethical eating” – or the consumption of foods that are organic, locally grown, vegetarian, etc. – incorporates a combination of health, environmental, and social justice concerns (Guthman, 2003; Musolino et al., 2015). This appeared to be a priority for less than half the survey participants. As organic and locally grown foods are typically much more costly, it is likely that students weigh their priorities in terms of their willingness to purchase these foods. As such, more respondents were worried about their food not being processed, rather than being completely “ethical.” In reflecting on these findings from this research, it also appears that the concept of “ethical eating” conflicts with other leading priorities, with budget taking precedence.

Vegetarianism was discussed by over half of the focus group and interview participants. Whether they themselves went through a phase of vegetarianism or have been influenced by someone who does not eat meat, the participants expressed how this lifestyle practice has greatly impacted the diversity and variety of their diet, exposing them to new foods. All in all, vegetarianism was depicted as being generally healthier than the meat-based diet that is common in NL.

Reasons why individuals adhere to “ethical eating” and vegetarian diets tend to go beyond physical health reasons, to encompass concerns about social justice and sustainability. Beyond these considerations, however, the sense of identity that these food practices provide and form of cultural capital that they reflect plays a role, overtly or not, in why people choose to adopt these regimens. These ways of eating seems to be more

common among individuals who are well educated and (often) from a middle- to upper-class background (Beagan et al., 2015; Guthman, 2003). Exploring why some students adopt these practices is beyond the scope of this study, however, recognizing the complexity behind these choices is necessary.

#### **5.4.2 Conflicting messages and distortions around body image and body weight**

Although there were no questions within the survey or interview template that asked specifically about body image, this was still a recurring theme throughout the data, likely due to its connection within the health, beauty, and food triplex. These topics were particularly prevalent in an interview with one participant who discussed her struggles with body image, this student discussion was grounded in feminist theory. This participant reiterated notions discussed in feminist works that touch on food practices and body image (Lupton, 1996; Musolino et al., 2015; Rice, 2014). Both this female participant and another male participant made the same gendered distinction regarding body image, saying that it was a more predominant concern among females compared to males. Although they both recognized it as being an issue for males, they explained how society and the media put more pressure on women to maintain a certain body size.

It also is necessary to acknowledge the close interrelations between health, beauty, and food, in which body weight plays a substantial role (Lupton, 1996; Rice, 2014). Considering the dominant discourse that is perpetuated by health educators and through health promotion, health is often defined or depicted in terms of having a healthy body weight (Wright & Harwood, 2012). Likewise, in contemporary Western culture, beauty

is associated with thin, fit bodies, particularly in thinking about women (Rice, 2014). Through what is depicted in the media and in health promotion, these understandings of health, body weight, and beauty have become so enmeshed that there is little distinction between them. Even when participants' acknowledged the unrealistic expectations around health and beauty that are omnipresent in contemporary society, these notions are still very much engrained in their practices, as depicted in the next sub-section on dieting and disordered eating (Lupton, 1996).

#### **5.4.3 Dieting and disordered eating**

Less overt examples of issues with body image arose in the survey data, where a group of respondents made comments about not wanting to be perceived as fat and feeling the need to lose weight. Stemming from concerns around health and beauty and body image, dieting is a socially acceptable (and oftentimes encouraged) strategy to maintain a suitable body weight (Lupton, 1996; Neumark-Sztainer et al., 2011; Rice, 2014). Unsurprisingly, this has emerged as a strategy for some of the participants as a way of maintaining or losing body weight. Although this was not necessarily worded by all of these respondents as “being on a diet,” restrictions on food consumption are typically considered to be a form of dieting. By using less “extreme” vernacular, such as “watching what they eat” or “eating a balanced diet,” participants adopt socially acceptable methods of controlling their weight. As there is a preoccupation with the “obesity epidemic” and fear around body weight in contemporary Western culture, these actions are accepted, even promoted (Beausoleil, 2009).

However, as mentioned in the quantitative findings, the number of participants who said they have skipped meals out of concern for their body weight is worrisome, despite it being a small portion of respondents. When considering past research regarding the prevalence of disordered eating among young adults (Neumark-Sztainer et al., 2011), this becomes an issue that is necessary to explore. The minimal, yet important, findings on body image and dieting within this study point to the crucial need for research that looks specifically at these issues within this population in a NL context.

#### **5.4.4 Collective lifestyles of university students**

As discussed in the literature review, it is crucial to locate individual actions within larger contexts in order to acknowledge both the influence of structural conditions and the role of individual agency within the range of available and potential choices (Frohlich et al., 2012; Bourdieu, 1972). For university students, collective lifestyles typically incorporate busy schedules, high stress, hectic social lives, limited cooking skills, restrictive budgets, and concerns around weight and body image (Greaney et al., 2009; Nelson et al., 2008). Some interview participants alluded to this type of lifestyle in some way or another, be it in their own experiences or through assumptions they have about other students. However, although it seems that many students adopt or adhere to a certain type of lifestyle based on shared social, cultural, and economic contexts, this study illustrates how there still is a substantial amount of diversity and variance within this population.

## **5.5 Recommendations for university policies and health promotion interventions**

One of the main purposes of this research, in addition to exploring issues and concerns around students' food practices, was to identify potential solutions or areas for action that participants see as being possible facilitators to enable them to make better food choices.

One major suggestion provided by many participants involved improving the physical environment of the university campus in order to offer better opportunities for students to store, prepare, and consume food while at school. This included recommendations for larger lockers and refrigerated spaces for students to store food from home during the day. Other suggestions were offering facilities on campus that students could use to prepare light meals, as well as having more microwaves across the campus. These suggestions pertained specifically to students who bring their own food to campus.

In terms of students wanting better options for purchasing food on campus, participants emphasized the need for the university to take into consideration students' health when making business arrangements with food establishments on campus. In doing so, the university should implement policies to ensure that students have affordable and nutritious food options on campus. Thinking in terms of the broader built environment, a few participants discussed the need for a grocery store closer to campus, as the closest grocery store is currently a 20-minute walk. This makes accessing food difficult for students living on or close to campus who do not have access to personal transportation.

With regard to recommendations for health promotion, most interventions around healthy eating focus on one influential factor (Guthman, 2011; Leahy & Wright, 2016). While this makes sense for simplicity purposes, isolating factors that influence food practices ignores the complexity behind these behaviours. For instance, healthy eating campaigns typically use education to promote and disseminate information. However, focusing solely on education and the individual is limited in its ability to foster any significant change (Frohlich et al., 2012). Not only do interventions need to address issues like affordability and accessibility of foods, but they have also to consider addressing cooking skills,

Furthermore, something pertaining to food practices that is not talked about to the same extent as food security or nutrition is the social aspects of eating. When health promotion concentrates fully on healthy eating being key to maintaining a healthy lifestyle, it becomes a moral issue, where individuals are expected to adhere to these notions (Crawford, 2006; Guthman, 2011). If they do not, which may be likely, “unhealthy” food practices are often associated with guilt. Not only can this lead to unhealthy relationships with food that are based on shame and failure (Beausoleil, 2009; Leahy & Wright, 2016), but this neglects the social aspects of eating and how food has emotional, cultural, and symbolic implications (Stead et al., 2011).

## **5.6 Limitations**

### **5.6.1 Participant eligibility and recruitment**

Although all steps were taken to reduce limitations within this study, this is an inherent aspect of any research. One of the most prevalent limitations that I could have

addressed in the earlier stages of the study design development was the participant eligibility criterion. Undergraduate students were chosen as the sample, as to include participants who are likely to have been living away from home for the first time. However, I have come to realize that the age criteria (25 years or younger) would have been sufficient in ensuring this.

Other limitations arose due to recruitment methods. As these data were collected through a convenience sample, those who responded to the survey or agreed to participate in an interview or focus group discussion, are likely already interested in food related issues. This may impact the findings from this research, depicting the population to be more concerned about food issues than it may be in reality. However, as my background is in qualitative research and I was more concerned with exploring and understanding participants' perceptions, I do not consider the fact that this research is not generalizable to be a major limitation.

Furthermore, recruitment strategies included displaying information posters throughout buildings on campus as well as posting information and the survey website link on a popular university-based Facebook page (e.g. Spotted @ MUN). Thus, no measures were taken to intentionally recruit a representative sample of students in terms of gender or nationality. This has resulted in a sample that is overwhelmingly female and of Canadian origin. Furthermore, a snowball sampling technique was used to recruit participants for interviews/focus groups, asking those interested to inform their friends and peers of the study. This resulted in a fairly homogeneous sample for the qualitative

data, with the majority of interview participants being females from Canada who are enrolled in Bachelor of Arts programs.

### **5.6.2 Response biases**

Another limitation revolves around subjectivity and the interpretation of questions. This limitation is particularly pervasive in data collected through self-reported surveys, due to the inability to clarify questions to participants or to get them to elaborate on certain points. With close-ended questions in particular, the wording and meaning of the question can be interpreted differently depending on the participant. However, to minimize these limitations I chose to include both open-ended questions throughout the survey, as well as supplement the survey data with qualitative data in the form of in-depth interviews and focus group discussions.

Another issue regarding self-reported data is the possibility of recall bias. Recall bias refers to when a participant is unable to accurately remember something (Kvale & Brinkmann, 2014). This is common amongst most individuals, as over time people's memories may shift and change. This is particularly relevant when asking questions about childhood or adolescence, as people tend to forget certain facts over time or to "romanticize" the past. For example, in the question pertaining to common foods and meals eaten during childhood and adolescence, respondents may be more apt to mention meals that include comfort foods (e.g. mac and cheese) or foods that are traditionally shared on special occasions or in more social circumstances (e.g. Jigg's dinner), due to the symbolic and emotional meanings attached to them. This is not the case for all participants, however.

Further, response bias can also be manifested in participants' desires to answer questions according to socially constructed expectations. In this case, participants may have indicated that they eat healthier or are more concerned about their health in order to meet socially ascribed standards of individual responsibility over health. For example, in the question about food consumed in the past two days, only five participants indicated that they regularly consume chips or chocolate as snacks, it is likely that this number is much higher. Reasons why this type of food was mentioned so infrequently may be because participants did not see this as being an appropriate or socially-desirable answer to this question, or perhaps they underestimate the amount of "junk food" they tend to consume. To minimize this bias, I chose to conduct the survey anonymously and online, as to not reveal participants' identities and to ensure them that their name will not be attached to their responses. This limitation may be more pertinent in the case of the interviews and focus group discussions, particularly when discussing sensitive issues, such as concerns around finances or body image, for example. However, every effort was taken to make participants feel as comfortable as possible to reduce this bias.

### **5.7 Areas for future research**

As with any study, this project has revealed the need for future research within the realm of university students' food practices and their perceptions of health and eating. Firstly, when looking at the results from the survey questions on concerns about body weight and some of the answers within the focus group discussions and interviews, it is evident that there needs to be research on perceptions of body image among MUN students. This perhaps should also entail research on disordered eating and unhealthy

relationships with food among this population. Furthermore, the question pertaining to participants' use of media and technology in acquiring food and nutrition information points to the need for research in the emerging role of social media in shaping perceptions of health, body image, and food practices. Research on this topic has been very limited, and certainly has not been conducted within the context of St. John's, NL.

As discussed in the section on food preferences, consumption of alcohol was not included as a category in the question on the types of food they had eaten in the past two days, nor did any participants include this in the question on foods they regularly consume. Although this came up in the interview data, it should have also been included in the quantitative portion, as these aspects of consumption should not be ignored when considering university students' food practices, especially due to the "party culture" that exists in a large portion of this population (Nelson et al., 2008). There has been little research on the impact of substance use (including alcohol, marijuana, etc.) and its influence on food practices, particularly in the case of university students; future research should address this gap. This is an important social aspect of eating that should be explored in more depth.

Because my overall interest was in food practices, which includes food purchasing and preparation, I felt it was necessary to purposefully exclude those living on campus who have meal plans at the dining hall, as they do not actively partake in these types of practices and their food choices are rather limited. However, considering recent outcry over the quality of foods served at the dining hall in Paton College (CBC News, 2015a), future research on this topic should be conducted to include students living on

campus. Thinking about university students who do not live on their own and instead live in on-campus housing accommodations, their physical environment affects them very differently than those living off-campus. There are limited options for those reliant on residence dining halls, and most of the foods available are high in fats, sugars, and salts, as they tend to primarily come from processed ingredients, which are more economical and easier to prepare in bulk (Kolodinsky et al., 2007). This impacts these students' access to healthy foods, which can particularly be an issue for people on special diets or with specific food allergies or intolerances. Although the university administers annual surveys to gather students' thoughts on food availability on campus,<sup>3</sup> a more rigorous research study should be conducted on this topic.

## **5.8 Conclusion**

Food practices are incredibly complex behaviors that are influenced by a range of interrelated contexts at the socio-cultural, economic, and physical environmental levels. As my research shows, people's food practices are influenced by internalized understandings of health, perceptions of body image and beauty, and aspirations of specific lifestyles that are perpetuated through health promotion, health education, and in the media. However, these perceptions are not always overtly translated into practices. Structural conditions, such as socio-economic status at the individual level and the built environment of the community, impact availability and accessibility of food. Political and economic conditions at the community, national, and global levels impact trade, cost, and availability of food, reflecting how macro-factors influence individual practices.

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<sup>3</sup> Memorial University Food Survey 2016: <http://www.mun.ca/food/>

Despite the complexity of food practices and the various macro- and micro-level influences involved, health promotion messages around healthy eating and food pedagogies tend to place the responsibility of nutrition on the individual, assuming that people are able to make rational choices if they have the proper information and guidance. I decided to conduct this research project on university students' food practices in order to explore the complex factors that influence their perceptions and behaviors. Given that this is a fairly well-educated population, it can be assumed that these individuals are already knowledgeable on the topic of healthy eating and nutrition. However, despite the concern that most participants indicated about their health, these notions are not always translated into their actual choices or practices. This is a clear indication of how health promotion, education, and research have to diverge from the moralistic messages around food and consider the how socio-cultural, economic, and environmental context interact to shape individuals perceptions and practices. Similarly, it is critical to understand the diversity and variance in people's experiences and understandings of food and health and their ability to make autonomous choices, despite the notion of "collective lifestyles." This research aimed to explore individuals' experiences and perceptions, in consideration of these larger, structural contexts and lifestyles.

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## Appendix I: Survey questionnaire

Please answer the following questions to ensure your eligibility to participate in this study:

1. Are you an undergraduate student at Memorial University, St. John's Campus?  
 Yes       No
2. Do you live off campus?  
 Yes       No
3. Are you 25 years old or younger?  
 Yes       No

**If you have answered yes to all three questions, please continue with the survey.**

### Living Arrangements and Food Consumption Practices

1. What are your current living arrangements?  
 Boarding in a house/Home Share       Renting/owning a house/apartment  
 Living at home with parents/family       Other: \_\_\_\_\_
2. During the past year, with whom did you live the majority of the year? (Check all that apply)  
 I live alone  
 My parent(s)  
 Roommates, friends  
 My husband/wife  
 My partner  
 My child(ren)  
 My brothers/sisters  
 Other: \_\_\_\_\_
3. During the past seven days, how many times did all, or most, of the people living in your household eat a meal together?  
 I live alone     Never     1-2 times     3-4 times     5-6 times     7 or more times

4. How strongly do you agree with the following statements:

Statements:	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Don't know/neutral
I enjoy sitting down with family or friends and eating a meal together					

I usually eat supper with other people					
--	--	--	--	--	--

5. How often do you usually eat at home for the MAIN meal? (*By main meal we mean the meal that requires the most preparation*).  
 Every day  Almost every day  About 2 or 3 times a week  
 About once a week  Never  Other \_\_\_\_\_

6. During the past week, how many days did you eat breakfast?  
 Never  1-2 days  3-4 days  5-6 days  Every day

7. During the past week, how many days did you eat lunch?  
 Never  1-2 days  3-4 days  5-6 days  Every day

8. During the past week, how many days did you eat dinner?  
 Never  1-2 days  3-4 days  5-6 days  Every day

9. During the past week, how many days did you bring lunch (or any other meal) from home to eat at work or school?  
 Never  1 day  2 days  3 days  4 days  5 or more days

Is there particular comment you would like to add in regard to your food consumption practices?

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**Food Preparation Practices**

10. For the MAIN meal at home, how often do you do the following practices?

	Always	Sometimes	Rarely	Never	Don't know
Use whole, basic foods such as vegetables, fruits, grains, and meat (cooking mainly from scratch)					
Use mostly easy to prepare foods such as canned or frozen prepared food					

11. How would you describe your personal ability to cook?  
 Very good  Good  Little ability  No ability

12. If you don't always prepare or help to prepare food at home, what would you say is/are the main reasons for such?  
 Lack of time  Not interested  No skills/insufficient skills  Not confident in my cooking ability  Too much effort  Not my responsibility  Don't have appropriate cookware or appliances  Any kind of disability  More expensive  Other \_\_\_\_\_  Not applicable
13. During the past week, how many times did you eat out at any type of restaurant?  
 Never  1-2 times  3-4 times  5-6 times  7 or more times
14. In the past week, how often did you eat something from any type of fast food restaurant? (e.g. McDonalds, Subway, Wendy's, Tim Hortons, etc.)  
 Never  1-2 times  3-4 times  5-6 times  7 or more times

Is there particular comment you would like to add in regard to your food preparation practices?

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### **Food preferences**

15. Please check off (the boxes on the left) the following foods that you have eaten in the past **two days** (Check all that apply)

<input type="checkbox"/>	Grain products, such as wheat (breads, pasta, cereal), oats, or rice
<input type="checkbox"/>	Red meat (beef, pork, lamb)
<input type="checkbox"/>	Chicken
<input type="checkbox"/>	Eggs
<input type="checkbox"/>	Fish and/or seafood
<input type="checkbox"/>	Legumes (lentils, beans), nuts, or tofu
<input type="checkbox"/>	Fruit
<input type="checkbox"/>	French fries or potato chips
<input type="checkbox"/>	Potatoes, not including French fries, fried potatoes, or potato chips
<input type="checkbox"/>	Leafy greens such as lettuce, spinach, cabbage, or kale
<input type="checkbox"/>	Coloured vegetable such as carrots, tomatoes, turnip, parsnip, or sweet potatoes
<input type="checkbox"/>	Other vegetables, such as broccoli, cauliflower, bell peppers, brussel sprouts, cucumbers, or radishes
<input type="checkbox"/>	Dairy products (milk, yogurt, cheese)
<input type="checkbox"/>	Drinks like pop or energy drinks

16. Please give a couple of examples of the kinds of foods/meals you eat most often (e.g. pasta dishes, salads, pizza, sandwiches, stir-fry, meat and potatoes, culturally traditional foods etc.)

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Is there particular comment you would like to add with regard to your food preferences?

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**Level of Food/Health Concern**

17. How concerned are you about what you eat, such as quality, quantity, and nutritional value?

- Very much    Somewhat/little    Not at all    Don't know

18. In general, how would you describe eating habits?

- Excellent    Very good    Good    Fair    Poor    Don't know

19. How much do you care about.....

a. Eating healthy foods:

- Not at all    Somewhat    Very much

b. Staying fit and exercising?

- Not at all    Somewhat    Very much

20. a) Do you follow any kind of recommended food guide/diet?

- Try to follow    Yes    No

20. b) If yes, please indicate what kind of food guide/s you follow (check all that apply):

- Health professional, such as a family doctor or dietician  
 Health organizations, such as Heart & Stroke, the Canadian Diabetic Society  
 Fitness programs  
 Weight loss programs, such as Weight Watchers  
 Advice from your family and/or friends/neighbours  
 Canada's Food Guide  
 TV programs about healthy eating  
 General research on Internet  
 Other: \_\_\_\_\_

20. c) What are your reasons for using a recommended foodguide(s)?

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20. d) If you try to follow a food guide/diet, what are challenges?

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21. How often do you read magazines, articles, or websites in which dieting or weight loss are discussed?

- Never  Hardly ever  Sometimes  Often

22. Please provide an example if you or your friends use any media sources (e.g. blogs, social media, magazines) to obtain information on nutrition and food practices:

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23. How important is it to you that your food is....

	Not important at all	Somewhat important	Very important	I don't know
Organic				
Not processed				
Locally grown				

24. Do you choose certain foods because you are concerned about...

Reason	Yes	No	Don't know
Body weight?			
Nutritional content?			
Fibre content?			
Fat content?			
Trans fats?			
Cholesterol content?			
Calories?			
Sugar content?			
Salt / sodium content?			

25. Please specify if you have any food allergies: \_\_\_\_\_

26. Are you currently trying to...

- Lose weight  Stay the same weight  Gain weight  
 I am not trying to do anything about my weight

27. How strongly do you agree with the following statements?

Statements:	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Neutral/ I don't know
I sometimes skip meals since I am concerned about my weight					
It's hard to find time to sit down and have a meal					
I tend to "eat on the run"					
Most healthy foods just don't taste that great					
Regular meals are important to me					
I eat meals at about the same time every day					
I trust my body to tell me how much to eat					
It seems like I have food on my mind a lot					
I think I enjoy eating a lot more than other people					

28. Do you take any vitamins or mineral supplements?

- Regularly       Sometimes       Never

29. In your opinion, what else can be done to improve the quality, quantity, and nutritional value of the food you consume every day?

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**Food purchasing practices**

30. How long (in minutes) would it take you to get from your home to the places below if you walked to them?

Location	1-5 minutes	6-10 minutes	11-20 minutes	21-30 minutes	31+ minutes	Don't know
Convenience store						
Supermarket/Grocery store						
Bus stop						
Fast food restaurant						
Coffee shop						
Shopping centre						

31. When shopping for groceries, do you...:

	Always	Sometimes	Never	Don't Know
Plan meals before going to the store?				
Select foods based on nutrition labels?				
Check flyers for food on sale?				
Have enough time for grocery shopping?				
Have the ability to transport groceries home?				
Have sufficient money or credit limit?				

32. Please indicate if the statement was *often true*, *sometimes true*, or *never true* within the past 6 months:

Statements:	Often true	Sometimes true	Never true	Don't know
You have had enough of the kinds of food you wanted to eat				
You have had enough to eat, but not always the kinds of food you wanted				
The food that you bought didn't last and you could not afford to buy more				
You have been hungry because you could not afford more food				
You have had to cut out some foods because of your budget				
You have used a Food Bank to supplement your needs				

33. Is there any particular comment you would like to add in regard to your food purchasing practices?

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**Family influences on food practices**

34. As a child, who did the majority of the cooking in your household?

- Your mother(s)  
  Your father(s)  
  A grandparent/other relative  
  A sibling(s)  
  Yourself  
  Anyone or all in the family  
  Other (specify) \_\_\_\_\_

35. What types of meals do you remember eating frequently during your childhood/adolescence? Please provide a couple of examples (e.g. pasta dishes, salads, pizza, sandwiches, stir-fry, meat and potatoes, culturally traditional foods etc.)

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36. How important was it for your family to eat the following meals together, sitting at a table?

	Very important	Somewhat important	Not very important	Not important at all	I don't know
Breakfast					
Supper					

37. What are your parents' highest levels of education?

	Parent 1	Parent 2
Did not finish high school		
Finished high school		
Did some college or training after high school		
Finished college/university		
Graduate education (i.e. Masters, PhD, MD, etc.)		
I don't know or not applicable		

38. What are your parents' employment statuses?

	Parent 1	Parent 2
Works full-time for pay		
Works part-time for pay		
Does not work for pay		
Is retired		
I don't know or not applicable		

39. In which range does the total income received by **your parent(s)** fall. Please consider all sources, before taxes and deductions, in the past 12 months?

- Less than \$ 25,000    \$ 25,000- \$ 50,000    Greater than \$ 50,000    Don't know

Is there any particular comment you would like to add with regard to your family food practices and background?

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**Socio-demographic information:**

40. Please provide your age: \_\_\_\_\_

41. Do you think that you have reached adulthood?

- Yes     No     In some respects yes, in some respects no

42. Please provide your gender:

- Male     Female     Other

43. Were you born in Canada?

- Yes  
 No: In what country? \_\_\_\_\_

44. How long have you been in Canada?

- Less than 1 year     1 to less than 5 years     5 to less than 10 years  
 10 years or more     Always

45. What is the primary language spoken in your home?

- English     French  
 Other: \_\_\_\_\_

46. What is your current student status?

- Part-time student     Full-time student

47. Please specify your current field of study, including any major(s)/minor(s):

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48. How many months in the past year did you work for pay?

- I did not work for pay     3 or fewer months     4-6 months     7-9 months  
 10-12 months

49. How many hours a week do you currently work for pay?

- I do not work for pay     1-9 hours     10-19 hours  
 20-29 hours  
 30-39 hours     40 hours     More than 40 hours

50. How difficult is it for you to live off your current total income?

- Not at all difficult       Somewhat difficult       Very difficult or barely get by  
 Extremely difficult or impossible

51. Thinking about your total income, from which of the following sources did you receive any income in the past 12 months? (Check all that apply)
- Wages and salaries
  - Income from self-employment
  - Income support (e.g. social assistance, child support, employment insurance, etc.)
  - Support from family members (e.g. parents)
  - Student loans/Bank line of credit
  - Other (e.g., rental income, scholarships, savings): \_\_\_\_\_
52. In which range does your total income received fall? Please consider all sources, before taxes and deductions, in the past 12 months?
- Less than \$ 25,000       \$ 25,000- \$ 40,000       Greater than \$40,000

Thanks for your contribution!

We are conducting focus group discussions on this topic with groups of four to five Memorial students. Would you be interested in participating in a 30-minute discussion on your food practices?

- Yes       No

If yes, please provide your contact information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Your contact information will be kept confidential. You will be contacted within a month's time by the Primary Investigator to schedule the focus group.

Please feel free to contact Kelly Hunter (Primary Investigator) if you have any further questions: [klh303@mun.ca](mailto:klh303@mun.ca) or at (709) 765-1903.

## Appendix II: Interview guideline

1. How would you define healthy eating?
  - a. How may these perceptions translate into your food choices and practices?
2. Thinking about your personal upbringing or traditional culture, how have these factors influenced your food preparation/consumption practices?
  - a. Tell me about sharing meals and/or preparing food with family or friends.
  - b. Tell me about how you gained (or did not gain) cooking skills.
3. How have your eating choices and practices changed (or not) since starting university?
  - a. If your practices haven't changed, what do you attribute to this lack of change? If your practices have changed, what do you attribute as having influenced these changes?
  - b. Do you see these changes as being positive or negative? Why?
  - c. What do you see as important influences on students' food choices and practices in general? (Possible examples: peers, advertising, food environments, etc.)
4. What media sources (e.g. TV programs, social media, internet, etc.) do you think people use with regard to food choices and practices?
  - a. What do you think motivates people to refer to these sources?
  - b. How (if at all) may these sources shape your personal views of eating?
5. Do you have any additional questions or comments?

### Appendix III: Survey participants' disciplines

<b>Faculty</b>	<b>Discipline</b>	<b>Number of Participants</b>
Engineering		8
Science	Biology	7
	Biochemistry	5
	Mathematics/Computer Science	4
	Psychology	4
	Chemistry	3
	Bachelor of Science (General)	2
	Behavioural Neuroscience	2
Humanities and Social Sciences	English	6
	Archaeology	3
	Sociology	3
	French/Spanish	2
	Gender studies	2
	Bachelor of Arts (General)	2
	Philosophy	1
	History	1
	Linguistics	1
Business/Commerce		5
Kinesiology		4
General Studies		3
Undeclared		3
Nursing		3
Medicine		2
Pharmacy		1
Music		1
Social work		1
Education		1
Earth Sciences	Geology	1