Understanding motivations and barriers to change when it comes to good nutrition

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Overview

• Good nutrition
• Motivations and barriers to change to good nutrition
  1. Systematic review of qualitative research
  2. Focus groups exploring good nutrition with young men (18-24)
  3. Dyad and triad interviews
• Conclusions
Good nutrition

1983 – The National Advisory Committee for Nutrition Education (NACNE) reported for reductions in dietary fat, sugar and salt and increase in fibre were urgently needed to improve health.

2014 – The National Diet and Nutrition Survey (NDNS) data showed that overall the population (UK) is still consuming too much saturated fat, sugar and salt and not enough fruit, vegetables, oily fish and fibre.
Good Nutrition

“The data provides compelling evidence that we all need to make changes to our diet to improve our health, especially for teenagers.”

Dr Alison Tedstone, Chief Nutritionist at Public Health England, 2014

Poor diet now generates more disease than all other lifestyle behaviours combined.

*The Lancet*, Global Burden of Disease Reports, 2014

Cost to NHS - £6 billion per annum

Balakrishnan 2009
Percentage of adults that have met the 5 A DAY recommendation
Tesco sales of fresh fruit and vegetables

General sales in fruit and vegetables over time
Motivations and barriers to change to good nutrition

- Systematic review of qualitative studies
- Focus groups with young men (18-24 years)
- Dyadic interviews with young men and their meal providers
Findings of the systematic review of qualitative studies on motivations and barriers to fruit and vegetable consumption

- 56 studies
- Participants = 3692 + 1 village + 1 business
- Countries - Western
- Research breadth
- Designs
- Methods
### Main motivations and barriers to fruit and vegetable consumption

<table>
<thead>
<tr>
<th>Biopsychosocial model</th>
<th>Motivations</th>
<th>Barrier</th>
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</thead>
<tbody>
<tr>
<td>Biological</td>
<td>Taste</td>
<td>Taste, Texture, Satiety</td>
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<tr>
<td>Psychological</td>
<td>Health</td>
<td>Time and effort, Lack of cooking skills, Attitude</td>
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<td></td>
<td>Meaningful events to self</td>
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<tr>
<td>Social</td>
<td>Cost</td>
<td>Cost</td>
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<td></td>
<td>Childhood experiences</td>
<td>Family preference</td>
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<td></td>
<td>Women as gatekeepers</td>
<td>Quality and safety</td>
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</table>
Biological barriers

- **Texture**
  Cultural differences, older people

- **Satiety**
  Men and people on low income
Main psychological motivation

Specific (28 studies)
“A better diet will help keep cancers forming in my body”
(Satia et al. 2009)

General (35 studies)
“Eating fruit and vegetables is an easy way to health”
(Balch et al. 1997)

Health of others (11 studies)
“There is chronic heart disease in my family”
(Yeh et al. 2008)
Main psychological barriers

Preparation

TIME (34 studies)

Traditional foods

Work

“No time to prepare food when we both work” (Dixon et al 2004)

Inconvenience

EFFORT (35 studies)

“Other foods are more convenient” (Wiig and Smith 2008)

Planning

Busy lifestyle

Lazy

Messy

Inability
Other psychological motivations and barriers

• **Meaningful events to the self**
  Marriage, having children, moving to a different country, bereavement, being diagnosed with a chronic illness

• **Lack of cooking skills**
  Younger people more likely to report this barrier to FVC
  Used more convenience foods

• **Attitude**
  FVC was unimportant until older age, resistance to health messages, stress, emotional eating
Main social drivers and barriers

• **Cost**
  No demographic differences

• **Childhood experiences**
  Dad growing and Mum cooking fruit and vegetables
  No experience of fruit and vegetables

• **Women as gatekeepers**
  Meal providers often thwarted by preferences of men and children

• **Quality and safety**
  Concerns about pesticides on fruit and vegetables
Conclusions of the systematic review

- Research in Western countries
- Bias toward women
- Biased toward low SES, but little difference in motivations and barriers
- Fruit and vegetable consumption is complex
- Knowledge of health benefits
# Focus groups with young men (18-24)

<table>
<thead>
<tr>
<th></th>
<th>Social grade</th>
<th>Fruit and vegetable consumption</th>
<th>Area</th>
<th>Work status</th>
<th>participants</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>High</td>
<td>Urban</td>
<td>Full time</td>
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<tr>
<td></td>
<td>Low</td>
<td>Low</td>
<td>Rural</td>
<td>Part time</td>
<td>24</td>
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<td>Student</td>
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<td>Unemployed</td>
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</table>
Biological motivations and barriers

• Low consumers were motivated by taste, satiety and instant gratification from their foods. Fruit and vegetables were bland and they preferred convenience foods.

  "Chocolate bar tastes nicer"  Kim

• High consumers found fruit and vegetables tasty and filling.
Psychological barriers for low consumers

• Time and effort

• Cooking skills
  "Rubbish at cooking" Rob

• Mood

• Meaningful events – leaving home
Health perceptions

None of the young men knew of the health benefits of consuming fruit and vegetables

• High consumers thought about their future health

• Low consumers hoped they would stay healthy despite experiencing family health issues.

  “Health is not a number one priority” Jack
  “I don’t know, I’m not educated enough” Marty
Social barriers for low consumers

• Cost
• Availability
• Low social support – family, peers, education

“I would only eat them if like Mum were to cook them” Nick

“[....] my social life really and not have time to sit down and eat” Ben
Social motivations for high consumers

• Cost

“I can go and buy a bag of apples for the same price and it will last me from morning all the way till the evening”

Brian

• Availability

• Social support – family, education
Information and Promotion

Few young men had seen any of the health promotions

5 A Day

“That is an awful lot of fruit and veg to be eating so it deterred me straight away”

Terry
Perceptions of information
Conclusions of the focus groups

• Motivations and barriers differed according to the level of fruit and vegetable consumption and good nutrition
• Perceptions of social influences varied
• Complex connections between the biopsychosocial factors that influence good (or bad) nutrition.
## Dyad and Triad interviewees

<table>
<thead>
<tr>
<th></th>
<th>Mother and son</th>
<th>Partner</th>
<th>Triad</th>
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<tbody>
<tr>
<td><strong>High FVC</strong></td>
<td>Lee and Mary</td>
<td>Jess and Sally</td>
<td>Bob and Fran</td>
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<td></td>
<td>Anthony and Ann</td>
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<tr>
<td><strong>Low FVC</strong></td>
<td>Ben and Trudy</td>
<td>Terry and Polly</td>
<td>Phil and Fran</td>
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<td>Mel and Jane</td>
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Findings of the interviews

• Meal providers of low consumers cooked out of necessity.
• Poor cooking skills
• Lack of time and effort – used convenience foods
• Concern about cost and waste
• Low perceived risk to health
Triad interviews

Both young men raised in the same environment but.....

Bob was motivated by health

Phil was motivated by taste
Overall Conclusions

- Family
- Peers
- Social influences
- Internal/external attributions
- Psychological
- Biological
- Motivations
- Perceptions
- Him/herself
THE CALORIE IS NOT A UNIT OF ENERGY
IT'S A UNIT OF TASTE

CLOSE ENOUGH

Thank you

KEEP CALM AND EAT HEALTHY
References


Yeh, M.-C., et al. (2008). Understanding barriers and facilitators of fruit and vegetable consumption among a diverse multi-ethnic population in the USA. *Health Promotion International Advance Access*. 