

COOKING FOR HEALTH? HEALTH CONSIDERATIONS, FOOD DECISIONS, ALIMENTATION QUESTIONS AMONG WOMEN WITH SMALL CHILDREN

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Abstract: Most people have an understanding about what is a healthy lifestyle and an agreement that it is the responsibility of parents to provide and teach it to their children. Our article seeks to understand two questions: how mothers define health and what actions they are taking in order to ensure it, with a focus on dieting habits. Food choices are influenced by personal and social characteristics such as health, body image, family status, being a mother, cultural background, etc. We were interested on what sets of behaviors are resulting from the willingness (controlled by abilities and possibilities) of making healthy (diet) choices. In order to see how health and healthy lifestyle is defined and if parents have different rules for themselves and their children, we have collected survey data from 139 mothers from Miercurea Ciuc and its surrounding villages. The women who have at least one child under 6 years answered an on-line questionnaire in August 2015. The used questionnaire considered a great variety of aspects that help understand the everyday health decision and behaviors. From diet questions, to using health supplements, to being pro or against vaccinations for children, to exercising routines and shopping habits, we asked mothers participating in our study to allow us to understand the process of everyday decisions that they are making for the maximum benefit of their family.

Keywords: family, diet, food, health, motherhood

1. Introduction

Food choices are influenced by personal and social characteristics such as *health, body image, family status, cultural background, becoming a mother, being responsible of the health of your family, etc.* We were interested on what sets of behaviors are resulting from the willingness (controlled by abilities and possibilities) of making healthy (diet) choices.

According to the World Health Organization, health is “*a state of complete physical, psychological, and social well-being and not simply the absence of disease or infirmity. Health is a resource for everyday life, not the object of living, and is a positive concept emphasizing social and personal resources as well as physical capabilities*” (WHO, 1948)

The food is one of the basic cornerstones of our health. One of the fundamental human needs that is more than a necessity. But it is also a constant decision making, influencing our health and well being. There are many principles along which people have to make decisions, and there are many

challenges too (see Graph 1.). Food is surrounded with a duality of being vital for survival, but also being a luxury, a sweet need. Furthermore, eating is a health-spring, doctors, dietetics, researchers etc. always have new and sometimes contradictory theories and opinions regarding what a healthy alimentation is. In the same time, in the last decades people always need to decide if they choose the “local” and/or the “global” food, usually the local (food provided by small producer, farmer) has a positive connotation, the global (produces from supermarkets, international brands etc.) more of a negative label. But the local can be purchased sometimes harder (for ex. only monthly on farmers market) or in smaller quantity, only seasonal, etc. while supermarkets offer a big variety of produces regardless of seasons, with the possibility of cheaper price if bought in bulk. Another challenge seems to occur from the parallel present culinary worlds of “traditional” and “modern”. Cooking for holidays a traditional meal such as stuffed cabbage, or making a low-fat, vegetarian lasagna? Cooking the traditional daily soup and main course for lunch, or order a pizza? To be eco friendly by eating “green” (buying from local producers), or not paying attention to the energy waste of production, to the shipping costs, to non recyclable packages etc. And there are a lot of other challenges, that show that besides food being an elementary need it is also a sources of an emotional overload, of concern, stress, joy, happiness, belongingness too.

Studies show, that access to nutritious food can lead to a healthy growth and lifestyle (James et al 1997), while the consumption of unhealthy foods leads to several diet-related diseases such as cancer, cardiovascular diseases and probably the most frequent one, diabetes (Zimmet et al 2001, Flegal et al, 2012, Hermstad et al, 2010). But are these “nutritious foods” well known by anyone? And how are the food-decisions actually influenced by this knowledge? According to Wansink and Sobal (2007), most of these decisions are unconscious and highly influenced by our environment (Wansink and Sobal, 2007). These decisions are often “introspectively blank” for the decision maker himself (Dijksterhuis et al, 2005) and repetitive, in a way that everyday tasks turn into habits that contribute to one’s identity and health (Dewsbury 2011). Studies show, that food choices are embedded in complex social settings, where the health consciousness is only one factor, but there are several other factors as well influencing our diet: demographics, SES status, family status, cultural background, identity (Bisogni et al 2002, Sobal, Jabs and Devine, 2000, Sparks and Shepherd, 1992, Fries and Croyle, 1993, Sparks et al, 1995, etc.).

2. Theoretical frame

A healthy lifestyle and therefore healthy choices on daily basis need to be supported by knowledge, social influences, environment, attitudes and skills. A healthy lifestyle is usually defined along two major pillars: diet and exercising. While everyone has a definition of a healthy diet⁴⁴³ (Rozin, 1986, Carels, Konrad, & Harper, 2007; Falk et al, 2001; Provencher, Polivy, & Herman, 2009, Oakes and Slotterback, 2001a,b, Rozin, Ashmore and Markwith, 1996) the rate of diet-related chronic illnesses is reaching new peaks every year. There is a difference between believing that one is following the nutrition recommendation and the actual eating habits⁴⁴⁴.

Nutrition and choices that lead to it, are highly influenced by biological, psychological, cultural, social and economic forces (Rozin, 1980, Meiselman and MacFie ed., 1988, Fischler, 1988, etc.) and in order to help people make healthy choices, food-based dietary guidelines⁴⁴⁵ are created and marketed, yet their effectiveness is somehow limited (Bucher et al, 2013).

On the relationship of motherhood and health, research shows that mothers have probably the biggest influence on the nutrition of their child and family. We see this impact in four different areas, a.) by promoting and providing certain foods (Campbell et al 2007, Skinner et al 2002) mothers shape the palette of the future generation, b.) mother's higher knowledge of nutrition and health influences positively the diet of the children (Varyam et al, 1999), c.) having a direct influence on the likeliness of several obesity related illnesses by influencing the weight of their children (Birch and Fisher 2000) and lastly ample research shows that providing nutritious meals and taking care of the health of their family is part of the identity of a mother (DeVault, 1991, Chapman and Ogden, 2009, Dean et al 2010, Bove and Sobal 2006, Bugge and Almas 2006, etc.)

Food related decisions mothers make several times a day, influence the diet of their family through three behaviors: the food they make available at home, the food they prepare and the information they provide and sustain (Johnson et al 2011).

3. Data

⁴⁴³ Falk et al (2001) using open ended surveys, identified 7 health interpretations (low fat, natural, balanced, disease prevention, nutrient balanced, disease management and weight control clusters were defined)

⁴⁴⁴ While 70% of European people believe that they are following a healthy diet (Kearne-McElhone, 1999), studies show (MAFF, 1994, Hulshof et al 1993) that less than 1% is achieving all guidelines provided by their national health-related nutrition guidelines.

⁴⁴⁵ food pyramid, smart plate, etc.

In order to see how health and healthy lifestyle is defined and if parents have different rules for themselves and their children, we have collected survey data from 139 mothers from Miercurea Ciuc, Harghita County and its surrounding villages.

The respondents are between 25 and 55 years old, the average age being 36.35 (SD=5.954), 89.2% are married, the majority (63.3%) are living in urban areas, 54% has a college or university degree and have a non-manual job (61.9%).

Table 1. Marital status of the respondents

	Frequency	%
Married	124	89.2
Partnership	7	5.0
Divorced	7	5.0
Widow	1	.7
Total	139	100.0

The husbands also have mostly college or university degree (51.8%) employed as non-manual employees in 40.3% of cases. 20.1% are entrepreneurs, and 17.3% does physical labor.

Table 2. Level of education

	The respondent		Her husband/partner	
Vocational school degree	3	2.2%	14	10.5%
Technical college and bachelor degree	7	5.0%	9	6.7%
High school and bachelor degree	8	5.8%	14	10.5%
College degree	13	9.4%	8	6.0%
University degree	75	54.0%	72	53.7%
MA, PhD	33	23.7%	17	12.6%
Total	139	100.0%	134	100.0%

Two thirds (66.9%) of the household incomes are somewhere between RON 1500 and 3500, the average salary being around RON 3000 (approximately EUR 665.7) per household. Households have a minimum of 2 people and a maximum of 10 people (one family only), on average families have 3.94 member (SD=1.085), from which on average 1.67 (SD=0.856) are underage.

The used questionnaire considered on a great variety of aspects that help understand the everyday health decision and behaviors. From diet questions, to using health supplements, to being pro or against vaccinations for children, to exercising routines and shopping habits, we asked mothers participating in our study to help us understand the process of everyday decisions that they are making for the maximum benefit of their family.

We believe that everyday decisions of what we eat (in the sense of quantity, quality, source, environment, social aspects) highly influences our life quality. Health considerations and the related decisions are often controlled by several other factors (ex. income, life style, access to or the ease of access to certain produces, etc.) and influenced by other people, groups or interests (ex. school-, work environment, health care, media, government etc.) According to our respondents the first responsibility comes to the parents in ensuring and teaching a healthy lifestyle to the children⁴⁴⁶.

The personal responsibility provides our starting point in this health consciousness analysis.

4. Findings

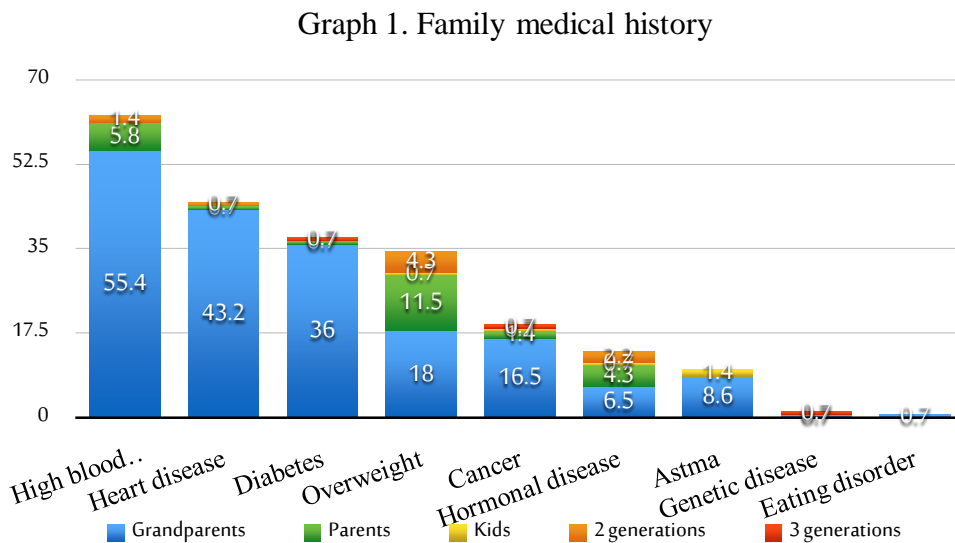
Nearly half of our respondents (44.6%) said that they were always health conscious, while 31.6% said that they became more actively health conscious when they became mothers (The importance of health became clear when we were starting our family, decided to have a baby: 15.1%, During my pregnancy I started to learn more about the healthy lifestyle: 4.3%, After the birth of my child I started to learn about the healthy lifestyle: 12.2%) Close to 24% of the respondents is not actively interested in the topic.

According to the health belief model the subjective risk of contracting an illness has a push effect on one's health related actions. When we asked our participants about the medical history of their family⁴⁴⁷, close to half of the respondents (43.88%) had at least 3 family members with some

⁴⁴⁶ When asked to rank parents and family, school, environment, marketing government, healthcare, public figures and media on their responsibility the number one position was taken by the family, 98.6% of respondents agree that is the parents who must prepare children to a healthy lifestyle.

⁴⁴⁷ we enumerated the most frequent sicknesses (diabetes, cancer, heart disease, asthma, genetic condition, obesity, eating disorder, high blood pressure and some sort of hormonal disease) and we asked if the respondent or her husband, any of their parents or children suffers from that condition.

sort of sickness and only 13.67% had only healthy family members.⁴⁴⁸ Most diseases are found in the generation of grandparents.



Our assumption that health conscious people are more likely to grow/raise their food or shop for groceries at local farmers or at the farmer market doesn't seem to stand. As the following table shows there is no real difference in the primary source of food among people who were always health conscious, those who became more health aware after having a baby and those who don't really care about the topic of health.

⁴⁴⁸ 13.67% of respondents have no family members suffering of any of the named conditions, 17.27% has one illness present in their family, 25.2% has 2, another quarter 26.62 % has 3, another 10.79% has 4 illnesses, 5.04% has 5 and 1.44% has 6 sicknesses in the closest family.

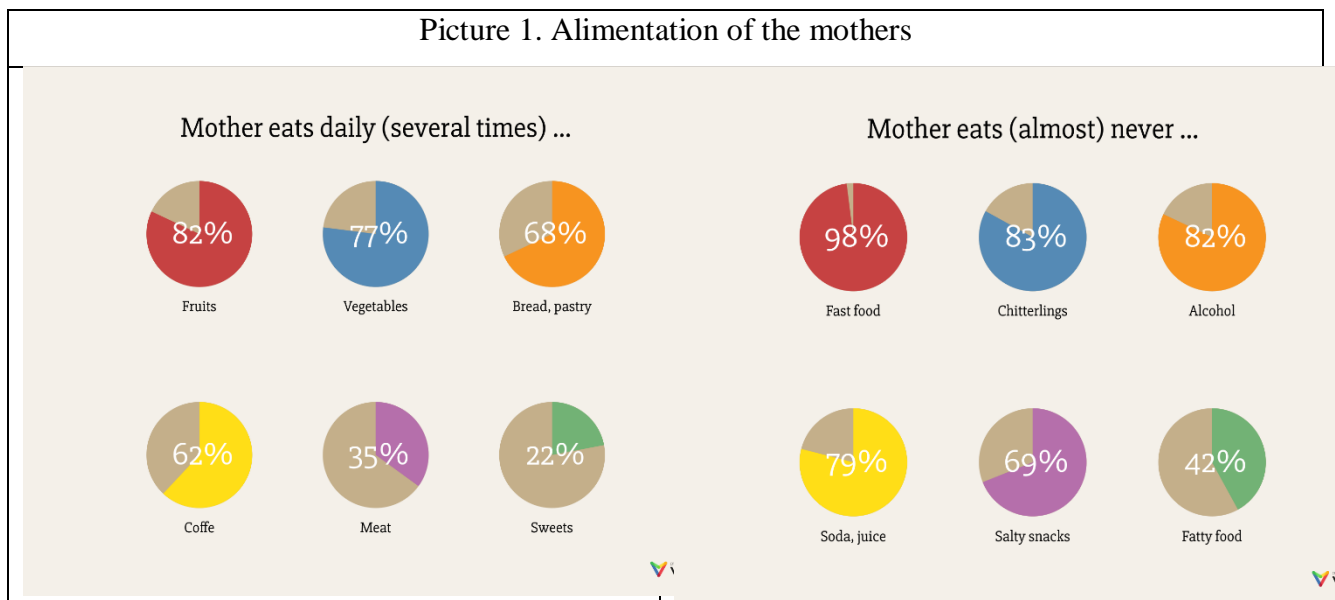
Table 3. Distribution of primary food source along mother's education and having a family garden/farm

		Mother's education		
	Primary food source	Low	High	Total
Not having garden, farm, agricultural territory or forest	Family garden or animal, fishing, hunting	4	5	9
		80.0%	12.2%	19.6%
	Local farmer, farmers market	1	23	24
		20.0%	56.1%	52.2%
	Store or supermarket	0	13	13
		0.0%	31.7%	28.3%
	Total	5	41	46
		100.0%	100.0%	100.0%
Having garden, farm, agricultural territory or forest	Family garden or animal, fishing, hunting	21	34	55
		80.8%	51.5%	59.8%
	Local farmer, farmers market	2	14	16
		7.7%	21.2%	17.4%
	Store or supermarket	3	18	21
		11.5%	27.3%	22.8%
	Total	26	66	92
		100.0%	100.0%	100.0%
Total	Family garden or animal, fishing, hunting	25	39	64
		80.6%	36.4%	46.4%
	Local farmer, farmers market	3	37	40
		9.7%	34.6%	29.0%
	Store or supermarket	3	31	34
		9.7%	29.0%	24.6%
	Total	31	107	138
		100.0%	100.0%	100.0%

The basic daily food consumption of the family is shown in the next three diagrams. A similarity of the mother's diet and the children's diet can be observed, while fathers have slightly different eating habits. The daily food in case of most families follows the nutrition guidelines of fruits and vegetables, starches building up the basic nutrients. Fathers have a diet higher in meat, egg and fatty meal and lower on fruits and vegetables.

Mothers eat fruits and vegetables daily or several times in a day, but almost never fast food or chitterlings, or alcohol.

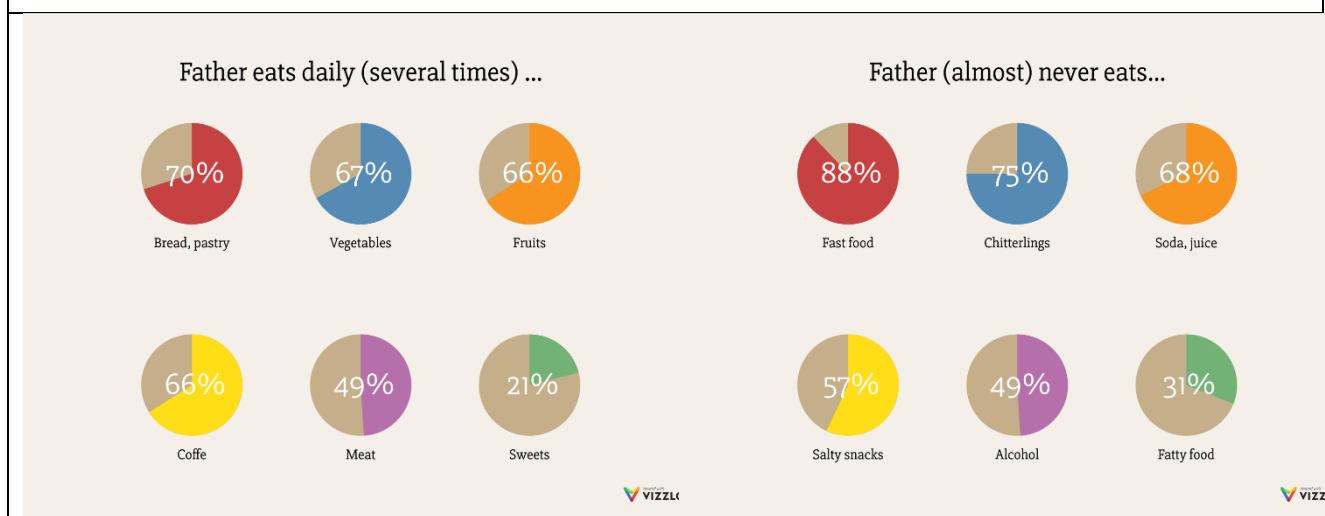
Picture 1. Alimentation of the mothers



For the fathers,⁴⁴⁹ the most frequent aliment is the bread, and as Szekler people are known to be eating bread with everything, the results brought no surprise. For the majority of fathers vegetables and fruits are another basic of the daily diet, while little bit less than half of them has meat on a daily basis. And even if for in their diet the vegetables and fruits have a leading position as well, half of them eats meat every they. They (almost) never eat fast food, either, while alcohol consumption is much higher, 51% drinking alcohol daily, compared to only 18% of the mothers.

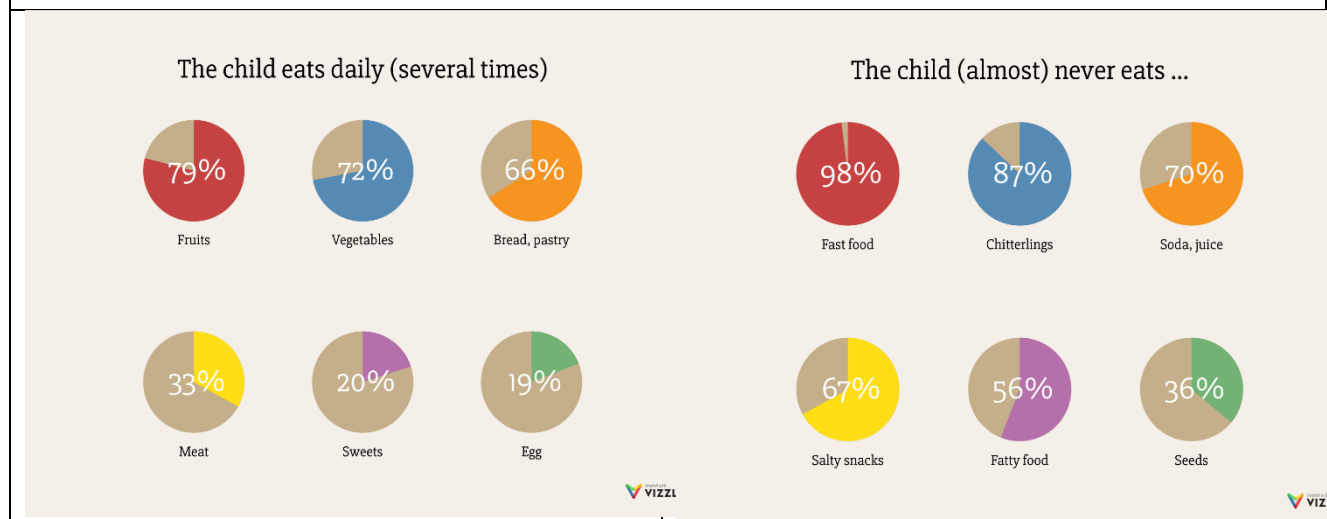
⁴⁴⁹ We have to mention, that these are the answers which gave the mother about their partner and child/children, not the men and children declared about their own daily diet.

Picture 2. Alimentation of the fathers



The children's diet is very similar to the mothers': almost 80% of the children eat fruit daily, 2 from 3 child bread daily, third of them meat in every day. Only one from five eats sweet in every day.

Picture 3. Alimentation of the children



While the daily consumption of sweets characterizes close to one fifth of the respondents and sodas and juices less than 10%, salty snacks are even more rare and fast food is not consumed by anyone on daily basis. Altogether this suggests that there is a difference in what our respondents understand as snack/junk food and their consequences on health.

While there is agreement in the fact that sugary and high carb foods are responsible for weight-gain, and as such can lead to several chronic illnesses, daily consumption of starches and fruits is characterizing a great majority of our respondents. Both breakfast and lunch are high carbohydrate meals. The majority of respondents are having sandwich breakfasts (bread, spread, deli meat and vegetables), although eggs and dairy products are also often consumed but always along carbohydrates, while a typical lunch is a vegetable soup followed by a lean meat and potato side dish.

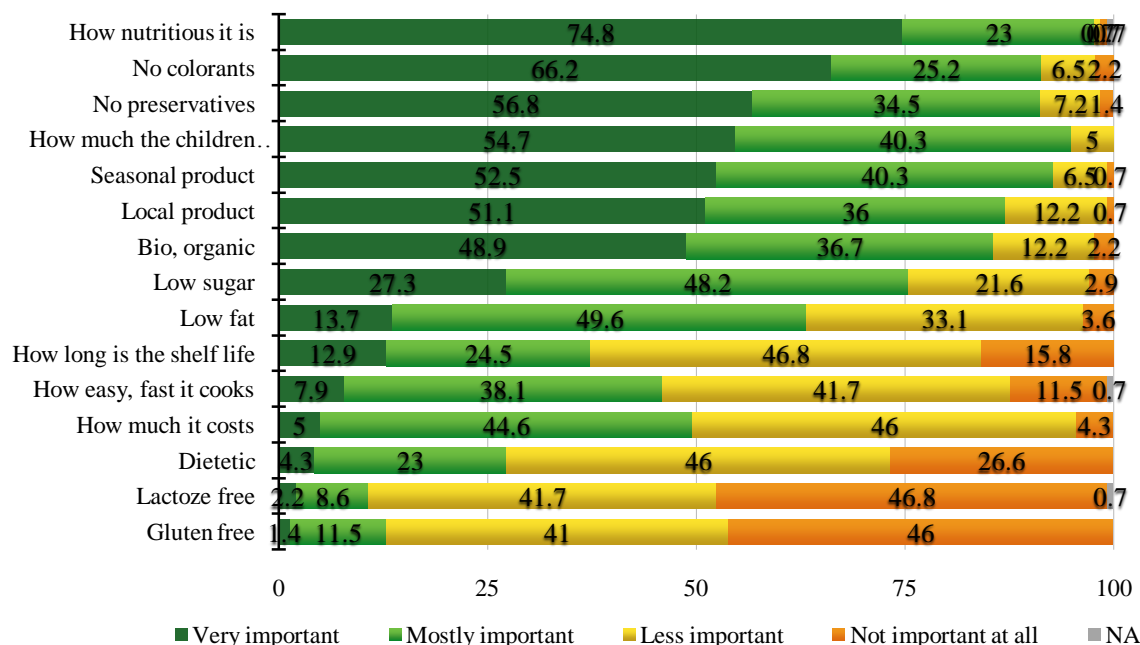
Dietary guidelines¹ are made to help us in following a “balanced diet”, yet in an everyday practice it is often difficult to translate these suggestions into practice (Lobstein and Davis, 2009, Wiggins, 2004). In practice it seems that greater attention is given to the importance of certain aspects of foods such as whether is bio/organic or has no artificial colorants, etc., rather than what

¹Food Pyramid (US-Department of Agriculture, Ireland -Department of Health, etc.), the Eatwell Plate (UK-Food Standards Agency, etc) Okostányér (Recommendation of the MDOSZ - the national association of Hungarian dietitians), Ghid pentru alimentatia sanatoasa (Recommendation of the Ministry of Health)

and how much of each macro nutrients one consumes. While some of these aspects might be unavoidable (ex. someone is lactose intolerant) others are at the decision of the mothers. When it comes to opting for certain foods, some characteristics are compulsory while others are influenced more by personal decisions. If no disease or health condition requests it, conditioning ourselves to certain foods - bio, organic, low fat, low sugar, no preservatives - is a behavior that aims health maintaining, future long term benefits, avoiding sickness, etc.

The graph suggests a complicated decision process that mothers pay attention to. The food has to be nutritious, with no colorants and no preservatives, local and seasonal and organic. To a

Graph 2. Importance of food characteristics



lesser extent it should be low sugar and low fat, easy to prepare and cost little and if anyone in the family is diabetic, gluten or lactose intolerant grocery shopping is even more of a complex decision making process.

Comparing the health consciousness measured in what they consider important with the meals they our respondents seem to follow a mixed diet, where the trends suggested by the mass-media is unquestionably present and low carb and low fat diets are healthy and desirable, while in practice high fat and high carb foods are just as present in the everyday meals.

5. Conclusions and further considerations

Initially we assumed that observing a society where most people have close contact with farming or someone who is farming, food related decisions will be much more simple. We also expected a higher fat consumption, as the traditional Szekler meals especially in a mostly rural environment, are not lacking bacon, sausages, fatty meats, etc.

In Transylvania farming and raising animals is still considered more of a necessity than a career decision. The prestige of working the field or having livestock is not high and very often people continue doing it either by following the footsteps of parents or because they see it as a cheaper food source. While literature shows the lower status of farming and farmers, there is little research on the connection between health consciousness and farming or on how town people relate to/support farming. The health-conscious lifestyle – consuming local, bio, organic, grass-fed, etc. food – is opening a new market for sellers and consumers alike where people don't want to work on a farm but they prefer buying from a trustworthy, reliable farmer. Since 2006 to 2012 the number of firms registered in organic agriculture increased by 4.55 times (Vasile et.al. 2015: 260) suggesting that the organic sector could be a viable option for rural farmers and a new business sector, yet this increasing trend has little or no initiatives in the Székler region. And the impact of industry on the health of the population is even slower to show.

Similarly to Canuscio et al (2014) we found that our respondents are actively engaged with their food environment, which is a dynamic social landscape, where they have their preferred farmers/stores/places to buy their groceries and that depends on several social factors.

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