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Pathways of less healthy diets. An investigation of the everyday food practices of men and women in low income households

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Abstract
Dietary health is a key theme of health policy and public debates on health and inequality. The social gradient in dietary health is evident, but less is known about the processes in everyday life through which less healthy diets are shaped among people with low socio-economic status. In this mixed methods study we recruited 30 men and women living in low income households in Denmark and combined qualitative interviews about household practices with quantitative estimates of the quality of participants’ diets. The qualitative findings show that in general, the participants’ food practices were conditioned by budget restrictions and bundled with other non-food practices in their everyday life, which in most, but not all, cases conflicted with engagement in healthy eating. Only few participants reported feeling able to provide ‘proper foods’ according to their own preferences. We identified five distinct pathways through which food practices were performed. All were structured by distinct life situations which created different ways in which food practices were bundled with other practices. The quantitative estimates of participants’ diets show that none of the participants’ diets categorized as healthy. The combined analysis showed that estimated dietary quality varied between the five pathways, and that the degree of budget restraint and the practice of handling a disease in the household were notably important for the performance of food practices.
Introduction

Social inequality in health continues to be a public health problem throughout the world: the most disadvantaged socio-economic groups are also those suffering the most from poor health (Berg et al., 2021; Mackenbach et al., 2017). In spite of efforts to remedy this, health inequality also characterizes Denmark, a Nordic welfare state with universal healthcare (Brønnum-Hansen et al., 2021). Food and dietary health is one of the key themes of public health policy and debate on inequality (Halkier & Holm, 2021). Many sociological, public health and social epidemiological studies have shown how the healthiness of diets tracks a social gradient, with nutrient-poor diets often correlating with lower socio-economic status (SES). However, we know less about the everyday practices through which these less healthy diets are shaped.

Understanding the context and conditions of food consumption is critical in understanding people's actions and enable us to move beyond the oversimplification presented by the so-called "deficit-model" (Blue et al., 2014). This model explains unhealthy eating in underprivileged groups with reference to lack of skills and knowledge gaps. Some studies have confirmed said deficits, but findings are not consistent across differing contexts and have been contradicted by other studies (Halkier & Holm, 2021). This suggests that we need to pay greater attention to the complex realities in which the social processes of food in everyday life take place.

A number of qualitative studies have investigated the social conditions and meanings involved in the shaping of less healthy diets among people experiencing disadvantage (e.g. Bissell et al., 2016; Knight et al., 2018; Ramos & Truninger, 2021; Warin et al., 2015), but few of them analyze the processes involved in the multiple practices in which food is embedded. Nor do these qualitative studies include estimates of the healthiness of informants’ diets. In this study we therefore adopted a mixed methods approach. The aim was to analyze variations in the healthiness of household diets, and to identify potential associations between bundles of household practices and degrees of dietary healthiness. We combined qualitative in-depth interviews with men and women in low-income households with a short quantitative, validated measure of diet healthiness: the Dietary Quality Score (DQS) (Toft et al., 2007). We used a practice theoretical perspective to analyze and understand food practices and their connections with a broader range of other mundane activities and conditional circumstances. The analytical focus allowed us to explore the pathways through which less healthy diets are shaped among underprivileged groups.

Eating, cooking and shopping in a practice theoretical perspective

In this study we understand eating and food provisioning as a social practice, integrated in the multiplicity of overlapping practices that constitute everyday life (Shove et al., 2012). Eating in a household involves a complex of activities such as shopping, cooking and cleaning, which together create what we refer to as food practices. Food practices are linked to, among other things, family practices, work practices, health practices and budget
handling practices. Food practices and these other practices are not strictly co-dependent of each other, yet they are linked in the spatial and temporal dimensions of everyday life and shape each other (Castelo et al., 2021). Food practices are often ‘bundled’ together with non-food practices and the links between them can work either as collaborations or competitions (Blue et al., 2014). Thus, budget handling practices and family practices can, as an example, compete or collaborate with health practices around food.

A practice is a routinized type of behavior consisting of several interconnected elements (Reckwitz, 2002). A food practice, for example, consists of activities (e.g. planning, shopping, provisioning, cooking, eating, cleaning), procedures for how the activities are to be performed, understandings of ‘proper’ conduct and engagement in the practice (Halkier, 2017; Warde, 2005). The activities and procedures in a food practice are conditioned by facilities, logistics, materials, temporalities and competences, as well as by understandings and engagements. Understandings of the ‘proper’ handling and eating of foods may be conditioned by structural conditions and social and cultural identities (Bourdieu, 2004), and regulated by conventions, and shared societal ideas or definitions of eating and cooking, as these are expressed in, for example, discourses of healthy eating or the ideal of the shared family meal (Warde, 2016).

Practice theory focus on patterns of everyday routine and aim to conceptualize the ways in which social life unfolds around the activities people carry out and the configurations through which these are organized (Warde, 2014). They differ in the attention they pay to the social conditions in which practices unfolds. In this paper, we follow an approach which sees practices as relying on pathways that are conditioned by social structures and inequalities, experiences and position in society (Halkier & Holm, 2021).

Materials and methods

Participants

In total 30 informants participated in the study (15 men, 15 women). All of them were recruited by a professional bureau and received a gift card worth €67 as a token of gratitude. The criteria for inclusion were:

- **Low income**, defined as disposable equivalent household income below 50% of the median income in Denmark. The 50% threshold is the most commonly used marker of poverty and low income in Danish research (Ejrnæs et al., 2015). In 2019, 8.6% of the Danish population lived in low income households (Statistics Denmark, 2020).
- **No tertiary education**, defined as education at ISCD levels 5, 6, 7, 8, or manual education providing formal qualifications.
- **Not attending education** at the time of the interview.

The recruitment was designed to introduce variation in household types, including variation in family type, gender, age and place of residence. Details of the participants are given in Table 1.

[Table 1]
All participants gave face-to-face interviews which concluded with a brief series of structured food frequency questions used to measure DQS. Informed consent was obtained from each of the participants, all of whom are anonymized in this study.

**Interviews**

The interviews were conducted by the first author in participants’ homes during the period July 2019 to January 2020. Interviews lasted 45-90 minutes and covered the following themes: Background; Everyday life; Structure of meals; Cooking and facilities; Norms and reflections on food and meals; Understandings of, and reflections on, health; Assessment of financial latitude. A semi-structured interview guide was used, allowing the interview to follow the pace and order of the interviewee’s reflections and narratives (Brinkmann & Kvale, 2018). All interviews were audio recorded and transcribed verbatim.

**Estimates of dietary health**

We employed a shortened version of the DQS (Toft et al., 2007). It is a simple and concise measure focusing on four food components: fruit, vegetables, fish and fats. The shortened version is based on responses to six food frequency questions, resulting in 1–9 scores through which diets can be categorized as “unhealthy” (scores 1–3), “average” which is neither healthy nor unhealthy (4–6), or “healthy” (7–9). Additional questions were presented in the form of single-item measures of the frequency of intake of alcohol beverages, sugar-sweetened beverages, and wholegrain bread.

The DQS questions were put to participants at the end of each interview. As the scores are based on participants’ self-reporting on a limited number of food frequency questions, they are approximate estimations of dietary healthiness. It should be noted that we did not see any participant responses contradicting the narratives about food and eating shared during the qualitative interviews.

**Analytical strategy**

This study was designed to answer the following analytical question: What processes in everyday life shape the food practices and diets of our participants, and how does the healthiness of the participants’ diets relate to these food practices?

We conducted a twofold analysis. First, we analyzed the qualitative interviews, focusing on the food practices reported in them. We identified five distinct pathways by which food practices came to be performed in everyday life. After this, we calculated the DQS for each participant, and then compared the scores for participants grouped by pathways. Through this procedure we allowed everyday practices to be foregrounded in the analysis and linked the identification of pathways to processes rather than results.

The research design and analytical process was broadly abductive (Kennedy & Thornberg, 2018). First, the first author read all of interviews to become familiar with the material. Then all three authors read eight selected interviews in their entirety and discussed
the interpretation of the social processes described in them. These interpretations were used together with the practice theoretical framework to develop a coding book that allowed us to look for the components of food practices: activities, procedures, understandings and engagements; the links between different practices; non-food practices bundled with food practices (bundles of practices); and factors conditioning food practices. The material was content coded in NVivo12.

In the analysis of food practices we looked for patterns in the descriptions of how food practices were performed in the everyday lives of the interviewees. In this step, we identified five ideal-typological (Halkier, 2011) ‘routes’ for food practices and their linkage to other, overlapping, practices and to conditional factors. These pathways, as we call them here, are thus descriptions of different processes that are shaped by the organization and conditions of everyday life, and by links between food practices and non-food practices which may compete or collaborate with aims of providing ‘proper’ and healthy food. The pathways represent different ways of doing food in everyday life. (see Table 2 below).

Results: Pathways to less healthy foods
The study participants were relatively poor. Most were benefit recipients of some kind. Many reported health issues (diseases, disabilities, disorders, mental illnesses) during interviews. The following conditions were reported in one or more interviews: Anxiety disorder; Asperger’s syndrome; Attention deficit disorder; Autism; Auto-immune disorder; Blindness; Borderline personality Disorder; Compulsion neurosis; Depression; Diabetes1; Diabetes2; Fibromyalgia; Long-term effects of thrombosis; Personality Disorder; PTSD; Rachitis; Sclerosis; Side-effects of Gastric Bypass; Social phobia; Spinal conditions. Some interviewees reported that their children had disorders or diseases, namely Autism and Attention deficit disorder.

The responses to the DQS questionnaire showed that the dietary quality among the participants was lower than among the national average. None had a diet that could be categorized as “healthy”, 17 had an “average” diet, and 12 an “unhealthy” diet.1 In the general Danish population 18% of people have been found to have a “healthy” diet, 67% an “average” diet and 16% an “unhealthy” diet. 27% of those who have elementary school as their highest level of education and 22-25% of those who stand outside the labor market have an “unhealthy” diet (Danish Health Authority, 2018).

The conditioning role of budgetary constraint and health problems
Before presenting the pathways two general comments must be made. First, common to all pathways is the conditioning role of economic restrictions and the overlap with budgeting practices. Most of the components of food practices are linked closely to the budgeting practice of the household and budgetary constraint, not surprisingly, conditions the entire mode of food consumption. To differing degrees the low income of the participants conditions the planning, provisioning and shopping for meals, as well as the cooking and eating of them. Participants in this study handle budget restrictions by using strategies
known from earlier research on adaptation to budget pressure and ‘coping strategies’ (Holm et al., 2020; Pfeiffer et al., 2011). These include shopping in discount supermarkets, buying food at reduced prices, giving up branded and special foods, abstaining from foods they are not sure will be eaten within the storage limits, compromising quality and taste, adding cheap ingredients to stretch foods, avoiding food waste, rationing food and limiting adult consumption. All of these strategies are part of the practice of handling budgetary restrictions. Each can potentially compete with the healthiness of food practices. Second, the participants’ financial situations were often linked to health problems. Most of the participants on welfare benefits were unable to work as a result of their own (or their children’s) health problems. Thus, for many participants, most practices of everyday life, including food practices, were bundled with practices facilitating the handling of health problems in the household. This often complicated the provisioning of healthy foods.

While food practices were in all cases bundled with budget practices and in many cases with the practice of handling health problems, they were performed in different ways. We have identified five different pathways of doing food in everyday life under the shared underprivileged conditions. In the next section we present these pathways with the use of illustrative participant cases.

**Pathways**

We identified five distinct pathways of doing food among the interviewees, which are listed and described in Table 2.

**[Table 2]**

The pathways were defined on the basis of the different performances of food practices, as described in the interviews. During the analysis it became clear that the performances were closely linked to the bundles of practices, in which they were integrated temporarily and spatially. Food practices were carried out in the same site and within the same time frame as the non-food practices they are bundled with, and therefore they shape each other. Identifying these bundles of practices thus nuance the understanding of the challenges related to healthy food practices (Castelo et al., 2021).

**Pathway 1: Avoiding chaos through strict planning**

This first pathway is characterized by continual, rigorous planning which is conditioned by budgetary constraint and the need for a highly organized everyday life due to health problems in the household. Food practices are integrated in a process of constantly looking ahead and the doing of healthy foods competes with the practice of handling disease and family practices.

**Conditions:**
All but one of the interviewees who described strictly planned food practices lived in a single-adult household, and all were on unemployment benefits. The case of Eva and her family, illustrates how strictly planned food practices can be performed. Eva’s son (aged 12) is diagnosed with severe autism with externalizing behavior. Eva has sole responsibility for her three children and is unable to work because of her son’s need for constant care and attention.

Procedures and activities:
In order to make ends meet on welfare benefits, Eva had developed strict procedures to constantly plan ahead in order to save money and avoid unexpected expenses: for example, monitoring household energy consumption twice monthly to keep to the budget. Eva’s everyday life is highly organized as well:

Every day at noon, my son comes home and I have to welcome him. Then [yesterday], I baked some rolls and prepared meatballs in curry for dinner. Then I had to look at some paperwork. At 2pm the oldest child came home from school, and I picked the youngest one up an hour later. Then it was as always: I prepared dinner, made lunch boxes, un-packed bags and such. We are very structured because of my son. The days have to look the same.

The son’s disorder conditions most aspects of everyday life in the family. Strict procedures for most components of food practice are necessary: grocery shopping happens once a week during school time and follows a meal plan, and takes place in a large discount supermarket located outside a nearby town in order to save time and money. Food is prepared in advance to minimize time spent on cooking while children are at home. Menus depend on the son’s preferences.

Planning and shopping are performed by monitoring special offers in print commercials, taking account of the foods in stock and considering the needs and tastes of her children. Eva purchases meat on offer and stocks it in her freezer. Eva’s son is very choosy with food, which is common among children with Autism, and so is his youngest sister. Eva describes this as “a bit of a battle at times”, because she would like her family to share meals and to serve healthy varied foods. She finds it difficult to get her children to eat salad, but she insists that her children eat potatoes and vegetables along with the meat. Eva distinguishes between “everyday food” and “weekend food”. Weekend food is inspired by fast-food dishes (pizza, burger and tacos), whereas everyday food is “traditional Danish food” (meatballs in curry, meatballs and potatoes, pasta Bolognese). Eva reports never eating fish or vegetable-based dishes and the family consumes relatively few vegetables.

Understandings and engagements:
Eva is engaged in the sharing of family dinner. In the following remarks, she expresses her understanding of a good meal and ‘proper’ family practice:

Interviewer: You said before that it’s important for you that you eat all together?
Yes. That’s when we sit together and talk and have a nice time. It’s probably something I have taken with me from home. It was like that in my childhood, and I think it’s a really good thing to do as a family. But it can be difficult. In particular with my oldest [with autism]. Sometimes he has a problem with his sister, so when he has bad days he has to eat in his room. But most days, I like us all to sit here and eat. If we have guests, he eats in his room as well.

Eva understands the provision of healthy foods as an important part of her parental responsibility, and she has many competences in cooking and running the home. Yet her responses to the DQS questionnaire categorize her diet as “unhealthy”. Eva invests time and energy in being a good parent and nurturing her children. It is common for her and the other participants who describe following a pathway of strictly planned food practices to show that they find the nutritional value and healthiness of food important, and to mention this spontaneously during interviews. At the same time, half of them have an unhealthy diet, according to DQS.

Bundles of practices:
There is a contrast between, on the one hand, the constant planning that enables Eva to shop, prepare and cook in accordance with the needs of her family, her economic conditions and her understanding of her parental responsibility, and, on the other, the ways in which she orchestrates and eats meals. Her understanding and engagement conflict with how she performs eating. Food practices in Eva’s household is bundled with the practice of handling a disorder (preventing negative reactions and handling symptoms), family practices and budget handling practices. As the only provider in the household, Eva has a particularly strict budget and as the only parent she has to prioritize family wellbeing over her ideal food practice. The disconnection between understanding, engagement and practice creates frustration. In Eva’s experience, the healthiness of her family’s diet and the “normality” of mealtime situations are challenged by her son’s developmental disorder. The same experience was described in the interviews with Thomas and Sanne, whose children were also diagnosed with developmental disorders.

Pathway 2: Negotiating with pragmatism
This pathway is characterized by active engagement in healthy eating and lifestyle change, which is pragmatically negotiated within the possibilities and barriers presented in everyday life. Here, the doing of healthy foods competes with time constraints, family practice, and budgeting practice.

Conditions:
This pathway was described in interviews with participants who had decided to eat more healthily for the sake of their own or their children’s health. Most of these participants were in employment. Simon is a single father with two children (aged 11 and 4), one living with him permanently and the other part time. Simon was diagnosed with diabetes when young. With this condition, he avoids alcohol and sugar and ensured that he eats healthy food.
regularly during the day. Simon works as an unskilled labourer in construction and the tight time schedule of his everyday life affects his food practices.

Activities and procedures:
Simon reported that when his youngest daughter stays with him, his long working days are a challenge. Her day care is located far away from his home, and they need to leave the apartment before 6am in the morning. In the afternoon, picking up his daughter takes up a lot of time: “It’s almost 6pm when we’re back home, and then I need to cook and such. I could use a couple of hours more in such a day”, he says. He continues:

Food does not always end up being strictly by the book [laughs]: “Would you like French fries?” – it’s easy just putting them in the oven. I feel terrible when I provide my children such foods, because I just know it’s not good for them. But sometimes it’s really easy and they're happy and satisfied.

In these comments, Simon express a clear understanding that healthy and nutritious food is preferable. Further, he sees serving such food as a parental task – one that he does not always live up to. He explains this by pointing out that parental care also includes spending time with his kids during the day, and that, as a result of his work schedule and family situation, he feels that he sometimes has to compromise.

In addition to time constraints, Simon is facing constraints of affordability. He reported not always being able to purchase the healthy foods that his oldest daughter had expressed an interest in eating. He uses several procedures to keep within his limited food budget: shopping for fruit and vegetables in one discount supermarket, where he finds the quality higher and the shelf-life longer, and buying meat and other foods in another discount supermarket where prices are lower. He purchases foods a couple of times each week and attempts to empty his fridge before purchasing more. Emptying the fridge before shopping again is a food-waste reducing activity which also has the advantage of making it easier to plan. Simon often waits as long as possible to shop in order to lower the risk of buying something he does not need. He reports that he sometimes buys candy for his children and treat-foods for himself.

Understanding and engagements:
“Most days, we eat well”, says Simon. In his judgement, his oldest daughter needs to eat more vegetables and more healthily. He is concerned about her weight, and he wants to counter the risk of overweight. For that reason, he makes an extra effort to serve healthy food – especially when the youngest daughter is not staying with them. Simon’s engagement in providing healthy food is also challenged by the different needs of his children: the little daughter needs fatty foods, the oldest needs less fatty foods. Simon is confident in his way of handling the need for more healthy food in his household. In the interview, he talks about the challenges of meeting family, food and health needs in a pragmatic and resolved tone. He dislikes not meeting his own standards as regarding healthy food, but appears to accept the ways in which food practice is in fact performed in his household.
Bundles of practices:
According to the DQS, Simon has an “average” diet. All but one of the other participants on this pathway also had “average” diets. Despite Simon’s engagement in healthy eating, food practice, budgeting practice, family practice and health practice compete, because they are all bundled together and conditioned by the structure and constraints of everyday life. Challenges in the coordination of daily time rhythms, the sharing of family meals, and cooking, were also reported by other employed participants in this study. A strict budget is a conditioning food practices for Simon as well as for others, but his budgetary constraints are less tight compared to Eva’s, and therefore the practice of handling a budget is bundled with food practices in a less tight knot.

Pathway 3: Temporary frugality
In the third pathway budgetary restrictions conditioning food practices are (mostly) the product of life choices made by participants themselves. Food practices in this pathway collaborate with other practices in everyday life, and food practices are reported to reflect engagements in healthier foods.

Conditions:
This pathway was mainly described by interviewees who had reduced their food budget for a period of time in order to reach a goal: for example, saving money for a wedding, or to start a business. We take the food practice of Tom, in his early twenties, as an illustrative case. Tom works part-time as unskilled worker at a day care center, and as a DJ. He do not find it difficult to eat properly, he told us, although sometimes he come home late, after working and making music, and that did represent a challenge for grocery shopping and cooking.

Procedures and activities:
Tom make an effort to avoid expensive convenience and take-away foods. He has various procedures for coping with economic constraints while still eating well and having a busy life: he shops for groceries regularly, so cooking is always an option. He cooks large portions to cater both for dinner and for lunch next day, and eats filling breakfasts.

Understandings and engagements:
Tom understands ‘proper food’ as something nutritious, satisfying, prepared and hot. He is engaged in efforts to incorporate more vegetables in his diet and to eat well and healthily.

Bundles of practices:
Tom’s food practice is bundled with health practice, as well as budgeting practice, and in his case these collaborate with his engagement in healthy eating, as they keep him from eating expensive fast food. According to the DQS, Tom has an “average” diet, as did all of the
participants who described food practices following this pathway. Everyday life for these participants appeared to be manageable and aligned with a life situation they felt suited be suitable for them at present time. This finding is in line with earlier studies suggesting that those feeling in control over their own life situation experience economic constraint less taxing than those facing financial uncertainty (Ditlevsen & Nielsen, 2016; Nielsen & Holm, 2016).

Pathway 4: Handling fragility
In the fourth pathway food activities are defined by what is considered feasible. They are conditioned by a financial situation experienced as fragile. Food practices are performed while the individual also handles more pressing issues, and as a result understandings, engagements and ideals are “put aside”.

Conditions:
The participants whom we analyze as following this pathway were all unemployed and on welfare benefits. Their continuing reception of benefits was dependent on attendance at meetings with the authorities and various kinds of rehabilitation programs. Several of the participants were not able to work under ordinary conditions and reported having severe mental disorders and physical illnesses. The case of Jon is illustrative. He is in his late thirties, suffers from a mental disorder and lives with his wife in a small rural house. Jon experiences his family’s financial situation as “a disaster”, because, as a result of his wife’s legal duty to support him with her low-paid job, he receives reduced welfare benefits. At the time of the interview, the situation is temporarily improving, but the couple still have unpaid bills pending. Jon experiences his financial situation as insecure and easily derailed.

Procedures and activities:
Jon’s mental disorder structures his everyday life. The day before the interview, he had got up at 2pm because he has problems sleeping. He skipped breakfast and lunch: “Most often, I only eat dinner”. Jon took medication upon waking up, which impaired his appetite. His partner worked late, and often they did not have dinner until 9pm.

Jon likes to cook and made chili con carne and ciabatta bread for dinner the day before the interview. His chili con carne consisted of onions, meat, canned tomato, beans, chickpeas and corn and seasoning. He does most of the cooking and grocery shopping for the household. He uses price-reducing procedures when shopping: looking for, and planning meals around, special offers, shopping in discount supermarkets, giving up special foods and compromising on quality and health. In the following interview excerpt, Jon tells about purchasing food in the supermarket:

Well, when one has to choose between the minced meat with the low content of fat and the meat with high fat content, the fatty meat is cheaper. Sometimes it is cheaper by [1,5 Euro]. That is a lot, I think. And also canned tomato – we usually buy the cheapest we can find, chopped or skinned, with or without spice. Luckily, in [discount supermarket] one can always find canned beans and chickpeas at a very low price.
Jon goes on to explain that satisfying one’s hunger by eating vegetables is more expensive than doing so by eating meat, and that therefore the price of a meal based on vegetables is higher than one based on meat.

Understandings and engagements:
Jon express engagement in cooking and eating, but very often price is the factor determining the products he can eat, no matter his preferences in terms of quality, taste and nutritional value. He experiences limited financial latitude, and thus lacked freedom of choice. Jon experiences his life as being on hold because of his financial situation. This also reflects on his engagement in dietary change, as we can see below:

**Jon:** We do not eat very healthily in this house. There is probably too much soft drinks and candy. But it is not something I am going to change now.

**Interviewer:** Have you talked about changing it?

**Jon:** Yes, we have. But we are not there yet [laughs]. You need to change your eating habits entirely. That requires adjustment and time. […] It is not a small thing to change something in your life. People who advise me to live healthier do not always remember that.

Jon understands how to eat healthily and knows what changes in his food practice he is supposed to make. He drinks sugar-sweetened beverages every day. He is aware this is an unhealthy habit. He does not feel able, however, to make substantial changes in his food consumption as he understands the changes requiring additional reserves of energy.

Bundles of practices:
Jon’s food practice is bundled with budgeting practice and the practice of handling disorder. In the overlap, they compete when it comes to doing healthy foods. Jon’s budget is as restricted as Eva’s and the budgeting practice is therefore omnipresent in his food practices. In contrast to Eva, Jon’s food practices are not bundled with family practices and his procedures and activities are not strictly structured in the same manner. Jon describes how the pricing of food determines whether or not he is able to eat healthily, a mechanism well described by public health research (Halkier & Holm, 2021). Energy-dense but nutrient poor foods are cheaper per energy-unit than low-energy, nutrient rich foods, and Jon has to make economically rational food choices in order to make ends meet. According to the DQS, Jon eats an “average” diet. Half of the participants following this pathway had diets categorized as “unhealthy”, and half as “average”.

**Pathway 5: Accommodating fluid lives**
This pathway, the last of the five, is characterized by a high degree of fluidity in everyday practices. This conditions food activities. Food practices following this pathway are not integrated with the conventional structures of everyday life, and procedures for food activities appear to be lacking. Understandings of, and engagements in, ‘proper’ and healthy
foods are not always connected with actual food activities. This pathway is integral to an everyday life in which the doing of healthy foods competes with the practice of handling health conditions and budgeting practice.

Conditions:
All of the participants who described fluid food practices suffered from mental illnesses or disorders, and most lived alone. Tine's case illustrates food practices following this pathway. She is in her late twenties and lives in a large city. She reported being in a mandatory program which aims to build her resources and assist her to enter the job market. Her relationship with the benefit system is conflictual and frustrating. Some months before the interview Tine’s benefits had been reduced. She had then experienced not being able to afford enough food. This had generated a habit of skipping meals, she tells. For a period she often went hungry and went to sleep with a stomachache.

Procedures and activities:
The structure of Tine's meals seems to fluctuate, and procedures for shopping, cooking and even (partly) eating are hard to identify in the interview. Like Tine, the other participants following this pathway reports not always being able to stretch their money to the end of the month. They either lacks procedures for coping with the restricted budget or have difficulties executing a coping strategy. The absence of conventional meal structure is also common among this group.

Tine did mention some procedures. She volunteered in a charity shop, where the others took turns bringing in cake. In the following interview extract, Tine talks about her lunch procedure of either skipping meals and just eat free cake or indulging herself with pricy convenience foods:

I do often not bring anything for lunch [at the charity shop], but sometimes I feel like treating myself. It is a bit rough on my budget, but sometimes I go to a sandwich and salad shop and buy a salmon salad, if I feel like having lunch. Otherwise I’ll wait for coffee, it’s typically coffee and cake grandmother style […] Sometimes cake is all the food I’ll get.

Tine’s description of her food activities the day before the interview reflects a fluid meal structure. She had skipped breakfast and only eaten a handful of blueberries before eating a meal in the afternoon. She had gone by bus to buy a meal at a popular fast food restaurant and had brought home French fries and luxury chicken nuggets. Besides two canned soft drinks and a chocolate bar, she did not eat anything else that day.

The last time Tine went grocery shopping, she went to a supermarket. She had planned the activity in advance:

Tine: I shopped for a melon salad and cheese for a potato pizza. I also bought some meat to eat with potato and sauce and an avocado.

Interviewer: Had you planned to make the melon salad in advance?
Tine: Yes, I had. I had both the melon and some feta and thought I would make a salad out of it.

Interviewer: Did you make the salad?

Tine: [laughs] No, I actually didn’t make it. So I still have the ingredients and have to use them soon. Something else just came up.

[...]

Interviewer: Can you describe how you made the potato pizza?

Tine: Here comes the embarrassing part. That was also one of these things – it was not made either.

In telling this story, Tine describes how cooking was planned but not performed.

Understandings and engagements:
Tine’s food choices and cooking plans signal both cooking skills and an awareness of contemporary food trends, but often her understandings, engagements and plans are not followed through with actual activities.

Bundles of practices:
Tines food practices are clearly entangled in her financial restrictions, and integrated in a fluid everyday life conditioned by a precarious income situation and maybe the practice of handling a mental health problem, although this was not specified in the interview. Tine talks a lot about healthiness, and she understands ‘proper meals’ to be healthy as well as tasty. It is unclear, however, whether her health practice is in fact bundled with her food practice, because she hardly reports cooking activities or procedures for cooking, shopping or eating. Among the participants who we analyzed as following this pathway, Tine and one other have an “average” diet. Two others have an “unhealthy” diet. All have a very strict budget and even though their food practices are bundled with the practice of keeping the budget and handling disorders, the precariousness of their conditions appears to be the most striking distinctive feature of this pathway.

Healthiness of diets and pathways
The diets of all the participants’ were either “unhealthy” or “average”. The food frequency questions included in the DQS measure highlighted the fact that participants consumed vegetables infrequently. The additional food frequency questions revealed that, of the 30 in total, 21 only consumed wholegrain bread three times a week or less frequently; 11 drank sugar-sweetened beverages every day and 10 did so every week. We also learned that only a few of the participants ever drank alcoholic beverages. With the exception of the alcohol result, these data confirm that participants’ diets were not categorizable as healthy.
Still, the participants’ dietary quality scores varied. The question is whether, and how, these variations relate to the pathways. From Table 3 we can see that there is no simple relationship between the pathway of food practices and the healthiness of diets, but we can identify a slight tendency for scores to group differently between the pathways. In the pathways Avoiding chaos through strict planning, Handling fragility and Accommodating fluid lives, half of the participants have “unhealthy” diets. In the pathway Negotiating with pragmatism the corresponding figure is one fifth. In the pathway Temporary frugality none have “unhealthy” diets.

[Table 3]

The table indicates that the three pathways with more unhealthy diets were characterized by competition between healthy food activities and disease-handling practices and family practices. Further, these pathways were also conditioned by the strictest budgets. Pathways with more average and fewer unhealthy diets were characterized either by collaboration between healthy food activities and budget practices, or by less budget pressure, which made compromises between healthy food activities and other practices more achievable. These results suggest that how budgeting practices link to other specific practices in conditioned everyday lives may be decisive for degrees of healthiness of diets.²

Discussion and conclusion

The present study highlights pathways of food practices through which unhealthy diets are linked to living under disadvantaged conditions. With the identification and definition of five distinct pathways, we have shown that it is not only the socio-economic conditions of disadvantage that shape diets, but also the different ways in which food practices are overlapping with other practices. Three pathways appear to be associated more often with unhealthy diets, and the other two pathways less so.

Challenging the “deficit model's” explanation of disadvantaged people’s unhealthy diets (Blue et al., 2014), our study did not find that lack of knowledge or skills was the main problem for the interviewed participants. Rather, we found that food practices following the first three pathways (Avoiding chaos through strict planning, Negotiating with pragmatism, and Temporary frugality) mirrored ordinary norms and concerns about ‘proper foods’, ‘proper meals’ and healthy eating that the participants felt more or less able to comply with. In the fourth and fifth pathways (Handling fragility and Accommodating fluid lives) food practices did not center on the conventions of ‘proper’ food and healthy eating in the same manner. In these pathways, the experience of fragility and insecurity, together with the need to manage disorders, left little or no room for adapting food practices to the conventions of ‘proper food’.

This highlights one of the more notable findings of the study: the prevalence of physical and mental health problems among participants, and the connected importance
hereof for everyday life conditions and food practices. To our knowledge this has not been highlighted before in the literature on food and social inequality.

None of the participants in the study reported a diet which we could categorize as “healthy”. The way, and the degree to which, diets were less healthy appeared to depend on a) how strict the budgets were, and b) whether food practices were also bundled with the practice of handling illness. The combination of these two factors affected a household’s ability to adapt food practices to understandings of ‘proper’ foods and eating, and to conventions of, and potential engagement in, healthy eating. The handling of a disease or disorder (the participant’s own or their child’s) is often conditional for the financial situation and the organization of everyday life, but participants suffering from mental disorders themselves appear to meet the greatest challenges in terms of creating sustainable food practices which enable them to keep within their restricted budgets. One aspect which sets the pathway Avoiding chaos by strict planning apart is the elaborate procedures that those on this pathway put in place to provide ‘proper food’ while remaining on budget. Whereas participants who follow this pathway are able to support a household on welfare benefits, and to stretch the money to the end of the month (albeit not providing a healthy diet), the strict planning that this entails appears to be almost impossible to keep up with for participants who experience severe social and economic insecurity, or who are themselves diagnosed with mental disorders. These obstacles are often encountered by participants following the pathways Handling fragility and Accommodating fluid lives.

The three pathways most strongly associated with unhealthy diets are also those characterized by persistent and severe budgetary pressure. The participants we identified as following these three pathways were all on unemployment benefits, which implies that their incomes were, as a general rule, smaller and less stable than those of people in employment. Further, many of them were living in single parent households. Even in a rich country such as Denmark, such households are known to be at greater risk of food poverty and food insecurity (Lund et al., 2018; O’Connell & Brannen, 2021).

In this study, we applied a quantitative measure to a qualitative design in order to estimate the dietary healthiness of the interviewees. Using the DQS, we were able to see and illustrate that variations in food practices, as described by the five pathways, do seem to matter for the healthiness of diets. Our results suggest that mixed-method designs can contribute specificity and nuance to the scientific understanding of the context and conditions of food consumption and offer a viable methodology for future research into the social dynamics of inequalities in dietary health.

Notes:
1 One participant who could not answer all of the DQS food frequency questions.
2 There is a need for more research exploring this suggested relationship.
3 In contrast, most participants we identified as following the pathways Negotiating with pragmatism and Temporary frugality had an income based on salaries, not welfare benefits.
References


Ramos, V., & Truninger, M. (2021). Food poverty and informal network support in a changing Portuguese rural area. Sociologia Ruralis, n/a(n/a).


Table 1. Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Source of income</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simon</td>
<td>[36-40]</td>
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<td>Single parent</td>
</tr>
<tr>
<td>Lone</td>
<td>[45-50]</td>
<td>Disability pension</td>
<td>Single parent</td>
</tr>
<tr>
<td>Vivi</td>
<td>[61-65]</td>
<td>Welfare benefits</td>
<td>Living alone</td>
</tr>
<tr>
<td>Bitten</td>
<td>[56-60]</td>
<td>Welfare benefits</td>
<td>Living alone</td>
</tr>
<tr>
<td>Ahmed</td>
<td>[41-45]</td>
<td>Salary</td>
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<tr>
<td>Lars</td>
<td>[51-55]</td>
<td>Salary</td>
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</tr>
<tr>
<td>Lene</td>
<td>[51-55]</td>
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<td>Married/living with partner</td>
</tr>
<tr>
<td>Ditte</td>
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</tr>
<tr>
<td>Niklas</td>
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<td>Salary</td>
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</tr>
<tr>
<td>Jon</td>
<td>[36-40]</td>
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<td>Married/living with partner</td>
</tr>
<tr>
<td>Ina</td>
<td>[26-30]</td>
<td>Disability pension</td>
<td>Married w. children</td>
</tr>
<tr>
<td>Peter</td>
<td>[31-35]</td>
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</tr>
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<tr>
<td>Birgit</td>
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<td>Thomas</td>
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</tr>
<tr>
<td>Maria</td>
<td>[26-30]</td>
<td>Sickness benefit</td>
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</tr>
<tr>
<td>Inge</td>
<td>[36-40]</td>
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</tr>
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<td>Eva</td>
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<td>Lasse</td>
<td>[36-40]</td>
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<td>Married w. children</td>
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<tr>
<td>Peter</td>
<td>[26-30]</td>
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<td>Married w. children</td>
</tr>
<tr>
<td>Hasse</td>
<td>[36-40]</td>
<td>Disability pension</td>
<td>Married w. children</td>
</tr>
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</table>
Table 2. The five pathways and their distinctive features

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Distinctive dimensions of food practices</th>
</tr>
</thead>
</table>
| **Avoiding chaos through strict planning** | - Food activities are strictly planned  
- Procedures are shaped by the need for a highly organized everyday life and for constant forward planning  
- Doing healthier food competes with family practice and the practice of handling a health issue in the household |
Table 3. Pathways and DQS

<table>
<thead>
<tr>
<th>Pathway</th>
<th>DQS</th>
</tr>
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<tbody>
<tr>
<td>Avoiding chaos through strict planning</td>
<td>2;3;3;4;4;5</td>
</tr>
<tr>
<td>Negotiating with pragmatism</td>
<td>2;4;4;4;6</td>
</tr>
<tr>
<td>Temporary frugality</td>
<td>4;4;5;5;6</td>
</tr>
<tr>
<td>Handling fragility</td>
<td>1;2;3;4;5;5</td>
</tr>
<tr>
<td>Accommodating fluid lives</td>
<td>2;3;4;6</td>
</tr>
</tbody>
</table>

*Three participants are not included in this count: Aage’s (DQS:3) and Lone’s (DQS: 2) food practices cannot be characterized as following a pathway, and we could not calculate a DQS for Mogens.

** 1-3 = “unhealthy”; 4-6 = “average”; 7-9 = “healthy”.