Research review

Building a framework for theory-based ethnographies for studying intergenerational family food practices

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Abstract

The growing rates of (childhood) obesity worldwide are a source for concern for health professionals, policymakers, and researchers. The increasing prevalence of associated diseases—such as diabetes, cardiovascular diseases, and psychological problems—shows the impact of obesity on people’s health, already from a young age. In turn, these problems have obvious consequences for the health care system, including higher costs. However, the treatment of obesity has proven to be difficult, which makes prevention an important goal. In this study, we focus on food practices, one of the determinants of obesity.

In recent years, it has become increasingly clear that interventions designed to encourage healthy eating of children and their families are not having the desired impact, especially among groups with a lower socioeconomic background (SEB). To understand why interventions fail to have an impact, we need to study the embedded social and cultural constructions of families. We argue that we need more than just decision-making theories to understand this cultural embeddedness, and to determine what cultural and social factors influence the decision-making process. By allowing families to explain their cultural background, their capabilities, and their opportunities, we will gain new insights into how families choose what they eat from a complex set of food choices. We have thus chosen to build a framework based on Sen’s capability approach and the theory of cultural schemas. This framework, together with a holistic ethnographic research approach, can help us better understand what drives the food choices made in families. The framework is built to serve as a starting point for ethnographic research on food choice in families, and could contribute to the development of interventions that are embedded in the cultural realities of the targeted groups.

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1. Introduction

In recent decades, the growth in rates of obesity has become a cause for concern. Especially after the release of the report Obesity:
preventing and managing the global epidemic by the World Health Organisation (World Health Organization, 2000), much attention has been paid to the rapid rise in the numbers of people who are obese in both the developed and the developing world (Parikh et al., 2007).

In general, the bio-medical approach attributes the rapid increase in the number of people with overweight and obesity to an increase in food choices, to the quantity and the quality of the food produced, and to a decrease in daily exercise (de Vries, 2007). More implicitly, obesity is considered to be the result of rational choices about nutrition and exercise (Thomas, Olds, Pettigrew, Randle, & Lewis, 2014; de Vries, 2007). As a result, obesity and overweight have become highly medicalised, and framed in terms of measurements and interventions which mostly focus on medical outcomes, such as a decrease in BMI, and in the prevalence of associated diseases and other mono-dimensional health outcomes. Health professionals, the media, and policy actors now portray obesity as being out of control and threatening (Craig, 2009; Gracia-Arnaiz, 2010; Moffat, 2010). But defining obesity as an epidemic is too narrow, as framing overweight and obesity in this way does not reflect social and cultural influences, and the implications of these influences.

A range of social and cultural disciplines have investigated the context and the environment in which overweight and obesity develop. These studies especially highlighted the link between food and obesity (Kauffman & Karpati, 2007) and showed food choice is one of the most complex factors which contributes to the development of obesity (Mela, 2001). Thus, in our paper, we have chosen to study obesity issues in context by focusing on the multidimensionality of valued food choice.

The use of the framework can provide us with insights into health behaviour (in relation to overweight/obesity), the context and the capabilities of individuals, and the need for the development of food behaviour prevention/intervention programs. While the effects of interventions have been studied, there is little research on the perceived need for interventions within society. To ensure that the interventions are useful and have an impact on the individuals for whom they are designed, it is important to frame, contextualise, and interpret the perspective of the people (i.e., the emic perspective) regarding food, overweight, and obesity (Antin & Hunt, 2012). This approach will improve the chances that these interventions will meet the needs of the program participants, and not just the needs of external parties (de Vries, 2007).

2. Background

Currently, 35 percent of adults worldwide (aged 20 and over) are overweight, and 11 percent are obese (World Health Organization, 2014). Studies on the latest trends in obesity show an increase in the share of overweight and obese people in cohorts born since the 1950s (Parikh et al., 2007). Some studies have also provided evidence that particularly in families with a low socioeconomic background (SEB), multiple family members may be obese, as these families tend to consume foods of poor nutritional quality (Wang & Lobstein, 2006). Among younger age groups, health organisations have also found that overweight and obesity are growing rapidly (Onis, Blössner, & Borghi, 2010). There is also evidence that individuals who are obese early in life face psychosocial development problems, as well as a higher risk of having...
difficulties with body weight later in life (Daniels, 2006; Power, Lake, & Cole, 1997). It is essential that we start listening to the perspectives of young children, because it is only through the inclusion of the voices of children that we can recognise their role in the family. Although the latest reports from some countries indicate that there has been a slow levelling off of overweight and obesity trends (e.g., the Netherlands) (de Wilde, Verkerk, & Middelkoop, 2013), concerns remain, especially for families of lower socioeconomic status. Some studies have shown that having a low SEB is an individual characteristic that influences a person’s access to resources and knowledge of nutrition and health, and thus his or her food choices (Lallukka et al., 2010). Other studies have found that the differences in dietary patterns are related to families’ characteristics: e.g., that families with a high SEB tend to select more healthy foods, but eat less traditionally healthy foods, such as potatoes and bread; and that the behaviour of families with children with a higher SEB is more likely to be in line with the dietary guidelines (Patrick & Nicklas, 2005; Roos et al., 1998). Studies have also shown that families with a lower SEB have family meals—which are positively associated with healthier diets—on a less frequent basis (Neumark-Sztainer, Hannan, Story, Croll, & Perry, 2003). Therefore, we focus on families with a low socioeconomic background. The literature further suggests that in practice, medical interventions often fail to have the intended impact, especially among lower SEB groups (Bemelmans, Wendel-Vos, Bos, Schuit, & Tijhuis, 2004; Busch & Schrijvers, 2010). Community intervention programmes, such as the EPODE (Borys et al., 2012) and the JOGG (van Koperen & Seidell, 2010), have shown significant reductions in the prevalence of overweight among children (as assessed by BMI), but again this effect did not reach the lower SEB groups (Borys et al., 2013). It is possible that these programmes are having little effect because they were developed from an etic perspective (i.e., from an outsider’s perspective; here, the medical world) and are not embedded in the local context and culture. Other scholars have observed that these (community) intervention programmes tend to have a top-down approach, and fail to involve the people for whom the intervention is designed (Dwarsraaard, van Egmond, Janssen, & Putters, 2009). Because social and cultural schemas are often at odds with dietary guidelines, and because the meaning of food can interfere with the healthiness of food, it is difficult to increase awareness of nutrition among people (Mol, 2007; Sobal & Bisogni, 2009; Sobal, 2001), and thus bring about behavioural changes. We therefore need a holistic approach for studying food choice and interventions in food choice that 1) acknowledges the social and cultural context of families; 2) takes into account the importance of family and intergenerational roles; and 3) considers the perspectives of the children and their caretakers, and the functionings and capabilities they aspire to themselves.

Though decision-making models, such as the theory of planned behaviour (Ajzen, 1991), give relevant insights into food behaviour, studies often focus on a particular (single) behaviour. Making food choices involves decision-making processes from different perspectives which go beyond the question of whether a food product is healthy or unhealthy. In order to understand the complexity of food choices, these perspectives must be taken into account (Murcott, 2002). Unlike the theory of planned behaviour (Ajzen, 1991), Sen’s capability approach examines not only choices, but also explores, from a development and well-being perspective, the multidimensional nature of food patterns and food choices (Alkire, 2005). Sen’s capability approach is a contextual theory, and is therefore connected to a specific cultural meaning system. The concepts of the capability approach are thus influenced by cultural schemas.

Based on the assumption that these concepts are shaped both within individuals, and in the socio-cultural context of families, these frameworks together generate a holistic approach.

2.1. Food choice and Sen’s capability approach

Originally developed as an economic theory, the scope of the capability approach was slowly extended from economics to other disciplines. Sen developed the theory as an alternative to measuring inequality and well-being using concepts of income, resources, or utility. According to Sen, the alternatives to measuring inequality include measuring the following: physical and biological differences, differences in living environment, differences in social context, differences in the need for social contact, and differences within families (family roles). He also advocated looking at how these differences contribute to inequalities in opportunity, agency, and capability (in making food choices) (Deneulin & McGregor, 2010). Therefore, Sen suggested using the concepts of capabilities and functionings to interpret well-being and opportunities in life (Chiappero-Martineti & Venkatapuram, 2014; Sen, 1999). The aim of Sen’s capability approach is to identify the possibilities of and the restrictions on people’s well-being by studying the details of people’s perceptions of the mechanisms which influence their freedom, as well as of their opportunities to achieve valuable functionings, in order to understand the complexity of food choices, and fathers and grandparents may prefer to have a tasty meal, mothers may want to make healthy and nutritious food choices, and fathers and grandparents may prefer to have traditional food. In addition, people must be capable of achieving their valuable beings and doings. The capabilities of people are described as —knowledge, competencies, psychosocial dispositions or embodiment of cultural capital as habitus, as well as nonhuman resources such as economic capital and social power (Grundmann & Dravenau, 2010). These capabilities need be used by individuals to increase their freedom of opportunity and achieve the functionings they consider valuable. But capabilities alone are not sufficient for taking advantage of personal and social resources, unless they are accompanied by agency, which allows a person to use his or her capabilities in various contexts. Agency permits people to deliberately choose, pursue, and reach the functionings they desire and need (Khan, 2011). Khan (2011) also argued that people need information pluralism to create schemes of their own which allow everyone to choose their optimal states of well-being (see also Balsera, 2014). When a person is not capable of assessing his or her own capabilities (for example, a young child), agency can be less important, to the extent that not having agency does not compromise his or her achievement of well-being. Personal agency is often related to the agency of caregivers. Family members might thus vary in their perceptions of their degree of freedom and their agency opportunities within that freedom: e.g., parents may seek to please their children; children may comply with or defy the wishes of their parents; and grandparents, who often have a special
Endowments and conversion factors are the internal and external factors which enable or hinder a person to make use of certain opportunities and capabilities. Endowments are the amount or resources (things) available to an individual, (..) public goods and services which are all instrumentally creating capabilities. The conversion factors (i.e., personal heterogeneity) are the different personal, social and environmental characteristics of a person, which affect — either in a positive or a negative sense — their ability to effectively access and convert their endowments and external conditions into effective capabilities (i.e., environmental differences, social climate) (Chiappero-Martinetti & Venkatapuram, 2014, p. 711). The differences in conversion factors generate different (or unequal) degrees of freedom in striving for valuable beings and doings (Chiappero-Martinetti & Venkatapuram, 2014).

Thus, the capability approach allows us to study concepts of inequality, which can arise from a specific institutional context or the link between the individual and the institutional context (Oláh & Fahlen, 2013). Sen's observation of capabilities and degrees of agency and freedom vary from individual to individual represents another valuable insight for the theoretical framework. The capability approach allows us to analyse the role of agency and capabilities in negotiations within families, and within and between communities (Balsera, 2014). Moreover, the capability approach does not assert which functioning are universal or — the best. Instead, it posits that each individual should have opportunities to achieve the functionings which are valuable for that person. Sen (1999) argued that every goal and every decision—whether it is about what to cook for dinner or something else—should be focused on improving human development capabilities. While in some families, food—and particularly highly nutritious food—is highly valued, family members may have different perspectives on food choices, and may place greater emphasis on other values. In addition to the cultural and social perceptions surrounding food, the resources (i.e., the availability of tangible and intangible resources, such as knowledge and the access to knowledge) and the opportunities and agency given to children, men, and women (caretakers) in the political and cultural context can affect food choices. Therefore, the concepts of functionings, capabilities, endowments, converting abilities, agency, and perceived freedom are important components of the theoretical framework.

2.2. Food choice and cultural schemas

In general, people function within a cultural meaning system which teaches them about the availability, the normality, and the history of food within their society (Furst, Conners, Bisogni, Sobal, & Falk, 1996). During their early life, people transform this meaning system into cultural schemas, which are based on familiar and pre-acquainted forms of knowledge (Garro, 2000). This process of cultural adaptation is built on the theory of D’Andrade (1981) on cultural schemas. He argued that when an individual rationalises his or her behaviour, he or she uses cultural schemas as directing mechanisms for his behaviour. This schema is defined as generalized collections of knowledge of past experiences which are organized into related knowledge groups and are used to guide our behaviours in familiar situations (Nishida, 2005, p. 401). Thus, while humans enter the world with the need to eat food and survive, the moment at which they enter the world through birth also determines the ways in which they interact with other people, and which cultural schemas shape their responses to food (Caplan, 1997; Lupton, 2005). Families’ resources and choices about how to use their resources are filtered through cultural notions of, for example, parental identity and well-being (Johnson, Sharkey, Dean, Alex McIntosh, & Kubena, 2011); as well as through the meanings assigned to food, histories of food insecurity and poverty, and personal experiences (Kaufman & Karpati, 2007; Wills, Backett-Milburn, Gregory, & Lawton, 2008). The individual cultural schemas are all shaped and conditioned by the broader cultural meaning system. Most individuals are not aware of the cultural schemas that influence their dietary practices (Feunekes, de Graaf, Meyboom, & van Staveren, 1998), because these schemas are part of early life conditioning. People often do not become conscious of these processes until their circumstances or their knowledge changes. Over the course of a life span, the larger cultural meaning system of an individual may not change, but his or her cultural schemas and behavioural directions based on cultural influences can shift. By interacting with external environments, families adapt and transmit beliefs, attitudes, and values, which in turn shape the behaviour of individual family members; a process which is intergenerational in nature (Bruss et al., 2005).

As we seek to understand (childhood) obesity, it is important that we recognise the role culture plays in the negotiation of multiple messages (Bruss et al., 2005; Sobal, 2001). We therefore have to consider the different levels at which we understand culture within the broader cultural meaning system, which is comprised of the shared cultural schemas of individuals. For example, the cultural schemas regarding the child’s role in the family influences the consumption of healthy food in a family. In the framework, we are focusing on the cultural schemas at the individual and the family levels, and how these cultural schemas regarding food (choices) operate across the different generations within a given family.

3. Methods: from theory to framework

By creating an ethnography based on the proposed theoretical concepts, we aim to provide insights into the choice processes related to food and food practices among families in the Netherlands, and then to provide insights into the underlying values and needs people have related to health and overweight.

The theoretical concepts have contributed to our ethnographic research, in which they have been used as sensitising concepts (Bowen, 2006). Sensitising concepts are concepts driven by data, ideas, or concepts from already existing theories and literature, and are used to guide researchers in their reflections on the empirical data (Granbom et al., 2014), and in laying a foundation for the analysis and development of thematic categories drawn from the data (Bowen, 2006). Both through discussion of the theories before the empirical study as well as through discussion of the concepts within the ethnographic fieldwork we created the framework (see Fig. 3).

We created the framework in the design and the analysis of our ethnographic study. The process involved four distinct steps. First, we designed data collection instruments based on the theoretical concepts. Observation and interview guides were developed in line with the themes we gathered from theory. Second, we collected data with the theoretical concepts in mind, but remained open to new empirical and theoretical concepts. Participatory methods, such as observation, in-depth interviews, and photo-elicitation interviews, were used to capture the perspective of the participants. Then, in the analysis, we developed codes from the data while using the theory as a deductive model. At the same time, we allowed for inductive codes to arise from the data, as these codes could provide us with new insights into the participants’ views, and into the theories. These codes were apparent from the case study we present in Fig. 2: e.g., prioritising functionings, the role of the family members, and the definitions of being poor, healthy/
unhealthy. Finally, we returned to the theoretical concepts and framed the data in a theoretical framework (Hennink, Hutter, & Bailey, 2011). The use of the theoretical framework in the process of conducting and writing an ethnography makes the research process more insightful, and it makes the process and thoughts of the researcher and of the participants and the potential stakeholders more transparent. The aim of using this framework is to provide an inclusive and integrated perspective grounded in peoples’ experiences, and to generate output with cultural sensitivity. The roles and the perspectives of the family members (and especially of the children) are considered very important in shaping the content of the decision-making process, and in building the
content of the theoretical framework (the house’). We applied this theory-based ethnography in the region of north-eastern Groningen (the north of the Netherlands) using a fieldwork approach that included (field) observations, interviews, and photo-elicitation interviews with and the anthropometry of children, parents, and grandparents.

4. Synthesis of the theories

Although the theories and concepts we described all contribute to our understanding of food choice (in families), it is through their synthesis that their contributions to the framework become most clear. What people value (valued functionings) is informed by individual cultural schemas, which are often interacting with the larger cultural meaning system. Cultural schemas also play a role in how people perceive their opportunities, their degree of freedom, and their capabilities. Our goal in building this theoretical framework is to move away from the traditional emphasis on the outcomes of behaviour, such as BMI, and to examine concepts relevant to the decision-making process in families from a social and cultural perspective, with a focus on the capabilities (freedom of choice) of families; in our case, to valued food practices. The introduction of Sen’s capability approach shows us that the capabilities and agency of individuals are at optimal levels only if people have the freedom to decide which behaviour they wish to display, can display, and which functionings are important to them. Interventions which seek to influence food choice should therefore be just as concerned with the level of capabilities as with the levels of functionings, freedom, and agency from the perspective of children, parents, and grandparents. Because food-related behaviours are interdependent with other behaviours, the process of choosing food becomes even more important. The following framework shows our synthesis of the theories discussed before (see Fig. 2).

The figure shows the close collaboration between cultural schemas, capabilities, functionings, agency, and freedom at the individual and the meso levels; and that the cultural meaning system plays a role at the macro level. Unfortunately, in every society there are structural inequalities that systematically prevent groups from pursuing their valued functionings and capabilities. These theories look at motivation, capabilities, and freedom from a holistic point of view; i.e., the perspective of the people. This point of view is needed if we wish to understand the perceptions of community members regarding the direction and the coherence of the factors which contribute to food choice.

Cultural schemas represent an indispensable contribution to the study of the decision-making process. An individual’s capability and ability to adopt those cultural schemas and values which are compatible with the position he or she would like to have in the social system can be part of the person’s functionings. For example, a person who feels he or she belongs to a lower class in the social system may feel discouraged from showing his or her direct personal environment. Meanwhile, another person may not feel the need to change, and may fare well with the capabilities and functionings he or she has already developed. Well-being is rooted in social arrangements and personal characteristics, but individuals within a culture are formed by their cultural schemas, which enrich their values and perceptions of freedom (Grundmann & Dravenau, 2010). Furthermore, cultural schemas interact with the way resources are used, and the availability of resources for use in cultural schemas. Thus, cultural schemas which lack resources will be ineffective, and will not contribute to the process of growth (Grundmann & Dravenau, 2010). The combination of resources and cultural schemas can empower a person to develop new impulses and directions if the person is motivated to change or sees a need to change. The theories that make up the essence of our theoretical framework indicate that food choice needs to be considered from a macro to a micro perspective, with individuals being seen as the main decision-makers. Sen’s capability approach and cultural schemas add a focus on the (unequal) distribution of capabilities and opportunities among people, and on how they handle their agency; i.e., on how individuals make sense of and utilise the human and non-human resources and cultural schemas available to them (Grundmann & Dravenau, 2010; Khan, 2011). People also classify themselves and others according to cultural schemas, which may cause them to define themselves as being poor or lower class (Swindle, 2014). We therefore need collect the lived experiences of specific groups in order to understand how people perceive and live their lives (Khan, 2011).

5. A theoretical framework for an ethnography on family food practices

Sen’s capability approach and the cultural schema as described by D’Andrade (1981) constitute the basis of the theoretical framework that we apply in our ethnographic study on family food practices. The framework is built on the decision-making processes in families. In her paper on the use of the capability approach in practice (Robeyns, 2005), stressed the importance of the family as the subject of analysis in research on capabilities and freedom, arguing that the assessment of capabilities in such a context provides us with insights into the distribution of power and agency in a society. Many capabilities are interdependent at the family level, and although all of the members of the family can have their own functionings and capabilities, not all opportunities can be realised or are compatible. For example, a couple who have children may be jointly responsible for making the food choices for their family, but in practice the woman may be left to make the food choices. This will influence the functionings, agency, and capabilities of the other family members. Different families may have different considerations when it comes to making food choices, depending on how compatible the capabilities and agency levels of their members are. Children should be no exception, as they also have a right to establish their capabilities and functionings, although their agency may be shared with that of their parents (Nussbaum & Dixon, 2012).

Fig. 3 shows how the theories have been integrated into a theoretical framework. When looking at the circle, we can see that the surroundings of the house (hold) are shaped by the social and cultural meaning system and the spaces which are negotiated by family members, such as the neighbourhood characteristics and school environment. Then, when we look inside the house, it demonstrates conceptualisations of Sen’s capability approach and D’Andrade’s (1981) cultural schema. The ground floor represents a conceptualisation of cultural schemas, moving into the conceptualisation of Sen’s 16 capability approach (functionings and capabilities, influenced by endowments and conversion factors, freedom, and agency) at the top floor. Although these processes of choice may be more or less automated over the years, changes can occur in the family’s situation which lead to a reconsideration of the food choice process, such as the addition of a new family member or changes in the family’s financial situation. The theoretical framework we developed is designed to support the creation of new theory, and of concepts that refine existing theories, through ethnographic study design and the analysis of the ethnographic data.

6. Conclusion and discussion

In the development of this framework, we chose to include
certain theories. We used Sen’s capability approach and cultural schemas to embed valued food choices in a multidimensional cultural context. This framework, together with an ethnographic approach, can help us better understand what factors drive food choices made in families, and the extent to which they are built on the needs (if any) and the perceptions within the community.

According to our study, in which we used the framework, crucial understandings in the food choice process are: firstly, the different contexts in which the food choice takes place, secondly, the considerations of the role of the different family members in the food choice, with regards to their agency, opportunities and their different valuable functionings and thirdly, the role of the social, cultural, physical and political surroundings in which the food choice of the family is made. These understandings can only be achieved by taking on a holistic approach to a family food choice. Because mostly all family members consider the children to be the focal point of their choices, the analysis of the family food choices revolves around the needs, opportunities and capabilities of the children.

In considering theories, some other valuable theories, which are also important in the process on food choice (or choice in general), have not been included. The choice of the theories and concepts used in the framework, is made from a social cultural perspective and concerns theories which are helpful in explaining the decision-making process. These insights can contribute to the development of interventions which are responsive to the lives people live, including their capabilities, their functionings, beliefs, and cultural backgrounds. In line with a number of other scholars (Shannon, 2014), we believe that if we open up the discussion of the definitions of health and obesity and decisions regarding food choice to address topics beyond those of BMI and the cost of food, we will gain a better understanding of the many ways children and their caretakers define and interact with their food environment, and of how they make optimal choices for themselves and each other. Therefore we need input from multiple disciplines, which consider not only medical, but also economic, political, social and cultural aspects in the food choice of a family. Our findings can contribute to the creation of an intergenerational perspective that includes the voices of

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**Fig. 3.** Theoretical framework on family food choice process, inspired by the capability approach (Sen, 1999) and cultural schemas (D’Andrade, 1981).
children and their caretakers from a holistic perspective, and that can be used in crafting intervention and prevention initiatives.

References


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