

Chapter 11

**IDENTIFYING EATING HABITS IN MULTICULTURAL
SCHOOLS THROUGH FOCUS GROUPS WITH CHILDREN**

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INTRODUCTION

Nutrition or eating habits are not only a biological necessity, but also a social and cultural activity, strongly influenced by peer groups. People make eating an activity that transcends the purely physiological facet, and transform it into a social event (Benarroch, 2013).

When choosing foods to eat, a number of factors are taken into account, for example, availability. This may be influenced by the economy, climate, geography, agricultural production techniques, politics, communication infrastructures, etc. Furthermore, given that eating is a physiological, social and cultural event, other factors will also have an influence, some of them related to physiological needs (e.g., age, sex, etc.), and others related to sociocultural and ideological factors, including traditions, taboos and beliefs, cross-cultural influences, religious convictions, etc. What we eat, our diet as a whole and what we do not eat, i.e., dietary requirements, dislikes or taboos, are indicators of identity and reveal membership of a particular sociocultural group.

Therefore, we should bear in mind that diet helps shape the identity of each social group. As a result, cultural traditions, taboos or beliefs should be taken into consideration. In fact, while there are foods that are ‘off limits’ in our society, they might not be in other countries. This may be the case of insects (which are consumed in Latin America, Asia or Africa), frogs (which are often eaten in Spain, France and Asia, but not in certain European countries or North America) or bats (only eaten in Vietnam), to name just a few. Religion also has a

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bearing on dietary restrictions. For example, Hindus cannot eat beef or any cattle by-products (except for milk and dairy products, as cows are considered sacred); Catholics limit the consumption of red meat during Lent; and Muslims cannot eat pork or its by-products, as well as other restrictions, etc.

Meanwhile, there is one factor which, unlike previous ones that tend to protect culinary traditions and promote cultural identities, adds aspects of other cultures to one's own, in other words, cross-cultural influence. The epitome of this is found in globalisation, which causes the exact opposite effect: it standardises and homogenises diet by adopting brand-dictated habits, which leads to less dietary diversity and makes food become monotonous (Benarroch, 2013).

So, if we look at culinary history (Flandrin and Montanari, 2004) we can observe that eating habits have changed from prehistoric times to the present day, from one culture to another, and from one age to the next. In today's society, despite the diversity of cultures in coexistence, there is an increasing adaptation to what has been called the "McDonaldisation" of eating habits. This is a form of culinary globalisation, which itself has roots in the economic globalisation that characterised the second half of the twentieth century, and has been accompanied by a change in family structure, consumerism, the power of advertising and marketing, the obsession with having a perfect body or being slim, etc.

Therefore, diet in general, and children's diets at home and school, have evolved at the same time as society has. Traditional and natural diets, and even our very own Mediterranean diet (De Cos, 2001, Asociación para la promoción del consumo de frutas y hortalizas) have been replaced by fast food and ready meals, which respond to the fast pace of our daily lives. At the same time, food advertisements use expressions such as natural, home-made, traditional ('like grandma used to make' is very common in Spain), locally-sourced, etc. These expressions make an impression on families and children. Therefore, schoolchildren are able to repeat television adverts by heart (Buckingham, 2002), as they are specifically designed to be retained in their memories.

Junk food, an excess of pastries and confectionery, the lack of a full breakfast, and the substitution of water for soft drinks, smoothies and processed fruit juices are just some of the eating habits that are leading to an increase in childhood obesity rates (16%) (Diabetes Foundation, 2006). This is associated with a number of chronic diseases such as diabetes or cardiovascular disorders, which are already being observed in children. We must also draw attention to the rise in anorexia, bulimia and other eating disorders starting at an increasingly early age (Hawks, 2000). As a result, some schools, under guidelines published by the Spanish Ministries of Education and Health (2006), have reduced or eliminated the supply of foods with high sugar, fat and salt content. What is more, some foreign governments are considering labelling unhealthy foods with a health warning and increasing their prices (WHO, 2002). It seems that politicians are increasingly concerned about problems arising from unsuitable eating habits. On this subject, the Spanish Ministry of Health created the NAOS strategy (Nutrition, Physical Activity and Obesity Prevention) (2004). The goal behind this project is for society to realise that a healthy lifestyle is easy-to-achieve and fun.

This study asked schoolchildren about their eating habits, as well as their ideas and concerns about healthy eating. After considering the various possibilities existing in qualitative research in general (Cohen and Manion, 1990, Cook and Reichardt 1986; Goetz and Lecompte, 1988, Patton 1980, 1987, Walker, 1989; Woods, 1989, etc.), we decided that

discussions with children were the best way of obtaining data which requires dialogue, explanations, etc.

These discussions have a similar structure and methodology to focus groups and were the basis for planning and conducting this study. As Callejo (2001) notes, "the current boom in group behavioural patterns has resulted in various practices which, due to their different goals and evolutions, are hard to assimilate (...) Different practices are even covered under each of these names (i.e. group interviews, focus groups, etc.) This is what happens to focus groups with children, a denomination which involves considerable technical diversity". According to Colas (1997), "the school environment, be it the classroom, staffroom, departmental office or meeting room, is home to human and social relations which produce a variety of discursive genres". In keeping with this, for this study we perceived focus groups with children as the most appropriate technique to gather the required pupil-focussed information, as this study is part of wider research (Merino, 2006) which sets out to analyse eating habits on all levels, starting from the government and policy-making, down to school administration, school meals and even eating habits at home. The study analyses all aspects connected to eating habits, such as the cultural characteristics of individuals in schools today (different places of origin, different religions, different traditions, etc.) (Brea and Castro, 2002; Serra, 1998). Our schools have an ever-increasing immigrant population and, as a result, cultural (and therefore culinary) diversity will become ever greater.

Callejo (2001) argues the following about the technique used in this research: "At most, we can say that this is a microsocial situation with macrosocial applications. As such, it should be emphasised that group discussions are a means of identification and not an end"(Callejo, 2001). In this context, we believe that a focus group with children is the qualitative approach which is best suited to Early Education and First Cycle Primary schoolchildren, who are the focal point of this study.

The main reasons for our choice to use this approach derive from the prior need to analyse schoolchildren's views within the school environment. This contextual assessment forms part of wider research, as previously mentioned, which was principally conducted via the combination of quantitative tools (three questionnaires issued to teachers, school administration teams and families) and this qualitative tool, as well as further qualitative techniques including observation, photographs and document analysis. On this note, Callejo (2001) argues that "the group is created as a complementary element to the survey. Its origin is connected to attempts to relate survey-with-questionnaire situations to real life"(Callejo, 2001).

The goals we aimed to achieve with this qualitative technique consisted of researching schoolchildren's views on healthy eating and the dietary customs of other cultures, identifying their eating habits and detecting the level of education in this area.

METHODS

Participants: formation and selection of focus groups

We selected groups which were homogeneous, in that the members of each group were in the same context (same school), yet heterogeneous, in that they belonged to different

educational levels (with varying ages) and different cultures. Thanks to this diverse composition, the group would then produce dialogue which would allow us to gather as much information as possible. We conducted a total of four focus groups in two primary schools with meals service and Breakfast Club amenities, which in turn belonged to the group selected for the wider research project: The College of Early Childhood and Primary Education –Colegio de Educación Infantil y Primaria- (CEIP) Príncipe de España, in the city of Huelva (Andalusia, Spain), and CEIP Hermanos Pinzón, in Palos de la Frontera (Huelva, Andalusia, Spain). We decided to choose a city-centre (Huelva) and a suburban (Palos) school, taking into account that both schools have a high percentage of students from other cultures.

To select students, we first telephoned the headteacher of each school, and then met with the administration team and the heads of Early Education and First Cycle Primary. At these meetings, we discussed the research goals and also gave the year heads authorisation forms for the parents and/or mothers to sign allowing their children to be filmed during the study. Each year head then asked the class teachers to choose the children who would participate (not the entire class, but a selected group). They were asked to select a group of children who regularly used the school meals service, actively participated in class and belonged to different educational levels. In addition, they were requested to form groups with approximately 50% of the members from non-majority cultures (i.e. non-Spanish).

Four focus groups were conducted in November 2004, two with Early Education pupils and two with First Cycle Primary pupils (one group per school and per cycle). These school years were chosen as they cover the age range when eating habits are formed, in other words, the most suitable period of intervention before unhealthy habits or misjudgements are adopted.

We would also like highlight the reason for our decision to conduct four focus groups. We wanted the chosen sample to be as representative as possible of children in Early Education and First Cycle Primary at state-run primary schools with meals service, at which there are also pupils from other cultures, in the city of Huelva and its suburban area. Regarding this, the CEIP Príncipe de España is the school with the highest number of students from different cultures in the city of Huelva, as is the CEIP Hermanos Pinzón in the suburban area of Huelva, so we decided to organise an Early Education and First Cycle Primary group at each school. As for the number of focus groups, as González del Río (1997) states, "the number of groups needed to conduct research does not need to be very large. In fact, efficient research can be performed with relatively few groups. Two similarly-formed groups produce monotonous and superfluous discourse, with saturation occurring whereby the second group adds nothing new to the first one. Once the groups are appropriately formed, one is sufficient to conduct research" (González del Río, 1997).

With regard to the size of the group, in this case the exact number of pupils was decided by the coordinators of each cycle, Early Education and First Cycle Primary, with a total of six or eight pupils suggested for each group. This number was maintained, except in the Early Education group at CEIP Hermanos Pinzón, as the coordinator considered that the three non-Spanish pupils selected would provide a great deal of information. In fact, it was one of the groups in which discussion flowed the most. The choice of pupils was made by teaching staff because they are responsible for the children at their respective schools, and therefore have a greater and wider variety of information about the characteristics of each child.

Aspects analysed

When preparing the data collection tool (the guide notes of the discussion group), and also when analysing collected data, it is more practical to have a classification based on the different aspects that are analysed. Therefore, the following were selected: breakfast, eating habits, awareness of healthy eating, advertising, cross-cultural influences, and meals service. For each of these aspects, a number of categories were established, as can be seen in Table 1.

Construction process and application

Although this is an open-ended technique, there were a number of circumstances that prompted us to pre-prepare well-defined and specific questions to encourage discussion in the group. The following aspects were considered: (1) the young age of the participants (3-8 years old); (2) the classroom provided for the focus group was the venue for the Breakfast Club and was full of toys, which easily distracted the children; (3) no staff members were present to guide and supervise the children; (4) the participants came from different classes and levels, so they did not know each other very well; (5) normal class routines were disrupted to allow for participation in the focus group.

These circumstances led to some difficulties in maintaining the children's attention. As for the previously mentioned guide notes, although the subject matter or the order in which ideas were to appear were not closed, a certain number of questions had to be prepared in order to gain their attention and to encourage discussion. To address these issues, we pursued the following alternatives: (1) we posed the questions like a game, and when we noticed that attention levels were slipping, we interrupted the discussion to play "I spy with my little eye"; (2) we had asked the class teacher, or failing that another teacher, to remain in the classroom whilst the discussion was underway, but this was not possible as there were no teachers free; (3) we showed the students different types of food (fruits, smoothies, sweets, chocolates, etc.) in order to gain their attention and allow them to see and touch everything under discussion, thus better adapting to their age and level of education; (4) in one of the schools, the Breakfast Club had an area with no toys, so we sat down and conducted the group in this space, as this favoured the children's concentration (as opposed to distraction).

Interpretation and analysis

All the data collected in the focus groups underwent the following stages prior to coding and subsequent analysis. First of all, we read through the data obtained. After gaining an overview of the information, we performed a second reading in order to develop a first draft of categories, according to the aspects mentioned above. After coordinating this categorical system with Health Education professionals and Early Education and First Cycle Primary teachers, we finalised the categories and codes required for the subsequent content analysis.

The final category system was divided into the 6 aspects mentioned above, which were then subdivided into 22 categories to which we assigned different codes, as shown in Table 1. We considered it appropriate to use the findings proposed by Rodriguez, Gil and Garcia (1996) to analyse data from focus groups with children, i.e., around a theme-based approach.

Table 1. Aspects, categories and codes of focus group with children

Aspects	Categories	Codes
A) BREAKFAST	Time	ABTIE
	Who with	ACCON
	What they eat	ADQUE
	What they eat at morning break	AEREC
B) EATING HABITS	What they like eating	AFGUS
	Who with	BACON
	What they like eating	BBQUE
	Number of meals	BCNUM
	How often they eat sweets	BDCHU
	How often they eat fast food	BERAP
	Activities whilst eating	BFACT
	Which foods they like the most and the least	BGGUS
C) KNOWLEDGE OF HEALTHY FOOD	Which food is healthy	CAQUE
	What it is for	CBPAR
	Who teaches them	CCQUI
D) ADVERTISING	Healthiest foods shown on TV	DASAN
	Favourite foods shown on TV	DBPRE
E) CROSS-CULTURAL INFLUENCES	What their classmates from other countries eat	EAQUE
	Who they sit with at lunchtime	EBCON
F) MEALS SERVICE	What they eat	FAQUE
	Where they prefer eating	FBDON

FINDINGS-DISCUSSION

We should first highlight some possible limitations of the study. We would like to note that this tool carries the risk of a potential lack of honesty from the schoolchildren, and even more so at such a young age, when boys and girls have a great deal of imagination, or may want to say the same as the others for fear of responding poorly (social desirability), because prior to the focus groups, their teachers mentioned that the researcher was another teacher who was going to spend some time with them in another classroom.

We would also like to clarify that the presence of a video camera seems not to have interfered with the responses, as it was set up on a tripod in a corner of the classroom, in such a way that all the participants could be filmed. At first, they asked what the camera was for and they were told it was to take a photo, so once they posed for the photo, they forgot about it (out of familiarisation).

Below are some thoughts and conclusions about the data collected via the technique used, in keeping with the aspects previously described. Some of them are explained in greater depth than others, because although all data are significant, some of them were considered to be more relevant:

a) Aspect 1: BREAKFAST. Some children skip breakfast and most others just have a glass of milk or cocoa, whilst a few participants said that they eat something solid (toast, biscuits, sponge cake, etc.). They said that their parents do not force them to eat a more substantial breakfast. Most usually have dinner around 9.00pm and go to bed early, so they could get up a little earlier to eat a proper breakfast. They usually have breakfast alone or with their mothers, which suggests, as some of the children actually mentioned, that breakfast is a rushed affair whilst the fathers and/or mothers are getting ready to go to work or leave the house, with this rushed feeling being passed on to their children.

It would be healthier to make breakfast time more relaxed, so parents could set an example and start the day calmly and as a family whilst enjoying the most important meal of the day, especially for growing children who are about to attend class during the morning.

b) Aspect 2: EATING HABITS. They were asked about different types of food. Most do not like fish, saying it is because of the bones and being difficult to eat. As for fruit and vegetables, they tend to prefer fruit. Almost all of them love pizzas, burgers and fries (cf. the "McDonaldisation" mentioned in the introduction). They often eat whilst watching TV instead of conversing with the family, which is linked to obesity (Coronado Rubio, 2007; Martínez-Aguilar, and Aguilar-Hernández Gutiérrez-Sánchez, 2011). The majority refer to their mothers, who presumably continue to be responsible for feeding the children, even though almost all of them are working mothers. They particularly like sweets, yet realise they are detrimental to dental hygiene and so consume them with caution, mentioning also that they tend to eat them most often with their grandparents.

c) Aspect 3: AWARENESS OF HEALTHY EATING. We should clarify that although there are not healthy and unhealthy foods as such, as all can be eaten in moderation, the question was posed in this way to avoid any possible confusion. They do not know how to define healthy food, and when asked they tend to respond by naming a particular food (e.g.

tangerine). When they are asked why that food is healthy, they usually reply that it helps growth and contains vitamins. They are virtually unable to name someone who could explain what healthy eating is (González Lucini, 1998), except in some cases when they hint that their mothers could do so. They do not know how to correctly classify foods into their respective groups (fruits, vegetables, etc.). Some mothers, whilst feeding their children, could seize the opportunity to teach them about food, which means they also convey skills and habits, as this knowledge is based on family practices and attitudes about food.

d) Aspect 4: ADVERTISING. Even though they are unable to read or are just becoming literate, they can quickly identify food brands by the packaging (Puleva, Actimel, etc.) and can perfectly reproduce their advertising messages (e.g. "contains milk", "vitamins to help you grow", etc.). They know the brands Telepizza, Burger King, McDonald's, etc., but when you talk about them, they tend only to mention the toys they give away. On the other hand, we were surprised that they show greater enthusiasm about the burgers and pizzas that their own mothers make for them, but this happens rarely.

e) Aspect 5: CROSS-CULTURAL INFLUENCES. Pupils with non-Spanish parents said they had visited their home countries on several occasions to see family, but they cannot see differences between the food and diet in Spain and their home countries, except for a couple of cases when they mentioned a typical dish from their country which is not commonly eaten in Spain (couscous). The same applies to Spanish pupils, who cannot see a difference in their non-Spanish classmates' diets, but do realise that the latter do not eat certain foods (e.g. pork in the case of Muslims). However, they think it is because they do not like said food (as opposed to cultural issues), and the same goes for classmates with allergies, as they also believe that they do not eat a certain food because it is not to their liking (as opposed to health issues).

At the two schools where we conducted the focus groups, we found that non-Spanish pupils are fully integrated with the rest of their classmates, although we should clarify that the purpose of this study was not to discover the level of adaptation, so this information should be analysed in further studies. It can be confirmed that there are no differences in eating habits and food awareness between Spanish and non-Spanish pupils. This illustrates the homogenisation mentioned in the introduction, as opposed to the preservation of culinary traditions and customs from different cultures and/or religions.

f) Aspect 6: MEALS SERVICE. Most, except for some pupils, eat lunch at school, as both the mother and father are at work. Some like having lunch at school because afterwards they can play with their classmates, but others complain that the food is cold or that they have to wait too long to go home and rest.

In summary, it could be said that on the whole, except for two specific cases, the children who participated in the study have little knowledge of food. There is a growing consumption of fast food and/or ready meals, as well as a gap in the teaching of healthy eating habits. This could be due, amongst other factors, to the parents' lifestyle, as they struggle to achieve a work-family balance. This type of fast food helps achieve said balance, although it is not the kind of food that you would want to give to your own children. Companies in the industry are very clever, using marketing and advertising to sell these products as if they were actually

healthy, hence the slogans mentioned earlier in this chapter (e.g. natural, home-made, 'bio', etc.).

Following on from this project, there has been further research into all the aspects that influence eating habits, both at home and at school, which has helped us to design an educational project on this subject. Its aim is to place responsibility on the educational community for ensuring healthy eating habits at all levels (R Dixey, 2000; REEPS, 2007), from government to the school itself and families. Likewise, the importance of healthy eating education in a multicultural context must be underlined. This approach can be two-fold: to raise intercultural awareness amongst pupils involved by covering diet-related issues, and to encourage healthy eating habits.

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