

Food on a low income

Four households tell their story

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This report is primarily written by Millward Brown Lansdowne. A summary of the report by **safefood** is available from its website (www.safefood.eu)



1

Introduction

Inequalities in access to a healthy diet are issues for a significant proportion of the population on the island of Ireland (IoI), and it is important that the needs of disadvantaged groups are recognised and addressed in relation to food poverty. Many studies on the subject have been carried out throughout the island of Ireland. Much of the available research is quantitative in nature; however, a recent **safefood** funded research project led by John Kearney (Dublin Institute of Technology) included a qualitative methodology as part of the project. Kearney's results highlighted the importance and value of qualitative research in teasing out the sensitive issues relating to food poverty. Specifically qualitative research provides the contextual background for understanding the 'why' behind the statistics presented. Such exploration is necessary to provide relevant communication and contextual advice to this target group.

While the research brief notes that finance is the primary determinant of food poverty, it also observes that this is a complex issue that incorporates education, transport, literacy, culture and environmental planning. Thus food poverty is not just about the consumption of too little food to meet basic nutritional requirements, but also includes social and cultural contexts where people cannot eat, shop for, provide or exchange food in a manner that is the acceptable norm in society.

As the background outlined above highlights the need for a more probing and investigative approach, and because the topics for the current project are so complex and diverse, qualitative research is the best approach to adopt to meet its aims and objectives. Qualitative research has been described as using "a holistic perspective which preserves the complexities of human behaviours" (1). It enables an exploration of the behaviours, attitudes, motivations and concerns of vulnerable groups in relation to food poverty. The research objectives outlined below lend themselves to such an exploratory approach.

Targeting communications directly to vulnerable groups in society is a key strategic objective for **safefood** now and in the future. In order to inform this objective, Millward Brown Lansdowne (MBL) was commissioned to explore the current attitudes and behaviours among sectors of the population most at risk of food poverty. The study aimed to uncover and give voice to participants' own experiences. The outputs of the research will be used to build a vivid picture of the experiences and perceptions of those at risk of food poverty which can guide policy and practice.



2

Literature review

Introduction

An estimated 68 million people remain at risk of poverty in the European Union (EU) (2). This is 16 per cent of the total population of the EU and 19 per cent of its children. The Northern Ireland Anti-Poverty Network has stated that: “Our understanding of poverty is so important because it directly influences the type of policies and actions developed to do something about it. Some people think poverty is a personal choice but many are of the opinion that: ‘Poverty is not accidental, it’s social, structural and economic decisions that cause it’” (3). According to the National Anti-Poverty Strategy in the Republic of Ireland (ROI), “People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society” (4).

In 2009, 14.1 per cent of the population in ROI was at risk of poverty with increased levels among children (18 per cent), lone parents (35 per cent) and the unemployed (33 per cent). “At risk of poverty” is defined as the percentage of persons with an equivalised disposable income

of less than 60 per cent of the national median income (5). In 2009, 5.5 per cent of the population was living in consistent poverty, i.e. had an equivalised disposable income of less than 60 per cent of the national median income and also experienced two or more of the eight deprivation indicators (5). In Northern Ireland (NI) in 2009 around 20 per cent of the population was living in low income (poverty) households (6). In NI a household is defined as having a low income if its income is less than 60 per cent of the median United Kingdom (UK) household income. The proportion of people living in low-income households was slightly lower than that of England and Wales. Around a quarter of children in Northern Ireland are living in poverty (7). People living in poverty are particularly at risk of poor dietary intake and health inequalities (8).

Food poverty

Those who have a poor diet and are unable to access the food necessary for a healthy life are said to be experiencing food poverty. Although there are many definitions of food poverty, all encompass an inability to afford a healthy diet. Friel and Conlon (9) defined food poverty as:

“The inability to access a nutritionally adequate diet and the related impacts on health, culture and social participation”.

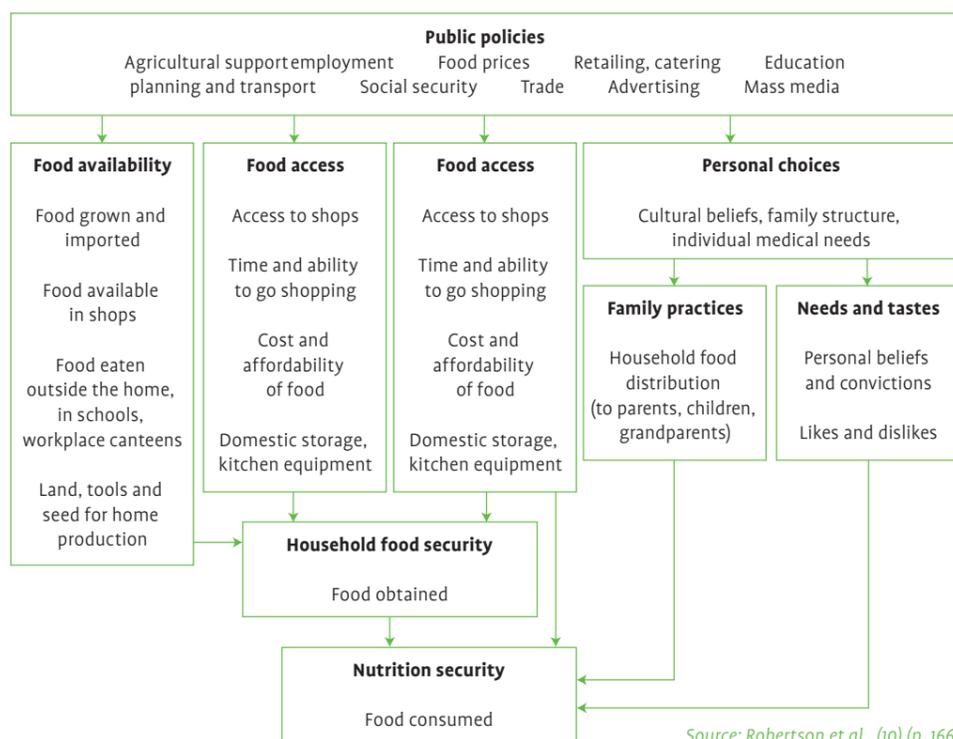
Food poverty is a complex issue and does not only affect dietary intake but also has implications for lifestyle, social interaction and, importantly, health status (8). Poor diet is a major health risk and contributes to the development of obesity, and some cancers, coronary heart disease, diabetes and also low birth-weight and increased childhood morbidity. Diets which contribute to the onset of these conditions usually include a high intake of

fat, sugar and salt and low intakes of vitamins, minerals and dietary fibre. Two key reports have focused on food poverty (8-9). In NI, Purdy *et al.*, (8) found poor dietary intake amongst people on low income. In ROI, Friel and Conlon (9) conducted a study on food poverty and policy, which found that low-income households eat less well and have a lower compliance with dietary recommendations, but also spend a relatively higher share of their income on food and have difficulties accessing a variety of good quality affordable food. While low-income households know the healthy food options, they experience financial and physical constraints in exercising these choices.

Factors contributing to food poverty

Many factors influence people’s food choices: macro-economic policies, food accessibility and affordability, social influences and individual preferences (Figure 1).

Figure 1 Influences on food choices



Source: Robertson *et al.*, (10) (p. 166)

Living in poverty imposes constraints on food consumption behaviour in three ways: affordability, access and psychosocial factors (9).

Affordability

Limited economic resources and the cost of a nutritionally adequate diet are considered to be major barriers to sustaining a healthy diet and subsequent good health (8). While household bills such as fuel and rent are not negotiable, food is the only household expense that can be flexible and often other expenses take priority over spending on food (8, 11). In addition, when money for food is limited, families buy the same foods each week to avoid wastage which can mean a lack of variety in the diet and difficulty for some to follow dietary guidelines (12-13). Friel *et al.*, (14) looked at the cost of healthy eating over the course of a week for low-income households and found that very high proportions of their income would be necessary to purchase a 'healthy' food basket based on economy line products, showing that healthy eating was not feasible among certain groups on social welfare benefits/minimum wage. In a study in ROI of people on low incomes, Daly and Leonard (13) found that food was the single largest category of spending, accounting for almost a third of weekly household income and some indicated that there were days when they did not have enough money to buy food. The constant worry over bills featured strongly in such accounts. In the UK, Hitchman *et al.*, (15) found that those with low incomes practice skilful budgeting and that shopping was well thought out, deliberate and controlled. O’Neill (16) described similar findings in a study among women living in Dublin.

Access

Access to food which is affordable, healthy and of good quality can be an issue for low income groups. Local shops are often more expensive than supermarkets, with limited variety and fresh foods (17). However, those on low incomes tend to shop close to home (8, 18). In recent years there has been an increasing concentration on the major retailers as sources of good quality, affordable food. However these are often located out of town and so this, together with the demise of local shops, has had major implications for low income families in being able to access fresh, affordable and healthy food (19). Access to supermarkets can be difficult for people, especially if they depend on public transport which can be limited or non-existent in small towns and rural areas. In addition, there can be difficulties for those with reduced mobility in buying and bringing home food from shops. Access to food can also be affected by a lack of storage and cooking facilities in the home. In a study looking at the barriers people face in accessing a healthy diet in England, Caraher *et al.*, (20) found that access to food is primarily determined by income and this in turn is closely related to the physical resources available to access healthy food.

Limited economic resources and the cost of a nutritionally adequate diet are considered to be major barriers to sustaining a healthy diet and subsequent good health.

Psychosocial factors

Food consumption behaviour is also influenced by a person's skills and knowledge, culture and personal beliefs (9). Poor literacy skills and problems with numeracy can make it difficult for a person to choose healthy food for their families, also their ability to read and understand food labelling or healthy eating messages may be affected (8). Food also plays a role in social interaction and a lack of resources may limit a person's ability to enjoy eating out or inviting a friend or family to their home (9). In a series of focus groups with those considered to be at risk or likely to be experiencing food poverty, Purdy *et al.*, (8) found that, while participants recognised that cooking from scratch was most cost effective, some reported not having sufficient cooking skills. Findings from focus groups conducted in the Armagh and Dungannon Health Action Zone (ADHAZ) showed that food and food consumption are strongly influenced by social and cultural factors such as social status, gender and identity (21). Food served as a means of expressing parts of one's identity, including one's value system and gender role were evident, with women mainly responsible for buying and preparing food, and also perceived as eating more healthy foods than men.

Food poverty is a complex issue with no single cause. Poor access to affordable, healthy food both economically and physically are determinants of food poverty. In addition, transportation, motivation to eat healthily, family structure and the nature of modern retailing all contribute towards people not being able to access affordable, healthy food (15, 22).

Inequalities in food intake

Morbidity and mortality rates in industrialised countries follow a socio-economic gradient (23). More disadvantaged groups suffer from higher rates of obesity, diabetes, cardiovascular disease, certain cancer and dental caries than the rest of society. All

of these diseases have a direct link to nutrition and diet (24). A diet which is high in fat, sugar and salt and low in essential vitamins, minerals and dietary fibre, is more likely to contribute to the onset of the chronic diseases mentioned. (8).

Poverty and social exclusion

The EU Survey on Income and Living Conditions (SILC) collects information relating to enforced deprivation experienced by individuals. Enforced deprivation refers to the inability to afford basic identified goods or services. It is measured by responses to 11 deprivation indicators. Three of these indicators are food related. SILC data from 2009 for ROI (5), showed that between 14-17 per cent of people were unable to afford a morning, afternoon or evening out in the last fortnight and unable to afford a roast once a week. Nine per cent were not able to afford to have family or friends for a drink or meal once a month. For those at risk of poverty, 24.6 per cent were unable to have friends or family for a drink or meal once a month. In NI, Hillyard *et al.*, (25) developed a poverty index based on income and deprivation and three of the deprivation items related to food. The index was defined in terms of a household on low income (average equivalised income of £156.27/week) and lacking three or more of the deprivation items. Using the index, 29.6 per cent of NI's population was considered to be living in poverty. Five per cent of respondents were not able to afford fresh fruit and vegetables every day. The

-
- 1 Unable to afford: a morning, afternoon or evening out in the last fortnight, a meal with meat, chicken, fish or vegetarian equivalent every second day, to have family or friends for a drink or meal once a month.
 - 2 Unable to afford: fresh fruit and vegetables every day, meal with meat, chicken or fish every second day, if you wanted it, a roast dinner once a week.

response was three per cent each for not being able to afford a meal with meat, chicken or fish every second day or a roast dinner once a week.

Individuals' food and nutrition consumption patterns

There is evidence of inequalities between socio-economic groups and their dietary intake on the island of Ireland. Friel *et al.*, (26) found that those from higher social classes achieved a healthier balance of energy derived from fat, protein and carbohydrate. In the Survey of Lifestyles and Nutrition (SLÁN) (27), while most respondents were 'always' or 'usually' able to afford food, respondents aged 18-29 years and those in social classes five-six were least likely to 'always' be able to afford food. Compared to respondents who could 'always' afford to buy food, those respondents who reported that they could 'sometimes/rarely/never' afford food were twice as likely not to meet any of the shelf recommendations of the food pyramid. Distinct socio-economic differences in food and nutrient intakes were also identified by Kearney *et al.*, (28). Disadvantaged women had lower intakes of fruit and vegetables, dairy foods, fibre and breakfast cereals and higher intakes of energy, total fat and saturated fat and sodium. Qualitative research identified that amongst the disadvantaged women, psycho-social stress, such as insecure housing tenure, local crime and social disorder, was a major contributor to adverse dietary intake. While the cost of food was mentioned as a potential barrier to healthy eating, it appeared to only play a subservient role when compared with other impediments such as stress-related comfort eating, time constraints and poor dietary knowledge. In NI, analysis of the Expenditure and Food Survey showed that people on low incomes had a high consumption of milk and cream, processed meats, crisps and confectionery, canned vegetables and fruit (8). The Low Income Diet and Nutrition Survey (LIDNS) (29) conducted throughout the UK, found that people on low incomes had a lower consumption of fresh fruit and vegetables than

adults surveyed in the National Diet and Nutrition Survey (NDNS). In addition, consumption of pizza, wholemilk, meats and processed meats was higher amongst low-income groups.

Food poverty among specific groups

People who are most likely to experience food poverty are those living on low incomes or who are unemployed, older people, people with disabilities, households with dependent children and ethnic minorities (30). The Health Behaviour in School Aged Children (HBSC) (31) study, found that 16.6 per cent of school children in Ireland reported going to school/bed hungry because there was not enough food at home. In 2003, Hillyard *et al.* (25) reported that 37.4 per cent of all children in NI were growing up in households falling below the consensual poverty threshold. Research has shown that lone parents (32), older people (33), older people with limited mobility (34) and homeless people (35-36) are all at risk of not being able to access a nutritionally adequate diet. In addition, studies have shown a rural urban divide in the cost of living (17), with the cost of a minimum essential standard of living for six household types being higher in rural areas in ROI than in urban areas, with food and transport comprising the two largest areas of difference (37).

Conclusion

The literature demonstrates food poverty is a complex issue with no single cause. It also shows that on the island of Ireland people are experiencing food poverty with certain groups more at risk than others. While food poverty is having a subsequent effect on people's dietary intake, it also affects the social and cultural influences on food intake that is the acceptable norm in society.



3

Methodology

Research aim and objectives

The aim of this research was to investigate the everyday experiences of food among four low-income household groupings on the island of Ireland.

The key research objectives were:

- To understand the meaning and role of food in four different types of low-income households
- To explore food management strategies, including factors which influence purchase and consumption
- To investigate the meaning/understanding of 'healthy eating' for low-income households and elicit how external bodies, such as **safefood**, can support households in this regard
- To highlight any differences or commonalities in experiences among the different groupings

Research approach

Due to the exploratory nature of the subject matter a qualitative methodology was adopted, as the discursive nature of focus group discussions allows for a greater understanding of what motivates participants' behaviour.

Research planning

As this research was considered to be of a particularly sensitive nature it was vital that the whole process from recruitment to the moderation of the focus groups was carried out in an ethical manner and that all best practice market research guidelines were fully adhered to. The research planning process was supported by an Advisory Group (see Appendix 1) comprising individuals and organisations that work with or have previously conducted research with the target groups involved in this research. The group met on two occasions; on 13 April 2010 to review the research methodology, including topic guide (see Appendix 2 for final version) and on 9 Sept 2010 to discuss the research findings.

The panel gave input on many aspects of the research, including:

- The definition of quota segments and the need to balance ideal group profile with a flexible and inclusive recruitment approach
- Making appropriate accommodations to make attendance possible for focus group participants i.e. provision of refreshments, travel expenses, childcare, etc.

- Agreement on accessing participants through community groups and conducting focus groups in community group venues. All agreed that conducting the research in the context of familiar people and surroundings would both encourage participation and enhance participant reassurance during the research.
 - Holding the focus groups in community-based locations, rather than the standard central locations, made participation more accessible, involving minimal travel for participants.
 - In addition, holding the groups on participants' 'home ground' was deemed more likely to create an environment conducive to open and free-flowing discussion.
- The importance of maximising the reach of the recruitment process by asking community group leaders to use referrals in recruitment so that the participants participating in the focus groups were not exclusively people who participate in community programmes connected to food.
- Agreement that the groups could be clustered where possible for efficiencies of time and travel expenses, provided that the overall balance of locations would take into account variations in access and availability. Ultimately, three community group leaders (in Tralee, Leitrim and Clonmel) were able to recruit groups for two different household types.

Recruitment

Approach

The four household types most relevant to this study were elicited from a review of existing data and previous research (14, 37-38):

- Lone parents
- Two-parent household families
- Single males
- Single older people

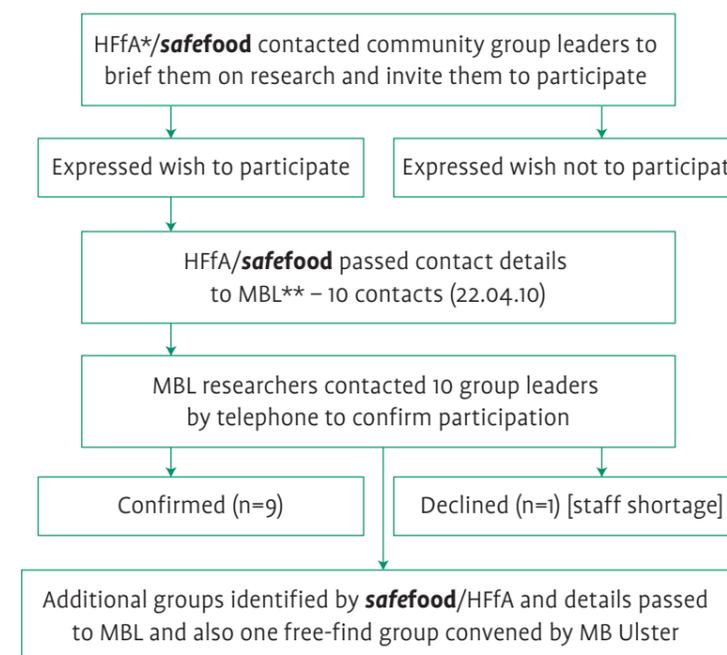
Households with children were recruited to capture the impact, if any, of younger and older children, as previous research demonstrated the increased costs associated with the presence of a teenager in the household (37-38). Twelve groups were planned so that three groups could be conducted with each of these household types, spread across rural, urban, and city locations and between NI and ROI.

Process

The quality of the recruitment process was essential to ensure that participants were facilitated in a comfortable environment where they were willing to engage, share and contribute to the research. All parties were also mindful of the need to avoid making the research a negative experience for participants who come from a marginalised and therefore potentially vulnerable segment of society. Based on these considerations, it was recommended that participants be recruited from established community groups which would be facilitated by Healthy Food for All (HfFA) and, in certain instances, **safefood** (figure 3.1).

Establishing contact with group leaders typically required multiple attempts, due to their busy and often unpredictable work schedules. Millward Brown Lansdowne provided each group leader with a detailed verbal explanation of the purpose and process of the research programme, followed

Figure 3.1 Recruitment process



*HfFA is the all-island multi-agency initiative, Healthy Food for All

**MBL is the company which conducted the fieldwork, Millward Brown Lansdowne

by an email for later reference. The e-mail included a description of the four household types we sought and asked group leaders to advise which of the four household types they might be able to help recruit. They instructed each group leader to plan on recruiting 10 qualified participants for a show of six to eight per group.

Group leaders then began the process of consulting with their staff and reaching out to individual contacts to assess the feasibility of recruiting a group of 10 participants that fitted one of the four target profiles. The turnaround time for them to report back to Millward Brown Lansdowne ranged from a few days to a few weeks, depending on their workload and their opportunities for contact with relevant staff and community members. During this time, MBL maintained contact via both phone and e-mail.

As group leaders responded with potential response rates, a schedule was devised that outlined which household types would be recruited from each location. Every effort was made to distribute the groups for each household type across NI and ROI jurisdictions, and across city, urban and rural locations to capture a range of views.

Peer referrals were encouraged during this process to include people who might not have been 'service users', but were otherwise similar in their living conditions and might benefit from services provided by local community resources. Ultimately, seven groups were recruited directly by group leaders or their staff, MBL recruiters organised three groups from contact lists provided by group leaders, and two were recruited on a free-find basis by MBL's sister company Millward Brown Ulster. Whether or not MBL recruiters became involved in the recruitment process was at each group leader's discretion.

The recruitment questionnaires used in ROI and NI are included in the appendix to this report. Up to three weeks were allowed for recruitment, but some group leaders were able to complete theirs within one week.

Some group leaders were unsuccessful in their attempts to recruit a sufficient number of participants who met their brief and were willing to participate in the research. One group leader had to drop out because several individuals she approached regarding the research were suspicious and uncomfortable about participating in research conducted by 'outsiders'. Another group leader found that the women she was trying to recruit (mothers from either lone parent or two-parent households) would not participate because, although crèche services were provided, many were unaccustomed to having someone outside their immediate family mind their children. Two group leaders were simply not able to recruit sufficient numbers from any single household type.

If sufficient numbers of the target profile agreed to take part in the research, the group leader informed Millward Brown Lansdowne that they were ready to proceed. Once a group was confirmed, group leaders were also asked to recommend an appropriate venue, date and time for the groups, based on participants' convenience and comfort. We tried to hold group sessions in the usual meeting place for participants who are involved in the community group. These places were also accessible to participants who were not directly involved but recruited by referral from the same community.

Group leaders also recommended what form of incentive would be most appropriate for the groups they helped recruit; these took the form of cash (for six of the groups), local supermarket vouchers (five groups) or donations to a community group project (one group). In some cases, group leaders believed a supermarket

voucher would be more appropriate than cash, given the purpose of the discussion was about food. Regardless of the form of incentive used, their value was fixed at the same levels used in commercial research: €50/£40 per person for single male and single older Person groups and €60/£50 per person for two-parent household and lone parent groups (the extra €10/£10 covers the cost of childcare).

Group leaders who recommended cash felt this allowed participants greater flexibility and autonomy than a supermarket voucher which restricts where the money is spent and what can be purchased. Group leaders who recommended supermarket vouchers felt that this choice made it more likely that the money would be used for a constructive purpose. The group leader who recommended a group donation used the focus group as an opportunity to raise funds for a community garden project already underway. As half the group were recruited through referrals, he also used the focus group and donation appeal to encourage local men not already involved in the project to participate in it.

The entire fieldwork period lasted from 24 June to 19 August 2010. A number of factors prolonged the field period beyond original expectations of four weeks to conduct the 12 groups:

- Time required contacting community group leaders who, by definition, spend most of their time out of the office.
- Time required for community group leaders to assess the feasibility of recruiting specific household types and communicate back to Millward Brown Lansdowne.
- The need to organise scheduling of the focus groups around public holidays (especially in NI where all groups needed to be postponed until after the July public holidays), group leader and staff holidays, and venue availability.

- Time required recruiting group participants once a focus group was scheduled.
- The need to replace scheduled focus groups when co-operating group leaders were unable to recruit willing participants who met the brief in sufficient numbers.

While the first groups got underway in late June/early July, additional community group leads were requested to fill gaps in jurisdiction and community type for each of the four household types. During this time, **safefood** and Healthy Food for All continued to assist by sourcing additional group leader contacts when needed to ensure balance between the four household types, NI and ROI, and different community sizes (city, urban and rural). Towards the end of the field period, a decision was taken jointly by Millward Brown Lansdowne and **safefood** for Millward Brown Ulster recruiters to organise two outstanding focus groups on a free-find basis, rather than waiting to source leads from appropriate community groups, in order to expedite the conclusion of fieldwork. Taking this decision allowed us to maintain the desired balance of community types (rural/urban/city) without taking the time to develop new community group contacts.

From the outset, all parties and advisors agreed that some flexibility would be allowed in the recruitment and conduct of these focus groups for the sake of:

- Community relations between the group leaders and the pool of people they were recruiting from.
- Setting a comfortable climate for the discussion itself as participants arrived at the venue and prepared for the discussion to begin.

These families were initially contacted through a number of voluntary and community organisations based in the localities selected for the fieldwork.

A thirteenth group was held as participants for one of the groups intended to represent lone parents turned out to be from two-parent household families, resulting in a total of four groups conducted with two-parent household families and three groups conducted with each of the remaining household types.

Full details of the structure of the focus groups are given in Figure 3.2.

Figure 3.2 Focus group structures

Two parent household with children (female-only participants)

Married or living as married, one or more children <18 living at home

Group	Age	Location	Location	Date	Details
1	20-50	Manorhamilton, ROI	Rural	09.08.10 2:45 – 4:10pm	None of the six were regular users of the centre, but were recruited through personal contacts of the group leader.
2	20-50	Dublin (Clondalkin), ROI	City	28.06.10 10:45am – 12:30pm	Four of the eleven participants are involved in what they term 'the fat club' at the centre – actually a combination of healthy eating and fit walking groups.
3	20-50	Ballymena, NI	Urban	28.07.10 3:10 – 4:45pm	Not recruited through a community group ('free find'). One involved in Weight Watchers for a few months; otherwise, no community group involvement mentioned.
10	20-50	Belfast, NI	City	30.07.10 11:30am – 1pm	Five of the eight participants were regular users of the centre. Three had attended cooking classes.

Single males

None living with parents or partners, fix three plus meals/wk

Group	Age	Location	Location	Date	Details
4	25-40	Tralee, ROI	Urban	30.06.10 4:30 – 6pm	None were specifically involved in programmes at their local centre, however all had volunteered at the centre when maintenance or manual labour help was needed
5	45-56	Belfast, NI	City	03.08.10 2 – 3:30pm	Five of the seven participants had taken cookery lessons and/or been to nutrition talks
6	30-60	Cavan, ROI	Rural	24.06.10 7:30 – 9:00pm	Five of the nine participants were involved in a men's community garden project on the grounds of the community centre

Single older person

None living with parents or partners, fix three plus meals/wk

Group	Age	Location	Location	Date	Details
7	66+ F	Tralee, ROI	Urban	01.07.10 9:30 – 11am	All nine participants came to the centre for their weekly senior women's lunch on a Wednesday (although some only attended occasionally) The lunch was usually just a chat between themselves, but sometimes there was a speaker or cooking demonstration
8	66+ M	Drumshanbo, Leitrim, ROI	Rural	16.07.10 12 – 1:30pm	All nine participants were involved in a group and were taking part in a video project recording life experiences in individual interviews throughout the day.
9	66+ F	Cushendall, NI	Rural	24.06.10 7:30 – 9:00pm	Most of the nine participants had attended cookery demonstrations and talks on home economics at the centre

Lone parent household with children (female-only participants)

None living with partners or parents, one or more children <18 living at home

Group	Age	Location	Location	Date	Details
11	20-50	Clonmel, ROI	Urban	22.07.10 3:45 – 4:30pm	One of the seven participants has a part time job as a community worker in the Development Council. None are specifically involved in food groups.
12	20-50	Coolock, Dublin, ROI	City	15.07.10 10:30am – 12:00pm	All 10 have attended programmes related to their kids and exercise, especially swimming sessions where the centre provided transport to the pool. Some also talked about a session on healthy eating and how food affects their mood. Three of the 10 were attending Weight Watchers together as well.
13	20-50	Belfast, NI*	City	19.08.10 2:00 – 3:30pm	Not recruited through a community group; no involvement in local community group programmes mentioned.

*Conducted in Millward Brown Ulster Viewing Facility

Fieldwork

This was an extensive qualitative project, comprising 13 focus groups spread over the island of Ireland; eight in the Republic of Ireland (ROI) and five in Northern Ireland (NI). A second qualitative moderator also attended each group for quality control and additional depth of analysis. The first moderator conducted the group discussion, while the second moderator acted primarily in an observational role, sitting in on the discussions in order to record the softer elements of the research setting; for example, group personalities, the appearance of participants, room set-up, temperature and lighting, disruptive elements such as interruptions, external noise, etc. It was felt that this extensive background information, particularly relating to the personal characteristics of the participants, would add much to the overall interpretation of the findings.

Each discussion took its own shape based on participants' contributions, but all covered the following topics:

- What their household eats and why
- Where they get food for their household and why
- Food shopping habits and the circumstances and factors that shape their habits
- How they manage their housekeeping budget and food expenditures as a portion of their overall budget
- Have they ever changed their eating habits for any reason
- How do they feel about healthy eating.

The discussions generally lasted approximately 90 minutes. At the end of each focus group, a self-administered questionnaire was distributed to capture key information regarding participants' household budgets to put their views in context according to their economic living conditions (See Appendix 4). This information was supplied on an anonymous and voluntary basis; a 98 per cent response rate was achieved.

Due to the small sample size in each household type, the self-selective nature of the recruitment process and the possible differences in interpreting the questionnaire, this data is not statistically predictive and cannot be extrapolated out to the larger population. Also, because the questionnaire was self-administered and completed confidentially, we cannot verify the data provided. At most, we know which group each completed questionnaire came from and can make some inferences in interpreting responses, based on the context of the discussion. Footnotes are provided to contextualise some surprising findings from the exit questionnaire with information given in the discussion, but the inferences made are only speculative. Nevertheless, it does help frame our understanding of the financial context within which the participants operate and underline the extent to which this shapes their food management strategies. A summary of the results appears in Appendix 5.

Data analysis

All of the interviews were recorded and transcribed. In order to identify and categorise the key themes from the research findings, MBL collaborated with Dr Kenneth McKenzie, a Research Psychologist at UCD's School of Public Health and Population Science, regarding the analysis of the qualitative data. This involved identifying common strands or themes through all the focus groups to aid their understanding and, in turn, suggesting certain conclusions regarding how people on low incomes experience food. A three-stage process of data analysis based on Attride-Stirling was adopted (39).

Coding

An initial set up meeting was held between the group moderators and Dr McKenzie to discuss how the coding should progress and to identify the format required. Each moderator worked independently to code individual transcripts. Having developed their own codes, the researchers met to determine the codes common to all, developing a single code list for experiences of food among those on low income.

Themes

The next stage was to identify themes which subsumed the codes. This was done through a combination of meetings and email correspondence, in which Dr McKenzie took the lead on identifying the themes and MBL elaborated on the ways in which these themes were expressed among different cohorts.

Explanations

In a final meeting, Dr McKenzie supplied the psychological explanations which go beyond participants' self-reported reasons for why they behave as they do (e.g., lack of time, affordability, what children will eat). These psychological explanations are grounded in academic research and can be used to understand food behaviour in the larger context of human behaviour.

Limitations

The limitations of qualitative techniques are that they draw from smaller and more select samples than quantitative research and so do not produce statistically predictive measurements. Quantitative research is restricted by the structured nature of the questioning, whereas qualitative questioning has the flexibility to explore and discover unanticipated insights.

It was agreed that if individuals who did not meet the brief in every respect expressed a strong desire to participate in the group, we would make a slight compromise in terms of the purity of the recruitment and allow them to take part. We agreed that asking people who had turned up expecting to participate to leave at the beginning of the discussion would be too disruptive and might impact negatively both on the individual and on other participants' willingness to be open and honest in their comments. When such exceptions were made, the moderator leading the discussion took care to limit the non-representative individual's participation and balanced their input by soliciting views from other participants where necessary.

Such exceptions were made in the following instances:

- One married woman who lives with her husband in the single older person group in Tralee and one married man who lives with his wife in the single older person group in Drumshanbo
- One grandmother who is raising her grandchildren in the two-parent group in Clondalkin
- One woman who has no children but lives with her boyfriend and his son in the lone parent group in Clonmel
- One woman in the Manorhamilton group self-identified as recently separated during the introductions to the focus group

A full description of the circumstances surrounding each of these exceptions was included in the moderator’s notes for the relevant groups.

Another limitation of the process was that, while the overall group structure and recruitment brief were designed to be broadly representative of those at risk of food poverty within the four household types, some of the individuals included were not necessarily ‘typical’ of the cohort they represented.

- Two young men participating in the Single Male group in Tralee reported weekly incomes of ‘€1000 or more’ on the self-administered questionnaire. These men may have been high earners who did not strictly fit the brief for the group (although only one man in this group reported being employed full-time). It is also possible that they may have made an error in interpreting the questionnaire (perhaps confusing ‘weekly’ income with ‘monthly’ income). Household income was not asked as a condition for recruitment in advance of the sessions to preserve participant privacy and dignity, so the only source for this information is the anonymous self-administered questionnaire.
- Four of the nine participants in the Cavan single male group enjoyed more alternative lifestyles than the others and, although they fit the brief for household type and low earnings, did not fit the mainstream profile of those at risk of food poverty. These individuals were involved in music, art and gardening rather than mainstream occupations, they were interested in cookery and they made a special effort to buy organic and artisan food products.

Most groups included some participants who are or have been involved in a community group programme related to food or health and, in some cases, all participants were exposed to some type of community intervention. It could be argued that they were more informed or concerned about nutrition and its links to health than those who had never taken part in such a programme.

4

Findings

Introduction

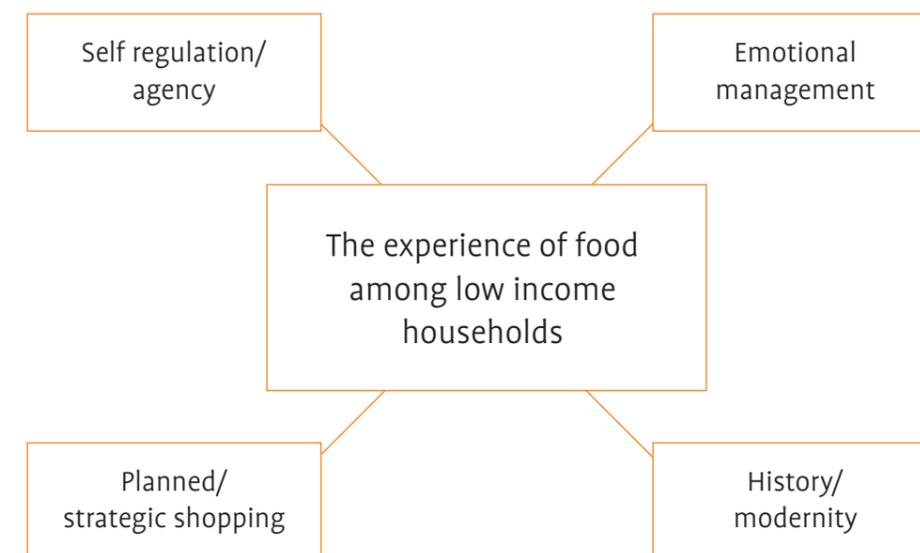
This chapter provides details of the everyday experiences of food and the meaning and role it plays for people at risk of food poverty on the island of Ireland. It also looks at how the themes of self-regulation, agency, history/modernity, emotional management and planned/strategic shopping resonate across the different population cohorts studied (figure 4.1).

What is eaten and how it is prepared

What is eaten?

Some key themes emerged across the four cohorts in terms of what they tend to eat. Common to all was a definite conservatism about food choices undoubtedly dictated by a combination of individual tastes and financial constraints. In tandem with this there was a lack of variety in food choices and a tendency to buy and eat the same things week after week as a matter of routine.

Figure 4.1 Key themes



Another common theme was a lack of routine and regularity regarding mealtimes, with a definite impression that these groups tended to diverge from the population as a whole in terms of meal routines.³ Many mothers, single males and single older persons will skip or omit their own meals dependent on appetite, thereby conserving both their time and food supplies. Children, on the other hand, were given not only three meals a day but also at least two snacks between meals per day. There was, however, some mention of keeping to the tradition of a weekend fry-up and Sunday roast. Interestingly, many in the single male groups would go to a family home for these meals – with either a mother or sister supplying the meals.

“I don’t really eat a breakfast in the morning. I’d have a cup of tea and a biscuit, y’know and the wee uns they would have theirs. I could go all day without eating and then sit down to dinner at night”.

Two-parent family, Ballymena

“I run around with a bottle of water, I snack on crisps. Sometimes that is enough for me”.

Two-parent family, Belfast

³ Millward Brown Lansdowne qualitative researchers collectively conduct dozens of focus groups relating to meal habits for a variety of commercial clients in the Fast Moving Consumer Goods (FMCG) sector, as well as public sector bodies such as **safefood**. All three researchers authoring this report perceived that participants in these groups reported less regular meal habits than the more middle and upper class participants typically researched for their commercial clients.

Strong calendar effects also influenced eating habits, and across the different household types many made an effort to be 'good' Monday through Thursday but were more relaxed and indulgent at the weekend. Many women with children (regardless of whether or not they have a partner) viewed Friday/Saturday as Mother’s day off from cooking and ordered takeaway instead of cooking. Similarly, when the budget was tight at the end of the month/'waiting day' both mothers and single males tended to rely on a stockpile of frozen and packaged foods. Many mothers and single males said stocking up on frozen and packaged foods was one of the pillars of the first shopping trip after they got paid (whatever their source of income).

“Once a month I go to Iceland on the children’s allowance and I stock the chest freezer”.

Two-parent family, Clondalkin

Apart from some participants in the older and single male cohorts, dining out on a regular basis did not feature.

Apart from these common themes their domestic circumstances dictated different behaviours for the different cohorts and these are outlined in the following paragraphs.

When the budget was tight there was a tendency to rely on a stockpile of frozen and package foods.

Households with children (two-parent and lone parent)

In households with children, be they single parent or two-parent, it was very evident that children 'set the pace' regarding what food choices were made. Overall, strong emotions were evident, with visible guilt and anxiety while discussing the challenges of feeding the family. The complexities of feeding children of different ages and with different appetites and tastes tended to dictate behaviour. Underpinning this was the need to see that the children were fed and this, rather than the actual content or quality of what they were being fed, was paramount. Thus, the nutritional value and health impact of the food being served tended to be overlooked in their anxiety to see that the children had actually eaten. The inevitable result of this was that making a number of different meals (referred to by the researchers as 'plate spinning') was the norm, with mothers struggling to give each child what they would eat. Not surprisingly, given the emphasis on appetite, appeal and need to prepare several different dishes at once, processed convenience foods dominated within households with children.

Single male households (without children)

Being on their own and without dependants, this cohort were able to suit themselves regarding what and when they eat. The majority had little interest in the whole subject of shopping for and preparing meals and felt that they were relatively unskilled in this area, which was often seen as exclusively the domain of women. Not surprisingly, they described a high dependence on processed foods, takeaways and delis in their self-catering habits, preferring food that was tasty and required minimal skill to prepare.

Routine and planning did not feature to any great extent and the majority appeared to take a rather haphazard approach to feeding themselves. Skipping meals was quite prevalent, with many of those who were unemployed or on disability payment (i.e. Disability Allowance/Benefit in ROI and Attendance Allowance/Disability Living Allowance in NI) observing that they did not need to eat as much now as they remembered eating when they were working.

“I would have three cups of coffee and about four or five cigarettes at the beginning of my day. I would be up for four or five hours before I would eat”.

Single male, Tralee

“When I was working I had a lot more appetite. I’d eat a big fried breakfast – quite a lot, y’know. But now I’m not working, I wouldn’t get an appetite. Get toast and that would do me ‘til the evening sort of thing”.

Single male, Cavan

Family support assumed considerable importance in the diets of this cohort and many described having a 'proper' meal in a sister’s or mother’s house at least once and as often as three times a week. These meals not only supplemented the limited food supplies of men operating within tight budgetary constraints but also offered greater variety and more fresh foods than the food they typically bought and prepared for themselves.

“I go home to my mother’s about three days a week for my dinner”.

Single male, Tralee

“I just go to my mam’s on a Monday. The usual craic; ‘Would you like a cup of coffee?’ and then you go into the kitchen and say, ‘Is there anything in that freezer?’ and then you have a lump of meat hidden under your coat”.

Single male, Belfast

Just a few of the men in these groups made an effort to eat healthily and cook from scratch. Being able to control the quality and healthfulness of their food was the key motivation for them to invest the extra time and effort into learning to cook and cooking versus heating up food. A few said they began doing this when they stopped working, reasoning that they now had more time to look after themselves than they did when they were employed. Others mentioned becoming more conscious of the content and quality of food when they became parents, although they no longer lived with their children.

Single older people (without children)

For this cohort, traditional food cooked from fresh was to the forefront and the use of processed convenience foods was much lower than in the other three cohorts. They tended to have greater mastery over food preparation and knowledge about food than the younger cohorts, and were much more accustomed to cooking from scratch. Most of the single older women had extensive experience of cooking and preparing meals for a family to draw on, while the single older men seemed to take cooking for granted as part of looking after yourself. When they did resort to convenience foods, they tended to buy ready meals and deli meals that were a bit closer to fresh than the more processed frozen and takeaway foods preferred by younger cohorts. Their diet tended to be fairly well balanced and included good proportions of fresh fruit and vegetables and whole grains, although their repertoire of foods could be quite narrow.

“We don’t eat chips and we don’t eat y’know the dippers now, or we don’t eat the deep fat fries, y’know, the fish. We usually eat plain food all the time”.

Single older female, Tralee

“It’s usually salad with a bit of ham and mushroom or salmon and carrots usually or cabbage, cauliflower, something like that”.

Single older female, Cushendall

“Every night I’d put on the spuds, always spuds and bacon or maybe a couple of chops, a couple of sausages. I just rather cook myself. It wouldn’t bother me. You get it the way you want it. A lot of these smaller restaurants they reheat food in microwaves, so if they have food leftover they reheat it”.

Single older male, Leitrim

However, omitting meals seemed to be more common among this cohort than it was in cohorts with children. Diminished appetite is a genuine factor, with many reporting that they didn’t eat as much as they used to. Medications could also limit the occasions when they could take food and drink. Solitary living also contributed to omitting meals in two ways. Firstly, solitary living removed barriers to omitting meals because they could please themselves and did not have to take the needs of others into account. Secondly, many strongly associated eating alone with negative emotions and therefore were inclined to avoid these occasions where possible. Both of these factors could lead to less frequent preparation of meals

Older people tended to have greater mastery over food preparation and knowledge about food.

in the traditional way, more use of leftovers and a more casual approach to eating and preparing meals in general.

“I rarely get round to eating ‘til later in the day. Sometimes I would have a poached egg, y’know, according to how I felt”.

Single older female, Cushendall

How food is prepared

The general impression given across all cohorts was that few were actually cooking in the true sense of the word and re-heating might more accurately describe a great deal of their meal preparation. Preparing meals from scratch tended to be avoided due to:

- Lack of skill
- Time constraints (particularly in households with children)
- Lack of motivation
- Lack of perceived savings in cooking from scratch (given the relatively low cost of convenience foods and even takeaway meals)

Apart from among single older people, particularly older women who tended to have extensive experience in cooking and meal preparation, a lack of skill was very apparent in most other cohorts. Many readily admitted that they did not know how to cook, comparing their habits against the expertise of their own mothers and giving the impression that cooking as a skill is all but forgotten. However, a clear enabling factor in their apparent lack of cooking skills was the ready availability of convenience and prepared foods. For many, the availability of convenience foods translated as no perceived need to cook from scratch.

In households with children there could be a high level of anxiety and tension around food preparation, but this could be ameliorated by the availability of convenience food, which allowed one to cater for different tastes in the household without spending much additional time. In the case of single male households, lack of motivation to invest the effort in cooking from scratch was a more dominant factor. A reinforcing factor was the view that there was no cost benefit to cooking from scratch, given the low prices of many convenience foods and even takeaway dinners. Many mothers also talked about taking ‘a holiday’ or ‘day off’ from cooking by ordering takeaway for the family at least once a week – typically Friday and/or Saturday. A few single males also reasoned that buying takeaway was not necessarily more expensive than cooking from scratch.

“At our house, Friday night equals Big Brother equals takeaway”.

Two parent, Manorhamilton

“One night a week I don’t cook. I refuse to cook – it’s my day off. We get a takeaway”.

Two parent, Ballymena

“I just noticed there if I was to cook a meal for two for myself and the girlfriend and if I was to eat out and get an Indian or something like that you are still paying roughly the same. If you pay for the ingredients it is about twenty quid and then if you pay for a takeaway it is about twenty quid”.

Single male, Tralee

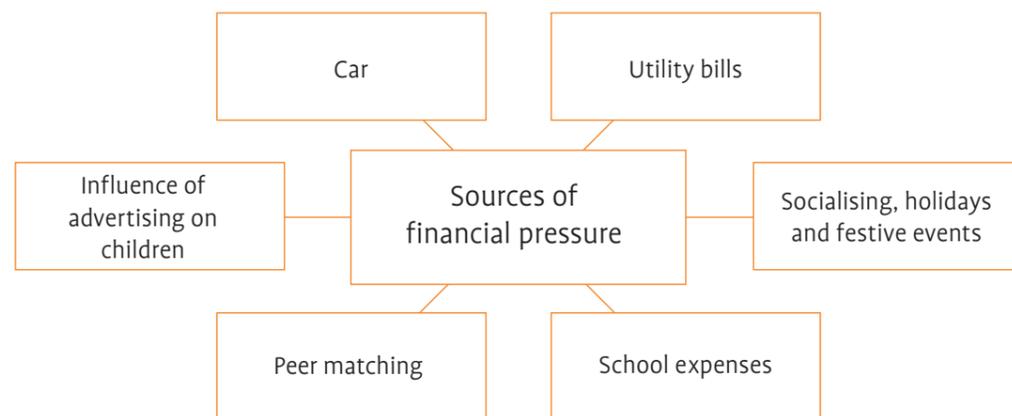
“Eating out in a café for a fry and stuff, when you consider what it would cost to get all the stuff in and then standing there cooking it, it’s not that dear”.

Single male, Belfast

Against the scenario of a heavy dependence on convenience and prepared foods, the key appliances used were the oven, microwave and deep fat fryer. Healthier methods of food preparation such as steaming or grilling did not feature to any real extent, except among the two groups of single older women.

Overall the results suggest that among these key cohorts at risk of food poverty cooking practices were extremely restricted. Frequently, there was no clear motivation to prepare food from scratch and this in turn negatively impacted on the amount of fresh food purchased and prepared.

Figure 4.2 Sources of financial pressure



Doing without and making sacrifices

Across all the groups, experience of 'lean times' was a fact of life, requiring one to adopt coping strategies and make sacrifices.

Sources of financial pressure

For people on limited incomes various sources of financial pressure could place constraints on the day-to-day management of their household finances. Obvious examples quoted are included in Figure 4.2.

Car

Renewal of tax and insurance was a significant but anticipated pressure. Unexpected maintenance and repair costs, and even fuel price fluctuations, often had a more dramatic impact as there was no time to plan for them and they had to be absorbed all at once. This was an issue that tended to surface more in rural areas, where dependence on a car for transport was higher than for urban dwellers.

"There are times when you have to renew your insurance and tax at the same time, and rent. There are times when you are caught like that".
Single male, Tralee

Utility bills

Utility bills for essential services such as electricity, heating or phone could wreak havoc with the household budgeting and needed to be factored in, though these could be somewhat less onerous for those sharing housing.

Socialising, holidays and festive events

Sacrifices had to be made if funds were to be available for holidays, festival events, or for any form of socialising, such as going drinking once a week. For parents Christmas was a major factor with some starting to make provision for presents and Christmas food three to four months in advance.

"I'd rather have something under the tree than on the table on Christmas Day. Nobody is going to go to school and ask 'What did you have for dinner'"?
Lone parent, Clonmel

All of these imposed extra constraints on the household budget, though less for non-parent groups than for families.

"I've kind of a system on Friday, I just say like so much off the Chorus, so much off the ESB, so much off the phone, and then there's so much for the food. But I make sure I got money for Saturday night because I go out the weekends with the friends and the cousins for my drink – that's for me!"
Single older female, Tralee

Some single males openly admitted that they were more likely to prioritise having money for public activities such as socialising than for private consumption such as meals at home.

Sacrifices have to be made if funds were to be available for special occasions.



School expenses (trips, back-to-school, supplies)

School expenses, such as trips, back-to-school requisites and supplies and other incidentals, also put significant pressure on parents, necessitating more careful budgeting or deferring paying some other items until in funds again. Many mothers complained that schools often gave very little notice before payment was required, leaving them little time to try to get the money together.

Peer matching

Parents readily admitted that their children wanted the same as everyone else and found it difficult to say 'no' to requests such as lunch from shops rather than brought from home, trips to McDonalds, or the deli, or chipper. The desire to make sure their children were able to match their peers also added to the need to spend extra money for trips and activities, as they did not want their children to be left out due to lack of funds.

Influence of advertising on children

Much of the advertising geared at children particularly when focused on licensed characters, creates brand attachments which drive demands that parents can find difficult to deflect. Thus, there tended to be a view that ads are brainwashing children to demand particular items that their parents cannot afford.

Coping strategies

All have experienced 'lean times' and have adopted coping strategies to manage their food supplies. Habitual stockpiling of (mostly processed and pre-packaged) food was common. When financial resources were exhausted at the end of the week or month, (a period some term 'waiting day') they resorted to a stockpile of frozen, tinned and packaged food accumulated over time. The freezer and cupboard assumed the role of saviours in these circumstances. These supplies were welcomed with relief that there was something to tide them over.

"It's in the back of my head that if we have a really bad week and y'know there's not much money, then at least I have the freezer to fall back on".

Lone parent, Clonmel

"I usually find if you're a bit skint, then you've got the magic cupboard and there's stuff in there that you've bought like maybe eight or nine months ago you never used y'know? And at the back of the freezer".

Single male, Cavan

The fact that the first shopping trip after receiving allowance and benefits payments often focused on 'filling the freezer' showed that this cycle of stockpiling and scavenging is a regular routine, rather than an exceptional behaviour reserved for times of extreme privation. Stockpiling was facilitated by the fact that less perishable, processed foodstuffs such as frozen, tinned or packaged foods comprise a large proportion of their food consumption. The only cohort that did not engage much in this stockpiling behaviour was the single older person cohort. Because they bought more fresh and less processed foods, they had a smaller repertoire of non-perishable foods that could be stockpiled.

"There's nothing in the cupboard – maybe mice! Coffee, sugar, that's it like".

Single older male, Leitrim

Trading up and trading down

The food participants bought and consumed varied slightly according to how much money they had to spend, and included things they would scrimp on in lean times and others they would splurge on in good times. Participants splurged at weekends and during holidays as well as just after a 'pay day'/receipt of benefits. They tended to scrimp on weekdays as well as during the few days immediately preceding their 'pay day.'

"Depend I think on where you were and what day it was regarding money. Wednesdays we don't eat at all except what'd be in the press, being honest with you. And then whatever day you get paid on, you might be extravagant".

Lone parents, Coolock

"You would try and keep something half decent for your tea that evening. At the end of the fortnight, breakfast and lunch disappear".

Single male, Belfast

All have experienced 'lean times' and have adopted coping strategies to manage their food supplies.

Most were prepared to make a budget sacrifice and upgraded to more expensive shopping outlets for the sake of better quality in certain key food stuffs. Interestingly, most of the foods they traded up for were perishable foods, where freshness was a key component of quality perceptions. Examples of this included:

- Buying meat at the butcher's instead of a supermarket or discounter (common across all household types)
- Buying fruit and veg from the local 'veg van,' 'fruit and veg store' or open air market (some)
- Buying cheese and fresh fish from open air markets (a few, primarily rural)
- Buying cakes and special occasion foods at more expensive supermarkets (especially Marks & Spencer's) (a few)

The acceptability of cheaper food alternatives, such as own brands or unfamiliar brands (as seen in Aldi and Lidl) were contingent upon:

- Previous trial or word of mouth/recommendation
- Taste
- Spoilage/wastage (e.g. how long it can be stored)
- Structure (e.g. rashers that shrivel up in the pan)

When prior experience and word of mouth recommendations were absent, the overall perception or reputation of the retail outlet was used as a signal of expected quality, and shoppers were more likely to buy own brands in stores they trusted to deliver good quality and taste. Motivation to try cheaper alternatives was obviously also influenced by budget constraints, but repeat purchase was contingent upon satisfactory trial experience.

When sacrifices were required, there was a hierarchy of items that could be omitted from the shopping basket/trolley...

Sacrifices

When sacrifices were required, there was a hierarchy of items that could be omitted from the shopping basket/trolley based on a combination of perceived importance to sustaining the household and consideration of the unit cost. Which items were on this list and their position in the hierarchy varied depending on whether or not children were present in the household.

All household types

For all, the least likely items to be sacrificed were bread, sandwich fillings, other staple foods, pet foods and tobacco. The youngest group of single males (in Tralee) also included alcohol at this level, preferring to skimp on their private consumption rather than sacrifice social nights out. Participants explained tobacco's protected position by arguing that cutting back or going without temporarily had in the past led them to smoke even more as soon as they could afford to. They reasoned that it was better to keep smoking at a consistent level, rather than putting themselves through a pattern of peaks and troughs.

Households with children (two-parent and lone parent)

For households with children, the first products to go were indulgences and 'treats' geared towards the parents. This typically included alcohol and any food items that mothers bought exclusively for themselves or for the adults in the household, but not tobacco.

A second level of items at risk in times of need, but not among the first to be sacrificed, were juices, diluted drinks, and take-aways.

The last items to be cut were snacks and treats such as chocolate, crisps and biscuits, considered essential to cater for the demands of children. While there might be some downgrading of these items to own labels if necessary, mothers typically made every effort to keep a stock of these items on hand. Tobacco for themselves and other adults is also included in this tier of 'last to be sacrificed' items.

For households with children, the first products to go were indulgences and 'treats' geared towards the parents.

Households without children (single male and single older person)

In single male or single older person households, the first products to be sacrificed in lean times were perceived 'bad for you' treats e.g. chocolate, crisps, biscuits, etc. Many also included alcohol in this category, but the youngest group of single males said its value as part of their social lives gave it higher priority and placed it among the last things they would cut. Among single older people, who tended to have fewer outlays and constraints on their budget, the sacrifices often ended with these items.

"I think that probably the drink and the socialising comes before the food and then you try and work out how much you have left"
Single male, Tralee

"I suppose I'd cut out sweet stuff like biscuits or whatever, just for the fact that it makes you healthier".
Single male, Cavan

For single males, however, there was sometimes a further level of 'nice to have' items such as toiletries and cleaning products, takeaway, deli food and meals out. The single male group in Belfast (arguably the most deprived) also included milk, sugar and cheese in this category.

"There is many a time you just have to take your coffee black because you have no sugar or milk. You just can't have it every way".
Single male, Belfast

Understanding the key themes: self regulation

DEFINITION OF SELF REGULATION: Self mastery; ability to resist impulses and moderate the emotional aspects of one's decision making, operate in a planful and future-focussed manner.

The theme of self-regulation provides a psychological explanation for many of the food-related behaviours participants described. According to their own descriptions, participants exhibited varying degrees of self-regulation, from weak to strong, across four different types of food-related behaviour:

- Managing their own diet
- Managing their children's and partners' diets
- Cooking
- Shopping

Listening to participants' accounts of how and why they behave as they do across the four types of food behaviour above, the researchers conclude that many (although not all) are caught in a cycle of unhealthy eating.

- The cycle starts with the way they view food. Many have a functional view of food and see it as a means to meeting immediate need states such as appetite/satiety, energy levels, and pleasure/comfort seeking.
- It continues with the way they view cooking, which many see as a 'hassle,' 'chore' or 'bother.' Many admitted they lack the skill set to do more than 'heat food up' (especially when they reflect on the way previous generations prepared most food from scratch). At the same time, they expressed no desire to learn these skills, perhaps viewing them as unnecessary given the availability of convenience foods.

- Participants often used the same descriptors 'hassle' and 'chore' to describe food shopping, which tended to be highly routinised for the sake of keeping the housekeeping expenditure predictable and controlled.
- All of the above factors conspired to encourage participants to primarily purchase and consume highly processed convenience foods that are 'quick,' 'easy,' 'handy' and 'convenient.' Such foods require little preparation time and minimal effort. Many convenience foods can be stored in a freezer or cupboard for long periods of time, making forward planning less essential. These foods also meet the immediate need states that define their view of food.

The next four sections examine how the theme of self-regulation is expressed across the four types of food behaviour: managing their own diet, managing their children's and partner's diets, cooking and shopping.

Managing their own diet

The majority across all four household types have a strongly functional view of food as meeting immediate need states. The key impulses participants mention with respect to their own diet are appetite/satiety, energy levels, pleasure-seeking and comfort-seeking.

- Appetite/satiety – getting from one meal to the next. Participants described choosing what and how much to eat according to the appetite of the moment, but within the context of what they had already eaten and what they expected to eat later the same day. For instance, many defer lunch or eat a light lunch because they have a habit of eating a big dinner.

- Pleasure-seeking and comfort-seeking – foods that are tasty and familiar were freely consumed, without reference to the overall nutritional balance of the meal or a day's food consumption. In many groups, participants named takeaway meals as some of the most enjoyable. Compulsively munching on biscuits, chocolate bars, sweets, crisps or cereal in front of the TV after dinner was also a common habit.
- Energy/fuel levels – many grazed on quick energy foods (typically high in sugar or starch) when they needed a boost. Biscuits, chocolate bars, sweets, crisps and fizzy drinks were either kept on hand or purchased as needed for these occasions.
- Security – participants described a high degree of predictability and routinisation in their day-to-day diets, which gave them a sense of security that their needs would be met. Variety, when mentioned, was typically dismissed as a feature that would risk either wastage or overspending.

Only the minority mentioned food as a source of higher level benefits such as:

- Sensation-seeking through experimentation with new and exotic foods/dishes (a few across groups)
- A feeling of accomplishment gained from cooking your own food (a few single males in Cavan and Belfast and single older people)
- Enjoying better health through healthy eating, either in the present or the future (single males in Cavan, single older people)
- A sense of identity through self-signalling with your food purchases (a few single males in Cavan)

The few participants who referenced these higher level benefits tended to come primarily from the single older person and single male cohorts, rather than the two-parent or lone parent cohorts. These participants also described themselves as eating fresher and less processed foods than other participants and cooking from scratch more frequently than the others .

This focus on the here and now results in participants not exerting much control over what they eat. Most did not describe making any effort to regulate their food intake on a day-to-day basis. Instead, they ate in response to the impulses mentioned above. There is little, if any, unprompted discussion of healthy eating in most groups.

Those who did explicitly mention regulating their diet fell into one of three categories:

- There were a few who had been prescribed dietary restrictions as a result of chronic health problems such as cardiac disease, diabetes, or obesity. Adherence to medical advice among these participants varied, with some observing the benefits of compliance, but others clearly admitting they did not follow the advice they had been given.
- Unsurprisingly, participants who had been prescribed dietary restrictions tended to be concentrated in the single older person groups, but there were also a few scattered across groups representing other household types. Single older people across all three groups also tended to find healthy eating for the sake of better health outcomes more immediately motivating than participants in other cohorts. While younger participants sometimes mentioned that they expected they may have to develop healthier eating habits if their health deteriorated at some point in the future, single older people were more likely to claim that they tried to eat healthily now in order to prevent the deterioration of their health.

- Some limited discussion of weight loss as a motivation for temporarily regulating one's diet occurred in many of the groups, across all household types.
- Several participants in one group (the Tralee single males group) also described temporarily trying to eat healthier food for the sake of better athletic performance during the football season.

"It has to be healthy. I haven't much of a choice because I've osteoporosis and I have to have a lot of calcium and I drink a glass of low fat milk every evening with my dinner and one has to eat the green vegetables – they're fierce important".
Single older female, Tralee

"I find it hard to stick to a routine. I would sort of slip back into habits, but I have tried".
Single male, Belfast

Managing their children's/partners' diets

In the two household types with children, the children usually set the pace for food behaviour in the household. The majority of mothers in both two-parent and lone parent households found it too difficult to withstand child pressure and gave in, acknowledging that they pander to their children's likes and dislikes far more than their mothers did to theirs. The desire for an easier life hindered parents' will to withstand child pressure, another instance where self-regulation was weak. Many observed that it was much easier to buy and cook the food a child likes, rather than engage in a battle which can result in wastage.

Children often had different schedules and wanted to eat at different times leading to an increased reliance on ready-to-eat foods.

Mothers who had more than one child typically described having to prepare different dinners for different children, as each asserted their individual tastes. Children of different ages often had different schedules as well, and therefore wanted to eat at different times. This often leads to an increased reliance on ready to eat and quick to prepare foods, as mothers would not otherwise have the time or energy to cater for multiple dishes for each meal time.

Excuses for not enforcing a balanced diet were commonplace. The most common were:

- The children will not eat what they do not like, therefore if I fix them food they do not like, they will go hungry and I will have to throw the food out.
- Deferral and hope that children's tastes will change, that they will learn better habits in school or that they will impose self-regulation on themselves when they get older, resulting in healthier eating down the line.

However, a minority did withstand their children's pressure and imposed a regime of communal dinners where everyone eats the same thing in their household. Their exertion of self-regulation tended to be driven primarily by a desire to economise and control the time and budget invested in feeding the household rather than health concerns. These instances of stronger self-regulation tended to be found among participants from two-parent households.

Some of the tactics they implemented to resist pressure from their children included:

- Downsizing choice: limiting the repertoire of food and drinks available, enforcing communal meals where everyone ate the same thing at the same time, not giving in to fussy eaters, not buying so many snacks
- Disguising vegetables: gravy, beans and tomato sauce were all praised for their ability to disguise foods and 'enhance' taste and were heavily relied on.
- Bribe: holding back on treats / privileges in exchange for finishing meals.

"I made dinner and smothered it in gravy and he ate every bit of it".

Two-parent family, Manorhamilton

"I say if you don't eat it, you don't go out. I'm not standing two or three dinners. You'll just eat the same as everyone else".

Two-parent family, Ballymena

Pressure from partners was rarely referenced in the two-parent groups, but the presence of a second adult seemed to facilitate resistance to child-pressure. This will be explored further under the theme of 'Agency' on p 46.

Cooking

The majority across three of the four household types expressed a strong dislike for cookery and food preparation. This point of view dominated across the single male, two-parent and lone parent household type groups, with a few expressing this point of view in single older person groups. Mothers especially viewed meal preparation as a stressful job and made frequent references to wanting to escape this responsibility and 'take a holiday from cooking' (in both the two-parent and lone parent cohorts). This active dislike of cooking ultimately expressed itself in weak self-regulation when it came to food preparation and consumption. The resulting behaviours were avoidance of food preparation (where possible) and reliance on convenience foods that required only minimal food preparation (e.g. heating up).

Although, at various points in the discussion, these participants recognised that fresh food cooked from scratch is healthier, they were reluctant to do this for a variety of reasons:

- No perceived need to cook from scratch due to the availability of convenience foods such as chicken nuggets, chips, fish fingers, etc.
- No clear cost savings in cooking from scratch: Convenience foods are so low-priced that many believed cooking meals from fresh ingredients would be just as costly or possibly even more expensive.

Participants recognised that fresh food cooked from scratch is healthier.



- Conditioning: Many have developed a habit of eating convenience foods and admitted that they are inclined to stick with what they know and typically eat, instead of experimenting.

"I would usually use stuff out of the microwave mostly. It wouldn't be like fillet steaks. If I could afford them, I wouldn't eat them anyway".

Single male, Belfast

- They lacked the skills to cook from scratch: A few openly admitted to this, but did not express any motivation to acquire these skills. With others it could be inferred from the fact that the day-to-day cooking activities they described are little more than 'heating up' foods in an oven, microwave or fryer, as well as that they made no reference to any complex or sequenced cooking techniques (aside from participants in the two groups of single older women).

"I'm more of an oven man myself because it's easy. Wedges and cheese for dinner and pizzas in the oven".

Single male, Tralee

"I buy those pies that you can just throw in the oven and there is your meal".

Two-parent family, Belfast

"I'd never do roasts. I have never done them so I just don't ever want to face them".

Two-parent family, Manorhamilton

- Neophobia or lack of interest in innovation: Those who disliked cooking seldom expressed any desire to increase the variety of their diet or try new things. They did say, however, that they felt compelled to keep their consumption (and therefore their spending) predictable.
- Negative emotions surrounding food preparation: This took different forms depending on household composition:

- In lone parent households, sole responsibility for feeding and budgeting for a family created tension and anxiety
- In two-parent households, this tension and anxiety was somewhat moderated by another adult to back you up, but responsibility for feeding and budgeting food spending still fell primarily on the mother
- In both single male and single older person households, many viewed solitary eating as 'miserable' so cooking and eating by yourself was not something they enjoyed. Even if they had the skills to cook, as many of the single older women and men did, they often felt it was not worth investing the time and effort if they were eating alone.

"Don't think now that I would bother making a dinner for myself. I wouldn't do potatoes and everything, y'know".

Single older female, Cushendall

"Mine is a lazy day when it comes to cooking".

Two-parent family, Belfast

There was, however, also a minority who got satisfaction or even pleasure out of cooking and food preparation. These participants were found primarily in the single male groups (almost half in the Cavan group, a couple in the Tralee group and one in the Belfast group). They had learned how to cook and were willing to invest some time and effort into preparing meals (although their upper limit is usually an hour per meal). Some of them reserved cooking from scratch for guests, such as visiting girlfriends or children. But a few cooked from scratch regularly, believing that gave them both better nutrition and better enjoyment than just 'heating up' convenience foods. One Belfast man even described cooking as 'therapeutic.'

“You feel better, I suppose. You feel that you’re eating better if you cook it from scratch yourself, I think, because there’s less crap in it”.
Single male, Cavan

“Cooking for yourself is far superior and it is therapeutic in doing it. I enjoy doing it”.
Single male, Belfast

Shopping

In contrast with their eating and cooking habits, participants tended to exhibit strong self-regulation with respect to food shopping. Shopping was a very strategic and tightly controlled activity for most participants across all four household types. Tight purse strings and the need to avoid over-spending were the key triggers towards increased self-regulation in food shopping. Exercising so much self-control and working with such little margin for error lead many to dislike shopping, as discussed under the theme of Emotional management on p 54. Their self-regulation was facilitated by the guilt they felt when they exceeded their budget or when they wasted food they had purchased. Wastage tended to be a greater concern among the single older person groups, most likely because they consumed more fresh and perishable foods than the others.

One of the key ways that participants maintained control over their food shopping was to keep their store and product selection as predictable as possible, because this lessened the risk of losing control and incurring unexpected expense. This routinisation ensured little variance and could lead to boredom. However, they viewed the predictability of their food shopping as a benefit because it insulated them from the risk of ‘wasting’ limited resources on things they did not need and would not use.

The mission of any shopping trip was to get the food in for the day/week/month and buy only

what would be eaten, resisting temptation to buy anything new that might not be used because, with such a limited budget, waste was not an option. Much of the process they went through when they went food shopping was designed to prevent overspending and waste in a retail environment which they recognised is designed to encourage spending.

They typically started with menu planning – working out what they were going to eat/feed their families and what they needed to buy to do so. Mothers tended to do more of their shopping on a weekly basis, so they thought in terms of ‘the five dinners,’ whereas single males and single older persons were more likely to shop at least two to three times a week, if not daily, and often bought dinners the same day they were eaten. Menu planning could be fairly automatic, as many bought and ate the same things week after week, but most still invested some conscious thought in it, if only to make sure that they had enough money to buy what they needed. Some made a list as a means of exercising additional control over what they would spend.

“You work out your Monday to Friday dinners before going shopping. I write a list if I’m short of money that week because you are only buying necessities, not buying any luxuries”.
Lone parent, Belfast

“I write ‘em down. Otherwise I’m just milling around doing nothing. Or I come out with a tray load of beer and I went in for eggs”.
Single male, Cavan

“Look in the freezer now before I go and I’d go right, okay, don’t need this, try and memorise it”.
Lone parent, Clonmel

Other shoppers, including mothers and single older women, made a point of removing pester power during their shopping trip so that they were not tempted to make unplanned purchases or buy more than they need. Shopping on a full stomach was one strategy. Another was to avoid pester power by not bringing children/partners with them, unless there was no alternative.

Store selection was also strategic – but the preferred store set varied depending on how confident, knowledgeable and skilled the shopper felt and their household size/composition. Mothers and single older women were more knowledgeable and skilled shoppers than others and had more confidence negotiating bigger stores with a larger variety and range of goods. In contrast, single males and single older men tended to prefer smaller shops with a limited range, even at the cost of higher prices, because they found the proliferation of low priced goods and promotions tempted them to overbuy and overspend. Mothers also had more people to shop for, which made the savings available in multiples and discounters worth the risk of over-stimulation, whereas people shopping for just themselves did not need the same range and cost savings per item.

Mothers and single older women were also more inclined to distribute their shopping among several stores for the sake of cherry-picking the best prices for each type of item, e.g. Lidl for toiletries, Iceland for frozen foods, Aldi for biscuits and cheese. Mothers and single older women also tended to actively limit the amount of food they purchased in local convenience stores, knowing that they could pay lower prices for most items at a supermarket or discounter.

Participants used strategies when shopping to avoid unplanned purchases.

Single males and single older men, on the other hand, were more inclined to consolidate as much of their shopping as possible, even if this meant paying higher prices per item. Avoiding big multiple supermarkets in favour of local shops/mini-marts was a common shopping pattern for single males and single older men.

“I always get my fruit and veg in Horan’s, they’re kind of better now. I find it great. But for household stuff, you know, your washing up liquid, I’d go to Tesco or even Aldi’s can be much cheaper”.
Single older female, Tralee

“Aldi and Lidl, some of the stuff is grand, but I wouldn’t miss them if they disappeared. They are probably better for families”.
Single male, Tralee

Preference on smaller, local shops, despite higher unit prices, was not simply a matter of access or availability of transport – many avoided shopping in larger outlets as a means of avoiding temptation. Even the most sophisticated and experienced shoppers had learned that stores that offer much cheaper prices across the board than their usual outlets (e.g. cross border shopping, ASDA) often tempted them to overbuy. For example, they told stories of stocking up on toiletries that were much less expensive than their normal outlets, only to find that they were left without enough money to buy the food they normally would. Some single older males felt that not travelling to larger retail chains with lower prices actually regulated their purchasing and

helped them to budget more effectively, without the temptation to buy too much that they often associated with a supermarket visit.

“I find when you go to a big supermarket you buy more. You tend to put a lot of shopping in, so you would, so maybe when you come home you say ‘God knows what I spent’ and then you would think the rest of the week, well, I’ll have to make that do, y’know?”

Single older female, Cushendall

“Iceland is not so bad because they’ve no toys or anything. Tesco have computer games, DVDs, toys”.

Lone parent, Belfast

“I couldn’t shop in Dunnes in Swords, don’t ask me to do my food shop there, I’m like a lost child. I shop in the same Dunnes all the time; I know where all my stuff is. The trolley nearly goes on its own”.

Lone parent, Coolock

Access to shopping outlets and lack of transport did not surface as a major issue for any of the four cohorts. Very few seemed to be so isolated that they needed transport to do any shopping – just a few of the rural participants said a trip to the local shops might require a drive or a long (up to 40 minute) walk. Nearly all had small shops within walking distance – at least a convenience store or mini-supermarket and a butcher in even the most remote locations, with the addition of ‘fruit and veg’ stores, small supermarkets and Pound/Euro stores in city or urban neighbourhoods. Larger supermarkets such as Tesco, Dunnes, Sainsbury’s or Morrison’s were typically a short distance away, easy to reach. In one way or another, all claimed to have sufficient access to transport to shop at these stores. If they did not have a car themselves they had worked out a system to overcome transport barriers, either by getting a lift with family, neighbours

or friends, and walking, or taking the bus to the shop and then either getting a taxi back or having the shopping delivered (especially from retailers who offer free delivery above a minimum spend threshold). Super discounters such as ASDA or Cost cutter, niche supermarkets such as Iceland or Marks and Spencer and open air markets were sometimes further away (the next town or a different part of town in cities) but were typically considered close enough for monthly trips if desired. Interestingly, a few felt that not having a car actually regulated their purchasing and helped them to budget more effectively, by limiting the temptation to buy too much that they often associated with a visit to a larger retail outlet.

“I only go to the two local shops and the butcher’s. Obviously if I was in Enniskillen maybe I’d take a browse around ASDA but I wouldn’t go in to get the stuff in ASDA because I wouldn’t use it. I feel it would go to waste”.

Single male, Cavan

Once at the store, most had a mental map or habitual route through various sections that allowed them to get what they needed and avoid being tempted to make any unplanned purchases. They explicitly avoided aisles with non-food goods such as clothing, toys, DVDs and video games, especially if shopping with children. Some shopped with a list to enforce discipline on themselves and avoided unplanned purchases by not buying anything that was not on the list. Others achieved such a high degree of routinisation in their shopping that they did not need a list, but still exercised control by not

A few felt that not having a car actually regulated their purchasing and helped them to budget more effectively

buying anything they did not usually buy. Many ‘totting up’ their total spending as they shopped, making a mental note as each item went into the trolley. Some explicitly appreciated that Iceland made this calculation easier by keeping its price points rounded to the nearest whole coin. Overall, their reliance on predictability and routine in food purchasing came with a marked reluctance to buy new food, or Neophobia. Many claimed that the contents of their shopping trolley/basket remain 90 per cent constant on a weekly or fortnightly basis. This meant there was little room for healthier options to infiltrate their established repertoire.

“I would count up what I am spending as I go around the shop. I would know how much it is going to come to before I get to the till. Not exactly, but I would have a rough idea”.

Single male, Belfast

“I think about how much money I have to spend. I am adding it up in my head as I go along”.

Single male, Tralee

“You are so used to where everything is – if you go around it in a different way you see more and you tend to buy more”.

Two-parent family, Ballymena

“If you spend time looking around, you are buying rubbish. You are buying stuff that you don’t want and you are eating stuff that you don’t need to eat”.

Single male, Belfast

They looked for special offers in the hope that they could save additional money, but carefully evaluated whether or not each special offer would deliver value for them. They were wary of special offers that required them to buy more than they would use, resulting in waste. They were also reluctant to buy items they didn’t normally buy for the sake of saving money, although they did switch brands. They were happiest when the things they bought

regularly were on offer. Stockpiled frozen, tinned and packaged foods were bought on offer whenever possible, and some admitted they would defer purchasing them when they were not on offer.

“You’re looking out for the 2 for 1 and the bargains and stuff like that”.

Lone parent, Clonmel

“Sometimes you find in the supermarket that if you buy two you get one free but you mightn’t use the three. It’s not a bargain if you can’t use it”.

Single older female, Tralee

“You tend to actually look, and you see when things have come down, I always get enough to keep me going until that one comes down again, y’know”.

Single male, Cavan

For all, the biggest challenge to self-regulation was the desire for small indulgences. These indulgences generally took the form of spending any extra money on foods perceived as ‘luxuries’ – treats that have a higher unit value than other staples and don’t require any food preparation. Chocolate, biscuits, sweets, crisps, takeaways and eating out all fell into this category. However, some indulgences related more to relaxing self-regulation on how they shopped for food, for instance:

- Shopping locally at higher priced convenience stores rather than travelling to a supermarket with lower prices.
- Buying what you wanted and overspending rather than keeping within your budget – allowing yourself immediate gratification even knowing that you would have to deprive yourself later. A few mentioned that they sometimes got tired of ‘totting up’ their shopping as they went and decided to ‘wing it.’
- Buying takeaways instead of shopping and cooking.

“I’m just as bad as the kids. I see the sweets and say ‘I’ll just have a wee pack of them’”.

Two-parent family, Ballymena

“If I liked the stuff, I would buy it, no matter what price. The way I look at it, to hell with poverty. Enjoy yourself one day and then suffer for it the next three or four days. Life is all about suffering, isn’t it?”

Single male, Belfast

Understanding the key themes: agency

DEFINITION OF AGENCY: Sense of control of one’s decisions, actions and (in as much as is possible), important outcomes e.g., health, identity and choices.

Household composition is an intrinsic factor in agency. The key questions that uncover the patterns of agency behind behaviour in these discussions are *‘Who do I care for?’* and *‘Who cares for me?’*

Family households

For the majority of family households the responsibility regarding what the household consumes fell on the mother. In their capacity as ‘head chef’ they were the grocery shopper, meal planner, and cook. As a result of this, mothers had restricted agency regarding food. They relied on themselves alone to make better food choices but almost always had to work within the confines of what the children would eat. The influence of the children and husband/partner (if present) provided structure and routine in their lives and a motive for preparing regular meals, involving menu planning and the need to cater for different appetites.

The husband/partner (if present) could sometimes play the role as second moderator. There seemed to be a bit more discipline or regulation about food choices in two-parent households, as the husband/partner was said to be less likely to give in to the pester power of children and to adopt a more pragmatic ‘take it or leave it’ approach to what was put on the table. Among other family members, grandparents demonstrated a high level of agency and were often heavily relied upon to enforce routine and feed children a ‘good’ substantial dinner. Mothers remarked that their children were often more willing to eat a variety of foods at their grandparents’ homes than in their own home.

One of the most important factors dictating eating habits in households with children was the combination of different age groups with all the issues that this brings. For example, the combination of hungry teenage boys, image-driven girls and fussy toddlers had huge implications in restricting the mother’s agency over what is bought, cooked and eaten. In households with a range of age groups, it was often the case that the youngest family members (e.g. toddlers) were not really catered for, instead being fed a more grown up and not necessarily suitable diet for their age and developmental stage. This seemed to happen primarily because it was beyond the mother’s ability to cater for so many different appetites.

One of the most important factors dictating eating habits in households with children was the combination of different age groups with all the issues that this brings.

Many of the mothers we spoke with also felt an obligation to give their children some measure of agency over their food choices. They recalled being denied choice over what they ate when they were young and feeling deprived when forced to eat foods they did not like and denied foods they wanted. They explicitly said they did not want their children to experience the same feelings of misery and deprivation they felt as children. As a consequence, they typically refused to deny their children the foods they wanted, even if this meant buying and preparing different foods for each child. Giving children agency also meant buying more ‘treats’ than they had as children – this is described in more detail under the ‘History and modernity’ section (p 50).

Differences for lone parent households

Lone parents were typically the main and only arbiters of what was bought and consumed in the household, occupying the roles of ‘head chef’ and ‘chief moderator’, solely responsible for budgeting and food purchasing. Although many had family support via their own parents and sometimes siblings, a lot of the time they were running the show on their own.

Day-to-day household management and budgeting was solely their responsibility and they admitted shouldering this responsibility alone, without the support of a partner with whom to discuss and resolve issues, could often be stressful. Furthermore, the absence of an additional income meant less of a cushion for budgeting in hard times. The general consensus among lone parents was that ‘you have to get it right’ or else the children would not eat or bills would not get paid. Several said it often came down to juggling between paying bills and providing food. In such situations the mother would go without or would forfeit some purchases for herself in order to ensure that the children would get fed.

“I rely on my child benefit coming in. Maybe get a stitch of clothes for her, but most of it goes on my bills and if I didn’t have that coming in every month, I’d probably be out of light”.

Lone parent, Clonmel

Pester power and fussy eaters

For all households with children, whether lone parent or two-parent, factors such as pester power and fussy eaters exerted such a major influence on food choices that it was worth exploring these in more detail.

The impact of pester power

Pester power and the ‘unreasonableness’ of children’s eating patterns was a key influence in the majority of households with children.

There seemed to be almost unanimous agreement that it was virtually impossible to resist child pressure and participants often gave the impression that children would not be denied, regardless of the consequences. Essentially this amounted to giving children agency, as described on p 46.

The inevitable result of this was that the majority did not enforce strict rules or guidelines regarding what their children ate. This, combined with multiple children each asserting different tastes, appetites and schedules, lead to the ‘spinning plates’ syndrome. Many mothers in both two-parent and lone parent cohorts considered it the norm to prepare different dinners to cater to different tastes and appetites and to prepare dinners at different times to suit the children’s schedules. This led to a heavy reliance on convenience foods to cope.

“Whatever they want you just tend to make. If someone wants noodles at five and someone else wants chips at seven, you make it”.

Two parent, Clondalkin

The pester power of children also extended to brand choice, with many reporting that unless they bought particular brands of products the children would not eat them, e.g. Kellogg's cereals, Heinz beans and ketchup, Buzz Lightyear pasta, etc.

Other ways in which pressure from children had an impact on food behaviour included mimicry and peer matching. Many mothers caved in to pressure from their children's natural tendency to want to do exactly as their peers did, and supplied pocket money every day for school lunches and snacks. Mothers often felt quite frustrated by this demand for cash regardless of the fact that all the necessary ingredients to make lunch may have been available at home. Nevertheless, they gave in to pressure from their children because they did not want their children to be different or worse off than their peers.

"I feel you have no choice. You want to do what you can for your kids. You try and give them what they want".

Lone parent, Clonmel

While the majority did not enforce strict rules or guidelines regarding what their children ate, preferring to believe that their children would grow out of their faddishness, others did withstand child pressure and adopted coping mechanisms as described above in the self-regulation section (p 37). These mothers had found ways to exert some control while fulfilling their primary concern of getting the children to eat and making sure they were not hungry.

The impact of fussy eaters

Fussy eaters who, based on these group discussions, seem to be present in most households, further restricted mothers' agency over food choices. In many groups, mothers expressed conflicted feelings about this. On the one hand, they acknowledged partial responsibility for pandering to their children's requests rather than asserting control. At the same time they expressed frustration and a lack of faith that they had the ability to regain control now that the children's tastes and habits were established.

For many mothers, their children's fussiness triggered an acute fear that fussy children may not eat enough food and as a consequence would not grow and develop properly.

Most devised ways of coping with the very challenging task of feeding fussy eaters, and these included:

- Giving into pester power and allowing them dictate the food they would eat e.g. Buzz Lightyear pasta, sausage rolls for every meal, etc;
- Blending food to disguise foods the children rejected;
- Bribing children to eat with promises of dessert or treats after dinner, permission to play video games or watch TV, etc;
- Taking comfort in the fact that even if their children refused to eat all the things they should for Mother, they did eat for others e.g. Granny, the crèche.

These techniques tended to reduce the element of interpersonal conflict in getting fussy eaters to eat and also served to assuage the guilt and anxiety a mother might feel because she knew that at least she was getting some food into the child.

Lone parents appeared to be particularly challenged by fussy eaters, finding this especially difficult and causing a great deal of anxiety. Few had day-to-day support in policing their children's eating habits. Most opted for children eating something rather than nothing as a desirable outcome, even if this meant the content and variety of the food eaten was not the best.

Single males and single older people

All those living alone perceived themselves as masters of their own destiny, firmly in control of the food shopping, cooking and budgeting.

The general consensus among single men was that they only had themselves to answer to and could order their affairs to suit. On the one hand this resulted in less anxiety regarding the food budget than seen in family households, as they were not responsible for anyone else. However, it also meant skipping meals and not being mindful of what they had eaten. It seemed that frequently quite basic snacks (sandwiches, wedges, pizza) passed for dinner as those living alone were not bothered by the hassle of preparing a full meal. It is conceivable that this type of behaviour was also, on occasion, a mechanism for controlling expenditure on food when funds were tight.

Single older people were more likely to prepare full meals for dinner because they were in the habit of cooking and eating more traditional foods (bacon and cabbage, chicken/beef/pork with potatoes and vegetables were common). Like the single males, however, they were inclined to skip meals at other times of the day, claiming they didn't have the appetite to warrant fixing a breakfast or lunch. Again, cutting back on food consumption could conceivably also perform the function of cutting back on expenditure.

Occasionally, others had to be catered for. Grandchildren were sometimes part of the mix for some of the single older women and this had

The sociable aspects of catering for others added substantially to the sense of enjoyment of food at dinner-time.



the effect of inspiring more thought regarding food preparation. The same was true for some of the divorced or separated single males on the days that their children visited. It was widely agreed that the sociable aspects of catering for others put structure to the day and also added substantially to the sense of enjoyment of food and dinner-time.

"I have me boys three days a week so I usually do cooking properly then. They need proper food, y'know"?

Single male, Cavan

Among the single males we spoke to, there was evidence of a very strong reliance on family support with many turning to the extended family for meals on a regular basis. It was quite common for single males with family living in the same community to have a meal at their mother's or sister's table at least once, and often as many as three times, a week. Men without family nearby sometimes went to a friend's house or availed of free meals at church and community group meetings. This was very important in ameliorating a sense of deprivation and isolation that many would have felt if left entirely to their own devices. It also performed the function of reducing the number of meals they had to cater (and purchase) for themselves.

Understanding the key themes: history/modernity

Harking back to their own youth and making comparisons with their life today helped many to define and rationalise their behaviour. The sense of difference between 'then' and 'now' was particularly palpable for households with children and seemed to be influential on behaviour. The majority of mothers in both two-parent and lone parent households embraced modernity in the food supply as a means of escaping the deprivation they knew as children. For single person households, though, comparisons appeared to be more judicious and considered, with life 'now' not necessarily deemed to be better than it was 'then.'

Households with children

There were very strong impressions among households with children of how different the experience in their household today is from the experience they had during their own childhood. There was a definite sense in talking to the women in both two-parent and lone parent groups that they themselves came from very disadvantaged backgrounds and were very well acquainted with deprivation. They spoke of 'real poverty' describing bare cupboards, nothing extra, no snacks or treats, 'just about getting by.' These experiences have caused the pendulum to swing in the opposite direction, with mothers trying to avoid at all costs having their children experience the deprivation they knew when young. Desire to escape and reject a deprived past has had, and continues to have, a hugely influential role in shaping their behaviour and their attitudes in managing their own households.

'When I was growing up, my ma had bleeding nothing. To this day I won't buy cream crackers because I got sick to death of them growing up. There was never a biscuit; if you went in you got one cream cracker and you all got a bit.'

Two-parent family, Clondalkin

One of the most obvious signs of this is that, as they recall, in their own childhood 'spoil' was not a verb in their vernacular – you ate what you got or went hungry. In contrast, it is widely acknowledged that children nowadays are 'spoil' in the sense that they are typically given agency to dictate what they will and will not eat. Mothers we spoke with conceded that they were at fault in 'spoiling' their children, but also seemed to revel in the fact that they could do it – giving their children more say in food choices than they themselves ever experienced.

While the majority of mothers spoke in awe about how their own mothers managed the household when they were children, particularly their powers of 'organisation' and 'discipline' most expressed little or no will to emulate their mothers. Many claimed that their mothers had kept a family household running on even scarcer resources than they themselves have. Yet they clearly felt that this was achieved only by providing very spartan fare and presenting it with a 'take it or leave it' attitude. They also recalled that their mothers rarely allowed them small indulgences like biscuits or trips to McDonald's, whereas they regularly made these available for their children. It is clear from their comments that they felt their childhood was deprived and were glad they did not have to refuse such little luxuries to their own children.

"We have a snack cupboard in our house now but we never had it when we were growing up".

Two-parent family, Clondalkin

Participants felt increased choice in the marketplace had been a major factor in changing things. According to their recollections of 'the old days' choice was limited, labour saving convenience foods not available, meals were made to stretch and indulgences were non-existent. Now they felt the scene was totally different, due largely to the availability of inexpensive convenience foods via multiples and discounters. The increased affordability of convenience foods has enabled people to afford to eat filling, tasty foods that are satisfying to the appetite, even if they are, for the most part, processed, mass produced and unhealthy. In addition, the increased availability of inexpensive non-perishable food has made it possible for most households to stockpile food and to maintain a snack cupboard.

It's cheaper to buy a packet of burgers than it is to buy a packet of apples.

"When I was younger it would be spam fritters and mystery tins out of the local market. Jesus you didn't have half the choice you do now. Even spag bol and all those rice dishes".

Lone parent, Clonmel

"Food is so cheap now; you keep buying more and putting it in the freezer".

Two-parent family, Clondalkin

"Pizza from Iceland, they are only £1 and you can get a load of them – do them all week".

Lone parent, Belfast

"It's cheaper to buy a packet of burgers than it is to buy a packet of apples".

Lone parent, Coolock

With more convenience foods widely available cooking skills, which would have been taken for granted in their own parents' day, have apparently dwindled. Fresh food and the skills to cook it have become outdated in a generation dependent on packaged and processed convenience foods that require little or no skill in preparation. Convenience foods also enabled mothers to pander to the individual demands and appetites of different household members, whereas preparing meals from scratch would make this too time-consuming. As a consequence, tastes and palates have become used to food that is high in fat, sugar and salt, resulting in a vicious cycle of unhealthy eating and poor diet. Participants themselves felt that 'unhealthy' processed foods 'taste nicer' than 'healthy' fresh food cooked from scratch in no small part because 'we're used to eating that way.'

“We have done this to them. We let them away with it”.

Two-parent family, Clondalkin

In a few groups, mothers noted that people in general, and particularly children, are more inclined to put on weight eating the modern diet of fast food and convenience foods than they were when more fresh traditional food was the norm. This was discussed at some length in the Clondalkin two-parent household group, but also mentioned in the Clonmel, Coolock and Belfast lone parent household groups. However, making this link between weight gain and processed foods was not enough to turn them against processed foods, with some explicitly saying the appealing taste and convenience make modern processed foods too hard to give up. Instead, they tended to talk about looking more closely at labels and choosing lower fat options when possible.

“You were never fat when you lived with your mother”.

Lone parent, Clonmel

“My little fellow is eight and he has a bit of weight on him. But he is my little pudgy, I wouldn’t have him any other way. I give him what he wants”.

Two-parent family, Clondalkin

“My wee one, he loves noodles but I found out how many points is in them so he’s not getting them again. Supernoodles, they’re really bad. They’re high in fat. There’s like 11 points in a bag and that’s terrible”.

Two-parent family, Belfast

The single older person’s and single male’s perspective

The majority in the single older person groups expressed the belief that the old ways were better with regard to food production and the quality of food. The same belief surfaced in the single male groups, although it was not as pronounced, perhaps due to the fact that many of the single males themselves consumed a high proportion of processed foods.

Many single older people and some single males often criticised the modern mass-production of food. Many expressed a deep level of scepticism regarding the ability of retailers to offer food products at prices so cheap they raised questions regarding the quality of the contents. Many single older people and some single males expressed the belief that quality had been sacrificed to quantity in meeting the demands of the food supply chain. Their distrust of modernity in the food chain was expressed in several ways:

- Distrust of foreign food imports, especially meat, fruit and vegetables originating outside the EU, speculating not only that they are not as fresh as local produce, but also that they may have been treated with more chemicals (common).

“You have cartons of tomatoes down the supermarket that are grown in Morocco! What was put on them to get them here? To come from Morocco to Leitrim is a long way. And it was €2 for a carton, about 40 in the carton; you couldn’t grow them for that”.

Single older male, Leitrim

“Go into Tesco, buy your average pizza or something and bring it home, it’s come halfway around the world and it’s probably been frozen for about two years. Preservatives and God knows what else – I don’t know GM and that”.

Single male, Cavan

- Preference for brands known to be locally manufactured, particularly bread, cereal, dairy and meat products (common).

“I would use local food before I would use other stuff. I like the fact that Supervalu is Irish. Tesco is English”.

Single male, Tralee

- Distrust of branded functional foods such as Actimel, Benecol and Flora, which were perceived to be overpriced and unnecessary if you followed a healthy balanced diet (common consensus in single older person groups).

“I wouldn’t make a bit of toast and put Flora on it. I’d say you’re better to just stick with butter and use less”.

Single older female, Cushendall

- Preference for organic fruits and vegetables and free-range meats and eggs, again associated with a desire to avoid products treated with chemicals like pesticides and preservatives (a few in the Cavan and Tralee single male groups).

“In one supermarket you can get six fillets of chicken for €6 and it’s terrible. I tried it and

It is only natural when somebody is working you would eat a little bit better. You would take more care of what you are eating and pay that bit extra. When you are just living on your own, you are getting two for a pound. Everybody does it; you fall for the bargain.

it’s tough and it’s not nice. Y’see there’s all preservatives in these things to keep them fresh for so long. They’re pumped up with water or something, they look lovely and full, and fat breasted chicken but it’s all antibiotics and steroids”.

Single older women, Tralee

“Five E numbers on a pack of biscuits – you don’t know what it’s made from”.

Single older male, Leitrim

Most stated that they would follow the above preferences if funds allowed, but some acknowledged that they could not always avoid buying cheaper mass-produced alternatives due to budgetary constraints. Some expressed frustration over the price differential between mass-produced and more “natural” traditionally-produced foods.

“It is only natural when somebody is working you would eat a little bit better. You would take more care of what you are eating and pay that bit extra. When you are just living on your own, you are getting two for a pound. Everybody does it; you fall for the bargain”.

Single male, Belfast

Shopping locally and avoiding multiples and discounters appeared to be the norm for many single males, including the group of single older males. Not only did this aid their strategic spending on food, it was also seen as a way to support local business. Undoubtedly, this was a facility available to the single person household, where shopping was a more ad hoc, day-to-day activity with very little need to buy in bulk. This type of shopping to a certain extent replicated what might have been the practice of previous generations, and also potentially offered more opportunity to buy fresh locally produced foods. It is unlikely that parents/ households with children could have indulged to the same extent in this type of shopping, because

of the diverse tastes of the household and the requirement to get the best value for money.

Regional differences

Differences in attitudes and perceptions were apparent between those living in urban and rural areas, with those in more rural areas better able to understand the mechanics of food production and also more sceptical of mass-produced and imported foods. Speculation about how food is produced and processed, how it gets to market, and how these factors influence the quality of the food you buy was commonly mentioned and discussed in detail in rural groups in Cavan, Manorhamilton, Leitrim and Cushendall. These groups displayed an awareness of the supply chain behind the food products they bought and of what this meant for them, which was not evident during our discussions with city groups.

Groups in rural areas were also more likely to describe consuming a higher proportion of fresh food cooked from scratch than urban and city groups, and more likely to mention that they tried to buy locally produced/manufactured foods. In addition, they were more likely to grow some of their own vegetables, hunt, fish, or gather wild fruits and mushrooms, and possibly even raise a few animals for food.

“I’d have a few soup vegetables, y’know, parsley and celery, y’know, something fresh just”.
Single older female, Cushendall

“Fresh fish from the lake, haddock or cod”.
Single older male, Leitrim

Understanding the key themes: emotional management

Throughout all of the discussions and across all four cohorts, a strong level of emotion, anxiety and stress was evident, largely inspired by the fact that people were managing on very restricted budgets and trying to fulfil quite difficult tasks with limited means. Anxiety and stress can manifest themselves in very different ways depending on one’s circumstances and this was certainly the case in examining the reactions of family households and single people.

The majority disliked shopping, because as described on pp. 42-46, it tended to be extremely routinised and required them to exert a lot of self-control in order to resist acting on the impulses triggered by the range, merchandising, marketing and promotion of products in food stores. Most single males and single older males viewed food shopping as a necessary evil to be endured. Many mothers (in both two-parent and lone parent households) viewed food shopping as a source of stress and anxiety. However single older females were often more positive about it, even scheduling more shopping trips each week than were strictly needed for the sake of the entertainment value and social interaction involved. It should be noted that single older females also enjoyed both the highest level of mastery and the highest degree of agency over food shopping.

A strong level of emotion, anxiety and stress was evident, largely inspired by the fact that people were managing on very restricted budgets.

“Shopping is a chore, it has to be done. I want to be in and out in 20 minutes”.
Two-parent family, Belfast

“Well I find, you’ve a bus pass, so most weeks I’m twice in Ballymena doing some shopping because it passes the day kind of for me”.
Single older female, Cushendall

Family households

All mothers, especially lone parents, appeared to be acutely anxious about managing the food budget. This was a constant pressure, rarely alleviated. While a slight lift occurred on ‘pay day’ this was somewhat short-lived and usually making ends meet was a key issue and one that caused considerable apprehension. Almost without exception, mothers expressed a great deal of anger and frustration when it came to food and managing their household budget. This gave rise to intense emotion and clearly visible and commonly held feelings of guilt and anxiety.

“They are eating me out of house and home”.
Lone parent, Coolock

“You get crankier I think because you are stressed out thinking of what you are going to make them”.
Lone parent, Coolock

Much of this derived from external forces that impacted on their day-to-day household budgeting. Much of their anger and frustration was directed at schools where lunch policies, school trips, fees and back-to-school expenses all impinged on their ability to cope on a limited budget. They felt schools displayed a lack of realism and understanding that had a dramatic impact on their day-to-day lives.

Mothers appeared to be particularly aggravated and frustrated regarding schools’ efforts to enforce healthy lunch policies. Many felt that

You get crankier I think because you are stressed out thinking of what you are going to make them.



a healthy lunch scheme was not consistent, realistic or practical when it required parents to equip a child with the sort of food they might not normally eat, or that was too costly for the parent to provide. In Belfast, where school canteen lunches tended to be provided as standard, mothers felt that more communication regarding the weekly menu for school lunches was necessary as lunch was sometimes the same as what they were preparing at home for the evening meal. This often resulted in children rejecting the meal at home, causing mothers frustration and despair when food was not eaten.

“It would end up costing you a fortune to buy some of the stuff they suggested”.
Lone parent, Clonmel

“I feel I’ve wasted my time. It feels like you are cooking for nothing”.
Lone parent, Belfast

Quite apart from the lunch policies schools might enforce, mothers in both NI and ROI expressed frustration that children in Secondary school are allowed out at lunch time and that the social norm now is to visit the chipper or deli, resulting in extra expenditure on a daily basis. Most mothers would not deny their children this expenditure in order to enable them to ‘fit in’ with their peers, yet felt it took a disproportionate toll on their food budget. Whereas expenditure when they were at Primary school was more easily controlled with either packed lunch or static payments for school-made lunches, at Secondary level the children’s autonomy and desire to

conform with their peers made the expenditure higher and much more difficult to manage.

“Why do they let them out? It’s too much to be handing out money for them to buy their lunch out every day. Like Subway, my wee boy goes every day”.

Lone parent, Belfast

Many also felt strongly that schools displayed a fundamental lack of understanding about their situation, often requiring children to bring in items for projects and lessons that must be bought from already stretched budgets; an example given was a fresh pineapple for a Home Economics practice session – a food that would not otherwise be bought or eaten.

School trips also put an overwhelming strain on the household budget. Parents reported that often sufficient notice is not given and, as a result, they felt backed into a corner, unable to budget in advance for the event but needing to provide their children with the same packed lunch/extra funds as their better-off peers enjoy. The inflexibility of schools with regard to fees and back-to-school expenses also rankled with parents. Schools were described as inflexible about paying fees, did not tend to work with the parents or take their circumstances into account, and again failed to give sufficient notice for particular payments. In addition, some payments were seen as extravagant, for example €70 for photocopying or €20 for a bus trip, when the bus is supplied free.

“My little one was going on a trip and you’d want to see the length of the list – four sandwiches, three drinks, goodies. I felt like going over there and saying to the teacher, will you sit down and explain to yourself what the recession is”.

Two-parent family, Clondalkin

“Back to school is a huge expense and the allowance does not cover half of it”.

Lone parent, Clonmel

‘Free loaders’ or children who eat food from your household without their parents ever feeding your children in return, were another source of pressure on the household budget that mothers perceived as hard to bear. Estate living throws this into sharp relief when certain families are ‘scrounging off’ others and not contributing or sharing equally. There was real anger about being taken advantage of by the parents of their children’s friends. Holiday time was a particularly difficult time when children were free, playing outdoors with each other and in and out of the house with their friends, raiding the supply of snacks and the contents of the fridge on a regular basis, often without reciprocation from other households.

“The more I buy, the more they eat. Especially teenagers. They bring their friends around, they go into the fridge, they take and they’re gone to the room with it and you look in the fridge and it’s empty”.

Two-parent family, Manorhamilton

“Three different ice cream vans come to my house. One comes in the morning, one comes in the evening and one comes at night-time. It’s just teasing them, isn’t it? But I do feel bad then when I’m out and then the poor little kids do be looking at me and I end up buying something for everyone. And then their mas will get an extra bottle at the bar because I’m after paying”.

Lone parent, Coolock

“My sister-in-law doesn’t let the kids snack, but then she goes around to your house and eats all the biscuits. If you are going to eat them, buy them”.

Two-parent family, Clondalkin

People living alone

People living alone were prey to a different set of emotions, mostly strongly negative. Without responsibility for others, preparing, cooking and eating meals solo could give rise to a sense of ‘misery’, boredom and isolation. Many also lost motivation to invest a great deal of time, energy and resources in producing meals, when it was only for them. Where the benefits of catering for oneself only are hard to see and motivation is lacking, a vicious cycle of unhealthy eating tended to become embedded, not necessarily because funds were limited, but more because they ‘just couldn’t be bothered.’

“It is very depressing when you are cooking for just one. I have cooked myself a meal and just threw it in the bin”.

Single male, Belfast

There were several mood management strategies to alleviate these feelings. Many said they took their meals in front of the television rather than at the kitchen/dining table to minimise their own sense of isolation or loneliness. Many tried to give themselves a boost by introducing a particular treat to break the routine and make themselves feel a bit better. The fact that this treat was often a take-away or restaurant meal showed that avoiding food preparation itself was part of the reward. However, these negative emotions could be challenging to overcome, despite conscious efforts to do so.

“If you come in and just sit down at the table on your own, I think it’s miserable”.

Single older female, Cushendall

“We all have plenty of friends we go have a bit of lunch with”.

Single older female, Tralee

People living alone lost motivation to invest a great deal of time, energy and resources in producing meals, when it was only for them.

“I like a bit of chocolate. Maybe a Mars bar. I couldn’t last the day without it”.

Single older male, Leitrim

“Just nibbling mostly. A biscuit or a piece of chocolate. I think I’m very bored, and that’s why I do eat the things. With the TV all day, y’know what it’s like”.

Single older female, Cushendall

Themes that did not emerge

Certain themes and topics, which might have been expected to get an airing, did not surface to any noticeable extent during the discussions, and the reasons why this might be so are summarised below.

The recession in ROI

On the whole, these cohorts seemed to be untouched by the pervasive anger over the lost opportunity of the Celtic Tiger.⁴ Many acknowledged that times were a little better two years ago and they did not have to think or focus so much on money as they did now. They reported that they had been more careless then with money than they could be now and had enjoyed more luxuries, such as nights out, clothes and special occasion parties (e.g. Communion, birthdays, etc.) that were bigger and organised out of home rather than in home.

Nonetheless, their basic standard of living did not appear to have taken a significant dive as a result of the recession and in terms of their food purchasing behaviour, a high level of routine purchasing meant that there had been no degradation of their diet. In fact, if anything, they are benefiting from the price wars now occurring among supermarkets as a result of the downturn in the economy and price deflation has had a positive impact on their day-to-day expenditure.

Instead of anger, many felt a sense of pride at being the pioneers of 'savvy shopping' and thriftiness in practices such as buying cross-border (Manorhamilton / Clondalkin) and growing your own (Leitrim, Cavan, Cushendall). From their perspective, many of the money saving behaviours that had always been normal for them had become newly fashionable as the rest of the country tightened its belts. They appeared to derive some comfort from the fact that more

people now find it challenging to make ends meet and they are no longer the minority.

"I always shopped at the end of the aisle; as far back as I can remember. Now you have to wait in a queue and wait your turn".

Two-parent family, Belfast

Life narrative

For the majority of the participants in the groups, it was very clear that life had a certain consistency, with little change from the past and very little prospect of change in the future. This apparent state of stasis was largely dictated by socio-economic factors. All of these groups, either single or household, were comprised of people living on a limited budget which restricted choice and imposed a rigorous routine on day-to-day life. Therefore, the tendency was to maintain the particular patterns of behaviour that have been worked out to cope with their circumstances and keep the focus on the day-to-day. They typically left themselves little opportunity to plan for the future or to expand beyond their relatively narrow horizons, and with little expectation of improving their circumstances, varying the routine would risk losing control over their budget and expenditures.

Healthy eating

Healthy eating did not figure to any extent, other than the occasional reference to the idea. The main focus, particularly for those with children, was on food as fuel, with the primary concern to satisfy hunger, rather than to cater to nutritional needs. Food was also used to meet other need states, such as mood management and social inclusion, but still in a very functional capacity and with a very immediate horizon, rather than consideration of the long-term implications of food choices.

If they did have any concepts of healthy eating, these tended to be pushed very much to one side and relegated to when circumstances might dictate that they need to change their habits. The typical triggers they expected which might compel them to change were weight loss and health concerns, especially if they witnessed by vicarious experience problems such as heart disease or diabetes. Just a few had made changes to their diet in an effort to eat healthier, but this was usually in response to medical advice or a short-term weight loss initiative. Importantly, there were also a few who admitted that they had neglected to change their eating habits despite receiving medical advice to make healthier choices.

"At this stage, eating junk food, you wouldn't be thinking about it, but as you get older, I suppose you would start thinking about it more".

Single male, Tralee

The main focus, particularly for those with children, was on food as fuel, with the primary concern to satisfy hunger, rather than to cater to nutritional needs.

The lack of focus on healthy eating was also likely to stem from their deficiency in cooking skills, a reported lack of desire to acquire such skills and the heavy reliance on convenience and processed foods. There seemed to be a real reluctance to change habits and a sense that it was too late to do anything as the damage was done.

However, some hope was expressed that even if they themselves had not instilled healthy eating habits in their children, the children themselves would learn about healthy eating at school or in sport and would ultimately develop better habits. The danger of this, of course, was that it may be a self-perpetuating myth, with the habits this generation of children learns now at home very possibly being continued into the future.

⁴ A phenomenon the Millward Brown Lansdowne researchers have encountered in research with more middle class participants in many projects for commercial clients over the past two years.



5

Discussion

Context and scene setting

In reviewing the findings of this research it is important to bear in mind the following points which 'set the scene' with respect to place and time. There are important jurisdictional differences between the North of Ireland and the Republic of Ireland that are reflected in, and can to some extent explain, the research findings. For example, the relative generosity of the welfare system in ROI in contrast to the UK (which was made particularly evident in the focus groups conducted in Belfast); the differences in school lunch programmes in NI and ROI; the different store sets for food shopping in ROI and NI. The presence of ASDA alone makes the competitive set for food shopping in NI very different to that in ROI.

The global economic recession has brought increasing levels of job loss and income reduction across the island of Ireland. Job loss and lowered expectations for employment were explicitly a factor for many in our groups. Yet these groups did not report being as heavily impacted in terms of changes to their circumstances and the accompanying sense of outrage we have seen in the general populace. The following factors may explain this: nearly all had availed of social welfare support prior to as well as during the recession. As a result, despite cuts to welfare programmes, their incomes have remained largely fixed and proportional income reductions have been minor compared to those who lost relatively well-paid employment.

Also, during the recession, the Consumer Price Index fell in both NI and ROI, leading participants in both jurisdictions to note that food prices have lowered over the past two years.

Job loss and lowered expectations for employment were explicitly a factor for many in our groups.

6

Conclusions and recommendations

Conclusions

Common to the majority across household types

- Conservatism regarding food choices, limited repertoire and fear of introducing new foods.
- Both genders tended to view food shopping as women's domain.
- Weak self-regulation regarding food choices and cooking.
- A high degree of habitual strategic shopping and food management was apparent. With constrained budgets, clever planning is essential and strong self-regulation was evident in efforts made to avoid temptation and moderate emotional impulses, motivated by the need to avoid overspending.
- Deviation from routine in store and product choice was negligible due to budget constraints and fear of wastage
- Participants referred to the day (or period) before benefits payments were received as 'Waiting Day' because they had to defer all spending until they had money again. The 'Waiting Day' impact was felt by all and many had developed coping strategies to manage more 'lean times.' A cycle of stockpiling and 'raiding the freezer' was a very common coping mechanism for ensuring you had enough food supplies to see you through until financial resources were replenished.

- A strong theme of living in the present was apparent. Food management was about survival and keeping grounded. The future was rarely referenced. Instead, staying focused on the here and now was the norm.

Common barriers to healthy eating

- The way they think about food:
 - The majority didn't associate food with health. The purpose of food is not to achieve better health; food was for fuel or the satisfaction of immediate need states (hunger, energy levels, mood management, social inclusion, etc).
 - Eating badly was often inexpensive
 - participants felt that most of the money-saving promotions in shops and supermarkets were for processed foods that they thought of as 'bad for you.'
 - Eating badly was also considered filling and tasty.

- Eating badly facilitated the desire to avoid cooking because it typically required minimal food preparation. Most did not see enough economic advantage to buying fresh food and cooking from scratch to overcome all these barriers.
- Lack of routine and regularity surrounding mealtimes with meals omitted or replaced with snacking and grazing on ready-to-eat packaged foods such as biscuits, chocolate bars and crisps when appetite and motivation to prepare food are low.
 - In family households, this was further expressed by the rarity of preparing a single dinner shared by all, which had been replaced by a routine of feeding different household members different foods, often at different times, to suit individual tastes, appetites and schedules.
- Self-acknowledged poor time management and 'laziness' (their word) with respect to preparing meals also contributed to the tendency to avoid food preparation as much as possible.
- Non-perishable foods, especially processed, frozen, tinned and packaged foods, lend themselves to a cycle of stockpiling and scavenging that many employed to ensure they always had enough supplies to see them through lean times.
- The majority had very weak cooking skills, and freely admitted that they seldom did more than 'heat food up' in an oven, microwave, or deep fat fryer.
- Individual differences – some personality types were low in sensation seeking and openness to experience.

Common facilitators to healthy eating

- A negative health experience (direct experience more effective, than vicarious) resulted in an increase in their intake of fruit when they felt sick and many talked about cutting out perceived 'bad' foods if they developed a health condition.
- A desire to lose weight motivated people to temporarily limit or eliminate perceived 'bad' foods and increase consumption of fresh fruit and vegetables.
- Companion eating; a nudge to up your game – likely to take more care in what you serve to a companion.
- Supermarkets present variety (however, many actively ignored options outside their normal repertoire via lists & routine).
- Word of mouth directly from peers can overcome neophobia and facilitate experimentation with different foods than those normally purchased. Strength of recommendation/testimonials in this arena is vital.
- Information and support delivered through community groups and local businesses, particularly in the areas of healthy eating, growing your own food, cookery training/ demonstrations, and exercise. With so much risk attached to varying the routine, support for initiatives to try new things is essential. Most would not attempt such changes on their own.

A negative health experience prompted the elimination of perceived 'bad' foods.

Cohort specific findings: lone parent families

- Overall, the diet of the lone-parent family was highly processed. It tended to lack variety and was usually made up of convenience foods.
- The typical diet for the majority was fairly restricted to known favourites. Little or no experimentation occurred.
- Times had changed and, in some instances, not for the better diet-wise. Children were reported to have too much input and say over what they ate. In their own childhood food was more scarce but 'better for you.' The general consensus was that there is too much choice now and not enough control.
- Food preparation and cooking skills tended to be limited. Speed and ease were key when deciding whether or not to prepare food. Mothers with several children often complained that they needed to prepare different dinners for each of them. This 'plate spinning' routine increased their reliance on convenience foods.
- Mothers were going without to ensure that their children were not hungry. Typically this did not mean going without food altogether, it meant that mothers tended to eat whatever the children were having, rather than buying food to meet their own needs.
- Summer time and holidays were harder to manage and proved more challenging for mothers on a limited budget because their children were at home more.
- If more money became available it would be spent on food and clothes. However, there was little evidence of this resulting in a change in the types of foods purchased.
- Being the sole carer and responsible adult was keenly felt and could be frustrating and difficult. Single mothers related experiences when, despite feeling that they were being pushed past breaking point, they had to moderate their behaviour and emotions in order to maintain calm and order in the household, as well as a general fatigue from almost never having respite from their responsibilities.

Common barriers to healthy eating included a perception that it is too expensive and time consuming, and a child's taste would be too difficult to change.

- Children labelled 'fussy eaters' were common and were a cause for anxiety and frustration.
- There was a reasonable level of awareness regarding the health consequences of a poor diet, but little hope of acting upon this. Common barriers to healthy eating included a perception that it is too expensive and time consuming, and a child's tastes would be too difficult to change.

Cohort specific findings: two-parent families

- Eating, cooking and shopping habits were very similar to those of lone parent families.
- Food choice was dictated primarily by the money available to spend on food and children's preferences. The focus was on children being fed and this, rather than the actual content or quality of what they were being fed, was paramount. Processed and convenience foods facilitated them in their effort to cater for all individuals separately rather than preparing a single meal for the family as a unit.
- While the influence of their children and partner provided a motive for preparing regular meals, it was time-consuming. Mothers were so preoccupied with juggling everyone else's needs that they sacrificed their own. There was a high incidence of snacking on unhealthy foods throughout the day to maintain energy levels, suggesting that many mothers could be classified as 'grazers'.
- Shopping was highly habitual; the mission was mainly to 'get the five dinners' and 'what the children will eat'.
- Similar to one-parent families, the children were the pace-setters. However, in the two parent households food 'pester power' was somewhat abated by the presence of the partner/husband to act as a backup, helping set the rules and reclaim order. Though the partner/husband may feature little on a day-to-day basis, they did demonstrate a positive influence when dealing with the children.
- Strong 'weekend effects' are present in this cohort. A routine would be followed through weekdays, but tended to be dropped at the weekend. There was a strong desire to escape from being the 'head chef' and to indulge in little affordable luxuries. Takeaways replaced the cooked meal.
- As with lone parents, there was a reasonable level of awareness regarding the health consequences of a poor diet, but little evidence of acting upon it.

Cohort specific findings: single males

- Unbalanced diets and the consumption of unhealthy foods were prevalent in this cohort. Processed foods (frozen, packaged, tinned) dominated for most.
- There was a strong aversion to cooking, and meal preparation consisted mainly of 'heating up' rather than preparing from scratch. There were a few, however, who found cooking pleasurable and even therapeutic.
- Most actively disliked food shopping, and regarded it as an activity for women and families. This limited their sensitivity to offers and their interest in targeted shopping. However, extreme price sensitivity (evident in Belfast) did provide the incentive for investing more time and effort in sourcing the cheapest possible food.
- Solitary life and the rationalisation that 'it's just me' often robbed single males and single older people of the motivation to make a robust effort to prepare meals. For some, this motivation returned on the occasions when they were feeding others as well as themselves (e.g. children or girlfriends).
- Meal skipping was fairly common. Although typically attributed to lack of appetite or motivation to prepare a meal, skipping meals also facilitated conserving limited food supplies.
- The major effects of financial pressure were an increased reliance on others to feed them and the curtailing of day-to-day activities (e.g. mobile phone usage, bus usage, socialising).
- Single males tended to prioritise socialising over private food consumption.
- There was a reasonable level of awareness regarding the health consequences of poor diet, but invariably this was not followed through and this cohort appeared 'advice resistant.'
- A strong jurisdictional effect was evident with much higher levels of food poverty and deprivation in the Belfast group.

- There was a moderate level of anxiety and concern regarding modern food production and retailing practices.

Cohort specific findings: single older people

- Relative to other cohorts, this group tended to have a healthy balanced diet consisting of more traditional dinners, with more use of fresh whole foods and less consumption of processed food.
- Both genders viewed shopping as women's domain.
- Single older women turned shopping into a pastime and took pride in their bargain-hunting skills.
- Single older men, on the other hand, restricted themselves to a small number of familiar local stores in order to avoid being overwhelmed with temptation to overspend.
- This cohort also possessed mastery over food preparation, with the single older women especially using a variety of cooking and baking techniques.
- Cooking from scratch was a regular activity, but with gender differences:
 - Women, freed from the obligation to make dinners for a family, limited cooking to three to five days a week.
 - Men, due to long term bachelor-hood, had a regular 'simple' cooking habit.
- Gender difference was further demonstrated in how often they ate out, with women more likely than men to indulge in this.
- The majority were aware of the health consequences of diet though they may not always act on them.
- Meal skipping was evident but was due more to lack of appetite and negative mood surrounding solitary meals than a lack of resources.
- Older people tended to shop more frequently and buy more food for 'day of consumption' than others, with more fresh food in their day-to-day diet relative to other cohorts.

Single older people tended to have a healthy balanced diet consisting of more traditional dinners.

- Single older people were moderately 'offer' conscious, but shopping for one did not necessitate the same price scrutiny as shopping for a family. Similarly, they were less financially constrained than other cohorts due to reduced expenses later in life and their solo status.
- The key emotions governing food related attitudes and habits were the loneliness of solitary eating and the boredom of a predictable diet.
- There was a high level of anxiety and concern regarding modern food production and retailing practices.

Summary of conclusions

A number of common issues, barriers and facilitators to healthy eating were found across all groups. However, it is evident that there are specific issues unique to each household type.

Conservatism and the lack of variety in meal choices were key issues among all households. The typical diet for many was narrow and restricted to known favourites. Little or no experimentation occurred for fear of wastage. Participants claimed to know about a healthy diet but they saw the barriers (cost, convenience, taste etc) to eating healthily as insurmountable. They were not sufficiently engaged by current public health strategies to adopt healthier eating habits. There was a strong sense from all of the groups that they live in the here and now and that their priority is

to make the most of the limited budget on which they are living day by day. The research showed that all groups used specific strategies when shopping so as not to deviate from their budget and that for many their approach to shopping was strict and regulated. For most the priority was to put food on the table and the nutritional content of the food did not come into question.

For families with children, the strong influence of children's preferences and 'pester power' the lack of time devoted to food preparation and a reliance on convenience foods were evident. There were usually several types of meals prepared at varying times for different family members throughout the evening and, as a result, convenience and processed foods prevailed. In two-parent households, this 'pester power' was somewhat modified by the presence of a partner or husband. The responsibility of being sole carer and provider of food and meals was an added pressure for lone parents. Meal-skipping among mothers was also evident in both family groups, with many prioritising feeding their children over feeding themselves. Often they wouldn't prepare a meal for themselves but instead snacked on the meals they prepared for their children. Among single males, there was an active dislike of shopping for and preparing food. This, along with a solitary life, had a strong negative impact on eating habits and as a result meal skipping was a common feature. For older individuals, traditional eating patterns were strong and the majority were confident in their cooking skills. The loneliness of solitary eating and the boredom of a predictable diet were the predominant emotions governing food related attitudes and habits among these individuals. Older females appeared to have better coping strategies, which included maintaining social interaction related to food.

This research provides a deep understanding of the meaning and role of food in four subgroups of low-income households on the IOI at the end of the first decade of the 21st century. It has highlighted that the social environment within which low-income households live has an impact on their experiences around food and that food choices are clearly not made in a vacuum.

There was a strong sense from all of the groups that they live in the here and now and that their priority is to make the most of the limited budget on which they are living.

Recommendations

The factors that influence people's dietary behaviour are complex. Recommendations which have evolved from the research are divided into three levels: policy, community and evidence base and each is addressed separately below.

Policy

1. A concerted cross-sectoral approach should be adopted to tackle food poverty on IOI. This approach must involve both public policy and community action.
2. Engagement with the food industry is required to influence manufacturing, retail and catering practices to create a healthier supportive food environment.
3. Any changes in public policy that affects those in low income groups should consider the affordability of a healthy diet.

Community

1. Peer-led community projects that focus on developing coping skills for eating on a budget should continue to be supported and expanded.
2. The design and delivery of healthy eating programmes should specifically address the varying issues experienced by different low-income households.
3. Community food initiatives that make available fresh healthy produce (gardens, cafés etc) in low-income communities should be supported.
4. Community food initiatives that provide culturally appropriate healthy eating information and food skills training should be further mainstreamed.

Evidence base

1. Continue to include a qualitative aspect in future research on food poverty to understand real life experiences.
2. Further research is necessary to study the food experience of low income groups in relation to wider environmental issues (housing, local community, relationships, education etc).
3. Ongoing research on the current and changing cost of a 'healthy diet' is needed.

Appendix 1

Members of the Research Advisory Committee

Georgina Buffini
Healthy Food for All

Dr Anne Coakley
Carlow Institute of Technology

Dr Marian Faughnan
safefood

Liz Griffin
Clondalkin Partnership

Christine Gurnett
Health Service Executive West

Sarah Hargaden
Millward Brown Lansdowne

Marna Harmey
Millward Brown Lansdowne

Marita Hennessy
safefood

Claire Holmes
Western Health and Social Care Trust

Sinead Keenan
Healthy Food for All

Dr Ken McKenzie
School of Public Health and Population Science UCD

Dr Deirdre O'Connor
School of Biological Sciences UCD/Healthy Food for All Management Committee

Naomi Staff
Millward Brown Lansdowne

Jim Walsh
Office of Social Inclusion DSFA/Healthy Food for All Management Committee

Appendix 2

Topic guide

Four household types research topic guide – 41109632

June/July 2010

NOTES:

- Questions that are not appropriate for all household groups are shown in parentheses.
- This topic guide outlines the overall shape of the discussion, but the discussion and wording of specific questions will be subject to change and amended as needed depending on how open all the participants are. As a result, not all discussions will have exactly the same content, as certain lines of questioning may be more productive in some groups than others. Our highly skilled and experienced moderators will ensure that each group contributes learnings towards fulfilling the overall information objectives for this research.

Introduction and relaxation of participants (15 minutes).

- We are talking to people all over Ireland to find out what people eat nowadays and why.
- Explanation of group procedure – moderator will ensure we cover all topics and get out on time, 2nd moderator and recorder to capture what is said for our report, confidentiality, everyone to participate, one voice at a time, no right or wrong answers, ok to disagree with each other – we're interested in hearing different perspectives
- The discussion will run for 90 minutes.
Group decision: Would you like to take a break halfway through for smokers, etc., or do you prefer to go straight through?
- Name
- Household composition (partner, housemates, no. children and ages)
- Work in/outside the home (differentiate between full-time/part-time mothers)
- Did you have far to come to get here today?
- Favourite TV programme or favourite thing to do

Food (15 minutes)

- What would you eat on a typical day, from when you wake up until you go to sleep? Give me some typical examples of what you would have, when you'd have it, where, and so forth.
- **For each meal/snack consumed, ask:** What do you think are the main reasons you eat that rather than something else?
- **If not mentioned, probe for:**
 - Cooking/Food prep: time, ease, skills, equipment
 - What will be eaten: social and cultural effects
 - Affordability
 - Access/availability
 - Habit
 - Emotional impulses and effects
 - Doctor's advice
- When do you tend to eat during the day? How often in a day would you be eating?
- **For each occasion, ask:**
 - Where would you eat at that time? (at home or away? Which room in the home?)
 - Would you be eating alone or with others? Who?
- (What does your spouse/partner eat on a typical day?)
 - (When do they tend to eat? Where? With whom?)
- (What do your children eat on a typical day?)
 - (When do they tend to eat? Where? With whom?)
 - (Does everyone eat main meals together in your household or would people eat at different times, e.g. separate meals for children/adults, shift workers?)
 - (Does everyone eat the same thing for their main meal, or would people eat different things, e.g. children/adults)

Food shopping options (10 minutes)

- What are the food shopping options in your area? List on flipchart.
- Where do you buy food? Types of stores? Street markets? Any growing food? Any getting food through food co-ops or farm boxes?
 - Why do you buy food there? Probe: convenience, transport, price, product range/variety, availability of specific items, product quality, etc.
 - If any stores on flipchart not mentioned, ask why these aren't used
- Do you tend to do all your shopping in one outlet or do you shop around? How come?
- Any buying food outside your immediate area – either travelling someplace to buy food or buying food during trips you would be making anyway? Where, why, when and how often?
- Where else do you buy food? Restaurants/cafés/take-away? Frequency of eating out? Occasions? Places? Eating alone or with others – who?
 - Convenience vs. cost?
- Are there any community or local programmes that provide food, like community cafés, (school breakfast clubs), church groups, (meals on wheels) etc? Do you use any of those? How often?
- (What food is available to your children in their schools?)
 - (How do you feel about the food available to your children in their schools? Likes? Dislikes?)
- Of the stores available to you now, which do you rely on most for food shopping? Which are most important to you – the ones you'd hate to see close up shop? Why?
 - If you could pick one store that you'd most like to see open in your neighbourhood to improve the food shopping options available to you, which one would it be and why?

Food shopping patterns (20 minutes)

- How often do you make food shopping trips? Does this vary?
 - When do you do your main food shopping trips – day of week, part of month?
 - How often do you do top-up food shopping trips?
 - How do you get to and from food stores? Do you have a car or use of a car?
 - How much do you buy at a time?
 - Do you usually shop for food alone or with other people – relatives, friends and children?
 - Does anyone ever do your shopping for you? In what situations? How often? What impact does that have on where the shopping is done and what is bought?
 - Do you shop for anyone other than yourself or people in your household? Who? How often? What impact does that have on where the shopping is done and what is bought?
- What are some of the food items you buy all the time?
 - Are there food items you feel like you always have to have in your home? What are they?
 - What are some of the food items you buy just occasionally?
- What things do you look out for when you're deciding what to buy? What else goes through your mind when you're doing your food shopping? List on flipchart
 - **If not mentioned, probe for:**
 - Cooking/Food prep: time, ease, skills, equipment
 - What will be eaten: social and cultural effects, emotional effects
 - Affordability: price,
 - Brand names vs. own labels and brands that aren't well advertised,
 - Promotions – what types do you like/dislike? (BOGOF, bulk buying/multi-pack savings vs. limited money to spend)
 - Transport and what you can carry
 - Storage/perishability
 - Habit
 - Allergies or sensitivities to certain foods
 - Doctor's advice
 - Which of these are most important and why (use as a springboard for debate as well as recording prioritisation)?
- What kind of mood does food shopping put you in? Why?

Managing budget (15 minutes)

- Thinking about your housekeeping money – and you don't have to tell me how much it is – where does it all go? What way does it get divided up?
 - Do you deal with it week by week or month by month?
 - **If not mentioned, probe for:**
 - Food
 - Cleaning Products
 - Toiletries
 - Tobacco
 - Alcohol
- Do you plan what to buy/spend each time you go shopping? Weekly/Monthly?
- If you're trying to stretch your housekeeping money, what are things you can cut out? What are the tradeoffs you can make? What are the things you won't or can't sacrifice?
 - When does that tend to happen? What are the times when you really have to stretch your money, if ever? What else puts pressure on your budget?
- What are the things you will spend more on when you have a little extra money? When does that tend to happen, if ever?
- Do you ever find you throw food out? What are some of the things you end up throwing out? How does that affect what you buy next time (if at all)?
- Do you ever find you run out of certain food items? What are some examples of things you're likely to run out of? How does that affect what you buy next time (if at all)?
- Do you find that managing your budget and the food shopping takes a lot out of you? When is it easiest? When is it most difficult?
- How easy or difficult is it to put enough food on the table each day? What are the things that make this easier for you? What are the things that make this more difficult?

- Are there times of the year that put more stress on you than others? Probe for things like Christmas, back to school, Confirmations and other events
- Are you part of any food-related groups, programmes or clubs? Why or why not?
- Probe Christmas clubs. Part of any groups or plans to help you manage spending? Why or why not?
- What would make it easier to put enough food on the table each day?

Life changes and impact on food consumption patterns (5 minutes)

- Do you think there have ever been any major changes to what you eat?
- What are some examples of times or events in your life that changed what you ate and how you shopped for food?
- What triggered the change?
- What difference did that make in what you ate or how you shopped for food?
- Was this a permanent change? If not, how long did it last?

Healthy eating (5 minutes)

- Ever watch food/diet related programmes on TV? Probe TV Shows such as Operation Transformation on TV? Or The Biggest Loser? You Are What You Eat? Celebrity Fit Club? What do you think of these shows?
 - Do you ever want to change your diet or exercise habits after seeing these shows? Why? What really gets you interested in doing this?
 - How easy or difficult would it be for you to do? Barriers? Facilitators?
- How important is healthy eating to you overall, in relation to other things?
- Why do you think health professionals emphasise healthy eating so much? Is that believable to you? Compelling? Realistic? Why/why not?

Wrap-up (5 minutes)

- Is there anything else you would like to say that you think is important and that I haven't asked you about?

Appendix 3

Recruitment questionnaires (ROI & NI)

Four household groups research
 ROI recruitment questionnaire
 Millward Brown Lansdowne: June/July 2010

41109632

Good morning/afternoon/evening. I am __ from Millward Brown Lansdowne. We are conducting some research on general food habits in four different types of households and I would be grateful for your help in answering some questions.

1 What age were you on your last birthday?

Under 20	1 Close
20-24	2 Close

25-29	2 Continue
30-34	2 Continue
35-39	2 Continue
40-44	2 Continue
45-49	2 Continue
50-54	2 Continue
55-59	2 Continue
60-65	2 Continue
Over 65	2 Groups 5 & 6 only

2 Which of the following best describe your living arrangements? (Please ensure that none live with parents)

Living with parents	1 Close

Living alone	2 Gps 3,4,5 & 6
Living with spouse/partner and children	3 Gps 1 & 2
Living with children but no spouse or partner	4 Gps 7 & 8
Living with others (not relations)	5 Gps 3 & 4

3 Which of the following best describes your role in the food shopping for your household?

I do all or most of the food shopping in my household	1 Continue
I do at least half of the food shopping in my household	2 Continue
I do all or most of my own food shopping, but don't shop for others in my household	3 Gps 3 & 4 only

Someone else does most of the food shopping for me/ my household	4 CLOSE

4 How often do you cook or prepare meals for yourself or others at home?

- seven plus times a week 1 **Continue**
- At least three times a week 2 **Continue**
-
- Less than three times a week 3 **CLOSE**

5 Which of the following best described your involvement with the community centre where the focus group will be held?

Each group should be no more than half people are or have been involved with food-related groups or programs at the centre. If necessary, use referrals to find people in the community similar in terms of demographics, household composition and living conditions but not affiliated with the centre.

- I am currently involved in a food-related group or programme at this centre 1
- I have been involved in food-related groups or programmes at this centre in the past, but am not currently 2
-
- I have never been involved in any food-related group or program at this centre 3

6 What nationality are you?

- Include 1-2 foreign-nationals in some groups if possible*
- Irish 1
-
- Foreign National 2

Note:

We are recruiting a group on food habits at _____ in _____

The group will last 1½ hours. Along with two of our researchers, seven other people from your community will be there and we will be discussing food habits – typical meals, shopping, food preparation, etc.

Are you free to come along? *Recruiter – type of incentive will vary by group – please refer to briefing notes for each group (TBC)*

Four household groups research
NI recruitment questionnaire
Millward Brown Ulster: July 2010

41109632

Good morning/afternoon/evening. I am __ from Millward Brown Ulster. We are conducting some research on general food habits in four different types of households and I would be grateful for your help in answering some questions.

1 What age were you on your last birthday?

- Under 20 1 **Close**
- 20-24 2 **Close**
-
- 25-29 2 **Continue**
- 30-34 2 **Continue**
- 35-39 2 **Continue**
- 40-44 2 **Continue**
- 45-49 2 **Continue**
- 50-54 2 **Continue**
- 55-59 2 **Continue**
- 60-65 2 **Continue**
- Over 65 2 **Groups**
5 & 6 only

2 Which of the following best describe your living arrangements? (Please ensure that none live with parents)

- Living with parents 1 **Close**
-
- Living alone 2 **Gps 10 & 11**
- Living with spouse/partner and children 3 **Gp 9 only**
- Living with children but no spouse or partner 4 **Gp 12 only**
- Living with others (not relations) 5 **Gp 10 only**

3 Which of the following best describes your role in the food shopping for your household?

- I do all or most of the food shopping in my household 1 **Continue**
- I do at least half of the food shopping in my household 2 **Continue**
- I do all or most of my own food shopping, but don't shop for others in my household 3 **Gp 10 only**
-
- Someone else does most of the food shopping for me/ my household 4 **CLOSE**

4 How often do you cook or prepare meals for yourself or others at home?

- seven plus times a week 1 **Continue**
- At least three times a week 2 **Continue**
-
- Less than three times a week 3 **CLOSE**

5 Which of the following best described your involvement with the community centre where the focus group will be held?

Each group should be no more than half people are or have been involved with food-related groups or programs at the centre. If necessary, use referrals to find people in the community similar in terms of demographics, household composition and living conditions but not affiliated with the centre.

- I am currently involved in a food-related group or programme at this centre 1
- I have been involved in food-related groups or programmes at this centre in the past, but am not currently 2
-
- I have never been involved in any food-related group or program at this centre 3

6 What nationality are you?

Include one to two foreign-nationals in some groups if possible

- Irish 1
-
- Foreign National 2

Note: We are recruiting a group on food habits at _____ in _____

The group will last 1½ hours. Along with 2 of our researchers, seven other people from your community will be there and we will be discussing food habits – typical meals, shopping, food preparation, etc.

Are you free to come along? *Recruiter – type of incentive will vary by group – please refer to briefing notes for each group (TBC)*

Other criteria

- Recruit 10 participants to ensure a show of six to eight per group.
- Each group participant must be the main food shopper and ‘fridge keeper’ for the household
- No more than **half** of each group should be (or have been) involved in food-related groups or programmes at the centre.
 - Use referrals in recruitment so that some of the participants in each group are not part of the community group/ programme where the focus group is being held – i.e., ask each person recruited **from the group** to bring a friend who is **not involved in the group** but is similar to themselves in terms of household composition and income.
- We would like to include one to two foreign nationals in some of the groups, if possible. These people should be fluent English speakers and comfortable interacting in a group where they are the only or one of only two foreign nationals represented.
- **Do not** recruit more than one person who grew up in the same household (i.e., no siblings in the same group) because people who grew up in the same household likely would not be able to give us the variation in views and habits we hope to obtain in this research.
- All participants should be comfortable expressing their views in a group setting and willing to participate in the research process.
- **Note:** If appropriate participants with disabilities are identified according to the recruitment criteria, please invite them to attend as we will ensure all locations are fully equipped for wheelchair/disability access.

Appendix 4

Exit questionnaires

We invite you to answer the following questions to help us build a better picture of your situation. Your answers will be kept confidential and you will not be identified in any materials that arise from this project. You do not have to answer any questions you do not want to. If you need any help with any of the questions, please let the group facilitator know. Thank you for taking the time to help us with this work.

Please tick all the boxes that apply to you What age were you on your last birthday?

Are you?

Male

Female

What is your marital status?

Single

Married/living with partner

Separated/divorce/widowed

Household composition

How many people live in your household?

Do you have children?

Yes

No

If yes, please indicate number of children you have in the following age brackets:

- 0-12 years
- 13-17 years
- 18 years or over

What is your current work status?

- Full time (30 hours or more)
- Part time (29 hours or less)
- Self employed
- Homemaker (full time)
- Full time/part time student
- Not at work due to illness/disability
- Unemployed
- Retired

Which member of your household would you say is the Chief Income Earner – that is the person with the largest income whether from employment, pensions, state benefits, or any other source? If "equal income" relate to oldest:

Occupation of the chief income earner in your household (based on previous employment if not currently working)

Is your household in receipt of any social welfare payments?

- Yes
- No

Roughly, what is your weekly household income from all sources – combination of all wages, salary, social welfare payments and any other benefits received?

- Under €250
- More than €250 but less than €500
- More than €500 but less than €750
- More than €750 but less than €1000
- €1000 or more

How much of your weekly household income do you spend on food?

What is the highest level of education you have completed so far? (Tick one box only)

- Some primary (not complete)
- Primary or equivalent
- Intermediate/Junior/Group Certificate or equivalent
- Leaving Certificate or equivalent
- Apprenticeship/Trade Certificate/FÁS training
- Diploma/Certificate
- Other
- If other, please specify:

HOUSEHOLD RESPONSIBILITY:

Who in your household is mainly responsible for day-to-day shopping and looking after the home?

- Myself
- Other person

Do you have a car or access to a car?

- Yes
- No

We invite you to answer the following questions to help us build a better picture of your situation. Your answers will be kept confidential and you will not be identified in any materials that arise from this project. You do not have to answer any questions you do not want to. If you need any help with any of the questions, please let the group facilitator know. Thank you for taking the time to help us with this work.

Please tick all the boxes that apply to you What age were you on your last birthday?

Are you?

- Male
- Female

What is your marital status?

- Single
- Married/living with partner
- Separated/divorce/widowed

Household composition

How many people live in your household?

Do you have children living at home with you?

- Yes
- No

If yes, please indicate number of children you have in the following age brackets:

- 0-12 years
- 13-17 years
- 18 years or over

What is your current work status?

- Full time (30 hours or more)
- Part time (29 hours or less)
- Self employed
- Homemaker (full time)
- Full time/part time student
- Not at work due to illness/disability

- Unemployed
- Retired

What is your own occupation? (based on previous employment if not currently working)

What is the occupation of the chief income earner in the household? (based on previous employment if not currently working)

Is your household in receipt of any social welfare payments?

- Yes
- No

Roughly, what is your weekly household income from all sources – combination of all wages, salary, social welfare payments and any other benefits received?

- Under £150
- More than £150 but less than £250
- More than £250 but less than £500
- More than £500 but less than £750
- £750 or more

How much do you spend on food per week?

What is the highest level of education you have completed so far? (Tick one box only)

- Some primary (not complete)
- Primary or equivalent
- GCSE or 'O' Level
- 'A' Level
- Apprenticeship/Trade Certificate
- Diploma/Certificate
- University
- Other

If other, please specify:

Household responsibility:**Who in your household is mainly responsible for day-to-day shopping and looking after the home?**Myself Other person **Do you have a car or access to a car?**Yes No

Appendix 5

Exit questionnaire data – Income and food spending

	Two-parent household		Lone parent household		Single male household		Single older person household	
	ROI (n=17)	NI (n=16)	ROI (n=16)	NI (n=8)	ROI (n=18)	NI (n=7)	ROI (n=18)	NI (n=9)
Weekly household income ⁵	€422	£282	€328	£175	€188 ⁶	£146	€240	£178
Food spending	€180	£86	€150	£84	€82	£31	€87	£51
Food spending as a per cent (%) of income ⁷	43	31	46	48	44	21	36	29
In receipt of any social welfare payments (%)	76	75	81	100	89	100	67	22 ⁸
Not in receipt of any social welfare payments (%)	18	25	19	0	11	0	11	78
Not answering re: social welfare (%)	6	0	0	0	0	0	22	0
Have a car or access to a car (%)	71	63	63	38	72	43	44	89
Participant age (mean)	37	31	33	31	38	52	70	76

⁵ Income from all sources – combination of all wages, salary, social welfare payments and any other benefits or payments received. Income was asked in terms of pre-defined ranges to increase participant co-operation. Mean income was calculated based on the mid-points of each range. Separate ranges were used for ROI and NI (see appendix)

- 6 This figure excludes two respondents who reported their weekly income as “€1000 or more”. Including these respondents, the average for this group would be €360. We believe these two respondents misinterpreted the questionnaire, as only one participant in the group was employed full time and he described his occupation merely as “factory”.
- 7 As income is calculated based on mid-points of ranges, this is inexact, but provided for illustrative purposes.
- 8 This proportion seems low, particularly compared to other groups, but as the questionnaire was self-administered and no queries regarding how they should interpret this question were raised, we have no information to explain why they answered this way. If participants did not consider “pension” as included in the definition of “social welfare payments” this could explain the discrepancy, but this is only speculation based on the age and employment status of the participants.

Exit questionnaire data – Household size and marital status

	Two-parent household		Lone parent household		Single male household		Single older person household	
	ROI (n=17)	NI (n=16)	ROI (n=16)	NI (n=8)	ROI (n=18)	NI (n=7)	ROI (n=18)	NI (n=9)
Household size (mean)	4.8	4.3	3.3	3.4	2.3 ⁹	1.0	1.6 ¹⁰	1.0
Single (%)	6	6	64	87	78	100	50	0
Married/ living with partner (%)	88 ¹¹	94 ¹²	0	0	0	0	11	0 per cent
Separated/ divorced/ widowed (%)	6	0 p	36	13	22	0	39	100 per cent
Myself (%)	100	100	100	100	100	86 ¹³	67 ¹⁴	100 per cent
Other person (%)	0	0	0	0	0	14	11	0 per cent
Blank (%)	0	0	0	0	0	0	22	0 per cent

- 9 Some singles males, particularly in Tralee, shared housing with roommates. According to group discussions, none have partners or children living with them, although a few have girlfriends or children who visit them regularly (typically on weekends).
- 10 One woman in Tralee and one man in Drumshanbo were married and despite not fitting the brief for the group (living alone) she was allowed to stay and participate in the discussion.
- 11 One woman in Manorhamilton identified herself as recently separated during the focus group introductions. One woman in the Clondalkin focus group identified herself as “single” on the questionnaire, but had been recruited to participate in the two-parent group and did not mention that she was a lone parent during the discussion.

- 12 One woman in the Ballymena focus group identified herself as “single” on the questionnaire but had been recruited to participate in the two-parent group and did not mention that she was a lone parent during the discussion.
- 13 One participant in the Belfast group mentioned he had a home health assistant who did his shopping for him.
- 14 One Tralee participant said her daughter was currently helping her with shopping and housekeeping while she recovered from a heart attack and wrote in “my daughter” next to “other person” on the questionnaire. One Drumshanbo participant also marked this box, but no reference was made to someone helping him during the discussion. Four Drumshanbo participants left this question blank.

Exit questionnaire data – children’s ages as a percentage (%)

	Two-parent household		Lone parent household		Single male household		Single older person household	
	ROI (n=17)	NI (n=16)	ROI (n=16)	NI (n=8)	ROI (n=18)	NI (n=7)	ROI (n=18)	NI (n=9)
None	0	0	6 ¹⁵	0	78	57	56	100
Any	100	100	94	100	22 ¹⁶	43 ¹⁷	44	0
Age 0-12 only	35	69	56	63	17	14	0	0
Age 13-17 only	6	6	13	0	0	0	0	0
Age 18+ only	0	0	0	0	0	29	44	0
Age 0-12, 13-17 and 18+	29	0	6	0	0	0	0	0
Age 0-12 and 13-17	18	19	6	25	6	0	0	0
Age 13-17 and 18+	12	6	6	13	0	0	0	0
Age 0-12 and 18+	0	0	6	0	0	0	0	0

- 15 One Clonmel participant has no children of her own, but lives with her boyfriend and his 6 year old son.
- 16 Four of the Cavan participants have children, however none of them have full custody of their children – the participant who has most visitation time with his children has them two days a week.
- 17 Three Belfast participants have children, however none of them have their children living with them. Of these three, only one has a child under 18 years old.

Exit questionnaire data – education

	Two-parent household		Lone parent household		Single male household		Single older person household	
	ROI (n=17)	NI (n=16)	ROI (n=16)	NI (n=8)	ROI (n=18)	NI (n=7)	ROI (n=18)	NI (n=9)
Some primary (not complete) (%)	0	0	0	0	0	0	33	0
Primary or equivalent	12	13	13	13	0	57	6	0
Intermediate, Junior, Group Cert or equivalent (ROI) (%)	41		25		11		11	
GCSE or O Level (%)		44		25		14		11
Leaving Cert or equivalent (ROI) (%)	35		13		33		11	
A Level (%)		6		0		0		44
Apprenticeship, Trade Certificate, FÁS Training (%)	6	0	13	25	17	0	0	11
Diploma, Certificate (%)	6	13	31	13	33	29	6	33
Other (%)	0	19	6	25	6	0	0	0
Blank (%)	0	6	0	0	0	0	33	0

Exit questionnaire data – Participant's current work status

	Two-Parent Household		Lone Parent Household		Single Male Household		Single Older Person Household	
	ROI (n=17)	NI (n=16)	ROI (n=16)	NI (n=8)	ROI (n=18)	NI (n=7)	ROI (n=18)	NI (n=9)
Unemployed (%)	6	19	25	38	61	29	6	0
Retired (%)	0	0	0	0	0	43	72	100
Homemaker (full time) (%)	59	38	25	25	6	0	0	0
Part time (29 hours or less) (%)	29	19	25	25	6	0	0	0
Full time (30 hours or more) (%)	0	13	6	0	17	0	11	0
Not at work due to illness or disability (%)	6	13	0	13	6	29	6	0
Full time or part time student (%)	0	0	19	0	6	0	0	0
Self employed (%)	0	0	0	0	0	0	6	0

Exit questionnaire data – social class¹⁸

	Two-Parent Household		Lone Parent Household		Single Male Household		Single Older Person Household	
	ROI (n=17)	NI (n=16)	ROI (n=16)	NI (n=8)	ROI (n=18)	NI (n=7)	ROI (n=18)	NI (n=9)
Ab (white collar, professional) (%)	0	6	0	0	0	14	0	22
C1 (white collar, clerical) (%)	18	19	31	13	6	0	0	33
C2 (blue collar, skilled) (%)	12	19	19	13	6	14	28	0
D (blue collar, unskilled) (%)	29	19	19	38	6	14	11	0
E (in receipt of social welfare) (%)	12	6	25	25	44	29	0	22
F (farming) (%)	6	0	0	0	6	0	6	0
Not stated (%)	24	31	6	13	28	29	56	22

¹⁸ Defined by current occupation of chief income earner, or most recent occupation of chief income earner if currently retired or not employed.

Appendix 6

Pen portraits

A number of pen portraits were created by the researchers to provide a true sense of the respondents' personalities, background and the lifestyle within each household type. Please note that these are composite profiles and do not reflect specific individuals, to protect personal privacy and for reasons of incompleteness of information on an individual level.

Suzanne: Two-parent households with children

Suzanne is 36 years old and lives in a housing estate with her husband and three children aged three through fifteen. She has always been a stay-at-home mother, although she once took a course to become a beautician. Her husband is working but only part-time and with very little pay, so money is tight. She swears that they would not be able to heat the house and keep food in the cupboard if it were not for the Children's Allowance. Her parents live nearby – close enough that the kids can walk over to their granny's unaccompanied, but not so close that she sees them every day. She likes to read and goes through a novel every week or two. She also watches telly – dramas and crime programmes if she gets her choice, although there tends to be a lot of competition over the telly in the family. The only things they all agree on are 'X-Factor'

and reality TV shows. She goes out walking with a few friends three or four times a week and tries to limit 'bad foods' that are high in fat and sugar in an ongoing struggle to keep her weight down.

Suzanne feels like she spends 'half her life' in the kitchen preparing food for various family members but, despite this, she rarely sits down for a meal herself. In the morning she usually makes herself a cup of tea that she sips from as she fixes the kids' breakfasts. The two younger ones have bowls of cereal every morning but the 15 year old has started saying she isn't hungry in the mornings and can rarely be persuaded to eat anything before school. Suzanne usually tries to get her to bring a banana or cereal bar to school with her in case she gets hungry later. Once she drops the kids to school Suzanne might stop and have another cup of tea with a couple of biscuits or a piece of toast, but many days she 'doesn't bother.'

Most days she feels like she's constantly on the go, between dropping the kids off places and picking them up, doing the housekeeping, shopping, and generally making sure everything that has to be done for the household to keep going gets done. She tries to do all her shopping while the kids are in school so that they are not pestering her to buy more than the family can afford. She feels like she's constantly multi-tasking and juggling to suit everyone's needs

and schedules. Most days the pressure of this leaves her too preoccupied to think about eating lunch, but she nibbles out of the snack cupboard whenever she feels her energy or concentration drop – 'a little something' sweet or crunchy will usually be enough to keep her going, without having to stop whatever she is doing.

She puts on dinners for various household members for hours every evening, with two or three different sittings a night, starting from when the first kid comes home from school until the last person arrives home for the night (either her husband or her oldest daughter). Each kid has different requirements in terms of what they like and what they refuse to eat, so fixing one dinner that suits everyone in the family seems impossible. When she was growing up, her mother prepared one dinner for the family each day and presented it with a 'take it or leave it' attitude, presuming that if the kids were really hungry and needed to eat, they would eat what was on their plate, whether they liked it or not. Suzanne recalls not eating her dinner on the days that her mother made something she didn't like (like liver) and is afraid that if her kids did not eat their dinners they would get sick or not grow properly. Even though it complicates her life, Suzanne feels it is worth the hassle of catering different dinners for each kid because it's important to her that each of them eats at least one solid meal every day. Suzanne usually does not fix herself a dinner because after catering for everyone else, she 'can't be bothered' fixing one more meal. Instead, she finds it easier just to pick at what's left over on other people's plates or take 'tastes' of various foods as she prepares them. Sometimes she gets hungry later, after the kids have gone to bed, and gets a takeaway with her husband.

Most of the time, the dinners Suzanne prepares are frozen foods cooked in the oven or deep fryer, or occasionally noodles in sauce that can be micro-waved or boiled on the stove. With so

many different things to prepare each dinner-time, she says she would not have time to cook them herself. She also thinks it would be foolish to buy all the ingredients and put the time into cooking the foods her children likes from scratch when they are actually cheaper ready-to-cook in the box – especially if they are on offer. The only day she cooks a meal from scratch is the Sunday roast, which she says is the one meal a week where everyone in her family sits down and eats together. Even then, not all of the children eat everything, but there is enough variety for everyone and she makes sure the dinner includes a range of dishes based on what each one will eat.

A couple of times a week Suzanne gets a break from cooking dinners. On Thursdays the kids go to their granny's for dinner, which means Suzanne can relax and have a bit of time to herself. Sometimes she goes over to her parents' with the kids and has her own dinner there as well. Her parents would usually do the Sunday roast for her family about once a month as well and they always have Christmas dinner and Easter dinner at either her parents' or her husband's parents. If one of the kids is sick or if she is feeling ill herself, she can also send the kids over to her mother's for their breakfast, or for the day at weekends. Most Saturday nights, if they can afford it, she and her husband buy a takeaway dinner for the household – Saturday is her 'day off' from cooking.

With five people to feed, Suzanne does a lot of shopping. She goes to a supermarket and a discounter for her big shop at least once a week, sometimes twice. She usually splits her shopping between them; buying most of her staples and food for the main meals at the supermarket, where there is more choice, but buying own brand/off brand biscuits, chocolate bars, crisps, and cleaning supplies at the discounters. She finds she usually needs to stock up more frequently during the summers and holidays

when the kids are off school. She also ends up at the local shop buying a few items nearly every day as she runs out of things – most often bread, milk and cigarettes. Once or twice a month she restocks the chest freezer and the treat cupboard as cheaply as she can, although she also tops them up weekly whenever she runs out of something or has the good fortune to get a bargain. She also goes to a discount store fairly frequently, especially for toiletries, which her kids 'run through at an alarming rate' and which 'cost the earth.' She finds discount stores are also good for sweets and chocolate bars.

With limited funds and many mouths to feed, Suzanne has to watch prices and shop strategically. She shares information about prices and special offers at various stores with her mother, her sisters, her friends and other mothers at her kids' school. She will try something new (a store or product) based on word of mouth recommendation, but otherwise she tends to stick to what she knows will be eaten and shop at the stores where she always shops, because this makes her feel more secure that she won't be caught out by what it costs. She has taken longer shopping trips with friends to places like ASDA that are not near home but are rumoured to have great prices, but found that she ended up loading up on the items with really stunning price differences – especially toiletries, medicines and alcohol – and then did not have as much money left to buy food as she normally would. These experiments have taught her to stick with familiar stores where her shopping bill is more predictable.

Laura: Lone parent households with children

Laura is a 33 year-old single mother with two children age seven and ten. She has a part-time job in a chip shop from 9am to 3pm three days a week, but she explains she's not 'formally employed' because she needs to stay on the live register in order to 'have enough money coming in.' She is very close to her sister and her parents,

who live close by. Her kids spend a lot of time with their cousins, either at her house, her sister's or their parents'.

Her daily eating habits and shopping habits are very much like Suzanne's, with a few exceptions. One big exception is that Laura cannot afford takeaways like Suzanne – she claims she doesn't remember the last time she bought a takeaway. Instead, she has to buy and prepare all the dinners and lunches for the family the majority of the time. Like Suzanne, Laura tends to make different things for each kid, usually convenience foods like pizzas, chicken fingers, fish fingers, potato waffles, beans, chips, and pot noodles. She herself eats a little of what each kid is having. Laura also leans on her family a bit more than Suzanne, bringing her kids over to her parents or her sister's for dinner a few times a week. She and her kids also have their Sunday dinner at her parents' every week.

Laura and single mother peers spend more time than Suzanne and the mothers from two-parent households talking about the things they have to do without for the sake of looking after their kids and the household. New clothes for themselves and going out are top on the list of sacrifices single mothers feel they have to take in their stride in order to pay the bills and make sure their kids have everything they need. In contrast, Suzanne and her peers mention that they do enjoy a night out with friends once every month or two and turn up to the groups wearing recent fashions.

Michael: Younger single males living alone

Michael is 28 years old and lives alone. He has a girlfriend, but she lives about two and a half hours away and they alternate visiting each other at weekends about twice a month. He is not working at the moment but has worked in shops, factories and as a driver at various points in his life. He lives just down the road from the

home where he grew up and is a frequent visitor to both his mother's and his sister's homes. The biggest activity in his life is football – during the season he trains three or four days a week as well as playing games two or three times a month and even in the off-season he trains informally to stay in condition.

He tends to wake up between ten in the morning and noon, sometimes not until 1pm, so he usually does not eat breakfast, although he might have some cigarettes and coffee before his first meal of the day. During the afternoon he might make himself a sandwich at home, but he is just as likely to pop out to the shop for a packet of crisps or a sausage roll (if he's hungry) and a coke. He is fairly active in the late afternoon/early evening on weekdays, training for football or just keeping himself in condition with running or informal games in the off-season. At weekends he usually goes out drinking with friends and then takes it easy the next day unless he has a match on.

His main meal is always in the evening, and this is when he consumes most of his food for the day. If he is catering for himself, his dinner tends to be something he can throw in the oven and have within the hour – frozen pizzas, chicken goujons, potato wedges, etc. When his girlfriend is up, or if a friend comes over, he might put a bit more effort into cooking and make something like 'spag bol' or a stir fry, but for himself he almost exclusively cooks convenience food. Sometimes, if he is really hungry and cannot wait for his food to cook in the oven, he gets a takeaway instead – a curry or fish and chips, but acknowledges that he cannot afford to do this all the time. Twice a week – Sunday afternoons and Wednesday evenings – he goes home to his mother's for a meal, which is the type of fare he himself describes as 'a proper dinner' – meat, potatoes and two veg, with a salad or fruit starter. Sometimes she gives him a packet of biscuits, loaf of bread or jar of coffee to take home with him.

He knows his diet is not very well balanced (except for the meals his mother prepares for him) and feels he should be eating more fruit and vegetables, but complains that when he makes the effort to buy them, they end up going off before he eats them. He does make an effort to increase his intake of fruit if he feels ill because he believes eating fruit increases his resistance, and he also eats a banana a day for energy during the football season.

Michael hates shopping for food so he does most of his shopping in the local shop on an as-needed basis – picking up a few things nearly every day. About once a week or once every two weeks he goes to the supermarket, but he makes an effort to go in the evenings when it is not crowded and when he is least likely to run into people he knows. Above everything, he hates meeting up with 'all the aul' women' who know his family and insist on stopping to chat with him. He likes to get a bargain, but all things considered, does not think it is worth his while to shop around, compare prices and go to discounters like Aldi or Lidl for the amount he is buying. He also says he would rather shop in the local stores and support the local economy than give his money to 'the big chains.'

Jack: Middle-aged single males living alone

Jack is in his late 40s. He has been living alone since his marriage broke up about six years ago, but he has two children ages nine and 11 who stay with him four or five days a month. He used to work in a factory but has old injuries to his back and wrists that limit the kinds of jobs he can take and as a result has been mostly out of work for several years. He tries to keep himself occupied with 'something productive' most days for fear that otherwise he would become overwhelmed with boredom and depression. He reads the papers, follows local sports, uses the Internet at the library or local community centre, and although he does not volunteer on a regular basis he will usually help out with various community

groups and projects whenever he is asked.

He usually starts the day with either porridge or toast and tea. He seldom has enough appetite to fix himself a lunch now that he is not working, although he recalls being almost conditioned to be hungry at lunch-time and break times when he was working. If he does feel peckish, he might fix himself a sandwich and if he is in town he might be tempted to get a curry or fish and chips. Sometimes he has a piece of fruit in the middle of the day but, if he feels at all stressed, he might go out and buy a chocolate bar instead. Most evenings he cooks himself a dinner. Sometimes this is very traditional – a chicken breast or chop with boiled potatoes and vegetables and a salad, a pot of stew – but he also makes himself curries and stir fries – often improvising the recipes based on whatever he has to hand. He also has a stock of frozen convenience foods, but tries not to eat those too often – no more than twice a week if he can help it. He usually eats his dinner in front of the TV unless his children are visiting, in which case they eat at the table. Evenings can be long and boring for him and if he spends the whole evening watching TV he usually ends up munching on snack foods out of boredom. He tries to keep himself distracted by reading, listening to music or spending time with friends so he does not fall into this trap too often.

He is more health-conscious about what he eats than Michael and makes an effort to have at least one balanced meal most days, and tries to limit the amount of processed foods and takeaways he eats to no more than three occasions per week. He also watches how much sugar, salt and fat he consumes. He recalls first thinking about eating healthier when his first child was born and he learned about not giving babies too much salt, among other rules – all of which made him reflect on what he ate himself and whether it was good for him. He gained additional motivation to eat a more healthy diet as he got older and saw his

parents and siblings developing chronic health problems that could be partially controlled with diet. When he stopped working due to injury, he felt he had 'no excuse' not to take control of his eating habits, given that he had 'nothing but free time.' He has taught himself to cook using books, cooking shows and online recipe sites, and now makes himself a dinner from scratch a few times a week. He is proud that he can cook a 'proper' balanced dinner for his children when they are visiting and not just feed them 'junk food.'

Learning to cook has led him to buy more fresh foods and he is very particular about the quality of fresh ingredients. He prefers to get his meat from a butcher and his fruit and veg from a farmer's market or fruit and veg store, feeling smaller retailers tend to have fresher stock that is less likely to be treated with pesticides, preservatives, hormones, etc. He is more likely to economise by buying own brands on packaged goods like coffee, pasta, cleaning supplies and toiletries, which he buys at a larger supermarket.

Although money is tight and he controls his spending carefully, he does not think that going out of his way to shop around for the lowest prices will help him save money. His experience is that when he has made the effort to shop at stores that are rumoured to have the lowest prices, his priorities shifted from what he needed and would use to what he could save most money on. As a result, he came home having spent more than he planned, purchased things he did not end up using and had to go back to another store to pick up things he had forgotten to buy. He dismisses stores that market around the low-price proposition as 'a false economy' unless you are very disciplined in your shopping.

Frances: Single older females living alone

Frances is a widow with four grown children. One of her daughters lives in the same town with her own young family; the other three children are

settled elsewhere in Ireland and various English speaking countries abroad. Frances formerly worked as a bank clerk but has been retired for 12 years. She continues to live in the home where she raised her family but has lived alone since her husband died eight years ago.

Frances has made a conscious effort to stave off social isolation by keeping busy with a variety of activities that get her out of the house on a daily basis. She belongs to a walking group, goes to a regular lunchtime meeting at the community centre every Wednesday, meets friends for lunch or dinner a couple of times a week, minds two of her grandchildren after school once a week, and is a regular church-goer. She often hosts her daughter's family for Sunday dinner and also puts on a holiday dinner for her extended family once or twice a year. She rarely spends a whole day at home unless she is unwell.

Frances has a pretty well balanced diet comprised mostly of fresh whole foods cooked from scratch. Breakfast is usually either porridge or cereal and a piece of fruit with tea first thing in the morning, sometimes followed by a scone or some toast with more tea around 11am if she is hungry. Unless she is meeting friends to eat out, lunch is a fairly casual affair. If she is hungry, she might put together a sandwich, heat up some soup, or boil an egg for her lunch, but many days she doesn't have enough appetite to motivate her to prepare lunch. Dinner is her main meal and she tends to eat it around 5 or 6pm. She rarely eats or drinks anything after dinner, but typically snacks on pieces of whole fruit once or twice a day, and sometimes has a biscuit or two with a cup of tea between meals.

She cooks dinner for herself three or four times a week. She also bakes her own bread and scones every week. Her most frequently prepared dishes include vegetable soup, stew, stir fries with rice, pasta dishes, and chicken breasts, pork chops or baked fish with potatoes and vegetables. However,

she has a wide repertoire of recipes and varies her menus every week to keep from getting bored. Compared to the days when she was raising a family and cooking/baking every day, her food preparation habits are much simplified and less labour intensive. She does not see the point in investing the time and effort into preparing a roast dinner for just one person, for instance. However, the knowledge and experience she has accumulated during the years when she was actively catering for a full household remain evident in the wide repertoire of foods she buys and consumes, as well as her range of cookery skills.

She craves variety and as a result has little appetite for leftovers. She can tolerate the same dish two days in a row if she pushes herself, but she prefers to have something different for dinner each day. One way she manages this is to freeze her leftovers and use them the next week. She also buys and eats a couple of single serve ready meals most weeks to satisfy her desire for variety without the work of cooking a different meal every day. She eats out regularly and is careful enough with her spending that she can afford this indulgence. Her regular out-goings are very modest now, so most of the time it is easy enough for her to afford to eat out – she only has to cut back on this luxury occasionally, in the event of a big and unexpected home repair expense. Meeting friends for meals out is important to her because it relieves solitary living and especially eating alone, the boredom of eating one's own cooking, and gives her a reason to get out of the house. She hates eating alone and takes most of her meals at home in front of the TV for company.

She also keeps herself busy with bargain-hunting. Frances goes out shopping several times a week; her desire for variety motivates Frances to patronise a range of different stores rather than relying on just one. She is not happy with just the standard assortment and will travel on until she

finds good prices and quality for more obscure food products like mange tout or speciality flours.

Unlike many other low-income shoppers, she has the expertise and discipline to resist temptation and this allows her to browse, comparison shop and cherry-pick. She tends to have a look all around each store even though she often only buys a few items at a time. She has a car and can drive but prefers to do most of her shopping close to home or use public transport. When she buys more than she can carry, she is likely to have her shopping delivered, provided she spends enough to qualify for free delivery. For big stock-up shopping trips like before Christmas, her son takes her, not just to drive but also to help carry and put away the groceries.

John: Single older males living alone

John is a 67 year old retired labourer who lives alone on the family farms in Leitrim. We assume he is a lifelong bachelor on the basis that he never refers to any partner or children, past or present, throughout the whole of our discussion. We also note that he makes no reference to siblings or nieces/nephews, and so assume that any surviving members of his birth family moved away long ago.

John leads a quiet and solitary life, but keeps active with chores around his home and property. Although he has never farmed his land for cash crops, he has always had a vegetable garden and kept a cow, a pig and some chickens for his own use. He also does a good bit of fishing and some hunting in season, and he knows the best places to gather mushrooms and various berries in the surrounding woods and fields.

Like Frances, John has a pretty well balanced diet comprised of mostly whole foods cooked from scratch. Breakfast is usually porridge or a boiled egg with toast and coffee on weekdays and a fry on Saturday. This meal often keeps him going

until near dinner time, so he often skips lunch. He says he no longer has as much appetite as he did when he was working. He also observes that once he is occupied at home, he seldom thinks of stopping to eat as he did when he had a scheduled workday lunch break. On days when he is doing errands in town, however, he is often tempted to stop for a hot lunch in the supermarket deli or chipper – maybe two or three times a week.

John cooks his own dinners nearly every day, unless he makes a stew (which might do him for two or three days in a row). He likes very traditional dinners such as bacon and cabbage, steak with mushroom, onions and potatoes, and chicken breast, pork/lamb chops or fish with two veg and potatoes. Most of his cooking is done on the stove-top or in the oven – he does not own a deep fat fryer or a microwave. He generally buys the ingredients for his dinner earlier the same day – at most they would be bought two or three days in advance. Fixing his dinner takes him between one and two hours every day but he does not mind the time it takes because cooking for himself means he is sure to get his dinner exactly the way he likes it. On days when he has lunch in town, he might make just a meat and cheese sandwich for his dinner instead of cooking a full meal.

He tends to eat his dinner in front of the TV in the evenings and often snacks on biscuits or chocolate bars in front of it later in the evening as well. Other than that, he rarely eats between meals, except for a piece of whole fruit or an odd biscuit with a cup of tea mid-morning or mid-afternoon. There are very few processed foods in his diet and he consumes a good balance of food groups every day. The only way in which his diet is lacking is that his repertoire is quite narrow, which means that the variety of foods (especially fruits and vegetables) he consumes is limited.

John does not go out a lot, but usually goes to watch a match in the pub about once a week or so because he prefers the atmosphere and sharing casual banter with other sports fans to watching a match on TV at home. When he goes out for dinner, which he might do once or twice a month on a Sunday, he tends to order the same types of home-cooked meals – steak or turkey and ham with potatoes and vegetables.

Unlike Frances, John does not consider himself a good shopper and confines himself to just a few stores for all his food shopping. He buys nearly everything in the local supermarket (Gala) which, although small in comparison to multiples like Tesco or Dunnes, has a comprehensive assortment including a butcher, bakery, deli and off-license as well as tinned and packaged foods, dairy products and some frozen foods. John feels that although the prices per item might be slightly lower at larger supermarkets in bigger towns, it is easier for him to control his spending at his smaller local supermarket because the merchandising and offers tempt him to buy things on impulse he does not need. He feels the local shop provides everything he needs and larger supermarkets and discounters are more for housewives and mothers. Unlike Frances, he is content buying the same things over and over and does not complain about getting bored or wanting stimulation, so he has no motivation to explore other shopping options.

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