TEENAGERS' RATIONALES FOR THEIR FOOD BEHAVIOURS: DIRECTIVES FOR TEACHING

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As a result of the health policy established by Lalonde (1974), Canadian health care workers in general, and nurses in particular, have involved themselves in intervention programmes and research aimed at the modification of lifestyles. One category of health behaviour clearly linked to both long and short term health status is diet (Caliendo, 1981; Valadian, Berkey, & Reed, 1981). The study described here was designed to explore this category of health behaviours, specifically the nutritional behaviour of teenagers.

Rationale for and Purposes of the Study

It is important to describe and identify dietary patterns, and to assess the incidence and type of nutritional problems. Several researchers have done this with the adolescent population. These studies include descriptions of meal patterns (Hinton, Eppright, Chadderdon, & Wolins, 1963; Huenemann, Shapiro, Hampton, & Mitchell, 1966), biochemical deficiencies (Faigle, 1973; Nutrition Canada, 1973 & 1975), and changing nutritional needs as a result of growth (Marino & King, 1980; Stare & McWilliams, 1973). In order to understand why some teenagers choose healthy diets and others do not, some researchers have examined the relationship between attitudes toward foods and food practices, as well as knowledge of nutrition and food practices Kaufman, Poznanski, & Guggenheim, 1975; Thompson & Schwartz, 1977).

What is most striking about the literature is the lack of studies seeking the perspectives of teenagers on food. There is a lack of understanding of how teenagers interpret or make sense of facts, how teenagers develop their attitudes and in turn, how they make decisions about their food behaviours. Despite observations that diet and dietary behaviours are seen to be learned through socialization and everyday experience (Cussler & De Give, 1952), no studies were located which sought to describe adolescent nutritional behaviours by viewing adolescents as a cultural group, or by examining their everyday experiences. Questions related to why teenagers act as they do have not been responded to.

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There is a developing body of knowledge that identifies the importance of understanding individuals' rationales for their behaviours. The individual's perceptions are seen to influence decision making processes (Becker et al., 1979; Taylor, 1979). Powers and Ford (1976), upon reviewing literature on compliance, conclude that, "truly effective interventions must be based not only upon knowledge *per se* but also knowledge of the way the patient defines his situation" (p. 59).

Based on the described lack of information, this study was designed for the following purposes:

— to describe adolescents' perceptions of their food-related behaviours;

— to develop an understanding of the position food and food-related behaviours have within the values of the adolescent group;

— to describe variations or changes in food-related activities as adolescents are observed in selected situations at selected times.

Theoretical Perspective of the Study

In order to address the purposes of the study, and to provide a clear representation of the teenagers' perspective, the phenomenological approach was used. Understanding the client's perspective is particularly important when research is intended to provide guidance to clinical practice. Davis (1978) argues that the effectiveness of interventions is increased when the practitioner is able to understand and to take direction from the client. In order to take direction from clients' perspectives, however, one must seek to understand the meaning and value that clients attach to events, and to describe how this in turn influences the clients' behaviours.

Kleinman's (1978) model of the individual's relationship with the health care system was used to develop initial interview questions, and to guide data analysis. The model proposes that different groups conceptualize or construct their own impressions of "clinical reality". As a result, health care professionals and clients explain or account for events differently. The model identifies questions that are helpful in ascertaining individuals' perceptions of their own situations.

Methods

In a study of this nature individual participants are selected for their ability to address issues of concern:

> On the assumption that all members of a culture are carriers of that culture, any person who belongs to the group under study is a possible informant (Brink & Wood, 1978, p. 123).

In this study, adolescents are considered to be a cultural group. Adolescence is a period of accelerated physical growth as well as a time of learning and developing new social roles. Teenagers' every day experiences, such as those with families and in high schools, contribute to the development of lifestyles and interests which differ from other social groups. For the purposes of this study, adolescent or teenager has been defined as: a youth, male or female, aged 12-18 years inclusive. As well as including teenagers of both sexes in the identified age range, additional selection criteria included not being under medical treatment or following a therapeutic diet, and being able to converse in English.

All teenagers in the study were volunteers. A sample of eleven adolescents (six boys and five girls) from different suburban areas of Vancouver was organized. The study conformed with the ethical review requirements of the University of British Columbia. Written consent was obtained from both the teenagers and their parents. Nine of the participants were interviewed on two occasions, the others were only available for one interview. The combined interview/observation times ranged from one to three hours, for a total of fifty-eight contact hours.

During initial interviews teenagers described their eating patterns and were asked their reasons for eating as they did. Throughout the interviews I sought to clarify statements and observations made by the teenagers.

After initial interviews, data were examined for basic patterns and recurrent themes, and additional topics for exploration were identified. In this way the processes of data collection and analysis were intertwined.

As a result of the on-going data analysis, some interviews lasted longer than others. Second interviews with the teenagers were used to clarify conceptual categories generated from the data. The use of subsequent interviews in this way ensured that conceptualizations were grounded in the teenagers' experiences, and that categories were developed systematically from the data.

Presentation of Findings

The purpose of interviewing the teenagers was to understand their food behaviours from their own perspectives. They identified many factors as influencing their food decisions. As data were analysed it became clear the subjects were actively involved in generating rationales for their actions. This was conceptualized as a process. Components of the process as identified by the researcher are presented below:

— receiving or seeking information;
— comparing information with their own experiences and beliefs;
— assessing the compatibility of the expected outcome of recommendations, with observations of themselves and others;
— identifying the relevance of information to personal goals and concerns.

In the following account a teenager comments upon information received which recommend one eating pattern over another. The rationale presented to the adolescent was that the eating pattern was more "healthy", and that to follow the eating pattern would result in "feeling better".

Subject: It doesn't seem to make any difference, so why bother with it anyway (referring to eating in the recommended manner). That's just how most people feel.

Researcher: What kind of differences would you look for?

Subject: Well, I mean the way people describe junk food compared to normal food.

Researcher: Yes.

Subject: Well, somebody who eats a lot of junk food would be walking around, you know, eyes all jerky, and kinda sagging along, and somebody who eats regular food will be running along. You know, that's the kind of difference you'd expect if you listened to a lot of people.

It is evident from the account that the recommended diet was not consistent with the adolescent's beliefs and experiences. The teenager, therefore, questioned the credibility of the conveyed knowledge. My interpretation is that the adolescent believes the negative and positive outcomes of eating certain foods to be exaggerated. The adolescent also argues that the consequences of "good" and "bad" diets are not as certain as some people believe. The intangible nature of the criteria measuring healthiness might be considered as one source of the problem.

Examples of the process of comparing information about food with their own beliefs about food were cited by all subjects teenagers in the study. In some instances they agreed and in others they did not. In all cases they willingly shared their reasons. In the following account the subject is discussing beliefs about "junk" food. Although the adolescent believes "junk" foods do not have the food value of recommended foods, the decision to eat junk foods is made.

It's not good for you, it hasn't got the protein and all that. That's why it tastes good... No, junk food really doesn't hurt me 'cause

I eat what I'm supposed to also. It gives me the calories. If I didn't eat junk food with all those calories, I'd just be a toothpick, worse than I am right now.

The account illustrates the teenager's belief that eating "what I'm supposed to" minimizes the negative effects of including junk foods in the diet. The example also illustrates the point that teenagers select information that they perceive to be consistent with their beliefs and experiences. It is important to note as well, that although all of the teenagers had concepts of "good" or "bad" foods, each definition differed. In each interview, clarification of the subjects classifications was sought.

When the subjects sought dietary information, their purposes appeared to be to gain knowledge as to how they might modify food behaviours. Some reasons presented for doing this were to increase rates of growth, to decrease weight, or to achieve a higher level of fitness. Despite the teenagers' openness to suggestion, they said that they still "tested it out". As a result of such testing, some adopted new food behaviours, and others selected only some suggested changes that they viewed to be most helpful or easiest to maintain.

The following account is an example of a subject who selected elements of advice or information that were viewed to be most appropriate:

I try really hard, I was on a, well not really a doctor's diet, but this diet out of a book. And I didn't follow it exactly or anything, but it was more or less. I tried to have meats and vegetables, and a lot of salad and water. And a lot of fruits in between, if I was hungry for my between meal snacks. My energy level was really good and I was feeling really good about it.

The testing of recommendations was something that all of the teenagers did. It appeared that, on occasion, information reinforced the maintenance of their food behaviours or provided them with a new awareness of reasons behind family eating patterns.

As well as considering information in relation to their beliefs or experiences, the subjects made observation on the effects of these recommendations in themselves and in others. Observations cited included their own bodies response to foods, and the eating patterns of others.

The following account is one example of how the same person carefully watched for cues signalling the body's response to different foods. The subject described how food information from this and similar situations was used in subsequent meal planning.

When I did dance, according to the foods I ate I could really feel the difference. If I went out and ate, a lot of pizza or pies and stuff like

that, I could really tell by the way my body reacted after I had exercised... Well, I'd really feel, uhm, blah, or more pep or more energy. (If I ate a pizza first) by the time we were to go home it was, I need a coke, or something. Other times I'd just have a nice quiet dinner at home with regular meat, vegetables, potatoes, and by the time we were finished (exercising), an apple would satisfy my thirst.

The respondents were seen to be testing actions and consequences, and weighing alternatives. Sometimes, as in the following instance, the feedback was immediate. "If you have to have energy, like in basketball, I get cramps if I don't eat... so I can't skip it (lunch) 'cause I feel really bad." In each situation it was evident the teenagers had their own ideas of what were preferred food behaviours.

The subjects further explained that they might adopt certain food behaviours because of observations of other persons possessing various esteemed qualities. Some were perceived as "knowledgeable" (i.e., mothers), "experts" (i.e., physical education teachers or nurses), or to have desirable physical characteristics (i.e., friends or athletes). In the latter instance, the subjects attributed some of the abilities or looks to foods eaten. They also used observations of others to justify eating practices:

> Well, they (food habits) aren't that good, they're just average. But I don't think they're any worse than most other people's. Well, even my own parents. Like, I don't eat that much different. I have the same lunches practically, I have the same dinners, the same breakfasts.

In the preceding account the teenager points out that, because her food bahaviours are like those of role models who were identified as having some credibility, there is no need to change them.

The teenagers in the study reported that observations of their own responses, to foods and those of others, helped them in their decisions to use or disregard information they acquired, and contributed to the development of their ideas about such concepts as varying metabolic rates, or predisposition to fatness or thinness.

Another element of the process of developing a rationale for food behaviours was the examination of information in relation to issues of personal concern. They also limited the types of knowledge they perceived to be useful, based on assessments of their own behaviours or that of others.

All of the teenagers cited at least one of three personal issues which they considered to influence their food decisions. Most cited more

than one. The issues may be broadly categorized as: body image, friends, and sports. While one may not assume that these were their only concerns, they did contribute in important ways to the particular food behaviours reported. These were seen as instrumental in resolving these concerns. The following account is an example of how a teenager conceptualized the relationship between food behaviours and friendships.

> Everybody wants to be popular. So I guess one way to be popular, or to be liked is to look good. And so I guess that's one of the reasons I changed (the way I ate), so I could look better.

When the respondents sought information from outside sources, they all set limits on the nature of the information they would consider. One factor influencing these limits was their perception of need as reflected in their personal concerns. The three personal issues described above contribute to the development of rationales for acting by guiding the teenagers' decisions about the relevance of information. In a sense, the personal issues were seen, by the writer, to provide the teenagers with a context for interpreting knowledge and observations of their own and others' behaviours.

Discussion

Although documentation of the actual nutritional status of teenagers exists, it was argued, when presenting the rationale for the study, that other studies were not found to explain the wide variability in food practices. The conceptualization of the process of developing rationales for eating arrived at in this study, could help to provide alternative interpretations of statistical findings.

The theoritical framework for the study directed the researcher in eliciting the teenagers' explanations for their behaviours. Having an understanding of an individual's perspective aids clinicians in choosing interventions that would be perceived as appropriate by clients, and may help them to convey information in terms meaningful to the clients.

The conceptualization developed in this study provides insight into how teenagers examine or evaluate information that they have received. It also suggests that personal interests or priorities will act to increase receptivity to differing types of information. Traditional approaches to health education have emphasized teaching, yet, research reports that knowledge does not necessarily predict compliance with prescribed regimens (Taylor, 1979). Similar findings have been reported in relation to adolescent food behavioours (Huenemann et al., 1966; Thompson & Schwartz, 1977). The conceptualization

proposed in this study indentifies how teenagers respond to information; how they assess its relevancy to their own situation and its compatibility with their beliefs, and the impact that they described food behaviors as having on other aspects of their lives.

Studies examining factors influencing compliance with prescribed regimens indicate that working with the individual's situation (Sellers, Cappell, & Marsham, 1979) and appealing to perceived needs (Becker, et al., 1979) increases the successfulness of interventions. Several studies have reported that teenagers' food behaviours are influenced by their beliefs about foods (Kaufman, et al, 1975) and perceptions of themselves (Huenemann et al., 1966, 1968). These findings would be supported in this study, but the proposed conceptualization directs one to explore the beliefs of adolescents in relation to the information conveyed.

This study suggests that in order to increase the effectiveness of teaching interventions with teenagers, the teaching situation should provide opportunities for exploration of their pre-conceived notions about food. This approach would facilitate the assessment of information that the adolescent perceives as needed. The process-oriented approach would also encourage the nurse to seek the individual's perceptions of what had been taught, this providing opportunity to clarify misconceptions, to add information, or to identify conceptual barriers that inhibit the client's ability to incorporate new information. Opportunities for teaching and learning may be present in any interaction.

In addition, this study supports the need for clarity when describing the positive or negative effects of food behaviours. It has shown that, in the process of evaluating information, the adolescents were more likely to adopt recommended behaviour patterns if the desired outcomes were amenable to observation or if the responses were seen to be immediate. If this is an expectation of teenagers, it seems it would be important to convey information about just what is likely to happen in terms of bodily responses; how much time it might taken to lose or gain weight, to have improved athletic performance, or to improve skin condition, and what other factors might be involved. Finally, the role of others as conveyors of information and as behavioural models was demonstrated. Credible sources were described as understanding the importance of issues to the teenager, explaining things in a manner which related to the teenagers' experiences, and as having behaviours consistent with their recommendations. All of the teenagers in the study were observing others in order to generate their own particular rationales for their food behaviours. Attempting to make sense of information, their experiences, and others' behaviours as well as to resolve issues of concern, was a part of their everyday experience.

Summary

This study addressed the problem of a lack of understanding of the wide variation in teenagers' food behaviours by having the teenagers describe their views on the topic of food. By analysing data collected during indepth interviews, the author conceptualized the ways that teenagers use their experiences and observations to generate a rationale for their actions. The conceptualization contributes to the developing body of knowledge of the factors influencing health behaviours. It suggests that a process-oriented approach to teaching would increase its effectiveness. Contrasting the experiences of the teenagers in this study with those of teenagers from differing cultural backgrounds, or with those of teenagers with health problems (such as diabetes) would be useful in identifying similarities and differences in experiences; further exploration with additional groups would also facilitate generalizing the findings to other groups.

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RÉSUMÉ

Justification du comportement alimentaire des adolescents par les intéressés: directives pédagogiques

Le présent article fait état d'une enquête sur les perceptions alimentaires des adolescents et sur leur comportement. Il s'agit d'une étude de conception qualitative. Les données ont été recueillies auprès de onze adolescents dans leur foyer au cours d'entrevues et d'observations approfondies qui ont duré au total 58 heures. L'analyse des données a révélé que les adolescents s'efforcent activement de justifier leurs actions. Cette démarche est conceptualisée sous forme de processus et l'on décrit quatre composantes de ce processus. L'orientation qu'offre la conceptualisation à des fins cliniques et pédagogiques notamment fait l'objet d'une discussion.