HEALTHY FOOD LIVING

EXPLORING THE COMPLEXITY OF INDEPENDENTLY LIVING AND THE PERCEPTION OF HEALTHY FOOD

An empirical study investigating young adult Danes' perception of healthy food, which sources they most likely seek information from and who they find most trustworthy

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Abstract

Background: Non-stop accessibility and availability of information about healthy food in overwhelming quantities, in particular from media and social media, makes the process of finding trustworthy information about healthy food hard for young adult Danes. Simultaneously, previous studies have shown young adult Danes to have poor dietary habits.

Purpose: This thesis will illuminate a group of young adult Danes' perception of healthy food, to see if this target group lack of knowledge about healthy food. Moreover, whether the life circumstance that the target group is currently in influences their perception and practical relation to healthy food will be investigated. Since this transition phase have been found to be a time where the young adult Danes need to establish their own everyday practice, which includes rethinking and reconstructing their perception and relationship with food.

Finally, the thesis will investigate where young adult Danes tend to find information about healthy food, in order to find out which sources they are most likely to search information from and who they trust the most.

Methods: This study is based on an exploratory sequential mixed methods approach. Four focus groups interviews were held with 16 young adult Danes in the age of 18-25, all living independently. Additionally, a questionnaire with 449 respondents was carried out to get a more nuanced view of the investigated problem area.

Findings: The participants' perception of healthy food is in agreement with the Danish official dietary guidelines. They are reflective and critical when searching information about healthy food. However, they feel a need for filtering information from various actors before trusting it.

Integrating healthy food in their everyday life is to a great extent not a top priority because of the challenges connected to it. The fact that the young adult Danes are in a transition phase, from living with their parents to living independently does not directly affect their perception of healthy food, but to a great extent affects their health behaviour.

Keywords: Healthy food, Transition, Trustworthiness, Likelihood, Young adults, Perceptions.

Acknowledgement

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INTRODUCTION

1. Introduction

The effects of excess weight and obesity are well documented (Schmidt et al, 2013, p. 2) and a continuously evolving problem in the western world, including Denmark (Christensen et al., 2012, p. 194). Obesity in adulthood can lead to a number of diseases including type 2 diabetes and cardiovascular diseases (Schmidt et al, 2013, p. 2). The number of obese and heavily obese Danes increases with age and the largest increase is from the age range of 16-24 to 25-34 (Christensen et al., 2012, p.194). The effect of unhealthy eating does not show until late in life, it therefore needs to be addressed early on to enable prevention. In addition, young people have more years to live than older people, thus they have more to gain from making changes early, including eating healthily (Sundhedsstyrelsen, 2013).

Young adult Danes can be seen as more exposed to unhealthy eating habits, as there are some indications that they are not very interested in food and food preparation. Stamer, Jakobsen & Thorsen (2016, p. 12) indicate that Danes between the ages of 18 and 25 have little interest in produce, and a survey from YouGov 2016 found that 4 out of 10 young Danes do not know the recommended daily intake of fruits and vegetables (Forbrugerrådet Tænk, 2016). Additionally, a report from DTU, investigating the Danes' food habits, found that both men and women in the age of 18-24 years are those eating the smallest amount of vegetables, compared to other groups of adults. Danish men and women between 18-24 years only consume half of the recommended 600 grams of fruit and vegetables per day (Pedersen et al., 2015, pp. 144-145). A low intake of fruit and vegetables is one of the top risk factors for non-communicable diseases (WHO, 2009). In relation, knowledge appears to be connected to eating healthily (Wardle, Parmenter & Waller, 2000). Therefore, it can be considered whether the young adult Danes' poor dietary habits are due to a lack of interest and knowledge about healthy food?

Moving away from home includes making choices with regard to food and health (Sharma et. al., 2009, p. 446). When young people start living independently, they need to establish their own everyday practices, which includes taking care of their own food choices, planning and preparation, thus rethinking and reconstructing their perception and relationship with food (Blichfeldt & Gram,

2012,pp. 278-79). This makes the period of leaving home an ideal time for trying to implement healthier food habits (Nielsen, 2016, p. 13), as this is a situation of change (Von Post-Skagegård et al., 2002, p. 537). According to Danmarks Statistik, after the age of 25 only 0.5% of Danish women and 2.8% of Danish men live with their parents (Holm, 2010). The average age for Danes to move away from their parents' home is 21 years (Baes-Jørgensen, 2015).

An additional and related factor influencing this group is, as Andersen & Larsen (2015) point out, the availability of food today. The food market today is increasingly more complex, which makes the consumer less confident when buying food (Thomsen & Hansen, 2015, p. 110). The abundance of available food, requires an extensive level of knowledge to navigate. Basicly, the younger generation has to make different choices based on a large set of requirements and opportunities compared to the generation before them (Andersen & Larsen, 2015). In order to influence young adult Danes to make healthier food choices, it would therefore be beneficial to know how they perceive food and, in particular, healthy food.

In contemporary time, media use and information sources are available instantly for most people. Information comes in overwhelming quantities through an array of combinations of different media and channels (Povlsen, 2016, p. 131). Young adult Danes especially are heavily exposed to media and easy information access in general. Today everyone has access to an unlimited amount of information with only a few clicks on the computer or a smartphone. Much of what people today need to know they cannot experience themselves first, therefore a lot of the background for behaviour is based in what other sources tell them (Halkier, 2010, p. 1). Young people have to navigate through commercials, information on the Internet and more traditional forms of media like TV, newspapers, magazines and radio (Jensen & Helles, 2015, p. 20).

Young people today find themselves in a unique position of availability of information, which enables many actors to have potential of influencing young people's perception of healthy food. This influence might take part in shaping these young people's knowledge about food, which in the end is connected to their eating practices and health status. In relation to this thesis, five actors have by the authors been identified as having potential of influencing young adult

Danes' perception of healthy food, and how these young people relate to them, regarding healthy food, will be investigated further. The five actors are; *Family and Friends*, *Media*, *Social Media*, *Supermarkets* and the *Danish Veterinary and Food Administration*. Argumentations for this choice will be provided in Section 4.

1.1. Pre-assumptions

This section presents the authors' pre-assumptions prior to any literature research, as they were before the investigation started. The pre-assumptions were a tool for the authors to focus the problem formulation.

1. Young people find it difficult to navigate in the jungle of information about healthy food and which actors they can trust.
2. The target group is not critical of the source from which they seek information about healthy food.
3. The transition phase (from living at their parent's home to living independently) has a great influence on the target group's perception of healthy food and their behaviour concerning health.

1.2. Problem formulation

How does living independently negatively or positively influence young adult Danes' perception of healthy food? And how do young adult Danes relate to the actors; Family and Friends, Media, Social Media, Supermarkets and the Danish Veterinary and Food Administration with potential to influence the groups' perceptions of healthy food?

Research questions
1. What do the target group perceive and articulate as healthy food?
2. Among which actors do the target group prefer to seek information about healthy food and which actors do they identify as most trustworthy?

1.3. Delimitation

This thesis is conducted in a Danish context; however, theoretical literature from other countries will be included to create a more nuanced perspective on the problem area under investigation. Furthermore, focus will solely be on the participants' perceptions of healthy food, thus excluding the participants' behaviour regarding this. Several studies have investigated Danes' food behaviour with the outcome that they have poor dietary habits compared to the official Danish dietary guidelines (Biltoft-Jensen et al., 2008; Knudsen et al., 2012; Andersen et al., 2015; Pedersen et al., 2015). Therefore, this thesis does not intend to investigate the young adult Danes' food behaviour, but aim to get an insight into the investigated target group's perception and articulation of healthy food. However, the participants themselves referred to their daily food behaviours during the investigation in order to express and articulate their perceptions of healthy food. By separating behaviour and perception the authors divide two dependent aspects. The division is done in an attempt to focus on specific aspects of the dyad. Moreover, the results regarding likelihood and trustworthiness are limited to the presented actors in section 4., and therefore do not give a complete picture of the participants' perceptions of all sources for information about healthy food.

The age span of the target group is set at 18-25 years, based on the presented arguments in the introduction and in order for the authors to delimit the recruitment of participants. The target group consist of young Danes who are living independently, which in relation to this thesis means that they do not live at their parents' home.

1.4. Preface

This section is intended to give an overview of the structure of the thesis and what is to be expected of the different chapters.

Chapter 1 has been presented as an introduction to and explanation of the subject of this thesis. The intention was to open up the field of interest and especially to make an argument for this interest in the specific target group.

Chapter 2 deals with relevant literature as the theoretical framework for this thesis. This chapter includes the perspective of social constructivism as a scientific theoretical stand-point. An explanation of the methodological approach will follow in *Chapter 3* with special attention to the proceedings of the conducted focus group interviews and performed questionnaire. Additionally, the chapter will include a discussion of the limitations of the chosen methods. The actual analysis of the collected data will be unfolded in *Chapter 4*, consisting of three sub-chapters: *Interactions and General Understanding of Healthy Food in the Focus Groups*, *The Effects of Living Independently,* and *The participants' relationship with the Presented Actors*. Each sub-chapter will be followed by a sum-up including the most important findings from each part of the analysis. Finally, a discussion of the findings from the analysis will be carried out in this chapter. *Chapter 5* will highlight the main results of the thesis and put the findings into further perspective.

Chapter 1: Introduction

Illuminates the background for the problem at hand by providing relevant information.

Chapter 2: Theoretical and Conceptual Foundation

Describes the theoretical part of the thesis in preparation for the analysis of data

Chapter 3: Methodological Foundation

Accounts for the methods used for collecting the relevant data and argues for the choices made

Chapter 4: Analysis and Discussion

Presents the analysis of the collected data, both qualitative and quantitative, compare these and finally discuss the findings

Chapter 5: Conclusion and Perspectives

Sums up the analysis and interpretation by highlighting the most prominent points. The findings are also put into further perspective.

Figure 1: Visual overview of the structure of the thesis

CHAPTER 2

THEORETICAL AND CONCEPTUAL FOUNDATION

2. Theoretical and Conceptual Foundation

The following chapter will present the theoretical framework of this thesis and introduce the social constructivist standpoint. This is based on previous studies and literature concerning: Perceived Characteristics of Healthy and Unhealthy Food, Factors Affecting Perceptions of Healthy Food*, and* Living Independently and Food*. Additionally, a section will elaborate on the Health Belief Model, as the later analysis is inspired by elements from this model. Finally, the concept of trust will be considered, as it will be an element in the further investigation.*

2.1. Introduction to the Social Constructivist Approach

All types of qualitative data are an expression of social actions (Halkier, 2010, p. 135) and with the social constructivist perspective of this thesis, the social interactions within the investigated target group are of great interest. It is through social interactions that the understanding and perception of specific phenomena take place and hereby create a social reality (Järvinen & Bertilsson, 1998, p. 12). This means that the perception of a phenomenon is specific to a particular time, place and culture. Additionally, it is specific to the investigator's understanding, language and knowledge of theories. For this reason, social constructivists do not seek "one truth", but appreciate multiple perceptions of one phenomenon. This means that both frequently and less frequently mentioned perspectives are of equal relevance in the understanding of a phenomenon (Hansen & Christensen, 2015, pp. 13-23).

In this thesis social constructivism has been used as a tool for opening up and interpreting the collected data. This is reflected in the chosen data collection method and analysis, which sought to investigate how the target group perceived healthy food. Additionally, the chosen approach did not seek to judge whether the participants' perceptions of healthy food were right or wrong, but aimed at clarifying how the circumstances in the transition phase affect the participants' perception of healthy food and presented actors (Section 4.). Hereby, the authors had a desire to clarify nuances and differences and thus not only clarify similarities in the collected data (Hansen & Christensen, 2015, p. 35). In addition, the theoretical and conceptual foundation is desired to clarify how the

phenomenon healthy food has been articulated in other studies and literature (Hansen & Christensen, 2015, p. 37).

Based on social constructivism, the results found in this thesis should not be seen as the only answer to the problem in question. Instead they should be seen as a snapshot of the participants' perception and articulation of healthy food within the given time and social constructions.

2.2. Perceived characteristics of Healthy and Unhealthy Foods

There are various opinions of what the term "healthy food" constitutes, and to date several studies have intended to characterize and classify the term (Bisogni et al. 2012). Following these, researchers acknowledge that the public often interpret healthy food very differently, compared to experts within the field. Studies exploring the consumers' perspective and interpretation of healthy foods and eating in their everyday lives, have revealed a wide range of definitions, which consumers associate with healthy food and healthy eating (ibid., p. 288).

Participants attending these studies, both in a Danish context and in foreign studies, have discussed healthy food in terms of specific types of food. A study by Allicock et al. (2008), investigating people's association with the core value of health, found that fruit and vegetables were perceived as key ingredients to being healthy. Likewise, other studies have confirmed that specific types of food such as fruit, vegetables and animal meat are associated with a healthy diet (Shriver, Hildebrand & Austin, 2010).

A report investigating the Danes' diets also found that the more fruit, vegetables and fish a diet contains, the healthier it was assessed. The report also stated that the Danes prioritise healthy food in their everyday meals, and that food with a high fat and sugar content was reserved for weekends. This indicates a tendency to let the pleasure of the food rule in the weekends, and that everyday-food should be more restricted and healthy (Sørensen et al., 2013, p. 31). The qualitative part of the report works with the contrast between the participants' perception of their own health status and their actual diet. A variation between the participants' focus on healthy food was also included, with big and small contrasts in the perception of their diet and their actual diet. Participants with a small contrast was more focused on a healthy lifestyle (Sørensen et al, 2013, 25).

The perception of healthy food in general was also discussed by the participants, and two main perceptions were introduced. One was that a healthy lifestyle could contain less healthy elements and meals and an awareness that healthy food could be palatable. The other perception was that healthy food and palatable food rarely coincide (Sørensen et al, 2013, pp. 37-39). Moreover, the report found that healthy food was associated with a varied diet, which includes eating different types of meat and vegetables during the week (Sørensen et al., 2013 pp. 39-43).

Another study investigating the Danes' meal habits, attitudes, motivation and barriers to eating healthily between 1995-2008, found that 73% of the Danes in 2005-2008, associated healthy food with eating a lot of vegetables. The study also concluded that the number of Danes associating healthy food and variation is increasing. In 1995 variation was the fifth most frequent response when people described a healthy diet, whereas in the period from 2002-2008 variation was the third most frequent response (Groth et al., 2009, p. 45). Moreover, the study found that 2% of the respondents characterised protein with healthy food from 2000-2002, while 11% characterised protein with healthy food in the period from 2005-2008. Furthermore, in all of the three periods investigated (1995, 2000-2002 and 2005-2008) the youngest age group specifies a lot of fruit as healthy food, to a higher degree than the other age groups (Groth et al., 2009, p. 46). The report also found that the young Danes spend less time on cooking and eat more processed food, which is connected to their concerned lifestyle (Groth et al., 2009, p. 8).

Other studies have found that especially young people associate variation with eating healthily (Margetts et al., 1997, p. 4). A study by Margetts et al. (1997), which investigated and described perceptions of healthy diets across Europe, found that 53% of the Danish participants pointed at balance and variety as defining healthy eating, whereas 80% of the participants between 15-34 years defined healthy eating as *more vegetables* or *less fat* or *balance* (Margetts et al., 1997, pp. 25-26)*.*

A study from 2015 examining consumers' perceptions, experiences and attitudes towards healthy and environmentally friendly foods among Australian food shoppers, found that the content of fat, fibres, carbohydrates and vitamins have an impact on the association with healthy foods (Hoek et al. 2017). This link between the nutrient content and perceptions of healthy foods has also been demonstrated in several other studies (Holmes & Gates, 2002; Gustafsson, Ekblad & Sidenvall, 2005; Lee, Fowler & Yuan, 2013).

Consumers have also described healthy food in relation to the absence of components such as gluten, additives and toxins (Paisley & Skrzypczyk, 2005; Lupton, 2005). Furthermore, production and preparation methods like non-processed, homemade and organic appear to affect consumers' view of the food being healthy (Fox & Ward, 2008; Sellaeg & Chapman, 2008). Another common view, which has often been discussed in prior research exploring healthy food, is the identification of healthy food as being boring and tasteless (Stevenson et al., 2007; Crofton, Markey & Scannell, 2013). Others have also viewed healthy eating as weird, fanatical and picky (Bisogni et al., 2002).

A study investigating Danish consumers' strategies regarding their perception of healthy food and management of food related health risks, shows that consumers turn to personal experiences and produce their own understanding of health and risk, and thereby generate different strategies themselves (Kristensen, Askegaard & Jeppesen, 2013). The study introduces a distinction between health discourses as being either culinary, nutritionist, idealistic or pragmatic. The consumers were placed on this scale according to what they characterise as healthy food (Kristensen, Askegaard & Jeppesen., 2013, p. 245). This study states that many different perceptions of what healthy food is exist among the Danish consumers, and that they are constructed from personal experience. (Kristensen, Askegaard & Jeppesen 2013).

2.3. Factors Affecting Perceptions of Healthy Food

In previous research many circumstances have been identified and explored in an attempt to understand consumers' interpretation of healthy food and dieting. These studies have helped in the clarification of why some people can or cannot act in relation to their healthy eating ideals (Bisogni et al. 2012).

Wardle, Parmenter & Waller (2000) found that knowledge was significantly associated with eating healthily. Among 1040 British adults, they found that people in the highest nutrition knowledge category, were nearly 25 times as likely to eat a healthy diet than the ones in the lowest nutrition knowledge category. Following this, level of education has been found to affect people's perception of healthy eating. A Danish report concerning the five Nordic countries' status and development of diet, physical activity, smoking, alcohol and excess weight, found that an unhealthy diet decreased with an increasing level of education. Furthermore, this report found that the number of unhealthy diets increases with less-educated parents and decreases among the children with highly educated parents (Matthiessen et al., 2016, pp. 64-65).

Factors such as age have also been proven to affect people's perception of healthy food. A Danish study by Sylow and Holm (2009) found that children associated healthy food with eating at home, and meals eaten away from home or together with friends were associated with unhealthy food. Adults on the other hand often relate healthy eating to better health, together with reducing worries and guilt, while unhealthy eating is associated with harming health (Niva, 2007; O'Brien, Hunt & Hart, 2009).

Likewise, household structures, family composition and stages of life have been found to affect people's view and interest in healthy eating. Bisogni et al. (2012) did a review of empirical studies with a social constructionist approach published in England since 1995. The review was performed in order to reach an understanding of how people in developed countries interpret healthy eating. This review found that a person's stage of life has a great influence on the perception of healthy food and the interest in healthy food. Especially the stages of childhood and adolescence seem to be connected to a low interest in healthy eating. According to this review, worrying about healthy eating is not a priority until parenthood (Bisogni et al., 2012, p. 287). Bottorf (2011, p. 2) also reports a

higher interest in pursuing a healthy lifestyle in married people, who also report a higher level of psychological and physical well-being as opposed to single people. This could indicate that having responsibility for others prompts an interest in eating healthy.

In relation to the presented studies these perceptions and actions, both conscious and unconscious create the behaviour that determines the choice of healthy food (Jerlang & Jerlang, 2003, p. 371).

2.3.1. Living Independently and Food

This transition from being provided for by parents to independent living, can be a problematic period for the young adults (Blichfeldt & Gram, 2012). The new circumstances have been found to influence the young adults' food practices, and food consumption can be a problematic everyday task in this period (Gram & Blichfeldt, 2014, p. 985). Several reasons have been found for this period to be associated with challenges. A study by Harker et al. (2009) investigating food choice during this transition phase, found that price was the most important consideration for students living independently. Likewise, Blichfeldt & Gram (2012) found that a limited budget was a challenge for Danish students, when habits of cooking and grocery shopping were to be established. In addition, a market analysis from the Danish Agriculture and Food Council (2017) found that young Danes in the age of 18-24 years, are the ones who see lack of money as the biggest obstacle in order to eat healthy (Landbrug og Fødevarer, 2017, pp. 4-5). In order to manage their budget, during this transition, some students therefore make rules for themselves. These could include only buying expensive food items, such as meat, when they are on sale and then freeze them for later use. Additionally, some prioritize making shopping lists or collecting receipts (Blichfeldt & Gram, 2012, p. 285). Lack of money can hereby become a restraint and a matter of prioritising and thus influence what is considered healthy food in practice. Some studies have, for example, identified lack of money as a way to avoid fast food and convenience products (Gram & Blichfeldt, 2014, p. 993).

Time and planning have also been found to be essential food related issues during this transition. If you have forgotten to plan what to eat and to do the grocery shopping, the fridge will not be full as it was when you lived at your parents' home (Blichfeldt & Gram, 2012, p. 283). Furthermore, studies have

identified time as a limited resource and obstacle to eating healthily among Danish students (Gram & Blichfeldt, 2014). Additionally, a report from the Danish Agriculture and Food Council shows that 40% of the young adult Danes see lack of time as limiting their possibilities of living healthier than they do (Landbrug og Fødevarer, 2017, p. 5). In relation to this, an inventory from 2015 of the Danes' food and meal practices, shows that Danes in the age of 18–25 years are the ones who devote the least time to preparing their dinner. The report found that 40% of the young Danes, in this age range, spend less than 15 minutes making their dinner and 31% spend between 15-30 minutes for cooking dinner (Madkulturen, 2015, p. 48).

Availability might also influence especially young people in a negative way in relation to healthy food practices. This issue was investigated by Halkier (2016) where 12 young Danes were interviewed, with 4 following focus groups interviews, about which role convenience foods play in their everyday life. Convenience food is often referred to as something that is easy to cook and eat and highly available, but also associated with non-natural and industrial food products (Halkier, 2016, p. 4). According to this study, convenience food is appealing to the young Danes, primarily because of their lack of time. It is used regularly and is described as something that all young people use (Halkier, 2016, p. 15). Availability, and by extension time, seem to play an essential part in relation to healthy food behaviour.

Even though food preferences are developed in early childhood, studies suggest that changes in living situations can affect habits in food choice (Harker et al., 2009; Sharma et al., 2009). However, this transition phase should not, according to Gram & Blichfeldt (2013; 2014), be interpreted as if the young adults are in a vacuum, but instead that they are establishing new food practices with inspiration from several actors such as family, friends, media etc. These new changes in their living situation have the possibility to affect how the young adults perceive healthy food.

2.3.2. The Health Belief Model

Since the 1950s the Health Belief Model (HBM) has been a tool in relation to health behaviour research, and can be used both for explaining and maintaining health-related behaviours and as a guide for health behaviour interventions. The HBM was initially developed by social psychologists in the U. S. Public Health Service, and has since been expanded (Champion & Skinner, 2008, pp. 45-46). The HBM consists of six constructions; *Perceived Susceptibility, Perceived Severity, Perceived Benefits, Perceived Barriers, Cues to action* and *Self-efficacy* (Champion & Skinner, 2008, pp. 47-48). These constructions can be used for the framework of building up a health communication strategy that takes the young adult Danes' situation into account by focusing attention on the reasons why these young people would want to make health improving behaviour.
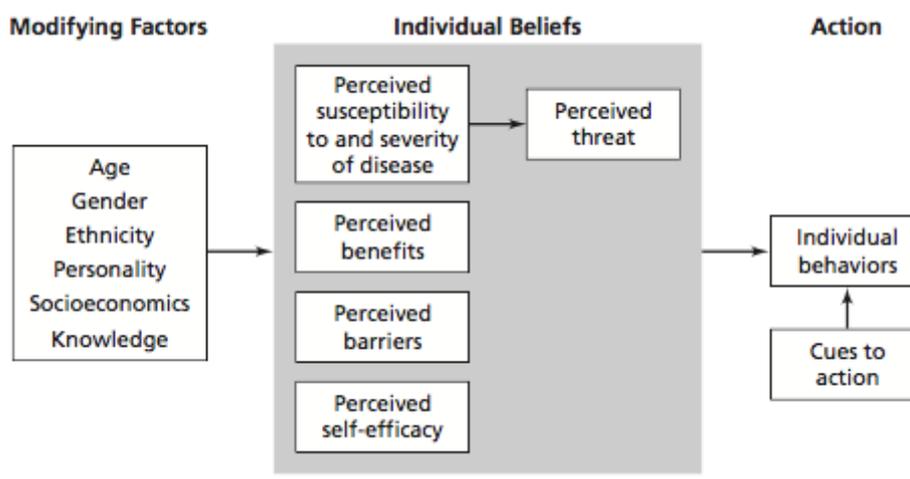
Figure 2: The Health Belief Model (Champion & Skinner, 2008, p. 49).

The HBM can be used in an attempt to predict a person's health behaviour, by identifying the modifying factors that presumably influence the person's individual beliefs and following the actions regarding health behaviour. The actions in the model is based on perception, which makes the model relevant in relation to this thesis.

The HBM will work as a framework of the analysis of section 5.3., with particular inspiration from the modifying factors presented in the figure above, which will be aligned with the target group's current life situation, influencing their perception of healthy food. With point of departure in the model, these modifying factors seem to have a great influence on these young Danes'

perception of healthy food, and thereby their actions towards health behaviour. In relation to this thesis, the most essential modifying factors, which were discovered from the focus group interviews, are identified as being:

- Living situation (the participants have recently moved away from their parents' home, and are now living independently)
- Restricted budget (most of them being students, none of them have a high income)
- Time scarcity in their everyday life
- Responsibility of own health (they have to make their own food choices, purchases and cooking)

Concept	Definition	Application
Received Susceptibility	*Belief about the chances of experiencing a risk or getting a condition or disease.*	Define risk levels, personalize risk based on a person's characteristics or behaviour, make perceived susceptibility more consistent with individual's actual risk.
Percieved Severity	*Belief about how serious a condition and its sequelae are.*	Specify consequences of risks and conditions
Perceived Benefits	*Belief in efficacy of the advised action to reduce risk or seriousness of impact.*	Define action to take: how, where, when; clarify the positive effects to be expected.
Perceived Barriers	*Belief about the tangible and psychological costs of the advised action.*	Identify and reduce perceived barriers through reassurance, correction of misinformation, incentives, assistance.
Cues to Action	*Strategies to activate "readiness".*	Provide how-to information, promote awareness, use appropriate reminder systems.
Self-efficacy	*Confidence in one's ability to take action*	Provide training and guidance in performing recommended action. Use progressive goal setting. Give verbal reinforcement. Demonstrate desired behaviours. Reduce anxiety.

Table 1: The constructs of the Health Belief Model (Champion & Skinner, 2008, p. 48)

Together these identified modifying factors describe the transition phase the participants are currently in, where they are transitioning from being a teenager/adolescent living at home into being an independent young adult. The

modifying factors will be investigated in this thesis, with the intention of leading to an understanding of the motives and reasons behind the participants' perceptions of healthy food and actions towards health behaviour.

2.4. Development of Trust

Trust is necessary for functioning on a daily basis. Without it the world would be incomprehensible, too complex to understand. Trust is a coping mechanism that reduces the complexity of social life (Luhmann, 1979, pp. 4-7). The concept of trust exists between knowledge and ignorance, as it is always based on some sort of information, but would not be necessary if the trustor had full insight (Möllering, 2001, p. 408). And this is exactly what trust is about. Sztompka explains trust as a "bet on the future". The level of uncertainty needs to be high enough to make predictions improbable, it is linked to the uncertainty of future events (Sztompka, 2003, p. 19). In placing trust in other people, the uncertainty is set aside and people can act as if certain risks did not exist (Sztompka, 2003, p. 31). People cannot know everything and knowledge always includes using some sort of resource to gain it. Trust is an opportunity to raise the level of tolerance for this uncertainty (Thorsøe, Christensen & Povlsen, 2016, p. 682). Trust is always a matter of expectations that is directed at someone or something, which makes it relative. Who or what you trust also influences what you expect, as you expect different things from different people (Sztompka, 2003, p. 55).

Types of Trust

The concept of trust can be categorised analytically. Sztompka argues for three different kinds of commitment types when discussing trust: Anticipatory, Responsive and Evocative trust. Only anticipatory trust will be relevant in this thesis. *Anticipatory trust* works by recognising the capabilities of others and the fact that they keep on performing in the same way (Sztompka, 2003, p. 27). It relates to the predictability of how people usually act (Meijboom, Visak & Brom, 2006, p. 430). Thus it is based on what has already happened.

Trust is always directed at something. Sztompka distinguishes between primary and secondary targets, but argues that those targets are always in some sense people. Even when the targets are social objects there are people behind them, and those are the ones you trust. Sztompka argues that the difference in social

trust and interpersonal trust is small and practically irrelevant (Sztompka, 2003, p. 41-42).

Primary targets of trust can be divided into six types: personal, categorical, groups, institutional, commercial and systemic. Personal trust is directed at actual people who you know personally. It can also be directed at people you have never met and will probably never meet, which is more abstract and leaning more towards the traditional understanding of social trust. Social categories are groups of people who have specific traits in common like race, age or gender. Social roles can also be the target of trust, here the trust is directed at the position the person holds. Social groups are groups of people held together by some sort of social bond, where the trust is directed at the group in its entirety. More abstract is the notion of trust in organisations or institutions, which are structures that allow certain actions to take place. Commercial trust is directed at the products and services we buy in our everyday life. Systemic trust is trust in the technological systems that help organise a large part of social life in the society. All of these types of trust are supported by the basic trust in people (Sztompka, 2003, p. 41-46).

Secondary targets of trust are only relevant in connection to the primary targets of trust. They help by directing and arguing for the primary targets of trust, like cues to who or what to trust, they help to decide. The secondary targets are sources of information or confirmation of who we trust and provide foundation for the primary trust (Sztompka, 2003, p. 46-47).

Trust and Trustworthiness

First of all, it is important to be aware of the distinction between trust and trustworthiness. Trust is connected to the point of view of the trustor. It is a perception of the trustworthiness or credibility of the trustee. This perception cannot be controlled, but the trustee can try to present themselves as trustworthy to gain the trust of the trustor (Thorsøe, Christensen & Povlsen, 2016, p. 682; Meijboom, Visak & Brom, 2006, p. 432; Sztompka, 2003, p. 439). Therefore, trustworthiness, or the lack of it, is a problem only from the perspective of the trustee as it is here the interest in gaining trust lies. How to

appear trustworthy is a matter of how the trustor perceives the trustee (Meijboom, Visak & Brom 2006, p. 433).

Meijboom, Visak & Brom (2006, p. 432-33) investigate the trustworthiness in the food sector, and argue that the problem in the food sector is as much about consumer trust as a problem concerning trustworthiness of the actors in the food sector. The consumers are dependent on the expertise of people in the food sector as the food sector is increasingly complex. To reduce this complexity the consumer needs to trust the different actors in the food sector. A part of the problem seems to be the lack of insight and transparency for the consumer. By revealing what the actors are doing and how they are doing it, they enhance transparency for the consumer (Meijboom, Visak & Brom, 2006, p. 428-33). This has to do with what Sztompka calls reputation, performance and appearance. What has the trustee already done to deserve trust, what credentials does the trustee have and what is the trustee doing right now? (Sztompka, 2003, pp. 70-80). Transparency does not seem to be enough in all cases to be trustworthy. The trustor has to believe that the trustee will take up the task of reacting to whatever trust is placed in him/her and what the trustor can expect from the trustee (Meijboom, Visak & Brom, 2006, p. 431-34). It is a matter of future events. In this connection, Meijboom, Visak & Brom (2006) also discuss the matter of responsibility. If what can be expected of the trustee is unclear to the trustor, trust cannot become strong, which will result in low trustworthiness. The trustor wants to know why an actor make certain choices (Meijboom, Visak & Brom, 2006, p. 441). Meijboom, Visak & Brom (2006) argue for different kinds of responsibility in relation to trustworthiness. Reactive responsibility, with regard to who is to blame for an occurrence. Pro-active responsibility refers to the expectations connected to the role. In either case the trustor expects a certain level of responsibility from the trustee, and trustworthiness will not occur if the actions of the trustee do not include the future. This also includes a consideration of own ideals and values from the point of view of the trustee (Meijboom, Visak & Brom, 2006, p. 437-38).
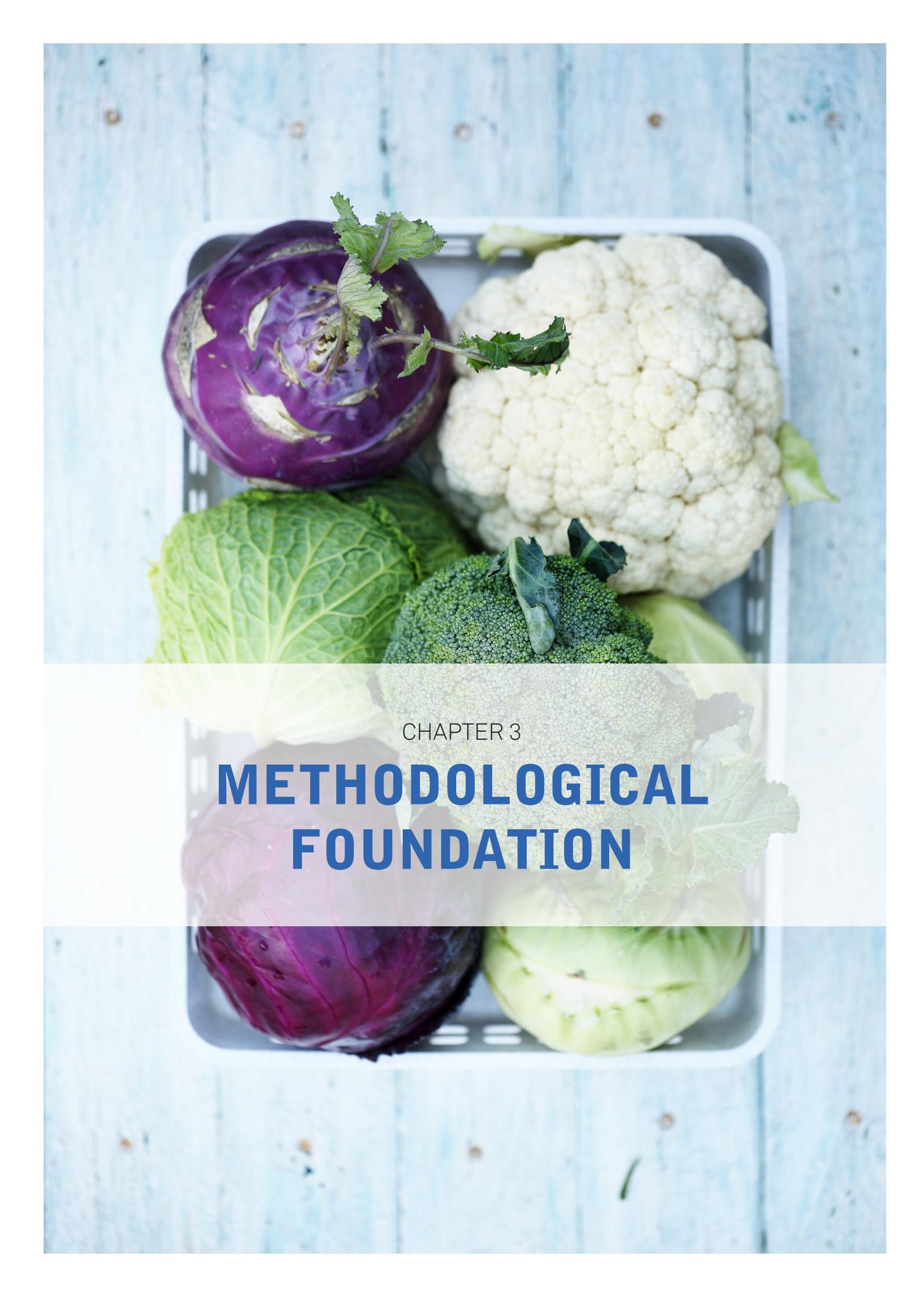
METHODOLOGICAL FOUNDATION

3. Methodological Foundation

The following section presents the methodological approach used for this thesis. In addition, the chosen research design, which the data collection builds on, will be presented

The choice of method should not be predetermined, but be appropriate to what we as researchers are trying to investigate (Silverman, 2010, p. 10). In this thesis an exploratory sequential mixed methods approach was used. For this reason the authors began the research with qualitative data collection and analysis, which developed into quantitative data collection and analysis (Bjørner, 2015, p. 21).

The qualitative research approach consisted of focus group interviews, which functioned as the primary data collection method. The qualitative approach supplied the authors with detailed and in depth data of the participants' perceptions of healthy food along with an insight into how the participants relate to relevant actors in the field.

The quantitative research approach consisted of a questionnaire developed with its basis in the focus group interviews. This enabled the authors to collect a larger amount of data. Moreover, the combination of the two methods gave the opportunity to get a more nuanced view and understanding of the problem area. Consensus and contradictions can occur during the analysis and hopefully supplement each other, creating a better understanding of the complexity entailed in perceptions of healthy food (Frederiksen, Gundelach & Nielsen, 2014, pp. 241-243).

3.1. Qualitative Data

In this section the research design and procedure regarding the qualitative data collection will take place.

3.1.1. Focus Group Interviews

The social constructivist perspective of this thesis has influenced the authors towards the choice of performing focus group interviews. This form enables an investigation of the social interactions in a group of young adult Danes talking about healthy food. When applying focus group interviews in the process of compiling data, empirical data is produced at a group level about a theme of choice. From this a focused sociality occurs, which refers to how social life unfolds in the specific interaction (Barbour, 2007, p. 60). The data provided by focus groups give this form of interview a number of advantages, which will be presented below. The content of the conversations in the focus groups is equally important to analyse, because the understanding of the produced knowledge will be relational, and potentially changeable (Halkier, 2010, p. 122). In addition, the theme healthy food is to some people a very sensitive and personal theme to discuss with strangers and in the constructed interview situations the participants might not felt safe to be completely honest (Bjørner, 2015, p. 53).

Therefore, we are aware that the social interaction might influence what the individual participant chose to say and share within the focus group. The presence of other participants might also result in discussions of topics that would not have appeared in individual interviews, as a focus group presents a potentially bigger room for a more varied amount of normative initiatives from the participants (Barbour, 2007, p. 6). Focus group interviews were chosen in order to compile varied statements and opinions of healthy food, and to investigate how social dynamics might influence these.

The interest of this thesis is not only to understand the individual's lifeworld, but also the entire group of young people's perception and opinion of healthy foods. This made the use of focus groups appropriate in this research, by providing the authors with the social group's interpretations, interactions and norms (Halkier, 2010, p. 123). This method also provided the participants with an opportunity to explain their perceptions and argue for their statements.

Interview Strategy of the Focus Group Interviews

The focus group interviews in this thesis were constructed mostly with inspiration from the mixed funnel model, because it offers room for the participants' perspectives and interactions, while providing a way for the researchers to ensure that the areas of interest are covered (Halkier, 2010, p. 126). The mixed funnel model suggests that the interview starts openly and ends with a more tight control. This is in line with the structure of our focus group interviews, which started up with an exercise (elaborated in section 3.1.1.3.) to open up the discussions. The middle part of the interviews consisted of a number of questions asked by the facilitator, to keep the interviews on a certain track, in order to illuminate the themes desired to investigate. The last part of the interviews was again more open with another exercise, where the participants themselves were in charge of solving the exercise together (Section 3.1.1.3.).

Role of the Facilitator

The role of the facilitator in a focus group interview is to promote the social interaction during the interview, not to control it (Halkier, 2010, p. 127). To which level the facilitator is involved in the focus group interview, depends on the structure of the interview and which model the interview is subjected to. The facilitator in the focus group interviews performed in this thesis was mostly involved in the middle part of the interviews, due to the mixed funnel model structure. The intention was to give the participants room for expressing their own opinions without being affected by the facilitator and to make room for discussions between the participants (Bjørner, 2015, p. 74).

No matter how much the facilitator is involved, some tasks are essential for the facilitator to manage, in order to make the most out of the focus group interview. The facilitator must ensure that the interview situation is characterized by informality, to make it more probable that the participants feel safe to share their opinions (Halkier, 2010, p. 127). The focus groups interviews of this thesis all started with a quick round of presentation of the participants, followed by the facilitator offering them coffee, tea or water, with the intention of making the participants feel comfortable. Additionally, the facilitator encouraged the participants to actively take part by making them interact and talk to each other, and produce as many varied opinions and experiences as possible. The starting

exercise was intended to make the participants open up to each other, and feel safe in participating actively in the discussions. Finally, it is of great importance that the facilitator is capable of making the participants address the themes and express their thoughts and attitudes in relation to the themes (Halkier, 2010, p. 127). This was ensured by constructing the interviews around predefined themes with the development of an interview guide (elaborated in section 3.1.1.2.).

3.1.1.1. Recruitment of Participants

When deciding to use focus group interviews as a method, it is essential to carefully consider how to select the participants. One way to do this is by being analytically selective, which means ensuring that important characteristics are represented in the selection, in relation to the problem formulation (Halkier, 2010, p. 124). Therefore, only participants belonging to the target group; young adult Danes living independently, were included in the focus groups. Moreover, the focus groups should not consist of a too homogeneous selection of participants, because of the risk that not enough interesting interaction would occur. On the other hand, neither should they consist of a too heterogeneous selection of participants, because that would increase the risk of too many conflicts among the participants and the participants having a hard time relating to each other (Barbour, 2007, pp. 2-3). Therefore, the authors aimed at recruiting both male and female participants, university students from different universities and educations, young adults in jobs, as long as they were all living away from their parents, were between 18-25 years and did not have an education or employment within food and health.

The recruitment of participants was done through convenient sampling, with the participants recruited through a variety of channels, primarily through the personal networks of the authors. This gave access to a group of biology students at Copenhagen University, a group of students from *Læring og forandringsprocesser* at Aalborg University and *HK Ungdom*. Snowballing was also used as a way to recruit participants, which meant that some of the participants brought along friends (Bjørner, 2015, p. 61). Despite the convenient sampling, we endeavoured to get an equal distribution of males and females.

3.1.1.2. Development of Interview Guide

Before carrying out the interviews, an interview guide was developed. This was done in order for the facilitator to stay focused in relation to the problem area under investigation and ensure that the interviews touched upon all the pre-planned themes (Kvale & Brinkmann, 2009, p. 45). The interview guide was intended to create a framework for the interviews, thereby allowing the participants to further elaborate during the interview sessions. The framework for the interviews was established in accordance with the area of investigation and the defined problem formulation. Dividing the interview guide into sub-themes, which were desired to be explored later on during the interviews, helped to achieve this. The interview guide was based on three different themes; *Perceived characteristics of healthy and unhealthy food, Transitions and factors affecting perception of healthy and unhealthy food* and *Where to get information about healthy food*. With inspiration from Kvale and Brinkmann (2009) the interview guide was created as a double guide, including the theme and the intentions behind the theme. This helped to ensure a thematic and dynamic flow of the questions asked (Kvale & Brinkmann, 2009, pp. 152-154).

Theme	Intention
I. Perceived characteristics of healthy and unhealthy food What is the target group's perception of healthy and unhealthy food. What is it that makes food healthy or unhealthy?	Get an insight and understanding of the target group's perception and knowledge of healthy food.
II. Transitions and factors affecting perception of healthy and unhealthy food Level of interest and knowledge of healthy food.	Test the participants' interest in healthy food. In order to understand how to communicate to the target group, it is essential to understand where their interest lies.
III. Where to get information about healthy food Where is knowledge about healthy food obtained and why there?	Get an insight of which actors articulate the target group's ideal of healthy foods. Who do the target group relate to? The authors assume that other actors influence the target group's perceptions of healthy food. These actors are desired to identify, in order to analyse their way of communication, and hereby develop suggestions of how to communicate to this specific target group.

Table 2: Illustration of the double guide function in the interview guide, including the themes and intention behind the themes

With these themes set as the framework for the interviews, a number of questions were prepared relating to each theme. The questions were developed with inspiration from existing literature and research within the field presented in the section: *Theoretical and Conceptual Foundation*.

First the facilitator asked a couple of open-ended questions: "Can you describe a healthy diet according to your own perception?" and "What is unhealthy food to you?". These questions were important to clarify, since various opinions have been found in the literature with regard to discrepancies across culture, age, education, family composition etc., about what healthy food is. Additionally, open questions and questions regarding perceptions of healthy food have, in previous studies using focus group interviews, been found suitable for starting a discussion among the participants (Dickson-Spillmann & Siergrist, 2010; Lawrence, Reynolds & Venn, 2016). Later the questions became increasingly specific, such as: "How do you incorporate healthy food into your everyday life?", "Where does your current knowledge about healthy food come from?" and "Where do you seek knowledge about healthy food?". All the questions set out in the interview guide (App. 6) were designed to clarify what young adult Danes, not living with their parents, perceive and articulate as healthy food and their relation to the introduced actors.

3.1.1.3. Conducting Procedure for the Focus Group Interviews

Four focus group interviews were conducted with young adult Danes, living independently. Each focus group consisted of four participants; an overview is visible below in Table 3. The specific focus groups are from now on mentioned only as FG# according to the order they were conducted in.

Focus Group	Date	Participant Composition
FG1	08.03.2017	4 males. All knew each other beforehand.
FG2	09.03.2017	3 males, 1 female. One participant knew two of the others. One participant knew none of the others.
FG3	13.03.2017	3 females, 1 male. None of the participants knew each other.
FG4	15.03.2017	4 females. Two participants knew each other.

Table 3: Overview of the dates and compositions of the focus group interviews.

The focus group sessions were planned to be held on four different dates (Table 3) in March 2017 and were conducted at Aalborg University, Copenhagen. All sessions started at 17:00 to give the participants the possibility of getting from work/school to the location, but before dinnertime. Each interview lasted around 45-60 minutes and the participants were offered drinks consisting of coffee, tea and water during the interviews and a sandwich afterwards. It was decided not to offer any snacks during the interviews, so as not to influence the participants through the offered food. They might interpret the available snacks as correct or incorrect choices of food according to health. All sessions were video and audio recorded, with the permission of all participants.

As mentioned previously and with inspiration from Halkier (2010; 2016), the focus group sessions did not only consist of questions, but also of exercises where the participants had to discuss a certain matter. The focus group sessions therefore consisted of three parts; two exercises and the asked questions and discussions.

Part 1 - Formalities and Exercise 1

Upon arrival the participants were asked to fill out a short survey collecting socio-demographic information (App. 1). In addition, they were asked to sign a consent form (App. 1). After this, each participant was placed at an individual station. At each station 46 pictures of meals and three pieces of blank paper were presented (Picture 1).

Picture 1: The interview setup and the individual stations for the participants

The participants were then asked to first write three elements they associated with healthy food and then to choose three pictures, which they felt most closely represented their idea of healthy food. They were told that they would have the opportunity to explain their choices afterwards. With the intention of getting an intuitive response the participants were given only three minutes to complete

the task. The point of this task was to help the participants begin reflecting and articulate their perceptions and opinions, in order to open up the discussion. This is often easier when having a visual cue to relate to as the topic of healthy food might be difficult to put into words without assistance (Bryman, 2016 p. 476).

Criteria for Selection of Pictures for Exercise 1

The pictures were picked out on the basis of a set of criteria to ensure variety in the available choices. The main criteria was that the pictures had to show meals, not individual foods, as meals incorporate both combinations of food and cooking methods. The criteria excluded drinks, cake and candy, which have been categorised as snacks by several studies (Nielsen et al. 2002; Nielsen & Popkin, 2003). This exclusion was due to a lack of clear definition of what the term snack constitutes, since various factors such as energy density, time of day and food type influence people's perception of snacks (Johnson & Anderson, 2010). The involvement of snacks would therefore have required a much larger selection of pictures, in order to represent all the participants' possible perceptions of snacks. Since this exercise only was meant as a tool to open up the discussions, snacks were therefore excluded.

The aim was to be as broad as possible in an attempt to limit the bias inflicted by the choosing of certain pictures over others. Also, the depicted food had to be recognisable to the participants. These criteria were formed because recognizable dishes and ingredients are often associated with a positive attitude and preferred over unrecognizable food items (Tuorila et al. 2015; Fischer & Frewer, 2009). In addition to this, the chosen pictures were intended to illustrate everyday meals, thus the participants were able to relate to them and hereby have a starting point in relation to the discussion. Likewise, pictures containing people were excluded, since previous literature shows that the social context in which food is consumed, can affect whether it is perceived as healthy or unhealthy (Holm, 2012a, p. 36). This exclusion is due to the intention of this thesis to investigate how healthy food is perceived and not how an eating situation affects this perception. Due to copyright the pictures are not shown.

Part 2 - Questions from the facilitator and discussions

The second part of the focus group session consisted of, as mentioned, the actual questions and discussions. This part was done based on the interview guide as explained in section 3.1.1.2., and here the facilitator was more involved in asking questions, keeping the discussions on track and moving the discussions on if too long a silence occurred.

Part 3 - Exercise 2

The third part of the interview session consisted of the Exercise 2. The exercise was intended to investigate the relationship between the participants and the actors who have the possibility of influencing their food perception. Prior to the focus group sessions the authors had, based on literature, determined which actors could possibly influence the participants (Section 4.) For the interviews the chosen actors were written down on cards, and used for the last exercise. As previously described, the actors ended up being; *Family and Friends, Media (Internet, Newspapers, TV, Radio), Social Media (Facebook, Instagram, Bloggers), Supermarkets* and *the Danish Veterinary and Food Administration*. The possibility of other important actors appearing during the interviews and being used in the last exercise, was enabled by simply bringing along extra blank cards and adding them if necessary. First the participants were asked, as a group, to rate the actors according to who they would most likely seek information from, if they wanted to gain knowledge about healthy food. It was made clear that even though it was a group exercise, everybody should have the opportunity to voice their own opinion. The second part required the participants to rate the same actors according to who they found most trustworthy. Again, this was intended to be done as a group exercise, but with each participant being able to have his or her own opinion.

3.1.1.4. Pilot Interview

A pilot interview was conducted to test the interview guide and the setup of the focus groups, with the aim of having the possibility of making changes and adjustments and practicing the role as facilitator (Christensen, Nielsen & Schmidt, 2012, p. 70). Four females in the age range of 24 to 26 years

participated in the pilot interview on February 24th 2017 at 10 o'clock. The participants in the pilot interview were recruited from the personal network of the authors and were somewhat different with regard to the criteria set for the participants of the actual focus group interviews. To allow the authors to get as much information from the pilot interview as possible, all three authors were present at the interview.

After the pilot interview, three of the four participants stayed and evaluated the experience of the interview. As all of the participants are or have been acquainted with collecting data through different methods recently, their insight and discussions about the interview, the questions and the setup, were highly valuable to the authors. After the interview was finished, the authors reviewed the entire interview, and the comments and critiques made by the participants.

Changes Made in the Exercises

The first exercise was changed with regard to a formulation in the explanation of the exercise. The plan was to ask the participants to choose three <u>words</u> which best described healthy food. This however seemed to limit the participants and they told us they spent a lot of time trying to write what they wanted to say in only one word, e.g. *fruit and vegetables* and *low in fat*. By telling them to choose three <u>elements</u> instead, the participants would not need to spend time rephrasing their thoughts.

The second exercise was changed with regard to the actors, as some of them seemed to overlap too much. *Social Media* and *Bloggers* were merged into *Social Media*, as the participants seemed to understand *Bloggers* as a subcategory to *Social Media*. The participants also spent a lot of time discussing the difference between the different actors, especially the *Social Media* and *Bloggers* and how they interacted, which was not the point of the exercise.

Before starting the exercises, the participants were asked to fill out some information about themselves. After the pilot interview, two extra questions were added; *Last finished education* and *The education of the parents of the participants*. These were added to secure the possibility of discussing differences in educational level and socio-economic groups and the participants' relationship to and view of healthy food.

Changes Made in the Interview Guide

During the pilot interview, it became clear that the explanation of the pictures and what they wrote in the first exercise were overlapping with question 2; "Can you describe a healthy diet according to your own perception?". This question gave a bit more general picture of their perception of healthy food, but it was difficult for them to put many words into this. This had already been discussed in the project group when creating the interview guide. Question 2 was changed into a more generally oriented framing with; "If you think more generally than the pictures you just talked about, what is healthy food to you?".

Originally, a question had been planned about the change in perception of healthy food in the transition from living with parents to living independently. This question was very hard for the participants to relate to. They had trouble putting how this perception might have changed into words, which is not surprising as it is very abstract. The question was changed to; "How was healthy food seen when you lived at your parents' home?" in an attempt to make it more specific and relatable. The same issue of a very abstract level was true for a question about the participants' perception of their own perceived healthiness. This was changed to; "How do you incorporate healthy food into your everyday life?", which relates to actual practices, but also enables an explanation of their perception with healthy food.

In the original interview guide, question 5 was; "Do you feel that you have enough knowledge about healthy food?". This question is first of all very leading and a question you can choose to answer with a yes or no, providing very little insight or opportunity to discuss. The pilot participants discussed this question afterwards and explained that it was difficult to relate to and hard to tell where they acquired new knowledge from, because it was not something they actively sought. Thus, question 5 was changed into; "Where do you think your current knowledge comes from?". This enables them to talk about the knowledge they already have and where they got this from, which is very important in understanding which actors are more influential.

Question 7; "Where do you find inspiration and knowledge about healthy food?" put too much focus on where to find inspiration, which was not really the intention. The knowledge aspect was almost completely ignored. Inspiration and

knowledge were perceived by the participants as two very different aspects, which was also pointed out by some of the participants, both during and after the interview. Inspiration was associated with recipes and pictures, while knowledge was associated with more specific nutrition information. The question was changed to only contain the knowledge aspect, since *knowledge* also can include *inspiration*, but the pilot interview showed that *inspiration* did not cover *knowledge*.

3.1.2. Sample Description

Nineteen participants were recruited, ten females and nine males. Three participants, two females and one male were unable to attend due to personal reasons. Therefore the total number of participants ended up at sixteen.

Participants ranged in age from 20-25 years, with an equal distribution of males and females, all living in Copenhagen. One female participant had not yet moved away from home; this was only discovered during the interview. The rest of the participants had lived independently between two months and up to six years, contributing with different phases in the lives of young adulthood. Different living arrangements, such as living alone, living with roommate(s) and living with a partner, characterised the participants' current household situations. Most of the participants had high school as their latest

Participant Profile N = 16	No. of participants	Percentage
Gender		
Female	8	50 %
Male	8	50 %
Age		
Mean		22,19 years
Median		21,5 years
Mode		21 years
Living Situation		
Alone	5	31 %
With a Roomie	10	63 %
In a Dorm	0	0
With Boyfriend/ Girlfriend	1	6 %
Time Since Move From Parents		
0-6 Months	6	37 %
6 Months to 1 Year	2	13 %
1 to 2 years	2	12 %
2 to 3 years	1	6 %
3 to 4 years	0	0
4-5 years	3	18 %
5 years or more	2	18 %
Current Occupation		
Student	10	81 %
Working	5	31 %
Seeking Employment	1	6 %
Other	0	0

Table 4: Description of the participants of the focus group interviews

completed education, but most of them listed their current employment as "student", which means that they were very similar in this aspect.

3.2. Quantitative Data

In this section the research design and procedure regarding the quantitative data collecting will be explained.

3.2.1. Development of Questionnaire

A questionnaire was constructed, after performing the focus group interviews, to increase the sample size and hereby get a more nuanced view of the investigated problem area (App. 2). The participants in the focus group interviews were all living in the Copenhagen area, and the questionnaire was an attempt to reach respondents also living outside this area. Additionally, a questionnaire was a very convenient way for the authors to reach a larger group of respondents.

When constructing a questionnaire it is essential to create a balance between designing questions that can help to get answers on the investigated area, and not putting too big a workload on the respondents (Olsen, 2006, p. 8). Therefore the questionnaire was carefully constructed to fit both of these criteria. Moreover, the questions were constructed based on the experiences from the focus group interviews and only the questions found most relevant to answering the problem formulation, were included. SurveyXact was used to construct the questionnaire, which consisted of a combination of closed and open-ended questions. The closed questions dealt with the respondents' demographics such as gender, current employment and how long they had lived away from their parents etc. This was placed at the beginning of the questionnaire. Additionally, the first question; "Have you moved away from your parents' home?", functioned as a control question (Hansen et al., 2008, p. 78). If the respondents answered "No" to this question, they were not within the investigated target group and the questionnaire automatically ended. Furthermore, the response category "Do not know" was added to the background questions, in order to prevent non-completion of the questionnaire due to a lack of response categories.

The next questions were based on the two exercises that took place during the focus group interviews. Firstly, the respondents were asked to type in three

elements they associated with healthy food. Because the authors did not find it possible to make exhaustive response categories, this question was constructed as open. Secondly, the respondents were asked to rank the listed actors in relation to where they most likely would seek information about healthy food. This was done by dragging the different actors up or down, between 1-6 with 1 being the actor from whom they would most likely seek information. Finally, the respondents were asked to rank the same actors in relation to who they found most trustworthy. This was done in exactly the same way as the question before. Some questions included short instructions or glossary in an attempt to avoid misinterpretations (Launsø & Rieper, 2011, p. 124).

After completion of the questionnaire, it was sent out to a handful of people, including the supervisors of this thesis, in order to ensure that all questions made sense or to discover other elements in need of change. This resulted in a few minor changes to the questionnaire.

3.2.1.1. Distribution of Questionnaire

Internet distribution was chosen due to the target group's daily routine and uncomplicated relationship with the Internet (Jensen & Helles, 2015, p. 20). In addition, online distribution was therefore expected to provide a high response rate, since it was easy for the participants to reply. Online distribution also provides the participants with the option of choosing when to supply their answer. This can be an advantage when the questionnaire covers more sensitive topics such as perceptions of healthy food, as it gives the participants an opportunity to participate in a more discreet way. Finally, the Internet was a fast and cheap way for the authors to distribute the questionnaire (Marckmann & Nørregård-Nielsen, 2008, pp. 147-152).

The primary channel of distribution was Facebook. The authors of this thesis shared the questionnaire through their personal Facebook account and thereby through their personal network. Furthermore, the questionnaire was distributed through different Facebook groups, which the authors presumed approached or had the possibility to reach people within the investigated target group. These groups implied different education groups such as "AAU students help with projects" and "Læring og Forandringsprocesser". Additionally, the questionnaire

was distributed through different dormitory groups such as "Flintholm Kollegiet", "Universitets Kollegierne Aarhus", "Arbejderbevægelsens Kollegium", "Sølund Ungdomsboliger", "Falkoner Kollegiet" og "Campus Kollegiet Odense". The authors had also attempted to reach both academic and non-academic dormitories, as previous literature has shown that educational level can affect people's view on healthy food (Matthiessen et al., 2016, pp. 64-65). Finally, the questionnaire was distributed in a Facebook group called "Sådan lever du billigt i København, Odense, Aarhus, Aalborg". These groups were chosen due to their large number of followers (more than 43.000 followers) and because it primarily aims at young people who are receiving SU. The authors of this thesis have generally tried to distribute the questionnaire via Facebook groups in all regions of Denmark, in an attempt to make the response more representative.

The questionnaire was distributed along with a short text explaining the intention, target group and criteria for participating. This text was intentionally short and precise due to the online distribution method, and written in a relaxed and simple language in an attempt to encourage people to answer the questionnaire (Marckmann & Nørregård-Nielsen, 2008, pp. 137-138). Additionally, two tickets for the cinema were awarded to one of the participants.

3.2.2. Sample Description

The sample description of the respondents that participated and completed the questionnaire is illustrated in Table 5. Some criteria were established beforehand for participating in the questionnaire, which ensured that all respondents were maximum 25 years old, living independently and did not have an education or job related to food and health. As can be seen in the table below there is a very equal distribution in when the participants have moved from their parents. The distribution according to gender and occupation however is very skewed toward female- and students respondents.

Participant Profile N = 449	No. of participants	Percentage
Gender		
Female	336	75 %
Male	113	25 %
Age		
Mean		22,84 years
Median		23 years
Mode		25 years
Living Situation		
Alone	109	24 %
With a Roomie	121	27 %
In a Dorm	56	12 %
With Boyfriend/ Girlfriend	163	36 %
Time Since Move From Parents		
0-6 Months	29	6 %
6 Months to 1 Year	43	10 %
1 to 2 years	81	18 %
2 to 3 years	76	17 %
3 to 4 years	75	17 %
4-5 years	71	16 %
5 years or more	74	16 %
Current Occupation		
Student	363	81 %
Working	69	15 %
Seeking Employment	9	2 %
Other	8	2 %

Table 5: Description of respondents of the questionnaire

3.3. Analysis and Interpretation Process of the Collected Data

This section endeavours to explain the precise process of the analysis and interpretation of the collected data. It should be noted that the Presentation and Analysis of the Collected Data *will not feature in this order.*

The actual process of the analysis was done as a set of steps as shown in the diagram below (Figure 3). The first phase consisted of a separate analysis of each of the interviews conducted. The analysis and interpretation of the focus group interviews was centred on two parts. Firstly, the content of the statements of the participants with regard to how they perceive and articulate healthy food, together with how they perceive the presented actors. Secondly, the relationship between the participants in the groups. This was followed by a comparison between the interviews, resulting in the final synthesis of themes, which formed the basis for the *Presentation and analysis of collected data* (Section 5.). The data collected through the questionnaire was collected, processed and analysed after the initial analysis of the qualitative data. Afterwards, a comparison was made between the interviews and the results of the questionnaire, followed by a discussion of the findings, also including perspectives from literature presented in Section 2.
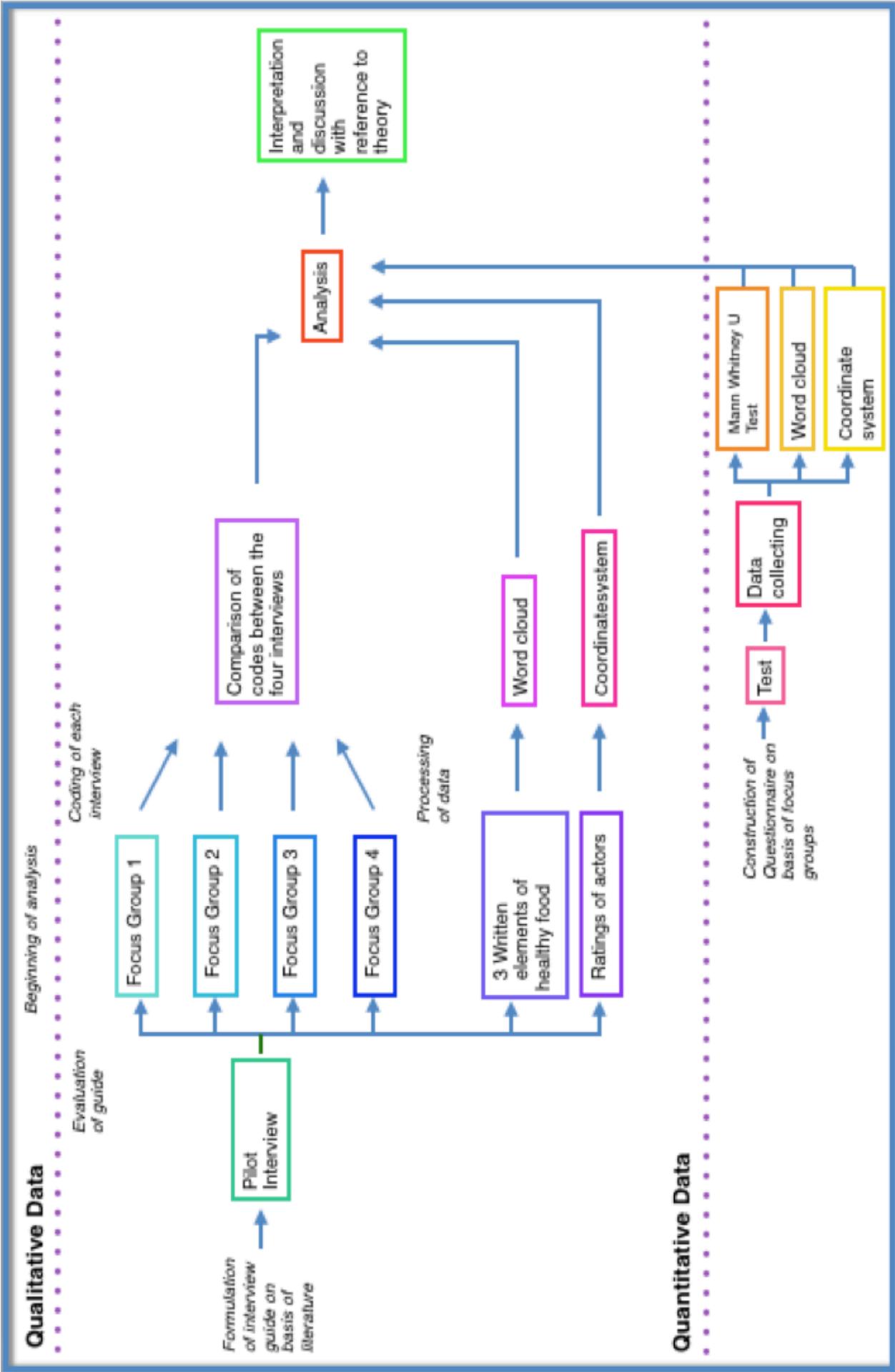
Figure 3: Illustration of the data collection, analysis and interpretation process

3.3.1. Analysis Procedure of the Qualitative Data

In the process of analysing the collected data, inspiration was sought from the practice of traditional coding as suggested by Bjørner (2015). Coding is the act of naming the data in a way that captures the meaning and intent of each part of the data, summarizing the essence (Bjørner, 2015, p. 98; Charmaz, 2006, p. 46).

According to Bjørner (2015), the coding begins with the *Organisation* of the data (p. 98). In this thesis, the organisation consisted of transcribing the focus group interviews and a preliminary organisation and processing of the data from the two exercises done at the beginning and end of the interviews. This processing of the exercise data consisted, firstly, of assigning values (1-5) to the ratings of the five actors. Secondly, plotting them into a co-ordinate system according to likelihood and trustworthiness in regards to whether the participants would use them for finding information. In addition, the elements the participants related to healthy food and wrote down were summed up in a word-cloud using a keyword analysis. The words the participants themselves chose and wrote down formed the basis of the keywords analysis, which consists of finding words connected to the overall context of the data (Bjørner, 2015, p. 99). The written words were counted and illustrated in a word cloud. The more frequently a word was mentioned, the larger font it is presented in (Figure 6 and 7).

The second phase; *Recognition,* revolves around getting to know the data. Concepts, themes, events and thematic markers were located in the transcriptions with the intention of being able to get a feeling of the data (Bjørner, 2015, p. 98). *Google Docs* comments provided a very useful tool, as a way of having a continuous exchange of ideas between the authors and to conserve and develop ideas.

The third part of traditional coding is the *Coding*. The data is organised into themes or categories and is named. Similar topics are often gathered in one category (Bjørner, 2015, p. 98).

The final part of the coding process is the *Interpretation*, which is the actual analysis of the categories (Bjørner, 2015, p. 99). As suggested by Bryman (2016), the coding is only a part of the analysis and a tool for supporting the analysis (Bryman, 2016 p. 583). This part investigates what can be derived from the data and may include findings from literature, theories or comparisons of the findings

to other sources of information (Bjørner, 2015, p. 99). In the case of this thesis, the interpretation was made based on the chapter *Theoretical and Conceptual Foundation* (Section 2.). The interpretation also included a discussion of the analysis.

In the process of analysing and coding the collected data, the authors were also inspired by the more specific methods of Grounded Theory and in particular Kathy Charmaz (2006). This means that while some aspects are similar, the intent is certainly not to use Grounded Theory. The inspiration from Charmaz is primarily with regard to the concept of being close to the data, as Charmaz suggests in the description of initial coding (Charmaz, 2006, p. 46). The intention is to stay open to many interpretations, in an attempt not to let pre-conceptions influence the analysis too much. All researchers are influenced by pre-conceptions and therefore it is important to be aware of our own pre-conceptions and strive not to apply them unconsciously to the analysis (Charmaz, 2006, pp. 67-68). The categories derived from the coding process emerged from the data and not as a result of a strictly pre-determined theoretical approach.

Also, the use of memos has had an influence on the structure in the work process. Memos helped the authors in the analytical process by facilitating continuous involvement and reflection (Bryman, 2016, p. 580). Charmaz's examples of memos are much longer and extensive (Charmaz, 2006, pp. 72-74) than the ones made through Google Docs for this thesis. With memos however, the act of writing them and not the form is relevant (Charmaz, 2006, p. 80). Memos were also written in group sessions on white boards and these resembled the suggestions of Charmaz more, in terms of length and content. The memos made it possible for the authors to continuously develop the analysis and to have an ongoing discussion about the data and the interpretation of these.

3.3.2. Processing Data From the Questionnaire

The data collected through SurveyXact was carefully considered with regard to what information was relevant, in relation to the focus group interviews already conducted and analysed. The questions concerning the elements the participants chose to represent healthy food and the exercise concerning rating of actors,

were especially interesting to the problem formulation and research questions. The intention was to create a word-cloud based on the written elements and collect the results from the ratings of the actors in a co-ordinate system.

Processing of Data for the Word-Cloud

The data from the question about the three healthy elements was exported to Excel, sorted into alphabetical order and counted according to category. Firstly, similar phrasings like "grønt" and "grøntsager", were combined into single categories. Afterwards a more detailed interpretation of the written elements was made, which meant that e.g. "balance" and "variation" were combined, as they contain some of the same connotations. The observations from the focus group interviews were also used in the interpretation made to construct the categories from the reported elements. Only elements occurring more than 10 times were included in the word-cloud. Other researchers making this interpretation may have ended up with a slightly different result. However, these potential variations most likely would not change the overall impression achieved from the word-cloud. The main point was to visually illustrate which elements that was connected to healthy food.

Processing of data from co-ordinate system

The conversion of the ratings of the actors was calculated as explained below.

In the questionnaire the participants were asked to rate six different actors, which means that the highest value was 6 and the lowest value was 1. This means that if an actor was rated 1 it was assigned the highest value 6, if the actor was rated 2 it was assigned the second highest value 5 etc. as illustrated in Figure 4.

Rating	Value
1	6
2	5
3	4
4	3
5	2
6	1

Each value was multiplied by the number of times this rating was chosen by the participants e.g. 129 participants rated *Family and Friends* as number 3 with regard to trustworthiness (Figure 5). Therefore the equation was: 129 X 4 = 516, since a rating, as number 3 equals value 4. This was done for each rating. The result was six numbers, which

Figure 4: Illustration of which score an actor was assigned compared to the participants' ratings

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constituted one part of a co-ordinate. The exact calculations can be found in Appendix 3.

The same procedure was carried out for the rating of trustworthiness, and similarly the result was six numbers, which constituted the other part of the co-ordinate.

Each co-ordinate set was plotted into a co-ordinate system in Excel.

Ranger svarmulighederne ved at trække i dem, så nr. 1 er den svarmulighed du finder mest troværdig, nr. 2 er den du synes er næstmest troværdig, osv. og nr. 5 er den du synes er mindst troværdig. - Venner og/eller Familie

1	15%	68
2	22%	100
3	29%	129
4	20%	88
5	12%	52
6	3%	12
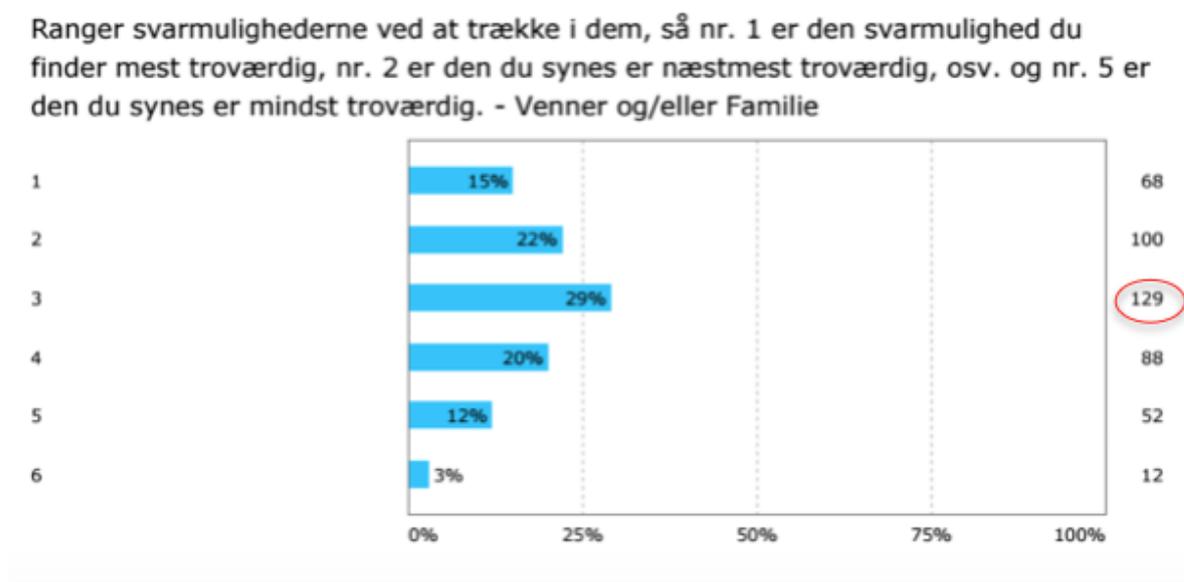
Figure 5: Illustration of how the actor Family and Friends was rated in the questionnaire in relation to trustworthiness

Statistical test of data from questionnaire

In the end a Mann-Whitney U Test was performed in SPSS, in order to see if there was a difference in the average score of the actors with regard to likelihood and trustworthiness, among respondents who had lived away from home up to two years and respondents who had lived away from home for more than two years. This test was chosen, since the dependent variable (likelihood and trustworthiness) was measured on an ordinal level and the independent variable (how long time they had lived away from home) consisted of two categorical independent groups, 1): 0-2 years, 2): more than 2 years (Laerd Statistics, 2013). The tests showed that how long time the respondents had lived away from home did not have any significant influence on how they rated the different actors in regards to likelihood and trustworthiness ($P > 0,05$). Therefore, these results will not be further elaborated (Appendix 4).

3.4. Ethical Considerations

Research involving human participants confronts researchers with ethical dilemmas (Kvale & Brinkmann, 2009, p. 95). Therefore, ethical considerations should be a natural part of both the preparation and performance when doing focus group interviews.

First of all, it is important to inform the participants about the purpose and intentions behind the research (Tjørnhøj-Thomsen & Whyte, 2012, pp. 112-113). In this situation, it should be considered how much information the participants should be given in advance. According to Kvale & Brinkmann (2009, pp. 89-90), it is important to find a balance between giving too much information in advance and giving too little information in advance. In relation to this thesis, the participants were informed in advance about the authors' occupation as graduate students at Aalborg University. Moreover, they were told the overall purpose of the focus group interviews. Thus, the authors chose to keep specific aspects of the interviews unknown to the participants. For example, the participants were not informed that one of the aims with this thesis was to investigate how the participants relate to the presented actors. Additionally, they were not informed in advance about the two exercises that would take place during the interview. These aspects were kept from the participants, in order not to influence the opinions of the participants and to get their immediate response (Kvale & Brinkmann, 2009, p. 90). The participants were offered to ask questions and talk about the project after the interviews.

Secondly, it was important to obtain the participants' informed consent to allow the future use of the collected data (Tjørnhøj-Thomsen & Whyte, 2012, pp.112-113). In this thesis, the authors obtained written consent to record the participants, on both audio and video, during the focus group interviews. Moreover, the participants were informed that they would appear anonymously throughout the thesis. This anonymity implied that their names would not appear in the thesis and that statements from specific participants would not be recognizable. To secure the anonymity of the participants, each was given a code based on the focus group they participated in and their participant number. Thus, FG3.P11 participated in the third focus group and was the 11th participant.

3.5. Limitations of the Chosen Method

Both focus group interviews and questionnaires contain strengths and weaknesses. However, the authors of this thesis have attempted to address and counter these by combining the two methods. Therefore the following section will endeavour to go into depth with the most essential limitations that appeared, using these methods, during this thesis.

Interview Setup

When constructing both the interviews and the questionnaire the authors chose some specific themes to set the framework for the investigation. Even though these themes were based on previous literature, there is a possibility that other themes could have helped to give a more nuanced understanding of the investigated problem formulation e.g. a focus on the differences in their parents' perceptions in relation to their own. This may have provided a more in depth indication of how influenced the participants were by their parents. In addition, the two exercises, which took place during the interviews, were based on pictures and actors pre-determined by the authors. This may have resulted in neither the pictures nor the actors completely covering the participants' perceptions. To solve this we could have asked the participants to bring along three pictures of their own choosing, reflecting their perception of healthy food. This way the focus would have been more exclusively on the participants, and it would probably have been easier for them to discuss. This model also puts more responsibility on the participants, because they need to spend time on preparing for participating in the interview. Worst case scenario would have been that they did not show up because they had not prepared. Furthermore, there is a risk that the pictures from the first exercise have affected the three elements that the participants associated with healthy food, and were asked to write down. Besides this, some of the participants pointed out that on their way up to the interview room they had seen some posters in the hall, which concerned the Official Dietary Guidelines. Therefore, there is a chance that the environment influenced the participants' statements during the interviews. Likewise, the categorisation of the different actors can have affected the participants' rating of

them. If we for instance had asked the participants about specific campaigns both from *FVST* and *Supermarkets,* specific bloggers or well-known health experts, it is possible that the participants could have related better to these actors, and hereby rated them differently. If the participants had likewise had the opportunity of distinguishing between different types of supermarkets, some supermarkets would perhaps have been seen as more trustworthy than others.

Participant Composition of Focus Group Interviews

Personal relations appeared to have an influence on the social dynamics and answers in the focus groups, which is of great interest to the social constructivist researchers. The combination of participants in the focus group interviews, appeared to be of significant importance to the interaction and discussions in the interviews. An example is FG1, which consisted of participants who all knew each other. Here inside jokes and a light mood were observed. This seemed to have a positive influence on the participants, with them feeling safe and not afraid of saying something wrong or stupid. However, various examples from the interview show that the participants did not complete their sentences or continued discussions, because they would already know how their friends would think about the matter. In the three other groups, where only few participants knew each other or none of them knew each other, many of the discussions seemed to be taken to a broader perspective. However, there was a tendency of two or three participants taking control of the discussions by expressing themselves the clearest or the most. In these situations, conformity can occur, where the less active participants go along with the group and adjust towards the dominating consensus in the group (Bjørner, 2015, p. 76). Additionally, the participants in these three groups needed a longer time to get comfortable enough to start the discussions and the facilitator had to be more involved in these groups, on another level than in the first group, by for example asking more follow-up questions. Therefore, it certainly had an influence on the results whether the participants in the groups knew each other or not. It is a balance between feeling safe in the situation, among people you know, versus not being held accountable of what you say, because you most likely will never see the other unknown participants again (Halkier, 2010, p. 125).

In the light of these observations, having groups consisting only of participants who know each other, or do not know each other, would make the comparison of the groups easier. Similarly, this would have provided a better opportunity for the authors to organize the interviews. If the focus groups for instance only had consisted of people who knew each other, it would have been possible to ask more direct questions and perform longer lasting interviews, since people who know each other might be more willing to spend longer together.

Another influential factor, relating to the combination of the participants, was the mix of gender within the groups. Two groups consisted of a mix, one group consisted of only males and one group consisted of only females. The two mixed groups appeared to be slightly more cautious and hesitant in the discussions, where the two groups with only males or females seemed to be more open minded and relating to each other on another level. Therefore, the construction of the focus groups in relation to gender also seems to be essential. In relation to this thesis, it could have been beneficial to divide the groups by gender as the theme food is very often gendered, according to feminine and masculine (Sellaeg & Chapman, 2008, p. 121). By dividing the groups, it would have been easier for the participants to talk about their own perceptions as they would not have to consider what people of the opposite gender would think. On the other hand, the risk of getting stereotypical gendered answers would then have been higher. The hesitation and caution before answering could also be a sign of the participants giving the questions some thought, which then have provided the authors with judicious answers of the questions.

The Process of Analysing the Data

When using coding as a way to understand and interpret data, there is a risk of losing the context of what is said. The authors chose which fragments should be highlighted and hereby the participants' statements are at risk getting distorted or losing meaning (Bryman, 2016, pp. 583-584). If other authors had interpreted the collected data, the highlighted statements and interpretations might have been different.

In relation to the questionnaire design, it would have been more beneficial for the authors to use a numerical variable, instead of a categorical variable in the questions where the participants had to rate the different actors. This would have allowed us to calculate an average of how the different actors were rated and hereby provided a better opportunity to see if, for instance, there was a correlation between how long the participants have lived away from home and how they rated the different actors in relation to trust.

Furthermore, we added another actor; *Fellow students and colleagues*, to the questionnaire. This may have distorted the results, as the participants in the questionnaire would have perceived fellow students and colleagues as a part of the actor *Family and Friends*. Hereby, *Family and Friends* could have achieved a higher rating.

The results from the questionnaire appeared in some cases to be more extreme than the discussions of the participants in the focus group interviews. This could be due to the fact that the focus group participants had the possibility of influencing each other, which would make them appear less extreme as we had access to their reflections and discussions in the focus groups.

Validity

Validity and reliability are essential concepts within scientific research, since they relate to the quality of the collected data and results (Thisted, 2010, pp. 141-143). In order to examine the quality of the work performed in this thesis, these concepts are therefore important to take into consideration.

Validity focuses on the connection between the investigated problem and the actual outcome from the chosen methods. Thus, validity refers to whether the authors succeeded in investigating what the study actually aimed at measuring. In addition, whether this content can be generalised internally to the investigated target group or externally to other contexts (Thisted, 2010, pp. 141-143).

The constellations in the interviews and time of the research can have an essential influence on the results. In an attempt to strengthen validity, the interview guide is based on scientific literature. Furthermore, the authors created a double guide (section 3.1.1.2.), in order to ensure that the themes and

questions asked in the interview guide were of relevance to the problem formulation. This attempt succeeded as the answers from the participants contributed to provide an answer to the problem formulation.

When reflecting upon validity, another important aspect is to consider the investigated sample, which the results are based on. The participants, both in the focus group interviews and the questionnaire, were fairly demographically homogeneous. All the participants in the focus group interviews were living in Copenhagen. Likewise, the majority of the respondents from the questionnaire (84%) lived in the capital region. Furthermore, the authors of this thesis tried to get an even distribution of males and females. This even distribution was successful in the focus group interviews, but in the questionnaire 75% were women. Almost all of the participants from the interviews were students, and few were apprentices or having a sabbatical year, and 81% of the respondents from the questionnaire were students. Moreover, their educational background was quite similar as most of them had last completed a high school degree. The homogeneity, both within the focus group interviews and the questionnaire, may have contributed to a homogeneous attitude towards the set themes and questions and thus resulted in a less nuanced view on the investigated problem area. Although, the sample of participants could have been more representative for the investigated target group, the results can be applicable for a smaller sub-group within the target group. This would primarily be university students in the area of Copenhagen.

Reliability

Reliability focuses on whether a research result can be reproduced by others and at other times. Thus, it is referred to as the credibility of a project (Kvale & Brinkmann, 2009, p. 271). In relation to this, transparency of the data collection is very important, in order to verify participants' statements and answers (Halkier, 2008, p. 109).

In this thesis, the authors have attempted to avoid leading questions, and thereby influencing the responses and results in a specific direction, in order to achieve a high reliability. Similarly, the themes and questions asked in the

interviews were exactly the same in all the four focus group situations. However, the participants were allowed to elaborate on these and likewise the facilitator was allowed to ask follow up questions. This would make it difficult to remake a totally identical interview session because the questions were spontaneous and linked to what the participants talked about, though it helped discover more about the topic. But the thorough explanation of the methods and proceedings ensures that the investigations can be duplicated with similar results by other researchers.

4. Presentation of Actors

In the following section the five actors; Family and Friends, Media, Social Media, Supermarkets, and the Danish Veterinary and Food Administration are presented in relation to their relevance to this thesis. These actors are identified as influencing young people's perceptions of healthy food, which will be explained in the sections below. The actors were used in the focus group interviews of this thesis, and will continuously be referred to when investigating how the target group's perceptions of healthy food are influenced.

4.1. Family and Friends

Family, friends, fellow students (peer group), and colleagues are all representations of the social sphere of the group of interest. These are the people who are most likely close to the participants and have the ability to influence them in their choices and beliefs. Close family, especially parents, would also have influenced the early perceptions of food and have made choices on behalf of the young adults and may still do so.

Many studies investigating behaviour and perceptions of food, include social relations and the participants of this thesis often mention peers and family as either a help or a barrier in choosing food (Ashton et al., 2015; Blichfeldt & Gram, 2014). Moreover, a study by Andersen (2015a) shows that when cooking together with peers, the young adult is exposed to passive learning about food and cooking (Andersen, 2015a, p. 98). The social environment or situation can be seen as an invitation both to unhealthy and healthy eating behaviour (Ashton et al., 2015). This was also highlighted by Childers, Haley & Jahns (2011) where the participants talked extensively about peer pressure and how they ate like the people they were surrounded by, even when they knew it might be unhealthy. This was not exclusively when in company with friends or fellow students, but also when visiting parents and family (Childers, Haley & Jahns, 2011, pp. 314-15, 319-21).

Several studies show how young people are influenced or seek information or inspiration especially from parents. Gram & Blichfeldt (2014) investigate dilemmas in food choice among Danish and international female college students, and report how their participants relate their own food practices to the

one of their parents. They compare their own eating habits to their parents', not always with a positive meaning, but they are still aware that they have been influenced somehow by their parents (Gram & Blichfeldt, 2014, pp. 992-93). Similarly, Gram et al. (2015) describe how the students in their project are in contact with their parents, either getting advice or knowledge with regard to cooking and eating habits (Gram et al., 2015).

In a study from 2004, investigating male college students' interest in food purchase and preparation, family (no. 1) and friends (no. 3) were rated as the top three, when asked to rate 15 information sources with regard to helpfulness in these matters (Franciscy, 2004, p. 32). When in doubt the young men sought out information or guidance from their personal social network.

The attitudes towards food also seems to be influenced, not only by parents, but also by friends depending on whether the food is healthy (fruit) or unhealthy (snack), as Guidetti et al. tested in a study from 2012. Here the attitude or preference towards a healthy food like fruit, corresponded with the attitude of the test person's parent and the attitude towards unhealthy food like a snack (choice between sweet or salty snack), corresponded to the attitude of a friend. This highlights that while both peer group and parents have the potential of influencing what is perceived and by extension chosen, the type of food also depends on who might influence them (Guidetti, 2012).

These studies all underline the importance of the social ties of young adults. Friends and family, and possibly also colleagues and fellow students influence how the target group of this thesis chooses with regard to food and by extension also how they perceive food.

4.2. Media

Advice on dieting, tips for cooking and inspiration for tonight's dinner are everywhere today. The Internet is especially interesting here, as it allows constant access to a variety of sources of information. It also brings flexibility as it allows different kinds of communication and actions (Helles, 2013, p.145). The importance of the *Media*, and especially the Internet in relation to health, is highlighted by the fact that 47% of the Danes use the Internet for finding information about health-related issues (Andersen, Medaglia & Henriksen., 2012, p. 466). A report about the media consumption of Danes from 2014 (Jensen &

Helles, 2015) shows that when exploring the use of the Internet, young Danes are clearly much more active than older Danes. According to the report, 80% of the respondents aged 18-30 years had used the Internet the day before, for looking at content on social media and 50% had used it for searching for topics of interest. The report also shows that the younger generation (18-30 years) has a much more varied use of media than their older counterparts (Jensen & Helles, 2015, p. 20).

Moreover, an article from DR states that in 2013 the Danish TV-channels in total were broadcasting 166 food programmes every week (Munksgaard, 2013). The focus on food and healthy food is intense in the media with an increasing number of magazines, newspaper supplements and news items all about food, and many TV-programmes about cooking (Christensen & Povlsen, 2008, p. 51).

In this thesis, the actor *Media* includes the more traditional information outlets like Newspapers, Magazines, TV-shows, the Internet as a broad term, and Radio. These outlets are combined and referring to *Media* in an attempt to define the wide-ranging understanding of media and enable the participants of this thesis to identify what the actor *Media* represents.

4.3. Social Media

Social media is a very popular and rapidly growing tool for social interaction and information exchange. It provides the users with a platform where they have the possibility of communicating and immediately sharing information and beliefs. Hereby, social media applications act as facilitators for user generated content (Magro, 2012, p. 149). Furthermore, these applications are characterized by enabling interaction and feedback from the receivers to the sender (Chou et al., 2009). This means that social media blur the lines between private and public, and provide an opportunity for everyone with internet access to share their point of view. In addition, social media is a tool that offers the ability to connect with other users and form communities to socialize, share information, engage in discussions or achieve common goals (Magro, 2012, pp. 149-153; Hughes et al., 2011). Likewise, it can be used as visual storytelling and online journals for private persons, companies and public institutions (Instagram, 2015). This means that the content is often personal and describes everyday concerns, which

is often reflected in an informal and personal language (Schwartz et al., 2013, p. 2).

Social media applications involve various platforms, all with different focuses. Some are primarily text based (Blogs, Twitter), while others put focus on supplementing text with pictures and videos (Instagram, Pinterest) and others on easy communication such as instant messages (Facebook). In this thesis, the authors have chosen not to distinguish between different applications, but to put all types of social media platforms into one category. This restriction has been set to accommodate the constant growth of new social media platforms (Kaplan & Haenlein, 2010. p. 65). In addition to this, the Danes have extensively accepted social media. An inventory from 2010, ranking the European countries' use of posting and sending messages on social media platforms, ranked Denmark at the top (Andersen et al., 2012, p. 466). Similarly, an inventory of media development in Denmark has reported a more frequent use of social media platforms among the younger age groups. Almost all 16-19 years olds (95%) use social media, while the 20-24 years olds are ranked second (85%). Additionally, 92% of Danes within 16-24 years who are using social media, use them on a daily basis (Kulturstyrelsen, 2015, pp. 3-14). Furthermore, other studies indicate that the use of social media is independent of social factors such as education and ethnicity. Another reason why this actor is found relevant is due to the more frequent use of social media within public health communication (Chou et al., 2009), from bloggers promoting healthy lifestyles to official public institutions advising through social media platforms.

Social media platforms were separated from media in general in relation to this thesis, as the possibility of interaction between sender and recipient changes Social media radically from Media. Of course one cannot clearly separate the two, as the media often use social media as a tool for spreading their message and/or communicating with the recipients. Moreover, from the pilot interview the authors learned that *Media* and *Social Media* were perceived differently, with each its different qualities and obstacles, and are referred to as two categories throughout this thesis.

4.4. Supermarkets

In recent years, there has been increased focus on the retail industry's responsibility to ensure healthier products on the shelves. In 2009 the Governmental Prevention Commission invited the government and the retail industry in collaboration to take action toward decreasing the visibility of unhealthy products in the retail industry. This led to the government's Health Package from 2009 inviting the retail industry to promote the supply and availability of healthy products (Roland & Preisler, 2011, p. 9). Customers, politicians, researchers and opinion leaders are setting up demands about what the supermarkets are responsible for, both with regard to selling new kinds of product and to contributing to public health. On this basis, a CSR-department (corporate social responsibility) has been developed in many stores of the retail industry, in order to guide and make the customer feel safe in the stores (Roland & Preisler, 2011, p. 74).

Many supermarket chains in Denmark have taken initiatives towards helping the customers to buy healthier products. SuperBrugsen and Kvickly have implemented weeks of 20% discount on all organic products. Løvbjerg has in some periods abolished the VAT on all loose fruit. Virtually, all supermarket chains have expanded and improved their fruit and vegetable departments. Other stores refrain from making deals on unhealthy products such as candy. Føtex has worked with nutrition experts to develop a special labelling of the shelves, which makes it easier to find products with a low fat or sugar content. Likewise, Dansk Supermarked has developed the "Vitamin table" and the "Fat spy" to enable the customers to easily calculate the energy percentages of carbohydrate, protein and fat in a product (Roland & Preisler, 2011, p. 75).

On this basis, the supermarkets in Denmark seem to have a potential part in influencing the Danish consumers towards healthier food choices and their perception of healthy products, by placement of the products in the stores, advertisements and offers etc.

4.5. Danish Veterinary and Food Administration

Danish Veterinary and Food Administration (FVST - the Danish abbreviation) is a part of Denmark's Ministry of Environment and Food. It is one out of four administrations under the Ministry. FVST consists of three specialised business lines, (veterinary, food and meat inspection) and two transversal business supported areas (customer and development area and economy area).

The mission of *FVST* is to promote security, health and growth from farm to fork. The demand of the modern society for safe and healthy food products, requires effective production and supply under safe conditions. *FVST* watches over the food products from agriculture and fisheries, through the food industries to the supermarkets and all the way to the consumers' shopping cart (Fødevarestyrelsen, 2017). Furthermore, *FVST* is working to minimize the risk of animals getting ill and to maintain a high level of animal welfare. Additionally, *FVST* is working to decrease the risk of hazardous contaminants in food as much as possible, to ensure that the consumers are able to buy a broad variety of healthy food products and that they eat meals corresponding to the official guidelines (Fødevarestyrelsen, 2017). Moreover, *FVST* seeks to make it easier for the consumers to choose among the many food products in the supermarkets, by providing easily accessible advice and food labels.

The vision of *FVST* is that the citizens engage healthier eating habits, that the consumers know which food products best benefit their health and guide the food industries towards complying with the laws and regulations (Fødevarestyrelsen, 2017).

Online Fødevarestylesen provides the citizens with referrals to where they can find consumer related information. *FVST* has gathered all information and factual knowledge about food, meals and exercise on the web page; altomkost.dk. On this webpage, the citizens are able to find advice, guidance and facts about healthy food, the official guidelines, information about campaigns, inspiration on how to comply with the guidelines in everyday life, news and overview of publications regarding food and health, etc. (Fødevarestyrelsen, 2016a)

CHAPTER 4

ANALYSIS AND DISCUSSION

5. Presentation and Analysis of Collected Data

The sections in the analysis are thematically based on the themes that appeared during the focus group interviews. The qualitative data will be examined most profoundly, as the primary data collection method, while the quantitative data will have a supplementing role in relation to the qualitative data. In the analysis there will continuously be referred to literature from Chapter 2. Due to this thesis' point of departure in social constructivism, the analysis intends to clarify both compliances and discrepancies in the collected data.

5.1. Perceptions of Healthy Food Among the Participants

5.1.1. Interactions and General Understanding of Healthy Food in the Focus Groups

In each focus group the concept of healthy food was articulated somewhat differently. Some aspects were very similar, while others varied from group to group. The groups consisted of people who knew each other on different levels. All focus groups at some point agreed on a holistic perception of healthy food, meaning they argued that a healthy diet could also contain food which was perceived as unhealthy.

FG1 consisted of four men who knew each other very well, three of them even living together. They were very easily encouraged to start a discussion, but also agreed very quickly and therefore the discussions often ended without much elaboration. Healthy food was framed as something specific, but also cumbersome. Even though they did have a knowledge about healthy food, it was not a high priority to any of them. Food in general seemed like a chore to them, which should be managed in the most convenient way. The discourse about healthy food in the group was very similar internally, but it did not appear that they gave it much thought in their everyday life.

In FG2 two of the participants knew each other. P7 especially talked a lot and seemed to be very academically thoughtful about healthy food. The other participants seemed more reluctant to share their opinions. In general, this group tended to talk more to the facilitator than the other participants, which

resulted in an artificial atmosphere. This focus group was in general practically oriented towards food. Food should satisfy certain needs in their daily life. Also quantities of food was linked to healthiness as too much was perceived as unhealthy.

FG3 consisted of three women and one man, who had never met each other before. Despite the fact that they did not know each other, they seemed to enjoy the discussions and showed interest in each other. They had a focus on specific foods and a practical point of view, but included the enjoyment of the food as a part of healthy food, they were the only group that did this. There was a very clear theme about control and not succumbing to the temptation of unhealthy food. In addition, the idea of a holistic view on health was particularly prominent in this group.

FG4 consisted of four women, where two knew each other beforehand as they were in the same semester in their education. The participants seemed genuinely interested in the opinions of the others and in the discussion they had together. Healthy food was presented as a matter of balance in what you eat. A healthy diet could include unhealthy food, but needed to be balanced with healthy food. Consumption of food was framed as a calculation that needed to add up in the end.

5.1.2. Food as a Substance

5.1.2.1. Fruit and Vegetables

As illustrated in Figure 6 *fruit and vegetables* were the most frequent elements that the participants associated with healthy food in the interviews. This was also the case with the results from the questionnaire where fruits and vegetables were very clearly dominant in the word-cloud (Figure 7). Approximately 400 out of 449 respondents wrote elements in some way containing fruit and vegetables, which further underlined how important this was in relation to the perception of healthy food. This was also exemplified in the pictures the focus group participants chose in the first exercise during the interviews. All the chosen

Figure 6: Word-cloud based on the elements of healthy food mentioned by the focus group participants. Larger font means higher frequency of mentions.

pictures contained visible amounts of vegetables and five of the chosen pictures only contained vegetables. This clear association between healthy food and fruit and vegetables is not a unique phenomenon, but is also seen in other studies (Margetts et al., 1997; Sørensen et al., 2013; Allicock et al., 2008).
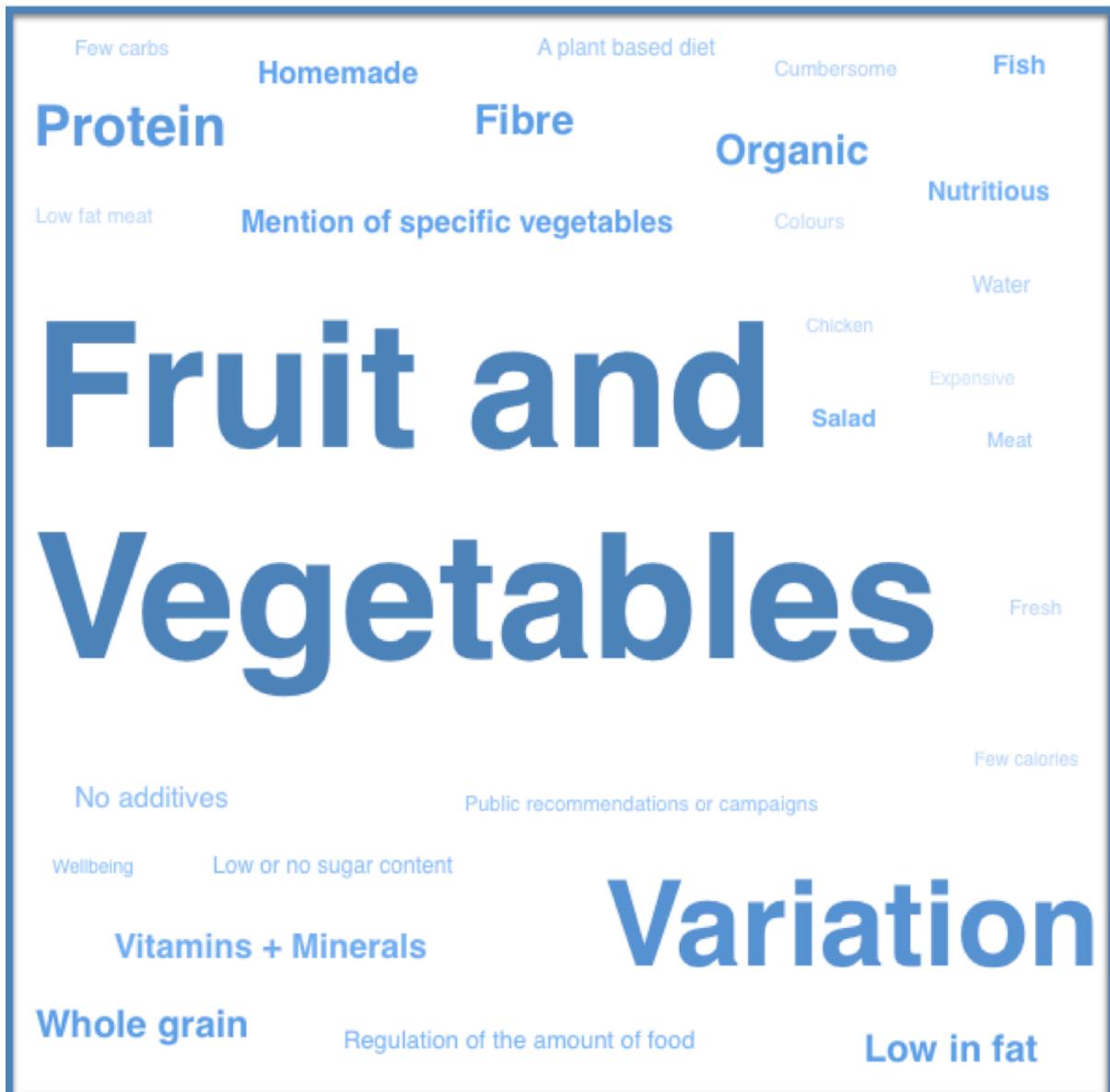

Figure 7: Word-cloud based on the elements of healthy food mentioned by the respondents of the questionairre. Larger font means higher frequency of mentions.

Even though the investigated target group clearly associated fruit and vegetables with good and healthy, some participants also expressed a more negative attitude towards them:

> *I took this picture, it is super healthy. A super boring dish, I would say, it is just white rice, broccoli, carrots, potatoes and then some kind of salad. It is healthy and all, but super boring.* – FG1.P3, App. 8, p.1

This quotation exemplifies the two-sided meaning that fruit and vegetables symbolise in the Danish food culture. On one side fruit and vegetables are perceived as good, healthy and sensible eating, but on the other side boring and cheap everyday food, which is eaten out of duty and not of desire (Haastrup, 2012, p. 175). In relation to the performed interviews, all the participants agreed that fruit and vegetables were part of healthy food. This is also the case in previous studies where young people more often mentioned fruit as healthy (Groth et al., 2009, p. 46). At the same time studies show that this target group is the one eating the smallest amount of fruit and vegetables, compared to other groups of adults (Pedersen et al., 2015, pp.144-145). This indicates that even though the investigated target group know what healthy food is, they do not necessarily eat in accordance with it. Therefore it can be discussed whether the presence of fruit and vegetables is more symbolic in the participants' everyday life, than playing an active role. In addition, a large part of the participants continuously mentioned the vegetables as the last element, when describing meals in the chosen pictures of food, during the first exercise in the interviews:

> *And then I have chosen some salmon with pepper, it looks like, and then I think it is some kind of a cabbage salad with something that might be radishes.* – FG3.P9, App. 10, p. 1

> *(…) the classic with some chicken and I think it is rice in the background and some vegetables.* - FG4.P16, App. 11, p. 1

These quotes indicate, that vegetables are not perceived as the centre of a dish. Instead they are often perceived as side dishes or accompaniment to meat. This perception is in accordance with previous research, which has located vegetables low in the food chain. This is often symbolised in the way most dishes are named.

Often it is the meat which names the dish such as roast pork with red cabbage (Haastrup, 2012, pp. 175-180). On the other hand, one of the participants mentioned that she is a vegetarian and a few others, both male and female participants, expressed an interest in cooking with less meat or no meat at all. This could indicate that the participants are moving away from the traditional food culture due to their current situation and meat no longer has to be the centre of the meal. This, however, seemed to be mostly because of their current life situation, where money especially is an issue (elaborated in Section 5.3.1.).

Another notable topic within the interviews was the differences in how fruit and vegetables were described in relation to healthy food. The majority of the participants mentioned fruit and vegetables, without specifying further. This gave the indication that the participants assessed all fruit and vegetables as equally healthy. Only two participants a male in FG1 and a female in FG3 distinguished between fine and coarse vegetables. The fact that only two participants distinguished between different types of vegetables is not necessarily unusual. Other studies have also found that it can be difficult for people to distinguish some specific food items or nutrients as healthier than others, within the same food category (Dickson-Spillmann & Siergrist, 2010). During the first exercise in the interviews, two of the male participants wrote specific kinds of vegetable, unlike most of the other participants who used the general term *vegetables and fruit*. Instead they specifically mentioned *cabbage* and *broccoli*, as something they perceived as healthy food. This mentioning of specific vegetables, was also evident in the questionnaire, but to a much smaller degree, as can be seen in the word-cloud (Figure 7). Specific vegetables such as broccoli, spinach and beans have previously been identified as particularly healthy by the Danes (Landbrug & Fødevarer, 2017).

5.1.2.2. Fish

In all four focus group interviews and to a lesser degree in the questionnaire *fish* was highly associated with healthy food (Figure 6 and 7). This was also expressed through the pictures the participants chose in the first exercise during the interviews. Here 10 out of the 16 participants chose one or more pictures displaying fish. In total, a picture displaying fish was chosen 13 times during the four focus group interviews. Two pictures with fish specially were selected

several times, one with salmon and apple/cabbage salad, and one with salmon and a fine mixed salad with tomatoes and lettuce. These two pictures were chosen 10 out of the 13 times a picture with fish was selected. Moreover, two pictures of herring with rye bread and one picture with a piece of white fish with boiled potatoes were chosen. The number of pictures with fish the participants had to choose from, was the same as for meat. This supports the indication that the participants strongly perceived fish as healthy food and did not just choose pictures with fish in the absence of other opportunities for protein. The association between healthy food and fish has also been confirmed by other studies. A report mapping the Danes' diet, likewise found that the more fish a diet contains, the healthier it was accessed (Sørensen et al., 2013, p.14).

Some participants just stated that fish was healthy, while others tried to explain why they perceived fish as healthy food:

> *And then I have taken this one, it is salmon, which is good protein, healthy protein. –* FG1.P3, App. 8, p. 1

> *I have written fish with these omega fatty acids or what they are called, something. Omega something, 2 and 3. –* FG1.P4, App. 8, p. 1

These quotes indicate that fish was perceived as healthy due to its content of protein and composition of fatty acids. This is similar to other studies, which have found that people below the age of 25 are those who are most aware of that fish contains omega-3 fatty acids. Additionally, it has been found that vitamin D is what people most often associate with fish and the main reason for it being healthy (Verbeke et al., 2005, p. 425). This perception did not appear during the focus group interviews performed in this thesis. This could indicate that the participants were not aware of the D-vitamin content in fish or it could simply reflect the fact that the participants were not questioned further about their reasons for perceiving fish as healthy.

Furthermore, the participants did not distinguish between different types of fish or whether the fish was processed or not. Thus, they did not highlight some types of fish as being more healthy than others. The fact that no specific types of fish were highlighted as particularly healthy, differs from how the participants described vegetables, where especially *cabbage* was highlighted as healthy.

Additionally, it differs from other studies, which show that people tend to perceive some types of fish as more appropriate and healthy than others. Processed canned fish are one of the types of fish that is perceived less correct in terms of health (O'Doherty Jensen, 2012, p. 148). This perception is not expressed in the interviews performed in this thesis. This may be because the participants were only presented with "fresh" fish in exercise 1 and thus did not consider other types of fish. Another explanation may be that the public health recommendations do not distinguish between some fish types as healthier than others, but emphasize that any fish is better than not eating fish at all. Finally, it could also be due to a limited selection of fish, in the supermarkets the participants usually go to or simply due to limited knowledge among the participants about fish compared to vegetables.

5.1.2.3. Nutrients

Focus on Protein

During the four focus group interviews, *protein* appeared as a fundamental element within healthy food. Some of the participants directly mentioned protein as healthy, while others referred to protein through an intake of meat, beans or other specific food groups:

> *And then this steak with a little greens and mushrooms and you also need some proteins.* – FG1.P4, App. 8, p. 1

> *And then a quinoa salad, because quinoa has a high protein content and satiates well and then with some vegetables in and so. It tastes lovely and satiates well.* – FG3.P11, App. 10, p. 2

Here protein was described as a given part of healthy food and a healthy diet, it is simply something you need. Additionally, it was perceived as something that satiates, which the participants saw as a definite quality. Protein as connected to healthy food was also evident in the questionnaire, as one of the most mentioned elements of healthy food (Figure 7). Protein was surprisingly not written down by any of the focus group participants in spite of many of them brought it up later in the interview.

Although, *protein* was mentioned several times in the focus groups, either directly or indirectly through specific food groups, the participants appeared to

perceive some protein sources as more acceptable than others. *Fish*, *chicken*, *eggs*, *quinoa* and *legumes* were several times described as healthy protein, while red meat was perceived as less healthy. This was also reflected in the participants' choices of pictures in the first exercise during the interviews. Here only two of the participants chose *beef*, one chose *pork* and two chose *chicken*, while ten participants chose *fish*, seven chose *quinoa* and seven chose *legumes*, when they described protein as a part of healthy food. This indicates that among the participants there was an ambivalent attitude towards sources of protein and especially meat. On one hand protein was valued, but if it originated from meat it was connected with guilt and a need for justification. According to Holm (2012, pp. 157-72), this ambiguous status is linked with the high placement of meat in the food chain, placing it closer to what is taboo. Traditionally meat, and especially red meat, has been a signal of higher status than other meats (Holm, 2012b, pp. 157-72), however this seems not to be the case with regard to these young participants. This might be explained by the increased attention on meat, with it being referred to as increasing risks of cancer and cardiovascular diseases and harmful to the environment (Chiang & Quek, 2015; Stoll-Kleemann & O'Riordan, 2015). The ambiguous status can lead to reactions such as cutting down the consumption of meat or becoming a vegetarian (Holm, 2012b, pp. 164-165). This tendency was also seen in the focus group interviews, where one of the participants had become a vegetarian and several others explained how they have tried to cut down their meat consumption.

Even though the participants expressed an ambivalent attitude towards meat as a source of protein, studies have found that the Danes' general intake of protein is increasing. This increase is connected to a higher intake of animal products, especially red meat, eggs and fish (Pedersen et al., 2015, p. 122). Likewise, it seems there is an increasing association between protein and healthy food (Groth et al., 2009, p. 46). This increasing awareness of protein can be caused by the recent years focus on diets with high protein content, as a way to maintain weight loss and avoid obesity (Holm, 2012b, p. 159). However, both Danish males and females in the age of 18-24 years are the group of adults with the lowest intake of protein (Pedersen, et al., 2015, p. 147). This suggests that the

participants' perception of not eating large quantities of meat is in agreement with their actual intake. Additionally, this could support the participants' perception of eating less meat after they have moved away from their parents and hereby meat consumption marks a difference between living with their parents and living independently. How this fact, that the participants eat less meat in their current situation, will influence their everyday life, will be elaborated further in Section 5.3.

Absence of Specific Elements in the Food
To some degree the participants in the focus group described healthy food as the absence of elements like *sugar*, *salt* and a *low fat content.* Both low fat content and *low calorie content* appeared in the word-cloud (Figure 6), although not as the most frequently mentioned elements. The absence of elements was also used in the questionnaire to describe healthy food, with low fat and *sugar content* (Figure 7). These elements were also connected in the literature to healthy food (Hoek et al., 2017, pp. 121-122). While almost all of the participants explained what healthy food was with the use of scientific terms, they did it with differing levels of detail:

> *And then I have written low in fat, because it is low in fat. And then I have written low calorie content. Because again, low calorie content.* – FG3.P10, App. 10, p. 1

> *Well, there are saturated fatty acids or there are, yes maybe also what the food actually does not contain.* – FG2.P9, App. 9, p. 2

Participant FG3.P10 mentioned both low fat content and low calorie content as markers of healthy food, but he seemed to be unable to describe exactly why this was the case. This was also the case with many of the other participants. It was embedded in their perception of healthy food to an extent that it almost went without saying. But as seen in the second quotation above, some of the participants actually managed to explain exactly what they did not want in their diet, with very specific terms. It was not just the fat content that determined if it was healthy or not, but the type of fat. This tendency of describing the nutritional value of foods in a scientific and detailed language, was also mentioned by Holm (2012c). Here the description of the food the participants actually ate, consisted

of specific types of food, but when they had to explain why a food was healthy, they often used scientific descriptions of food (Holm, 2012c, p. 306).

5.1.2.4. Variation

Another element that was associated with healthy food both by the focus group participants and in the questionnaire was *variation*. The word-clouds from both investigations highlight variation as a major factor and it was the second most frequently mentioned element in the questionnaire (Figure 7). Several of the focus group participants mentioned variation as a given element, when describing healthy food:

> *I was thinking again, as I wrote, such a varied diet. Anything can be bad if you get too much of it and not enough of the other. So that I think really is, or I think that is the most important. To get a little bit of everything.*
> – FG2.P7, App. 9, p. 1

> *I also think that this thing that a varied diet and all this with getting nutritiously go hand in hand. So, if you are going to get all your thing or all what your body needs, then you have to eat varied.* – FG4.P14, App. 11, p. 2

These quotations indicate that variation was an essential part of eating healthily. Additionally, they suggested that even healthy food elements can become unhealthy, if they are eaten in too large quantities and not as part of a varied diet. A meal was described as healthy if it contained elements from different food groups such as meat, vegetables and for instance rice, potatoes or bread. Moreover, one participant described a picture with chickpeas and spinach, from exercise 1 as varied. This indicates that variation is perceived very differently among the participants. Whether it involved combining different vegetables, food groups or more than one ingredient was very individual. Additionally, the quotations illustrate a general way of describing variation, which could indicate that the participants themselves were not entirely sure of what they meant, when they associated variation with healthy food. This was illustrated when the participants used phrases like "to get a little bit of everything". It was not explained what "everything" or the "bit" were.

The association between healthy food and variation is also a tendency seen in previous studies from Denmark (Groth et al., 2009, p. 45; Sørensen et al., 2013,

pp. 39-43), and especially young people tend to associate variation with healthy eating (Margetts et al., 1997, p. 4). Furthermore, variation was very often referred to by the participants as something that was in focus when they lived with their parents':

> *I just think that in general we have just gone a lot with variety at home and then it is just that mind-set you have.* – FG2.P8, App. 9, p. 4

> *I feel like this, I just think that I have it from my parents, this with getting a good variety and ensuring that you get enough of the good stuff, then you eat healthy. That is kind of my main ideology.* – FG2.P5, App. 9, p. 4

These quotations again indicate that variation was perceived as a given element, when describing healthy food. Furthermore, it seems that it is a common consensus among the participants that the association between healthy food and variation is an understanding they have brought along from their parents. In continuation of this, eating varied food was also described as a challenge. A challenge they might not have considered before they started living independently, because it was their parents who took care of the cooking and the grocery purchasing when they lived at home.

5.1.3. Food as an Abstract Concept

5.1.3.1. The Dichotomy of Food

A very predominant factor in all of the focus group interviews, was the tendency to create a dichotomy between good and bad food. Sometimes with regard to the nutrient content (good or bad nutrition), other times with regard to the feeling of eating healthily, which to most of the participants was always a positive feeling. The majority of the participants at some point mentioned a specific food as either good or bad. Gram & Blichfeldt (2014) describe this exact dichotomy and highlight that bad food can also be attractive, either because of it being perceived as a treat, or that the bad food often is perceived as more convenient and easy to handle (Gram & Blichfeldt, 2014, p. 989). This dichotomy was evident in all interviews, but did not seem like a conscious application. Some foods were just perceived as more healthy. The word *healthy* was often replaced by *good*, which indicates that healthy food is generally perceived as something positive. *Good*

and *healthy* were used interchangeably, which further underlines the notion that this was not a conscious application. The two following quotes are an example of this:

> *And then I have taken this one, it is salmon, which is good protein, healthy protein.* – FG1.P3, App. 8, p. 1

> *Also, good fats from the fish is healthy, so we heard, and vegetables are always good, I think.* – FG3.P11, App. 10, p. 3

Here both examples of specific foods (salmon), food groups (vegetables and fish) and macro-nutrients (protein and fats) are framed as *good* and linked directly to *healthy*. This indicates that the participants perceived some foods as better than others, with regard to being healthy. It also indicates that the participants unconsciously relate eating healthily to being a good person. If you eat healthily you are a good and moral person who are responsible for maintaining a healthy lifestyle. There is a connection between what you eat and who you are (Fischler, 1988, pp. 279-82).

In general, a lot of positive connotations are linked to healthy food, such as it *looks interesting* and *looks delicious*. Interestingly, while healthy food in general was perceived positively, it is also sometimes articulated as both *boring* and *cumbersome* by some of the participants. The descriptions of healthy food are almost always linked to the appearance of the food. This is illustrated with the quotation below:

> *And then some filled peppers, I like to make that too, it looks like tuna inside, I think it* [picture chosen in the exercise] *looks delicious and then with some mixed greens or something aside.* – FG4.P15, App. 11, p. 1

The participant quoted told that she likes the way the food looks, but did not mention how she would imagine what it tastes like, even though she also told us that she enjoys making a similar dish. This could be because she finds it hard to link a taste to a picture, but similar descriptions are made by other participants. This idea that healthy food is rarely described as palatable is also mentioned in the scientific literature. Kristensen, Askegaard & Jeppesen (2013) work with these discourses and subject positions of healthy eating and introduce the

culinary discourse opposed to the nutritionist discourse. The illustration of these discourses is very clear in the paper (Kristensen, Askegaard & Jeppesen, 2013), but is a bit more muddy in this thesis.

Some foods were framed more negatively as *bad* food and linked directly to unhealthy food. These foods were often perceived as a contrast to healthy food and connected to a negative feeling and negative connotation like *a heavy feeling* or *boring*. These negative descriptions of healthy food are also seen in the literature (Stevenson et al., 2007). Some food even seemed to be indisputably healthy and some indisputable unhealthy. This can be seen in the following quotation:

> *I have lost weight exactly because I do not have white bread and such things, it is not something I prioritise in my budget.* – FG4.P15, App. 11, p. 4

In her explanation, this participant did not mention why white bread was unhealthy, but it was linked to her weight loss and thus deemed to be a *bad* food. It is not necessary for her to explain further, the other participants in this instance accepted this framing of white bread as an indisputable unhealthy food. This again underlines the previously mentioned dichotomy of good (healthy) and bad (unhealthy) food. Interestingly, while there are clearly some foods that are perceived as good or bad, many of the participants also maintained that it is difficult to deem one food unhealthy:

> *To me it is not necessarily healthiness that I do not, well I am allowed to eat a lot as long as it is good for me. I think that the only thing I see as definitely unhealthy, is if it is like there is nothing good in it. A plate of light chocolate e.g., if there are nuts in there are yet something good in, but if it is just such well, I do not know. I just think that in bananas e.g. there are a lot of calories in, but there are all sorts of good things in, so I can eat that.* – FG4.P13, App. 11, p. 1

Here the participant highlighted chocolate, which is presented as something you would expect to be unhealthy. The unhealthiness of the chocolate is removed or amended by pointing out the healthy parts, the nuts, which thereby give approval to eating it. To most of them it seemed a matter of balance in their diet and how much they eat of a given food. This discrepancy could be seen as a sign

that the participants were having trouble defining exactly what healthy food is. An indication can be found in the fact that FG4.P13 also used *good* to describe the parts of the chocolate that makes it allowed to be eaten, even though she advocated that you cannot divide food into good and bad that strictly.

5.1.3.2. The Function of Food

A theme often mentioned, both spontaneously and as a part of the first exercise in the interviews, is the feeling of satiety. As illustrated in the word-cloud (Figure 6), this was one of the most frequently written associations to healthy food. According to many of the participants, in particularly the females, the feeling of being satiated could be either good or bad and was linked to what kind of food they had eaten. This links the feeling of satiety to the dichotomy of good and bad food, mentioned in the previous section. The feeling of being too full was considered bad, while the good type of satiety was described as "physical well-being" and "not feeling heavy". Certain elements in the food was linked to the belief that they ensured satiety for a longer period of time e.g. fibres and proteins. The participants who mentioned this, seemed to have a very practical motive for staying full for a long period of time:

> *Yes it is, I just think as long as it can keep me satiated (everybody laughs). Yes, I think mostly such as beans, they are at least good at keeping me satiated in relation to my work.* – FG2.P6, App. 9, p. 1

This quote exemplifies the practical concern, that some of the participants have busy days, and do not always have time to eat a lot of meals during these days. Therefore, it was important for them to eat something that could sustain them for a long period of time. In this context, healthy food was described by the participants as food that sustained fullness for an extended period of time. Satiety was also mentioned as the second most important thing in a good meal, in a Danish report from 2015. The food should fulfil a biological demand in satisfying the feeling of hunger for a longer period of time (Madkulturen, 2015, p. 84). With the results from this report and the discussions from the focus groups, it seems that a good meal and a healthy meal contain some of the same aspects. Hunger was also linked to the risk of eating something unhealthy, which led to fullness being a sign of healthy eating:

So, I definitely think that you are right about it having to be satiating, it is of no use if it is just, then after an hour or two you are hungry again. That is, in my head, that results in you quickly getting to eat more because you have to eat, after an hour or two. – FG4.P16, App. 11, p. 1

Trying as much as I even can to make sure to make a lunch box when I am going out, otherwise I just end up eating eight slices of rye bread when I finally get home. – FG1.P1, App. 8, p. 4

For the participants the result of being hungry again quickly after eating was linked to losing control and eating something that was unhealthy or eating too much, later. Hunger was also perceived as an annoyance and an inconvenience. It thereby seems that food also needs to have some kind of a practical function for the participants.

In the four focus groups, a pronounced perception of food as fuel for the body was evident. According to the participants, healthy food needed to be able to sustain the body. Many of the participants expressed the opinion that healthy food would provide their body with the energy to perform and the right nutrients to sustain the body's needs:

It cannot all just be salad, or at least the green salad, it must also be combined with, so you get the right things from the foods. – FG1.P1, App. 8, p. 2

You also need some proteins, you need to have some carbohydrates too, which not necessarily have the lowest calorie content, like in order to be able to function and getting enough energy, like to the brain. – FG3.P11, App. 10, p. 2

In these two quotations the participants stressed that healthy food needs to have a specific function and they showed an understanding that this would not be possible by only eating one type of food. It was important to them that healthy food contained the right elements. This focus on function in the food was evident in all four interviews, but in FG3 another line of thought was also introduced. Here the participants brought up the enjoyment of the food as a factor in healthy eating. This appears to be a contradiction to the point about the function of healthy food. However, it did not seem to be a conflict in the group. Most

participants actually agreed on that healthy food should taste good and they wanted to be able to enjoy it:

> *It is very easy to buy some lettuce and then eat that. But something has to go with it in order to even like it.* – FG3.P9, App. 10, p. 2

The participant gave another view on both the effort you put into cooking and the enjoyment of the food. This quote underlines that healthy food is something you need to put some effort into. Moreover, the enjoyment of eating the food was important to her and she would not settle for bad or boring tasting food. This theme continued to appear throughout the interview, and was picked up from time to time by different participants, but the theme did not appear in the other interviews.

5.1.3.3. Clean Food

Many of the focus group participants, frequently mentioned organic food or food without additives, as illustrated in the word-cloud (Figure 6). This was to some extent also evident in the word-cloud from the questionnaire where both *organic* and *no additives* were some of the most commonly mentioned elements (Figure 7). They seemed to agree on that this kind of food was healthy because it let them avoid the bad elements in the food, which is also seen in the literature (Paisley & Skrzypczyk, 2005, p. 77). An example is shown below:

> *In general, all kinds of food that is fresh, that you do not eat all sorts of stuff that is mixed with all kinds of different E-drugs and so on, where it is just mixed together and can last for a really long time. That is what I think.* – FG1.P3, App. 8, p. 2

While it is clear that the participant in the quotation above wanted to avoid something, it was not clear what exactly he wanted to avoid. The things he wanted to avoid were phrased only vaguely. He was using phrases like "stuff" and the incorrect phrasing of E-numbers. Other participants contributed to this theme of clean food, but with the same uncertainty to what exactly it meant. Some of the other participants were a bit more clear and mentioned additives, but most used some vague explanation of some elements in the food that they wanted to avoid. They used phrases like "bits" and "stuff", again not very clear.

While it might not have been completely clear to the participants, whether clean food was their main priority, they had solutions ready to avoid the unclean food. Homemade food was very clearly linked to healthy food, because it made it possible to avoid the unwanted elements:

> *Well I also just think that healthy food in general is something you make from scratch. So, not this frozen, processed stuff, because that I already think I have, if the things are healthy or not, how much of all kinds of additives are in there for it to last. Already there I see a big difference in whether it is healthy or not.* – FG2.P8, App. 9, p. 1

Highly processed food and takeaway food were deemed unhealthy and linked not to be "clean". This tendency of linking clean food to homemade food has previously been reported (Holm, 2012c, p. 307). The lack of artificial additives was also reported as positive and the focus on simple commodities seemed important. The food should not be contaminated by ingredients that would not naturally belong in the product or dish, and this is ensured by making the food from scratch (Holm, 2012c, p. 307). Homemade food can also be linked to the avoidance of convenience food. Opinions on convenience food among young Danes were investigated by Halkier (2016) who introduced a broad view on convenience food. Her findings suggest that there is a certain wish to avoid using convenience food and that it would be preferable, but not always possible, to exclude it (Halkier, 2016, p. 8). While convenience food is not an actual topic in the discussions among the participants in this thesis, the idea that some food are convenient food was evident and this was clearly linked to unhealthy food, while healthy food was linked to homemade food. In the focus group interviews, take away food was referred to as being convenience food. Take away food was not perceived as healthy, but was used when time was short - a convenient solution, not an ideal situation.

5.2. Sum Up

The participants' perception of healthy food seemed to coincide very closely with the public health recommendations. In addition, they pointed at more abstract definitions of healthy food. This included the feeling of satiety, which was a very practical issue as they needed to stay full to be able to function properly in their daily life. The feeling of satiety was also connected to well-being. The participants seemed to be very aware of the short-term risks of not eating healthily, but they did not consider the long-term consequences. Healthy food was construed as relating both to the presence of certain elements, but also the absence of others. In relation to the latter, there was an uncertainty to what exactly they wanted to avoid.

Finally, there was a strong division of food into good and bad with regard to health, but at the same time the participants were reluctant to deem some food better than others. They linked healthy food to balance, and a healthy diet could incorporate unhealthy elements. Homemade food was perceived as generally healthy.

5.3. The Effects of Living Independently

This section will focus on how the structures and situations, the young adult Danes from the focus group interviews find themselves in, potentially influence their perception of healthy food. The analysis is done with inspiration from the Health Belief Model. The analysis is thus not structured precisely according to the model, but in combination with the themes located in the interviews that are meaningful to the overall understanding of the collected data. Furthermore, it should be noted that the section Living Independently *relates to the participants' behaviour, as they in their articulation of healthy food, took point of departure in their own practices.*

The aspects analysed in this section that are affected by the participants being in the transition phase, are seen as the modifying factors which are influencing the participants' individual beliefs, according to the HBM (Figure 2). In relation to this thesis, the modifying factors; *Living situation*, *A restricted budget*, *Time scarcity* and *Responsibility of own health* shape the participants' individual beliefs, with particular attention to the *perceived benefits, perceived barriers* and *perceived self-efficacy*. The perceived benefits refer to whether the participants experience any benefits of healthy food, which they seem to do, as they stated that they know that healthy food is good to eat. However, many challenges are also experienced by the participants regarding healthy food, which refer to the perceived barriers. In-particular the factors; *Time scarcity* and *A restricted budget* lead directly to the perceived barriers. Finally, perceived self-efficacy describes how the participants incorporate their perception of healthy food into their everyday life, with their life situation having a great impact. The fact that they are in charge of making their own food choices, food purchases and cooking, influence how and if they manage to integrate healthy food into their everyday life. Overall, these individual beliefs are understood as referring to the participants' perception of healthy food and their own experience of their health behaviour. Thereby, the modifying factors affect how the participants perceive healthy food and how this perception is integrated in their everyday life. Moreover, the transition phase seems to have an impact on the participants'

health practices, when a modifying factor like *A restricted budget* often determines what food products are purchased.

5.3.1. A Restricted Budget

A factor both complicating healthy eating and ensuring a healthy diet is, according to many of the participants, the tight budget that they have, because of their current living situation. Especially the youngest participants, who were also the ones that had lived away from their parents the shortest time, expressed that the limited budget was a challenge regarding purchasing healthy food. In all of the focus group interviews, except FG3, which included the two oldest participants, this issue is mentioned as a decisive reason for why they buy the food items they do. The participants all agreed on that a varied diet was healthy, but at the same time difficult to afford on a limited budget, because there was simply no money to buy a lot of different food items:

> *I only have what they sell in Netto (…) I try to save money as much as possible.* - FG1.P3, App. 8, p. 3

The participants were affected by the change of household income, from living at their parents' home to living on their own. They have less money available for food purchases. Both quality and variety of the food seem to differ from what they were used to at their parents' home:

> FG1.P3: *Better food products, my parents always have that. They buy a lot more organic products (…) And then variety in the refrigerator e.g., there is everything. But now when you look, then.*
> FG1.P1: *Now you do not have that many options.*
> FG1.P3: *Well, there is only this', or there is nothing.* - FG1, App. 8, p. 3

Money was an issue to them because they were not able to buy a lot of different food products, as they were used to when they lived at home, where their parents probably would be in charge of the food purchases. A small budget was also a limiting factor for young Danes with regard to living healthily in a report from the Danish Agriculture and Food Council (Landbrug og Fødevarer, 2017, pp. 4-5).

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The limited budget was also perceived as an indirect reason for eating more healthily. Many of the participants mentioned that they experienced that it was cheaper to buy a lot of vegetables compared to e.g. meat and take away food. They could buy big quantities of vegetables that last longer than one serving of meat:

> *I often think that it is a little cheaper to buy a lot of vegetables and then just make something out of that.* - FG2.P8, App. 9, p. 3

This indicates that some of the participants actually eat healthy food, simply because it is more affordable for them. These statements mostly came from the male participants, who seemed to choose the healthy food, especially vegetables, only because of their economic situation. Many of the female participants seemed to prioritize the healthy food products because they liked them better, and made them feel better about themselves, not only because it was cheaper. The female participants included the eating of healthy food as a part of their identity. They connected what they eat to who they are (Fischler, 1988, p. 279). They present themselves as people who enjoy healthy food:

> *I remember as a child, the healthy food was something you had to force yourself to eat (…) But now it is actually something I prefer. That I think is great. It makes life much easier.* - FG3.P9, App. 10, p. 3

One female certainly seems to has been affected by the change in the food budget, due to her life as a student, but has taken it a step further than the rest of the participants:

> *I really think that the budget on food has become much lower after you have started on SU. I also think that is one of the reasons why I started to become a vegetarian (…) It was just easier because it was cheaper.* - FG4.P14, App. 11, p. 4

Here she frames her choice of becoming a vegetarian as purely related to the economic aspects, which is remarkable as you would expect her to see other reasons for choosing vegetarian food to be more important (Larsson et al., 2003).

However, some of the male participants have also slowly phased out their meat consumption:

> *Often I try to get more vegetables than e.g. meat. At least I try to compensate for it in the food, and then eventually I generally leave it out entirely. And that is because of money related reasons.* - FG1.P3, App. 8, p. 3

These statements indicate that the participants' income situation indeed affects their eating habits. Due to their low income, some have phased out meat from their meals and one even has become a vegetarian. Even though, all the participants agreed that proteins are important in a healthy diet, it seems that meat is the first thing to get discarded when the budget is tight. The recently more intense attention to meat, environment and sustainability (Stoll-Kleemann & O'Riordan, 2015), may also have had an influence on this deselection of meat in the young participants' everyday life.

5.3.2. Limited Time and Need for Planning

As described earlier, many of the participants mentioned that a home cooked meal is almost always healthy. A home cooked meal is time consuming and time was a scarce resource for the focus group participants. This is also indicated in Madindex 2015, which shows that young adult Danes spend the least amount of time when preparing their dinner (Madkulturen, 2015, p. 48). This is in line with the findings from the focus group interviews, where many of the participants reported that they did not feel like they had enough time in their everyday life for cooking, which makes it more inconvenient to have a healthy meal:

> *I actually do not think that I think about it* [health] *that much in my everyday life. Unless I have lots of time. It is because I am very busy and I am home maximum one hour or two, in the evening. So, often it is actually just what is fastest, easiest (…) whatever is easiest, and cheapest too.* - FG2.P7, App. 9, p. 3

Related to this, another participant expressed:

> *I do not have the time to make a salad at my workplace.*
> - FG2.P6, App. 9, p. 1

The time available for cooking affects whether the participants eat a healthy meal or not. The busy life of the young participants, combined with a tight budget, is a limiting factor in relation to choosing healthy food. In situations like the ones above, the participants turn to the, in their mind, easier and more convenient alternatives, which they do not think of as healthy. This perception of lack of time as an obstacle to eat healthily is in line with other studies (Gram & Blichfeldt, 2014; Landbrug og Fødevarer, 2017).

The focus on time and a wish to limit the resources they have to spend, indicate that the participants find healthy food somewhat cumbersome. Some participants have tried to come up with their own solutions to the issue, in a way to make the best out of their situation, e.g. time saving efforts:

> *I have the freezer filled up with these kind of vegetables, because I never get them used in time anyway if I buy them fresh. (...) So, if I am cooking a meal, they just get thrown in the pot.* - FG1.P4, App. 8, p. 3

In that way, this participant has found a way to cook his own meals without spending too much time on it, and is still able to make it a healthy meal by just using the frozen vegetables. *Planning* then becomes a keyword with regard to the issue of the time consuming effort that cooking seems to be. One participant told us that he does not really plan his meals or what to buy before he goes to the stores, however it seems that it could be part of the solution to the time consuming cooking of healthy meals. The participants either make active efforts to influence their own healthy eating behaviour by e.g. planning, while others did not seem to act on this. Some participants talked about how they have started to plan their food purchases, in order to make sure that they only buy what they are supposed to:

> *We are good at having this grocery list lying around (...) so you do not get to buy all sorts of things, but only buy the things on the list.* - FG2.P8, App. 9, p. 4

> *So, you actually just have to remember to buy it* [healthy foods]*, in some kind of way. (...) Because when first it is at home, then you most likely will use it.* - FG2.P7, App. 9, p. 4

This kind of planning forces the participants to eat healthy food, because they have already bought this food, and when keeping the tight budget in mind, they cannot afford to just throw it out. Other participants were not as structured, but agreed on that they tried to use the food they had at home or to make their meals according to what was cheap or on sale. This use of planning structures as a strategic way to stick to a budget, has also been seen in other studies (Blichfeldt & Gram, 2012, pp. 279-285).

5.3.3. Responsible Eating
For some of the participants cooking for themselves appeared to be a challenge, besides it being time consuming. Either they did not have enough cooking skills yet or they did not feel they had the motivation or energy for cooking a healthy meal. This contributed to the feeling of it being a challenge to eat healthily, because it was more convenient to turn to the easy solution, like fast food:

> *I try to keep away from the easy, pizza and kebab, it is just a little hard pretty often, because now you do not really want to cook, not always.* - FG1.P3, App. 8, p. 3

> *(...) I am pretty lazy, I often forget to take the meat out of the freezer (...) And then it (the meal) will just be whatever. I do not think that it is super healthy, that it becomes this half-hearted effort.* - FG4.P15, App. 11, p. 4

The participants in the two above quotations stated that, for one reason or another, they found making a healthy meal a challenge. Some of them felt that the planning (e.g. taking frozen meat from the freezer) was difficult to manage in their daily life, others simply found that cooking in general was a bother. For some of the participants, however, cooking was not an issue:

> *I have always loved food, so I have always been in the kitchen with my father. (...) And then now where I have left my parents' home, it has just come natural to me that I do not only want to eat rye bread, I want to cook for myself.* - FG3.P11, App. 10, p. 4

FG3.P11 has the skills to cook from home and probably had some sort of influence on what food was served at her parents' house when she lived there.

These skills made it easy for her to establish a new routine in her own household.

The above statements indicate that it has a great importance whether the young people have been used to be cooking from their childhood home, and thereby feel safe about cooking a meal. If this is the case, it might not feel so inconceivable to them to make home cooked meals, which seem to be an issue to some of the participants.

Almost all of the participants talked about rules or guidelines they made for themselves in order to eat healthily e.g. trying to avoid take away food or like the participants below, avoiding going past the candy shelves in the supermarket:

> *I maybe try to go away from the shelves where there are chocolate and that sort of things, I try to go the other way around.* - FG4.P16, App. 11, p. 4

Or framing food intake as an equation that need to end in zero:

> *I try to think of food as an equation, which has to be met, so it does not tip over the whole healthiness just because you eat a plate of chocolate, then you just have to outweigh it in the other end.* - FG4.P15, App. 11, p. 1

These statements indicate that especially the female participants use unwritten rules or techniques for making sure they are not eating too much unhealthy food. These statements occur even though the participants agree on that they find rules that dictate what they can eat precarious. According to them, rules will be broken and they will end up eating the things they in general want to avoid. The rules they unconsciously set for themselves relate to the structures around eating e.g. the quantities of food or how they do their grocery shopping. The rules they do not want to make seem to revolve more around banning of specific foods or types of food.

5.4. Sum Up

Living independently does not seem to have a direct influence on the participants' perception of healthy food. It does, however, influence their self-reported health behaviour, which is a reflection of their perception. A tight budget and lack of time were negative effects of living independently for the participants regarding to eating healthy food. These two factors have great influence on the participants' everyday life, because they do not make a lot of money and have little time for planning healthy meals and cooking. Their life situation presses them to give low priority to buying meat, but they manage to turn this situation into something positive, by substituting it with a lot of vegetables, which are both healthy and cheap. Planning seems to be a solution to some of the participants, who told us that they try to use planning as a safety net for avoiding buying unhealthy food, and thereby cook healthy meals. This behaviour shows that the participants perceive healthy food as both expensive and cheap, as some foods, vegetables, are bought because they are cheaper than meat and some are not bought because they are too expensive. The fact that the participants need to plan and find time an issue to be able to cook healthy food also indicates that healthy food is cumbersome and time consuming to them.

Finally, the participants are now in a situation where they have to make all of the decisions regarding food themselves, for instance what to purchase, how and when to cook and what is appropriate and right to eat. This makes them set up unwritten rules for themselves, in an attempt to control what they eat. These rules influence the participants' everyday life along with the three factors mentioned above, which all together influence their perception of healthy food.

5.5. The Participants' Relationship with the Presented Actors

This section focuses on the perception of the selected actors, according to the participants from both the focus group interviews and the questionnaire. The section is primarily based on the statements made in exercise 2 in the focus group interviews, rating five actors according to likelihood of seeking information and trustworthiness. The analysis also includes the ratings from the questionnaire.

5.5.1. Family and Friends

In all four focus group interviews, Family and Friends were identified as one of the most likely ways to gather information about healthy food (Figure 8). This was also the case in the responses from the questionnaire as illustrated in Figure 9. Here 77% rated *Family and Friends* in the top 3 and 23% as the number 1 choice with regard to likeliness of finding information about healthy food. The respondents of the questionnaire, however, seemed at bit more reluctant to rate *Family and Friends* all the way to the top, as the majority of 31% rated them as number 3 (App. 5.3.). The focus group participants deliberately sought information from family, friends, fellow students and others in their personal network, to gather new information, make sense of information or validate and confirm information about healthy food from other sources.
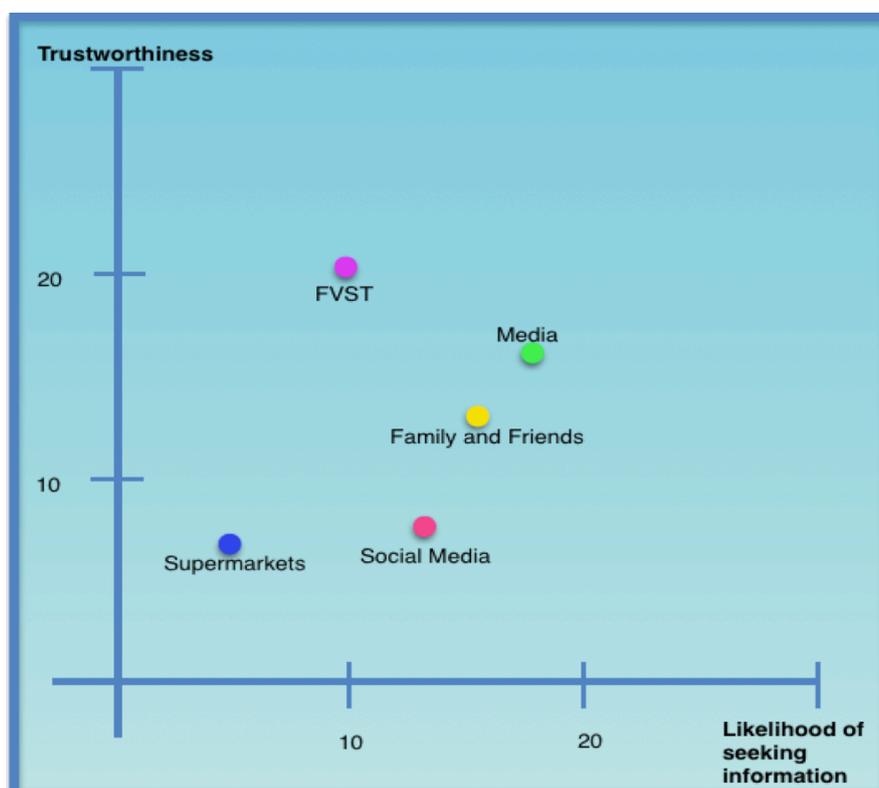

Figure 8: Co-ordinate system based on the perceptions of the presented actors with regard to likelihood and trustworthiness in the focus group interviews
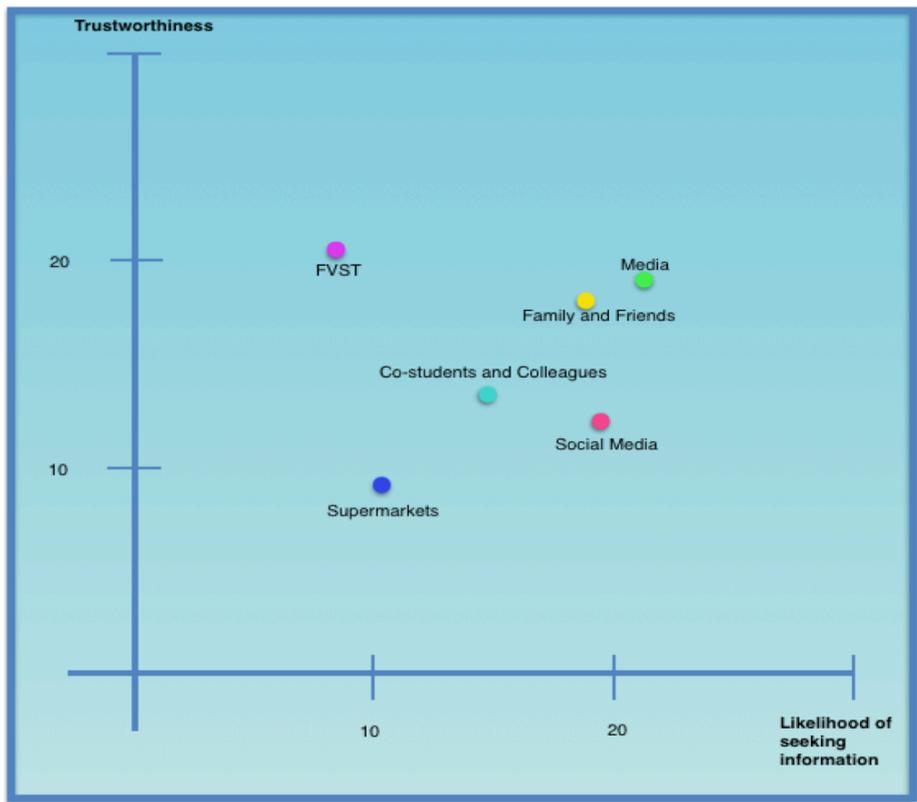
Figure 9: Co-ordinate system based on the perceptions of the presented actors with regard to likelihood and trustworthiness in the questionnaire

The focus group participants believed they had the same perception and taste regarding healthy food as their family, and thereby described them as a relevant source for information. In particular, mothers and siblings were mentioned when describing how they obtained information from their families. The participants explained that they would ask a sibling who had a special interest or education within food or health for advice. When an expert was also a close relation, like family or a friend, the expert would appear more trustworthy, than an expert without relationship with the participants. To use the vocabulary of Sztompka, the personal trust would supplement the trust in a specific role (Sztompka, 2003, pp. 48-54). The most trusted information is thus information that is legitimised through personal relations combined with expert knowledge. Additionally, friends and fellow students were described as a good source of information about healthy food, because they were seen as peers who were in the same situation, had a similar daily life and experienced the same challenges as the participants themselves:

I think, especially in the recent years after you have moved away from your parents, it is mostly the friends too, you know, where you sort of talk a bit about, because they are pretty much in the same situation. Especially the ones from school. You know that have roughly the same everyday life and the same resource as yourself and therefore it is often their advice I try to follow. – FG2.P7, App. 9, p. 4

Because I also get to wonder that I think that a quality of friends and family is that they have good intentions and they know you and so, they probably want the best for you. And that is trustworthy.
– FG3.P9, App. 10, p. 8

The participants valued lived experience and getting knowledge and advice from somebody who based it on their own experiences. One of the participants described how she thought specific health advice she got from a friend who tried it herself, would possibly also work for her as well. Likewise, another participant explained how she was not used to making salads for her meals, but after some guidance from a friend, about how easy and fast it was, she had started making salads. Moreover, *Family and Friends* were identified as a valued actor, because it is possible to discuss and ask elaborating questions in relation to their knowledge and perception of healthy food. Several studies support the indication that young people are likely to seek information and guidance about food and healthy food in their personal network, as illustrated in this thesis (Franciscy, 2004; Blichfeldt & Gram, 2014; Gram et al., 2015).

Even though social relations were identified as a preferred method to seek information, several of the participants added that not everybody in their personal network had knowledge about healthy food. Therefore, they would only seek information among those they expected to have knowledge within the subject, because they would be more trustworthy. In the questionnaire 66% rated *Family and Friends* in top 3, but only 15% as the number one according to trustworthiness. The majority of 29% rated them at number 3 (App. 6.3.). This could be a reflection of what the focus group participants perceived as missing knowledge of *Family and Friends*.

The perceived good intention behind advice from *Family and Friends* made them more trustworthy. As seen in the quotation above, *Family and Friends* were

thought to have the best intentions and were therefore perceived as some of the most trustworthy actors. This was illustrated in both co-ordinate systems where *Family and Friends* were rated high in trustworthiness (Figure 8 and 9), seemingly higher in the questionnaire than in the focus groups.

The trust towards *Family and Friends* was a clear example of interpersonal trust. The participants trust their family and friends because they know them personally. They were used as primary targets of trust when the participants placed their trust directly in them (Sztompka, 2003, p. 41). *Family and Friends* also helped validate information from other sources and thus acted as secondary targets of trust (Sztompka, 2003, p. 46).

Several of the focus group participants mentioned fellow students as a likely source of information and they also seem to find them trustworthy. The actor; *Fellow students and colleagues* in the questionnaire seemed to somehow mimic the ratings of *Family and Friends*, as the ratings were centred around the middle ratings with 31% rating them as number 4 according to trustworthiness (App. 6.4). This could indicate that the respondents of the questionnaire linked the two sets of actor, which is not surprising as they would both be a part of the social sphere of the respondents. However, the trustworthiness of *Family and Friends* is considerably larger than that of the *Fellow students and Colleagues*.

5.5.2. Media

In the focus group interviews, *The Media* was referred to as being the Internet, Newspapers, TV and Radio, although the participants almost exclusively discussed their use of the Internet as a source of information about healthy food. All of the participants seemed to agree that the Internet was a source of information about healthy food that they regularly use in their everyday lives. Especially the search engine Google appeared to be an everyday tool for the participants:

> *The Internet and then I "Google" things.* - FG1.P4, App. 8, p. 5

> *I would probably "Google" it as the first thing.* - FG3.P10, App. 10, p. 5

This tendency of using google as an everyday tool for finding information is also evident in Povlsen (2016, pp. 141-42). The enormous amount and non-stop availability of information on the Internet, could be the reason why the participants ranked *Media* in the top 3 of sources they most likely would seek information from, in all of the interviews and in the questionnaire (Figure 8 and 9). 79% of the questionnaire respondents rated *Media* in the top 3 in relation to where they would most likely search information about healthy food and 42% ranked *Media* as the number one source (App. 5.1). They were clearly the most preferred actor to seek information from, which corresponds very well to what the focus groups discussed.

However, all the focus group participants thought that it was important to be critical when searching the Internet for information, which means that they do not just browse the Internet, but actually consider what information they get. This critical use of the internet, especially Google, is also described by Povlsen (2016, p. 141-45). Some of the most essential problems regarding health information from the Internet were discussed in the focus groups. These discussions mostly revolved around the fact that it can be very difficult to figure out what to trust and what not to trust, what is true or false, and what is supported by science or not. These are some of the examples that the participants discussed:

> *Well, you often see at DR [web page] that they distort scientific articles, where you think; "what is going on her".* FG4.P14, App. 11, p. 7

> *You have to be critical (…) I think my problem is that I do not know enough about what happens in my body when I get all those E-numbers, and stuff like that (…) So I have no possibility of assessing what they, you know, to distinguish them* [Media]*. It is difficult to be critical when you cannot check whether they are right or wrong.* - FG3.P9, App. 10, p. 5

The focus group participants did not seem to have problems finding information about what healthy food is, but what they could trust. This seemed to be a recurring problem regarding finding information about healthy food. It seemed to be very confusing when the participants, in their own opinion, were constantly met by contradicting statements from various experts, whether they were self-

proclaimed or professionally supported. Even though the participants perceived some Internet sources as more trustworthy than others they did not specify which sources they trusted and which they mistrusted. Hereby, access to the Internet especially seemed to influence the participants' perceptions about healthy food. Therefore, the Internet could be a channel for reaching this target group with health information, but it is important to ensure that the information is transparent. Thus, the target group would be able to see who sends out the message. If the target group knows who is responsible, they may have better access to the intentions behind actions and information, and be more inclined to find an actor trustworthy (Meijboom, Visak & Brom, 2006, p. 433). This uncertainty does not really show in the results from the questionnaire. Here the *Media* was rated high in relation to trustworthiness, even higher than *Family and Friends*. Even though "only" 22% rated the *Media* as number 1, it was rated in the top 3 by 69%. This indicates a strong trust in the *Media* as a provider of information about healthy food.

5.5.3. Social Media

The actor *Social Media,* which refers to Facebook, Instagram, Bloggers etc., was discussed by the participants much in the same manner as the *Media* above. It was considered easily accessible and containing a wide amount of information. However, it was not ranked as high as the *Media* on either likelihood or trustworthiness (Figure 8), which was a widely discussed issue in the focus group interviews. Most of the participants ranked *Media* higher than *Social Media* in relation to trustworthiness, because they thought the information on *Social Media* was much more subjective compared to information on the *Media*. This was despite the fact that some participants perceived sources like Facebook and Instagram as more transparent, because they could see who is behind the concerned account, which they felt increased the trustworthiness. This is an example of what Sztompka (2003) calls virtual personal trust. The participants have the feeling that they know e.g. a specific blogger and thus personal trust can be evoked (Sztompka, 2003, p. 42). The focus group participants highlighted how it was easier for them to trust someone on the social media, because they felt they had access to background information about the person providing the information. They could relate to these people like friends, even though they

most likely had never met. A blogger who is a dietician could be perceived more trustworthy than a family member or a friend who is not. However, this does not mean that they trust the social media blindly.

This mistrust towards *Social Media* also appeared to be the case for the questionnaire respondents, as they rated *Social Media* fairly low with regard to trustworthiness (Figure 9). Only 5% rated *Social Media* as number 1 and 37% rated *Social Media* in the top 3 (App. 6.2). This seems like a contradiction since, at the same time, the *Social Media* was rated high in relation to likelihood of where to find information with 71% rating it in the top 3 (App. 5.2). The respondents in the questionnaire and the focus group participants did not trust the actor they liked to search information from.

The focus group participants felt that it was difficult to navigate through all the information on social media, which included DIY (do it yourself) videos about cooking on Facebook, fitness accounts on Instagram and healthy-living blogs. Additionally, the participants believed that everyone has the opportunity of creating an account on the social media platforms and write whatever they like, without having to be responsible of what they are posting. The participants were aware of this and seemed to agree that they have to be even more critical when using social media:

> *Everything posted on social media is practically subjective.* - FG1.P3, App. 8, p. 8

> *The searching you do on social media (...) you should do that searching afterwards, an "after-search", on the regular media.* - FG3.P11, App. 10, p. 8

These statements indicate that they felt that they had to double-check the information they found on the social media, because it is more likely that they found subjective information there, compared to the "regular" media, as FG3.P11 phrased it. However, it seemed that many of the participants also saw some qualities in the *Social Media*, that the *Media* do not have. Namely the personal relationships. Especially bloggers and certain Instagram accounts seemed to be assigned these qualities, and mostly according to the female participants:

> *(…) on social media I am able to follow the persons I believe, who due to their background have something reasonable to contribute with.*
> - FG3.P11, App. 10, p. 7

> *(…) On Instagram I follow someone who is a personal trainer and educated, like a dietician. And I believe in what she is writing. - FG2.P8, App. 9, p. 8*

It seemed important to the participants, that the ones they are following and choosing to believe in, regarding healthy food, are people with a relevant education. In that way, they try to single out what they find most trustworthy, based on the bloggers' and Instagrammers' education or background, which indicates that the target group are being critical when using these channels for information. Trust therefore seems essential, when reaching the target group through a social media channel. However, the participants discussing the *Social Media*, which the female participants especially did, did not seem to reach an agreement on whether the *Social Media* were to be trusted or not. Despite this, one participant came with a statement that summarized the discussion:

> *We can find the most trustworthy there (social media), but we can also find the most untrustworthy. - FG3.P9, App. 10, p. 8*

Therefore, it takes a lot of effort for the participants to sort out what is trustworthy and what is not on the *Social Media*, which probably is why it was ranked lower than the *Media.* Furthermore, some participants mentioned that they mostly use Facebook or Instagram for inspiration and not as a database for searching information. Another participant mentioned that all these DIY videos just pop-up on her feed, without her actively searching for them, so she gets influenced or inspired without even wanting to. This would probably also be the case for many of the other participants. They are influenced, but they are not aware of it, as they do not actively search the information.

5.5.4. Supermarkets

The perception of supermarkets as a likely place for finding information or knowledge about healthy food, was not recognised by the participants in any of the focus group interviews. *Supermarkets* were not mentioned before the facilitator introduced them and the participants ranked them as low as possible both with regard to trustworthiness and likelihood of finding information

(Figure 8). This was also the case for the respondents of the questionnaire (Figure 9), where only 14% rated *Supermarkets* in the top 3 in relation to likelihood of finding information about healthy food. With regard to trustworthiness, 16% rated *Supermarkets* in the top 3 with 0% (2 participants) rating *Supermarkets* as the most trustworthy (App. 6.5). The focus group participants almost seemed surprised to be confronted with the possibility of getting knowledge about healthy food from *Supermarkets*:

> *But I do not know where to go in a supermarket. You know if you should go to an employee and say 'Hi'. Because they are like. I do not know. They are these young people.* – FG2.P8, App. 9, p. 6

> *It would not immediately be there, if I one day was thinking; "Today I want to be wiser, so I will just go down to Meny".* – FG4.P15, App. 11, p. 8

The participants tried to set up the scenario of going to a supermarket with the intention to ask about healthy food, and seemed to be unable to imagine exactly what would happen if they did so. The possibility had never occurred to them, which was the exact same situation in all of the four focus groups. None of them seemed to recognise *Supermarkets* as a valid information source. It seemed absurd to them. The fact that *Supermarkets* did not occur as a relevant source for the participants, was further illustrated through jokes about how untrustworthy they were:

> *They [Supermarkets] should not be included (laughing).* – FG2.P7, App. 9, p. 7

> *You can just take them [Supermarkets] away, I would say (everybody laughs).*
> – FG2.P6, App. 9, p. 7

The trustworthiness of *Supermarkets*, with regard to healthy food was so low that, according to the participants, they could almost be removed entirely from the exercise. The phrases "down by the *Supermarkets*" or "above the *Supermarkets*" were used several times and indicated a use of the *Supermarkets* as a guiding extremity to place the other actors. *Supermarkets* were used as a sort of amplifier for explaining the position of the other actors. This means that *Supermarkets* fail to establish themselves as trustworthy towards the participants with regard to healthy food knowledge. The focus group

participants explained this by *Supermarkets* probably having certain motives behind their actions (selling). This mistrust towards *Supermarkets* was failed institutional or systemic trust. The trust (or mistrust) was institutional, if *Supermarkets* were perceived as individual organisations. It was systemic if *Supermarkets* were perceived as the retail sector, and thus the system that provides food products to the consumers. According to the participants, supermarkets do not at all have the well-being of their customers as their priority. An example of the distrust towards *Supermarkets* is illustrated below:

> *They just want to sell their products, they can say anything, then there is just really much sugar in.* – FG3.P11, App. 10, p. 6

The participants were fundamentally suspicious of anything the *Supermarkets* claim. The quoted participant above actually claimed that she does not expect *Supermarkets* to be honest with her. She almost expected them to lie. This could be interpreted as anticipatory (mis)trust as the participants expect *Supermarkets* keep behaving in the same way. The motive of making money means that the participants could trust them not to provide them with truthful information. Even though, most of the participants were very negatively disposed towards *Supermarkets*, it was shortly mentioned that the participants actually had noticed some supermarkets sometimes providing information about healthy food. For example through recipes, advertisements and the supermarkets' own magazines (e.g. Samvirke). But the thought that the supermarkets only want to sell devalues this advice and information about healthy food. Interestingly, some of the participants seemed to acknowledge that some supermarkets may have employees who are knowledgeable about specific commodities like vegetables and fruit or meat, but not about how to combine them into healthy food. These people seem to have the trust of the participants due to their knowledge about the commodities. This is an expression of role trust. The participants trust the role of e.g. the butcher in the supermarket to possess knowledge about meat and thus be trustworthy with regard to providing information about this specific area (Sztompka, 2003, p. 43). This suggests that it is possible to create trust in this context. That *Supermarkets* should have a responsibility to communicate healthy food or help their customers in this regard, was only mentioned once in FG1. The

participants were in general not disposed to believe in anything supermarkets tell them. They were only perceived as an outlet for commodities.

5.5.5. Danish Veterinary and Food Administration
FVST was by the focus group participants, clearly rated as the most trustworthy actor (Figure 8). This was also the case in the questionnaire (Figure 9) where 55% rated *FVST* as the most trustworthy of the actors and 75% rated *FVST* in the top 3 (App. 6.6.). This reflected a very unanimous perception of the trustworthiness of *FVST*. In some of the focus groups the discussions about the trustworthiness of *FVST* were almost non-existent: they agreed right away that they should be placed at the top. In other groups there was a small discussion about the health perception of *FVST* in general, though it did not seem like any of the participants wanted to question the general trustworthiness of *FVST*.

FVST could function both as a primary target of trust, as they provide direct information, but also as a secondary target of trust. *FVST* can help validate other sources of information e.g. in working with other organisations or referring to other sources of information (Sztompka, 2003, p. 46-47). One of the arguments for *FVST* being associated with high trustworthiness, was that the organisation included experts within the area of healthy food, they relate the trustworthiness of the organisation to the people in it:

> *FG3P10: Well, I would say Danish Veterinary and Food Administration at the top.*
> *FG3P12: I think I would do that too.*
> *FG3P10: They would probably be the most trustworthy.*
> *FG3P11: At least, there are more to think the same. – FG3, App. 10, p. 7*

In this part of a discussion, *FVST* was deemed most trustworthy. According to FG3.P11 *FVST* is supported by many people, which makes them more trustworthy. This also reflects a perception that the institution consists of many individuals, which they trust because of their knowledge and roles as experts. This is an example of both trust in social roles, an expression of trust in general as a matter of trust in people, and an expression of trust in a specific institution (Sztompka, 2003, pp. 42-46).

In relation, some of the participants discussed the potential trust issue if they had to choose between an expert without relation to a public institution and *FVST*. If they did not know the expert personally, they would trust *FVST* the most.

This indicates three things: Firstly that *FVST* enjoys high trustworthiness as already stated, secondly that the trustworthiness is also high when compared to other experts. Lastly, personal trust is apparently a very important factor in discussing healthy food, so much so that personal trust and role trust combined, can be greater than the institutional trust and systemic trust invested in *FVST*. When the personal trust is removed from the equation, an official expert is more trustworthy. This is a factor also mentioned by Sørensen et al. (2013, p. 43) where *FVST* is assessed as more credible than other experts. However, this does not mean that people actually live by the recommendations set by *FVST*, but rather whether recommendations fit their personal opinions about healthy food (Sørensen et al., 2013, p. 43). This seems to be somewhat similar to what the participants of this thesis tend to do, as they do not perceive *FVST* as a relevant source of information. Another part of the trustworthiness of *FVST* relies in the understanding that they are not allowed to lie:

> *FG4.P14: But trustworthy, that is. Media cannot be trustworthy, where I think that Danish Veterinary and Food Administration, there is something, they have to, like.*
> *FG4.P15: They cannot lie, Danish Veterinary and Food Administration*
> *– FG4. App. 11, p. 9*

The participants strongly assumed that *FVST* would not lie, which was in contrast to the perception of other actors like *Media* and *Supermarkets* who were expected to have a hidden agenda. For example, they almost expected the *Media* to lie, but they could not imagine that *FVST* would do so. The fact that *FVST* cannot lie is a testament to the expected responsibility of *FVST* and distinguishes the trust as anticipatory, as the participants expect *FVST* to act accordingly every time. The participants expect the institution to behave in a certain way and take their responsibility seriously by telling the truth. This is a minimum for *FVST* to do, to remain trustworthy. However, as the participants clearly rate *FVST* as highly trustworthy, the participants must be aware of the intentions and values of *FVST* (Meijboom, Visak & Brom, 2006, p. 433-34). The participants trusted that *FVST* will live up to the expectations that they provide correct and trustworthy information. If *FVST* did lie, it would be a great disappointment to the participants and erode the trust they have in this public institution (Levinsen,

2007, p. 70). By placing trust in *FVST*, the participants also reduced the complexity of the question of what healthy food is. If they trust *FVST*, they do not need to constantly consider whether *FVST* are right or wrong (Levinsen, 2007, p. 70).

The participants in the focus groups agreed that no matter what, you need to be reflective and consider where you get your information from. Their trust is not mindless and unconsidered. This could indicate that they have been misled or lied to before regarding healthy food, which some of them also expressed themselves. There are too many sources of information about healthy food and *FVST* is only one of them. But they do seem to be more willing to trust *FVST* and be less speculative about information from this actor.

None of the participants could imagine seeking information directly from *FVST*, but some seemed to be aware that they unconsciously receive information from *FVST* through other sources. The reaction of viewing *FVST* as a realistic source of information about healthy food, was similar to the one for *Supermarkets*. It almost seemed absurd to the participants. Instead the participants sought information through *Media*, and through this source they perhaps ended up at the webpage of *FVST*. However, they would never seek information there consciously.

The participants seemed to perceive *FVST* as a constant that is supposed to be there, but otherwise they had limited knowledge of or interest in *FVST*:

> *Because Danish Veterinary and Food Administration, that is just a thing that exists to me.* – FG1.P4, App. 8, p. 7

By stating that *FVST* is something that just exists, this participant acknowledge them, but at the same time illustrates that they do not hold much relevance for him in his everyday life. The information *FVST* provides is not truly accessible to the participants as the participants do not perceive *FVST* as a part of their daily lives. The information FVST provides is also inconvenient as the participants actively need to seek it out. This reluctance to accept *FVST* as a relevant source for information about healthy food was also evident in the questionnaire

responses. Here only 21% rated *FVST* in the top 3 with regard to likelihood of finding information, but a staggering 54% put them in the lowest possible position (App. 5.6.).

An interesting aspect of the participants' relation to *FVST*, both in the focus groups and in the questionnaire, was that they seemed to neglect the idea of healthy food as safe food. The theme is not really discussed with more than a few commentaries from the focus group participants on how *FVST* controls food safety and hygiene and how healthy food is also related to the absence of additives. This is surprising, as some studies indicate that food safety is an important factor in relation to healthy food (Sun, 2008, p. 45; Bisogni, 2012, p. 289). This could be explained by the participants' age, they are simply too young to remember food safety concerns like BSE and Salmonella. It seems that illness directly linked to food is not a concern to the target group. They simply trust the manufacturers and the structures around food production in Denmark so much, that they do not need to consider if the food is safe to eat or not. This is an example of reduction of complexity that Sztompka refers to, as well as a strong systemic trust (Sztompka, 2003, pp. 41-46). The participants trust the system to take care of potential food safety risks. This system consists of laws, institutions, and organisations as they refer to *FVST* and *Supermarkets* as having some sort of responsibility, which also makes this kind of trust institutional (Sztompka, 2003, p.43). Their expectations as to what exactly the institutions and systems of food safety should do is not revealed, but they clearly reduce the considerations the participants need to make in relation to healthy food.

5.6. Sum Up

Personal contact and relationships were valued very high by the investigated target group when seeking information about healthy food. *Family and Friends* were perceived as knowledgeable and trustworthy sources, because they had no hidden agendas and only had the best intentions. Likewise, friends and fellow students were often viewed as peers in the same situation as one self and experienced some of the same challenges as the participants. In common for these actors was that they were non-commercial in their intentions.

Media and especially the Internet was a source for information about healthy food the target group regularly used. Furthermore, *Social Media* was perceived as a more personal and subjective source for information, which meant that it was more suitable for seeking inspiration than information about healthy food. The abundance of information from *Social Media* and *Media* in general, seemed to be the root of a general mistrust or critical attitude towards information about healthy food. The participants found themselves in a position, where they had no trouble finding information about health, but how to make sense of all the information and establish who to trust. *Supermarkets* were associated with clear distrust and confusion on how to gain information about healthy food from them. Finally, *FVST* was perceived as a highly trustworthy source for information about healthy food, but at the same time not a source the participants would use.

In general there was a similar tendency of how the participants rated the different actors, both in the interviews and questionnaire, in relation to likelihood of finding information as well as trustworthiness.

Even though, the participants found it difficult to navigate between all the available sources of information, they showed a critical and highly reflective view on where and from whom they can obtain reliable knowledge about healthy food. Moreover, there was a tendency that the sources the participants likely sought information from, were the ones they found least trustworthy. Additionally, the source they found most trustworthy was the one they were least likely to seek information from.

6. Discussion

This section will discuss the main findings from the analysis and is therefore based on the sum up sections from the analysis. It should be noted that the section regarding transition also relates to the participants' behaviour, as in their articulation of healthy food they related to their own behaviour.

6.1. The Complexity of Healthy Food Perceptions

The different aspects of the analysis illustrate how the participants' perception of healthy food is influenced. However, it seems to be the combination of all these factors that creates the final perception, and therefore it makes most sense to look at the factors combined and not isolated. Dividing the factors, as was done in the analysis, gives an understanding of why a single factor has an influence on the target group, but it does not describe the complexity of the total perception of healthy food. Here the HBM helps to understand the connection between these factors influencing perception, and how they affect individual perceptions, which finally lead to an action. As the HBM suggests, these modifying factors all influence the participants and one factor cannot be isolated as the factor with the negative influence and then be eliminated (Champion & Skinner, 2008, pp. 47-48). The combination of these factors, like a restricted budget or life situation, lead to the constructions of the HBM (Section 2.3.2.). The perceived benefits and barriers seem especially relevant in relation to the participants of this thesis. As described in the analysis, the transition phase affects the participants' health practices, however not their perception of healthy food. They have a clear understanding of what healthy food is, which to a high degree corresponds to the official guidelines, as previously mentioned. Therefore, they know which food products are healthy to eat, and in particular the short term risks, connected to not eating healthily. This indicates that they are aware of the benefits of eating healthy food, but the perceived barriers challenge them to actually do so. The perceived barriers can in this case be seen as the transition phase, with many of the modifying factors challenging the young participants in eating healthily. The HBM can thereby help understand why the participants act as they do regarding healthy eating.

The individual beliefs have an influence on the participants' actions and determine whether the individual participant chooses to act or not. The participants seem not to pay attention to the long-term consequences of their health behaviour, but to a high degree the short-term consequences, which then affect their health behaviour in their current life situation.

6.2. Relevance of Information

The fact that the participants' perceptions of healthy food were in accordance with the official dietary guidelines, could indicate that *FVST's* campaigns and other actions have actually had an effect on the target group. However, this may also be due to an increased focus on healthy food in the media (Povlsen, 2016, pp. 133-134). From 2007 to 2016 the number of articles containing the word *food* in the written Danish media have risen with 149,5% according to a search on Infomedia (Infomedia, 2017). Additionally, the fact that the participants would not seek information concisely and directly through *FVST*, can also indicate that there is an important aspect of convenience and accessibility connected to searching for information about healthy food. *Media*, *Social Media* and *Family and Friends* are more accessible and convenient to the participants compared to *FVST*. Another explanation to why the participants do not seek information from *FVST* could simply be that *FVST* do not focus on this particular target group. From *FVST's* point of view, it is to difficult to reach these young people, which is why the communication from *FVST* is not directed at them (Lund & Grønlund, 2017).

Furthermore, it does not seem that the participants are affected by food trends. As they primarily associate healthy food with the official dietary guidelines and not trends like gluten free food product, Paleo, LCHF (low carb high fat) etc.

Another actor the participants found it hard relating to with regard to healthy food was *Supermarkets.* They found it very hard to imagine how they could gain knowledge about healthy food from this actor. Perhaps the participants do not perceive *Supermarkets* as a possible source of information about healthy food, because they do not shop in supermarkets where there is knowledge about healthy food available. This can be linked to their limited budget and which

supermarkets they can afford to shop in. The example the participants used was Netto as opposed to SuperBrugsen.

The participants' perception of *Social Media* was not only described as a source of information about healthy food, but especially a source of inspiration. This could be related to the very visual expressions that are possible on social media platforms e.g. DIY videos on Facebook, pictures on Instagram, or mood-boards on Pinterest. For this reason, it can be discussed whether the optimal communication about healthy food to young Danes contains a combination of information and inspiration. Inspiration is perceived as the practical suggestions on how to cook food, where information appear to be more related to what you need to eat in general. The participants focus on short-term effects like satiety and energy intake, which create a need for practical and specific inspiration. On the other hand, they also want the information they believe is correct, which results in them feeling the need to filter the information they find before trusting it, by somehow verifying it through other sources and then determining whether it is trustworthy or not. This could provide an explanation for why they cannot relate to *FVST*, as they primarily provide information, but also explains why they use the *Social Media* even though they rate it as untrustworthy. Another factor that could influence the way the participants seek information, is that they do not seem to believe they are at any risk right now. This is in line with the HBM (Figure 2), which states that a threat needs to be perceived before an action will take place. Therefore they do not actively seek information, but rather want inspiration.

6.3. Living Independently - Does it have an Effect?

The fact that the participants have a tight budget has both a negative and a positive impact on their health behaviour. On one hand, they are restricted from buying a varied selection of food products, organic products, meat, fish etc., because these products are expensive. On the other hand, they state that they often buy a lot of vegetables because they are cheaper to buy in large amounts and easy to cook, especially when frozen. The tight budget pushes the

participants towards healthier behaviour, and is seen by the participants as a possibility as much as a restriction.

Based on the findings from this thesis the transition phase has an influence on the participants' health behaviour, because it affects their practices in their everyday lives and is a phase where the participants have to be independent in their food choices, purchasing and cooking. A question that arises is whether the participants would change their, in their opinion, healthy food shopping habits, if they had a larger budget, and therefore would not need to worry about what they can afford. A larger budget might lead to an increase in the purchase of more unhealthy products like convenience products, take away food etc., which are more expensive products than e.g. raw vegetables, but easier to prepare. A larger budget could however also give the opportunity to buy perceived healthy, but expensive products like organic food or more fish. Another possibility is that the participants maintain their behaviour of using many vegetables simply because they like it and find it easier to manage.

Furthermore, the participants stated that they feel that they have little time for cooking in their everyday life, which also influences their health behaviour. When they have little time for cooking, concern about the healthiness of the food is not a priority compared to easy and time-saving cooking. However, here the low economic situation again has an impact, by pushing them towards buying more vegetables.

As mentioned earlier, studies indicate that life circumstances impact perceptions of healthy food, and change especially when becoming parents (Bisogni et al., 2012, p. 287). Therefore, it can be argued that this target group is not that important to reach, because within a few years they will probably not be in this life situation anymore. However, studies also point to that the health beliefs and habits established in early adulthood are long lasting (Sun, 2008, p. 43). In addition, overweight among Danes in the age age group following the target group, are very common (Christensen et al. 2012).

6.4. Challenges of Trustworthiness

Mistrust and Trust

The participants did not trust the *Supermarkets*, because they were suspected of having an ulterior motive to sell. According to Meijboom, Visak & Brom (2006), the issue was related to how the values of the corporation were perceived. The *Supermarkets* as a group of organisations, were not perceived by the participants as having values directed at promoting healthy eating. This was in contrast to how the *Supermarkets* see themselves. In a report from FDB (Roland & Preisler, 2010), at least COOP believe they have an obligation to promote healthy eating and healthy lifestyles. According to the report, the government and different experts in the field actually urge the organisations handling sales of food, to help promote healthy food and make them more visible and attainable (Roland & Preisler, 2010, p. 72). The actors in the food sales sector actually do take a lot of different initiatives, according to themselves, and seem to have values connected to the promotion of healthy eating (Section 4.4.). However, these values are not detected by the participants and might be the reason why *Supermarkets* are not perceived as trustworthy. Additionally, this could be related to the fact that the participants are not the main target group of these values. Another explanation could be that the participants do not expect *Supermarkets* to have a responsibility to provide truthful information about healthy food, due to their status as commercial organisations.

An organisation can have both a commercial intent and be trustworthy, but they need to show that they are willing to take responsibility and to let the consumers know they believe they *have* this responsibility (Meijboom, Visak & Brom, 2006, p. 435). The expectation from the participants did not include that *Supermarkets* would have a responsibility towards promoting healthy food, for other reasons than to sell, which made it difficult for them to separate true and false knowledge. The participants' expectations included that *Supermarkets* would lie to them, because that is what *Supermarkets* do, according to the participants. This expectation towards the responsibility of the supermarkets, is what makes trustworthiness hard to achieve for the *Supermarkets* as a group.

Media and *Social Media* were also associated by the participants with some level of mistrust. This may be because they, like *Supermarkets*, have a hidden agenda.

Here, however, the currency is not an increased sale and money, but "likes" or "clicks".

The fact that the actors *Media*, *Social Media* and *Supermarkets* were referred to in general affected the participants' possibility to explain their trust in them as anything else than systemic trust or in some cases organisational trust. More specific examples, e.g. Netto vs. SuperBrugsen, would have made it easier for them to explain why or why not they trusted an actor. The trust they applied may have been different if they had had the chance to apply it directly to a specific actor.

Transparency and Trust

The fact that you are able to see who the sender of a message is, makes it a more reliable source, according to the participants. On the other hand, information from a combination of senders e.g. *FVST* in co-operation with other actors could make it seem more relevant and close to the participants, even though it becomes more unclear who is responsible. The participants of the focus group interviews seemed to be only slightly conscious of where the information they already had come from. At the same time they found some actors very trustworthy. This was in particular true for *FVST*, which succeeded in showing what values they had and communicated that they are willing to take responsibility (Meijboom, Visak & Brom, 2006, p. 433). According to the participants, the problem for *FVST* was that they failed to establish transparency in relation to what they are doing. The participants believed that *FVST* had some sort of responsibility, but seemed unclear as to how this affects them directly. In fact, they seemed to have trouble distinguishing different public institutions, with regard to health and what areas they manage. The transparency of the actions and intentions of the actors influence how trustworthy they appear to the participants.
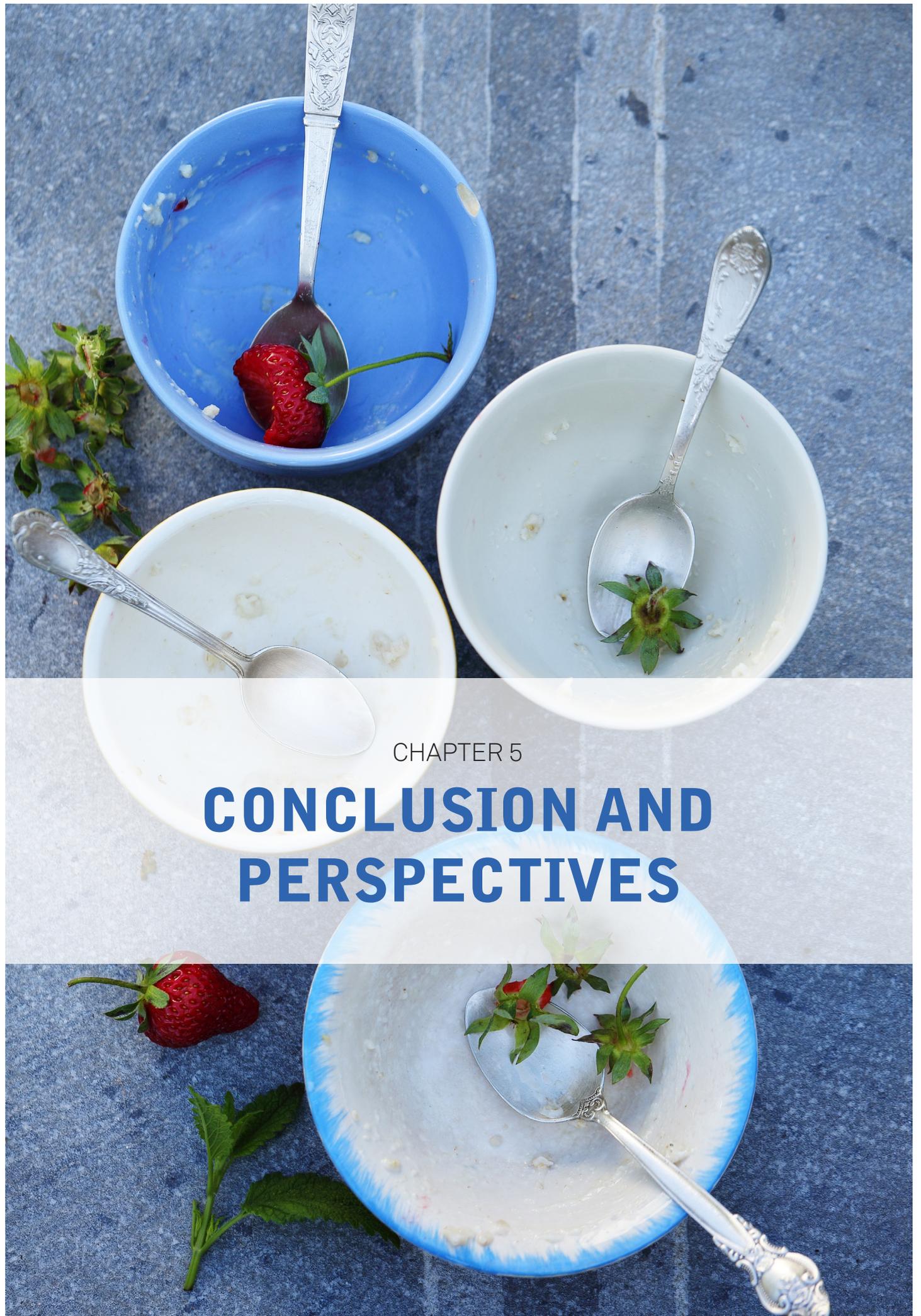
CONCLUSION AND PERSPECTIVES

7. Conclusion

The following section aims at highlighting the main results of the thesis in relation to the investigated problem formulation.

In conclusion the participants' perception of healthy food is in agreement with the Danish official dietary guidelines, which means that they know what healthy food is. The living situation the participants find themselves in does not directly affect their perception of healthy food, but to a great extent affects their health behaviour. They are very aware of the negative and positive effects connected to the transition phase. The negative effects particularly include a restricted budget, lack of time and routines in their everyday life, and the need for them to make their own decisions in relation to food choices. The positive effects of the transition phase are the tendency to eat more healthily, due to their restricted budget. The problem at hand is not a lack of knowledge as the participants are critical and reflected about the information accessible to them. Instead the issue for the participants is to navigate in the extensive amount of information they are presented with.

Even though the participants can reflect on the information, they are primarily focusing on short term risks, which creates a need for filtering the information through different trust-relationships. The participants also differentiate between information and inspiration in relation to where they most likely find knowledge about healthy food.

The actor *Family and Friends* was highly rated as a likely and trustworthy source of information about healthy food, due to personal trust and their perceived good intentions. Likewise, *Media* was highly valued within both parameters. The participants mostly understand the Internet as the sum of Media, which lead to discussions about the difficulties in establishing trust towards the senders of information on the Internet. *Social Media* was in general rated lower than Media on both parameters, but fairly high with regard to the likelihood of finding information. The participants primarily use the social media to find inspiration, not information. *Supermarkets* held the lowest rating on both parameters, thus appearing neither trustworthy or likely to provide relevant information about

healthy food. The main obstacles are the perceived intent only to be interested in selling and that the participants do not expect the Supermarkets to have a responsibility for providing truthful information about healthy food. *FVST* was rated at the top with regard to trustworthiness, but at the bottom with regard to the likelihood of providing information. The information *FVST* provides is neither convenient nor accessible to the participants, which means they do not find it relevant as a source.

Personal trust especially is very important to the participants for them to find information from an actor. The actors they relate to with personal trust are also the ones they most likely would seek information from. The combination of different types of trust appears in many cases more effective than only one type. In this relation, the actors the participants trust are in general not the ones they are most likely to seek information from. The trustworthiness of the actors is not enough to ensure that they are used as a likely source for information.

8. Perspectives

In this section the acquired experiences and results from the thesis will be put in relation to how it can be used in practice. Additionally, ideas for further investigation will be elaborated on.

Investigating Grounds for a Communication Guide

In future investigations, the findings from this thesis could be basis for a guide to what the individual actors should pay attention to, when communicating to the investigated target group. Particularly the findings regarding the target group's perception of the individual actors' level of trustworthiness and how likely they would be to seek information about healthy food from this actor, could form the basis of this guide. In addition, an analysis of the individual actors' current communication should be performed in order to identify which parts can be optimized and which parts they should maintain with regard to communicating with this target group of young adult Danes. A further investigation in this area would require a focus on specific actors, both with regard to the participants' perceptions of the actors and an analysis of the communication of the actors. Further investigation into this area, would be interesting particularly in relation to using the findings in actual communication with the target group about healthy food. Here the differences between inspiration and information would also have to be further elaborated on and investigated, as the terms seem to be linked to the likelihood of seeking information and in some cases the types of trust.

Methodological Perspectives

This thesis ascertains that young adult Danes can provide a reflected and judicious answer when asked 'What is healthy food?'. However, it does not investigate whether these young people translate their knowledge about healthy food into actions and if they actually eat healthily. For further research, it would be interesting to investigate this target group from a practical theoretical approach. In this way the connection between routines and actions should be illuminated on a micro sociological level (Andersen, 2015b, p. 128), and could lead to a comparison of the perception of healthy food with the actual intake. A

possible way to do so, could be to combine the focus group interviews with observations of the target group in their everyday lives. Observations of the target group in a shopping situation or while cooking and eating, together with the findings from this thesis could provide a broader understanding of the young adult Danes' relationship with healthy food.

With regard to further investigation, a focus on different sub groups within the overall target group would be of interest, as the participant group of this thesis is very homogeneous. More diversity between the focus groups could help to get an even more nuanced understanding about young adult Danes' perceptions of healthy food. This could be done by dividing the focus groups according to education e.g. vocational education and university students. As Danes with a short education in general have a less healthy lifestyle than highly educated Danes and in general are less interested in eating healthily (Christensen et al., 2012, pp. 178), it would be interesting to look into the perceptions of this group too. In an attempt to highlight the specific perceptions of healthy food among young adult Danes, a comparison between generations could also be beneficial. The healthiness of dietary habits seems to be somewhat stable from the age of 25 to 74 years. After and before these age spans, the tendency to unhealthy dietary habits is greater (Christensen et al., 2012, p. 174). Therefore it would be interesting to investigate how young adult Danes and their older counterparts perceive healthy food. As the availability of food and food culture in general have changed in Denmark in the last 100 years, very differentiated perceptions are probably to be found.

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