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## **LANGUAGE OF EATING PRACTICES IN THE POPULATION: A COMMUNICATION ON THE NEED TO CULTURALLY ADAPT DIETETIC GUIDELINES**

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### **ABSTRACT**

The present paper underlines the relevance of identifying the terms used by members of the public to describe their eating practices. This is illustrated reviewing a series of studies in which examples of prevalent eating practices were self-reported by individuals. The argument is made that there are clear distinctions identified by the language manifested by individuals about different types of eating behaviour. The need is addressed to consider terminology elicited from members of a culture about their eating behaviour in the formulation of dietetic recommendations in order to incorporate the cultural context and enhance the specificity of widespread eating practices that can be carried out to reduce chronic diseases.

Keywords: cultural context; dietary guidelines; eating patterns; self-described behaviour

### **INTRODUCTION**

Recent theories indicate that the language or human ability to accurately label some aspect of daily life is formed from previous experiences (Logan, 2002). Eating is an everyday behaviour and so these experiences determine the terms to describe patterns of food consumption. Furthermore, individuals are immersed in cultures with specific language conventions for food preparations (Booth & Booth, 2011). Thereby, individuals describe their experiences of typical food intake with culturally recognised terms. This paper addresses the identification of such descriptions of eating practices in a culture.

Eating is an everyday health behaviour. Currently, the habitual diet of the population has contributed to the epidemic of diseases such as obesity, diabetes and cardiovascular disease (Shamah-Levy et al., 2020). Such public health problem coincides with the transition from a traditional diet to the consumption of processed foods characterised by high content in fat, sugar and salt (Popkin, Adair y Ng, 2012; Satia, 2010). To reduce the prevalence of chronic diseases related to unhealthy diets, governments have formulated dietetic recommendations for the general population (Mozaffarian & Ludwig, 2010).

The wordings used to describe the dietetic recommendations would determine the eating practices that those terms represent and that people may intent to follow (Brown-Kramer, Kiviniemi & Winseman, 2009). Therefore, it is essential that dietary guidelines are formulated with a knowledge base about the descriptions that the population gives to their eating practices (Booth, Blair, Lewis & Baek, 2004; Booth & Booth, 2011). Imprecision in the terms with which the dietetic recommendations are described may limit people from following them (Myers, 2010). Although healthy eating messages have been a main strategy to improve the people's diet, the prevalence of chronic diseases continues to increase (Sanabria, 2016; Shamah-Levy et al., 2020). Tailoring culturally the dietetic recommendations could help get the message across to enhance food consumption among members of the public.

Because of the nutritional transition (Popkin, Adair y Ng, 2012; Satia, 2010) and the surge of dietary recommendations with health notions (Mozaffarian & Ludwig, 2010), the language related to food intake practices has been possibly extended. The present work reviews former investigations that have identified such particular patterns of eating in the population following an approach based on self-reported memories of eating episodes.

## **APPLIED APPROACH**

To identify eating patterns, an applied cognitive method is to ask in open-ended questions to individuals from a particular locality examples of an episode that they recently carried out of a sort of eating practice (i.e. Laguna-Camacho & Booth, 2015), and for which the used terms would relate to their experience with foods in their ordinary life (Logan, 2002). From the salient words in these reported examples, categories of food preparations are formed based on verbal or culinary similarity. This simple approach makes clear distinction between descriptions of the different sorts of surveyed eating practices. In recent investigations among the Mexican population, representative descriptions have been identified for specific patterns of eating elicited by the terms “homemade meals”, “unhealthy meals” and “healthy meals” (Table 1; Laguna-Camacho, under review; Laguna-Camacho & Hardcastle, 2018; Laguna-Camacho et al., 2018; Laguna-Camacho & Serrano-Plata, under review; Serrano-Plata, 2019). The identified categories of food preparations for each of these eating practices are described below along with a critical appraisal of the potential role that these descriptions have for addressing the habitual diet of the population.

### ***Homemade meals***

The traditional Mexican diet is recognised as a cultural heritage of humanity (United Nations Educational, Scientific and Cultural Organization, 2010). The families in Mexico continue consuming these preparations transmitted from generation to generation. People in Mexico use the wording *homemade meal* to refer to diverse and traditional preparations of foods (Serrano-Plata, 2019). In line with the expectation, the categories identified in the studied examples of “homemade” meals included typical foods or dishes such as *pasta soup/rice* and many varieties of *stews* (Table 1). Following the idea that “being in tune” with culture is associated with wellbeing, it was proposed that *homemade meals* could benefit the population (Laguna-Camacho, 2017; Serrano-Plata, Dominguez-García, Alliot, Laguna-Camacho, 2019). When testing this idea, in line with the expectation, recommending a diet described as *homemade* had a weight loss effect similar to recommending a diet described as *healthy* (Laguna-Camacho & Serrano-Plata, 2021). Previous studies have shown that *eating at home* is associated with adequate food ingestion (Mills et al., 2017). However, *eating at home* refers to the place of consumption and not to the type of preparations consumed such as those represented by the term *homemade meal*.

### ***Unhealthy meals***

The social changes derived from modernity have dramatically impacted populations’ eating practices. The introduction of processed foods rich in calories to the habitual diet could explain the epidemic of obesity (Vandevijvere et al., 2015). In the studied examples of “unhealthy” eating episodes, the categories reported were *cake/cookies*, *savory foods*, *sweets*, *soda*, *fast food* and *typical preparations high in fat* (usually consumed in street outlets like tacos) (Table 1). The mere presence of unhealthy foods can influence their consumption (Thomas et al., 2011). Therefore, a high availability of unhealthy foods could determine its consumption (Swinburn et al., 2011), particularly *out of home* (Lachat et al., 2012). The recent policy to reduce unhealthy food intake has focused on frontal labels or taxes without noticeable effectiveness as obesity prevalence continues to increase (Shamah-Levy et al., 2020). It is important to create other policies that limit access to unhealthy food.

### Healthy meals

Most governments have intervened obesity and related conditions in the population through dietary guidelines. These types of recommendations tend to present foods out of their cultural context. For example, the *Eatwell Plate* (in Spanish *Plato del Bien Comer*) used in Mexico as a dietary guidance illustrates only the food groups and the proportions in which they should be consumed (Secretaría de Salud, 2012). People follow this stereotype of *healthy eating* to eat for self-care reasons (Laguna Camacho & Harcastle, 2019). In line with this, the identified categories from the studied examples of “healthy” eating episodes were *fruit, vegetable soup, meat, and salad/vegetables* (Table 1). These findings agree with the intensive dissemination of messages promoting eating more fruits and vegetables and fewer fatty and sugary foods (Mozaffarian & Ludwig, 2010).

The categories of *healthy* and *homemade meal* preparations had clear distinctions; for example, *meat* and *salad/vegetables* did not represent a cultural term such as *stew* for typical dishes. However, there were categories reported in both *homemade meals* and *healthy meals* that included terms for typical foods such as *cereal, white bread, milk, sandwich, quesadilla, beans, tortillas* and *tea/coffee*, possibly indicating a predominance of cultural eating practices over *healthy eating* education. Supporting this last point, in the conducted weight loss trial, *homemade meals* were consumed more frequently and were more enjoyable than *healthy meals* (Laguna-Camacho & Serrano-Plata, 2021). Even so, *healthy meals* are an eating practice already present in the population.

Table 1.

List of terms for categories of the main types of feeding evaluated, translations of types of meals are shown in parenthesis, marks of categories that were found to be specific to a type of meal are underlined.

Categories of food preparation/food items		Meal (Comida)		
Original wording in Spanish	Translation of wording into English	Homemade (Casera)	Healthy (Saludable)	Unhealthy (No saludable)
Fruta	Fruit	✓	✓	✗
Cereal	Cereal	✓	✓	✗
Pastel, galletas	Cake, cookies	✓	✓	<u>✓</u>
Pan dulce	Pastry	<u>✓</u>	✓	✗
Pan blanco	Bread	✓	<u>✓</u>	✗
Leche, licuado	Milk, shake	✓	✓	✗
Huevos al gusto	Eggs	✓	✓	✗
Sándwich	Sandwich	✓	✓	✗
Quesadillas	Quesadillas	✓	✓	✗
Tortillas	Tortillas	✓	✓	✗
Sopa de pasta, arroz	Pasta soup, rice	<u>✓</u>	✓	✗
Sopa de verdura	Vegetable soup	✓	<u>✓</u>	✗
Guisado casero	Homemade stew (meat with vegetables)	<u>✓</u>	✓	✗
Pollo, bistec, puerco, jamón	Chicken, steak, pork, ham	✓	<u>✓</u>	✗
Ensalada, verdura	Salad, vegetables	✓	<u>✓</u>	✗
Frijoles	Beans	✓	✓	✗
Frituras	Savory snacks	✗	✗	<u>✓</u>
Dulces, chocolate, helado	Sweets, chocolate, ice cream	✗	✗	<u>✓</u>
Refresco	Soda	✗	✗	<u>✓</u>
Pizza, hamburguesa, papas a la francesa	Pizza, burger, fries	✗	✗	<u>✓</u>
Tacos, carnitas, garnachas	Tacos, carnitas, garnachas	✗	✗	<u>✓</u>
Té, café	Tea, coffee	✓	✓	<u>✓</u>
Alcohol	Alcohol	✗	✗	<u>✓</u>

## DISCUSSION

This paper addressed studies on the words used to represent episodes of *homemade*, *unhealthy* or *healthy* meals. The categories elicited from examples reported by people of these types of eating practices show that they recognise them correctly. This supports that people recall the specific terms used in the locality to name common eating practices (as argued elsewhere in relation to language formation; Logan, 2002).

The formulation of dietetic guidelines has moved toward food combinations or preparations like those illustrated in the present work. For example, the recent frontal labelling of food products to warn if a food is high in calories, fat, sugar or salt (White & Barquera, 2020) has concordance with the foods reported by people in their examples of unhealthy eating episodes. Similarly, the dietary guidelines have gradually advanced from nutritional notions to basic food groups (Mozaffarian & Ludwig, 2010), which are also represented in the healthy eating episodes for which mostly foods without cultural preparation were reported. Overall, these observations are consistent with previous evidence showing that people correctly identify healthy and unhealthy eating patterns (Laguna-Camacho & Booth, 2015).

Although the notion of nutritional transition (Popkin et al., 2012) and aspects of traditional diets like their characteristic ingredients (Allen, 1992) are present in the scientific literature, other aspects such as the terms used by the population have yet to be integrated both in research and in food guidelines/clinical practice. Dietetic guidelines are generally based on healthy eating notions (Astrup et al., 2019) that barely consider the interpretation of wordings by members of the public or the cultural context of eating practices in a locality.

As mentioned before, the terms of typical *homemade meals* match food groups recommended for *healthy eating*. Moreover, *homemade meals* are also socially facilitated as people consume them on a day-to-day basis. Preliminary evidence indicates also that homemade meals are more satisfying than healthy meals (Laguna-Camacho & Serrano-Plata, 2021). Even so, although traditional diets could have advantages over healthy diets, both compete with the high availability of unhealthy foods in localities (Popkin & Reardon, 2018), which causes loss of eating traditions and difficult to practice a healthy diet (Steele, Khandpur, Sun and Monteiro, 2020).

Since *homemade* preparations contain the recommended food groups, to improve population's food consumption, a proposed solution is to exemplify *healthy eating* with *homemade meals*. For example, the *Eatwell Plate* model used in Mexico illustrates the inclusion in a certain proportion of *fruits, vegetables, cereals, legumes* and *foods of animal origin*. The cultural context can be integrated to such dietetic guidance using as labels the terms identified to represent typical foods at mealtimes. For example, the categories to cover breakfast and dinner could be *fruit, cereal or bread (with milk), tea or coffee* and *stew leftovers* and to cover lunch the categories could be *soup, stew (with meat and vegetables), beans, tortilla* and *water*. For greater cultural adaptation, this guide can be called the *Homemade Plate*.

In summary, recommending a diet based on *homemade meals*, described in terms used by the members of a locality, could be a novel approach to help reduce chronic illnesses in that culture.

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