



**London  
South Bank  
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**“Perceptions of healthy eating and meanings of food amongst Polish immigrants in Luton – a qualitative study”**

**Preliminary Research Report**

**prepared for Luton Borough Council**

August 2019

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**To cite:** Czarnecka, B. (2019). “Perceptions of healthy eating and meanings of food amongst Polish immigrants in Luton – a qualitative study”, Preliminary Research Report. London South Bank University, UK.

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## 1. Executive summary

Thirty-three semi-structured interviews with Polish immigrants residing in Luton Borough were conducted in order to explore their perceptions of food and healthy eating. The interview data were analysed using thematic coding and findings were categorised into main and sub-themes.

**Healthy food** was most often described as food that is fresh, prepared from scratch at home, and cooked in an appropriate way.

Main **sources of information about food** included the knowledge of food from one's childhood/home, and the Internet.

Main **barriers to healthy eating** included the ubiquitous availability of unhealthy food such as take-aways and unhealthy, pre-packaged food in supermarkets; and lack of time to think about, prepare and cook healthy meals.

Main recommendations include raising awareness of what 'healthy food' means, educating young consumers and parents about food and healthy eating, and working with the local planning department to influence external retail environments to restrict the availability of unhealthy food and increase availability and visibility of healthy food in the borough. Other recommendations are also proposed.

## 2. Introduction and problem description

Luton Borough Council (LBC) implemented the Luton Food Plan (LFP), a four-year strategy, in 2018 to change eating habits in the borough and reduce the borough's rate of childhood obesity, which is amongst the highest in England. The LFP draws on feedback from the community, but the consultation did not capture the eating habits and behaviour of Eastern Europeans, specifically Polish immigrants, a group that constitutes around 10% of the total population of Luton.

The aim of this study was, therefore, to fill this gap in the understanding of food-related behaviour by:

1. Examining the role of key factors in food-related decision making among the Polish population, including nutrition knowledge, perceptions of healthy diet, cost considerations, sources of information about nutrition, perceived influence of media, and peer pressure of family and friends, among others.
2. Exploring the significance of social and cultural factors in eating habits.
3. Evaluating the effect that school meals may have on children's attitudes towards nutrition at home.

The main outcome is to inform the Luton Food Plan from the perspective of Polish communities.

### **3. Research method**

Thirty three semi-structured interviews were carried out during April 2019. Nine male participants and twenty-four female participants took part in the study. The gender imbalance of the sample has to be considered when interpreting the findings of the study. This is an interesting and insightful finding in itself – those men who were approached by the interviewer often asked the interviewer to “speak to my wife” to talk about food, suggesting that these men did not see food as their area of ‘expertise’ and deferred this to their wives.

The respondents represented a wide range of occupations: cleaners, warehouse workers, housewives, carers, social workers, teaching assistant, office assistants, nurse, community worker, builder, construction worker. The age range was from 22 to 56.

A research assistant, a native Polish speaker who works part-time in a local employment agency supplying work to immigrants in Luton, was hired to carry out the interviews. Interviews took part in person and were voice recorded apart, from one which was a telephone interview. The interviews lasted between 20 minutes to 1 hour. The interviews were transcribed verbatim and analysed using the ‘emergent theme’<sup>1</sup> coding approach. The principal researcher analysed the interviews by reading them and making annotations and notes.

#### **Research funding**

The study was supported by an internal grant from London South Bank University Business School.

### **4. Data analysis and results**

Themes emerging from the data analysis are summarised in Table 1.

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<sup>1</sup> Given, L. M. (2008). The SAGE encyclopedia of qualitative research methods (Vols. 1-0). Thousand Oaks, CA: Sage. doi: 10.4135/9781412963909

**Table 1: Perceptions of healthy food, healthy eating and perceived barriers to healthy eating**

Main theme	Sub-Themes	Description
Perceptions of food and healthy eating	Healthy food/healthy eating meaning	Definitions/descriptions of healthy food and healthy eating: <ul style="list-style-type: none"> <li>• Home cooked from scratch</li> <li>• Fruits and vegetables</li> <li>• Balanced – all ingredients are important</li> <li>• Healthy is to know what products to combine and how to cook it</li> <li>• Cooking technique and ingredients are important</li> </ul>
	High perceived personal importance of food	Perceptions of personal importance of food: <ul style="list-style-type: none"> <li>• Food is important</li> <li>• Eating healthy is important</li> <li>• Food is a source of pleasure and a source of energy</li> </ul>
	Low perceived importance of food to others	Perceived importance of food to other Poles in one’s environment: <ul style="list-style-type: none"> <li>• ‘Other’ Poles do not cook often</li> <li>• Many ‘other’ Poles are not interested in healthy eating</li> </ul>
	Cost	The perceived role of cost of food: <ul style="list-style-type: none"> <li>• Cost is considered when shopping for food but cost of food is not perceived as a barrier to healthy eating</li> <li>• It is possible to eat healthy food when on a small/limited budget</li> <li>• People need to be aware that healthy does not mean expensive</li> </ul>
	Undesirable dining environment	Perceptions and usage of dining options in Luton: <ul style="list-style-type: none"> <li>• Luton restaurants are uninviting, dirty and neglected</li> <li>• Dirty streets deter from going out</li> <li>• Cost of eating out is too high</li> </ul>
	Convenience	Perceived personal capability of following a healthy diet: <ul style="list-style-type: none"> <li>• Mental convenience – knowing recipes off the top of one’s head is important in healthy cooking</li> <li>• Physical convenience – proximity of stores and availability of good food</li> <li>• Proximity of take-aways near schools is seen as a problem</li> </ul>

	Motivation and drive to eat healthily	<p>Motivation to change eating habits and reasons behind eating healthy/unhealthy:</p> <ul style="list-style-type: none"> <li>• Major health-related life events such as pregnancy or illness motivate to change one's eating habits</li> <li>• Children</li> <li>• Intention to look and feel 'better' (weight loss)</li> <li>• Age</li> </ul>
	Loyalty to Polish food and food nostalgia	<p>Preference for Polish food over other cuisines:</p> <ul style="list-style-type: none"> <li>• British food seen as unhealthy, not tasty</li> <li>• It is easier to eat healthily in Poland</li> <li>• Frequent use of Polish shops to buy food that is not available elsewhere</li> <li>• Longing for the taste of food from childhood</li> <li>• Longing for gardens in which to grow vegetables (only for those who grew up on farms)</li> </ul>
	Grow your own and composting	<p>Low awareness and popularity of growing vegetables and composting:</p> <ul style="list-style-type: none"> <li>• No adoption of growing your own – seen as hobby/pastime not an opportunity to feed oneself/family</li> <li>• Composting for those who have gardens is non-existent – lack of knowledge and awareness that it is possible and allowed in gardens</li> <li>• Composting seen as too difficult and not useful</li> </ul>
Sources of information	Media	<p>Sources of information about food and cooking:</p> <ul style="list-style-type: none"> <li>• Internet (blogs)</li> <li>• Magazines</li> <li>• Seeing what one's friends are buying/eating/cooking</li> </ul>
	Upbringing/Childhood	<p>The knowledge and practices of food consumption that one acquired during one's childhood:</p> <ul style="list-style-type: none"> <li>• Learning about food and cooking at home</li> <li>• Perceived strength of upbringing in food-related habits</li> </ul>

Perceived barriers to healthy eating	Lack of time and 'mental space'	<p>Lack of time to cook and to think about what to cook:</p> <ul style="list-style-type: none"> <li>• Lack of time due to work commitments</li> <li>• Lack of time due to family commitments</li> <li>• Fatigue and tiredness</li> </ul>
	Retail environments	<p>The perceptions of retail outlets and healthy food availability:</p> <ul style="list-style-type: none"> <li>• Proximity of stores was perceived as an important factor in buying food (shopping in stores that are the closest to one's residence)</li> <li>• Too many 'junk/processed' food options in stores/high streets</li> <li>• Layout of stores makes it difficult to shop with small children to avoid isles with sweets/crisps</li> </ul>
	Access to cooking facilities in shared accommodation	<p>Some Polish immigrants have limited cooking facilities:</p> <ul style="list-style-type: none"> <li>• Lack of proper cooking facilities in shared accommodation</li> <li>• Overcrowding</li> <li>• Flatmates who do not clean – unpleasant cooking environment</li> </ul>
	Lack of awareness and understanding	<p>Knowledge, awareness and understanding of healthy food and healthy eating:</p> <ul style="list-style-type: none"> <li>• Lack of knowledge of what healthy food is and what it is not</li> <li>• Importance and significance of upbringing and learning at home as a child</li> </ul>

## **5. Perceptions of food and healthy eating**

### **5.1 Heathy food/healthy eating meaning**

Healthy food and healthy eating were defined as food that is cooked from scratch, cooked in the ‘right’ way, that is with not too much fat, salt or sugar. Vegetables and fruits were mentioned as important ingredients of healthy eating. Many commented that healthy eating means ‘eating everything in the right proportions’ because all ingredients are important. Healthy eating was described as simple and not having to be too complicated. Examples of healthy dishes included the following: 1) mashed potatoes, carrot and sauerkraut salad and grilled chicken (or breaded chicken), 2) pasta, cucumber, and some sour cream, 3) ‘kasza’ (groats) with fried egg and some vegetables.

When asked what food is unhealthy, the most pronounced response was that it is food that is highly processed: breakfast cereal, microwave food, take-aways such as kebab, sweets of different kinds.

### **5.2 High perceived personal importance of food**

The majority of respondents commented that food was very important to them. Food is important because it is the source of energy, nutrition and pleasure and is essential to optimal functioning of the human body. Food is also seen as source of pleasure and as a connection with childhood and homeland. Respondents commented that they think about what to eat and what to feed their families, but some respondents were not sure if what they eat is healthy because they felt “confused by the information about superfoods or that only a particular diet can be healthy”.

### **5.3 Low perceived importance of food to others**

When asked if food is important to other Poles they know, or their friends or acquaintances, there were mixed responses. The majority of respondents commented that food was not important to many Poles in Luton because these Poles were focusing on saving money or had no knowledge of how important food is to one’s well-being and health. One respondent said that when he tried to speak to his friends at work about cooking being beneficial he was often laughed at and told that the time is better spent on “rest, watching TV and having a beer”.

### **5.4 Cost**

Cost was mentioned as a factor that all respondents considered when shopping for food – looking for stores that offer cheaper food, or product alternatives that are cheaper. According to most participants, when asked directly if healthy food is expensive, they answered that it can be very simple and does not require special or expensive ‘healthy foods’. However, cost was not perceived by the majority of respondents as a barrier to healthy eating. Many respondents commented that eating healthy food and a good diet does not mean eating expensive food.

However, when asked if other Poles they know eat healthily and if they do not what is the reason – the reply was often because “they are saving money”. So indirectly, healthy food is related to high price.



## 5.5 Undesirable dining environment

The dining options and environment in Luton are uninviting and undesirable. Respondents do not feel they can go out and enjoy the restaurants in Luton because, according to them, the majority of the restaurants and take-aways are dirty, neglected and do not offer any good food. The only 'safe' options are Pizza Express and La Dolce Vita. Polish restaurants are visited infrequently or not at all. When respondents go out they want to try other foods and usually venture outside of Luton to take advantage of a more pleasant environment (Harpenden, Hitchin, Dunstable). The cost of going out also deters many respondents from going out to restaurants and the most preferred option is home-cooked meals, followed by take-aways if there is no time to cook (which does not happen often).

## 5.6 Convenience

Convenience focuses on how easy (convenient) eating healthy food is. Three aspects are identified here:

*Mental convenience* is required to think of, remember and quickly access recipes that are healthy. This 'mental convenience' means that a person finds it very easy to access the knowledge of healthy food and knowledge of what healthy food is.<sup>2</sup> One respondent said "sometimes I just give them [two small children under 10] anything to eat when I do not have time, because I cannot remember what I could cook well with what I have in the fridge, you know, it is too difficult to think something up when I am tired and worked [as a house cleaner] all day". Having quickly accessible and useful memories is also mentioned by others who comment on how hard it is sometimes to find the mental strength to think of a healthy snack quickly when they come back from work (and need to cook), or when children return from school. Healthy eating is easy but it takes time to learn how to prepare healthy meals until it becomes a habit and then it becomes very easy and convenient.

*Physical convenience/availability of accessing unhealthy food* is also seen as an obstacle to healthy eating – one participant said "you know, it is so easy here, where I come from, in my small town we do not have all these take-aways and fast foods, here it is everywhere so it is easy to buy it, to succumb to it". D (M, 40) works as a construction worker and often buys McDonald's meals or take-aways for lunch because he does not have time to cook every day.

## 5.7 Motivation and drive to eat healthily

Factors that motivate Poles in Luton to eat healthily include: major health-related issues, being overweight/obese, and having children. The perceived motivations to change the way one eats lie usually in health problems. Many participants commented that people change their lifestyle when they experience serious health problems and they know they have to change. Aga (F, 32) changed her diet (previously "junk food that her husband eats") after she had a baby and could not lose weight. But her husband eats 'traditional, Polish food' which she calls 'junk food'.

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<sup>2</sup> This is often called an 'evoked set' – the set of choices, alternatives that a person is able to immediately recall when they think of a category, for example 'healthy dinner'.

## **5.8 Loyalty to Polish food and food nostalgia**

K (M, 22) tried Asian and British dishes but prefers Polish cooking/dishes because those ‘other’ cuisines do not taste as well to him. This was evident from all respondents – there was a unified preference for Polish food and connection to Polish food even if other cuisines were liked. Agnes (F, 30) also prefers Polish cooking and cooks home-style meals for her husband, but prepares her own meals and separate meals for her six-year-old daughter. Her perception is that she prefers Polish food to all other foods. She shops at Polish shops and Asda, because “you just cannot buy some dishes such as herring at Asda” and that is why she buys ready-made herring dishes in Polish shops. British food is seen as uninteresting, not tasty and boring and often not very healthy. One participant commented that *“only in Britain you are offered ‘meal deals’ for lunch which includes crisps, can you imagine eating crisps for lunch?”*

Those who grew up in the countryside with access to farming/gardening expressed longing for the fresh herbs and vegetables that were cultivated on their farms and gardens. Freshly baked bread and rolls were often mentioned as food that is missed.

## **5.9 Grow your own and composting**

Those who live in houses with gardens do not usually grow their own food nor do they compost waste food. Growing food in a home garden is seen as time-consuming, resource-intensive (tools, compost, manure) and only as a hobby because *“you cannot possibly feed yourself on what you grow in these miniature gardens”*. One respondent used her garden to grow vegetables and herbs because it was her way of reconnecting with her home in Poland. It was an expression of nostalgia, creating a ‘home’ feeling in this way.

Composting is not something that respondents were aware of how to do – and how to organise it in their gardens. They were not sure if they were even allowed to do this by the regulations or by the landlord for those who were renting. Only two respondents (home-owners) composted food waste and used it for gardening purposes.

## **6. Sources of information about food**

### **6.1 Media, and Upbringing and childhood**

When asked about the sources of information about food and healthy food, respondents listed two broad areas: 1) online media such as blogs or social media, and 2) knowledge acquired from home during childhood and adolescence.

Respondents follow usually Polish bloggers (e.g. [www.kwestiasmaku.pl](http://www.kwestiasmaku.pl), [www.jadlonomia.pl](http://www.jadlonomia.pl)) and sometimes British celebrity chefs (e.g. Jamie Oliver or Nigella Lawson).

In addition, when asked why other Poles do not eat healthily, some respondents listed lack of knowledge “taken from home” as a source of unhealthy eating.

## **7. Perceived barriers to healthy eating**

### **7.1 Lack of time and ‘mental space’**

One of the main barriers to healthy eating given by respondents was lack of time to prepare healthy meals, and the reason why sometimes respondents resorted to unhealthy food such as take-away pizza, or pre-packed microwavable dinners. Another barrier was tiredness and fatigue due to *“long shifts at work”*. Respondents talked about ‘mental space’ (the ability to think of a healthy dish quickly, the ability to remember recipes) and the fact that tiredness and fatigue meant they had no energy to think of healthy dishes for themselves or their children when returning home from work and school.

### **7.2 Retail environments**

Respondents complained that it is difficult to avoid walking past unhealthy food in supermarkets, especially when shopping with small children. Retail environments should be changed to make it easier to find food that is healthy, and restrict visibility of ‘junk food’. One participant said: *“in shops, special aisle should be designated for junk food so I can avoid it when I go with my small children. Food that is unhealthy needs to be placed away from cash registers, lollipops, gums, sweets, because I usually give up when I am shopping and do not want to fight with my toddler”*.

Parents of school-age children commented that the availability of take-aways on the way from school makes it easy to buy it and usually impossible for them to refuse children.

### **7.3 Access to cooking facilities in shared accommodation**

Another barrier to healthy eating was lack of access to cooking facilities for those who lived in shared accommodation. Those of respondents who lived in shared houses did not *“feel like cooking in a kitchen that was dirty and with other flatmates around”* or in kitchens that had minimal facilities – only a cooking ring instead of regular gas/electric cooker.

### **7.4 Lack of awareness and understanding**

The most cited barrier to healthy eating was lack of awareness, understanding and knowledge of what healthy eating is. Here again, some respondents mentioned that people do not know how to eat healthily and they do not know that healthy food can be very simple food (like *“mashed potatoes with cooked carrots and some butter or fried egg on top of it”* or *“a bowl of porridge with some yoghurt”*). The main reason of lack of awareness was that *“people do not learn at home when growing up what good food is”*.... *“they think good food means expensive sushi or some ‘superfoods’ but healthy eating is really simple like in simple dishes even in Polish dishes, for example pierogi [savoury or sweet dumplings], or pasta with some cream and mushrooms”*.

## **8. Summary and practical recommendations**

The analysis of data from the 33 semi-structured interviews suggests that respondents in this study perceive food as an important part of their lives and want to make the right choices to have healthy balanced diets. Healthy food is food made at home, from scratch and cooked in

a way that does not take away the nutritional value (avoiding deep frying or using too much fat, salt or sugar). Fruits and vegetables should be part of a healthy diet. Respondents do not perceive the cost of food as a barrier to healthy eating but they consider the cost of food when shopping for food. However, ‘other’ Poles pay attention to cost and that is why they do not healthily. This contradiction suggests that cost and pricing of food is a factor that is considered and connected to healthy food. Awareness and education were mentioned as one of the factors that impact on how adults eat – but this awareness was usually related to upbringing and food-related education received at home when growing up.

Based on the findings, several initial recommendations are presented in Table 2.

**Table 2: Summary of practical recommendations**

<b>Context</b>	<b>Recommendation</b>	<b>Aim</b>
Communications	Shift from primarily nutrition/health framed messages to culinary messages	To change the associations people have with the term ‘healthy food’
	Convey the message that healthy diets are affordable diets	To change perceptions of cost as barrier
	Promote ‘grow you own’ as an affordable /easy hobby/relax/rest	To change people’s perceptions and awareness about growing food in gardens – not to feed oneself but as pastime
	Educate individuals about food waste composting	To increase awareness and adoption of food waste composting for those who have access to gardens
Education	Implement educational cooking programmes for children and parents in schools or parent support groups	To educate children and families about food and its importance to one’s well-being
	Explore the potential of using narrative methods to develop more reflective attitudes towards food	To encourage people to think about what they eat and be more reflective about their eating habits

Policy & Planning	Work with local small and large retailers to change the arrangement and availability/visibility of 'junk food' in local shops	To make it less convenient to buy junk/unhealthy food in supermarkets/local shops
	Planning permissions to consider location and number of take-aways	To change the external environment
	Work with local take-aways/restaurants to offer healthier options on the menu	To create a healthier dining environment

## **Appendix 1: Semi-structured Interview Guide and Questions**

### **Introduction**

Thank the respondent for agreeing to take part in the study. Explain what the study is about, how the data will be used, read out the ethical consent form. Give the respondent the “Information about this research project and how your data will be used” document and read it aloud to them.

### **Questions**

1. Do you have any favourite dishes?
2. What are your favourite dishes?
3. Are there foods that you do not like eating?
4. What does food mean to you?
5. Is food important to you? Is food important to your family?
6. When you buy food, what is important to you? What do you pay attention to? (prompt here giving a list of factors: quality, price, availability, can I cook it, can I prepare it, can I eat it straight away?)
7. Do you cook? Do your Polish friends cook?
8. How healthy is the diet of your Polish friends?
9. Do you like cooking? If the respondent does not like cooking, what are the reasons?
10. Why do you think people you know eat healthy/unhealthy? (projective question – why do others not eat healthy)
11. Do you use recipes to cook food?
12. Or do you remember most of the recipes?
13. What cuisines do you like?
14. Where do you buy your food from?
15. Do you grow any food at all? What sort/how.
16. Do you go out to eat? If yes, where? If no, why not?
17. Do you go to restaurants/bars that serve food other than Polish cuisine?
18. What does ‘healthy eating’ (or healthy food) mean to you?
19. Do you care about healthy eating? Do you think you eat healthy food?
20. Are you a parent? If so:
21. Do your children eat healthy food? (for respondents who are parents)
22. What do your children eat? Do they buy their own food before/after school?
23. What food do your children ask for?
24. Do you cook for your children? Do you teach your children how to cook? Do you eat meals together as a family? How often? If not, why not?
25. What are the barriers to having a healthy diet in Luton/England/UK?
26. Where do you take your information about food from?
27. What is Luton Food Plan? Have you heard of it?
28. What is TuckIN? Have you heard of it?
29. What is ‘Food Hacks’? Have you heard of it?
30. What do you think the council could or should do to change people’s diets/eating habits?
31. What do you think the government should do to change people’s eating habits, encourage healthy eating?

Gender

Age

Education

Occupation/Employment Status/Current employment

Length of stay in the UK/Luton