

### Food and health risks: views on healthy food and food consumption practices among middle-class women and men in the Metropolitan Area of Buenos Aires

Alimentación y riesgos para la salud: visiones sobre la alimentación saludable y prácticas alimentarias de mujeres y varones de clase media en el Área Metropolitana de Buenos Aires

Betina Freidin<sup>1</sup>

PhD in Sociology. Independent researcher, National Scientific and Technical Research Council (CONICET), Gino Germani Research Institute, Faculty of Social Sciences, Universidad de Buenos Aires, Argentina. ☑ D **ABSTRACT** In this article we analyze notions about healthy food and the perceptions of risks related to industrialized foodstuffs within a group of young and middle-aged females and males who belong to the middle class and live in the Metropolitan Area of Buenos Aires. Data come from eight focus groups that were carried out in 2013. The study shows that the participants of the focus group have incorporated scientific-nutritional knowledge into their conceptions of healthy food. However, few discuss the risks of industrialized food beyond the growing public attention regarding trans fats and salt content. Although organic foods are positively valued, participants object to their high cost and the location of their commercialization. We show how in their food practices, the participants of the focus groups weigh their concern about health against other priorities such as costs, convenience, aesthetics, pleasure and sociability.

KEY WORDS Industrialized Foods; Food, Organic; Perception; Risk; Social Class; Argentina

**RESUMEN** Analizamos las nociones sobre la alimentación saludable y la percepción de riesgos asociados a la comida industrializada de mujeres y varones jóvenes y de mediana edad de clase media que residen en el Área Metropolitana de Buenos Aires. Los datos provienen de ocho Groups focalizados realizados en el año 2013. Nuestro estudio muestra que los participantes de los Groups incorporan el conocimiento nutricionalcientífico en sus concepciones de alimentación saludable. Sin embargo, unos pocos plantean los riesgos para la salud derivados del consumo de alimentos procesados, más allá de la creciente divulgación pública sobre las grasas trans y el contenido de sal. Si bien se valoran positivamente los alimentos orgánicos, se objetan su costo y la localización del circuito comercial. Además de la preocupación por la salud, en las prácticas alimentarias intervienen otras prioridades como los costos, la comodidad, la estética, el placer y la sociabilidad.

**PALABRAS CLAVES** Alimentos Industrializados; Alimentos Orgánicos; Percepción; Riesgo; Clase Social; Argentina.

### INTRODUCTION: COMPLEXITIES OF CONTEMPORARY FOOD PRACTICES

Over the past few decades, medicine and nutrition experts have been discussing the crucial role that food plays to prevent diseases and to have a healthy lifestyle. The great relevance of chronic non-communicable diseases - especially cardiovascular diseases, diabetes, obesity, and several types of cancer - regarding mortality and morbidity rates has drawn the attention to those behavioral risk factors that individuals are expected to modify through the adoption of healthy lifestyles.<sup>(1,2)</sup> Besides all the recommendations to treat overweight, lower blood pressure and reduce LDL cholesterol and sugar levels in the bloodstream, there are others to reduce the risk of infectious diseases through food consumption. The promotion of healthy eating habits is on the agenda of the Word Heath Organization and the Pan-American Health Organization.<sup>(3)</sup> On the local level, the Healthy Argentina National Plan [Plan Nacional Argentina Saludable] was launched in 2007 by the Agency for Prevention and Risk Control of the National Ministry of Health. In parallel, the health food industry continues to grow, and the topic of a healthy diet is widely discussed in the media.(4,5,6)

Food consciousness requires citizens to be well-informed about health issues, seek advice from nutrition experts and control what they eat to assess and reduce risks.<sup>(7)</sup> Many authors conceptualize the growing public attention regarding healthy lifestyles as a process of healthicization, where biomedical concerns are merged with individual behaviors, in a socio-cultural context in which having good health is seen as a virtue,<sup>(8)</sup> especially among upper and middle social classes.<sup>(1,9,10)</sup>

Framed into their social theories of risk society or reflexive modernization, Giddens<sup>(11)</sup> and Beck<sup>(12)</sup> argue that dietary choices occur within a context where the notions of healthy eating has been diversified, and where the topic of food has been given a widespread coverage in the mass media and in the new

information and communication technologies. As Lupton notes:

Hardly a day goes by without a report in the news media either on the linking of a food substance with illness or disease, or a claim that a foodstuff serves to protect against ill health.<sup>(13 p.205)</sup>

Similarly, there is much more public awareness regarding the impact of industrialized food production on human health and on the environment. Giddens<sup>(11)</sup> highlights changes in experts' recommendations, and how in industrialized countries health risks increase, which have a global impact:

We must recall that smoking was once advocated by some sectors of the medical profession as a relaxant; while red meat, butter and cream were said to build health bodies [...] one day we hear about the mercury and run to throw out cans of tuna fish from our shelves; the next day the food to shun may be butter [...] Today the danger lurks in the phosphates in our favorite detergent; tomorrow the finger points to insecticides. The threats of death, insanity and cancer lurk in all we eat or touch.<sup>(11)</sup>

Fischler<sup>(14)</sup> also emphasizes the level of uncertainty created by the ruling methods of food production and distribution in big cities: "We have absolutely no idea about the actual source of the food, or about the procedures and techniques used in the process of production, shipping and handling." In Argentina, Aguirre<sup>(15)</sup> makes reference to Fischler's comments when talking about the anxiety and doubtfulness of food consumers from the Metropolitan Area of Buenos Aires:

We really do not know what we're eating: Whether this apple has apple genes or if other genes have been added, and if so, what genes? Whether the agrochemicals with which it was produced are not dangerous; whether the additives and preservatives with which it was processed are carcinogenic, whether it has salt or sugar that we cannot see and that it should not have; whether the fats are hydrogenated; whether their shipping was safe. [Own Translation]

In this socio-cultural context there is a global increase of food minorities<sup>(16)</sup> and social movements that guestion the industrialized food system for its risks on health, animals and the environment, and also for its social consequences.<sup>(11,12,17,18,19)</sup> They call for individual and collective actions in connection with lifestyle policies to fight the risks produced by the industrial capitalism on the food and agricultural system, the effects of globalization and the power relationships within the food system. The sociology of food and the studies on consumer culture highlight the reflexivity in consumption choices and the concern on food guality<sup>(2,17,20)</sup> as well as the structural factors conditioning dietary choices.(18,23)

Paradoxically, as there is more media coverage regarding the risks of massive food production, the food industry simultaneously promotes renewed versions of healthy food products.<sup>(18)</sup> Low-calorie foodstuffs with no animal (saturated) or vegetable (trans) "bad" fats now appear along with functional products, which are advertised for their contribution in reducing risk factors and chronic pain. For instance, foodstuffs with additional Omega 3 used for reducing the amount of LDL cholesterol, and probiotic yogurts used to improve digestive health. This is a growing niche market where the culturally set boundaries between food and drugs are blurred.<sup>(4,15,24)</sup>

In a widespread atmosphere plagued by risks and uncertainties arising out of the disembedding and industrialization of food practices and of the wide variety of diets promoted as "healthy", many authors argue that the adoption of healthy lifestyles, in terms of routine practices subject to change, provides consumers with more stability for making dietary choices.<sup>(11)</sup> The dilemma of deciding what recommendations to follow is resolved on a daily basis "by routinely committing to a certain lifestyle and trusting some abstract systems. However, this 'commitment pack' may begin to fall apart."<sup>(11)</sup> Similarly, Fischler<sup>(5,14)</sup> argues that the adoption of an alternative diet (such as vegetarianism or organic food) is an attempt to protect our health from the dangers of industrialized modern food. People of middle and upper class have a wider range of choices when opting for a diet, as they have more access to information on eating regimes promoted as healthy and to the resources that enable them to adopt these regimes (money, time, and accessibility to supply places, among others).<sup>(1,25,26)</sup>

In this article we analyzed the views and eating practices of a group of young and middle aged males and females who belong to the middle class and live in the Metropolitan Area of Buenos Aires, as part of a larger research on health care practices granted by Universidad de Buenos Aires at the Research Institute Gino Germani. Given that the experts' advice on food and its effects on our health have turned complex and hard to deal with for laypeople,<sup>(11,27)</sup> and as there is a wide variety of socio-cultural rules on healthy eating,<sup>(15)</sup> we enquired about the participants' notions on healthy food and their concerns about negative health effects produced by industrialized foodstuffs. Similarly, we show how the participants carefully bear in mind health issues as much as other values and priorities like convenience, costs and aesthetics, pleasure and socializing. As many anthropologists and sociologists have noted, foodstuffs have a symbolic significance and reinforce social bonds, and many times food practices actually contradict the dietary experts' health recommendations.(15,16,28)

### METHODS

We conducted eight focus groups of middle-class males and females aged 23-50 years (38 total members with the average age of 32). The focus groups are arranged meetings, which are aimed at exploring the perceptions of participants about the research issues, in a permissive, non-threatening environment.<sup>(29)</sup> Guided by the moderator's interventions, the exchange of personal experiences makes way for participants to compare their perceptions and opinions. We employed a semi-structured guideline which enabled us to focus on specific topics for a further comparative analysis among the focus groups, and on emerging topics.<sup>(30)</sup> Along with the guideline, we used audiovisual prompts as discussion triggers. We even included a campaign advertisement of the National Ministry of Health about healthy eating habits in the workplace, a commercial spot of a brand of cookies containing phytosterols, and a one-minute segment of one chapter of The Simpsons about organic food.

The fieldwork was carried out in 2013. We conducted four female groups and four male groups, seeking age homogeneity in each group, and we made a distinction between participants who had children and those who did not. Participants had complete secondary education and higher education, as well as common, middle-class occupations.<sup>(31)</sup> As it is often done in academic research with focus groups of middle-class participants,<sup>(4,32,33)</sup> we contacted them through the personal social networks of different members of the research team by following a snowball sample strategy.

The discussions were digitally recorded and then *verbatim* transcribed, only after gaining the participants' consent to do so, upon signature of an informed consent form at the beginning of each meeting. All names given in the extracts of the transcriptions are pseudonyms that we used in order to protect the identity and confidentiality of the participants. We conducted a qualitative thematic analysis using the ATLAS.ti software for coding and writing of analytic memos.<sup>(34)</sup>

### RESULTS

#### Healthy food habits

When we asked the participants about their idea of a healthy eating, they referred to a

balanced diet, with reduced serving sizes, varied in meats, rich in vegetables and fruits, low in saturated and trans fats, and low in sugar and salt. Their distinction between healthy and not-so-healthy food is also related to the contrast between junk food and homemade food. They illustrated the category of junk food with the foodstuffs of the global company McDonald's, an icon known for its fast and little nutritive food, and also with their homemade, fast-making equivalents, such as sausages and hamburgers. Besides, several participants also categorized sweets and cookies as junk food whenever they are used as substitutes for any meal. Similar views apply to the abuse of pre-made meals, usually through meal delivery services. Carlos from Group 6 commented that to stay healthy it is important to "eat healthy food, try not to eat out often, try to avoid ... try to avoid junk food, fast food, and all that stuff." Later in the discussion, Carlos added that when he is at home, he rarely opts for meal delivery services, and that he avoids "junk food", "at most, every now and then, I go to a parrilla [a restaurant serving Argentine barbecue] and well, once a month we go somewhere to eat asado [barbecue]. But, well, if that is not the case, I cook every day." Homemade food is considered healthy because it facilitates a greater control during the process of food selection regarding the quality and freshness of the foodstuffs, and compliance with the safety and hygiene reguirements when making and storing food. Cecilia from Group 4 highlighted the importance of adopting a surveillance posture on food:

Cecilia: I have something with places where food is prepared [...] I moved right next to an empanadas shop [an empanada is a bread or pastry, baked or fried, stuffed with meat, cheese or other ingredients] from which I used to order, and ever since I moved in I haven't bought anything again, you know? I mean, you see the empanadas, you see the very same guy who delivers them to your place, he touches everything, grabs the money, and then goes back to the shop and keeps on folding some more empanadas and I say hey, let's not buy here, don't buy here, we'll make them at home. (Group 4)

Homemade food constitutes a shield against the risks caused by the growing trend of eating out in the Metropolitan Area of Buenos Aires<sup>(6)</sup>; in other words, the tendency to eat in restaurants and pubs, as well as consuming pre-made meals through meal delivery services, which is a very common practice among the middle class. Although boundaries are blurred, having control over homemade food constitutes a source of trust in the production process of whatever we eat. Even if homemade food is strictly associated with foodstuffs made at home, it also entails food cooked by other people, but in a more customized, crafted manner.

Based on the definition of participants regarding healthy food, we can observe that the hegemonic discourse on eating-defined in the nutritional guidelines created by experts and spread worldwide–makes up a large part of the cognitive repertoire with which participants identify the nutritional contents of food and their role in the prevention of diseases. Nutritional guidelines aim at modifying the citizens' eating habits in order to improve the population's health. A few decades ago, dietary experts designed the food pyramid establishing a hierarchy among the different food groups and also the appropriate serving sizes which affected the centrality of meat in human dietary practices.<sup>(4)</sup> More recently, the rounded plate icon has replaced the pyramidal representation and food has been divided into four groups of different sizes (vegetables, grains, proteins and fruits).<sup>(18)</sup> Argentina adopted the rounded plate guide in its "New Dietary Guide for Argentine Citizens" following the guidelines given by the Institute of Nutrition of Central America and Panama (INCAP) [Instituto de Nutrición de Centro América y Panamá] and the Pan American Health Organization (PAHO). This explains why, for instance, although many people do not follow the recommendations to lower salt consumption, they are highly aware of the importance of reducing salt intake as a means of preventing cardiovascular disease in the long term. Cynthia from Group 7 commented that, although she overuses salt, she is aware of the potential risks, and she does not want her child to take up the habit:

Cynthia: *I feel a strong connection with salt*. (She laughs)

Moderator: Because you use salt, or because you don't?

Cynthia: Because I use it, and with the excuse that I have low blood pressure I use it all the time. (She laughs again)

Alicia: Great, lucky you.

Cynthia: Yeah, I don't know, it is something that people use indiscriminately, that's true. Moderator: But... are you supposed to consume lower levels of salt having low blood pressure?

Cynthia: Uhm, mostly it has to do with family habits, not because... I mean the kid is only four and he's already asking for it, so then I have to pretend I add salt when the food has actually been cooked with salt. I don't want him to take up the habit. Alicia: Right, you don't want him to pick up the shaker and put salt on food. Moderator: No, what I meant was whether

it is bad for your health to add salt to your meals...

Cynthia: Oh no. No, no. Not for now. Let's see what happens when I get older, and my arteries are a bit more clogged. (Group 7)

As well as the dietary recommendations to lower salt consumption, the advice to cut out trans fat intake to prevent cardiovascular diseases has been widely spread, and public health authorities have recently banned the use of trans fats in food production. One of the national policies which aim at the elimination of trans fats is the initiative "2014 Argentina free of trans fats" [Argentina 2014 libre de grasas trans] and the amendment to the Argentine Food Code (CAA) [Código Alimentario Argentino]. Regarding sodium consumption, one of the national initiatives that stand out is "Less Salt More Life" [Menos Sal más Vida], which aims to reduce salt levels in dough and processed foodstuffs, as well as Act No. 26905, which regulates sodium consumption.

Although the participants knew about the harmful effects of trans fats in their diet, confusion arose when it came to naming the technical terms used to classify the harmful substances.

Gabriel: If I had to choose between two meals that I like, and one of them doesn't contain transgenic fats, I'll choose it over the other.

Moderator: Trans. Gabriel: Trans. Is that transgenic? Moderator: No. Gabriel: What is trans then? Moderator: Trans fats are... How are they? Milo: The bad ones, saturated. Gabriel: Saturated. (Group 3)

Through this transcription, we can see that knowing the technical distinctions and reading information on nutritional labels requires consumers to have a level of understanding and "literacy" so as to make informed decisions, and it also shows a watchful attitude towards the quality of processed foodstuffs.<sup>(35)</sup> Women from Group 4 showed their need to stay informed after going through negative experiences related to the consumption of products with dubious nutritional values, even in big supermarket chains, where one would expect that market policies regulating the quality of foodstuffs for sale are followed.

Rosario: One candy that makes me really angry is Hamlet. I think to myself: there's no way that now they sell it in big supermarket chains, in the candy section, and it has no chocolate, it has zero chocolate. Cecilia: Yes, that's right. Rosario: It's all hydrogenated oil. (Group 4)

Medical discourses on healthy eating are spread through the mass media, passed by experts' advice in medical consultations and also transmitted by word of mouth in our daily social interaction settings. Members of all focus groups recalled the participation of physicians and nutrition experts in television food programs, cooking shows, and in the news programs. They also mentioned radio shows, newspapers, journals and websites. Participants from Group 5 used the term "bombarding" when referring to the increasing journalistic coverage of healthy lifestyle practices. Although participants complained about the overflow of information and advice in mass media, they appreciate its educational function regarding food issues. Thus, women from Group 4 noted that TV shows providing dietary advice for the prevention of cardiovascular diseases are beneficial, and, at the same time, they demanded wider diffusion of sanitation methods to prevent foodborne diseases in the preparation and storage of food. Participants also expect governmental agencies to play a more active role through public health promotion campaigns in order to warn consumers about misleading advertisements of products which contain harmful substances. To illustrate this point, Leo claimed: "I've never seen ads recommending 'don't have soft drinks because they rot your teeth, start drinking water." (Group 3)

When sharing their conception of healthy eating, several participants made reference to new eating trends. In Group 2, which is made up of younger women, the participants emphasized the existence of new healthcare practices, also calling them a "trend" around healthy food, associated with natural foodstuffs and the "green" culture of environmental care. Although the participants mentioned an increasing coverage of these topics in the media, they stated that mostly all information regarding new consumption approaches and lifestyles is found in their social networks and on the Internet. This is not surprising if we consider that communication experts highlight the importance of new digital platforms for the exchange of information on health and wellness which lead consumers to question the ruling discourses and pluralize public knowledge.<sup>(36)</sup>

Moderator: And about that, basically, what other means of communication do you recall? You mentioned radio, TV... Verónica: You mean naturist foodstuffs? Moderator: Yes.

Verónica: *Word of mouth, in my opinion*. *Valeria: I agree*. [Juana and Micaela also agree]

Valeria: I believe it spreads by word of mouth, through social networks... digital magazines promoting sustainable lifestyle that I sometimes read for recycling tips. It is all about how to adopt a healthy lifestyle and the markets; you know... where you can get fruits free of pesticides, whatever, preservatives, and all that stuff. Like the "Sabe la Tierra" market in San Fernando, or any other market like that which is more like... natural, whatever you buy there, that's all about going green, which I believe is a really cool thing so long as people get involved with, because it's only beneficial for our health. (Group 2)

The few participants who guestioned the dominant dietary recommendations were mainly those who had wider experience in the adoption of alternative diets, and those with greater knowledge about food experts' debates and dissensus on healthy eating. In the focus group discussions, the participants noted the importance of keeping a critical eye on the recommendations given by the medical discourses as well as by the food industry. For example, Mariana from Group 2, who had been making the transition to vegetarianism, said that mostly all information on lifestyle choices demands reflexive consumers, and, at the same time, it empowers consumers to cope with the pressure of plurality of choice within the food system.

Mariana: As there is so much stimulation and consumption it's like, we got to choose.... And, you know, with all this information you must decide and maybe it wasn't like that before... That's the thing, there's more public attention, people are more aware, and so they don't just buy anything that easy. [...] And... I've been a vegetarian for the past year, and for me that means to be much more conscious of what I eat, and what I choose to eat. Then my boyfriend for instance, his family also eats organic foodstuffs, so... uhm, they don't take pills, they have uhm... herbal medicines and this is something that currently is seen more and more often... people consuming natural stuff. (Group 2)

# Priorities in conflict when making consumption decisions

Mothers with school-age children articulated their concern about the nutrient profiles of the foodstuffs found in the market segment targeted at children through persuasive micro-marketing strategies which associate the consumption of these products with having fun.<sup>(18,37)</sup> These women adopt a protective attitude against the constant offer "bombardment" but, at the same time, they need to do negotiations. To illustrate this, women from Group 4 mentioned how they regulate their grocery shopping, and opt for making homemade pastries, thus letting their children consume the products that they find inconvenient only at social gatherings. Through this negotiation, mothers intend to preserve their children's sociability with their peers, as they understand that food has a symbolic value and constitutes a means for strengthening peer group affiliation and belonging<sup>(16,28)</sup>:

Susana: The thing is we're constantly bombarded with offer, marketing... If you think about the kids... kids constitute an elite market currently [...] dairy products, candies, cookies, cereals...

Rosario: What I try to do with my family, and what I personally do is, well, I don't know, for instance I always read the nutritional labels, I always read the levels of trans fats, hydrogenated oil [...] So, what do I prioritize? Well, this thing I was telling you... I try to choose handmade food, and you know... I mean, I bake a cake and I use butter, okay. [...] But then my kids' friends come over and bring a pack of whatever and well, they eat it. It's all about balance [...] [so] they have an acceptable social life. (Group 4)

Following DeVault's arguments on women as the household caretakers through their "feeding work", Koch<sup>(38)</sup> maintains that as long as food is linked to our health, well-being and, ultimately, preservation of life, then all responsibility lies within the mothers. As noted above, all these expectations surrounding the role of mothers of children and preadolescents are subject to negotiation within the households on a daily basis. Elliot<sup>(37)</sup> notes that currently, as the market segment aimed at children has grown significantly, children have a much greater influence in family purchase decisions. This is why, following Aguirre,<sup>(39)</sup>traditional purchase patterns within the households have reversed. Our research study shows how mothers adopt certain strategies to find a balance between caring demands that are in conflict, such as focusing on the nutrient profiles of foodstuffs and their children's preferences for certain products marketed by the industry and that they usually share with their peers.

Similarly, several women question the fast-food products that the food industry offers for families. One participant points out that this position contradicts the advertisements that promote the stereotype of modern mothers who use processed products to make tasty food with little effort. The phrase "1'll never be the Luchetti mom" [a character from an advertisement campaign of a pasta brand] summarizes the decision made by Rosario, a member of Group 4, not to emulate the stereotypical mother who complies with the interests of the fast-food industry, and therefore chooses to go back to more traditional ways of cooking. Hence, we can observe how the consumers actively perceive and transform symbolic meanings encoded in advertisements, to manifest their personal and social circumstances and further their identity and lifestyle goals.(40)

On the contrary, participants from Group 7 thought it more advisable to adopt a more relaxed surveillance posture on food, in order to find a balance between tasty, easyto-cook foodstuffs, and healthy, elaborate meals when making the family menu. Within this negotiation framework involving these conflicting priorities, the participants mentioned the meal delivery services and junk food as positive sources of food. One female participant even mentioned the concept of "cheat days" when she explained that adopting a more relaxed posture on food discipline has to do with family rituals of enjoyment.(41) Cooking healthy food on a daily basis is usually a feminine, unnoticed task, it is time-consuming and it also requires menu planning and grocery shopping.<sup>(39,42)</sup> To occasionally opt for junk food and meal delivery services represents a kind of "treat" that women allow themselves, which reinforces the moral nature of healthy diets that women-mothers try to adopt:

Cynthia: Yeah, and this thing about being like... once a week being like "from now on, in this house we'll eat healthy, okay?" and by the next day I don't feel like cooking so I order a pizza. It's hard to, with all this rushing and hurrying... to actually cook healthy food and not end up cooking a burger or the sausages you have in the freezer.

Gabriela: Yes, it actually takes time, and much more effort.

Cynthia: Because... When you go grocery shopping, you know that some days you just won't have the time, so you buy these things beforehand knowing that you're going to use them sometime. Healthy cooking takes some extra effort.

Alicia: I have one "cheat day..." I even put it in my calendar, Friday noon at home we eat hot dogs. Just like that. Friday noon, I don't cook. [...] The rest of the days in the week I cook, but I allow myself an escape from that, you know? Friday noon, well... we have fast food and that's it. (Group 7) Younger females and males who live on their own and have full-time jobs, or those who have a job and go to university, stated that it is not only their lack of time but also their lack of motivation to cook and set up a dietary routine for themselves that makes it much more convenient to eat out.

## Changes in the views of experts and in the interests of the food industry

Several participants noted that the changes over time in the views of dietary experts regarding adequate food as a source of uncertainty about which advice should be taken into account. The example discussed was the recommendation to reduce the consumption of red meat in order to prevent cardiovascular diseases. As seen in the following testimony, the provisional and revisable nature of the scientific discourse<sup>(1)</sup> leads to more uncertainty about eating habits, but it also allows consumers to put several recommendations into perspective and not follow them, and even to make ironic comments on some of the potential consequences by assuming that "we all die for some reason."

Carlos: Yeah, well... some years ago doctors said smoking was good... Patricio: But they recommend a varied diet, they don't say "don't eat meat." Carlos: Because it's fashion. Andrés: No, I don't know. Carlos: They say what is fashionable and then it becomes trendy. Patricio: Pork meat, in some cases, is cheaper than bovine meat cuts... And it's advisable to eat pork meat. Moderator: Yes, their views change, don't they? I mean, the recommendations. Patricio: Yeah, it's true. Well, tomorrow they tell you that pork meat may cause cancer and we're all fucked up... but well... something so extreme. Andrés: We all die for some reason. (Laugh) (Group 6)

Following Lupton<sup>(13)</sup> and Ward *et al*,<sup>(2)</sup> a possible response to the changes in the medical discourse about healthy food is to completely ignore the recommendations and to trust in one's discretion when making dietary decisions. As these authors<sup>(2)</sup> say:

...the "blame" was laid at the feet of both the scientific community for changing ideas about the "truth", and the media for scaremongering.

The questions and doubts about food recommendations are also related to a more widespread attitude of awareness when consumers suspect that these recommendations may follow the interests of the food industry. It is the disagreement itself within the scientific community that gears the attention towards commercial interests, according to which nutritional guidelines may be drafted. Susana from Group 4 made it clear that she "is very suspicious" and also shared how her doubts about food for children increased after reading a medical article published in a journal:

Susana: There's an article, I've just read it, about the food pyramid, especially for children, and it was interesting. I read that, well, it said that the largest shelf of the pyramid, which is composed of cereals... I read that he [a physician] thinks that it is wrong, because there is this background of, well, you know, what we all know in this world: business, demand, top selling products... What he said was that for him, the bottom shelf of the food pyramid should be composed of vegetables, fruits, and not of flour-based products, cereals, which are of different colors, flavors, this and that. (Group 4)

Personal experiences involving alternative approaches which prioritize the concept of "food as medicine" also represent a source of knowledge to support more critical views on mainstream dietary recommendations, as the consumption of dairy products in children and adults. Rosario from Group 4, who has Rosario: I often find myself directly opposed to many of the... usual recommendations, I mean... I'm against them. Uhm, the consumption of dairy products, I don't think that is... Many of the things they say are healthy... I mean, I think anything is better than the traditional breakfast meal of toast and a glass of milk in the morning. (Group 4)

## Low-calorie products and functional products

Although men and women, especially younger women, from almost all focus groups used to consume low-calorie products on aesthetic grounds, several participants expressed their doubts regarding the nutritional labeling of low-calorie products and also mentioned the technical expertise that is required to understand them. Participants also complained about the high costs of the products from this market segment. They questioned the business logic of the food industry when advertising low-calorie products as healthier than their more affordable and traditional equivalents (the idea of having a varied but moderate diet), and also how experts can demystify these beliefs. Beatriz from Group 7 concluded that low-calorie products are "deceitful" according to her husband's nutritionist, who advises him on how to lose weight and who "taught him how to read the nutritional labels" at the supermarket, because if you don't, "you see the green label and you just take it." We observe that the consumers improve their technical expertise through a process of re-skilling, so they can become critical consumers and face up to the powerful forces of the market.<sup>(1)</sup> The participants also claimed State intervention through regulatory agencies in charge of controlling the authenticity of the advertising messages and of the information contained in nutritional labels:

Diego: The problem is the lack of audit regarding public policies and so on. There's no way that, in time, you realize that... for instance, the Chocoarroz [low calorie pastry made of rice and chocolate], which was a selling success and everyone said it was a diet snack... now it turns out it has more calories than an alfajor [chocolate-coated biscuit filled with a milk-based caramel very typical of Argentina]. (Group 5)

But even if the public trust in specialists leads to the empowerment of consumers standing against a food market that gives rise to a lot of suspicion, the trust placed in these experts is far from being blind. Following Giddens,<sup>(11)</sup> we note that in late modernity the relationship between experts and lavpeople is in conflict, and contains elements of faith confidence and also of doubt and skepticism. On the one hand, people resort to nutrition sciences as a source of "objective" information to face up to the profit motive of food industries, on the other hand, people are suspicious of nutritionists' personal interests. Especially when such dietary advice is introduced by doctors who are in the public eye and who share interests with the industry in the promotion of certain products. In these cases, doctors' recommendations raise suspicion:

Diego: I don't know if it was [Dr.] Cormillot, who probably didn't get his share... (Laugh) But I've heard him, and he is the one who destroyed the Chocoarroz. Moderator: Do you really think so? Diego: Yeah, he totally destroyed it. But the turrón... [Low calorie, peanut-based Argentine snack] Moderator: Oh! Really? Diego: And he said wonderful things about the turrón because, you know, it's... and now we see turrones everywhere. (Group 5)

Participants expressed a wide variety of opinions with regard to low-calorie products as industrialized and potentially risky foodstuffs.

When the moderator asked if low-calorie products were healthy, participants answered they were healthy only when they have low levels of or no "bad" fats. Nevertheless, participants also referred to the potential toxicity of low-calorie products, especially in the case of artificial sweeteners. Those who often consumed low-calorie products expressed the ambiguity they experienced in trying to find a balance between their concerns on health and on weight gain ("healthy products also make us gain weight" Group 1), as they chose to consume low-calorie products on aesthetic grounds.

Information spread by the media regarding the carcinogenic effects of saccharin allows several participants to account for their preference to consume foodstuffs that "make us gain weight" (with high sugar levels); and at the same time allows other participants to refrain from consuming saccharin, but still opt for other low-calorie products whose potential health risks have not yet been discovered. For example, non-nutritive artificial sweetener aspartame or aspartame was included in the Argentine Food Code with an admissible daily intake up to 40 mg/kg of the body weight. Due to the massive panic caused by the widespread information on its potential danger, many years ago the National Administration of Drugs, Foods and Medical Devices (ANMAT) [Administración Nacional de Medicamentos, Alimentos y Tecnología Médica] published an article describing the safe use of aspartame in accordance with existing scientific research and international regulations.(43)

The cognitive rejection towards the artificiality of low-calorie products, the fear of their potential toxicity, and the dislike of their flavor all lead several participants to avoid the consumption of low-calorie products. So is the case of Rosario from Group 4, who does not buy low-calorie products because she considers them to be bad for her health: *"I'd rather eat a kilo of sugar than a kilo of aspartame* [...] *I don't like it because I think it's not good."* 

Functional products were also criticized. As argued by Chen,<sup>(24)</sup> conventional foodstuffs and medicinal products constitute, in essence, two different cultural categories in Western societies. Upon this differentiation, functional products (also called nutraceutical products) raise doubts regarding the concept of "food as medicine." The liminal status of functional products indeed raises doubts and suspicion among the participants regarding the intentions of the food industry to boost sales by creating "new" sick people who will end up depending on these products of dubious status:

Diego: Well, for example, sometimes they kind of create certain diseases. For instance, La Serenísima [Argentine product brand] produces Actimel [probiotic yogurt-type drink], or any other product for reducing cholesterol levels, but having 10 of them all of a sudden is not the way, is it? First, you got to go see a doctor. This is why I believe they create diseases, 'cause it's them who provide us with the solution. It's quite aggressive, you know, the marketing, the advertising... They want to impose those things on us [...] La Serenísima produces Actimel, Activia [digestive vogurt-type drink], for example, and I bet there are no elderly people who don't actually have Activia. You go to the supermarket and everyone has health issues! (Group 5)

Once again, medical consultations function as a safeguarding measure against the potential health risks caused by the marketing strategies implemented by food corporations. In connection with research studies on "active audiences", this attitude shows that consumers keep a critical eye on certain products and brands.<sup>(44,17)</sup> Although functional products raise suspicion, participants appreciate some of their benefits for human health, such as boosting the immune system and improving gut flora:

Cecilia: I often have that [referring to Actimel] when they are with... when I notice their immune system is low... They consume it for a season. Because Sandro once actually suffered from this... uhm, what's the name of it? Well, he suffered from a foodborne disease, at first no one realized what it was, he caught up a bacteria. He went through several stages until it was discovered that this disease was the cause of his condition, but well, it was only after a phone call with a friend of mine [who is a physician], and also after a stool test was carried out, as it had to be, but no one prescribed it to him. And uhm... she told me that meanwhile he should have it... that she is not a good friend of Actimel, I don't know, but well, she told me that ... And it actually helped him, I mean, somehow he boosted his... Actimel helped him better face up to the bacteria [...]. Now that Gerardo [her husband] is suffering from ... I brought him some ... And I even brought a skimmed one, because his intestine, my dear! He's been dealing with it for so long, so I tell him: well, go ahead and have one of these, but they're still over there, waiting, and maybe the kids in those times that... Agustín [her son] who is ill now, he may have some, but it's not a product we have very often. (Group 4)

Several participants are even casual consumers of probiotic yogurts just because they like the flavor, paying no mind whatsoever to the health beneficial properties for which these products are advertised. For example, Enrique said: *"I have one* [Activia] from time to time because I find it tasty, but not because... I really don't pay attention to its properties..." (Group 8)

# Organic food, food minorities and ethical environmental concerns

The participants' criticism of the food industry was not only based on their suspicions about marketing strategies, but also on the potential health risks produced by processed food and by the increasing worldwide use of technology in the agricultural production processes. This is all about the "bad", or negative consequences of the industrialization processes that have a global impact,<sup>(12)</sup> and which raise public uncertainties and anxiety regarding dietary habits due to the growing public attention to health risks.<sup>(14,1)</sup>

Our study reveals that the participants who have more knowledge on the characteristics of organic foodstuffs pay more attention to health risks. Participants mentioned not only the trans fats contained in industrialized foodstuffs, discussed in previous sections, but also genetic modification, toxic agricultural chemicals, preservatives, artificial dyes and hormones, among other technological methods that alter the nature of food and risk human health. The alterations to the flavor of the products, their life cycle, and the seasonal nature of food production, are now combined with the risk of toxicity. These factors lead consumers to reduce or avoid the consumption of these products, and also make way for ironic comments regarding the potential and unknown risks for human health. Cecilia from Group 4 mentioned food products that are considered healthy from a nutritional perspective, as chicken and soy, but which have recently become an emblem of the potential health hazards of foodstuffs produced by the agricultural industry:

Cecilia: It happens to me with chicken [raised in factory farms], which I think is the worst food of all, generally speaking. I mean, we don't know what we are eating when we eat chicken. I quit eating meals with soy, I used to eat soy and it even played a big role in my diet, and also tofu, which is disgusting, but if you ask me, no, I don't have soy anymore. Moderator: Why? Cecilia: Well, because you don't get natural soy, it's transgenic. (Group 4)

Cecilia continued sharing her thoughts on "denatured" vegetables that have lost its flavor with regards to their traditional equivalents from the past<sup>(45)</sup> and that have been exposed to several processes of chemical and biological pollution.<sup>(46)</sup> She mentioned "*fish-flavored tomatoes*" and she also expressed her doubts on the artificial durability of fluid milk. The participant even laughed at the potential effects ("*we'll suffer mutations*") on the human body of the use of technology:

Cecilia: Milk has so many chemical compounds on it now that it has no expiration date! It could last forever. So what we drink probably differs a lot from actual milk, but well, we'll suffer mutations [...] Anyway, I do think that there is something wrong with the quality of the food... beyond the food we choose, I mean the vegetables we eat aren't safe, or... [...] What I'm trying to say is, you try to avoid, you avoid lots of things, and then you eat something which contains big amounts of pesticides that the body then has to assimilate. (Group 4)

If we take this testimony into account, we may note that, as Fischler summarizes – quoted by Lupton  $-^{(4)}$  contemporary urban consumers consider that food-related health risks are not anymore a result only from the fear to biological decomposition, but also, and essentially, to chemical additives, traces of toxic compounds or excessive processing.

In contrast with the "denatured" products from the agricultural industry, organic foodstuffs – which were hard to define for many of the participants - were positively viewed for their flavor and freshness, as well as for not being risky for human health. Although all participants recognize the superiority of organic food regarding flavor and nutritional value, they complained about the high costs of these products and about the difficulties to purchase them due to the location of supply places, which contrasts with the greater accessibility of ordinary, massively distributed products. Participants also noted the elitist nature of this food market segment, as it happens in other national contexts.<sup>(23)</sup>

According to Aguirre,<sup>(39,26)</sup> the organic production spread in Argentina in the 1990s, entering international markets mainly. By the year 2006, the prices of organic food offered in local markets were 20% or 30 % higher than their ordinary equivalents. We estimate that the price gap in several organic foodstuffs is even greater currently, although there are several cases of direct purchasing producer-consumer, in alternative street markets which offer products at fair prices, and where many farmer communities exclusively sell products that comply with the ethical and solidarity criteria of fair trade.<sup>(47)</sup> In line with these values, the Ministry of Social Development along with the National Institute of Agricultural Technology (INTA) [Instituto Nacional de Tecnología Agropecuaria] launched the ProFarms Project [Programa ProHuerta] 25 years ago. This initiative aims at promoting the development of agro-ecological farms nationwide, for family and community consumption within the most vulnerable social groups, through policies of social inclusion and health promotion.

Several participants used to consume organic vegetables and fruits in the past, but they eventually stopped doing so because of price and convenience. The consumption of organic food, which is hard to maintain over time, also shows the limitations on food control practices that may be implemented at an individual or family level to manage the health risks caused by the dominant methods of food production, and by the threats of the physical and urban environment where daily life takes place. These risks require collective action and public policies of food control and environmental care, as well as corporate responsibility regarding the growing degradation and pollution of the urban environment.<sup>(46,48,49)</sup> Taking these conditions into account for a healthier urban life, Rosario and Cecilia analyze more critically the scope of the changes that they once tried to make to their dietary habits, and they mentioned the environmental pollution to which they are exposed by living in a middle and lower middle class neighborhood in the city of **Buenos** Aires.

Cecilia: I've lived next to the highway for fourteen years, or fifteen, or sixteen years, so if you don't catch a flu, uhm... or something in your brain... Graciela: Yes, yes, I agree...

Rosario: Because you just can't breathe when... I mean, I go out and walk down a street where there are three different bus lines passing by, and in the morning, when I wake up, I leave and I go to work ... And I think, what is the use of all this organic stuff? (Group 4)

In other focus groups, several participants expressed their doubts regarding the local processes of organic certification, and they also questioned the high prices of the products, this being the main reason why they gave up organic consumption. Participants also criticized the extreme views regarding food anxieties. Mara from Group 2 claimed: *"Besides, I mean, the extreme organic consumer, the one who thinks everything is harmful, everything is carcinogenic, all of it. I mean, it's okay, but calm down."* 

Only few participants made reference to the environmental damage and animal suffering caused by the dominant methods of agricultural food production. Milo from Group 3 brought the conversation round to this topic when he talked about his decision to become a vegetarian and to opt for organic consumption. He described his transition as a process of becoming aware of the many levels of damage caused by the dominant agricultural food production system. Milo, who was pursuing a postgraduate degree in Ecology and Renewable Energies, highlighted the importance of staying informed so as to become aware of the ethical and political dimensions of food consumption decisions:

Milo: I became a vegetarian and, as I try to eat organic foods... and... especially vegetables grown in farms, if possible, I mean, not the ones sold in supermarkets, if possible. And seed and grains and all that. Moderator: And why did you start with all this?

Milo: On the one hand, mainly because I feel a strong aversion to industrialization... whether animal, business or pesticide industries, and..., on the other hand, because... well, basically for health care reasons, you know? But it's not even that... I mean, mainly it has to do with being aware of what food industrialization implies, and to which I'm opposed. [...] Regarding all this shit we eat every day and also animal suffering [...] I believe that, if many of us actually knew what they do to all these animals we eat in asados, we would stop eating them. [...] And even worse is the case of vegetables and pesticides, right? But... I think the most important thing is to stay informed... as you say, and that's when you change your mind and do the things you... that's where you can choose. (Group 3)

Milo's declaration in favor of sustainable food consumption and elimination of animal cruelty gave rise to a debate within the participants. They highlighted the difficulties in trying to stop eating meat, as the Argentine cuisine is defined by the centrality of meat, and as red meat is associated with personal pleasures and with masculinized eating rituals (like the asado).<sup>(50)</sup> As Gabriel from Group 3 stated: "For me, eating is a pleasure... an essential pleasure. So then, I won't just eat as a robot according to what is best for my body." Concerning organic foodstuffs, the participants in the study also prioritized low costs and accessibility of ordinary, massively sold products.

When assessing vegetarianism and veganism as dietary options, several participants referred to the need of having an *ad hoc* cultural capital – that is to say, information on how to replace the consumption of animal products without suffering from nutritional deficiencies, – which would demand personal effort and time for regaining food socialization. Members of Group 5 even disregarded followers of these movements claiming they constitute "sects", and then shared their negative prejudices and feelings of rejection towards food minorities:

Alicia: There's no fucking way I'd stop eating meat! [...] I find it very disgusting, you know, the macrobiotic person that puts his meal in the blender and then gets a green or brown juice, oh, just drop it... Moderator: Where did you see that? Alicia: In the movies, and one crazy woman I met once.

Cynthia: I've tried that, when I worked downtown I tried grass. I was working downtown back then, and they set up those cool shops to boost the organic movement, so I tried it. Moderator: What did you try?

Cynthia: Grass.

Alicia: Grass?

Cynthia: Yeah, grass. They call it that, or... I can't remember, a grass smoothie, and I tried it...

Beatriz: Grass? Really?

Cynthia: Grass, yes, grass. I don't know, the store was called Punto Fresco, or... well, yes. The juice was that green juice, you know. It was so disgusting I left it there, I sipped twice, it cost me ARS 50 and I just threw it away, disgusting! I walked into the sandwich place next door and I ate a "milanesa completa" [Argentine typical meal of breaded, fried or baked, steak accompanied by tomato, lettuce, fried eggs, cheese and jam]. (Group 7)

This testimony shows the symbolic meanings attributed to foodstuffs whenever their flavor and texture arouse aversion according to the dominant cultural categories, and also how moral boundaries are drawn among consumers and products depending on the rationality allocated to food choices.<sup>(4,13,17)</sup>

### **CONCLUSIONS**

Throughout this article, we showed the complexities of contemporary eating practices. Members of the focus groups incorporated the scientific and nutritional knowledge into their healthy food conception. Nonetheless, several questions aroused regarding the prevailing recommendations, especially within those participants who were best acquainted with alternative food diets, and more attentive to the debates of dietary experts. One of these recommendations is the consumption of meat, though lean and in moderate amounts, and low-calorie products. Health risks caused by processed foodstuffs were also noted, as well as the growing public attention regarding trans fats and salt content.

Although participants considered organic food to be positive because of their flavor, lack of toxicity for the human body and benefits for the environment, they complained about the high costs of these products and the location of supply places. Upon this elitist market segment of organic food, and compared to conventional food products massively produced by the agricultural industry, mostly all participants prioritize low prices and accessibility to supply places. Similarly, whilst few participants promote sustainable consumption, others – although they share the concern regarding food quality - critically consider the scope of individual and family efforts in food surveillance given the other risks they find themselves exposed to on a daily basis. These risks include environmental pollution, which requires policies of corporate responsibility and State regulations.

In Argentine cuisine, the centrality of red meat is such that the plausibility of cutting down on its consumption is brought to question, although there is a general feeling of rejection towards animal cruelty implied in the agricultural industry. Participants prioritize the personal pleasure connected with the consumption of red meat, and the social pleasure related to sharing certain meals, especially during the food ritual of the asado. The participants' consumption practices show their beliefs that eating is not only a nutritional and ethical action, but also an enjoyable practice and a social gathering shaped by the mainstream gastronomic culture. Furthermore, participants noted the efforts implied in non-carnivore food re-education so as to avoid suffering from nutritional deficits.

Technical expertise is one of the resources used by participants to protect themselves from misleading advertisements and marketing strategies of the food industry. Technical expertise is essential for participants to understand the information contained in the nutritional labels, and to be aware of the existing contradictions within the scientific community regarding healthy eating. However, the changes over time in the views of the scientific community and the contradicting recommendations of specialists raise nothing but doubts and uncertainties, and even suspicion regarding the profit motives to which experts' advice may be related. Amid all these uncertainties, the participants in this study demand wider information through massive public campaigns promoting healthy eating, and also acknowledge the role media plays with regards to food education. Participants also expect greater State intervention to control advertising messages of products which are promoted as healthy.

### ACKNOWLEDGMENTS

The study was funded by the Department of Science and Technology at the Universidad de Buenos Aires, through the research projectUBACyT 20020110200178, Seeking holistic health practices?: Discourses on health care, social inequality and lifestyles [Proyecto UBACyT 20020110200178, ¿En búsqueda de la salud holística?: Discursos de cuidado de la salud, desigualdad social y estilos de vida]. Matías Ballesteros, Mercedes Krause, Pablo Borda and Julia Bonetto were all members of the research team. Special thanks to Matías Ballesteros for his critical reading of the first draft of this article, and to those anonymous reviewers for their valuable feedback to improve this article.

#### REFERENCES

1. Menéndez EL. De sujetos, saberes y estructuras. Buenos Aires: Lugar Editorial; 2009. 2. Ward P, Henderson J, Coveney J, Meyer S. How do South Australian consumers negotiate and respond to information in the media about food and nutrition?: The importance of risk, trust and uncertainty. Journal of Sociology. 2007;48(1):23-41.

3. Organización Mundial de la Salud. Dieta, nutrición y prevención de enfermedades crónicas (Serie Informes Técnicos 196). Ginebra: Organización Mundial de la Salud; 2003.

4. Lupton D. Food, the body, and the self. London: SAGE; 1996.

5. Fischler C. Food, self and identity. Social Science Information. 1988;27:275-93.

6. Traversa O. Hábitos alimentarios y construcciones discursivas. In: Traversa O, (comp). Comer, beber, hablar: Semióticas culinarias. Buenos Aires: La Crujía; 2011.

7. Lipovetsky G. La felicidad paradójica: ensayo sobre la sociedad de hiperconsumo. Barcelona: Anagrama; 2010. 8. Conrad P. Wellness as virtue: Morality and the pursuit of health. Culture, Medicine and Psychiatry. 1994;18(3):385-401.

9. Bourdieu P. La distinción: criterios y bases sociales del gusto. Madrid: Taurus; 1984.

10. Crawford R. Health as a meaningful social practice. Health. 2006;10(4):401-420.

11. Giddens A. Modernity and self-identity: self and society in the late modern age. Stanford: Stanford University Press; 1991.

12. Beck U. World risk society. Cambridge: Polity; 1991.

13. Lupton D. Food, risk and subjectivity. In: Willams SJ, Gabe J, Calnan M, (eds). Health, medicine and society. London: Routledge; 2000.

14. Fischler C. Las funciones de lo culinario. In: Piaggio LR, Solans AM, (comp). Enfoques socioculturales de la alimentación: Lecturas para el equipo de salud. Buenos Aires: Akadia; 2010.

15. Aguirre P. La construcción social del gusto del comensal moderno. In: Katz M, Aguirre P, Bruera M. Comer: Puentes entre la alimentación y la cultura. Buenos Aires: Libros del Zorzal; 2010.

16. Murcott A. Social influences on food choice and dietary change: a sociological attitude. Proceedings of the Nutrition Society. 1995;54(3):729-735.

17. Sassatelli R. Consumo, cultura y sociedad. Buenos Aires: Amorrortu; 2012.

18. Guptill A, Copleton D, Lucal B. Food and society: principles and paradoxes. Cambridge: Polity; 2012.

19. Lorenzen JA. Going greln: The process of lifestyle change. Sociological Forum. 2012;27(1): 94-115.

20. Maye D, Kirwan J. Alternative food networks. Sociopedia.lsa. 2010. doi: 10.1177/205684601051.

21. Patel R. Obesos y famélicos: Globalización, hambre y negocios en el nuevo sistema alimentario mundial. In: Piaggio LR, Solans AM, (comp). Enfoques socioculturales de la alimentación: Lecturas para el equipo de salud. Buenos Aires: Akadia; 2014.

22. Patel R. Soberanía alimentaria: poder, género y el derecho a la alimentación. In: Piaggio LR, Solans AM, (comp). Enfoques socioculturales de la alimentación: Lecturas para el equipo de salud. Buenos Aires: Akadia; 2014.

23. Johnston J, Szabo M, Rodney A. Good food, good people: Understanding the cultural repertoire of ethical eating. Journal of Consumer Culture. 2011;11(3):293-318.

24. Chen NN. Food, medicine, and the quest for good health: nutrition, medicine, and culture. New York: Columbia University Press; 2009.

25. Phelan JC, Link BG, Tehranifar P. Social conditions as fundamental causes of health inequalities: Theory, evidence, and policy implications. Journal of Health and Social Behavior. 2010;51(1):28-40.

26. Aguirre P. Estrategias de consumo: qué comen los argentinos que comen. Buenos Aires: Miño y Dávila; 2006.

27. Lupton D. Lay discourses and beliefs related to food risks: an Australian perspective. Sociology of Health and Illness. 2005;27(4):448-467.

28. Mintz S, Du Bois CM. The Anthropology of Food and Eating. Annual Review of Anthropology. 2002;31:99-119.

29. Krueger R. Focus group: A practical guide for applied research. London: Sage; 1988.

30. Liamputtong P. Focus group methodology: Principles and practice. London: Sage; 2011.

31. Sautu R. El Análisis de las clases sociales: teorías y métodos. Buenos Aires: Ediciones Luxemburgo; 2011.

32. Otamendi MA, Otero MP. Valoraciones sobre seguridad y tenencia de armas de fuego en Buenos Aires: un estudio con grupos focales. In: Sautu R, (comp). Práctica de la investigación cuantitativa y cualitativa: La articulación entre la teoría, los métodos y las técnicas. Buenos Aires: Lumiere; 2007.

33. Freidin B. Los límites de la solidaridad. Buenos Aires: Lumiére; 2000.

34. Maxwell JA. Qualitative research design: An interactive approach. Thousand Oaks: Sage Publications; 1996.

35. Bildtgard T. Trust in food in modern and latemodern societies. Social Science Information. 2008;47(1):99-128.

36. Waisbord. S. Perspectivas críticas en investigación y salud: ideas para investigaciones futuras. In: Petracci M, (coord). La salud en la trama comunicacional contemporánea. Buenos Aires: Prometeo; 2015.

37. Elliot C. Publicidad de alimentos para la diversión (fun foods): Descripción y análisis de los mensajes en los alimentos dirigidos a los niños/as en los supermercados. In: Piaggio LR, Solans AM, (comp). Enfoques socioculturales de la alimentación: Lecturas para el equipo de salud. Buenos Aires: Akadia; 2014.

38. Koch SL. A theory of grocery shopping: food, choice and conflict. London: Berg Publishers; 2012.

39. Aguirre P. La comida en los tiempos del ajuste. In: Torrado S, (dir). El costo social del ajuste (Argentina 1976-2002), Tomo II. Buenos Aires: Edhasa; 2010.

40. Arnould EJ, Thompson CJ. Consumer culture theory (CCT): Twenty years of research. Journal of Consumer Research. 2005;31(4):868-882.

41. Denham S. Relationships between family rituals, family routines, and health. Journal of Family Nursing. 2003;9(3):305-330.

42. Thompson C. Caring consumers: Gendered consumption meanings and the juggling lifestyle. Journal of Consumer Research. 1996;22:388-407.

43. Administración Nacional de Medicamentos, Alimentos y Tecnología Médica. Boletín para consumidores Nº43 [Internet]. 2010 [cited 10 Jan 2016]. Available from: http://tinyurl.com/hl7gccz. 44. Wilson T. Understanding media users: from theory to practice. East Sussex: Wiley-Blackwell; 2009.

45. Contreras J. Patromonio y globalización: la identidad culinaria como respuesta. In: Piaggio LR, Solans AM, (comp). Enfoques socioculturales de la alimentación: Lecturas para el equipo de salud. Buenos Aires: Akadia; 2014.

46. Breihl J. La epidemiología crítica: una nueva forma de mirar la salud en el espacio urbano. Salud Colectiva. 2010;6(1):83-101.

47. Erbetta E. Del productor al vecino: crece la feria orgánica de Agronomía. La Nación. 3 ago 2015.

48. McKinlay JB. A case of refocusing upstream; The political economy of illness. In: Conrad P, (ed). The Sociology of Health and Illness: Critical Perspectives. New York: Worth Publishers; 2001.

49. Prüss-Üstün A, Corvalán C. Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease. Geneva: WHO; 2006.

50. Archetti E. Hibridación, pertenencia y localidad en la construcción de una cocina nacional. Trabajo y Sociedad. 2000;2(II):1-13.

#### **CITATION**

Freidin B. Food and health risks: views on healthy food and food consumption practices among middle-class women and men in the Metropolitan Area of Buenos Aires. Salud Colectiva. 2016;12(4):519-536. doi: 10.18294/sc.2016.913.

Recieved: 30 Mar 2016 | Modified: 28 Aug 2016 | Approved: 7 Oct 2016



Content is licensed under a Creative Commons Attribution-NonCommercial 4.0 Internactional. Attribution — you must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work). Noncommercial — You may not use this work for commercial purposes.

#### https://doi.org/10.18294/sc.2016.913

The translation of this article is part of an inter-departmental and inter-institutional collaboration including the Undergraduate Program in Sworn Translation Studies (English < > Spanish) and the Institute of Collective Health at the Universidad Nacional de Lanús and the Health Disparities Research Laboratory at the University of Denver. This article was translated by Emiliana Cerrato and Facundo Ceres under the guidance of Mariela Santoro, reviewed by Anne Neuweiler under the guidance of Julia Roncoroni, and prepared for publication by Aldana Sacco under the guidance of Vanessa Di Cecco. The final version was approved by the article author(s).