



# Students' Knowledge of Healthy Food and Their Actual Eating Habits: A Case Study on the University of Granada (Spain)

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This article focuses on an analysis of the discourses produced during 34 semi-structured interviews (17 men and 17 women) conducted at the University of Granada (Spain) with undergraduate, Master, and Ph.D. students. The interviewees were between 20 and 44 years old. It was observed that the fact of having a high educational level did not prevent University students from eating unhealthily. There is a gap between the fact that 97.1% of 34 students interviewed (that is, 33 of them) know what healthy food is and their self-perception about whether or not what they are eating is healthy, since in 41.2% of them said self-perception is negative. This gap narrows as the interviewees' age increases and their socio-economic and vital situation is stabilizing which favors that their eating habits become more regular and healthier. Thus, all the interviewees aged 27 or over self-perceived that they were eating healthily. But the biggest differences are those that have to do with the gender of interviewees. Thus, while 23.5% of women interviewed perceived that they were not eating healthy, 76.5% of them felt that they were eating healthy. However, among the men interviewed, these percentages were somehow reversed, in such a way that 58.8% of them believed that they were not eating healthy, compared to 41.2% of them who indicated that they were eating healthy. Therefore, the investigation revealed that women tend to have the best chances of assuming healthy eating habits. Male students living outside the family home or without female partners exhibited greater feeding problems, while females living under similar conditions tended to display healthier eating habits. This is related to the fact that women have traditionally been in charge of acquiring and preparing food. So, women's food education has not been restricted to the mere transmission to them of knowledge about what healthy food is, but from their childhood they were food trained through their active involvement in practical experiences. Obviously, the solution proposed to this male disadvantage is to not perpetuate macho gender stereotypes that assign women the role of home caregivers, but to seek that both women and men have the opportunity and the duty to experience equally those practical experiences that involve the tasks of the acquisition and preparation of food. Working to achieve a situation like this, not only promotes progress in gender equality, but also helps to overcome the lower training of men to perform the tasks inherent in their diet.

**Keywords:** food healthiness, students, feeding, self-perception of food, effects of age and gender, discourse analysis

## INTRODUCTION

Beyond being an action, whose only purpose is to satisfy one of the most primitive needs of human beings, feeding should be understood as a social practice that is socially constructed and/or reconstructed over time (Berger and Luckmann, 1979; Verplanken and Faes, 1999; García-Cardona et al., 2008). The family home is the first environment of socialization and personality formation (Isaza, 2012). Thus, the family home constitutes the primary social space in which individuals' practices, customs, gender identity/roles and social habits begin to develop; particularly, individuals' eating habits. Such habits are understood here as the set of feeding-related social customs that influence the way people prepare, consume, or even select food. Therefore, preparing and consuming food are cultural behaviors that provide individuals with an identity (Fischler, 1980; FAO, 2008; Barilla Center for Food Nutrition, 2009; Almerico, 2014; Cox, 2014; Silva et al., 2014; The Nielsen Company, 2015; Levine et al., 2016). The food people consume and how the food is consumed are essential determinants of health. Regarding this matter, here we mention only a few references from an abundant bibliography (Willett et al., 1995; Martín Criado, 2004; Díaz-Méndez and Gómez-Benito, 2008; Gracia-Arnáiz, 2010; Guenther et al., 2013; Martínez-Lacoba et al., 2018).

Growing concerns about eating healthy foods have emerged as the consumption of industrially produced foods has augmented, and the negative consequences of industrially produced foods are increasingly acknowledged. Obesity is among the most widespread consequences. For instance, according to the Organization for Economic Co-operation and Development (OECD, 2017a), obesity has rapidly increased in OECD countries from 2010 and not only among adults, since children constitute 24.6% of the overweight population. Additionally, the OECD (2017a) reported that 19.5% of the population in Europe was overweight or obese in 2015, and this percentage exceeded that in other countries, such as Korea and Japan (6%), but was less than that in New Zealand, Mexico, and the United States (30%). Therefore, unsurprisingly, ischemic heart disease (10.6% in women and 12.8% in men) and heart attacks (8.2% in women and 7% in men) are currently among the main causes of death in Europe.

In the Spanish context, people are attempting to acquire better eating habits, as indicated by the Organization of Consumers and Users (OCU, 2017). According to data from an OCU interview, the respondents reduced their consumption of sugar-sweetened beverages by 56%, pastries and sweets by 47%, and alcohol by 38%, while the consumption of fruits has increased by 30% and vegetables by 31%. Among all explanations given by the interviewees about these changes, their concern regarding their health was the most frequent, which is in line with the growing awareness that food plays a key role in people's health (Cubero-Juárez et al., 2017; De Ridder et al., 2017; Dernini et al., 2017; Grosso et al., 2017; Oliffe et al., 2017; WHO, 2018). However, despite efforts to improve their eating habits, Spanish people have not yet managed to consume the healthiest possible diets (OCU, 2019).

According to the National Institute of Statistics (INE), in 2019, 18.7% of Spaniards aged 16 years and over reported that their health was "very good," while 56.6% of the respondents described their health as "good." Only 5.6% of the population considered their health "bad," and 1.5% of the population considered their health "very bad." Regarding the healthiness of food, a report by OCU (2017) pointed out that 6% of Spaniards consumed more sweets and sweetened beverages, 7% of Spaniards consumed less fruit, and 5% of Spaniards consumed fewer vegetables than 2 years before. Among the reasons given in the report, the Spaniards indicated that they did not change their bad eating habits due to the lack of time or will. However, Spaniards are not the only individuals who show the consequences of adopting unhealthy eating habits. Thus, regarding the percentage of individuals who are obese or overweight due to inadequate nutrition, some European Union countries are even above the Spanish average (16.7%), such as the United Kingdom (26.9%), Germany (23.6%), and Luxembourg (22.6%) (OECD, 2017b).

In these circumstances, as this article shows, even the fact of having a high level of studies, does not guarantee the strengthening of good and healthy eating practices among the University students interviewed (Entrena-Durán et al., 2020). Thus, as revealed by the research "Effects of Age and Gender Identity on the Healthiness of University Students' Eating Habits in Spain" on which the writing of this article has been based, all the interviewees know what constitutes healthy food because of their elevated educational level. However, this knowledge does not always lead them to eat healthy. Achieving a healthy diet also requires the internalization and implementation of daily healthy eating habits. For that reason, the subsequent analysis focuses on the role that age and gender identity play in facilitating or hindering the acquisition of such habits to young men and women interviewed for this study.

## MATERIALS AND METHODS

This research study analyzed the eating habits reported in the interviews with a group of students at Granada University (Spain). In this regard, we clarify here that we have focused our research on University students because this social group is very appropriate to study how life crises (these usually appear as a consequence of the change processes in which people are involved) affect to eating patterns and habits. Thus, when young students enter the University, they usually undergo a deep change and an important life crisis, since many of them have to leave their home and move away from their families. As a consequence, these students experience the loss of the relatively stable living environment where they have resided until then, in which their diet, analogous to the generality of their life, has usually been regulated by their parents; mainly by their mothers, who have been responsible for the tasks of acquisition and preparation of food for the family.

All these sudden changes explain that a series of eating problems, such as the irregularity in meal times, the excessive consumption of fast food, the follow-up of nutritionally inadequate diets or the high incidence of eating disorders, are

frequent among the University population (Ruiz-Moreno et al., 2013).

A qualitative study, based on semi-structured interviews, was carried out in order to understand the knowledge the subjects analyzed have about the motivations behind the aforementioned eating problems. The qualitative methodology of our research has allowed us to comprehend, through the analysis of discourses produced by the students interviewed, how these students experience and explain their eating disorders.

We selected our sample among students of the University of Granada, but this should not be understood in the sense that we have limited ourselves to doing research with local students. In fact, this limitation has not occurred because the University of Granada has an outstanding national and international position. Thus, the 2020 edition of the Academic Ranking of World Universities (ARWU), also known as the Shanghai Ranking, has placed the University of Granada among the 300 best Universities in the world. In this Ranking, as has been happening in the last 5 years, the UGR appears in positions 201–300, where the Autonomous University of Barcelona, the Complutense University of Madrid and the University of Valencia are also located. This circumstance, together with the fact that the University of Granada has a long tradition of international academic cooperation, explains that many students come to Granada from all over Spain, as well as from very different countries abroad; mainly, from the European Union (EU). Particularly, with regard to the EU, the University of Granada is the Spanish University that accepts more foreign students within the framework of the Erasmus Program. So, as can be seen in **Table 1**, in the selected sample for this study only 14 students are from the municipality of Granada or its province, while the remaining 20 students interviewed came from other Spanish provinces or even from abroad. In other words, 41.2% of those interviewees are from Granada or its province and 58.8% of them came from other parts of Spain, and even some of these students are from foreign countries.

The selected sample contained a group of 14 undergraduate, 18 Master, and 2 Ph.D. students which were chosen using a non-probability purposive sampling method. Therefore, we interviewed 34 students (17 women and 17 men) who were between the ages of 20 and 44. The leading reason for deciding to conclude the fieldwork with 34 interviews was because we saw no additional information was obtained from the new interviews done.

The 34 students interviewed were not told that we were going to investigate the influence of their age and gender identity on the healthiness of their eating habits. They were only told that our interviews were intended to both know their self-perception about their own eating behaviors and their opinions regarding the healthiness of eating habits in Spain.

The interviews lasted between 45 and 60 min, depending on the respondents' motivation in answering the questions. Most participants in this study were highly receptive and communicative. All interviews were recorded with the prior consent of the interviewees.

After all interviews were done, we analyzed all collected information. First, we focused on assessing whether the

interviewees were aware of the need to adopt healthy eating habits and how to identify healthy food. Once we verified that 97.1% of 34 interviewees (that is, 33 of them) were aware of these feeding issues (mainly due to their educational level), we investigated the reasons why this awareness or conscience did not motivate many of them to change their eating habits to healthier ones, so that, there is a gap between what the interviewees thought they knew and their real eating behaviors.

## RESULTS

As just said, there is a gap between the fact that 33 of 34 students interviewed (that is, 97.1% of them) know what healthy food is and their self-perception about whether or not what they are eating is healthy (see **Table 1**). So, in 14 of them said self-perception is negative; that is in 41.2% of the selected sample. This gap narrows as the interviewees' age increases and their socio-economic and vital situation is stabilizing, which favors that their eating habits become more regular and healthier. Thus, all the interviewees aged 27 or over self-perceived that they were eating healthily. But the biggest differences are those that have to do with the gender of interviewees.

Likewise, **Table 1** shows how only 4 of the 17 women interviewed perceive that they do not eat healthy, while 13 of them perceive that they eat healthy. As for men, there are 10 who perceive that they do not eat healthy and 7 who think that they eat healthy. But, it should be noted the fact that four of these men live with their parents, two with their female romantic partners and only one lives alone, but he is 42 years old and, therefore, he is more aware of the need to eat healthy. In other words, there are important differences according to gender in the perceptions of the interviewees about the healthiness of their diet. Thus, while 23.5% of women interviewed perceived that they were not eating healthy, 76.5% of them felt that they were eating healthy. However, among the men interviewed, these percentages were somehow reversed, in such a way that 58.8% of them believed that they were not eating healthy, compared to 41.2% of them who affirmed that they were eating healthy.

Moreover, one significant thing we note in this research is that, due to their high educational level, the generality of interviewees, regardless of their gender, show an absolute distrust of advertisements. Therefore, all University students analyzed seemed to be aware of the “tricks” used by advertising to cajole and attract consumers toward their products regardless of whether such products are healthy. Both women and men revealed some distrust of food ads.

“Often, the labeling of products is pure marketing, selling methods that companies have to create new demands for consumers. For instance, people want to be healthier, and the response of companies is offering milk with added calcium or omega 3, which was not initially demanded by the people. All our lives, we have taken untreated milk that was healthy, but now, they are selling us Premium milk, which is milk with new additives. So, a demand that you did not have before is now being produced” (Man, 37 years old).

**TABLE 1** | List of interviewees.

Interviewee (I)	Age	Sex	Level of studies	Spanish province or country of origin	Who does he/she live with?	Does he/she know what a healthy diet is?	Does he/she perceive that he/she is eating healthily?
I.1	22	Male	Undergraduate	Granada	Parents	Yes	Yes
I.2	27	Male	Undergraduate	Valencia	Parents	Yes	Yes
I.3	23	Male	Undergraduate	Cádiz	Shared housing with other students	Yes	No
I.4	23	Female	Master	Jaen	Shared housing with other students	Yes	No
I.5	27	Female	Master	Granada	Parents	Yes	Yes
I.6	25	Female	Master	Jaen	Shared housing with other students	Yes	Yes
I.7	44	Female	Undergraduate	Granada	Romantic partner	Yes	Yes
I.8	25	Male	Undergraduate	Jaen	Shared housing with other students	Yes	No
I.9	24	Female	Master	Almería	Shared housing with other students	Yes	Yes
I.10	28	Female	Master	Granada	Single	Yes	Yes
I.11	24	Female	Master	Granada	Parents	Yes	Yes
I.12	33	Male	PhD	Granada	Romantic partner	Yes	Yes
I.13	30	Female	Master	Almería	Romantic partner	Yes	Yes
I.14	24	Female	Master	Jaen	Shared housing with other students	Yes	Yes
I.15	28	Male	Master	Granada	Parents	Yes	Yes
I.16	22	Female	Master	Granada	Shared housing with other students	Yes	No
I.17	22	Female	Master	Zaragoza	Shared housing with other students	Yes	No
I.18	22	Female	Master	Granada	Parents	Yes	Yes
I.19	42	Male	Master	Italy	Single	Yes	Yes
I.20	20	Male	Undergraduate	Almería	Shared housing with other students	Yes	No
I.21	22	Male	Undergraduate	Italy	Shared housing with other students	Yes	No
I.22	23	Male	Undergraduate	Granada	Parents	Yes	No
I.23	22	Male	Master	Granada	Shared housing with other students	No	No
I.24	27	Female	Master	Cádiz	Shared housing with other students	Yes	Yes
I.25	37	Male	Master	Granada	Romantic partner	Yes	Yes
I.26	21	Male	Undergraduate	Granada	Parents	Yes	Yes
I.27	22	Male	Undergraduate	Córdoba	Shared housing with other students	Yes	No
I.28	24	Female	Undergraduate	Mexico	Shared housing with other students	Yes	Yes
I.29	21	Female	Undergraduate	Cádiz	Shared housing with other students	Yes	No
I.30	22	Male	Undergraduate	Granada	Shared housing with other students	Yes	No
I.31	22	Male	Undergraduate	Alicante	Shared housing with other students	Yes	No
I.32	26	Male	Master	Madrid	Shared housing with other students	Yes	No
I.33	33	Female	PhD	France	Romantic partner	Yes	Yes
I.34	38	Female	Master	Cádiz	Romantic partner	Yes	Yes

However, surprisingly, only 7 of 34 interviewed students (that is, 20.6% of them) openly stated that they usually read the labels of the foods they consume. Only two of these seven students were men, but they were especially motivated to verify these labels since they were both vegans.

"I look at the labels of products, their images, their presentation... I try not to buy many packaged products because they put many images of trees and/or fruits... and so, they try to deceive us. However, sometimes, I have bought these kinds of products, and when I think about it later, I say to myself 'I've let myself be cajoled, but anyway... I think so many products are being sold to us in this way now'" (Man, 22 years old).

The importance of regulating food advertising was also noted by the interviewees with an emphasis on advertising targeting children.

"It is necessary to intensify and improve the regulations of industrial food advertising (industrial bakery, sugary soft drinks and so on) above all in children's programs since children are very vulnerable. Although, often, children are not the ones who buy the food they see in the ads of the supermarket, but their parents buy it..." (Man, 42 years old).

As shown in **Table 1**, the aforementioned fact that 97.1% of 34 interviewed (that is, 33 of them) clearly distinguished between healthy and unhealthy food does not mean that 97.1% of students eat healthily. So, 32 interviewees (namely, 94.1% of them) confessed that they allowed themselves one or another "whim" in their everyday lives. For instance, the respondents consumed precooked foods, such as pizza and lasagna, and industrially manufactured sweets and ice cream. Furthermore, while 22 interviewees (namely, 64.7% of interviewees) said that they had some concern about their diet, the fact is that only 15 students (44.1% of them) expressed a settled intention to get a healthy diet. Most of these students were women, although the case of some men is also significant, such as this 27-year-old man, for whom a healthy diet is the one that is as varied as possible.

"I am quite influenced by my grandmother's meals; so, what I usually prepare to eat is traditional meals, such as lentil soups or stews... I do not usually repeat the meal in the same week; so, what I understand for a healthy diet is to eat as much variety as possible" (Man, 27 years old).

In particular, 14 students (41.2% of the sample), of which 8 were women, said they were selective regarding the foods they consumed, and they attempted to review the labels and composition of each product. Nevertheless, most interviewees (58.8% of them) said that they do not usually review the labels of products because they do not understand them, or they lack the time. Moreover, when they review the labels, they are rushed and only superficially read them.

"I don't pay attention to labels basically because I cannot understand them. There are all ingredients, but when you start reading something called 'E' and this kind of things... I cannot understand them" (Man, 27 years old).

"Sometimes when I buy frozen foods, I see the labels... When the freezing process began, the expiration date, if it has saturated fats... but the truth is that it is not something that I usually do" (Woman, 24 years old).

"The truth is that I do not look at the label in detail. I do not look at all the components that the product has" (Woman, 33 years old).

Additionally, as shown in **Table 1**, we try to find out if the place where the interviewees lived significantly influenced their eating habits. In this sense, the analysis of 34 conducted interviews revealed that 8 University students (23.5% of them) were still living with their parents (3 women and 5 men), 18 University students (52.9% of them) shared housing with other students (9 women and 9 men), 6 University students (17.6% of them) lived with their romantic partners (4 women and 2 men), and only 2 University students (5.9% of them) lived single (1 woman and 1 man). In this regard, those 8 students who still lived with their families were the ones who ate more healthily, mainly because, in this case, their mothers were the ones who acquired and cooked the food.

## The Decisive Influence of Age and Gender

However, what decisively influenced the interviewees' eating behaviors was their age and gender. Firstly, we observed that the concern in buying healthy foods grew as the age of the interviewees increased. Particularly, students aged 27 years or older (that is, 35.3% of the interviewees) showed great interest in maintaining the type of diet that they thought was most beneficial to their health.

"I do not drink milk anymore. Some people have told us that it is not recommendable to drink so much milk at a certain age. My partner has high cholesterol, and we had to change our diet... I think that is also due to the fact that we are getting older... hahaha... We try to do some exercise as well" (Woman, 44 years old).

Those University students who showed a lower degree of involvement in the tasks of buying and cooking food were aged between 20 and 26 years; namely, 64.7% of the selected sample. These students, who are the youngest of this sample, are highly dependent on their parents for performing tasks, especially their mothers. Thus, these often continue providing containers with frozen food they had prepared to their sons even after they have left the family home. Focusing on the gender variable, we observed that the said dependency is lower among women, and only three of nine women students sharing housing with other students (33.3% of them) admitted that they received meals prepared by their mothers, even though they no longer resided under the same roof. However, only one of nine male students in the aforementioned residential situation (11.1% of them) said that he prepares his own food without any help, while most young male interviewees showed that they were strongly dependent not only on their mothers but also on other women (romantic partners or female companions with which they shared housing) in terms of buying and/or cooking food. In other words, 88.9% of these students used to ignore these tasks and leave them in female hands.

"I have been living out of my parents' home for 3 years. My first year was a bit disastrous in terms of my feeding... I lost 10 kg because I only ate some pasta and rice... it was definitely a critical point in my feeding. Fortunately, my nourishment improved when I started living with a woman flatmate, but, when she left

the floor, I lost weight again. Now, I'm trying to improve my diet a bit" (Man, 20 years old).

Unfortunately, this situation does not change significantly as the interviewees age. Those male students aged over 27 years who reside with their romantic partners continue to show a strong dependence on women for activities, such as purchasing food and cooking.

"When I eat alone, I do not have control over the food that I eat. When I lived with my parents, they used to manage everything about feeding, and my partner currently helps me. I thought that it is because of this kind of life in which we need to do lots of things and all them so quickly that we do not have time enough to eat" (Man, 33 years old).

### Justifications to Explain Eating Habits

One of justifications used by some students to explain why they are not eating healthily is the lack of time in their daily lives. So, 7 of the 34 interviewees (20.6% of selected sample) said that they did not have enough time to eat a healthy diet. Two of these students were women and the remaining five were men. Besides, 14 students said that they had time to prepare all their meals; that is, 41.2% of the selected sample. Ten of these 14 students (namely, 71.4% of them) were women and the remaining four were men, including the two aforementioned men who were vegans; thus, they were strongly motivated to devote enough daily time to prepare their food.

"The great majority of my friends eat really unhealthy; they do not do exercise, and they eat a lot of fried food. I think that it is because they are lazy or maybe because of the stress of working all day, and they directly think, 'Well, for just one day in which I can allow a whim, I'm going to eat a soup? Not at all'" (Man, 25 years old).

Nevertheless, the remaining 13 students (38.2% of the selected sample) openly stated that they had no time problems related to feeding, either because they were living with their parents or because they often received frozen food cooked by their mothers. In particular, with reference to these 13 students (5 women and 8 men) it should be noted that, in addition to the key role played by mothers, men mentioned that their female partners are mainly responsible for preparing and cooking food. Therefore, these female partners could be perpetuating the same role in some way that they see their mothers perform, i.e., the main individual responsible for feeding the family. In fact, these mothers assume and internalize the function that "male domination" (Bourdieu, 2001) has assigned to them so intensely that they often do not allow their daughters to work in the kitchen while they are inside it.

"When I live with my mother, I do not make my own meal, but when I live alone, I do everything by myself. This is not because I do not want to do it, but it is because my mother prefers doing all household tasks without any sort of help. She told me, 'no, no, get out of the kitchen!'; so... how can I learn?" (Woman, 21 years old).

Furthermore, 26.5% of interviewees (5 men and 4 women) mentioned direct and conscious social pressure as an influential factor on their eating habits.

"Maybe, if you go out with your friends on weekends, you are more exposed to eat some inappropriate food, such as burgers or some fried food... And, in case you prefer another healthier meal, they automatically look at you as weird or something like this..." (Man, 25 years old).

"I do not usually eat snacks. I eat them when I meet with some friends" (Man, 22 years old).

In addition to friends, social pressure may also come from some relatives, romantic partners, or even flatmates. In all these cases, the way social pressure is exercised varies according to the age of those who experience it. Primarily, age determines the settings where such pressure is exerted. In this regard, although students older than 30 years refer to such settings as "small meetings with friends," younger students talk about getting together in an apartment to play video games or going to bars to "take tapas."

"I usually buy snacks, but it is because my husband and my little son like them. I do not like snacks; so, I do not eat them. I mostly prefer doing varied meals for them, such as fruits or vegetables... This is what I understand for healthy diet" (Woman, 33 years old).

"I usually eat some snacks just when I meet with some friends to watch a football match or dinner... but I do not consume them on my own. With these products, it happens to me, I think, what happens to us all... this feeling of saying 'take them away from me because otherwise I cannot stop eating them!' It is true; they are good... I suppose that is because of the additives or aromas they have..." (Man, 37 years old).

Last but not least, the price of the products was another of the interviewees' arguments to justify their unhealthy eating habits. Thus, most students agreed that the healthiness of a food product is lower when the price is cheaper. Consistently, 19 of the 34 interviewees (55.9% of the selected sample) explicitly said that they had more or less difficulties (depending on their respective living standards) to eat healthy due to the high prices of organic or natural products compared to the prices of industrially processed foods, which they perceived as less healthy. Nine of these 19 students were men aged between 20 and 28 years, while the other 10 students were women aged between 21 and 27 years.

"When I was a degree student, I ate lots of pre-cooked food because I preferred to save my money for other things, such as going out with friends, for example" (Man, 26 years old).

However, the importance of price decreases as the University students become economically independent from their parents and their age and purchasing power increase. This change is particularly observed among those female students who are 27 years old or older.

"I usually buy organic/local food products, such as vegetables or meat, in local markets or corner shops... I do not usually take into account their price, but what drives me to purchase these products is that they inspire more confidence in me than those from great supermarkets because you meet the owner, and you can know everything about the product just by asking him/her" (Woman, 44 years old).

Particularly, the students most interested in eating a healthy diet are also those who are the most concerned about buying food products whose healthiness they trust. But, even in this case,

price continues to have much influence on deciding what to buy or what can be bought. Some students suggested the need to implement policies to solve this problem.

"I think that we should encourage more local products... that is, that people consume more of this type of product than foreign ones... Perhaps governments should encourage more consumption of local foods by subsidizing them or establishing certain norms for the market" (Woman, 27 years old).

## DISCUSSION

The authors of this work are fully aware that the discussion on the factors that influence eating habits and affect their greater or lesser healthiness does not end with age, gender and other factors that we have considered in this research. In this regard, numerous studies have demonstrated that the educational status, the income level, the role of agri-food supply chains and the lesser or greater accessibility to these by people, the occupation and even social class are factors that can influence people's feeding habits (De Irala-Estévez et al., 2000; Trichopoulou et al., 2002; Darmon and Drewnowski, 2008; Cobb-Clark et al., 2012; Horská et al., 2020). However, these factors are not the only ones that determine individuals' eating habits, since other external or environmental factors alter these habits and are beyond an individual's control. Examples of these factors include the characteristic cultures of the social and/or geographical context in which a person lives or has grown and food advertising (Troncoso and Amaya, 2009; Saucedo et al., 2010; Ganasegeran et al., 2012; Robinson et al., 2013; Becerra et al., 2015; WHO, 2018; Higgs and Ruddock, 2020).

Currently, concerns about people's health since childhood and throughout their entire adulthood are increasing. Demands for natural and healthy foods by consumers are growing (De Ridder et al., 2017; Dernini et al., 2017; Oliffe et al., 2017; Parham et al., 2017; Vallejo-Alviter and Martínez-Moctezuma, 2017). In this context, in which daily lives of people take place, the said demands are often manipulated by marketing strategies used by the food industry. Thus, a series of foods that are actually industrial products are presented as natural and/or ecological and, therefore, good for health, which has become an advertising hook for this type of processed foods.

Usually, advertising, rather than reliably reporting the quality and characteristics of the products offered or promoting a healthy diet, reflects marketing strategies that create symbolic necessities in a consumption society. Now, in this society, individuals seek to face new experiences and feelings or simply publicly show their identities by purchasing certain material goods (Ibáñez, 1997). Thus, unsurprisingly, the WHO (2014, 2018, 2020) openly criticized current advertising campaigns for promoting food products without being entirely honest with consumers, and subsequently, the WHO noted the urgency of persuading governmental institutions to take action to address this issue.

Regarding the control of food advertising in Spain, the Spanish Ministry of Health (SPH) published the so-called PAOS code in 2005 (Advertising (Publicidad), Activity (Actividad), Obesity (Obesidad), and Health (Salud) [PAOS]) (SPH, 2005; AECOSAN,

2012). In collaboration with a group of companies voluntarily committed to the cause, the Ministry intended to co-regulate the food and drink products advertised to children to prevent obesity and promote health among them (González-Díaz, 2013). Nonetheless, despite all the ethical rules established in this code for the development, creation and dissemination of advertising messages to children, there exists still a high degree of non-compliance with the PAOS code, at least regarding television commercials. Thus, as shown in a recent article (León-Flández et al., 2017), up to 88.3% of television advertisements for foods and beverages targeting minors violated the code in some way in 2012, while in 2008, the degree of noncompliance was 49.3%. Notably, non-compliance was greater in the commercials aired on children's channels (92.3%) than in commercials airing on channels targeting the entire population (81.5%). In this context, the aforementioned article proposed more restrictive and legal measures for food advertising to children, with healthy products being the only suitable products that can be advertised to minors.

Nonetheless, the problems caused by unhealthy feeding practices cannot be solved only by the enactment of prohibitive or restrictive new laws or measures that are often not complied with. Furthermore, this issue cannot only be resolved by doctors and nutritionists prescribing highly strict diets that are demoralizing to those who are unable to follow them (Pérez-Rodrigo and Aranceta, 2001; Worsley, 2002; Bandura, 2004; Kupolati et al., 2015; Nguyen et al., 2015; OECD, 2017b; Rush and Yan, 2017). Of course, both the regulation of food advertising and the work of nutritionists or doctors are essential factors for expanding and strengthening healthy eating habits among the population (Worsley, 2002; Maixé-Altés, 2009; Robinson et al., 2013; Perveen, 2017; Rush and Yan, 2017; Schneider et al., 2017). Nevertheless, even though these factors may have an undeniable impact on the improvement in food health, they alone do not ensure that progress toward healthier eating practices is achieved. Even improving people's education cannot guarantee the strengthening of such practices, such as we have shown in this article (Entrena-Durán et al., 2020).

The University students interviewed here have reached a high educational level, and consequently they engage in critical thinking that allows them to clearly discern between healthy and unhealthy food. However, this fact does not guarantee that all these students eat healthily. On the contrary, there is a gap between what the students know and how a significant proportion of them actually behave, and between what they express in their discourses and the concrete practices or eating habits they perceive or say they follow in their daily lives (Martín Criado, 1998).

Our study has helped to reveal some of the causes behind this gap. So, the fact of focusing exclusively on University students has allowed this research to demonstrate that the circumstance of having a high educational level is not enough to ensure that there will be healthy eating habits. In addition to the educational level, a decisive element in order to achieve a healthy diet is to internalize food habits that make it possible. We have seen that these habits are strengthened as the interviewees' age increases. We have also found that most of women interviewed show healthier eating habits.

In the first place, we have observed that, as their age increases, the socio-economic and vital situation of interviewees is stabilizing, which favors that their eating habits become more regular and healthier, and this happens at the same time that the interviewees' awareness of the need to lead a more regulated and healthy lifestyle augments.

Secondly, with respect to gender, our research has shown that food education is more effective among women. This is so because women have traditionally been in charge of acquiring and preparing food at their homes. In other words, women's food education has not been restricted to the mere transmission to them of knowledge about what healthy food is, but from their childhood they were food trained through their active involvement in practical experiences. All this explains both why healthy eating habits are more strongly rooted in women and why these tend to have the best chances of assuming such habits.

## Regarding Bourdieu's Concepts and the Assumption of Healthy Eating Habits

To understand eating habits shaping and assumption by individuals and the implementation of these habits, we can be inspired by the *habitus* and *field* concepts of Bourdieu (1991). Therefore, the present study reveals that the reason why people eat healthily does not only depend on their knowledge of healthy food, but healthy eating is strongly influenced (hindered or furthered) by the *habitus* acquired by individuals. Moreover, in the case of the University students studied here, the strength of their eating *habitus* fluctuates according to their age and gender. These two variables, together with the specific contexts in which they act, constitute the particular circumstances under which people's eating habits develop day-by-day. In turn, the said circumstances play a key role in the processes of shaping, assuming and implementing eating habits and, according to Bourdieu, they create a sort of *field* (i.e., a *social game space* or *scenario*) in which the production and reproduction of feeding-related discourses, practices and habits occur. Particularly, in the case of women, their socialization in the procurement and preparation of food has created a very optimal *field* for their internalization and effective assumption of a healthy food *habitus*, which according to Bourdieu, could be understood as the assumption of a set of durable dispositions or predispositions to buy, prepare and eat healthy food. We make this assertion based on the fact that, for Bourdieu (1991), the *habitus* can be understood as a system of durable and transposable predispositions and dispositions that operate as schemes that generate and organize social practices. Simultaneously, these schemes incline people to act, perceive, value, feel and think in a certain way.

So understood, the *habitus* concept is very fruitful in explaining women's predisposition to assume the gender role of performing the tasks of buying, cooking and feeding their family group. Thus, women internalize a gender role that is nothing more than a product of history, i.e., a social construction. They assume this role as inherent to their gender identity, as if it were

innate to their female nature and accept their supposed natural-psychological aptitudes for the said tasks. By acting in this way, women contribute to the reproduction of "male domination" over them while such domination is simultaneously legitimized as being grounded in biology (Bourdieu, 2001).

According to this logic, the biological nature of men renders them better prepared than women to function outside the home. Thus, a fact whose causes are merely *social* tends to be legitimized as *natural* because men often have greater access to and control over the material and symbolic resources that underpin their predominance in the public sphere. Consistently, men—and society at large—think that when they are responsible for household chores, such as feeding the family, they are performing an exceptional task that is not inherent to their masculine nature. Men improve their self-esteem by assuming this role and achieve a social recognition that is based on a macho thought regardless of their intentions. This thought could be formulated as "what a good person that man is who help his wife with domestic chores and taking responsibility for these tasks when she is not at home or is sick."

In contrast, even upon entering the public sphere, women have fewer opportunities to avoid their role as home caregivers. This role has been strongly internalized by most women as an inherent obligation due to their gender; thus, they tend to be highly self-demanding and blame themselves when they feel that they have failed their main responsibility when their home is not working well.

In particular, Bourdieu's (1991; 2001) conceptual framework and theories of gender socialization can be very useful tools for explaining the guilt that many women experience when they work outside the home and cannot exclusively dedicate themselves to household tasks. Some authors have noted that as long as home care is understood as a process associated with and undertaken by women, our society will not overcome labor, social and political segregation (Doucet, 2009; Skærbæk, 2011). These authors emphasize that home caregiving should be understood as an existential condition of life that affects both men and women.

Unfortunately, the present study has shown that gender inequalities persist even among University students. Thus, both students sharing the same apartment and heterosexual couples living together, share a common situation in which the women continue to perform most of the domestic chores. In consequence, improving individuals' educational levels is insufficient. In addition, working on relations between genders is necessary for achieving a complete and effective redefinition of their *habitus* (Bourdieu, 1991) in such a way that any predisposition or inclination that tends to legitimize or naturalize gender inequalities disappears. To achieve this goal, we must seek to inculcate egalitarian habits of behavior and relationship between both sexes from childhood. Undoubtedly, this task requires family socialization, training for gender equality at the different educational levels, and the media in general to stop the macho portrayals and stereotypes.

Consistently, men must be educated to be equally involved in domestic responsibilities and particularly to believe that the time devoted to feeding is not lost but instead is beneficial in terms of improving their health and because of the creativity it entails.



## Some Limitations of Our Study and Suggestions for Future Research

The qualitative methodology of our research has permitted us to see, through the analysis of their discourses, how the interviewees experience and explain their food problems. The analysis of these discourses has allowed us to collect comprehensive information regarding the perceptions of both healthy food and healthy eating habits in Spain. Such depth of information could not have been obtained through a quantitative survey. However, this research has some limitations.

Interviewing an entire group of students who live together in the same flat could be beneficial, since this could allow us to contrast all information provided by each student. Nevertheless, it was not possible for the interviewees to bring their roommates to the interview, likely because of the lack of strong relational links between the flatmates.

Moreover, a comparative investigation that involved samples from different universities could have been intriguing. Nonetheless, such a study would require financial resources, which we lack. However, while it is true that the interviews were conducted exclusively at the University of Granada, as explained above, we selected a sample of interviewees in which we included a majority of students from outside Granada. Therefore, in some way, our sample is something representative to allow a certain degree of extrapolation of the results obtained here to other University contexts.

## Recommendations for Policy Makers

Public policies can contribute by creating conditions that enable people to more easily develop healthy eating habits. For instance, by forcing the food industry to put clearer labeling. Moreover, such policies must ensure a sufficient supply of healthy food at affordable prices and they should promote and/or support food education. This education should focus not only on transmitting knowledge regarding healthy food, but also on training people to develop predispositions toward this type of food and acquire a healthy food *habitus* (Bourdieu, 1991). Thus, it is very necessary to inculcate healthy eating habits in people through practical experiences. For example, by means of promoting access to rural environments and contact with nature from early childhood (through visits to school farms, field trips, etc.) not only to encourage greater physical exercise, but also to favor both knowledge of traditional and/or ecological products and some practical knowledge about sustainable and healthy food (Paddock, 2017).

Educational actions, such as those abovementioned, favor the incorporation of healthy eating habits, which are best achieved when an adequate *field* or *social game space* is created for this purpose. This *field* has to be built by implementing policies, such as the creation of employment and improvements in wages and quality of work, which could increase people's purchasing power. These policies should be combined with all these other measures aimed at facilitating accessibility to healthy foods.

Furthermore, the consolidation of healthy food habits can be greatly favored by implementing policies that encourage the creation of conditions under which both men and women have more time to live with their families and perform household chores. Overall, these conditions could contribute to facilitating

all members of the family to assume the responsibilities inherent in the acquisition and purchasing of food regardless of their gender.

The present study suggests that, in their position, women have some advantages over men in developing healthy food habits. Obviously, a solution is to not perpetuate macho gender stereotypes that assign women the role of home caregivers, but to seek the establishment of a society in which the economic value of domestic labor is recognized and women and men should have the opportunity, and the duty, to experience equally those practical experiences that involve the tasks of the acquisition and preparation of food. The fact of working for the achievement of a socioeconomic situation in which this is possible, not only has a positive impact on the advancement of gender equality, but also it contributes to creating more adequate conditions to overcome the disadvantages men have due to their lack of training to perform the home care services and, in particular, the tasks of buying and preparing food, either for themselves or for their families.

## DATA AVAILABILITY STATEMENT

The datasets on which the writing of this article has been based are not made available to readers. The main reason for this is to prevent the people interviewed for this research from being identified. Any additional clarification about the interviews conducted may be requested from the corresponding author of this paper. Requests to access the datasets should be directed to fentrena@ugr.es.

## ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the Ethics Committee in Human Research of the University of Granada. The participants provided their written informed consent to participate in this study.

## AUTHOR CONTRIBUTIONS

FE-D and HB-L: conception, conceptualization, design, original draft, methodology, research, and analysis. FE-D and J-MV-G: methodology, analysis, writing, and final review. All authors have read and agreed to the published version of the manuscript.

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**Conflict of Interest:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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## ANNEX: QUESTIONNAIRE USED TO DO THE INTERVIEWS

We asked the interviewees open questions. Before starting the interviews, we read them the following paragraph:

“Dear student,

We invite you to participate in this project on the eating habits of the University's student population, whose basic objective is to analyze these habits and the greater or lesser healthiness of them from the self-perception that the own students have. Your participation is totally voluntary. We need you to answer a semi-structured interview, which you are free to interrupt when you deem it convenient or to refuse to answer any of the questions. To enable the analysis of the results, the interview must be recorded. However, this audio will not be used to disclose your personal data at any time. In fact, you will not even be asked your name during the recording and you will only be asked to indicate your age, the type of studies you do, if you live with your parents or with other students, as well as other information. The objective of this is that we who do this research can classify and then study the information you provide us, which will be considered in an aggregate manner, without linking it to your name or any other data from which you can be identified. The recording will be used exclusively to extract the information provided with the aforementioned study purpose. Your participation in the interview, voluntary, and unpaid, assumes that you authorize the use of the information you provide us. However, at any time you can decide to withdraw from the survey and demand that the information you have up to that moment be destroyed. Your participation in the current investigation, or your refusal to do so, will not affect in any way

the qualification of any of the matters you are currently studying or your possibilities of academic promotion.”

Next, we made the interviews in which we asked the following open questions:

### *Summary of the interview guide*

**Opening questions:** How old are you? What are you studying at University? Where do you live? Who do you live with?

#### **Topic 1:** Daily routine related to eating habits.

Do you make your own purchases? *If you do not*, why? Who makes the purchases in your home? *If you do*, how much time do you spend making purchases on average? Do you cook in your house? *If you do not*, who cooks in your house? Why? *If you do*, how much time do you spend cooking on average daily? Do you pay attention to the labels on eating products? In the case that you do not live with your parents, do you need any help preparing your own meals? If yes, who usually helps you and how? *The interviewees have to explain their answers.*

**Topic 2:** Personal knowledge of and putting into practice healthy eating habits.

I am going to mention some eating products, and you [interviewee] have to say which product is healthy and which is not. *Any answer provided by an interviewee must be explained.* What would you consider a healthy diet? Do you consider your eating habits healthy? *Regardless of his/her answer, he/she must explain.*

**Topic 3:** Problems found by interviewees and possible solutions.

In your opinion, what social, cultural, economic or political problems can hinder the strengthening of healthy eating habits within Spanish society? Please, describe and explain these problems in greater depth. What types of solutions do you think can help solve these problems? Please, explain in greater depth.