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Using photo-elicitation to explore the impact of COVID-19 restrictions on food decisions of low-income families in Northern Ireland

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Obesogenic diets characterised by increased intake of saturated fats, refined carbohydrates and calories are more prevalent in Northern Ireland than the rest of the UK, particularly among low-income households^(1,2). During the COVID-19 pandemic, eating habits of lower earners in Northern Ireland were further exacerbated by food insecurity⁽³⁾. Understanding the nutritional challenges of low-income families became urgent, even though public health restrictions inhibited face-to-face research. Photovoice, whereby participants use cameras to document their surroundings⁽⁴⁾, has been employed in pre-pandemic public health research to understand individuals' nutritional considerations and habits^(5,6). To use Photovoice coupled with online interviews with economically disadvantaged families in Northern Ireland to gain a deep understanding of the impact of COVID-19 lockdown on their food-related decisions.

Participation was open to parents or guardians of children 2–17 y. Recruitment focused on families that self-identified as living on a tight budget in rural and urban areas of Northern Ireland. Participants were instructed to take photographs representing factors influencing their food choices (food promotions, shopping, cooking) during COVID-19 and these photographs were discussed during online interviews. Interviews were transcribed and analysed thematically. The study was approved by the Ethics Committee of the Faculty of Medicine, Health & Life Sciences, Queen's University Belfast. All participants gave informed consent electronically.

Data were collected from 12 families. Participants sent 11 photographs/screenshots on average (range 4–22). Pictures captured meals served (N = 44); pictures of foods purchased or donated (N = 25); and shopping receipts, foods on offer and marketing material (N = 11 for each). Five distinct themes emerged from the photo-elicited discussions which addressed various stages of the food-related decision-making process: 1) planning, 2) shopping, 3) preparing, 4) eating at home and 5) eating outside the home; and the impact of lockdown on each of them. Findings highlight increased preparation and consumption of homemade food, as well as frequent unhealthy snacking. Store queues and long-awaited home food deliveries motivated good meal planning, but also made access to fresh food difficult. Food donations and monetary assistance for school meals proved to be crucial for single parents and those whose financial situation deteriorated due to lockdown.

Employment of Photovoice proved to be a flexible research tool used by the study participants with minimal guidance. All study participants engaged effectively with photo-elicitation and shared important insights into their nutrition-related environment and challenges which may have been overlooked by a traditional interview schedule. The use of Photovoice also enabled effective data collection from a geographically dispersed sample of families despite COVID-19. Discussions highlighted that food decisions of low-income families were heavily affected during COVID-19 lockdown. Further food-related support is required from local and government-led initiatives to mitigate the increased risk of food insecurity among economically disadvantaged families.

References

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