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Cutting through conflicting prescriptions: How guidelines inform “healthy and sustainable” diets in Switzerland

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ABSTRACT

This paper takes as a starting point “food consumption prescriptions”, or guidelines on what and how one should eat when it comes to “healthy and sustainable diets”. Through qualitative research in Switzerland, involving discourse analysis, observations, in-depth interviews, and focus groups, we set out to uncover the more dominant prescriptions put forward by a variety of actors, how consumers represent these prescriptions, as well as overlaps and tensions between them. The notion of a “balanced meal” is the more prominent prescription, along with the idea that food and eating should be “pleasurable”. Guidelines towards eating local and seasonal products overlap with organic and natural food consumption, while prescriptions to eat less meat of higher quality are in tension with prescriptions around vegetarian and vegan diets. We then consider how prescriptions play out in daily life, as both a resource and obstacle towards the establishment of eating habits, and what dimensions of everyday life have the most influence on how certain prescriptions are enacted – contributing to conceptual deliberations on food in relation to social practices. Time, mobility, and the relationships built around food and eating are forces to be reckoned with when considering possible transitions towards the normative goal of “healthier and more sustainable diets”.

1. Introduction

Food is recognized as one of the final consumption categories that has the highest environmental impact in Europe based on life cycle assessments (Tukker et al., 2006). Epidemiological studies also show the importance of diets and eating habits in promoting human health and decreasing the risk of disease (Forouzanfar et al., 2015). Following this, efforts are underway in Switzerland to promote “healthy and environmentally sustainable” diets1 among the general population. Health and nutrition are also popular topics in different spheres of social life, from public health policies and political debates to media coverage in Swiss newspapers, television programming or social media.

When it comes to seeing how transitions to healthier and more sustainable diets can be made possible in the Swiss context, consumers are given a significant role – in addition to actions across systems of provision, from production to distribution and waste management. Yet the gap between people’s values and actions is one of the main issues in environmentally oriented policies (Blake, 1999; Kollmuss & Agyeman, 2002), and a similar phenomenon is observed in relation to health. While a majority of the Swiss population is aware of the main recommendations for a healthy diet, only a minority follows them (Bochud, Chatelan, Blanco, & Beer-Borst, 2017). Compounded to this is the view of consumption as being driven by individual decision-making processes, which remains dominant in the policy arena (Cohen and Murphy, 2001; Fahy and Rau, 2013). The main assumption is that informed consumers make rational decisions, a viewpoint which has been criticized by sociologists in consumption studies (e.g., Rau, Davies, & Fahy, 2014; Shove, 2010).

In recent years, social practice theory perspectives have attempted to move away from this individualizing, rationalizing approach, towards recognizing how practices – including preparing and eating a meal – are tied up with everyday routines and habits (Sahakian, Saloma, & Ganguly, 2018; Sahakian & Wilhite, 2014; Schatzki, 1996; Shove & Pantzar, 2005; Warde, 2013; 2014, among others). In considering the different elements that make up food consumption practices, a focus can be placed on the notion of food prescriptions (Plessz, Dubuisson-Quellier, Gojard, & Barrey, 2016), which we define as guidelines that exist in public and private spaces around what people ought or should do when it comes to food. In this regard, a “food cacophony” or “dietary cacophony” is at work, to borrow from the French

1 While we recognize the social and economic dimensions of sustainability, the notion of a “sustainable diet” refers primarily to environmental sustainability, for the purpose of this paper.

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sociologist Claude Fischler (1990, 202) in relation to the ever-growing amount of discourses about food and eating prominent in everyday life. Social practice theory perspectives suggest that the various prescriptions may or may not lead to changes in practices and that for change to occur, other elements must also be changed or shifted (Sahakian & Wilhite, 2014; Spurling, McMeekin, Shove, Southern, & Welch, 2013).

In this paper, we consider how prescriptions around “healthy and sustainable food consumption” in Switzerland can be placed in relation to social practices, in order to understand what elements of a practice might have more influence on shifting the planning, preparing and eating a meal towards the normative goal of improved human health and reduced environmental impacts. The main questions we seek to address are: What are the dominant prescriptions around “healthy and sustainable” diets in Switzerland? What are the relations and possible tensions between these prescriptions, between actions, and in practice? How can shifts to healthier and more sustainable diets be enacted, across prescriptions and practices?

We begin by an overview of the conceptual framework, relating the notion of prescriptions to social practices. We then introduce the research methodology, involving both text-based discourse analysis as well as qualitative research among different groups of people. In the section dedicated to research results, we propose a mapping of food consumption prescriptions in the Swiss context, and consider the dynamics at play in their relations to practices and everyday habits. We then conclude with a discussion around how food prescriptions might serve to support transitions to healthier and more sustainable diets.

2. Conceptual framework: prescriptions as part of practices

Social practice theory approaches have been gaining in popularity among researchers and policy-makers, particularly in relation to (un)sustainable consumption practices. The contours of social practice theory are not fixed: researchers have differing perspectives on what constitutes a practice, building on earlier work by Bourdieu (1979), Giddens (1984), Schatzki (1996) and Reckwitz (2002), among others. In one definition, practices are made up of materials, competences, and meanings (Shove, Pantzar, & Watson, 2012; Shove & Pantzar, 2005); in another, practices are forms of knowledge and agency across people (bodies and minds), things, and culturally-grounded social structures (Sahakian & Wilhite, 2014; Wilhite, 2010). Social practice theories bring new perspectives to food consumption studies because they shift the analytical lens away from individuals and units of production (such as food items or appliances), to an understanding of food consumption as embedded in everyday life, involving actions and discourses that are embodied by people as “carriers of practices” (Reckwitz, 2002), interrelating with material elements and cultural meanings.

Understanding food in relation to taste and dispositions, as reproduced by social classes, was first put forward in Pierre Bourdieu’s seminal work (1979) yet eating remains problematic in a practice theory perspective. Building on Schatzki’s terminology (1996), Ward (2013) suggests that eating is a “compound practice” in that it includes both integrative practices, recognized as occurring in a bounded space and time (for example, one can observe the practice of eating), but also a dispersed practice, which involves describing, questioning or imagining. The dispersed aspect of eating relates to Schatzki’s notion of teleoaffactive structures, which includes ends, projects, tasks, purposes, beliefs, emotions and moods (Schatzki, 1996; 2002). While what makes for a tasty meal includes “the practical experience (participating in an eating event)” as a “precondition for passing judgement” (Warde, 2014, 288), what is judged to be “healthy and sustainable” goes beyond practical experiences. There is a normative dimension to these food types that requires uncovering in what way people are motivated and move towards eating what they represent to be healthy and sustainable foods, as a dispersed practice.

Perhaps more obviously so than in other domains that are significant in terms of environmental impacts – such as mobility – food consumption is subject to socially constructed guidelines about what ought or should be consumed and in what way. Plessz et al. offer a definition of these types of guidelines and how they might be seized by social actors: “prescriptions belong to the ‘sayings’ that constitute a practice”, and “primarily focus on issues related to the consequences of consumption, rather than on consumption itself” (2016, 103-104). The development and enactment of prescriptions involve different actors, as we describe below, including “ordinary consumers who must judge whether information provided is relevant and reliable” (Plessz et al., 2016). Prescriptions are also a means to an end, such as being healthy, protecting biodiversity, or avoiding animal suffering.

Regarding diets, normative goals might include slimming, animal wellbeing, or conforming to religious prescriptions, among others. Our focus on sustainability stems from the explicit goal of the funding mechanism from which this project benefited: it seeks to link healthy nutrition in Switzerland to food security in terms of safe, high-quality production, financial accessibility, and environmental sustainability. Based on this, we set out to explore health and environmental sustainability in relation to food consumption practices, recognizing that such normative goals can overlap but can also be in tension.

Prescriptions are also an object of power, as they are a tool designed to establish new frames for people to evaluate their choices and practices, to regulate their conduct, and to dictate the terms through which a public problem is defined (Blumer, 1971; Dubuisson-Quellier, 2016; Spector & Kitsuse, 1977), in our case, “healthy and sustainable” food consumption. Consequently, Plessz et al. (2016) note that prescriptions are “often vilified by social actors” (2016, 104). Depending on their socioeconomic background, their social network, the resources from which they judge discourses around food and eating, and the rhythm at which these resources are renewed, consumers might give more or less weight to different prescriptions, and be more or less likely to transform their practices accordingly (Barrey, Dubuisson-Quellier, Gojard, & Plessz, 2016, 426). Studies on ethical food consumption in North America have found that various actors are creative in how they select different aspects of food consumption discourses and relate these to their everyday practices, demonstrating that class status and income tend to lead to stronger adherence to an ethical eating repertoire, but with no guarantee of putting this belief into practices (Johnston, Szabo, & Rodney, 2011).

Building on Plessz et al. (2016), we consider as a prescription any set of guidelines or framework for conduct that defines what is best to eat in relation to the repertoires of “health” and “environmental sustainability”. Rather than consider prescriptions as emanating solely from civil society or corporations, we include as prescribers any actor that puts forward such guidelines irrespective of its social position, authority, or credibility. For example, we consider discourses about the health benefits of low-carb diets to be prescriptions, even when not supported by any scientific evidence or institutional backing, just as we consider food prescriptions around balanced meals, as put forward by the Swiss authorities and visualized in the Swiss Food Pyramid (SSN and FSVO, 2011). Moreover, as they aim to organize consumption, prescriptions are usually formulated in a language that is accessible to everyday people, as opposed to a more specialized vocabulary. However, we do not consider all prescriptions to be on equal terms: some take form in spaces of power such as universities or governments and enjoy broad recognition, while others only circulate in the social circles in which they first took form, and never gain widespread credibility or popularity. Prescriptions therefore can exist in discourse without being

\[\text{2} \text{The title and description of the funding scheme is: “Healthy Nutrition and Sustainable Food Production: how to promote healthy nutrition in Switzerland and how safe, high-quality food can be made available in sufficient quantity and at affordable prices while minimising the negative impact on the environment and using resources as efficiently as possible.”}\]
picked up or put into action.

If people can give more or less importance to a set of prescriptions, it follows that prescriptions can also be overlooked, that they can co-exist in harmony or be in tension, contradicting each other. It is therefore important to distinguish prescriptions from rules and social norms. Prescriptions aim at regulating conduct and some might mirror social norms, but they remain prescriptions irrespective of their effect on both individuals and society, while norms dissolve when they lose their effect. We understand social norms following the Durkheimian tradition, where a norm – or a moral rule – is made visible by deviance, and exists through the sanction brought about by transgressive behavior (Durkheim, 1893; 1894). In other words, a prescription can exist without being enforced and an individual can come in opposition to it without suffering any consequence. This is not to say that prescriptions function separately from social norms: they are entangled in moral and normative systems, which frame how they play out in practice and the meanings associated to them. For example, following a slimming diet means adhering to a prescription, but restricting food intake to the point that one looks unhealthy would be frowned upon because it breaks with norms surrounding health and beauty (Godin, 2016).

3. Methodology

To understand prescriptions around “healthy and sustainable” diets in Switzerland, we adopted a two-phased and mixed methods approach. The first phase was focused on uncovering prescriptions, while the second phase, involving consumer interviews and focus groups, allowed us to make connections between prescriptions as part of practices. As part of the first phase, in 2017, we began the research with participant observation at five food-, health-, and sustainability-related events such as workshops, public consultations, and conferences. In parallel, we completed a mapping of the main institutional actors in Switzerland engaged in formulating or carrying prescriptions according to their type (public health authorities, association, foundation, private business, etc.), their scale of action (local, municipal, cantonal, national) and their interests (health, environment, social justice, etc.). A total of ninety organizations are part of this mapping. We also conducted five open-ended, semi-directed stakeholder interviews with actors from the non-for-profit sector, working directly on topics related to food consumption, health, or sustainability. In addition, we analyzed a total of 188 articles published in Swiss newspapers, both in French- and German-speaking regions, over a three-month period, as well as eight issues of different magazines published in Switzerland, France, or Germany, all popular among the Swiss public.

With this material in hand, we identified a number of dominant and emerging food prescriptions through an inductive approach. We first isolated every affirmation regarding what people should eat, or how it should be best to eat within our observation notes, stakeholder interviews, and media analysis, regrouping them in categories, and checking the relevance of these categories in regard to the actors included in the institutional mapping. We confirmed this first analysis and refined the phrasing of the prescriptions through a GoogleTrends analysis over a five-year period, conducted for Switzerland, Europe, and the world.

This first selection of prescriptions was further developed through a second phase of research, involving nine in-depth, open-ended consumer interviews with a total of ten participants, in order to understand how prescriptions play out in practice and how the activities of planning, preparing and eating meals are organized in relation to other everyday practices. In parallel, we organized five focus group discussions with a total of twenty-nine participants. For both focus groups and interviews, we opted for a purposeful sampling approach (Palinkas et al., 2015; Patton, 2002), in order to access the richest cases in regard to our research problem. We built a sample as diverse as possible in terms of classic sociological variables: participants are aged between 20 and 75 years old; all ranges of income are represented beside the extremely rich; urban, suburban and rural environment are taken into account; and different types of household, from one-person households to families with many children, are included in the study. It is important to note, however, that participants with an undergraduate or graduate degree are overrepresented in our sample. This is in part due to the relatively high number of participants in the last focus group, composed of expatriates working for a multinational corporation (all but one obtained a graduate degree). Further, attainment of tertiary education in Switzerland is above the OECD average, with 35% of working age adults (25-64 year-olds) gaining a tertiary qualification (OECD, 2013).

Interviews and focus groups took place either in French, English or German, including people from the French- and the German-speaking parts of Switzerland.

We designed our sampling strategy directly in relation to the food prescriptions: the goal was to understand why certain people adhere to select prescriptions, while others do not. For the focus groups in particular, we gathered participants with specific lifestyles, or with strong and possibly controversial views of food and eating together in one same group, in order to see how different prescriptions interact at the discursive level, what tensions exist between them, and how these tensions are resolved in practices. For example, one of the focus groups involved people following a vegetarian or vegan diet in a major Swiss city; another brought together people from a rural area, who have been in contact with farming and agriculture throughout their life (see Annex 1 for the complete list of anonymized participants).

The research design for both the in-depth interviews and focus groups was inspired by social practice theory approaches, accounting for the different elements that make up a practice including the material dimension (access to products, types of products), social norms (including prescriptions) and people’s beliefs, competencies and emotions. We used visual scenarios and pictures to stimulate discussions on practices and everyday life, building on research conducted on household energy consumption in Switzerland (Sahakian and Bertho, 2018). Bringing different representations and interrelations to the surface through visual elements is a recognized form of photo-elicitation in visual sociology (Harper, 2002; Lachal et al., 2012; Meyer, 2017). To facilitate the analysis, all interviews and focus groups were recorded (audio) and transcribed by a third party, then coded in our analysis.

4. Research results

In the following sections, we outline the dominant and emerging prescriptions in Switzerland regarding “healthy and sustainable” food consumption, and place these prescriptions in relation to practices and everyday life, based on the qualitative research. What a healthy and sustainable diet is and how it could be put in place at the national and international levels is the subject of much debate, and efforts are under way to assess the possibility and implications of measuring human health and environmental impacts through life cycle assessments (Jolliet, Saadé-Sbeih, Shaked, Jolliet, & Crettaz, 2015; Stylianou et al., 2016), as well as implementing such diets at scale in relation to consumption and production (for example Rockström, Stordalen, & Horton, 2016, 2365). As a consequence, notions of health and sustainability to which food prescriptions refer are not fixed, but submitted to constant transformations, depending on the context in which they are used. Furthermore, tensions appear not only between prescriptions, but also within the normative goal of achieving healthier and more sustainable food consumption.

Dominant prescriptions represent a clear point of reference for consumers, even though there can be several interpretations of one prescription. Similarly, consumers can refer to a prescription to oppose it, a posture that might find its way into practices. Dominant prescriptions are also embedded in the discourses and actions of a range of

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3 Citations in French and in German have been translated into English, and all names have been changed to guarantee anonymity.
prescribers, who can promote, oppose, or simply acknowledge the existence of one or the other. Meanwhile, emerging prescriptions are in the process of being recognized as relevant by consumers and prescribers, but they might not be considered as worthy of attention, or not stand alone as one category, in policy documents or the media landscape, for example.

4.1. Dominant prescriptions in the Swiss landscape

While all prescriptions integrate a notion of good health in one way or another, only a subset also appeals to environmental sustainability, and the distinction between both notions is not clear-cut. While a “healthy” diet can be experienced without consideration for environmental sustainability, “sustainable” food practices seem to always integrate the idea of human health. This is not unique to Switzerland: several authors in Western societies also found health to be a more prominent and has become common knowledge for consumers. In Switzerland, the Food Pyramid is the main point of reference for this prescription, which takes a visual form. The Food Pyramid and its recommendations are tools that enjoy a great deal of recognition by the general public (Bochud et al., 2017) as much as professionals, and they are put to use in many demonstration sites, such as schools or spaces for health promotion.

Within these two overall framing prescriptions — food as a pleasure and a balanced diet —, several others exist that are often in tension with each other. Prescriptions on the vertical axis around c) organic and natural diets, and d) local and seasonal diets are related to both health and environmental sustainability, and there is clearly an overlap between the two. When it comes to local, seasonal, organic or “natural” food consumption, health and sustainability tend to be conflated: if a food is thought to be environmentally sustainable, as is the case with these products, it is also seen as healthier for human consumption in terms of nutritional value or the absence of pesticides. Many of the participants in our research invoked a health rationale to explain the adoption of food practices related to these two prescriptions: “an organic product… It is probably tastier. It is perhaps better. It might have less impact on me, on my little self, and my young children, in regard to what we ingest” (Anne, 37 years old). The notion that “taste” can be represented irrespective of the act of actually trying the food is an interesting insight, which suggests that people interpret a prescription as being tastier because they are presumably better for one’s health.

Increasingly, the notion of “local and seasonal” is being put forward as the more definitive prescription around sustainability understood in its broadest definition, to include environmental promotion, local job creation and economic development, as well as social solidarity and human health. The notion of what “local” is merits further unpacking, as the boundaries of this notion and the exact implications in terms of social and environmental impacts can be unclear. Geneva neighbors on France, for example, but for many consumers tomatoe grown directly across the border would not be “local”. There is also some discussion around social and environmental assumptions which do not always stand the test: the hiring of illegal migrants on farms and at minimal wages, for example, are problems hidden behind what are seen as the inherent qualities of local food production (BORN & Purcell, 2006). There are another two prescriptions that clearly do not overlap, but rather are in opposition — represented in the horizontal axis: e) less and better meat consumption and f) vegetarian and vegan diets. For the promoters of less, but better meat consumption, taste and pleasure are central to food and eating, meaning that those who like meat should not have to relinquish it. Instead, they argue, consumers should opt for quality over quantity. Eating less of higher-quality meat is put forward as an answer to the health problems related to high red meat consumption, but also to the potential harm brought by the use of antibiotics on animals, as well as the pesticides found in their food. The diminution of meat consumption is also presented as beneficial for the environment in relation to land use and biodiversity. These ideas are mostly promoted by farmers and butchers also basing their marketing on local and “ethical” production, as well as by professional associations putting emphasis on the quality of Swiss products versus imported ones. Meanwhile, almost the entire discourse behind vegetarian and vegan diets is organized around animal rights and well-being, overshadowing arguments related to resources, health, and environmental impacts, that could also justify giving up meat consumption. This is the main difference between both takes on meat consumption: advocates of vegetarian and vegan diets consider the killing and eating of animals as fundamentally wrong, given that it is no longer essential for our survival. Those promoting limited meat consumption put forward the quality of life that can be offered to cattle, but do not hold meat consumption as wrong in itself.

Fig. 1. Dominant prescriptions around “healthy and sustainable” diets in Switzerland, and their tensions and overlaps. Source: author’s own.
The opposition between both trends is strong, and discourses around meat consumption in Switzerland are loaded with emotions. Feelings of moral righteousness regarding the killing of animals clash with values around freedom of choice and patriotism. Meat consumption remains considered as a central element of food consumption practices, Swiss food traditions, and culinary heritage, that have evolved over time in the national context. In this respect, many react strongly to the idea of having their possibilities restrained. Even more so, the idyllic image of the “happy Swiss cow” grazing in the pasture constantly came back during interviews and focus groups, conveying feelings of pride in the country and trust in its food. While the representation of meat consumption as part of Switzerland’s cultural heritage can tend towards the consumption of less meat and of meat of better quality, it can also be deterrent when it comes to the adoption of a vegetarian or a vegan diet.

Tensions are possible between meat-related prescriptions, but also with the broader frames relating to pleasurable and balanced diets. Conforming to vegan or vegetarian prescriptions, for example, might not always be compatible with the dominant idea of what a pleasurable meal constitutes, particularly during festive occasions. Similarly, “niche” products that are more commonly included in a vegetarian diet might come from distant countries, creating a tension between vegetarian diets and local food consumption. Another such tension involves promoters of “better meat consumption”, for example butchers who might promote high-end products from Argentina or North America for their taste and quality, and in doing so put them on equal food with local, organic or “ethical” meat production.

To complete this portrait, g) slimming diets is a strong, highly gendered prescription, loaded with symbolism and carrying a heavy moral weight (Godin, 2016). While weight and beauty are rarely explicitly mentioned in consumer discourse, it is omnipresent in the media landscape, especially media outlets aiming at women. Moreover, irrespective of gender, a slim body came to be synonymous with a healthy body (Guillen & Barr, 1994), and slimming diets are put forward in a rhetoric of healthy eating, overshadowing the aesthetic content of this prescription.

In addition to these dominant prescriptions, we also noted what might be called “emerging prescriptions” that are not featured in Fig. 1, but represent interesting trends. The notion of a “sustainable diet” is not prominent in consumer representations but is being advanced by organizations and researchers, often working in partnership. Such a diet would aim at protecting the environment in terms of promoting biodiversity or reducing environmental impacts (e.g., greenhouse gases emissions), while also ensuring social justice at a local and international scale (e.g., fair labor conditions and fair trade). This prescription is manifest in the zero-waste movement, for example, as well as in efforts to promote community supported agriculture (CSA). The idea of a “sustainable diet” is most often associated with the “local and seasonal” food prescription, as well as with the prescriptions related to eating less meat or no meat.

Diets based on the exclusion of certain food or categories of food for health, sustainability, or moral reasons are also emerging. Many are based on an ideal of purity, as shown with the growing trend of “clean eating”. The main goal of this prescription is to preserve bodily integrity by either cleaning the body, or avoiding polluting it with products considered by some as detrimental for biological or evolutionary reasons, such as gluten or lactose. We do not include restrictive diets adopted for medical reasons, such as allergies or celiac disease, in this emerging prescription. Our research also did not consider diets based on religious principles, which for some could also be represented as both “healthy and sustainable”.

4.2. Prescriptions as a resource for practices

Based on the time, space, and context within which a practice plays out, prescriptions can take on more or less importance for one person or household, an issue on which life stages have a strong influence, as demonstrated in a French study (Plessz et al., 2016). Our fieldwork among Swiss consumers demonstrates how prescriptions can be a resource for practices, at which point they intersect with other elements such as financial means or the accessibility of certain products. To illustrate, prescriptions might help a consumer navigate a sea of labels in a supermarket, directing people towards organic, local, or gluten-free choices. But prescriptions can also be a source of confusion, as illustrated in the diverse tensions discussed above. Another possibility is for them to be disregarded altogether. In the face of prescriptions, people often find themselves on a continuum, transitioning from one prescription to another depending on the context in which they find themselves.

At some points in a day, a week, or over a lifetime, food is merely planned, prepared and consumed to appease hunger or provide energy – for some people. The goal is then to fulfill a physiological need. In these moments, prescriptions are not necessarily on the radar, and as little time and energy as possible is invested into eating. This can refer to the occasional meal eaten alone and given little meaning, but for some people this is a more recurrent practice. At other points in life, making decisions regarding food while confronted with tensions between many prescriptions, labels, and health concerns, but also while accounting for different tastes around the table, can be exhausting and cumbersome. In such moments, prescriptions can be irritating, or they can also provide safe harbor in helping to prioritize and reduce the burden of choice. A most telling case is that of a mother who has opted to receive a weekly vegetable basket from a local farmer, as a form of community supported agriculture. She expresses relief in being able to build her meals around what has been provided, rather than making any choices in the purchase of vegetables herself – echoing earlier qualitative research on CSA customers in the Geneva area (Sahakian, 2015). As she explains,

Shopping for food is exhausting, it makes me cry. […] Me, I would like to be in a simply country where you don’t need to… Too much choice kills choice. And on top of that, we don’t have trust. Because let’s say something is labeled organic, but maybe it came from too far away. In which case, it’s better to take this one even if it’s not organic (Myriam, 50 years old).

In other contexts, grocery shopping, cooking, and all related practices can be viewed as relaxing activities in which the senses are called upon and satisfied. In some instances and for some people, visiting farmers’ markets, browsing the Internet to find new recipes or ideas, or learning about new food trends have become leisure. This is the case for Laurent, a 50-year-old professional living in a rural area, who explains: “[I]f I’m in a big city, I will easily go into a large supermarket for nothing – nothing but the pleasure of looking, and sometimes without – without buying anything at all.” For people who experience food as a pleasure, not only preparing, but also sharing a meal are seen as high points in a day or a week. In such a context, prescriptions are more likely to be seen as a basis for practices or an area of interest, as opposed to a constraint or a burden.

If a food prescription is fully enacted in practices that are maintained over time, it can become a defining part of a person’s identity, whereby food has become a lifestyle. This is sometimes the case in relation to vegetarian or vegan diets, which can guide most or all food consumption in everyday life, and even come to influence other areas of consumption. This is the case for Victoria, 42 years old, who has been following a raw vegan diet for over 5 years at the time of our interview:

Yeah, I think it’s a lifestyle, for sure. And it’s impacting many things: how I shop, how I dress, how I… what products I use. I think about anything that goes in, that’s on my skin or goes in my body, I think about it a lot.

When food becomes a lifestyle, consumption practices are organized in relation to a fixed and solid set of prescriptions, as can be a person's
social network, and the different sites where consumption plays out. Despite the constraints it can cause in social events or even at home, one prescription can become all-encompassing, significantly reducing the burden of choice. For many participants, adhering to a more constraining prescription such as raw veganism meant learning to adapt to certain limitations and develop new skills, in a first stage, but also led to a sense of freedom from having to choose from too many food options, and in some cases a boost in creativity regarding food preparation.

4.3. Putting prescriptions into practice

Counting only on prescriptions to induce a transformation in food habits, however, bears the risk of obscuring their complexity and their reliance on the different dimensions that hold a practice together, some having more effect than others. Here we examine three dimensions of everyday life – time, mobility, and social relations – which have an especially strong impact on the organization of eating as an integrative practice. We consider how the prescriptions described above are picked up, or not, on the theme of eating as a dispersed practice.

4.3.1. Time as a condition for enacting prescriptions

When looking to enact specific prescriptions, the ability to invest time seems essential. Buying food, but also planning, cooking, storing and managing it, rely on the investment of a substantial amount of time, along with the acquisition of cooking competencies in some cases. Recent research suggests that the feeling of being rushed might bring about the consumption of fewer fruits and vegetables, more eating out, and more calorie intake when this feeling persists for a few years (Venn & Strazdins, 2017). Impressions of time scarcity, said to be on the rise, have also been shown to push towards the consumption of convenience food and ready-made meals (Jabs & Devine, 2006). In another study, the overall experience of cooking was changed through the availability of time as a resource, the sentiment of being rushed leading to the experience of cooking as a chore or a burden (Daniels, Glorieux, Minnen, & van Tienoven, 2012).

Many of our research participants expressed the desire to spend more time purchasing foods, cooking and eating, but face constraints in work and family life. Elderly people included in our study spend more time planning, shopping and preparing meals, and for them it represents an enjoyable activity. Meanwhile, people in general invest more care and experience, and find more pleasure in cooking, over the weekend than over the week. When it comes to food, time and gender seem strongly linked. Recent Swiss data show that women still cook more often and spend more time preparing meals than men, while both groups spend more time per day cooking on the weekend than during the week (Bochud et al., 2017). This is the case in Anne’s household, and was also revealed in other interviews. She takes care of buying and cooking during the week because she has more time, whereas her husband cooks during the weekend because he enjoys it:

I’m the one that does the food shopping, either lunch, or when I can find a moment, coming home from work. And since I get home earlier during the week, I prepare the evening meals. On the weekend, he does more of the cooking because he really enjoys it, so we take turns. And if I’m not here, I’m not here, and he makes food on his own (Anne, 37 years old).

Providing a balanced meal to children, while also enjoying food and taking into account other prescriptions – such as eating organic foods – is all the more difficult for single parents, as documented in our qualitative work and a recent national survey, which shows that preparing meals is often experienced as a burden, particularly among families with younger children. Marie, a 31-year-old single mother living in a village in the French-speaking part of Switzerland, has to deal with a tight budget, and therefore visits many different stores to get the best prices. At the same time, when possible, she tries to feed her son organic and local products. Despite working almost full-time, she manages to integrate a visit to the farmer’s market as part of her weekly routine, but her schedule nevertheless forces her to make tradeoffs she would prefer to avoid in turning to processed food. In her own words:

… with a young son that needs me to take care of him, as there’s nobody else to do so in the household, well sometimes, it’s a bit of a challenge. It’s really not easy, as he wants me to play with him or he wants me to… all of a sudden, he’s tired and stressed, so he clings to me and that, that’s not easy. I try… I am obliged to make fast food. There you have it… (Marie, 31 years old).

Marie nevertheless enjoys cooking, she likes to be informed, to discover new trends, to try new recipes. But this more relaxed approach to food has to be relegated to weekends, as the constraints of her domestic life do not allow her to enjoy it as much the other days.

In relating prescriptions to practices, we found that the different conflicting prescriptions, along with the feeling of lacking time, sometimes lead to shortcuts – for example, people opting for “local” or “regional” food as a proxy for “healthy” or “environmentally friendly” food, with little attention paid to the boundaries of what is local or regional. In a similar way, labels represent a powerful tool to facilitate such shortcuts for people looking to eat local, organic, vegan or even low-fat products, among others. Interestingly, people turn towards labels with little thought dedicated to what might be hidden behind the alleged qualities, but also without completely trusting them: the general sense is that labels are “better than nothing”. Finally, while time is a constraining factor when it comes to conforming to prescriptions or selecting between them (especially when food is “a chore”), having more available time does not necessarily mean a stronger investment in such deliberations.

4.3.2. Mobility and access to food provisioning systems

Along with time, issues surrounding proximity of food stores and their impacts on food choices and health have been studied through the lenses of what are termed “food deserts” (Walker, Keane, & Burke, 2010), or neighborhoods where healthy food is not available, and, more recently, “food swamps”, or neighborhoods where fast foods, energy-dense foods, and processed foods are easier to reach than in more affluent ones, and where healthier food is more difficult to find (e.g., Hager et al., 2017; Luan, Law, & Quick, 2015). The former studies were primarily based in North America and mostly linked to issues of poverty, vulnerability, and health. Access to food is nevertheless a key issue, with broader approaches also involving the concepts of “foodscapes” and “food environment”, which can include attention to mobility or commuting in relation to food provisioning (Burgouin & Monsivais, 2013; Widener, Farber, Neutens, & Horner, 2013). Notions of mobility and access to food provisioning systems offer a more dynamic account of how food practices play out, or how mobility “interlocks” with food consumption practices (Spurling & McMeekin, 2015; Spurling et al., 2013). Considering mobility, even in relation to local food provisioning, can also result in a stronger link to health and environmental considerations (driving versus biking to fetch a vegetable basket from a CSA pick up point, for example).

Our study clearly demonstrates that how people get around in a given day influences the food products they buy and where they buy them, or decisions around eating out. Even more than proximity to the home, access to a store as part of a daily transit seems to be the dominant time and space in which people acquire food items. In referring to the two food retail giants in Switzerland, Laurent explains: “I prefer the Coop, but I go to the Migros more often because it’s three times closer to my workplace, it’s much closer”. On a transit from work or school to home, people might use information and communication technologies to coordinate their meals with other household members.

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4 Reference to the second project will be completed after the peer review (so as to remain anonymous).
or friends. The forms of mobility, on foot, bicycle, public transport or car, will have an influence on food provisioning as well – related to what kind and what volume of food can be carried along. The case of Ariane, 41 years old, who lives in a Swiss city bordering Germany, where food is cheaper, is representative of this trend. Her practices are directly influenced by access to certain shops and mobility options, as reflected in a focus group discussion:

So I shop both in Germany and Switzerland. Germany, I usually go maybe twice a month and then in-between I buy stuff here so it will usually be small things. And I will decide what to buy in Germany and in Switzerland so it mainly depends on the things that I can carry because I use public transport so I can’t buy all the liquids, fruit juices, and milk in Germany. So I buy them here.

As for Luc, 53 years old, he manages to get most of his fruits and vegetables from the farmers’ market, which is conveniently situated at a tram stop. He can go once a week, on his way to work:

I only have to get on the tram half an hour earlier in the morning, on Tuesdays. I can actually get down at the station where I have to change train anyway, and then I can quickly go [to the farmer’s market]. And then I continue on my way to work.

These links between transit and food provisioning in Switzerland seem to be substantiated by sales numbers, as reflected in this statement by a Migros spokesperson, representing one of the main food retail outlets in the country: “The Migros at the Zurich train station must be the most profitable square meterage of space in all of Switzerland” (Vakaridis, 2015).

Preferred means of transportation, along with the spatial distribution of different types of retailers ranging from supermarkets to farmer’s markets, can facilitate the adoption of specific prescriptions. However, issues around transportation can lead to a certain incoherence in how food-related practices play out vis-à-vis other aspects of daily life. For example, driving to the distribution point of a CSA scheme might come in opposition to the preoccupation for environmental health behind the consumption of organic and local food.

Transit, especially between home and school or the workplace, appears to be one of the main elements influencing the choice of retailer, but also the consumption of processed foods and convenience foods. To illustrate, if “organic” or “healthy” foods are not readily available, commuters might turn to convenience food they would otherwise avoid, either bought at the supermarket or at the train station. Transit routes, combined with time, have a structuring effect on the choices that are made. If vegetarian, local, organic, or “healthy” foods are not available during transit, people are less likely to go out of their way to seek them out. Given that a third of Swiss commuters use public transportation to go to school or work (FSO, 2018), retailers established in train stations, as well as near busy tram or bus stations, have an important role to play in the transition towards “healthier and more sustainable diets”.

4.3.3. Social dynamics inside and outside the home

In addition to the share of domestic work, already discussed above in relation to time as a resource, social dynamics have a strong influence on how prescriptions might play out in practice. From early childhood to old age, people cross many life stages typified by various occupations, schedules, and living situations. The dynamic relation between life-course and everyday consumption practices is seen as a key area for encouraging more sustainable consumption (Greene & Rau, 2018; Rau et al., 2014; Schäfer, Jaeger-Erben, & Bamberg, 2012). From our own study we know that prescriptions, the way they are represented by everyday people, and how they are enacted into consumption practices, are strongly influenced by the relationships that give food its context and meaning at a specific moment of the day or over a lifetime.

Within the home, household dynamics determine the form taken by prescriptions: who cooks for whom, and who eats with whom, have an influence on the types of meals prepared, and the intentions put into them. An adult might not give much importance to the taste or quality of food when eating alone, but might put great care in providing a tasty and balanced meal when cooking for his or her family. For Judith, a mother of two, preparing the best possible meals for her children means making the food herself as much and as often as possible: “Well, I think that, psychologically, as a mother, I tell myself: I want to give the best of the best, which is to make home-made meals, simply put” (Judith, 33 years old). Children have an especially strong influence on the food habits of the whole family: a child that picks up a vegetarian diet will most likely influence the whole household to take up this prescription, or engage in such a direction. This is the story told by Mathieu, 35 years old, living with his wife and his teenage daughter:

So, she learned to cook vegetarian food. She brought along many ideas from what she had learned in school. And then… well, we changed our way of eating. My wife also, who is a great carnivore, she has become almost entirely vegetarian.

For this reason, schools are important and powerful sites of demonstration along with other spaces frequented by children and teenagers, a fact that is recognized by organizations invested in the promotion of public health.

More generally, people are carriers of prescriptions, which can be all the more visible when enacted on demonstration sites, such as being served a vegan meal at a friend’s home, or being taught how to cook balanced meals with a low budget at a community center. At the same time, enacting food practices – planning, buying, cooking, eating – on a given demonstration site does not mean that people will switch diets or take up new prescriptions, but demonstrating or giving form to one or the other prescription makes it more socially permissible to do so. In this spirit, Halkier (2017) notes that two dynamics are involved when it comes to understanding how food routines are established: first, the questioning of specific food practices on the basis of various normative goals – in our case, “health and environmental sustainability”; and second, the development of a multiplicity of “food cultural repertoires”, akin to the prescriptions we put forward. As shown in our research, when combined with the right institutional support – the most important being institutions involved in creating systems of provision, which determine what is available and where, as well as demonstration sites – social relations define whether or not prescriptions will stabilize and find their way into what is considered socially acceptable. In other words, social relations are crucial in resolving tensions between different diets, but also between prescriptions and social norms.

5. Conclusion

While food prescriptions play an important role in understanding how healthier and more sustainable food practices could be promoted, they are not sufficient in and of themselves. For some people, they can be a resource for how practices play out, together with other elements such as cooking skills or access to fresh produces; for others, prescriptions are hardly relevant. Before being enacted, prescriptions pass through the filter of everyday life, with three aspects playing a promising role in how they might be adopted and in what way: available time for planning, preparing and eating meals, as well as gaining new competencies; mobility and transit in relation to food provisioning and access to food types; and social dynamics, within households and when eating out. In all three aspects, the interrelation between prescribers and demonstration sites is an opportunity to enact prescriptions: workplace or school canteens, for example, can be effective spaces towards demonstrating healthier and more sustainable diets if people find the time, are encouraged by those around, and are served meal options that might be part of such a diet.

Dominant prescriptions around “healthy and sustainable diets” co-exist without a clear hierarchy, often overlapping, or in tension with
one another. These tensions represent a constraint for consumers, who will see their burden heightened or their actions hindered by conflicting messages. At the same time, in regards to both health and the environment, prescriptions circulate in a normative environment characterized by the individualization of choice and the responsibilization of consumers (Derkatch & Spoel, 2017; Maniates, 2001). The onus of cutting through conflicting prescriptions is therefore on everyday people, involving what to buy, how to prepare, when and how to cook, and even how to dispose of any food waste – rather than on the private sector or institutional actors. There are over sixty labels on food products in Switzerland: making the “right” choice is left up to the individual who must make sense of a “jungle of labels” (FRC, 2015), in relation to dominant and emerging prescriptions. The act of shopping with prescriptions in mind can be a daunting task, towards considering several tradeoffs in a limited amount of time – “Too much choice kills choice”, as stated in an interview and cited above. In some cases, restrictive prescriptions offer relief from the burden of everyday choice. Commercial players offer more “healthy” or “sustainable” options, but stop short of taking decisions as to what should or should not be offered on retail shelves or on menus as unhealthy or environmentally unsound.

To ease the way towards healthier and more sustainable food consumption, the challenge lies in involving the private sector, civil society and consumers in discussions about possible transitions to healthier and more sustainable diets, and the tradeoffs and tensions that different scenarios might represent. Recognizing the opportunities and limits of food prescriptions is one piece of the puzzle, as is the need to contribute new knowledge to ensure the coherence of prescriptions and their relevance to everyday life. Ultimately, more research is needed upstream from final consumption – on systems of provision, as well as on the possible demonstration sites where “healthy and sustainable” food consumption practices can be enacted, so as to avoid moralizing consumers into better habits, and placing all the burden of choice on households alone.

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### Annex 1. Focus groups and interview profile

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Focus group/ interview</th>
<th>Age</th>
<th>Gender</th>
<th>Education</th>
<th>Occupation</th>
<th>Household size</th>
<th>Household type</th>
<th>Housing type</th>
<th>Neighborhood</th>
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<tbody>
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<td>Marc</td>
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<td>37</td>
<td>M</td>
<td>High school</td>
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<td>Apartment</td>
<td>City center</td>
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<td>Couple</td>
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<td>Residential area</td>
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<td>–</td>
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<td>House</td>
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<td>F</td>
<td>–</td>
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Focus group 1: Gastronomy professionals in a city in the German-speaking part of Switzerland.
Focus group 2: Vegetarians and vegans living in a city in the French-speaking part of Switzerland.
Focus group 3: Residents of a small village in the French-speaking part of Switzerland, who have agricultural experience.
Focus group 4: Residents and workers in a low-income neighborhood in the French-speaking part of Switzerland.
Focus group 5: Expatriates working for a multinational company in a city bordering Germany, in the German-speaking part of Switzerland.

Appendix A. Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.appet.2018.08.004.


