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Title: Mothers' food choices and consumption of ultra-processed foods in the Brazilian Amazon: a grounded theory study

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1 **"Mothers' food choices and consumption of ultra-processed foods in the Brazilian**
2 **Amazon: a grounded theory study"**

3

4 **Abstract**

5 In recent decades, an increase in consumption of ultra-processed foods (UPF), a type of
6 product frequently associated with diet-related obesity, chronic diseases, decrease of eating
7 traditions and loss of culinary diversity, has been observed in middle-income countries.
8 However, there is lack of information on factors related to choosing UPF. In this study, we
9 aimed to understand the factors promoting UPF choices and consumption among mothers
10 living in an urban context in the Brazilian Amazon, and to present a conceptual model
11 grounded on their experiences that illustrates the dynamics between the observed factors. For
12 this qualitative study, we used a constructive grounded theory approach, with a theoretical
13 sampling of 40 women, to choose mothers with high and low consumption of ultra-processed
14 foods. Data production and the first steps of analysis were performed concomitantly,
15 followed by four steps of coding focused on creating conceptual categories and explaining
16 the interactions between them. Our findings highlighted the importance of context in
17 promoting UPF choice and consumption, particularly the "food environment", physical and
18 virtual, and the "sociocultural environment". These contextual aspects interacted with the two
19 main personal aspects influencing participants' UPF consumption, one concerning practices,
20 "cooking behaviors", and the other concerning preferences, "food tastes". Factors such as
21 economic and time constraints were also important and competed to shape eating practices
22 through interactions with participants' health valorization. Findings are discussed in relation
23 to food choice theories, social roles and the food environment. Implications for public health
24 initiatives include the importance of considering environmental changes, sociocultural and

25 economic influences, the reliance on UPF, and the role of women in the home, when
26 promoting healthy diets.

27

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30 **Key-words:** Eating practices; food choices; ultra-processed foods; mothers; grounded theory;

31 qualitative research; Brazil.

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33 **Introduction**

34 Food choices concern the selection of foods for consumption that result from
35 competing, reinforcing and interacting influences of several factors. Such factors range from
36 individual responses (to psychological, physiological and sensory influences) to broader
37 interactions (between social, environmental and economic influences) (Buttriss et al., 2004).
38 Studies have investigated the interactions among environmental, social and psychological
39 factors influencing food choices (Puddephatt et al., 2020; Wertheim-Heck & Raneri, 2019;
40 Buttriss et al., 2004). Nonetheless, Sobal and Bisogni (2009) state that food choices are still
41 not fully understood. In this study, we hope to add to the food choice literature by shedding
42 light on factors related to choosing a specific category of industrialized food – ultra-
43 processed food (UPF) – that has been increasingly consumed in contemporary urban societies
44 due to its convenience, hyper-palatability, marketing and accessibility (Monteiro, Mourabac,
45 Cannon, Ng & Popkin, 2013; Monteiro et al., 2011).

46 Different reviews on food choices have highlighted important environmental, social
47 and psychological influences affecting them, but with different focuses and approaches. A
48 review of environmental influences on food choices performed by Stroebele and De Castro
49 (2004) highlighted as important factors in the process: physical surroundings (i.e. type of
50 food, presentation and location, food and environment colors, temperatures and smells, and
51 ambient light), time-related characteristics (meal frequency and meal times), and distractions
52 (television and music). This study considered social variables as environmental factors,
53 highlighting the influences of social facilitation and social modeling on food choices
54 (Stroebele & De Castro, 2004).

55 Deepening understanding on the social influences on food choices, Cruwys,
56 Bevelander and Hermans (2015) corroborated the importance of social modeling and argue
57 that it has significant effects on choosing food, being shaped by social norms as individuals

58 either seek information about appropriate behavior or to affiliate with others. Köster (2009)
59 also approached the unconsciousness of food choices. For the author, food choices are based
60 on past behavior, therefore, habit and hedonic appreciation seem to be better predictors of
61 food choices than psychological constructs themselves, such as attitudes and intentions. In an
62 effort to combine the several factors that compete to influence food choices, the umbrella
63 literature review performed by Sleddens et al. (2015) with 14 review papers concluded that
64 food choices were mainly influenced by habitual and structural factors, with the habitual
65 factors being the most consistent predictor of food choice. Motivational choices, such as self-
66 efficacy, self-regulation, motivation and goals, were also linked to food choices, but played a
67 smaller role.

68 The apparent consensus on the relevance of environmental and social influences on
69 food choices reinforces Sobal and Bisogni's (2009) argument that food choices are
70 situational, which means that they are selectively employed in each specific setting,
71 composing a contextualized process. Therefore, it could be relevant to think about specific
72 influences on food choices according to the setting or the type of food studied. The authors
73 used a grounded theory approach to develop a model on the food choice experiences of 29
74 adults living in New York, named the Food Choice Process Model. They classified three
75 main components affecting their participants' food choices: life course, influences (ideals,
76 personal factors, resources, social frameworks and food contexts) and personal systems
77 (mental processes by which people translated influences to actual food practices). Although
78 offering a broad map for considering influences on food choices, Sobal and Bisogni (2009)
79 highlight that no one specific theory, model or perspective could capture all the complexity of
80 the phenomenon and that new deductive models could be developed.

81 Ultra-processed foods are a relatively new category of food classification, defined as
82 "formulations of ingredients, mostly of industrial use, that result from a series of industrial

83 processes” (Monteiro et al., 2019, page 2). They are characterized by two types of
84 ingredients: (1) food substances with no or little culinary use (e.g. varieties of sugars – such
85 as maltodextrin –, modified oils – such as hydrogenated oils –, and protein sources – such as
86 hydrolyzed proteins) and (2) cosmetic additives that make the final product palatable or often
87 hyper-palatable (e.g. flavors, emulsifiers, and thickeners). Some examples of UPF are soft
88 drinks, packaged snacks, candies, mass-produced packaged breads, margarines and other
89 spreads, industrialized cookies and biscuits, cake mixes, pre-prepared dishes, reconstituted
90 meat products, powdered soups, and instant noodles (Monteiro et al., 2019).

91 UPF’s convenience, hyper-palatability, branding and aggressive marketing make them
92 liable to displace all other food groups. Its consumption has been associated in the last
93 decades with a transition in food practices – with less time spent in cooking and eating,
94 change in traditional meal patterns, decline in commensal eating, and an increase in the
95 prevalence of snacking – in middle-income countries (Monteiro et al., 2019; Monteiro,
96 Mourabac, Cannon, Ng & Popkin, 2013; Monteiro et al., 2011). High consumption of UPF
97 has negative nutritional and cultural effects, being associated with an overall deterioration of
98 the diet quality in several countries (Louzada et al., 2018; Cediel et al., 2018; Moubarac et al.
99 2017) and an increase in chronic diseases (Louzada et al., 2015; dyslipidemia (Rauber,
100 Campagnolo, Hoffman & Vitolo, 2015; Mendonça et al. 2017; Lavigne-Robichaud et al.,
101 2018), in addition to promoting loss of eating traditions, commensality and culinary diversity
102 (Monteiro et al. 2013). In response to the increase in UPF consumption and impact on public
103 health, the Brazilian Dietary Guidelines launched in 2014 emphasize the importance of
104 avoiding UPF and maintaining eating traditions to achieve healthy diets (Brazil, 2014).

105 Despite the relevance of UPF in contemporary eating practices and their impacts on
106 public health, to the best of our knowledge, only one study investigated UPF choices, but
107 with a strict focus on environmental factors that might work as facilitators or barriers to UPF

108 consumption. Participants were adults living in São Paulo, Brazil. Most of them perceived
109 their neighborhoods as favorable to UPF consumption and reported more facilitators than
110 barriers to consume UPF, namely appreciation for its taste, children's acceptance,
111 convenience, cost, and feeling addicted to it (Almeida, Scagliusi, Duran & Jaime, 2017).
112 However, to allow a deeper understanding of UPF choices, it is relevant to build a model
113 based on people's broader experience with choosing and eating food, particularly UPF.

114 One relevant group for understanding UPF choices within families comprises
115 mothers, as they are, in many cultures, most often responsible for determining the foods
116 available at home and how they are prepared (Sato, Ulian, Unsain & Scagliusi, 2018; Larson
117 & Story, 2009; DeVault, 1991). Because of this social role, mothers are often described as
118 central in teaching children how to eat, being responsible for their (1) food familiarization,
119 (2) food choice learning, (3) conditioning learning, and (4) food categorization learning
120 (Paroche et al., 2017). Several studies investigated how mothers' food choices influence their
121 children's eating; however, few studies have focused on how being a mother can affect their
122 own food choices. The studies conducted focus on specific aspects such as identity (Johnson,
123 Sharkey, Dean, McIntosh & Kubena, 2011) or coping strategies (Blake, Devine, Wethington,
124 Jastran, Farrell & Bisogni, 2009; Devine, Jastran, Jabs, Wethington, Farrell & Bisogni, 2006).

125 A study with low-income mothers in the United States of America described the
126 influence of a "healthy identity" on their food choices. The authors observed that mothers
127 that did not identify themselves as being healthy ate more UPF and felt more anxious and
128 guilty about their food choices (Johnson et al., 2011). Another study on parents living in the
129 US described several coping strategies related to food choices. These strategies aimed to
130 manage stress, reduce the time/effort needed for meals, and traded off food needs against
131 other family needs (Devine et al., 2007). Blake et al. (2009) described gender influences on
132 such strategies among the same population, with mothers skipping meals and trading-off

133 personal nutrition to save time and energy. These observations suggest that a mother's social
134 roles could influence UPF consumption in different ways, discouraging UPF choices for not
135 being healthy or promoting it to cope with the overload of being responsible for feeding the
136 family.

137 Given that food choices are highly affected by context, it seems relevant to approach
138 the phenomenon from a region going through changes in the food system associated with
139 greater UPF consumption, while still maintaining a strong traditional food culture, as in
140 Amazonian settings. The region has been experiencing a nutrition transition, with increasing
141 rates of obesity (Braz, Duarte & Tauil, 2012) and other nutrition-related non-communicable
142 diseases (Lourenço, Gimeno & Cardoso, 2014), and has gone through an intense process of
143 urbanization in the 1960s and 1970s (Lima, 2014). In this paper we aimed to understand the
144 factors promoting UPF choices and consumption among mothers living in this urban context
145 in the Brazilian Amazon, and to present a conceptual model grounded on their experiences
146 and perceptions that illustrates the relations and dynamics between the observed factors. To
147 achieve these aims, we addressed three research questions: (1) What are the main factors
148 contributing to choosing and consuming UPF among mothers living in Cruzeiro do Sul,
149 Acre?; (2) Which factors prevent mothers from choosing and consuming UPF?; and (3) How
150 do the factors promoting or preventing UPF choice and consumption interact?

151 **Methods**

152 *The main study design and setting*

153 This was a qualitative research based on a constructivist grounded theory approach, as
154 proposed by Charmaz (2006). The constructivist grounded theory approach has its
155 philosophical basis in symbolic interactionism, which posits that meanings are negotiated
156 through social interactions in social processes. This approach is consistent with our aim, as it
157 allows us to develop an explanatory model of a contextualized basic social process – such as

158 choosing food (Sobal & Bisogni, 2009; Furst et al., 1996). Creswell (2007) explains that
159 grounded theory intends to move beyond description of the phenomenon, and to generate a
160 model or theory – i.e. an abstract analytical schema of a process.

161 Sobal and Bisogni (2009) discuss that there are several ways to develop models about
162 the food choice process, but highlight grounded theory's inductive approach, whose strength
163 is to create concepts that are important to the study's participants. Inductive approaches elicit
164 information about people's food choices and adopt emergent concepts to create models and
165 theories that are grounded in the consumers' perspectives. This means that the theory should
166 not be created from existing literature but based on empirical data. Thus, rather than focusing
167 on people's language and words (as in a discourse analysis), our study paid special attention
168 to how a social process (UPF choice) happened in a certain context (Brazilian Amazon). To
169 achieve that, special attention was paid to the participants' views, beliefs, feelings,
170 assumptions and ideologies.

171 Additionally, Charmaz's constructionist approach advocates for a perspective that
172 does not assume that researchers are neutral observers. Thus, researchers involved in this
173 study were constantly exercising their reflexivity and relativizing their perspectives, practices
174 and positions throughout every step of the research.

175 This study was part of a prospective cohort study in Cruzeiro do Sul, Acre State,
176 named MINA-Brazil Study (Maternal and Child Health and Nutrition in Acre, Brazil).
177 Cruzeiro do Sul is located in the North region of Brazil, in the Western Brazilian Amazon
178 and has an estimated population of 87,673 inhabitants (IBGE, 2018). The city is located 631
179 km away from Acre's capital, Rio Branco, and has gone through an intensive process of
180 urbanization, with its urban population increasing from 57.8% to 70.5% of the total
181 population between 2000 and 2010 (IBGE 2000, 2010).

182 Inclusion criteria for participation in the MINA-Brazil Study were (1) giving birth
183 between July 2015 and July 2016, (2) giving birth in the maternity hospital in Cruzeiro do
184 Sul, and (3) living in the urban area of the municipality. The MINA-Study cohort was
185 population-based at baseline, with a 70% retention rate for the 2-year follow up (n=868)
186 (Cardoso et al., 2019). This research took place during the MINA-Brazil Study's 2-year
187 segment and focused on a subsample of the main study. The segment data collection was
188 divided into five waves, conducted every three months from July 2017 to July 2018.
189 Approaches to the subsampling and methods are described below. Further information on the
190 MINA-Study design has been described elsewhere (Neves et al., 2018).

191

192 *Sampling of informants*

193 Theoretical sampling is used in grounded theory to establish the events to be observed
194 in order to create explanatory categories to build a conceptual model (Dantas, 2009). We
195 started with a broad perspective for the initial sampling, defining as main events high or low
196 consumption of UPF. Data from the MINA-Study helped define a subsample of participants
197 with either high or low frequency of UPF consumption. Based on quantitative data, women
198 were divided into quintiles according to their frequency of UPF consumption, and mothers
199 from the highest and from the lowest quintiles were invited to participate in the study.

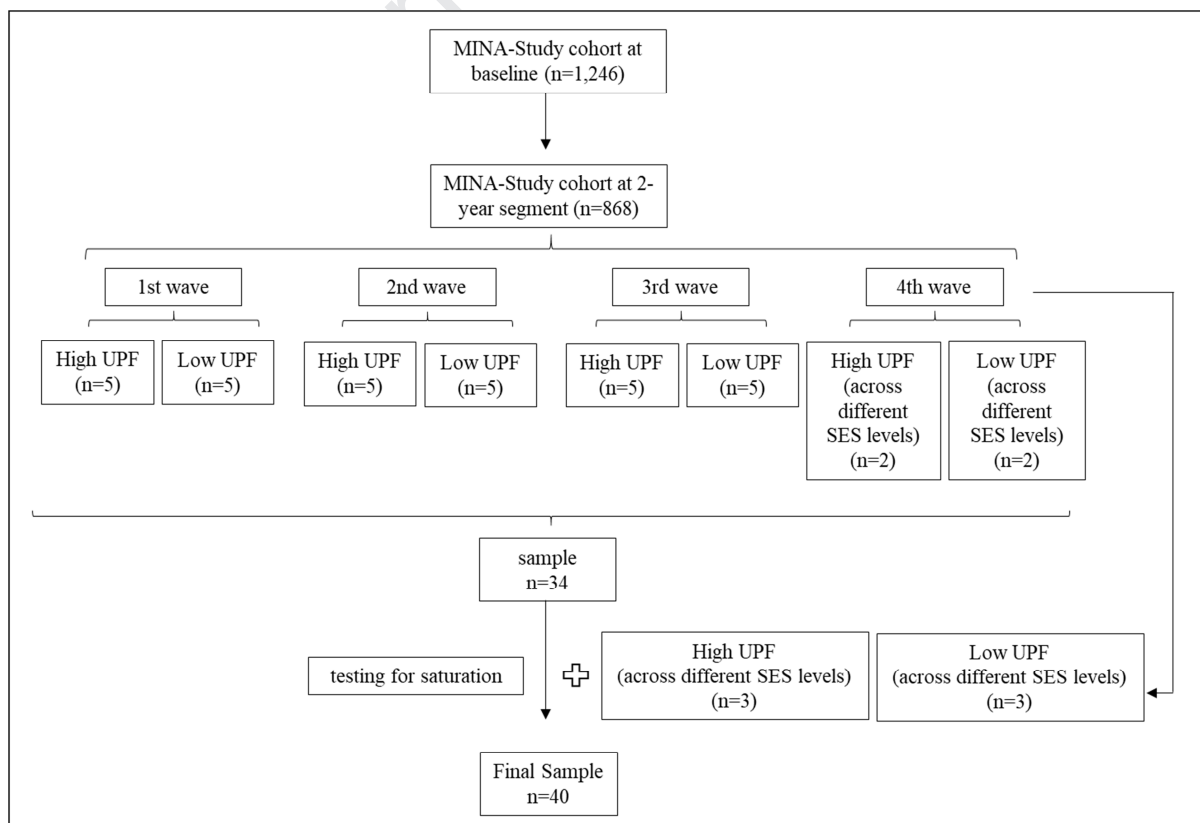
200 The sample size was defined through theoretical saturation. As analytic work in
201 grounded theory is concomitant to the fieldwork, emerging categories shape data production
202 and allow the researcher to theoretically sample to collect new data in order to check, fill out
203 and extend conceptual categories (Charmaz, 2006). For this reason, in the fourth wave, when
204 key concepts in the data analysis had been defined, instead of choosing participants based
205 only on their UPF consumption, new participants with specific theoretically relevant
206 characteristics were sought. In our case, the interaction among UPF consumption and being

207 employed was still unclear in this step of analysis. Thus, we purposively invited employed
 208 women with low or high frequency of UPF consumption taking into consideration their
 209 education levels to guarantee participants in all levels.

210 New potential participants were invited to participate in the study until no more
 211 relevant information related to UPF consumption emerged from the interviews, and
 212 information started to repeat the conceptual categories that were already defined. No new
 213 information was being observed by the 34th participant. After that, six new participants were
 214 included to test saturation, which was considered reached as the new interviews corroborated
 215 the created categories and did not present new emerging themes (Morse, 2015). The final
 216 sample consisted of 40 women. All the steps to reach the final sample are presented in Figure
 217 1.

218

219 Figure 1. Steps to create a subsample from the MINA-Study cohort according to the
 220 frequency of UPF consumption



221

222

223 *Data production*

224 Quantitative data collection preceded the in-depth interviews and informed the
225 participants' sociodemographic characteristics (age and level of education), frequency of
226 UPF (sugary drinks, chips, crackers and instant noodles) consumption and anthropometry. All
227 data collection and measurements were performed by trained interviewers.

228 In-depth interviews were performed by a female, non-local researcher who lived in
229 the city for around a month after each quantitative wave. Interviews were performed at the
230 participants' houses according to their availability. The interview guide investigated aspects
231 of the eating practices discussed in the Brazilian Food Guide, namely: (1) regularity of meals,
232 (2) food shopping, (3) learning, practice and sharing cooking abilities, (4) planning food-
233 related activities, (5) eating out, and (6) nutrition and eating information sources. The guide
234 followed a set of initial open-ended questions (e.g. can you tell me about the foods that you
235 eat?), intermediate questions (e.g. can you tell me about how and when you learn new
236 recipes?), and ending questions (e.g. in your opinion, what are the barriers to eat healthy in
237 Cruzeiro do Sul?) (Charmaz, 2006). The whole interview guide is presented as supplementary
238 material.

239 All interviews were fully audio recorded and subsequently transcribed. The researcher
240 listened to recordings, read transcripts, and noted points to clarify at a subsequent visit, which
241 occurred from two weeks to three months after the first interview. In addition, as data
242 analysis in grounded theory is performed concomitantly to data production, during the
243 fieldwork the researcher initially coded transcripts and created memos that highlighted
244 hypothetical factors promoting UPF consumption that were expanded in the second
245 interview. Field notes with the researcher's descriptions, perceptions and insights were
246 recorded in a notebook after each day of fieldwork.

247

248 *Ethical considerations*

249 The MINA-Brazil Study and this research were approved by the Ethics Committee of
250 the Public Health School from the São Paulo University (protocols 872.613 and 2.454.972,
251 respectively). All the participants were read the contents of the consent forms and given the
252 opportunity to ask questions before giving written consent for participation.

253

254 *Analytical approach*

255 In-depth, qualitative interviews were analysed through codification. Emerging coding
256 was performed in four phases: initial, focused, axial and theoretical coding, following
257 Charmaz's (2006) recommendations. During field work, one researcher (PdMS) performed
258 initial coding with line-by-line codification to help separate data (interviews and field notes)
259 into categories, see processes, compare data with data, and identify gaps in the data (which
260 were addressed through subsequent interviews). After analytic directions had been identified
261 through the initial coding, categories were discussed with another researcher (MTC),
262 followed by data-to-data comparison to create focused coding. The use of multiple views
263 during coding was described by Jonsen and Jehn (2009) to increase a grounded theory study's
264 validity and reliability.

265 Through focused coding, initial codes that made the most analytic sense to categorize
266 the data were selected. Then, data was compared with the codes, helping to refine them.
267 Subsequently, axial coding was performed to bring data together again as a coherent whole.
268 For that, PdMS created subcategories of the main categories and analysed the links between
269 them. These components helped to make sense of the data. Finally, theoretical coding was
270 performed to define the properties and dimensions of each category and subcategory,
271 integrating them into a theory. At the end of theoretical coding, final conceptual categories

272 and the relation between them were discussed with another researcher (JW). Relations
273 between categories were further analysed and a conceptual model was built. Memos were
274 recorded through all phases and helped organizing insights and refining conceptual
275 categories. All data was produced and analysed in Portuguese, with quotes selected to
276 illustrate categories in the results section being later translated to English.

277

278 **RESULTS**

279 **Participants' characteristics**

280 Our participants comprised 40 mothers, with ages from 17 to 43, being 18 from 17 to
281 25 years old, 17 from 26 to 34 years old, and 5 from 35 to 43 years old. Ten had nine or less
282 years of formal education, 19 had between 10 to 12 years of formal education, and 11 had 13
283 or more years of education.

284 Although participants were initially classified according to their UPF consumption,
285 conceptual categories were similar across both groups, indicating that, despite the different
286 patterns of food consumption, there were broad factors promoting UPF consumption in that
287 population in general. This means that, although one group had low UPF consumption and
288 the other one had high UPF consumption, many of the factors promoting UPF eating were
289 similar to both of them. Thus, what differentiated the final UPF consumption, making it
290 frequent or not, was how important some of the below-mentioned codes (such as caring or
291 role of taste) were to the participant. For this reason, although respondents' UFP group are
292 specified after each code, the groups are not disaggregated in the remainder of the results
293 section.

294

295 **Food choices, eating practices and environment**

296 Our results point to the importance of the context in promoting UPF choice and
 297 consumption, highlighting two main factors, represented by the categories “food
 298 environment” – which created the concrete possibilities for food acquisition, and helped build
 299 the desires and aspirations for food consumption –, and “sociocultural environment” – which
 300 affected practices and values through social norms and shared experiences. Aspects of the
 301 context contributed to two main personal factors influencing participants’ UPF consumption,
 302 one concerning practices, “cooking behaviors”, and the other concerning preferences, “food
 303 tastes”.

304 Other factors such as economic and time constraints were also important and
 305 competed to shape eating practices through interactions with participants’ tastes, cooking
 306 practices and environments. The main conceptual categories are presented as subheadings of
 307 the results section, with subcategories placed in quotation marks and bold letters (Table 1).

308
 309 Table 1. Categories and subcategories based on food choices of 40 mothers living in Cruzeiro do Sul, Acre

Categories	Subcategories
Food environment	changes in the food environment
	restaurant advertisings
	new recipes
Sociocultural environment	daily meals
	special meals
	healthy foods
	unhealthy foods
Cooking behaviors	Health
	Appearance
	Caring
	cooking as an obligation
Food tastes	cooking skills
	UPF ingredients
Interactions	role of taste
	preferences for UPF
Interactions	money limitations
	time limitations

310

311 **Food environment**

312 The food environment concerned all the environmental aspects that affected the
 313 participant’s acquisition, preparation and consumption of food. It included food availability

314 and affordability, as well as visual materials about food, such as advertising (Glanz, Sallis,
315 Saelens & Frank, 2005). The participants referred to physical and virtual spaces that
316 complemented each other in the construction of the food environment.

317 The physical food environment was characterized by a low diversity of food products
318 and places to eat out. Although the number of food options has improved greatly since 2011,
319 with the opening of the road BR-364 that connects the city to the state capital, access to the
320 city is still difficult. For the participants, this lack of access resulted in fresh foods arriving
321 from other regions being of poorer quality and more expensive than the foods produced
322 locally. However, even fresh produce from the region – in particular, red meat, some fruits
323 and some vegetables – was also not always affordable. *“Everything is very expensive, even
324 what is from the region. The meat is from here, the pork is from here, but it is all very
325 expensive” (Participant 40, high UPF).*

326 Despite comments about the lack of food diversity, during the time that the fieldwork
327 took place, it was possible to observe and to hear about **“changes in the food environment”**,
328 with an increase of UPF types in stores and fast food restaurants around the city. *“Now, in
329 these last years this “x-tudo” (x-tudo or “cheese-everything”, if translated literally, is a
330 sandwich composed by burger, lettuce, shoestring fried potatoes, canned corn, bacon, UPF
331 sausage, mayonnaise and ketchup), these burgers have appeared. We didn’t have these carts
332 selling these, now every corner has one, earlier it wasn’t like this” (Participant 22, high
333 UPF).* Such options seemed to be liked by the participants to break the monotonous meal
334 routine. *“Sometimes we take one, two or four nights a month to eat out, to eat a barbecue, a
335 burger, something different (Participant 3, low UPF).”* Participant observation allowed us to
336 notice that hamburgers and sandwiches often included UPF ingredients such as cooked ham,
337 UPF sausages, bacon, shoestring potatoes, among others, indirectly promoting the
338 consumption of many UPF ingredients. Such meals also promoted UPF through beverages, as

339 burgers were most often accompanied by sodas. *“Every Friday, Saturday... On weekends I*
340 *eat a burger and drink a soda” (Participant 3, low UPF).*

341 The virtual food environment was accessed mainly through social media. While
342 participants felt that there were limited options in CZS’s physical food environment,
343 Facebook displayed a range of **“restaurant advertisings”** which were cited by participants
344 as places they desired to go to, even if they couldn’t afford it: *“I would like to eat in that*
345 *bakery on the top of the São José mount... I always see it... I follow it on Facebook... I have*
346 *passed in front of it, but have never gone inside...” (Participant 12, low UPF).*

347 The virtual food environment was particularly important in the dissemination of **“new**
348 **recipes”**. However, those usually included UPF ingredients. *“I like to get recipes from the*
349 *internet for the weekends, to eat something different [...] The last one that I learned was a*
350 *pasta recipe, very good. It had ham, cheese, meat, canned mixed vegetables, and white*
351 *sauce” (Participant 21, high UPF).*

352

353 **Sociocultural environment**

354 The sociocultural environment was an important space for the manifestation and
355 perpetuation of the meanings that the participants gave to food and to their roles as mothers.
356 These meanings and understandings interacted with the participants’ eating practices, and
357 therefore to their UPF choice and consumption.

358 To understand the participants’ reasons for UPF choice, it was important to approach
359 how they classified meals and foods. Two main food classifications were observed: daily vs
360 special meals, and healthy vs unhealthy foods.

361 Foods composing participants’ **“daily meals”** were more traditional and based on
362 non-processed foods. The traditional meal was composed of rice and/or manioc flour,
363 (sometimes) beans, a type of meat (non-processed foods – beef, chicken, fish – or UPF –

364 canned cooked meat, sausage), and occasionally a salad. Juices (non-processed or UPF)
365 usually accompanied the meal. *“Lunch is rice, some pasta, beans and something fried. It is
366 just when we are in a hurry that we eat canned meat, but it’s rare here in the house, it’s
367 mostly chicken” (Participant 22, high UPF).*

368 For **“special meals”**, on weekends and special occasions, UPF were more frequent.
369 Participants ate barbecued meat, pasta, pizza, burgers and hot dogs. Those meals were usually
370 accompanied by sodas. *“Yesterday it was my teacher’s birthday. We did a little party here.
371 Everyone came at the end of the day... We made a barbecue, everyone brought a piece of
372 meat [...] and soda” (Participant 39, high UPF).*

373 Identifying what participants considered (un)healthy was central to interpreting their
374 UPF consumption, as it would allow us to relate our scientific language to their native
375 categories. **“Healthy foods”** for most participants were vegetables. *“For me, healthy eating
376 is to eat boiled foods, not fried, without oils, and with vegetables... salads...” (Participant
377 14, low UPF).* However, a few UPF were considered healthy, sometimes healthier than
378 traditional processed foods. Those were the foods that would be used in weight-loss diets
379 (such as light cream-cheese, meal replacement shakes, light toasts and low-fat yogurt).

380
381 *“Low-fat cream cheese is something that I really like, but it is much more expensive
382 than a can of butter. I used to eat it a lot. Light cream crackers with low-fat cream
383 cheese, is there anything better than that? There isn’t! It’s healthy, but you end up not
384 buying because it is too expensive and you have a child to raise...” (Participant 6,
385 low UPF).*

386
387 Most of what was considered **“unhealthy foods”** comprised UPF, such as chips,
388 crackers, candies, instant noodles and soups, and sodas. Those “industrialized foods” were
389 considered harmful to health and “fattening”. *“Most people don’t eat well, they eat those*

390 *industrialized foods. That's why here in Cruzeiro there is a high rate of obesity" (Participant*
391 *3, low UPF). Although participants did not mention foods' processing level, their idea of*
392 *what was healthy somehow reflected in a lower consumption of UPF.*

393 The social group in which participants were located exerted important influences on
394 their eating practices, either because it set social norms that participants incorporated (due to
395 being responsible for the family's health) or because the experiences of those around them
396 affected their thoughts about food. Being women and mothers, two striking food-related
397 concerns were observed among our participants: **"health"** and **"appearance"**.

398 When concerned about **"health"**, participants usually mentioned a health condition of
399 their own or a family member's, which resulted in them worrying about eating healthily.

400

401 *"Yes... because I don't really like to give him [son] fatty foods, because his*
402 *grandmother has high triglycerides. So, we think about her [grandmother],*
403 *him [son] and the two of us [couple], because if we eat too much grease, we*
404 *will be like her when we get older, having to diet and eating only grilled*
405 *foods" (Participant 16, low UPF).*

406

407 To other participants, worrying about health started after they became mothers and
408 began to be responsible for their children's health.

409

410 *"It was only after the girls were born, you know... Because when they were*
411 *born I was concerned, so you take them to the paediatrician. The*
412 *paediatrician starts to tell you about eating healthy... and then you start trying*
413 *to make healthier foods so your kid has healthier eating" (Participant 4, low*
414 *UPF).*

415

416 When the concern was focused on “**appearance**”, there was sometimes an
417 intersection between what is considered appropriate food to lose weight, and healthy foods.
418 Concern about body weight did not always lead participants to eat less UPF – which can be
419 understood by the participants’ idea of UPF designed for slimming diets as being healthy (as
420 presented in the “food classifications” subtopic). *“Now I am on a diet. I have a personal gym
421 instructor and am seeing a nutritionist. Then, in the morning I have a diet shake [for
422 breakfast] ... It has all the nutrients... You drink it and you don’t feel hungry (participant 8,
423 low UPF)”*.

424

425 **Cooking behaviors**

426 Cooking was closely related to social norms and the resulting responsibility that the
427 participants had for taking care of their family. Cooking had objective and subjective
428 components that shaped this practice to rely to varying degrees on UPF.

429 The objective component concerned doing the activity itself; that is to say, cooking at
430 home on a daily basis. Surprisingly, participants that cooked did not necessarily eat less UPF
431 than the ones that did not cook. This happened because the participants that did not cook
432 were often relying on other women, mothers or housekeepers, to prepare their meals. They
433 were of two kinds: (1) women with higher education and SES that worked outside home and
434 paid someone else to cook in their houses, and (2) young women still living with their
435 mothers who did not have responsibility for the family’s food. The first group was concerned
436 about health and because of that avoided the foods that they didn’t consider healthy,
437 consequently eating few UPF.

438 *“Interviewer: - who cooks in your house? Participant: - The woman that
439 works there. But every day, before I go to work, I tell her if she should make*

440 *fish, chicken, beef... I tell her what to cook [...] my husband and I are*
441 *hypertensive, so we try to have a diet without too much fat or salt”*
442 *(Participant 4, low UPF).*

443

444 The second group had home-made meals available (made by their mothers), but often
445 ate snacks, as they were not as worried about eating healthy – consequently eating a lot of
446 UPF.

447

448 *“Most of the time I eat junk, soda... For lunch it’s meat... in my mom’s house*
449 *it’s rice, beans, I don’t like eating them, but sometimes I do [...] I haven’t*
450 *been feeling like cooking lately, so it’s been just my mom cooking. I live*
451 *behind her house, so we [her, husband and daughter] spend most of the time*
452 *here. We [both nuclear families] eat all together” (Participant 32, high UPF).*

453

454 The subjective component was related to the meanings given to cooking and the
455 feelings associated to it. Most participants were the main – and most of the times the only –
456 person responsible for cooking in their houses, whether they liked it or not. Participants that
457 liked to cook attributed a **“caring”** meaning to this activity that outweighed the negative
458 aspects related to cooking every day:

459

460 *“I like to cook. I like it a little. Sometimes... like, it is a little annoying cooking*
461 *every day because you come from work and sometimes you are just not*
462 *inspired. But, [I?] like it... I always cook. I like cooking because then I know*
463 *what I am giving to my daughters, to my family. When you buy something*
464 *ready to eat, you don’t know how that was made” (Participant 19, low UPF).*

465

466 The centrality of the caring meaning to the participants' cooking behaviors was
467 highlighted when they talked about the foods they made for themselves when their children
468 and husband were not home. *"I do [cook] because I am always with the boys, but when I am
469 by myself I just eat something quick"* (Participant 19, low UPF).

470 However, not all participants incorporated the socially expected caring meaning to the
471 activity, seeing **"cooking as an obligation"**. In those cases, mothers did not like to cook and
472 were more likely to use practical UPF foods. *"Participant: - I don't like to cook, but I have
473 to, so I do it with love, but I don't like to. Interviewer: - And what do you cook? Participant: -
474 Rice, hotdog sausages, canned meat, eggs... anything fast"* (Participant 33, high UPF).
475 Being the only person responsible for all the cooking (and household chores) was difficult for
476 all participants, and even those who worried about healthy eating sometimes had to appeal to
477 practical options: *"I think that in the house we need to have the practical and the healthy...
478 Because sometimes we don't have time to make the healthy"* (Participant 16, low UPF).

479 **"Cooking skills"** could help participants deal with some of the time constraints, as
480 they developed several strategies to be able to cook fresh foods in less time or have them
481 ready quickly, namely: pre-preparing the night before – *"When I get home [from work] I must
482 season [the meat], otherwise I don't have time in the next day. When I don't do it, I chose fast
483 options, or I don't have time to cook"* (Participant 31, high UPF) –, cooking more in a meal
484 and saving it for later – *"I cook a lot of beans in one go and freeze them in little portions"*
485 *(Participant 22, high UPF)* –, and pre-preparing the food for someone else to complete the
486 meal – *"When I work I always season the food at night and leave it ready to cook, so whoever
487 arrives first just put it on the pan"* (Participant 29, high UPF).

488 **"Cooking skills"** were also important to escape from food monotony presented by the
489 food environment, particularly on special occasions. Combined with the recipes available on

490 social media, cooking “**special meals**” sometimes contributed consumption of UPF within
491 food preparations. “*I made a chicken mayo. You cook the chicken breast, shred it, add the*
492 *potato, the carrots... it’s very easy... the cream and the mayo. And you finish it with chips on*
493 *top*” (Participant 38, high UPF). In this example, although the chicken used was non-
494 processed, the mayonnaise and the chips were UPF.

495 However, some “**UPF ingredients**” were not restricted to weekends and special
496 occasions. UPF seasonings, such as stock cubes and industrialized seasoning powders, were
497 used almost every day in meats and soups. They did not substitute non-processed herbs and
498 spices, but were added to them to “*give an extra taste*” (Participant 15, low UPF).
499 Sometimes UPF that could be considered meals by themselves were used as ingredients, in
500 particular instant noodles and canned cooked meat. Interestingly, the use of such foods was
501 not always related to practicality. While canned cook meat was used to provide a fast meal
502 (especially among those that ate substantial UPF), instant noodles were used to make time-
503 consuming soups (especially among those that did not eat substantial UPF).

504

505 **Food tastes**

506 At the beginning of the interview, many participants that had high UPF consumption,
507 in particular the younger ones, presented themselves as “*unhealthy eaters*” (Participant 36,
508 *high UPF*). In those cases, the “**role of taste**” was the main aspect for the food choices, as
509 these were not based on money limitations, time constraints, or health. “*I have gastritis. The*
510 *doctor told me that I shouldn’t eat too much candy, that I should have something savory*
511 *sometimes... But I only eat candy and sweets*” (Participant 39, high UPF). Often these
512 participants also rejected many homemade and fresh foods. “*I just eat snacks. For example,*
513 *today I cooked lunch for them [family], but didn’t eat it, lately I don’t feel like it*”
514 (Participant 37, high UPF).

515 Our results point to some of the factors that may help build “**preferences for UPF**”,
516 highlighting the increase of UPF options as well as social media incentives to eat them
517 through recipes and advertising (presented in the virtual food environment). The taste for
518 UPF seemed to exert a weaker influence on participants’ food choices when they had
519 incorporated health discourses. *“I started going to the gym, to work out, and to only eat*
520 *healthy foods. Then I completely cut sodas out of my life. I don’t eat canned foods, none of*
521 *that stuff” (Participant 15, low UPF)*. In those cases, foods considered healthy sometimes
522 occupied the status of a favourite food. *“Girl, what I really like to eat is lots of fruits. I really*
523 *eat a lot of fruits” (Participant 15, low UPF)*.

524

525 **Interactions with money and time limitations**

526 Although financial constraints prevented many participants from eating more fruits
527 and vegetables, meat was highly valued and therefore was rarely missing in meals. Because
528 of that, “**money limitations**” promoted some UPF consumption, as fresh meats were
529 substituted with cheaper UPF options. *“[We buy sausage] because it’s cheaper... Just*
530 *because the meat is expensive now. If you buy the sausage, one sausage feeds two people”*
531 *(Participant 9, low UPF)*. Our results show an important interaction between the participants’
532 financial situation and what they valued in food, e.g. food’s taste or its effects on health.
533 Valuing health sometimes resulted in mothers circumventing financial problems to commit to
534 healthy eating at the expense of other needs. *“If I was going to buy four soap packs, I buy*
535 *only three... or two, and use the money to buy some meat, some chicken, you know?”*
536 *(Participant 1, low UPF)*.

537 Values given to food emerged through a combination of many factors. As presented in
538 the sociocultural environment section, motherhood and health problems promoted awareness
539 about healthy eating to some participants. However, our data suggest that there are additional

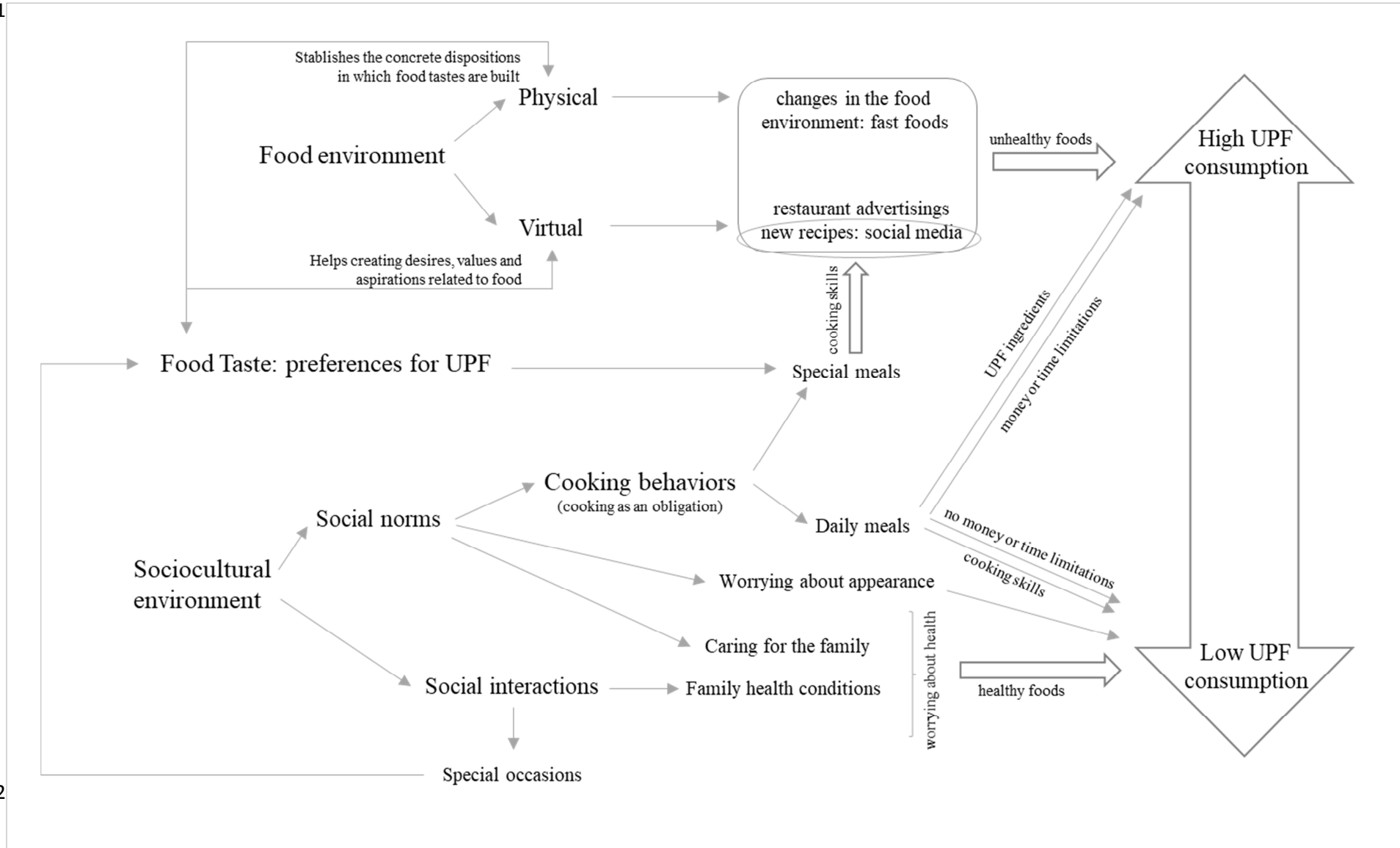
540 interactions that contributed to food choices, with “**time limitations**” highlighting the role of
541 convenience and showing that not all healthy foods that participants were willing and able to
542 afford were consumed because of time-scarcity. “*When I started to feed my son instant soups,*
543 *I was worried because it is transgenic, we have studied about this [at the university]. I don’t*
544 *like giving those [instant soups] to him. But sometimes we are obligated to eat it, because it*
545 *is the only way” (Participant 16, low UPF). In this matter, participants with particularly*
546 higher economic status guaranteed the lowest consumption of UPF, as they could afford
547 someone to cook for them.

548 Figure 2 illustrates the main interactions between environmental factors and eating
549 practices promoting UPF consumption.

550 Figure 2. Interactions between factors (categories and subcategories) promoting high and low UPF consumption.

551

552



553 Discussion

554 Our study was the first to qualitatively investigate factors promoting UPF choice and
555 consumption through an inductive perspective on mothers' experiences, in the context of
556 recent urbanization and nutrition transition. The grounded method constructionist approach
557 was important for understanding the most relevant aspects in mothers' lives contributing to
558 UPF-related eating practices, and the interaction of such forces.

559 In our model, we identified structural (food and sociocultural environments),
560 motivational (healthy or hedonic inclinations) and individual (money and time available)
561 factors affecting UPF choices among mothers living in Cruzeiro do Sul, Acre (Figure 3). In
562 contrast to Sleddens et al.'s (2015) review, in our study structural – and not habitual – factors
563 were the main influences on food choices. Habitual factors, on the other hand, were the result
564 of structural, motivational and individual factors. This means that, although habitual food
565 choices were a good entry point to understand what and how much UPF participants were
566 choosing, and how it interacted to every day negotiations with time and money constraints,
567 they were not enough to understand the material and symbolic conditions in which habits
568 were developed or changes in UPF choices.

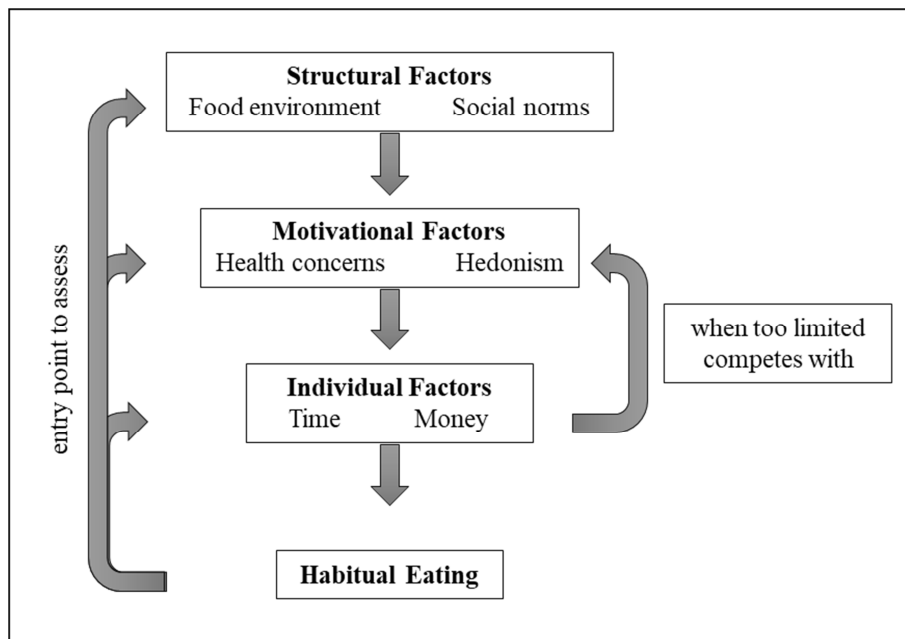
569 In our study, structural factors were the main influence on UPF choices, as they were
570 important parts of the participants' context, creating the material and symbolic conditions for
571 choosing UPF. This means that food environment and social norms delimited the options of
572 food and food-related practices that participants could choose from. Thus, our model
573 highlights the importance of the food and social environments when studying UPF choices.
574 Sleddens et al. (2015) also acknowledged the importance of structural factors, which was
575 highlighted in their review by the large number of studies with a social-ecological
576 perspective, suggesting that the approach has been gaining influence.

577 A second level of influence on UPF choices was related to motivational aspects
578 (Sleddens et al., 2015), personal systems (Sobal & Bisogni, 2008), and psychological factors
579 (Köster, 2009) – in other words, it concerned personal meanings, values and beliefs that
580 translated structural factors into attitudes and motivations. Köster (2009) divides
581 psychological factors into unconscious and conscious, indicating that the first would be more
582 relevant in influencing food choices. However, in our study, while unconscious psychological
583 factors (hedonic appreciation and past behavior) were important influences in UPF choices,
584 they only prevailed if the participant did not have a conscious healthy eating motivation
585 (commonly linked to a health problem in the family). Thus, prioritizing foods' tastes
586 competed with valuing health. This dynamic influenced UPF choices, as the more health was
587 valued, the less UPF was eaten.

588 The third level concerned individual conditions that comprise everyday negotiations,
589 particularly the ones related to time and money. This means that, in concretizing motivational
590 aspects into practices, participants food choices were under the influence of money and time
591 conditions. We considered that money and time shaped the influence of motivational aspects
592 – health valorization and taste valorization – instead of competing with them at the same
593 level, as sometimes people with restricted money or time created strategies and negotiations
594 to afford and prepare healthy meals, as well as people that had both resources could also like
595 and eat a lot UPF. Nevertheless, it is important to note that when money and time were too
596 limited, they could compete with motivational aspects, promoting fast and cheap UPF.

597

598 Figure 3. Ultra-processed Food Choice Model based on interviews with 40 women living in
599 an urban setting in the Brazilian Amazon



600

601 Our results provide evidence of the web of food environmental factors interacting
 602 with UPF consumption that go beyond local physical barriers and reflect a globalized virtual
 603 food environment. To date, however, studies about eating and social media have mainly
 604 focused on disordered eating (Tan, Kuek, Goh, Lee & Kwon, 2016; Walker et al. 2015;
 605 Hummel & Smith, 2014). In this study, social media had an important role in the food culture
 606 through influencing cooking practices and knowledge of culinary preparations. Thus, we
 607 emphasize the importance of incorporating the food environment's virtual dimension in
 608 further food environment studies.

609 Corroborating the importance of life trajectories for the food choice process, as
 610 presented by Sobal and Bisogni (2009), our results highlight two important turning points in
 611 some participants' lives associated with decreased UPF consumption: becoming a mother,
 612 and experiencing health problems (or having someone in the family experiencing them). Our
 613 observations add to other work on motherhood and disease as important influences on healthy
 614 eating (Maher & Lowe, 2015; Wethington, Cooper & Holmes, 1997). However, in contrast to
 615 the life trajectory study performed by Wethington et al. (1997) among middle-aged and older
 616 women in the United States of America, where women's food choices changed after life-

617 changing events, such as a life-threatening disease diagnosis, among our participants diseases
618 that required dietary changes, such as diabetes or high blood pressure, were enough to raise
619 aware for healthier eating.

620 In our study, aspects of gender construction were the main bridge between
621 sociocultural and personal factors. That is to say that participants had incorporated social
622 rules that contributed to creating the meanings and circumstances that shaped their personal
623 experience of cooking and eating. Our observations reinforce the centrality of social roles in
624 mothers' eating practices, as discussed by DeVault (1991). Corroborating DeVault's
625 assumptions in the 1990s and other more recent studies in Brazil (Sato et al., 2014; Assunção,
626 2008), our results show that women are still primarily or solely responsible for feeding the
627 family. Even when the participant did not actually cook, she still chose what was going to be
628 prepared, while delegating cooking to another woman. However, this role and the
629 responsibilities that came with it presented a dual relationship with UPF choice and
630 consumption. Although the commitment to offering healthy food to the family helped
631 participants and their families eat less UPF, the unequal domestic labour distribution also
632 stimulated the use of convenient UPF.

633 The burden of taking care of the family and the unhealthy food strategies that might
634 result from this task raise the issue of the importance of sharing food-related responsibilities
635 among men and women. This means not only sharing the purchase and preparation of food,
636 but also the mental work that comes with it, such as caring for the family's health.
637 Recognizing the interaction between the activity of cooking for the family and the meanings
638 given to it is important for programs promoting cooking and healthy eating, as the focus on
639 only sharing cooking activities without sharing responsibility for the family's health could
640 increase the consumption of UPF. For example, if fathers start cooking more often without
641 incorporating the idea of taking care of the family's health, they could reach for convenient,

642 high palatable UPF, as did our participants that were not preoccupied with health but cooked
643 daily as an obligation. This idea is also supported by Lora, Cheney and Branscum's (2017)
644 qualitative study with Hispanic mothers that described that women felt a lack of support for
645 creating a healthy home food environment from their partners, who brought home high-
646 calorie foods and sugary drinks and displayed an indulgent parental feeding style.

647 Gender constructions could also have influenced the participants' concerns about
648 appearance, which sometimes promoted UPF consumption. Our results add to the discussion
649 of unhealthy practices linked to the desire for lean bodies. Unlike other studies discussing this
650 issue, we did not observe very restricted eating (Wellman, Araiza, Newell & McCoy, 2018)
651 or compensatory practices in our sample (Rohde, Stice & Gau, 2016). Instead, our results
652 indicate that not all foods considered healthy met this criterion, especially those aimed at
653 weight-loss diets. Our participants' misperceptions reflected the intersection of health and
654 beauty discourses perpetuated by the media (Paquette, 2005). Characteristics of the setting,
655 such as the important virtual environment and recent urbanization, could have promoted
656 confused understandings of healthy foods through promoting non-linear health discourses
657 embedded with the contradictions inherent to being mediatized through different vehicles.
658 Thus, further research will be important for understanding the role of the media discourse
659 (including the social media) on the healthy eating perceptions in different contexts.

660 Even though Cruzeiro do Sul's food environment was very different from those of
661 more urbanized settings, our results point to a better understanding of the relation between
662 the search for food diversity – which is also present in many other urban settings – and the
663 role of UPF in this dynamic. Our results highlight the paradoxical role that UPF foods and
664 ingredients play in relation to food diversity. While UPF may represent to consumers a
665 “change from the routine” or a “new, different food”, they contribute to loss of culinary and
666 taste diversity, as their technological production favours products with uniform, pasteurized

667 tastes, designed purposely to please many people without challenging palates (Fischler,
668 1998). Furthermore, accessibility issues facilitated the entrance of long-life shelf foods, so
669 new accessible foods were often UPF. Thus, our study highlights complex relationship
670 between UPF and food diversity, and the need for more studies investigating this interaction
671 in other settings, such as more urbanized ones.

672 It is also important to take into consideration, when discussing the construction of the
673 taste for UPF, the incorporation of such products as ingredients in culinary preparations. In
674 our study many participants liked UPF seasonings, reinforcing the hyper-palatability of UPF
675 and demonstrating their appeal. This observation suggests that studies on UPF-related eating
676 practices should approach UPF not only as a convenient ready-to-eat option, but also as a
677 very high-palate ingredient that reflects and reinforces the taste for UPF. This sheds light on
678 the importance of considering types of ingredients when studying cooking and indicates the
679 need to encourage the use of non-processed or minimally processed ingredients instead of
680 UPF ones when promoting healthy eating through cooking practices.

681 Finally, our study has some limitations. One inherent aspect of eating practice
682 interviews is the fluidity of eating discourses and behaviors, meaning that a participant could
683 give very distinct responses to the questions on different days, either because they started to
684 behave differently or because their opinions changed. However, we believe that interviewing
685 participants more than once helped to recognize content that was not very coherent, leading
686 us to concentrate on robust, repeated responses while also reflecting on any inconsistencies
687 observed. Additionally, our decision to focus on only mothers could be considered a
688 limitation, as it leaves out important practices performed by the other family members. It is
689 important to recognize that fathers and other caregivers may also play crucial roles within the
690 families' meals, and that if studies do not include them, the nature of those roles are never
691 going to be acknowledged in the scientific literature. However, in our study, the decision to

692 select mothers was supported by specific reasons particular to the cultural context in which
693 the study took place, which still keeps a very traditional gender division of labor where
694 women are solely responsible for domestic work and family care (Pessoa, 2004). Therefore, it
695 is important to highlight that the specificity of the study setting may make some of our
696 observations unsuitable to other groups.

697

698 **Conclusion**

699 In this study we observed environmental and personal factors influencing UPF
700 choices and consumption among mothers living in the Brazilian Amazon. The food
701 environment had physical and virtual components that contributed to liking UPF and cooking
702 with it, respectively. The sociocultural environment helped to define food classifications.
703 What people considered “food for special occasions” had a big intersection with UPF, and
704 what was considered “healthy foods” were mostly non-processed or minimally processed
705 foods. The sociocultural environment also had a great influence on participant’s social roles
706 as mothers. The main personal factors were cooking practices and taste. While taking care of
707 the family’s health (which was related to social roles) prevented women from choosing UPF,
708 the role of UPF in making foods tasty was valued more highly among those who ate more
709 UPF. Money and time were important for enabling healthy eating among people that valued
710 it, but having them was not synonymous with healthy eating, as participants health values
711 were also based on other personal factors. On the other hand, when money and time were
712 very restricted, UPF were more frequently chosen and eaten, even if the participant wanted to
713 eat healthily. Our results point to the complexity of UFP choices and suggest that further
714 studies incorporate the virtual food environment and gender roles to improve understanding
715 of contemporary eating practices. Among the implications for public health initiatives are the
716 importance of promoting trustful information on issues such as weight-loss, traditional

717 culinary preparations as palatable options, division of food-related responsibilities among
718 family members, and access to healthy affordable foods.

719

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