

Nutritional needs of adolescents who have been placed in a youth home under civil or criminal law

A contribution to health equity

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Abstract

Health inequity due to social circumstances is currently the subject of numerous health policy discussions throughout Europe. Young people who exhibit dissocial behavior are one of the population groups affected by health inequity. They are far more likely to exhibit characteristics of social disadvantage. Ensuring a satisfactory nutritional situation is a key factor in the physical and psychological health of these young people who are at a vulnerable stage of life in terms of their nutritional and physiological needs and their personal development. With the goal of making a contribution to health equity, this study investigated the nutritional needs of adolescents who have been placed in a cantonal youth home in Switzerland under civil or criminal law. The results show that a high level of participation in the planning and preparation of meals as well as the use of low-threshold oral communication platforms are important interventions for improving the quality of nutrition in this context and thus promoting health equity for young people living in the home.

Keywords: health equity, adolescents, youth home, dissocial behavior, nutritional needs, public catering

Introduction

Health inequity due to social circumstances is currently the subject of numerous health policy discussions and strategies throughout Europe [1]. These same issues are also present in Switzerland, which is why they are an important policy focus of the national strategy “Health 2020” (“Gesundheit 2020”) from the Swiss Federal Office of Public Health (FOPH) [2]. The importance of these policy measures is made particularly clear by the elevated morbidity and mortality rates among socio-economically disadvantaged groups—a phenomenon that has been demonstrated in many studies [3–5].

Health inequity affects various population groups. In Germany, the German Federal Center for Health Education (*Bundeszentrale für gesundheitliche Aufklärung—BZgA*) identifies persons with very low incomes, very low levels of educational attainment and prisoners as persons with an increased need for intervention [6]. These findings are also mirrored by the results of the FOPH’s literature analysis from 2015, which identifies persons in conflict with the law and those with addiction problems or weak social skills as among those affected [7].

Adolescent offenders or adolescents who exhibit dissocial¹ behavior are also more likely to exhibit characteristics of social disadvantage. These characteristics are accentuated in the case of low levels of educational attainment, poor financial circumstances, problematic

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¹ Beelmann and Raabe (2007) define “dissociality” among children and adolescents as “oppositional, aggressive, delinquent and criminal behavior, which manifests itself for instance as tantrums, hitting, threats, lies, stealing, disruption and truancy from school” [8].

family circumstances, emotional deficits and violent tendencies. They also exhibit increased risk-taking behavior in terms of consumption of tobacco, drugs and alcohol [9]. By way of comparison, the Health Behaviour in School-aged Children (HBSC) study identified reasons for more positive health-related behavior in adolescents from privileged families compared to adolescents from socially disadvantaged backgrounds: closer communication with parents, better support from classmates and closer bonds with friends. However, with regard to consumption of addictive substances, there was no clear pattern of inequity [10]. On the other hand, studies have shown that low social status is associated with unfavorable dietary behavior [10, 11]. Socio-economically disadvantaged families exhibit a reduced level of consumption of fruit, vegetables and sources of animal-derived protein and a higher level of consumption of energy-dense, fat-rich foods [11, 12]. This unfavorable dietary pattern in childhood and adolescence can lead to an increased risk of overweight and obesity, and thus to the associated chronic diseases, particularly if these behaviors manifest and persist in adulthood [13].

In general, adolescence is a complex phase in development that is characterized by many changes. This is reflected in adolescent eating behavior, which is determined by social, structural and societal factors [14, 15]. In the case of young offenders, these factors take on a greater level of importance, and they can be reflected in their nutritional habits and associated needs.

Although a great deal of attention is paid to scientific studies on the needs and eating habits of adolescents, there has been little research into the nutritional situation in youth homes [16–18]. One such study by Cox et al. showed how complex and diverse the nutritional needs in homes can be [17]. Moving into a youth home inherently means a loss of autonomy, but the young people who live there do not lose their need for an environment that promotes health. Therefore, ensuring an optimal nutritional situation is a key factor in the physical and psychological health of young people who are at a vulnerable stage of life in terms of their nutritional and physiological needs and their personal development [13].

The present study investigated the nutritional needs of adolescents in a cantonal youth home in Switzerland. In order to better understand the complexity of this setting, the following research question was asked: What are the nutritional needs of young people who have been placed in a cantonal youth home in Switzerland in open or closed living groups under civil or criminal law? This study was conducted as a bachelor's thesis for the Nutrition and Dietetics course at the Bern University of Applied Sciences, Department of Health Professions. It investigated the nutrition and meals of the target group as well as perceived influencing factors.

Methods

Research design

A qualitative research approach was taken to answer the research question. The aim was to obtain a complete picture of the nutritional needs and eating experience of young people in this specific context using a partially structured, guideline-based interview.

Study population and study sample

The target population of this investigation was adolescents who have been placed in a cantonal youth home in Switzerland under civil or criminal law. The youth home in question fulfills various contracts. Young people may be housed in the home for long-term care, for clarifications, as a stop-gap measure, as a transfer, for the completion of custodial sentences, or for detention pending trial. The home management team selected 7 out of 42 possible adolescent candidates who had been living at the home for at least a month for the pre-test and the interviews. When selecting the participants, the young people's development and current condition were taken into account in order to ensure that an interview would be feasible (convenience sampling). The sample included five male adolescents from the open living groups. From the closed living groups, one female and one male were selected. This was roughly representative of the overall sex distribution at the home. The young people and their guardians were provided with information about the aims and course of the study, their rights, about how anonymity would be ensured, about data protection and about the fact that participation is voluntary both orally and in writing and they agreed to participation by signing the consent form.

Guideline-based interviews

The guidelines for the interview were put together in November 2016. This was done using Helfferich's SPSS method (2011) [19]. The initial step was to search through the literature, including literature about adolescent nutrition, factors influencing adolescent eating behavior, and emotions and nutrition and then collect ideas for the content of the interview through brainstorming. Afterwards, open questions that could be used to collect information about the young people's nutritional needs and their eating experiences were formulated and sorted by topic.

Code	Age	Sex	Nationality	Type of residence ^a	Duration of stay (up to the time of the interview)
1	17 years	male	Switzerland	closed	10 months
2	16 years	male	Swiss and foreign nationality	open	1 month; prior to that 6 weeks in the closed living group
3	14 years	male	Swiss and foreign nationality	open	1 year
4	15 years	female	Swiss and foreign nationality	closed	9 weeks
5	15 years	male	Foreign nationality	open	5 months; prior to that 10 weeks in the closed living group
6	15 years	male	Foreign nationality	open	1 month
7	18 years	male	Switzerland	open apartment with day school attendance ^b	2 years

Tab. 1: **Demographic data of the young people, incl. data about form of residency and duration of stay at the youth home**

^a Each living group has about 8 young people.

^b In this case, the young person has their own apartment on the grounds of the youth home. The young people in this category are cared for as part of a living group and they can eat with the living group if they want to.

Data collection

The interviews were conducted at the youth home, one participant at a time, by the two BSc Nutrition and Dietetics students. In February 2017, a pre-test was conducted with a male adolescent at the home. Following the pre-test, only minor changes had to be made to the guidelines, so it was possible to include the pre-test interview in the analysis. A further six interviews took place in April 2017. All of the interviews were recorded in duplicate (using the dictaphone “Olympus, WS-853” and the computer program “Audacity”). The interviews lasted between 30 and 40 minutes.

Data analysis

The interview recordings were transcribed using the software f4 and were anonymized. Where Swiss dialect or slang were used, the transcript was edited slightly to improve intelligibility. The analysis was performed using a summary content analysis according to Mayring’s method (2010) [20]. The main categories were determined through a process of deduction based on the literature used [15, 21–24] for the interview guidelines. The subcategories were determined through an inductive process based on the data collected. The interview material that was collected was systematically analyzed using the steps of paraphrasing, generalization and reduction. Each of the two investigators created the subcategories and assigned the interview material to the appropriate categories independently. Where there were deviations, a joint consensus was sought in a discursive manner in order to ensure intersubjective comprehensibility [20]. The reduced data was then summarized in the form of text or illustrated in figures.

Results

Demographic data

The demographic data from the adolescents who were interviewed and the information on their situation in the youth home is shown in ♦ Table 1. At the time of the interview, the adolescents who were aged 14 to 18 years, had been resident at the youth home for at least one month and at most two years.

In the youth home that was studied, meals are prepared by the central kitchen and, to a lesser extent, by the adolescents themselves in their living groups. Lunch during the week is mainly prepared by the central kitchen because the adolescents attend internal workshops or the vocational school, or pursue internal or external vocational training during the day.

Analysis of the interviews

The analyzed data was sorted into three broad categories: nutritional needs and their influencing factors, eating and emotions, and experiences of the nutritional situation in the youth home. In order to place these categories in a broader context for discussion, descriptions of the food situation will be presented first, before the results for the above topics are reported.

Relevant background information on the catering situation at the youth home

Each living group prepares their breakfast independently. The central kitchen provides

lunch and dinner to each living group. The Head Chef is responsible for menu planning. Staff and selected young people help with the food preparation.

Some time ago, a “resident’s choice” menu was introduced. Once a week, a lunch or dinner chosen by one of the living groups is prepared. In addition, one or two nights a week, one or two young people prepare a meal for their own living group that they organize themselves. All of the young people have the option to order certain foods and drinks via the kitchen for the use of their own living group. This includes items such as mayonnaise, cornflakes, sausages, syrup and apple juice. These items are used for breakfast, snacks, and as an alternative to the meals that are provided. At the weekend, both the open and closed living groups cook for themselves. In the open living groups, this only applies to young people who stay at the youth home over the weekend.

Nutritional needs and influencing factors

The nutritional needs of the young people include factors such as nutritional awareness, the importance of a healthy diet and their expectations with regard to food. In order to expand our understanding, other influencing factors such as the nutritional situation at home, barriers and resources were also integrated into the study.

Nutritional needs

In terms of nutritional awareness and attitudes towards nutrition, individual autonomy is very important to the young people, and there are some contradictions when it comes to the relevance of a healthy diet. On the one hand, the young people see little point in a healthy diet. They prefer to eat for enjoyment, with the taste of the food being the decisive factor.

“(…) If something is quite tasty then I think you can forget about health now and then.” (male participant)

On the other hand, the respondents judge a healthy diet to be important. The young people associate a healthy and balanced diet with strength, building muscle, health, a feeling of control, attractive skin, weight loss and vitality. For some, the focus is on disciplined forms of eating and on following a diet that is rich in protein and carbohydrates. These specific ways of eating were

mentioned in association with body image, the desire for a muscular body and athletic goals. In addition, disciplined forms of eating were seen as a way to move away from the consumption of addictive substances. It means having control, which feels good.

“It’s like, um, I don’t know—I don’t feel that comfortable in my body right now. Um, I want to make a change. So yeah, that’s what I’m doing. I have also, um, how do you say it? ... I’ve stopped taking narcotics and stuff, it’s good for that.” (male participant)

In addition to the health-related aspects of nutrition, the results also showed that there were expectations with regard to taste and aesthetics. The young people also wanted a meal that would satisfy and satiate them after physical work. It was important to them that religious eating habits were taken into account and that the food tasted good to everyone. ♦ Table 2 shows the young people’s precise expectations with regard to meals and the choice of dishes on the menu.

Factors influencing nutritional needs

When the participants were asked about obstacles that stood in the way of implementing a healthy diet, the following barriers were found:

- habits
- loss of motivation
- lack of time
- boredom
- frustration
- the use of additives in foods increases cravings for them
- unhealthy food tastes better
- lack of knowledge about nutrition
- lack of exercise

Taste and preparation of food	Choice of dishes and menu composition
<ul style="list-style-type: none"> • food tastes good • good seasoning/use of various seasonings • authentic and natural taste • food is at the right temperature • food is not dry 	<ul style="list-style-type: none"> • balanced meals • hot evening meal instead of cold dishes • dishes from place of origin/international cuisine • changing menu/variety • new, previously unknown creations • preference for salty dishes over sweet dishes • plenty of fresh vegetables • unprocessed, fresh meat • protein-rich food • healthy food/taking responsibility for the health of young people

Tab. 2: Young people’s expectations regarding the taste and preparation of meals, the selection of dishes on the menu and the composition of meals

In the setting of the youth home, the key barriers were found to be boredom and a lack of exercise. In terms of resources, the young people mentioned the companionship of friends and competition with each other, as well as the ambition to make a change.

The nutritional situation as it was experienced and lived at home in the young people's family, cultural and religious background environment is also a determining factor for the needs of the young people in the youth home. Dishes that evoke childhood memories, religious backgrounds and family traditions were touched upon in the interviews, as is reflected in the following statements from the young people:

"Yes, Mom's is always best." (male participant)

"Yes because I'm Muslim and we don't eat pork." (male participant)

Furthermore, it was found that the young people bring with them an upbringing that determines attitudes such as moderation or a preference for local food and meat that has been reared in a species-appropriate manner.

"(...) In Switzerland, you know how the animals are kept. And I don't agree with it when people take the animals, and maybe they were reared well in Brazil, but then they fly them half way across the world. That's also a bit disrespectful towards the animal because you are treating it like a product and just shoving it around from place to place as if it were some kind of plastic toy (...) It's just because, well, that's how I was brought up." (male participant)

Eating and emotions

The participants were also asked about their feelings surrounding eating and about what effect their emotions had on their eating behavior. Not all of the participating young people felt that their emotions had an effect on their eating behavior. In some cases, the participants even reported consciously separating negative feelings and eating. However, some also reported that they ate faster when experiencing negative feelings so that they could leave the shared meal at the home as soon as possible. When hurrying, the amount of food consumed and the time spent chewing are both reduced. In addition, negative feelings lead to loss of appetite on the one hand and "eating out of frustration" on the other hand. When asked what feelings they associate with their food, the participants mainly mentioned positive aspects:

- Good food triggers happy feelings.
- Cooking is fun. /Choosing for yourself when cooking is fun.
- Positive memories and pleasant moments when eating trigger feelings of happiness.
- Eating triggers a good mood.
- Satiety feels good.
- Positive feelings when food is presented well.

Negative feelings surrounding food were mentioned in association with the youth home setting. It was mentioned that a person that you don't know cooking for you makes you feel that you are not at home. It is also worth noting that some mentioned food tastes better when you are free.

"It's all about the person. Even if the food were exactly the same as what we sometimes have in the home, if my mother had cooked it, I would have a totally different mood compared to if someone else had cooked it (...)." (male participant)

Experiences of the nutritional situation in the youth home

Other relevant needs were identified while recording the young people's experiences of the meals in the youth home. The young people value having a pleasant, homely atmosphere in which to eat, as well as cleanliness, good table manners, a happy but calm ambiance and being able to chat to each other. In the closed living groups, there are clear rules set by the care staff regarding desired behavior and the topics that are allowed to be discussed at the table. The young people find these rules helpful.

"(...) Topics that you are not supposed to talk about at the table are things about violence or drugs, or offenses that you have committed (...)." (male participant)

By contrast, the rule in the open living group that prohibits complaining about the food while at the table is not well accepted. The interviews show that there are not enough opportunities for the young people to participate when it comes to the food at the youth home. The participants also showed interest in helping more in the kitchen. In addition, the young people expressed a desire to talk to those responsible for the kitchen to give them direct feedback.

"I think Mr. X [Authors' note: the Head Chef] would like it if we helped him out sometimes or something. But I don't think we can do that because... Because you can't just go into the kitchen and help. You have to ask and stuff. But if it were allowed, I would have done it ages ago (...) If they would let us, I'm sure a few of us would help (...)." (male participant)

Discussion

The young people in the home judge good flavor to be an important criterion for satisfaction with food. The results are consistent with the existing literature [21, 25]. It is not surprising that self-determination and eating for enjoyment were highlighted as particularly important, however the setting severely limits the participants' personal freedom. There is a consistent view among the participants

that good flavor and healthy food do not go together. They feel that unhealthy food tastes good and therefore sacrifices can be made in terms of healthiness. Other studies also support this finding as a common view among young people [21, 22]. However, the results also show that healthy eating in the youth home is important to the young people who were interviewed. This result contradicts the findings of the literature available to date. For example, the results of the qualitative research by Stevenson et al. (2007), found that the widespread lack of a positive understanding of a healthy diet is a key obstacle to a healthy diet in adolescents. Health-promoting foods and dishes were seen by the subjects in this study as a concept that has more to do with disease or weight loss rather than with a desirable lifestyle [22]. In the study by Stead et al (2011), adolescents described a healthy diet as “uncool” and associated it with the risk of embarrassing themselves in front of their peers. Healthy eating is only accepted if it is part of the maintenance of self-image, for example in the context of sports [26]. Other studies conclude that adolescent eating cultures are often characterized by unhealthy eating behavior which adolescents use to present themselves in a favorable light and differentiate themselves from younger age groups and adults [25, 27].

In light of this, how can we explain the desires of the young people expressed in the present study? The young people in the study associate a healthy diet with aspects to do with body image such as building muscle, attractive skin, or weight loss. Therefore, their understanding of a healthy diet does not necessarily match that of the nutrition experts. However, dealing with body image is a key issue for people of this age [14, 15].

In the authors' view, the other explanations lie in the nature of the youth home setting. The setting of the youth home, in which young people have to stay under civil or criminal law, is very different from the setting that shapes the lives of the young people in the other studies that have been mentioned. With regard to everyday eating habits in the youth home setting, ethnological findings indicate that the institutional nature of communal meals—in contrast to the individual nature of meals in the family context in adolescence—severely restricts self-determination. The independent purchase of food or eating meals outside the home as well as the range of alternative foods available are not only determined heteronomously to a great extent by the setting of communal eating, but also by the use of the communal meal as a context for dealing with educational questions. The lack of continuity due to constant changes in the young people and carers present in the home also accentuates these issues [16]. In the present study, these issues are reflected in the fact that the participants missed feeling at home while eating, and by the fact that rules about table manners are seen as helpful and the level of participation is seen as too low.

There are also findings in the literature that suggest that young people strongly connect a healthy diet with family [15]. If we assume that family members do not sit down at the table together primarily out of hunger, but because they want to talk to each other, this gives the meal a social meaning in terms of the experience of family companionship [28]. This is why what many of the young people enjoy and love most about family meals is

conversations and good food. Interestingly, it was also found that healthy meals are valued in the family home environment, in contrast to eating with peers [25]. Whereas young people who are not living in a youth home increasingly try to differentiate themselves from their families and show ambivalence towards the company of family by moving away from family meals and gravitating towards eating like their peers [29], the young people in the present study do not have this option. Although the meal situation prior to the participants' stay in the youth home was not an explicit part of this study, the interview results reflect the importance of the family, cultural and religious aspects of the nutrition situation. The severe restriction of autonomy that comes with being placed in a home can lead to a loss of feelings of security, support and cultural identity. In this vulnerable phase of life, this can lead to a strong identification with or even idealization of shared family meals. The literature emphasizes the importance of taking account of individual needs in homes for children and adolescents, and the fact that individual needs may differ, for instance due to their eating history and social background. Because these needs are shaped by memories of flavors and cultural rituals, they represent belonging [17].

In addition, it is important to note that the young people in the youth home are exposed to fewer external influences than they would otherwise be if they went shopping, watched television advertising, or spent time with friends outside the home. These external influences are described in the literature as important factors in determining young people's eating habits [14, 15, 21]. Young people in closed living groups, who are only allowed to make limited telephone calls that have been authorized previously, are particularly affected by this. Young people in open living groups are exposed to more external influences due to the fact that they are for the most part allowed to use smartphones. This reduction in external influences brings with it opportunities for the implementation of health-promoting nutritional interventions.

An additional aspect that was investigated in this study was the opportunities for participation. The young people judged these opportunities to be inadequate. In the open living

groups, aspects of direct communication, such as discussion with the responsible parties, are regarded as desirable. It would be possible to promote mutual understanding by giving the young people a say in the planning of meals and through regular joint analyses of the current situation. The young people would also like to be more involved in working in the kitchen. Fekete & Weyers (2015) emphasize the importance of a high level of participation among people with a low social status as an important intervention for the improvement of quality of nutrition, and Stephens et al. (2011) state that such strategies are valuable in terms of young people's self-image with regard to a healthy diet [11, 30]. In addition, in its recommendations for health-promoting communal eating, the Good Practice Research Group (2015) mentions the requirement for regular needs assessments and recommends the use of various feedback channels [31]. When young people are involved in decisions and allowed to participate in shaping their nutritional situation, they feel they are valued and they develop skills that prepare them for future independence [32].

Limitations

Qualitative methods are a good choice when the aim is to understand how people live, especially when it comes to the perspectives of the participants [33]. The qualitative research approach taken in this study allowed us to gain a variety of insights into an area of research that has hardly been investigated to date and allowed us to collect comprehensive data on the personal experience of this nutritional situation from the point of view of the young people concerned. In addition, the method of analysis that was chosen improved the intersubjective comprehensibility of the study. However, there are limitations in terms of the validity and transferability of the results—partly due to the low number of participants and partly due to the fact that sampling was carried out by the home management team. This may have had a positive influence on the differentiation of the statements. Further studies will need to be carried out in similar institutions in order to determine the extent to which the results are transferable to adolescents with dissocial behavior patterns in

similar settings. Additional insights into nutritional awareness, family situations, nutritional behavior over the course of the day and specific foods (e.g. sweet drinks) will be needed in order to better assess the statements. Due to the wide range of interview contributions and the use of qualitative data analysis, the available results can be used to determine some initial approaches to the promotion of health equity in similar institutions in similar settings.

Conclusions

The nutritional needs of the young people who were interviewed are diverse. Their desires and expectations are partially determined by emotional influences and habits carried over from their family of origin. Despite awareness of healthy eating, the young people are very ambivalent in terms of their taste preferences and their behavior in terms of autonomous nutritional decisions. They therefore need support from their guardians, in particular because they require balanced meals to prevent them from becoming overweight as they are in a setting that restricts their opportunities for exercise and their ability to take action on their own behalf. This is an area where efforts could be made to attempt to reduce health inequity. The results of this study confirm the importance of a high level of participation among people with a low social status as an important intervention for the improvement of quality of nutrition. In order to gain a better insight into family and cultural influences, it will be necessary to develop low-threshold oral communication platforms that young people will find easy to access. The establishment of a nutrition advisory board made up of the various interest groups could be an important first step in this direction. Additional participation-based approaches that get young people involved in the planning and preparation of meals in such facilities will reinforce young people's skills and self-efficacy with regard to health-related behavior through the impartation of practical knowledge and skills. Nutrition experts could support such interdisciplinary projects with their well-developed social and communication skills in addition to their specialist knowledge. The aim is to strengthen good practice in health promotion projects for socially disadvantaged people in order to reduce differences in health status and life expectancy between sections of the population that are in a problematic social situation and those that are in a better social situation.

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Conflict of Interest

The authors declare no conflict of interest.

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