Master Thesis

The impact of health promoting food aid initiatives on food aid receivers

A case study research towards two health promoting food aid initiatives in the Netherlands

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ABSTRACT

Poverty influences health in different ways and therefore, health is an important topic within the context of poverty and food aid. In high-income countries, food banks often emerge as a response to poverty as a way of charitable food aid. However, foodbanks have been criticized by several scholars and one of these critics is that food parcels are often nutritionally inadequate which affects health and dignity of food aid receivers. As poverty already has a negative effect on the ability of people to live a healthy lifestyle, this is important to consider. However, looking at the research done to alternative food initiatives, less research is done to alternative food aid initiatives which aim to promote a healthy lifestyle through food aid. By conducting an eight-weeks case study research, this research provides a deeper understanding on how health promoting food aid initiatives combine food aid with healthy lifestyle objectives, how they approach a healthy lifestyle and the impact of these initiatives on food aid receivers.

In conclusion, this research has shown two ways in which food aid can be combined with a healthy lifestyle. One way is by using a sort of reward system which includes both moving and healthy eating and in which reciprocity and social support are important elements. Another way is by providing the financial means for food aid receiver to buy fruit and vegetables at a store of their own choice in which anonymity, capacity and interactions with volunteers are important elements. Mental, social and physical health seem to be important health aspects and health is approached on different levels through which both individualized and structural approaches are used. It is argued that the positive experiences towards the researched healthy promoting food aid initiatives are attributed to, among others, freedom of choice, and the supportive social environment provided. In addition, increased feelings independence, responsibility, capacity and reciprocity also had a positive impact on food aid receivers. However, whether people felt the need to do something in return for the food and therefore felt the need for reciprocal relationships depended on the target group. Some suggestions were mentioned by food aid receivers regarding the information given by the organisations, contact with other food aid receivers and the extent to which the organisations stimulate healthy access for everyone.

Keywords: food insecurity, food aid, stigma, reciprocity, health promotion, choice, social interactions, community, voucher, rewards

1. INTRODUCTION

This focus of this research a healthy lifestyle in the context of poverty and food aid. Mainstream food aid like food banks do not seem to offer a dignifying experience to food aid receivers which has to do with, among others, the food parcels being nutritionally inadequate (Caraher & Davison, 2019). This is important to pay attention to as food insecurity is already associated with poorer health outcomes (Bazerghi et al., 2016; Neter et al., 2014). Therefore, this thesis is about food aid alternatives which promote a healthy lifestyle through food aid and more specifically, with a focus on how food aid and health is combined and how this is experienced. Within this introduction, different aspects related to health and food aid will be discussed like food and exercising, but also shame and stigma.

According to the World Health Organisation, health can be defined as '*a state of complete physical, mental and social well-being*' (WHO, 2022). Therefore, health will be looked in a holistic way and physical, mental, and social health will be incorporated within this thesis.

First, some context will be discussed around mainstream food aid initiatives and its effect on health. Second, the knowledge gap around health promoting food aid initiatives will discussed. Finally, the way how this knowledge gap will be addressed, the objective and the research questions are discussed.

1.1 CONTEXT AROUND FOOD AID INITIATIVES AND ITS EFFECTS ON HEALTH

1.1.1 FOOD INSECURITY IN HIGH INCOME COUNTRIES

Food insecurity can be defined as '*sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so´* (McIntyre, 2009). As mentioned by Pollard & Booth (2019), food insecurity is a public health concern in high-income countries too. Therefore, the United Nations (UN) have set a global target to '*end hunger and achieve food security and improved nutrition by 2030'* and made this one of their Sustainable Development Goals (United Nations Department of Economic and Social Affairs, 2021). The two basic causes of food insecurity are insufficient food availability in a society and insufficient access to food (Smith et al., 2000). However, in high-income countries, the problem is often restricted access to nutritious food. Food insecurity then often results from social and economic conditions and policies that limit the financial resources available to purchase adequate, nutritious food (Mook et al., 2020; McIntyre, 2009). With a food insecurity prevalence rate of 4,7%, a lot of Dutch households also must deal with poverty (The World Bank, 2022). According to the CBS (2020), 6.2% of the Dutch population belonged to a household with an income below the 'low-income threshold' and was at risk of poverty or social exclusion. As a response on food insecurity in high-income countries, food banks as a form of charity have emerged. However, food banks have several effects on food aid receivers related to stigma, food choice and healthy food intake, which will be further explained in the next paragraph. These effects also show the importance of looking at alternative food aid initiatives which pay attention to stigma, food choice and a healthy lifestyle, including nutritional adequacy of the food parcels.

1.1.2 THE EFFECT OF FOOD BANKS ON STIGMA AND FEELINGS OF SHAME

Food banks are voluntary-based non-profit organizations which collect, store, and distribute food (shared or donated), free of charge directly to people experiencing difficulties with accessing food or to social agencies who provide supplementary food and meals (Riches, 2002; van der Horst et al., 2014). Organisations may consider it as a win-win situation: the private sector has reduced cost of waste management, charity organizations can pursuit their organizational goals and there is guaranteed access to food for the poorest part of the population (van der Horst et al., 2014).

However, several scholars have questioned whether food banks are a socially acceptable and appropriate way to obtain sufficient and healthy food as research as shown that people have negative experiences due to

stigma, limited food choice and poor food quality (Bazerghi et al., 2016; Byram et al., 2013; Caraher & Davison, 2019; van der Horst et al., 2014). Therefore, food banks have different effects on feelings of stigma, choice, and the availability of nutritionally adequate food.

First, food banks can be stigmatizing which leads to shame and resonates with the loss of dignity of food aid receivers. This stigma is often related to the visible poverty, feelings of inferiority and dependence on in-kind provisions like donated goods (van der Horst et al., 2014). Depending on foodbanks may give people the feeling that they lose part of their freedom and dignity as they have to accept food which does not always match their needs and preferences (Andriessen et al., 2020). Looking at stigma, food aid receivers may be identified as solely people in need, which can be experienced as stigmatizing (Andriessen et al., 2020). In addition, being a food aid receiver often has a negative status as it is linked to being lazy, poor, and irresponsible which is a threat to the dignity of people (McNaughton et al., 2021). This is supported by research from van der Horst and colleagues (2014), which state that being a food bank receiver may be linked to perspectives of being socially weak, having problems and being the blame for the situation. Several researchers also mention the distinction between 'deserving poor' and the 'undeserving poor' (Garthwaite, 2017; Caraher & Davison, 2019). According to Bridges (2017), the 'deserving poor' are seen as not being the blame for their poverty as their impoverishment is not due to individual behavior or character flaws. However, the 'undeserving poor' may for example be portrayed as seeking out free food so they can spend money on luxury items like cars or alcohol (Garthwaite, 2017). Something which also plays a role with food banks is the social exclusion from the mainstream society and the visibility of going to the food bank. According to Byram and colleagues (2013), people experience the co-construction of stigma, shame, and indignity not necessarily because of having to use the foodbank, but because of the related stigma they felt others would attach to them. Thus, whether people experience feelings of shame is also influenced by what other people think of them and expectations of how other people think they should behave (Booth, Begley, et al., 2018). Van der Horst and colleagues (2014) confirmed the importance of expectations. They mentioned how emotions may arise when expectations of food aid receivers and volunteers in relation to power and status and one's positioning on these dimensions do not match (van der Horst et al., 2014). Therefore, another mechanism that influences feelings of stigma, shame and indignity is the sudden rise or decline in status and power (van der Horst et al., 2014).

Second, limited food choice often results into indignity, together with having to queuing for food in public places as this impacts peoples' sense of self-worth (Booth et al., 2018; Andriessen et al., 2020)This also relates again to the visibility of food bank and how feelings of shame are influenced by what other people think. In addition, food aid receivers may feel like their autonomy and independence is undermined which affects their feelings of empowerment (Booth, Pollard, et al., 2018). Being able to choose regains a sense of power and independence, which is important for food aid receivers (Booth et al., 2018; Andriessen et al., 2020)

Third, criticism towards food banks is also related to nutritionally adequacy of the parcels, which will be discussed in the following paragraph.

1.1.3 THE EFFECT OF FOOD BANKS ON A HEALTHY LIFESTYLE

As mentioned in the previous paragraph, negative experiences also had to do with a poor food quality. Food banks are not always able to meet nutritional requirements of food insecure people (Bazerghi et al., 2016). The food aid parcels offered by mainstream food banks are often nutritionally inadequate and may be at odds with people's need for healthy and socially acceptable diets (Caraher & Davison, 2019). This is also confirmed by van der Horst and colleagues (2014) who mention that shame emerges in relation to the content of the crate. Other food-bank-related experiences through which shame emerged were interaction with volunteers and one's position in social hierarchy as discussed earlier (van der Horst et al., 2014). Research from van der Velde and colleagues (2019) also showed that it is preferred that food parcels include more fresh products like fruit and vegetables and other products that can be used to prepare a meal (van der Velde et al., 2019).

Abovementioned effect is important as poverty already has a negative influence on different aspects of health and lifestyle factors. First, food insecurity is associated with unfavorable food choices, a less healthy diet and therefore poorer health outcomes like overweight, diabetes or heart diseases (Bazerghi et al., 2016; Neter et al., 2014). Second, food insecurity also has several social consequences which may influence mental health outcomes. Food insecurity affects a person's sense of identity and dignity as people are not always able to share food or celebrate special occasions which leads to social exclusion (Mook et al., 2020). In addition, people living in poverty may experience distress about not having enough food and a feeling of loneliness (Booth, Pollard, et al., 2018; Kamimura et al., 2022). Furthermore, negative stereotypes of poverty may also influence health outcomes like assuming that low income people do not have the desire to eat healthier (Alkon et al., 2013; Wang & Yang, 2020). Finally, living in poverty is associated with feelings of inferiority, embarrassment and humiliation which impacts health too (Roelen, 2017).

This shows that it is important to pay attention to how food aid initiatives make a healthy lifestyle accessible. Different ideas can be discussed about what a healthy lifestyle entail. Some might restrict a healthy lifestyle to healthy eating related to the recommended amounts of nutrients and types of food (Story et al., 2008). However, the World Health Organization defines a healthy lifestyle more broadly. They define a healthy lifestyle as '*a way of living that helps you enjoy more aspects of a live.*' According to them, health is not just about avoiding a disease, but also about physical, mental, and social well-being (World Health Organisation. Regional office for Europe, 1999). Thus, when paying attention to a healthy lifestyle, different aspects should be taken into account.

1.2 KNOWLEDGE GAP AROUND FOOD AID INITIATIVES COMBINING FOOD AID WITH HEALTH

As explained above, receiving food aid through food banks may be seen as a stigmatizing experience, limits the food choice of the people and the parcels are often nutritionally inadequate. Several researchers argued that the fear and humiliation experienced by food aid receivers resulting from stigmas are often the reason why people postpone accessing foodbank support until they have no other choice anymore (Byram et al., 2013; Caraher & Davison, 2019; McNaughton et al., 2021; van der Horst et al., 2014; Booth, Pollard, et al., 2018). Therefore, the question arises whether food banks offer an appropriate approach to mitigate the negative health effects of poverty and stigmatization, or if a different approach is necessary in which attention is paid to stimulating a healthy lifestyle, increasing food choice and food quality, and minimizing stigma.

As a response to the critics on food banks, alternative food aid initiatives have developed which for example include a shop format, focus on empowering receivers or provide a solidarity-based food system. Some researchers have already looked at the impact of these different kind of food aid initiatives on food aid receivers. Several researchers already researched the impact of a supermarket style model (Andriessen et al., 2020; McNaughton et al., 2021) or food aid services in which community meals are provided (Allen et al., 2014; Edwards, 2021; Huxtable & Whelan, 2016).

However, less research is done to food aid initiatives promoting a healthy lifestyle through food aid, which shows a knowledge gap. Some research is done to interventions which promote healthy eating among students, which included their experiences too (Dalma et al., 2018), or to food assistance programs and the effect on child health (Gundersen, 2015). However, less research done to health promoting food aid initiatives with a focus on how food aid and healthy lifestyle objectives are combined. Therefore, more research is needed with a more specific focus on health promotion within food aid and how this is experienced, possibly in relation to stigma. As poverty often has an influence on the lifestyle of food aid receivers, it is important to address this gap. It is important to have knowledge on how food aid organisations can effectively combine food aid with healthy lifestyle objectives, while maintaining the dignity of food aid receivers.

1.1.5 RESEARCHING FOOD AID ALTERNATIVES THROUGH CASE STUDY RESEARCH

To my knowledge, not a lot of research is done yet to health food aid initiatives with a specific focus on how food aid and health are combined and how this is experienced. This knowledge gap will be addressed by case study research in which two different health promoting food aid initiatives in the Netherlands in two different cities are researched. When exploring the practices of these organizations related to food aid and health promotion and the experiences of the food aid receivers, it is important to have the opportunity to explore different perspectives and social dynamics. Therefore, it is useful to make use of case study research as this gives an in-depth, multifaceted understanding (Crowe et al., 2011).

1.3 PROBLEM DEFINITION, OBJECTIVE AND RESEARCH QUESTION

The objective of this research is to understand how health promoting food aid initiatives can approach a healthy lifestyle while offering food aid in a dignified manner and how this is experienced by food aid receivers. As stigma and feelings of shame seem to have an influence on how food aid receivers experience food aid, attention will also be paid whether food aid receivers describe their experiences through stigma or not. Two initiatives in the Netherlands will particularly be researched. These initiatives are in two different cities: Rotterdam and Nijmegen.

The research question is: *How do health promoting food aid initiatives couple food aid with healthy lifestyle objectives, and how is this experienced by food aid receivers in the Netherlands?*

The sub questions are:

1. How are health and food aid combined in the goals, aims and practices of the researched organizations?
2. How do the researched organisations approach and promote a healthy lifestyle?
3. How do food aid receivers experience the different ways of food aid and promotion of a certain lifestyle by the researched organisations?
4. How are the ways in which food aid is offered and the approaches used by the organisations and the experiences of food aid receivers related to stigma?

2. THEORETICAL FRAMEWORK

Within this section, theories will be outlined which are helpful in interpreting the data to answer the research question. This research focuses on initiatives which try to support people with a low income in a different way than food banks are doing. Therefore, models of social support are discussed which will help with analyzing and explaining the practices and characteristics related to food aid and health promotion of the researched organisations. This gives insight in how organisations combine food aid with healthy lifestyle objectives. In addition, certain characteristics of the models will be highlighted like reciprocity. Reciprocity is an important aspect of the justice model and therefore, it will be discussed a bit more extensively. Second, several approaches in promoting a healthy lifestyle are going to be discussed, which will be used to research what approaches are used by the researched organisations. In addition, effects of different approaches on food aid receivers will be discussed which can be used when analyzing the experiences of food aid receivers. Third, the definition of stigma and the different types of stigmas are going to be discussed. As stigma is one of the ways in which food aid receivers may experience food aid, this will help with explaining if and how their experiences are related to stigma. Besides this, it helps explaining if and how practices are related to stigma.

2.1 MODELS OF SOCIAL SUPPORT

Food aid organisations can use different models which explain different ways of how the needs of people with a low-income can be supported socially. Smith-carrier (2020) introduced two models of social support in meeting the food security needs of people with a low income, which are applied by food aid organisations: the charitable model and the justice model. Each model has its own key characteristics and by outlining these, Smith-carrier (2020) tried to consider more transformative approaches to social welfare. When discussing the aims and practices of the researched organisations related to food aid and a healthy lifestyle, the different characteristics can be used to see how these practices are shaped, the reasoning behind it, how practices of food aid and health are combined, and to which model the researched organisations align. Thus, the characteristics can be linked with practices related to food aid and health promotion and explain them. The characteristics of the models can be found in table 1. Examples of initiatives using the charitable food model are soup kitchens or food banks. The charitable model is rooted in compassion, goal oriented and acts to alleviate human suffering. However, the charitable model is also characterized by asymmetric social relations between giver and receiver which creates power differences through which people accessing the charitable food service often experience shame and indignity. In contrast, the justice model emphasizes reciprocity in relationships, mutuality, and human interdependence (Smith-carrier, 2020). The models reflect both a different understanding of problems that cause food insecurity as they both have a different focus (Tarasuk, 2001). Understanding the models and its characteristics will help with explaining how the researched organisations are trying to support food aid receivers in having access to enough food and to healthy food.

2.1.1 CHARITABLE MODEL AND JUSTICE ORIENTED MODELS

Charitable model	Justice model
Based on private or individual acts	Based on public or collective actions
Goal oriented	Goal and process oriented
Focus is on providing direct services to individuals – largely undertaken by the voluntary sector (i.e., charitable organizations and non-paid volunteers)	Focus is on human rights, justice and social change – structural transformation, often directed at transforming broader (policy and practice) structures
Responds immediately to meet human needs (short-term focus)	Responds to long-term needs and societal transformation
Tackles the symptoms/effects of social problems	Tackles the root causes and symptoms of social problems

Susceptible to power differentials, unequal relationships between giver and receiver	Interested in reciprocity in relationships, minimizes power differentials
Emphasis on unidirectional acts; at times, these are intended to shape the character of the receiver.	Emphasis on reciprocity, mutuality, and human interdependence
Expressions are a gift from the giver to receiver	Expressions are a right and entitlement
Motivations rooted in compassion and generosity	Motivations rooted in the belief of the intrinsic worth of all humanity, respect, equality, and dignity
Full and equal participation of the receiver is stymied	Urges participatory parity – ability to interact with peers on an equal footing (redistribution, recognition, and representation)

Table 1: characteristics of the charitable model and the justice model of social support (Smith-carrier, 2020)

As explained by Smith-carrier (2020), the charitable model has been embraced as a solution to food insecurity and poverty. People may find it beneficial because of supportive volunteers and social contact (Smith-carrier, 2020). However, charitable food models may also be seen as a ´band-aid´ solution (Smith-carrier, 2020). It tackles the symptoms of poverty, like hunger, and not necessarily the root causes like lack of income, stigma, or inequality (Kolavalli, 2019; Smith-carrier, 2020). Reliance on this model may depoliticize hunger and poverty as issues which require a policy response. Food banks may help neoliberal states to circumvent responsibilities and therefore, it lets governments off the hook from fulfilling their obligations to ensure an adequate standard of living, reduce food poverty and increase nutritional health and wellbeing (Smith-carrier, 2020).

The rights-based justice model moves beyond charity and focuses on systematic changes and solutions by focusing on human rights and social change and overcoming inequalities. This means that the justice model not only responds to short-term needs of alleviating hunger, but also on long-term needs which may be related to healthy lifestyle objectives too. In addition, they give the government a bigger role here (Smith-carrier, 2020). Looking at the characteristics, power should be distributed fairly so that people can meet their basic human needs (Meenar & Hoover, 2012).

The justice model is not only goal-oriented but also process-oriented, through which the focus is also on the process required to reach the goal of reducing food insecurity and not only on the goal of alleviating hunger (Smith-carrier, 2020). This seems to be in line with how food justice scholars focus on the ways in which low-income people need better access to healthy food and therefore the barriers which low-income groups face in accessing healthy food (Goldberg, 2013). This way, the access to food is reorganized with the aim for people to have the financial resources necessary to obtain their own food 'in a normal and socially acceptable way' (Andriessen et al., 2020; Smith-carrier, 2020). This shows that when paying attention to practices of food aid organisations, it is also important to look at how they make healthy food accessible, which can be about structural access or relational access, as explained in the following paragraph.

STRUCTURAL AND RELATIONAL ACCESS

According to Bruckner and colleagues (2021), food access is an important element of the food justice movement. Food access can be described as '*whether available foods are in a form or location that facilitates their consumption*' (Story et al., 2008). One of the aims of the food justice movements is to ensure equal access to the benefits of healthy food and the resources through which people access food (Bruckner et al., 2021). Therefore, food justice also focuses on the lack of food access as a problem of structural distribution of resources (Bruckner et al., 2021). When researching food aid initiatives and its practices, it is useful to see how they make healthy food and its resources accessible. Therefore, distinctions can be made between structural access (ability to access physical resources like capital) and relational access (knowledge, discourse, and social relationships of power through which access is enabled or constrained). As explained in the introduction, social relationships of power have its effects on stigma and on how people feel about food aid. Therefore, relational

access may be seen as a key component to broadening food access, especially in terms of tackling dominant discourses and stigma around free food and food aid (Bruckner et al., 2021)

RECIPROCITY

One difference between the models is that the justice model emphasizes reciprocity in relationships and reciprocity in general, which is opposed to power differences and unequal relationships between giver and receiver. In addition, this also relates to donations not feeling like a gift, but as a right (Smith-carrier, 2020). Reciprocity can be described as '*the giving of benefits to another in return for benefits received*' and is seen as an important feature of social exchange (Molm, 2010). Differences can be made between reciprocal exchange and negotiated exchange. In reciprocal exchange, individual acts are performed that benefit another, but without negotiation and without knowing whether or when the other will reciprocate. This is in contrast with negotiated exchange, in which agreements are negotiated that provides benefits for both actors (Molm, 2010). Therefore, distinctions can also be made between symmetrical reciprocity (contributions to a social exchange or a relationship are roughly the same) and complementary reciprocity (contributions of two individuals are not the same, but are complementary or compensatory) (Laursen, 2002).

2.2 APPROACHES TOWARDS PROMOTING A HEALTHY LIFESTYLE

When discussing how food aid organisations combine food aid with healthy lifestyle objectives and how they make healthy food accessible, attention should also be paid to how food aid organisations promote a healthy lifestyle.

Food aid organisations may use different approaches to promote a healthy lifestyle which have different impacts on the food aid receivers. How it impacts them, also depends on the extent to which the approach fits the lifestyle of the recipients. Therefore, different approaches will be discussed below to explain the actions of the organizations regarding health promotion, how they try to influence health and how this may impact food aid receivers.

2.2.1 HEALTH PROMOTION AT DIFFERENT LEVELS

Food aid organisations can promote health at different levels. According to the ecological approach, which can be used in health promotion program planning, health is a function of individuals and the environment in which they live, including interpersonal networks, organizations, communities, societies, and supranational systems (Kok et al., 2008). Different levels of influence on health behavior can be distinguished which draws attention to individual and environmental determinants of behavior. These are the individual level, interpersonal level, organizational level, community level, and policy level (Kok et al., 2008; Richard et al., 2011). Policy factors include local, state, and federal policies and laws that support or regulate health actions and practices (RHIhub, 2022). Considering the different levels, food aid may focus on changing individual behavior or choices, but also on intervening, influencing and making changes at community level, organizational level or policy level. Therefore, they can also focus on different targets: people at risk on the individual level or agents at higher environmental level (Kok et al., 2008). Giving people choice for example or providing them with healthy foods empowers food aid receivers (Rowland et al., 2018).

INDIVIDUAL AND INTERPERSONAL LEVEL

At the individual level, health promotion programs focus on individual behavior and their cognitive determinants (Richard et al., 2011). Individual-level factors related to food choice are for example knowledge, behavior, and lifestyle, which impact food choices through characteristics like motivation, self-efficacy and behavioral capability (Story et al., 2008). The interpersonal level consists of person with whom at-risk people associate (Kok et al., 2008). Interpersonal factors are for example interactions with other people, which can provide social support that promotes healthy behavior (RHIhub, 2022). A strategy of food aid organisations on

the individual level are for example education to people with a low-income. However, a risk with this strategy is that the 'food problem' may be framed as an individualized, technical matter instead of a large structural problem through which food aid receivers are held solely responsible for implementing a healthy lifestyle (Kolavalli, 2019). However, social context may also play a role, and this should be taking into consideration when implementing a certain strategy (Kolavalli, 2019).

The ecological framework focuses on the interrelations between individual and environmental levels and emphasizes the connection between people and their environment. So, behavior of people may affect the environment or vice versa (Kok et al., 2008; Story et al., 2008). This also relates to Korp, (2010), who states that some might say that health-related behavior is a result of individual-level preferences and actions, but other might see it as rooting in social structure too (Korp, 2010). This is in line with Stok and colleagues (2021) who argue that the mechanisms which drive unhealthy dietary choices are not only limited to individual choices, but that dietary choices are also shaped by the food environment, or the convenience, affordability, and availability of food (Stok et al., 2021).

Thus, looking at how the individuals and environmental levels are interrelated, making healthy choices and what people eat is not only influenced by individual factors, but is also dependent on whether there is a supportive environment with accessible and affordable food choices, which will be told more about in the following paragraph.

ORGANIZATIONAL LEVEL

The organizational level covers how institutions are organized and managed (Newes-Adeyi et al., 2000). Factors which may constrain or promote healthy behavior include rules, regulations, policies, or informal structures (RHIhub, 2022). Something which may be paid attention to at the organizational level is the kind of environment created. A distinction can be made between the social, physical, and macro-level environment (Story et al., 2008). The physical environment includes settings where people procure their food which influence the availability of food and the barriers and opportunities that hinder or facilitate healthy eating. Organisations can for example pay attention to how choices are presented and make the healthiest choice the easiest choice (Caspi et al., 2019). This way, responsibility do not lie solely with the recipient as it is recognized that decision biases or other pitfalls play a role (Caspi et al., 2019). The social environment includes interactions with family, friends, or others in the community. The macro-level environment includes things like food production systems, policies, and price structures (Story et al., 2008). Food aid organisations may approach and integrate these environments in different ways. For example, attention may be paid to a supportive social environment by creating opportunities and spaces for social engagement. Changes in the physical environment could be achieved through, for example, use nudges which stimulate healthy behavior (Allen et al., 2014; Rowland et al., 2018).

COMMUNITY LEVEL

Organisations may also be operating at community level which includes the communities that individuals operate in and thus targets individuals as a collective. Communities are seen as '*collectives of people identified by common values and mutual concern for the development and wellbeing of their group*' (Kok et al., 2008). Community development strategies may be used, which is a way of working underpinned by a commitment to equity, social justice, and participation. It enables people to strengthen networks, identify common concerns and supports them in taking action related to concerns (World Health Organization. Regional Office for Europe., 2002). Therefore, it reduces social isolation and fosters community empowerment (Tarasuk, 2001). For example, community-based approaches may include supplementary activities which offer opportunities for social interaction and stimulate cross-cultural exchange between parties like participants, chefs, health workers and community and academic partners (Dailey et al., 2015). Food banks may be seen as community-based, but they do not always emphasize it from a perspective of social cohesion through which a supportive social environment may be absent (Tarasuk, 2001).

2.2.3 INDIVIDUALIZED AND STRUCTURED APPROACHES

Looking at all the above-mentioned levels, a distinction can be made between structural and individualized approaches. Structural approaches are the higher-order interventions which address organisational, community and policy levels. They emphasize changes to the physical, social, political and economic structures to improve health and remove barriers people may face when making health-related changes. Individualized approaches focus more on individual and interpersonal change (Lieberman et al., 2013).

Using only individualized approaches may have certain effects. Individualized approaches often do not pay attention to the structural conditions and relations of power. Therefore, one of the possible effects of approaches with an individual-based focus is maintaining stigma as a form of ´social control´ (Psarikidou et al., 2019). A consequence of solely education may be for example that people are portrayed as lacking in knowledge and skills about how to cook, how to shop for the most nutritious food and how to budget effectively (Psarikidou et al., 2019). This holds the individual responsible and may reinforce the stigma about people in poverty as it may portray them as lazy, unmotivated or financially irresponsible (Psarikidou et al., 2019). Therefore, to understand and change stigma, a shift is needed from a perspective which solely focuses on changing behaviors and beliefs to a perspective which also tries to understand and change the structures that shape social relationships (Psarikidou et al., 2019).

A goal of structural change is to increase opportunities for individuals and making sure that people have enough income or access to that. However, approaches which mainly focus on modifying environments or implementing policies to influence health behavior may be criticized as paternalistic (Lieberman et al., 2013). Modifications can restrain options for some people and therefore, efforts to change physical, social, economic or political conditions may be seen as interfering with autonomous choice through which the targeted group may feel like choices are made for them (Lieberman et al., 2013; Lusk et al., 2014). As choice is important for food aid receivers, environmental modifications by food aid initiatives may give food aid receivers an undignified and patronized feeling. However, environmental changes may be important too to address structural forces that support unhealthy behaviors (Lieberman et al., 2013).

Thus, when researching how food aid organisations promote health when combining it with food aid, it is useful to understand what kind of approaches they use and which effect this may have on people. Organisations could also use a mix of individual and structural approaches in which they for example focus on increasing the knowledge and social contacts of people, but also on creating a community.

2.3 STIGMA

The second part of the research question is about the experiences of food aid receivers. One way to understand the experiences of food aid receivers is through stigma. As mentioned before, individualized approaches may reinforce stigma. To understand the impact of health promoting food aid initiatives on feelings of stigma and shame, it is important to know what is meant with stigma and the different types of stigmas. Understanding this helps with explaining if and how food aid receivers experience the approaches and practices of the initiatives in relation to stigma. It helps with understanding if food aid receivers experience a form of stigma and which stigma food aid initiatives are trying to influence.

2.3.1 STIGMA DEFINED

Stigma can be defined as '*the co-occurrence of labeling, stereotyping, separation, status loss and discrimination in a context in which power is exercised*' (McNaughton et al., 2021). Definitions often comprise two fundamental components: the recognition of difference and devaluation and stigma rooted in social interactions. Thus, what is stigmatizing also depends on the social context (Bos et al., 2013; Goffman, 1963). Therefore, how food aid organisations are organized and how social interaction is encouraged is also important.

According to Bruckner and colleagues (2021), neoliberalism has an influence on stigma, which includes a reduced role of the state. Health supporting food aid initiatives may use individualized approaches and approach food aid in such a way that it maintains neoliberal values like individualism and self-sufficiency (Bruckner et al., 2013). This may lead to holding the individual responsible and therefore to stigmatization of food assistance or neoliberal stigma. Narratives and practices may frame people as 'deserving' of food based on notions of individualism, responsibility and hard work (Bruckner et al., 2021). However, initiatives may also try to counter these values in the light of social cohesion. One way to tackle neoliberal subjectification within food assistance is through nourishing relationships and structures around food and therefore, creating a supportive social environment (Bruckner et al., 2021). This way, food access is also understood through relational mechanisms and not only through structural mechanisms, which helps to understand other (emotional) dimensions of food (Bruckner et al., 2021). In addition, relationships can communicate (dis)trust, (dis)comfort and (dis)respect which also may shape experiences of shame, stigma and dignity (Bruckner et al., 2021).

Stigma can be seen as a form of othering: a process of differentiation by which a line is drawn between 'us' and 'them' and through which social distance is maintained. It is about negative value judgments that construct poor people as a threat or an undeserving economic burden (Byram et al., 2013). A line might be drawn between people who make use of food aid and people who do not. Besides this, differences may also emerge between food aid receivers and volunteers or between food aid receivers themselves. For example, people who go to the food bank themselves may also label others as 'deserving' or 'undeserving'. Besides that, food aid receivers may also be branded as different to the rest of 'us' by for example media (Byram et al., 2013).

2.3.2 TYPES OF STIGMA

Different types of stigma can be distinguished: public stigma, self-stigma, structural stigma and stigma by association (Corrigan & Larson, 2008). According to Bos and colleagues (2013), the four types are interrelated, and public stigma is considered at the core of the other three types. This can be shown in figure 1.
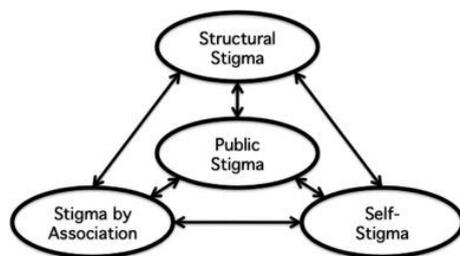
Figure 1: types of stigma (Bos et al., 2013)

2.3.3 PUBLIC STIGMA

Food aid receivers may experience public stigma, which entails people's social, cognitive, affective and behavioral reactions to someone they perceive to have a stigmatized condition like poverty (Bos et al., 2013). According to Carrigan & Larson (2008), public stigma is influenced by stereotypes (negative beliefs about a group), prejudices (agreement with the belief and/or emotional response on this stereotype like fear or anger) and discrimination (behavioral reaction to prejudice like withholding help). The behavioral reaction of withholding help is also an effect of food banks as people often postpone foodbank help until it is necessary. How others look at people with a low-income receiving food aid also depends on certain considerations or representations regarding them. One of these considerations is considering food aid receivers as being personal responsible which leads to more negative attitudes against people with a low-income receiving food aid (Bos et al., 2013). This representation also could influence peoples' perception on 'deserving poor' and 'undeserving poor'.

2.3.4 SELF-STIGMA

The treatments or reactions of others may lead to people experiencing self-stigma, which reflects the social and psychological impact of having a stigma (Bos et al., 2013). This stigma results from negative beliefs about the self, which may lead to a low self-esteem or self-efficacy which results in distress and possibly withholding help (Corrigan & Larson, 2008). It comprises both the fear of being exposed to stigmatization and the potential internalization of the negative beliefs and feelings which are associated with the stigmatized condition of e.g., being poor (Bos et al., 2013). Charity can reinforce this stigma as people may identify themselves as disadvantaged.

Food aid receivers can employ several coping strategies to mitigate the negative impact of stigmatization. An example of a problem-focused strategy is selective disclosure, which means that there is a group from who information is kept and a group to which information is told (Corrigan & Rao, 2012) . Other examples are seeking social support, activism or avoid situations where stigmatization is likely (Bos et al., 2013). Examples of emotion-focused strategies are detaching from the stigmatized identity or positive reappraisal of experiences of stigmatization (Bos et al., 2013). This last one is a strategy which food aid organisations also could use to enhance empowerment or feelings of autonomy for example.

2.3.5 STRUCTURAL STIGMA

Food aid receivers may also experience structural stigma, which can be defined as '*'societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources and wellbeing of the stigmatized*' (Hatzenbuehler & Link, 2014). Therefore, strong social norms in the community and power and status both play a central role in causing and maintaining structural stigma (Hatzenbuehler & Link, 2014). This often leads to reproducing social inequalities and is maintained by the exercise of social, economic and political power, which relates to the values within the social justice model regarding minimizing the power and status difference (Bos et al., 2013). In addition, this stigma may be the result of an unsupportive macro-level environment or too much focus on the individual.

2.3.6 STIGMA BY ASSOCIATION/COURTESY STIGMA

Something which shows the importance of supportive relationships and a supportive social environment is stigma by association. This kind of stigma involves social and psychological reactions to people associated with a stigmatized person, like friends or family, and people's reactions to being associated with a stigmatized person. As a result, people may try to hide their relationship to a stigmatized family member or encouraging this member to hide the condition (Bos et al., 2013). Together with public and structural stigma, this stigma shows that the extent to which an initiative meets the needs of food aid receivers and encourages respectful social interactions is dependent on the social and institutional context through which certain claims about food insecurity may be communicated.

3. INTEGRATING THE THEORIES AND RESEARCH QUESTION

Three themes are mentioned which are important for interpreting the data and answering the research question. These are models of social support, including characteristics like reciprocity, different levels on which health can be promoted and the theory of stigma.

The first two sub questions are about how food aid and health are combined within the goals and how health is promoted by the researched organisations. These questions contribute to the first part of the research question which is about how food aid and healthy lifestyle objectives are combined. To answer these questions, attention will be paid to the different characteristics of the justice model, outlined by Smith-carrier (2020), which help explaining and analyzing practices related to food aid and health promotion of the researched organisations, and how these are combined. The models help explaining how organisations approach food aid and how they try to make a healthy lifestyle accessible. In addition, when talking about how

food aid is combined with healthy lifestyle objectives, it is also important to understand how the researched organisations approach a healthy lifestyle and therefore, the theory on the different levels of health promotion will be used.

The last two sub questions are about the experiences of food aid receivers regarding the food aid and practices and how practices and stigma are related to stigma. These questions contribute to answering the second part of the question about experiences of food aid receivers. Understanding stigma, the different types of stigmas and the effects of different approaches will help with answering these two sub questions. Attention is then paid to how food aid receivers experience the types of food aid, health approaches used, to what extent this fits with their lifestyle and how experiences and practices are related to stigma.

4. METHOD

To answer the main research question, the research approach is case study research in which two different initiatives were researched who both combine food aid with healthy lifestyle objectives. This research approach was chosen as it helps with getting an in-depth understanding of these types of food aid in its real-life context (Crowe et al., 2011). The aim of this research is to understand how alternative food aid initiatives combine food aid with a healthy lifestyle, how they approach a healthy lifestyle and how this is experienced by food aid receivers. Attention will then also be paid to what degree this impact relates to stigma and associated feelings of shame and dignity.

4.1 CASE STUDIES

The research sites are Rotterdam and Nijmegen. In 2017, Rotterdam counted the highest number of poor inhabitants with 10.9%. In absolute terms, Rotterdam counted 62.000 poor inhabitants (Sociaal en Cultureel Planbureau, 2019). Furthermore, Nijmegen can be found in the top ten of municipalities with the lowest incomes in 2017 (CBS, 2019). More specifically, research will be done towards two initiatives which promote a healthy lifestyle through food assistance.

Organisation A focuses on adults and households who live below or around the poverty line. By participating in organized activities or by moving (e.g., cycling or walking), participants earn virtual coins. By collecting these coins, they save for free healthy products of their choice, for example fresh fruit & vegetables, a supermarket gift card or a filled shopping bag with a recipe. By doing this, the organisation wants to ensure social cohesion and support and empower people in the field of health and wellbeing (VincentiusVitaal, 2022). Organisation B helps parents in Rotterdam who are in financial trouble by providing them with fruit and vegetables to make sure every child gets the opportunity to grow up healthy. They make healthy food accessible by sending the family a gift card from the supermarket worth 6 weeks of fruit and vegetables. This way, the households are offered a normalized shopping experience (ViktorVitamientje, 2022).

Both initiatives promote a healthy lifestyle through food aid, while also focusing on social inclusion and empowerment. In addition, they both offer food aid for free as receivers do not have to pay for a voucher or to join the program of the organisation. Researching these initiatives is interesting as they both promote a healthy lifestyle in a different way and possibly on different levels, which makes it interesting to research these initiatives and compare them. In addition, they both approach stigma in a different way.

Within this research, different perspectives are analyzed to understand the approach being used and the aims and practices, but also to understand how this is experienced by the food aid receivers and to what degree it fits their lifestyle.

4.1 DATA COLLECTION

Data was collected by interviews with the initiators, volunteers and people who make use of the food aid. This is supported by secondary research. Secondary research is a research method that involves using and analyzing already existed data (Stewart & Kamins, 1993).

4.1.1 SEMI-STRUCTURED INTERVIEWS AND OBSERVATIONS

To answer the research question, qualitative interview methods were used. Interviews were chosen because they help to receive in-depth, detailed information about the views of the people being interviewed. Besides this, interviews give interviewees the chance to express their own feelings and thoughts and to speak in their own voice (Alshenqeeti, 2014). Finally, it helps to explore people's perception of themselves and others, which may give some insights in stigmas they are experiencing (Alshenqeeti, 2014; Carpiano, 2009).

The research question consists of two parts. The first part is about the organisation itself and how the researched organisations combine food aid and health while the second part is about the experiences of food aid receivers. Therefore, interviews were held with both people within the organisation and with food aid receivers. People within the organisation were the initiator and volunteers. The interviews with the initiators and volunteers helped with getting in-depth information about the aims and practices of the organization related to food aid and health promotion, the underlying values and beliefs, their approaches towards health promotion and ultimately how food aid and health were combined. The interviews with food aid receivers helped with answering questions regarding their experiences and how this relates to stigma. In addition, it gives some insights into the practices and aims of the organisations. The form in which the interviews were conducted was adjusted to what fits with the approach of the organizations. The interviews both were semi-structured. Semi-structured interviews are chosen because they provide opportunities for the interviewer to probe and to expand on the responses of the interviewee. Therefore, it allows for more depth (Alshenqeeti, 2014).

At organization A, I conducted 8 face-to face interviews with food aid receivers, of which one was a volunteer too. Face-to-face conversations were held as this organisation had physical meeting places where people came to pick up their products for example. This gave me the chance to have face-to-face interviews. These interviews were done on Thursday when food aid receivers came to pick up their products. I also joined the walking route in the morning for a couple of weeks with which people could earn their points. This way, the people already got to know me a bit before I asked them if I could interview them. In addition, it gave me the chance to do some observations which I also could use for the analysis. One semi-structured interview was done while walking with the food aid receiver, a walk-along interview. This also fits with the idea of the organization that people can earn points by moving. In addition, I also conducted an interview with the initiator of the food aid initiative, the director of the organisation and a volunteer.

At organization B, 6 interviews took place with food aid receivers. These interviews took place online through teams and sometimes through the telephone. This depended on what the receivers preferred. The interviews were held online because of time management and the organisation did not have physical meeting places. Besides this, I also interviewed the initiator of the organisation and two volunteers.

As research was done to an organization, the contact person within the organization helped me with recruiting volunteers and food aid receivers. Therefore, the snowball technique was used in which participants are asked to assist in looking for other participants (Tenzek, 2018). During recruitment, I tried to select on a diverse target group. How people experience the practices and approaches may also be influenced by their culture and whether it fits with their values and norms. Therefore, interviewing people with different backgrounds helped with giving a more nuanced answer to the questions.

As can be seen, a variation of stakeholders contributed to this research. In order to bring all the different perspectives together, triangulation of data is needed. Triangulation is the combination of different data sources and theoretical perspectives (Thurmond, 2001). The data can vary based on from what stakeholders the data is obtained (Thurmond, 2001). Therefore, in analyzing the obtained data, I differentiated for the different stakeholders. The variance in stakeholders gave the possibility to find atypical data (different perspectives of stakeholders) and identify patterns in perspectives (Thurmond, 2001).

4.3 DATA ANALYSIS

The transcribed interviews were qualitatively analyzed with the use of the software Atlas.ti. This program can help arrange, code, reassemble and manage the obtained data from the interviews.
Analyzing was done through a combination of deductive and inductive coding. Both types of coding have its benefits and therefore, a combination is chosen. Deductive coding is about developing a 'start list' of codes before the fieldwork. It refers to a priori concepts (such as relational access, long-term needs, stigma or individual level) that can be drawn from the theoretical framework, research questions or problem statement

(Miles et al., 2014). This is useful as it gives you already something to hold on while analyzing. You already get an idea on what could be important codes. Inductive coding is about making new codes while reading. This method is used too as it contributes to coming up with new concepts or themes and therefore, it is more closely tied to the development of understandings of meanings, patterns and ideas that emerge in the process of data analysis (Miles et al., 2014). Themes that came up during conversations with volunteers were for example reciprocity, freedom of choice, and feeling of independence.

4.4 DISSEMINATION OF FINDINGS AND ETHICAL CONSIDERATIONS

The results of this research are relevant for the researched initiatives and therefore, I will send them the results of the study when the research has ended. Besides the report, I will also send them a document in which the most relevant results are presented.

I made use of an informed consent which were send to the interviewed food aid receivers beforehand. Through this informed consent, their anonymity is guaranteed. This informed consent contained an information letter in which the research is explained, including the method, goal and what I will do with the data. Besides this information letter, a consent form is included which the food aid receiver has to sign beforehand in which they agree to participate in the study. In addition, used personal data will be deleted after completion of the research. Furthermore, their name will not be mentioned in the report. Instead, their name will be replaced by 'food aid receiver 1' for example.

Another ethical aspect is that the integrity of the food aid recipients itself should be guaranteed. Interviewees were treated with respect and as well as kept in the loop on how their input is being used in the report and the steps that follow. This also means that respondents were informed about the objective of the research. To make sure that participation is voluntary, I gave the respondents the choice how and where they want to meet for the interview. In addition, respondents received a gift card after the interview. As this research is about feelings of shame and stigma, I took into account that my words can have an influence on these feelings. How I ask questions may have an influence on how people feel and therefore, I paid attention to how I formulate my questions.

The researcher is often more present with quantitative research. Therefore, the behavior and the way the researcher asks questions might have an influence on the answers of people being interviewed. To avoid this, I paid attention to remain impartial, operate in an unbiased way and not asking guiding questions. As qualitative research is often based on opinions of people, I will show clearly in the results when something is a subjective opinion from the one of the interviewees.

4.5 RESEARCH DATA MANAGEMENT PLAN

To reduce data loss and keep track of my research process efficiently, a Research Data Management was made

4.5.1 DATA MANAGEMENT ROLES

I am responsible for collecting and managing the data used in my research, in consultation with my supervisor. At the end of my thesis, my supervisor will receive a full copy of the data. If possible, the data will also be made publicly available.

4.5.2 TYPES AND AMOUNT OF RESEARCH DATA

By doing interviews, I will produce new data. This data will consist of interview transcripts which will be analyzed with the software Atlas.ti. A codebook be generated in an excel document. When adding documents to the library of Atlas.ti, a copy of the original document will be kept as a backup. Modifications I make to the document during the analysis are only reflected in the library and no longer in the original word document.

Therefore, I will in between the writing process make use of the export option during the analysis to store the modified document as a backup. Besides creating new data, I will also use publicly available articles and its data which write about similar research.

4.5.3 SHARING AND OWNERSHIP

This research will contribute to the knowledge about alternative food aid initiatives which try to promote a healthy lifestyle through food aid, while trying to increase dignity of food aid receivers. Therefore, it will contribute to the project of the WUR called 'understanding dignity of food aid receivers in Europe'.

4.5.4 STORAGE OF DATA, DATA DOCUMENTATION AND FILE-NAMING

Afterwards, the thesis and the raw data will be sent to the supervisors, which include the codebook, the transcripts of the interviews and the observations written down.
The output from ATLAS. ti will be saved on my personal OneDrive. I intend to store my data after the completion of my master thesis. This will be done in my personal OneDrive and the WUR network drive. Documents will be named starting with the type of data and then further specifics such as location. For example, a word document which contains the analysis of the interviews with respondents in Nijmegen could be named interviews_resp_Nijmegen.docx.

5. RESULTS

The research question that I will answer within this research is '*How do health promoting food aid initiatives couple food aid with healthy lifestyle objectives, and how is this experienced by food aid receivers in the Netherlands?*'. To answer this research question, I will discuss the aims and practices of both organisations regarding food aid and health promotion, including how they promote health, and the experiences of the food aid receivers.

First, I will discuss the aims and practices of the organisations and how they combine food aid and healthy lifestyle objectives within their goals. During the conversations with the initiator, volunteers and food aid receivers, some important themes came up which appear to influence how food aid is organized in combination with a healthy lifestyle. The themes will be discussed as it explains further how food aid is connected to healthy lifestyle objectives like physical, social and mental health. In addition, it explains the experiences of food aid receivers regarding the type of food aid offered and health promotion. At organisation A, important themes were motivation, reciprocity, choice, the social aspect and the accessibility of this type of food aid towards a healthy lifestyle. At organisation B, important themes were choice, responsibility, the social aspect and awareness. Themes like reciprocity, choice and social aspect are discussed as ways of how food aid is combined to a healthy lifestyle, but also as ways of how dignity is protected. Finally, I will reflect on the most important similarities and differences between the organisations regarding how they combine the aims of providing food aid and supporting a healthy lifestyle. The experiences of food aid receivers of both organisations differ because of certain aspects of the organisations, but similarities were also found. These differences and similarities between experiences because of how the organisations offer food aid and promote health are also discussed within this section.

5.1 ORGANISATION A

5.1.1 AIMS AND PRACTICES

Organisation A is a volunteer organization in Nijmegen. For this research, I focused specifically on their food aid initiative. With this project, the organisation endeavors two main aims: mitigate loneliness and poverty and promoting healthiness. This section will tell more about these aims and the following sections will be about the food aid initiative and themes like motivation, reciprocity and accessibility.

According to the first aim, the initiator of the initiative tells the following:

> '*What is most important is that we help people who are in need of help, who are at risk of falling through the cracks, or who have fallen. At this moment, we are here mainly for emergency help*' (initiator food aid initiative, interview 2022)

When talking about need of help, they are talking about short-term needs for food, but also things like care or hygiene products. In addition, they look how they can help someone on the long term to mitigate poverty and loneliness. Thus, the organisation responds to emergency help, but they also respond to long-term needs.

According to the initiator, poverty and loneliness are directly relating to each other and therefore, the social aspect is seen as playing an important role. When asking about the underlying problems of poverty, the following is mentioned:

> '*It is a complex problem, but the social aspect plays…loneliness and poverty are so directly related to each other*' (initiator, interview 2022)

This quote shows the importance of the social aspect for people who live in poverty. This is also shown in their projects. One of these projects is called the 'experience space', a space with stories of people who live in

poverty. With this space, they want to show people who do not live around the poverty line that poverty is not always depended on personal choice but that it may happen to you. This way, they want to reduce 'silent poverty' which means that people hide their situation to others because of shame and therefore are not asking for help:

> '*People who really need it, they stay behind the front door*' (director, interview 2022).

The thought behind this experience space is that people often judge fast and that these judgements of other people may lead to people with a low income not asking for help. Thus, by focusing on the social aspect, they try to tackle silent poverty and reduce loneliness. In addition, they want to tackle self-stigma and public stigma, which is rooted in social interaction. They want to change how people think about living in poverty and get them to understand the situation of people with a low income better. Thus, besides food security, another goal within this first aim is increasing social connections and building a community, which is also something that comes back in their food aid initiative.

The second main aim is to promote healthiness by stimulating sports, moving and healthy food. Looking at their approach of health, healthiness does not only include food, but also moving. As mentioned by the initiator, they try to address different aspects of health:

> *And it makes them healthier. Moving does so much to someone. Not only physically, but also mentally. And because these people also have problems financially, we try to combine it all* (initiator, interview 2022).

As explained by the initiator, they focus on four health aspects: physical, mental, social and financial health. Social health is related to social support and reducing loneliness. Financial health is a different kind of health as it is about making sure they know where to get financial support and increasing their budget.

The two main aims are combined within their food aid initiative, which combines food aid with healthy lifestyle objectives like physical health through virtual coins or points. Therefore, it is a means to reach the aims. With this project and additional practices, they are trying to make healthy food accessible and improve the situation of people structurally. More will be told about this in the following paragraph.

5.1.2. EARNING POINTS AND MOTIVATION

As explained by the initiator and director, people who live below or around the poverty line can earn virtual coins by walking, exercising and attending group meetings. These group meetings offer support and insights regarding the different aspects of health. Making use of coins which people can earn by moving shows that health is promoted on the organizational level as it relates to how they are organized. You get one coin for 1000 steps or 10 minutes cycling. To save the coins, people need an app or a welfare card. They can walk by themselves or join social, educational or sportive activities organized by the initiative. An example of this activity is the walking route on Thursday with soup afterwards. How much people join this walking route differs. One week, it can be three people and another week, it can be with eight people. However, during observations I noticed that these are often the same people who join the walking route. One food aid receiver made a remark that the organisation could do more to attract new people to join their community and these kinds of activities:

> '*A lot of things they promote on Facebook. By the way, *name* does not have Facebook either. So that is a shame sometimes. So, I think if you are new, you do not immediately see that there is a walking route every Thursday morning*' (Food aid receiver 4, interview 2022).

Therefore, she suggested to put a flyer with all activities on the windows for example. Coins can be exchanged for products of their own choice like a supermarket gift card, a bag with vegetables or fruit, or a shopping bag

which includes food to make three healthy meals and recipes. The food is coming from the food bank and money donations. So, the project combines food aid with healthy lifestyle objectives by connecting walking activities to food access and using coins. These healthy lifestyle objectives include physical health, but also mental, financial and social health as mentioned earlier.

For some products, you need to walk more. For example, you need to exchange more coins for the supermarket gift card in comparison to the shopping bag or vegetable bag. One of the food aid receivers said that she always saved for the supermarket gift card of 15 euros for which she needs 300 points: She also realized that she needs to walk more for this and therefore, it is maybe not that efficient than walking for a fruit or vegetable bag for example:

> '*It is maybe more advantageous to walk for a fruit or vegetable bag but I can choose myself now.*
> *For such an Albert Heijn gift card, you have to walk quite a bit, it takes you about 2/3 weeks,*
> *while you can get such a vegetable bag every week*' (Food aid receiver 1, interview 2022).

This quote shows that she rather walks more so she can choose the food herself in the supermarket than that she would go for a shopping bag or vegetable bag every week. This explicates the importance of choice for food aid receivers, which will be discussed in the next paragraph.

Healthiness is promoted through connecting walking activities to food access, but also through connecting walking activities to healthy food. This shows that they want to contribute to the goal of healthy food too, besides reducing food insecurity, increasing exercising and increasing social contacts. When filling the shopping bags, the volunteers pay attention to not giving food aid receivers products out of date and providing enough fruit and vegetables, which was also noticed during observations:

> '*We strive to not include out of date products in the bags. Our bags consist for 95% of non-*
> *perishable products and fresh vegetables and meat*' (Volunteer, interview 2022)

This is also confirmed by the director. She explained that this is one of the ways in which they try to give people a dignified feeling and therefore, contribute to their mental health.

> '*It is about making people feel worthy with this project. Also if you look at the expiration date*'
> (Director, interview 2022).

By increasing food security, they already contribute to healthiness as it is mentally and physically unhealthy to have no food, but this shows that they also pay extra attention to healthy food. Considering the experiences of food aid receivers, they are positive about the content of the bag. Looking at the following quote, they are able to make a meal with the bag, which promotes their health:

> '*I really appreciate it. Because these are often things you need. I also keep the recipes. And then*
> *you know that you can make things out of these products*' (Food aid receiver 3, interview 2022).

This quote shows that health is not only promoted on the organizational level by paying attention to the content of the shopping bag, but also on the individual level as it increases their knowledge. In line with the intentions of the organisation, food aid receiver mention that it often does not contain products out of date and the variety of food is appreciated. The most popular products are the shopping bags, which also often includes some fruit, or the bags with fruit and vegetables. In addition, one food aid receiver mentioned that the bag relieves her from stress about food through which the initiative contributes to mental health. This indicates that the shopping bags supports the healthy lifestyle objectives of the food aid receivers, like physical and mental health. As explained by a food aid receiver, the content of the bag also seems to fit with different eating patterns and the bags include not only meat, but also vegetarian food. However, something that was noticed during observations and was mentioned by the initiator and a volunteer was that the project does not attract a

lot of different cultures and therefore, it might be the case that it is less accessible for people with different cultural backgrounds. However, this might also have to do with the city itself and the amount of people with different backgrounds living there.

When connecting food aid to a healthy lifestyle, motivation plays a role too as this is mentioned by both food aid receivers and people within the organisation. The organisation wants to make a healthy lifestyle an available option for food aid receivers and encourage them to move:

> *'Encourage people to move, that is the aim. This way, they get the opportunity to have the feeling of 'I am walking for something and it is healthy'* (Volunteer, interview 2022).

By coupling food aid with a healthy lifestyle through coins, they want to increase the motivation of the food aid receiver for a healthy lifestyle. This shows that they focus on individual factors, which indicates that they make use of individualized approaches and promote health on, among others, the individual level. With the coins, they give this external stimulation to the food aid receivers to move and to eat healthy. However, they believe that the coins also influence the internal motivation:

> *'We are quite convinced that it [motivation] is shifting from the extrinsic towards the intrinsic. Because if you start to experience how nice it is to exercise, you are rewarded for it and you have fun doing it, this shift may start. That is worth investigating'* (Initiator, interview 2022).

The interviewed food aid receivers also experienced the coins as a stimulation and were positive about the organisation offering an external motivation. They already felt the need for healthy food and the organisations helps them accessing it and motivates them to walk that extra round for the food. Something which seemed to have a positive effect on the internal motivation is an increased awareness. Two food aid receivers mentioned an increased awareness and that they would still be motivated to walk as much as they are doing now without the reward.

You could say by focusing on motivation, the organisation may contribute to stigma by implicating that people are unhealthy because they are not motivated. However, this does not seem to be the case because they recognize that there are certain barriers which prohibits people from eating healthy. A first barrier which prohibits them from eating healthy is that it is expensive, as explained by the initiator:

> *The point is.. if there is little money then.. fruits and vegetables are expensive and have only gotten more expensive. Healthy food has become more expensive in recent years. That is an enormous barrier because then the preference is not for fresh fruit and vegetables but for cans for example. Which is also not wrong, but when it comes to fresh fruit and vegetables, that is felt and seen as a more luxurious good* (initiator, interview 2022)

In addition, they also recognize that this barrier leads to people making choices on the short term, which in turn affects their mental health, one of the health aspects the organisation focuses on:

> *But the barrier is simply the finances, too little money. So then they have to prefer something else. And the scarcity creates a form of stress through which you make decisions on the short and not on the long term or not feel what would be good for you (*initiator, interview 2022)

A barrier mentioned which prohibits people from moving is that they might have the idea that sports and exercising are reserved to people who can afford it. However, the volunteers want to show them that sports and exercising is normal and for them too. Thus, they want to increase healthiness by increasing the motivation, but they seem to recognize that people are not necessarily unmotivated, but that they have to deal with certain barriers like lack of money which decreases the motivation.

The organisation wants a healthy lifestyle to be accessible and one of the ways they are doing this is by paying attention to the barriers of healthy food access and physical activity and to a cause of food insecurity: lack of income. They are doing this on the organizational level by implementing a saving system, but also on the individual level by, for example, having one-to-one conversation with people about how and where they help them with short-term and long-term. This could include giving information for example. As they have short communication lines with for example debt safety officers, psychiatry, social workers and the municipality, volunteers can give information about what they offer and refer them. This shows that they try to change the situation of the people structurally and with a long-term focus. Ways in which they try to support the coin users in this perspective is by offering organized exercising for free, providing healthy food and making sure they have extra budget.

As mentioned earlier, with the project, they focus on several healthy lifestyle objectives and therefore on different aspects of health like the social health:

> '*Everything of which we think that are health promoting activities, physically, mentally, socially; of which we think that is good for people, we want to motivate people to contribute to that. And one of these motivational factors is that you can earn coins with it*' (initiator, interview 2022).

This quote shows that they have a certain image on what a healthy lifestyle entails and want people to be able to perform behavior which is in line with this image, for example moving daily, eating fruit and vegetables and having social support. That they are including different aspects of health is also experienced as positive by food aid receivers

> '*I do think that *name director* thinks very broadly about, a wide range of, has a broad view of what she can mean for people, both nutritional and social*' (food aid receiver 3, interview 2022)

When providing food aid and combining it with these healthy lifestyle objectives, the initiator emphasizes the importance of dignity, self-respect and self-control and therefore reducing feelings of shame:

> '*What we find important is people's self-esteem, whether you live in poverty or not. Bet on your own strength. And what we came up with is that people can earn coins by moving and taking steps, which is a virtual value*' (initiator, interview 2022).

Looking at people's self-esteem, three factors are mentioned by food aid receivers and the organization which seems to have a positive impact on dignity and self-respect: reciprocity, choice and a community feeling. The last factor shows another level on which they try to promote health: the community level. The following sections will explicate the importance for recipients to have choice, a sense of self-control, reciprocity and social support in relation to the help offered and dignity experienced.

5.1.3 RECIPROCITY, RESPONSIBILITY AND CHOICE

As mentioned by the initiator, self-respect, dignity and self-control are important for food aid receivers. They want to increase that for food aid receivers with a form of food aid which gives them the opportunity to do something for their food and simultaneously gives them access to healthy food, financial support, exercising and social support. Therefore, the coins are a way to increase people's health and simultaneously increase their self-esteem. They believe that food aid receivers do not just want to hold up their hand as this undermines their dignity:

> '*When you go to the foodbank, you hold up your hand, you get things and then you go home with everything you got. You can already hear the word self-respect; we think that is important. So, you do something for it. And if you for example walk for fresh vegetables or a shopping bag, then*

> *they do not have to be ashamed because they can pick up what they have earned themselves at the counter'* (initiator, interview 2022).

The idea that you have to earn food might seem in conflict with the idea that everyone has a right to food. However, it seems like this system makes people feel like they have a right to food instead of it being a gift. The food aid receivers are positive about the fact that they can do something for their food, it stimulates them to move:

> *'I think it is a very big incentive. That gives me the feeling that I contribute; and my health and that I deserve it too'* (Food aid receiver 3, interview 2022).

> *'You worked for it yourself, that feels different. That just feels like a step further from being more dependent and not begging or something'* (food aid receiver 4, interview 2022).

As people have to move to earn coins, the organisation tries to influence behavior of food aid receiver related to walking and eating, which shows health promotion at the individual level. As can be shown in the quotes, the motivation of the initiator of why they use this system seems to be in line with the feelings of the food aid receivers.

As is shown in the quote above, giving people the chance to do something for the food is also related to giving them a feeling of independence. This way, the organisation seems to respond to neoliberal values like self-sufficiency. Most food aid receivers indicated that they have worked before needing food aid or that they work besides it. One food aid receiver indicated that she has always worked for her food, so she does want to keep doing the same and therefore does not want to go to the food bank. In addition, another food aid receiver mentioned that it does not feel fair that she is in the situation that she needs food aid because she just works, and it is still not enough. Therefore, doing something for the food seems to fit with certain aspects of the lifestyle of the food aid receivers and then more specifically with what they are used to and values they like to hold on.

By having to do something in return, food aid receivers experience the relationship between the organization and the food aid receiver as reciprocal, which increases their self-respect. One characteristic of reciprocal relationships is that both parties' benefit. Within this relationship, food aid receivers benefit as they can exchange their coins for a certain product. Consequently, the food does not feel like a gift, but as something which they have rightful earned and exchange for something they own, coins. However, it can be questioned if it can be seen as reciprocity if you look at how the organization benefits. The organization does not directly benefit from it as they get coins, which are virtual values. What they do see is a positive result from their practices which contributes to their mission. Therefore, you could say that they indirectly benefit from it. However instead of reciprocity, you could also say that people's self-esteem is maintained by giving them responsibility as they are the ones that have to collect the coins.

Giving people responsibility relates to making their own decisions. Besides reciprocity, choice is also a factor which increases self-control, feelings of dignity and health of food aid receivers. Food aid and approaches of health are connected to choice by letting food aid receivers decide for themselves how they want to earn the coins, if they want to join the activities organized by the initiative and what they get for it. This is in line with food aid receivers who mentioned that they experienced freedom of choice:

> *'Sometimes they add things that I think 'okay', but you don't have to buy it. You are free to decide for yourself what you want'* (food aid receiver 7, interview 2022).

In addition, freedom of choice is also connected to mental health as food aid receivers indicate that they now have more options. Two food aid receivers indicated that they felt that they had more space and air for other

things and two other food aid receivers felt relieved from stress as they do not have to worry about groceries. Thus, it is important for food aid receivers that they are not limited in choices which they have to make.

Besides choice and reciprocity, the social relationships between people seem to influence dignity and health. This is also seen as important by the organization to mitigate poverty and loneliness. A value which can be recognized in the reactions above is the neoliberal value of individualism. However, as values like these can reinforce stigma, the organisation tries to tackle this by providing nourishing relationships and a supportive environment, which indicates health promotion at higher environmental levels. As explained by the director, they want people to let them feel part of the society and give them a dignified feeling. Therefore, they want to promote social inclusion and connect this to dignity. This can be coupled with several practices mentioned earlier, like giving people the chance to work for the food like other people and with showing that exercising is for everyone. In addition, it is also coupled with wanting to give them the feeling that they are welcome:

> '*We want to give them the feeling that they are welcome. For coffee, the dish of the day, to join sport lessons or to join the walking route*' (initiator, interview 2022).

Thus, by focusing on social interactions between people, giving them a welcoming feeling and providing a setting in which people can get healthy food for example, social support or where they can join activities, the people within the organisation want to provide a supportive social and physical environment.

Food aid receivers themselves also mention the importance of social inclusion and how it feels like they belong somewhere to the community which the organisation has created, where they feel welcome.

> '*There are quite a lot of people who feel rejected in society. Also because of my illness and everything, you feel like you don't belong. Here you forget that you are different or that you have a different life. Here you belong to a group*' (Food aid receiver 3, interview 2022).

Another food aid receiver told about how she was able now to invite others over. Someone else mentioned that it gave her space to do 'normal things' as getting a shopping bag saves her some shopping money. Therefore, this form of food aid helps people to take part in the society, to belong somewhere and to comply to certain norms like being able to invite people over. It seems like they want to promote a form of social inclusion in which people are able to participate as values, respected and contributed members of society. By focusing on the social aspect too, they contribute to food aid receivers being able to meet basic needs like food and safety, but also to meet psychological needs like friends.

5.1.4 SOCIAL ASPECT

The importance of social aspects like social inclusion, social interactions or social support, indicates health promotion at the interpersonal level, in which interactions with other people play a role in promoting healthy behavior. In addition, it shows health promotion at the community level, in which the feeling of being socially included and belonging to a group play a role in promoting healthy behavior. Therefore, food aid and healthy lifestyle objectives are not only connected through coins, but also through the social aspect. This seems to be confirmed by food aid receivers as they indicate that the social aspect motivates them to move too. This shows again how the 2 main aims are connected of reducing poverty and loneliness and increasing the healthiness of people. Thus, social structures are seen as important for a healthy lifestyle and for offering help:

> '*Above all, there is a need for help. And that need can also be social support, it can be a cup of coffee or that warm place to sit for a while. And to chat a little bit, can also be about nothing*' (initiator, interview 2022).

This shows that the organisation connects food aid with social inclusion by increasing food security, making sure their basic needs are met, and through increasing social connections.

As mentioned by the initiator, they try to support people through conversations, giving compliments, recognition and social support. Therefore, it is not just about reducing othering, but about closing social distances and offering rewards which are just fun too. Something which contributes to this is offering small rewards like flowers:

> '*Such a reward for exercising is not only sometimes a pure necessity, but also just nice and fun. That piece of fun is also allowed. It doesn't have to be all serious*' (initiator, interview 2022).

Social contact and social support are seen as important for health and for overcoming barriers. One food aid receiver mentioned that the volunteers have helped him to overcome a barrier and get to know people and other institutions through their activities and conversations. This means that a supportive environment is created as part of the higher environmental levels of health promotion. The supportive physical and social environment can be explained by the organisation providing a setting or a location in where people can pick up the food or join sportive activities and simultaneously have access to social support from the volunteers or other food aid receivers, which helps with tackling barriers that people experience in healthy eating. As explained by the organization, this barrier may also be shame. So, when they are coming to ask for help, it is important that volunteers give them a welcome feeling. They are doing this by not asking too many questions, no judging, being understanding and work with intuition and feeling. They want to make it easy for people to open up and be themselves:

> '*It is always tense for people to cross a threshold. Then it is just the, making them feel welcome and I think that is the most important thing*' (volunteer, interview 2022)

Incorporating a supportive social environment when combining food aid with a healthy lifestyle is also seen as important for food aid receivers and they mention that they can indeed openly talk about things:

> '*They do not judge and offer help. They referred me to a budget coach to take a look at my spending pattern and if it fits with my allowances with the tax authority. And that is really nice. Just refer without giving you the feeling that you did something stupid*' (food aid receiver 2, interview 2022).

The quote above also shows how they are operating at an individual level by looking at the spending pattern and how the organisation contributes to being financially healthy. However, looking at the interpersonal and organizational level, it also shows the importance of a supportive environment, an atmosphere in which people can open up and express themselves. This also contributes to reducing stigma as people are not bothered by negative reactions of others.

With this type of food aid, people get the chance to meet others in the same situation. All food aid receivers indicated that it is important for them that they are able to talk to people who are in the same situation as they know how it is to live with less money. It gives them the chance to meet people with who they can associate and where they can find social support, which is part of health promotion at the interpersonal level. One of the food aid receivers mentioned that she is emotionally involved here, that if something is going on, she can express herself. The organisation gives her the feeling that she is not alone, that there are more people in the same situation. Some food aid receivers indicated that their environment knew that they are short on cash, but two food aid receivers explicitly mention that they do not tell everyone about their situation, especially people with a high income because they do not understand:

> '*I have a sister-in-law; she earns very well. But they often do not understand how we get in that situation. Especially people with high incomes do not understand how it works with low incomes*' (food aid receiver 4, interview 2022).

Why they are not telling about their situation to people in different situations has partly to do with stigma. One food aid receiver mentioned that because people do not understand it, they often have certain ideas or judgements which, among others, relates to self-sufficiency:

> *'They often do not understand it. Some people think 'work more' so to say. I do not want to be looked at like that because I just cannot physically. I do not want people to think 'she takes advantage and does not work' '*(Food aid receiver 4, interview 2022).

She also did not want to be treated differently, which shows again the importance of social inclusion. Therefore, public stigma and self-stigma both play a role, just like social norms and self-sufficiency. As a consequence, the food aid receivers hide their situation to some people which indicates selective disclosure. However, organization A seems to reduce these feelings of stigma and contribute to people exchanging knowledge with each other by the rule of having to pick up the products and organizing activities in which people have a chance to meet each other. During observations, it was also observed that people were able to express themselves and that volunteers encourage this. For example, when someone asked if there was still something in the giveaway closet, the answer was no, but the volunteers asked if she needed it and that she should not feel ashamed. The answer was yes, and the volunteer gave her some food anyway. The organized activities show that individuals are also targeted as a collective of people who are in the same situation and therefore have common concerns for the wellbeing of the group, which indicates health promotion at the community level. This is also in line with a food aid receiver who mentioned that the other people look out for her.

As explained by the initiator, an important part of this social support from food aid receivers is that people share experiences with each other. This is encouraged during for example group meetings, in which the initiator takes a facilitating role, as explained in the following quote:

> *'Then people can help each other… because what we really want is that they help, inspire and motivate each other to exercise more. In that case, in that meeting physically fit is about moving. They give each other tips. For example, something they may not have known is that you have an arrangement with the municipality that you get 150 euro for sports'* (initiator, interview 2022).

Contact with other food aid receivers and social support is also seen as important by food aid receivers:

> *'But this, on Thursday, is really a happening for me. I see people or I go to the store. Besides being cheap, you can always have a chat. You have that social contact'* (food aid receiver 3, interview 2022).

That they enjoyed casual conversations and the social support was noticed during observations. They shared things with each other they struggled with, and they inspired and helped each other. For example, they talked about what they have learned during group meetings. The group meetings were experienced as useful. One of the food aid receivers mentioned that you can learn from each other, also regarding mental thinking:

> '*With these group meetings, it was nice that you are understood with each other and that people say 'oh, they did it like this'* (food aid receiver 4, interview 2022).

Thus, the organisation seems to offer a supportive health environment in which food aid receivers felt understood, part of a group or a community and in which they can ask each other for help if necessary.

In addition, when combining food aid with healthy lifestyle objectives, the organisation strives for no power differences which might undermine dignity. This is in line with food aid receivers who seem to positively experience the relationships with volunteers as equal, helping and informal. This was also recognized during

observations when the initiator for example joined casual conversations during the walking route. One of the food aid receivers also mentioned that the volunteers are interested as stated below:

> '*That is very nice, that those volunteers are more than just volunteers. Also a support and someone who listens. And they do it well*' (food aid receiver 4, interview 2022).

This indicates that the volunteers seem to create a situation in which food aid receivers and volunteers respect each other and in which access to activities does not seem to be restricted by differences in status or importance.

5.1.5 ACCESSIBILITY HEALTHY LIFESTYLE AND HEALTH EFFECTS

Looking at whether this type of food aid stimulates access to a healthy lifestyle for everyone, several things play a role like the easiness of saving points, communication towards food aid receivers and the content of the shopping bag.

First, most food aid receivers experiences saving points as easy. Some experienced it as less easy as they have to walk a lot for it. However, they did not seem to bother as they still could get their products:

> '*I think it is a great incentive…I have to say that I have to walk a lot for it..I have to be motivated and disciplined*' (food aid receiver 3, interview 2022).

One food aid receiver mentioned that it was easier to collect the coins now she had the app. Before the app, she had to work with stamps, but this was more difficult because you always had to ask for stamps. This shows that the project may be less accessible for people who do not have a smartphone. In addition, combining food aid with a healthy lifestyle in which moving is required may make it less accessible for everyone. Some people may have more difficulties with moving, as is also stated by a food aid receiver:

> '*It encourages you to move. But it is less feasible for people who have difficulties with moving. Then you collect points less easy*' (food aid receiver 1, interview 2022).

When people really need emergency help, they can request a shopping bag without having to give coins for it, but there does not really seem to be a solution for people who want to join but cannot walk a lot. Furthermore, it may be difficult for some people that there is only one moment in the week that you can pick up the products and someone also mentioned that it was difficult to join every group meeting because of children. As a consequence, this type of food aid seems to stimulate access to healthy food for a certain group of people.

Something which may also influence how food aid receivers experience the accessibility of this type of food aid is the communication towards food aid receivers. As mentioned by a food aid receiver, the communication could be better about for example how the app works or where you go when you experience problems. In addition, she does not always feel like she can get immediate help because everything is not at one place. This may also make access to healthy food more difficult as people may wait to take the next step.

How food aid receivers experience the access to healthy food provided by the organisation also seems to depend on their perception of fairness. Although everyone was positive about the content of the shopping bag, one food aid receiver mentioned that sometimes the fruit or vegetable bag did not contain enough food and that they should register who have a low income to make sure that there is enough in the bags for them. This shows that for her, fair would also be to tailor the content of the fruit and vegetable bags to income in contrast to the organisation who perceives fairness as giving everyone the same amount of food. By making this distinction between deserving and less deserving, this also may be seen as signs of othering among food aid receivers, or it may be seen as a way of standing up for oneself.

Looking at how food aid receivers experience the health approach of the organisation, different health effects were mentioned by the food aid receivers which relate to the different aspects of health. These effects were an increased awareness on what people eat or how much they move, trying new things that would be too expensive otherwise, changed eating habits, more fresh fruit and vegetables and a more varied diet. This can also be shown in the quote below:

> *'Because, if you are choosing the card or the bag, you have extra now from what you normally would spend on that. So, then you can buy extra fruit, vegetables or meat. I already eat healthy at home so that is why everything is included because, yes, healthy food is expensive'* (Food aid receiver 5, interview 2022).

The quote above shows these effects were contributing to her own goals as she already tries to eat healthy and exercising. Looking at the other food aid receivers, most interviewed food aid receivers also mentioned that they already tried to eat healthy and to move. Another effect was more social contacts or more knowledge on initiatives and institutions which could help with looking at their budget for example.

5.2 ORGANISATION B

5.2.1 AIMS AND PRACTICES AND EXPERIENCES RELATED TO THE CARD

As explained by the initiator and on the website, organization B aims to help parents in need of money to be able to offer their children a healthy future. The initiator states that poverty has an influence on the health of children and their eating pattern and therefore, they want to help children and parents to make different choices in the future.

> *'The problem and how parents got into the situation are very diverse. The reason that they got in trouble, that is impossible for us to do something about. But the child should not be the victim of that. I think we help the child a bit to get out of the situation and hopefully in such a way that they make different choices in the future… so I hope that we accomplish something at the bottom with this relatively easy help'* (initiator, interview 2022).

The word 'victim' indicates that they do not only see the parents as a deserving poor, but also the children. They believe that when a child develops healthy eating habits from the beginning, they will also make healthier choices later on. This also shows that children are seen as effective target group to improve health as they can be more influenced to take different choices compared to the parents. However, a barrier which they see that food aid receivers experience in accessing fresh and unprocessed food is that it is expensive and the environment in which they grew up. Consequently, they promote health on an organizational level by offering a supermarket gift card with money on it. This way, they try to support them by providing extra budget, providing fresh fruit and vegetables and ultimately helping the children, as mentioned in the following quote:

> *'And the aid supports them, yes, they have a larger budget, so they can eat least buy fruit and vegetables for their children'* (Volunteer, interview 2022).

This is confirmed by food aid receivers who react positively on the card and mention that the organisation supports them by making it easier to get fruit and vegetables and to get fresh products which you can store for a while.

Food aid is combined with healthy lifestyle objectives by offering a card with which they can only get fruit and vegetables. This seems to be in line with the preferences of the food aid receivers regarding a healthy lifestyle as most food aid receivers indicated that they already felt the need to eat healthy, which is shown in the following quote:

'That [stimulation of healthy food] is really good. Because everyone just needs that every day. And this way, it is feasible for me to come home with fresh vegetables' (Food aid receiver 9, interview 2022).

One of the food aid receivers interviewed said that because of the card, she started to eat healthier. Offering and combining food aid in such a way also seems to align with preferences of people with different cultural backgrounds as people from different cultural backgrounds use the card. One of the interviewed food aid receivers was originally from the Caribbean area and she mentioned that because she was now able to buy tropical fruit like mango. In addition, a food aid receiver originally from the Antillean also indicated that she could get a lot of things from the supermarket. However, she sometimes has to get food from a store which has food which aligns more with her cultural background but then she cannot use the card. Therefore, it would align a bit more to her background if she could use the card for that store too.

The organisation makes use of a supermarket gift card with money on it for six weeks which they send to the clients. The clients buy fruit and vegetables with it at a supermarket of their own choice and send a picture of the receipt on WhatsApp to the volunteers. Because they buy it at the supermarket, it is not visible for others that they have financial troubles, which helps with overcoming barriers of stigma or shame. As explained by the initiator, they try to make it easily accessible by making use of WhatsApp. Before giving the card, they have an intake conversation, preferably at home. After approximately a year, they will do an evaluation by phone. Food aid receivers have a card for three years and this is also tailored to the duration of the debt restructuring process.

By offering the card, the organization offers structural access to healthy food as they increase the ability of food aid receivers to access money. They aim to provide relational access to food by advising, suggesting and referring and thus increase the access to healthy food by exchanging knowledge. They try to structurally change the situation of food aid receivers and promote their health in the long-term in various ways. On the organizational level, they are organized in such a way that volunteers know about various aid organisations and where people can go for financial support, so they can advise about that. In addition, they sometimes give suggestions regarding what the recipients buy if they see something that attracts their attention on the receipt. Furthermore, by offering food aid through the card and making it easier for parents to access fresh fruit and vegetables, they pay attention to a cause of food insecurity which is lack of income. On the individual level, they try to exchange knowledge and to influence individual characteristics like the buying behavior and choices parents make, which can be seen in the following quote:

'So that they receive help during that period and the intention is that they continue that themselves afterwards, eating fruit and vegetables. Because it is also to encourage the consumption of fruit and vegetables' (volunteer, interview 2022).

This quote also shows how they try to increase the awareness of food aid receivers on the individual level. This theme will be discussed in the last paragraph.

One of the organisational aspects of this type of food aid is that it is not visible that the food aid receivers make use of food aid. The idea behind this is to contribute to dignity and to reduce feelings of shame of food aid receivers. As a consequence, people may find it easier to make use of such a card which combines food aid with a healthy lifestyle.

'By using the gift card, it is not visible that they receive food aid. They do not have to queue at the food bank. And that is also an important aspect of *organization*, that it contributes to, that those people do not have to feel uncomfortable about it anymore' (volunteer, interview 2022).

Therefore, the organisation pays attention to ways in which they can protect the dignity of food aid receivers and simultaneously make healthy food accessible for them. Besides this, other factors which seem to have a

positive impact on dignity are freedom of choice, responsibility and the type of interaction with the volunteers. The following sections will explicate the importance for recipients to have a choice, sense of responsibility and capacity and good contact with the volunteers in relation to the help offered and dignity experienced.

CHOICE, RESPONSIBILITY AND CAPACITY

According to the initiator and volunteers, increasing dignity, self-respect, self-control and freedom of choice are important values. As mentioned earlier, one of the ways to protect dignity and self-respect is by anonymity. Other ways in which they are trying to do this is by freedom of choice, giving people a feeling of responsibility and independence and developing equal relationships between food aid receiver and volunteer

First, food aid and approaches of health are connected to choice. The food aid receivers can choose themselves what they buy within the category fruit and vegetables and at which supermarket. They can buy the things that align with their preferences, as explained in the following quote:

> *'I think the biggest advantage with us is that customers are in control of what they choose within healthy frames. I think you keep a lot of dignity in that if you can make your own choices. I have spoken to food bank customers, and the things they get, they really feel like they live in poverty. Because those are cast-offs, they would never buy that, they don't even know what it is or how to prepare it'* (initiator, interview 2022).

One of the rules is that food aid receivers have to buy fruit or vegetables with the card, to stimulate and promote the consumption of fruit and vegetables. It is an additional help, so the food aid receivers can buy other products at the supermarket with their own budget, which is increased because of the card. As explained by the volunteers, they check if fruit and vegetables are bought with the card and what kind. Afterwards, they sometimes give advice, but in the form of suggestions. Therefore, they want to stimulate food aid receivers to buy fresh fruit and vegetables, but still give their freedom to make their own decisions. This shows that on the individual level, they try to promote health by influencing the buying behavior and knowledge about for example certain products in the supermarket:

> *'Some people buy those fresh juices. I often say something about that, that it would be better if they whole fruit because fresh juices can contain a lot of sugar as it is very concentrated. So we do make comments like that in between but it is not very compelling like you have to do this or you have to do that'* (volunteer, interview 2022).

The quote above shows that they do not want to prescribe people what to do as this affects their dignity. This is in line with the interviewed food aid receivers who mention the freedom of choice they experience, which shows that there does not seem to be a tension between advising and prescribing. The interviewed food aid receivers were positive about that you can only buy fruit and vegetables with the card and do not see it as a limitation. One food aid receiver mentioned that it stimulates parents to have healthy food and another food aid receiver indicates that it was good that you are being 'forced' to eat fruit and vegetables. This indicates the need of parents for nutritionally adequate food. Therefore, it does not seem to interfere with autonomous choice, as is shown in the quote below:

> *'You have complete freedom of choice. You can spend it on fruit and vegetables. And also from the cooling, the small potatoes, or those bags with pasta vegetables or soup vegetables. You can choose yourself' (*food aid receiver 9, interview 2022).

Related to this freedom of choice, food aid receivers also indicate that they have more options through the card, which gives them more possibilities with cooking. As shown in the following quote, it gives them more freedom and they are less limited in their choices:

*'It helped me a lot with school. But it also became easier at home to say we are going to try an
oven meal and if it is nothing, then we have something else'* (Food aid receiver 13, interview
2022).

In comparison to the initiator and the volunteers, food aid receivers did not really mention that advise or tips
were given. A few food aid receiver mentioned that volunteers stimulate food aid receivers to buy more if they
have not used all the money on the card and one food aid receiver said that they shared some tips on the
website. However, looking at how much information is given to food aid receivers, both the initiator and a food
aid receiver indicate that the organisation could have a more active attitude regarding this:

'*For me, it wasn't much of a problem because I already had knowledge on how to use fruit and
vegetables, but they could send seasonal menus for example so that people who use the card
have an idea of what they can make. So more stimulating with certain menus for fruit and
vegetables'* (Food aid receiver 12, interview 2022).

'*But we don't really have programs and we could do that. We don't have flyers. We don't really
do much with information in the sense that we… we could send our clients more information or
help with that'* (initiator, volunteer 2022).

Second, during interviews, it appeared that feelings of responsibility and capacity play a role. Therefore,
practices of food aid and health promotion are also linked to responsibility and capacity. By offering the people
a gift card and give them freedom of choice to buy what they want, the initiative seems to increase sense of
responsibility and the feeling of capability of food aid receivers. One volunteer said the following regarding
these individual characteristics:

'*of course, they [immigrants] need the money. But they also want to feel at home. They also want
somehow to be able to do a little bit more than just go to the foodbank to get a packet of flour.
Then they are so happy that they can get 15 euros'* (volunteer, interview 2022).

This feeling of capability induced by this type of food aid was also mentioned by food aid receivers. It could be
linked with increased mental health as it creates some rest and leads to less worries about whether there is
money for fruit and vegetables. For example, one food aid receiver mentioned that because of the card, there
is always money for fruit and vegetables and that in the future, without the card, she also knows how to make
sure there is money for fruit and vegetable:

'*I know that it [the card] is there and if it is no longer there, then I also know how to create it in
order to manage to set aside 10 euros every week for fruit and vegetables'* (Food aid receiver 12,
interview 2022).

Another food aid receiver had the feeling that she could deal with everything better through the card: she had
the money from the initiative, and she could use the other money for other things. Therefore, it was less of a
burden. Thus, by increasing the responsibility and feeling of capability, food aid receivers experience a positive
effect on their health. This shows another way in which the card is coupled with physical and mental health.

One of the rules of the organisation is that food aid receivers have to give a receipt every week to show that
they have used it for fruit and vegetables. Food aid receivers send a picture though WhatsApp, which is
experienced as easy. One food aid receiver mentioned it also as a benefit:

'*And another way in which they are helping, I think, you keep an eye on your administration of
your expenses from shopping every week. Because you have to give the receipt to them every
time to show that you really used the money for fruit and vegetables. So, I think that is good'*
(Food aid receiver 14, interview 2022).

The food receiver gets the card, has to do something in return and benefits from it. Therefore, she might experience the relationship as reciprocal. In addition, the volunteers are able to do some suggestions based on what they see on the receipts, which again benefits the food aid receivers. The benefit of the volunteers would then more be indirect as they see a positive trend in the choices of the food aid receivers which helps them with their mission. In addition, the benefit can also be related to that they can control the purchases, which gives them a certain power. However, these power differences do not seem to affect the relationships with food aid receivers in a negative way as food aid receivers indicate that they do not experience power differences. Thus, the relationship could be seen as reciprocal in some way, but this also might be questioned as the food aid receivers do not necessarily indicate that they feel like they have to do something in return and the organization seem to have a more indirect benefit. This can also be illustrated in the following quote:

> '*If you do not have a lot of money, and if you are offered such a card every month, 60 euros extra, then I will not be ashamed to ask for help. Because it is something you get for free basically. You do not have to do anything for it, only some information and tell something about yourself and your situation and then they offer you such a card*' (Food aid receiver 14, interview 2022)

Finally, another way in which dignity is protected and health promoted is by focusing on the interpersonal factor of social interactions. They are doing this by developing personal relationships between volunteer and receiver. Therefore, the social aspect is seen as an added value too:

> '*I think there are two added values. The practical added value is offering the card with money on it. Because people often just don't have anything anymore..but it is also the listening and paying attention. The fact that there is someone who sees you, who pays more attention to you. I think that is important for a lot of people*' (volunteer, interview 2022).

In the following paragraph, more will be told about this relationship between food aid receiver and volunteer.

5.2.2 SOCIAL ASPECT

As mentioned before, one of the added values of the organisation is the social aspect and therefore, it is an important theme. This shows that they are not only paying attention to health promotion at the individual level and organizational level, but also on the interpersonal level. They seem to focus not only on mental and physical health, but also on social health. As explained by the initiator, the relationship between food aid receiver and volunteer is an important aspect of the food aid:

> '*In the best scenarios, it is some kind of friend who stands by you with advise….there is an added value of *organization* compared to other help, that we do want to keep and build that personal relationship and help people with further*' (initiator, interview 2022).

Therefore, food aid is combined with healthy lifestyle objectives through the card, but also through the social aspect. This shows that when combining food aid with healthy lifestyle objectives, social structures are seen as important for a healthy lifestyle.

The social aspect is seen as important for protecting dignity, for promoting a healthy lifestyle and to overcome barriers. A first social aspect is creating a supportive social environment by developing a good relationship with food aid receivers. One of the barriers to access healthy food that was mentioned was the environment in which food aid receivers grew up through which different choices are made. This may have an effect on whether they experience feelings of shame because they may be used to it. The people within the organisation want the contact to be informal which is appreciated by food aid receivers. They want to be seen as easily accessible and as helping and not as institution like the municipality of tax authority. This kind of contact is also seen as important for giving good advice as volunteers know about different aid organizations and initiatives

for example. They also try to work with feeling, want to minimize power differences and try to have an equal and direct relationship with food aid receivers, which is shown below:

> '*We can do something with listening and possible referral or advice and that is what we do by having intake interviews at home and keeping short communication lines*' (initiator, interview 2022)

Therefore, they try to support food aid receivers by listening, social support and advising, which indicates that they want to create a supportive social environment. The recipients are positive about the personal and informal contact with volunteers, see it as important and indicate that they indeed experience contact with volunteers as easily accessible and flexible. They do not have to show all the paperwork when asking for help and food aid receivers indicate that it is easy to ask questions and to approach them. In addition, it is no problem if you spend a little bit more than 10 euros, as long as you are using the card for approx. 6 weeks. Finally, they like it that WhatsApp is used, but they like the longer conversations too:

> '*I remember the woman who came here for the intake and I spoke to her again on the phone after a while, a really nice person. The last time I was on the phone with her for an hour. And I speak with a few more on the app but who that is, I have no idea, but also very nice. It does not come across businesslike. Because you use WhatsApp to send the receipts, but that is also always nice, loosely*' (food aid receiver 9, interview 2022).

When asking a food aid receiver about the importance of personal contact, she mentioned that she liked it that she knew the persons behind the organization, that she knew it were honest people. This is in line with the one of the aspects of the organisation to create an environment in which people feel comfortable using the card.

The social interactions are mainly limited to contact between food aid receiver and volunteer as contact is not stimulated between food aid receivers themselves. This shows that health promotion is not really taking place at the community level as connections between food aid receivers are not increased and the food aid receivers do not really become part of a community, of a collective of people. If people have contact with other food aid receivers, this is mainly with people they already know as these are the people through which they got to know about this initiative. People react differently on whether they would like to have more contact with other food aid receivers. Three food aid receivers indicate that it is not necessary for them to have contact with other food aid receivers as they are always with their children or that contact with only the volunteers is enough. This shows that whether contact with others is wanted also dependent on the target group, parents with children in this case:

> '*I am pretty much on my own anyway. I do not have much time all these sorts of things. I am busy with 4 kids*' (food aid receiver 9, interview 2022).

This is in contrast with another food aid receiver who mentioned that it would be nice to meet other people who use the card. To exchange ideas, how they use it and to share their experiences. Furthermore, another food aid receiver mentioned that it would be valuable for people to meet each other in order to remove the taboo and to express themselves:

> '*There should be an opportunity with these kind of things to be open about it to everyone*' (Food aid receiver 13, interview 2022).

In contrast to the quote above, one food aid receiver mentioned that she does not necessarily talk about the use of the card because she does not see the point and does not know who she should talk to because she has no contact with other food aid receivers. Therefore, creating opportunities for people to meet each other and especially to meet people who are in the situation might be beneficial for people their health as they can

exchange knowledge, but they can also receive social support from each other. In addition, there are also people who do not experience feelings of shame but just want to meet others who use the card. One of the food aid receivers suggested that the organisation could organize a meeting day or a cookery-class for example. Thus, because of the anonymity that comes with this type of food, contact between food aid receivers is not stimulated. However, some people express that this would be valuable for people to open up, but also to get a chance to meet other people who make use of the card.

As mentioned by one of the food aid receivers, people who experience feelings of shame might start to talk about it and get to know more about different initiatives when they meet other food aid receivers. However, the interviewed food aid receivers mentioned that feelings of shame did not really play a role and that they were not bothered by judgments of other people. Two food aid receivers see it as *'just a gift card'* and two other food aid receivers explicitly mention that they are proud that they have the card:

> *'I appreciate it. This organization helps me a lot. Why am I not proud?'* (Food aid receiver 11, interview 2022).

However, that they are not experiencing feelings of shame might have something to do with the children. One food aid receiver indicated that she easily asks help because she does it for her children. Considering the quote below, it seems like she is putting her feelings aside for the children:

> '*I am doing this for my children. I do not look at myself, I do it for them. That gives me the strength to ask help'* (Food aid receiver 10, interview 2022).

As she mentioned that she needs strength, you could say that she feels like there is some sort of threshold like feelings of shame, but that she overcomes that through her children. Feelings of shame then may play a role, but her children help her to overcome these feelings and motivate them to ask for help. Thus, when targeting parents, combining food aid and a healthy lifestyle through such a card with the focus on improving the health of their children may make it easier for people to overcome barriers related to feelings of shame or stigma and to make use of the card.

Another social aspect is social inclusion. This initiative connects food aid with social inclusion too, in the sense that children are able to participate in school and that the parents are offered a normalized shopping experience. First, the organisation makes sure children can bring fruit to school. This way, parents are able to comply with social norms and expectations of the school, which is important for food aid receivers and gives them a feeling of independence:

> *'It has to do with self-esteem. Also for the children at school, then they also have a mandarin with them, then they do not have to be depended on whether the school offers it or not'* (volunteer, interview 2022).

The food aid receivers themselves also mentioned that they felt supported as they were now able to give their children fruit which they can bring to school.

> *'I can eat fresh vegetables every day now. My kids can take a piece of fruit every day. Because at school they are busy these days with fruit and vegetables and things like that. In difficult times, that was just not possible, then I could not give that to them. Because it is just pretty expensive. But now I can do that. I can give them every day what they need according to the 'meal disk''* *(Food aid receiver 9,* interview 2022).

Another food aid receiver showed how being able to give children fruit to school contributes to mental health and therefore, how this type of food and health promotion is linked to health. She said that she experienced

reduced feelings of stress because she was able to give fruit to her daughter at school. This might also have lowered the risk on experiencing structural stigma as she could now comply to social norms.

> *'After all, you want your child to have it and you are addressed at school if you don't have it. That was quite an issue. And then you have to make choices at a certain moment. My daughter needs that at school, I don't want trouble with school, so you get tomatoes to bring to school and tonight we eat fries'* (Food aid receiver 13, interview 2022).

Besides complying to expectations, social inclusion is also promoted in the sense that it offers a normalized shopping experience which also may encourage them to buy more fruit and vegetables.

> *'And what we also hear is that people like it that they don't have to buy the cheapest fruit that is full of brown spots. That they can just buy normal fruit'* (Volunteer, interview 2022)

This shows that a normalized shopping experience is also linked to the products they can buy. By offering a normalized shopping experience, the organisation also shows signs of providing a supportive physical environment. People can procure their food in a normal setting, the supermarket, which influences their dignity and therefore their health, and together with the card, this reduces barriers that hinder healthy eating. Thus, because of the way how food aid is connected to a healthy lifestyle and to social inclusion, parents can comply to certain norms and expectations which influences their mental health too.

Another effect of the way how food aid and health are combined is through an increased awareness, about which more is told in the following paragraph.

5.2.3 AWARENESS AND PEDAGOGIC VALUE

By offering a card for fruit and vegetables to people which they can use for three years, the organisation hopes to increase the awareness of people so that eating fruit and vegetables becomes a habit, as can be shown in the following quote:

> '*What already happens is that because of the healthy choices they have to make, they taste a different side of the food and see how it contributes to the children and themselves'* (Initiator, interview 2022).

This does include the awareness of both children and parents. If you look at how they are organized, they add a pedagogic value through which they support children:

> '*We hear from people that they go shopping with the children for example and that children pick out the fruit. So, it also has an educational value. But that is of course up to the people themselves to pick it up that way'* (volunteer, interview 2022)

The sentence at the end shows again how they do not want to prescribe people what to do as this affects their dignity. Thus, because of how this initiative offers food aid and approaches a healthy lifestyle, the awareness of children is targeted too. This indicates health promotion at the individual as this could be seen as an individual characteristic, but also health promotion at the organizational level, as it is a consequence of how they are organized.

Looking at the experiences of food aid receivers, they indicate an increased awareness about the amount of money spend on fruit and vegetables. For example, one of the food aid receivers mentioned that she has broken a pattern through which fruit and vegetables now became more important when doing groceries

'*If my daughter says I want a cucumber, I buy it without thinking about it.. I did break a pattern, I would not again want to have so little money per week that I have to choose between a bag of fries or just fresh potatoes*' (food aid receiver 13, interview 2022).

In addition, a few food aid receivers indicated that they kept putting money aside for fruit and vegetables when they did not have the card anymore:

'*I am already working on using 10 euros of myself every week to buy fruit and vegetables. Because it is something you are used to, for 3 years*' (Food aid receiver 14, interview 2022).

The food aid receivers also confirmed the pedagogic added value as a few explicitly mentioned that they let their children choose the fruit and vegetables and let them help with preparing the vegetables:

'*In principle, I leave it up to them because it is more intended to let the children eat more fruit and vegetables. I leave it up to them to choose what fruit and vegetables we are going to get*' (Food aid receiver 12, interview 2022).

Furthermore, food aid receivers mention an increased awareness and physical health among the children. For example, one food aid receiver mentioned that her children do not want chocolate or unhealthy food, but that they want apples and pears. Thus, food aid receivers also describe their experiences through an increased awareness which matches with the intentions of the organisation.

5.3 COMPARING THE DIFFERENT ORGANISATIONS

Both organisations use a mix of individualized and structural approaches as they operate on the individual level, but also try to create a supportive environment. On the individual level, they both try to influence (buying) behavior and knowledge of food aid receivers and characteristics like motivation. However, organisation A has a more active attitude regarding informing and referring. On the interpersonal level, organization B focuses on social interaction between volunteer and food aid receivers while organization A also focuses on social interaction between food aid receivers themselves. At the organizational level, organization A connects food aid with a healthy lifestyle using points and building a community. Organisation B connects food aid with a healthy lifestyle through a supermarket gift card but focuses also on a personal relationship between volunteer and food aid receiver. This shows that organisation A promotes health on community level too as they try to build a community and connect food aid receivers with each other through which they target individuals as a collective.

Looking at the differences, the organisations both have different approach regarding how they combine food aid with healthy lifestyle objectives. At organization B, the focus is more on anonymity and independence, while organization A focuses more on reciprocity and social support between food aid receivers. They also approach health differently. Organisation B seems to focus on offering nutritionally adequate food and organization A both on offering nutritionally adequate food and moving. Therefore, organisation B seems to focus more on one aspect of physical health, which also fits with the kind of food aid offered. They both seem to focus on being physically, mentally, financially and socially healthy, but organization A seems to add a bit more to the social aspect regarding contact between food aid receivers.

Considering the social aspects, organisaton B has a less active attitude in facilitating contact between food aid receivers and focuses on good relationships between the food aid receivers and volunteer. At organization A, the focus is on social support from volunteers, but also on encouraging contact between food aid receivers. Social contact is also mentioned by some people as a motivation for joining the community created by the organisation. At organization B, children were mostly the motivation to make use of the card.

Looking at the similarities, the organisations both emphasize dignity, self-control and freedom choice as important values. They try to tackle issues related to poverty like loneliness, stigma or feelings of indignity. In addition, they also recognize the importance of nourishing relationships and how relationships can communicate comfort, trust and respect which shape experiences of stigma, shame and dignity.

In addition, they both seem to minimize patronizing. One way in which they are doing this is by taking on a facilitating role. This happens for example at group meetings at organization A. They try not to obligate and steer too much. Organisation B also emphasized that they do not want to prescribe people what they should buy, only that it should be fruit and vegetables.

Looking at the experiences of food aid receivers, at both organisations, experienced seemed to be related to choice, social inclusion, feelings of independence, responsibility and complying to social norms or expectations. However, food aid receivers at organization A prescribe their experiences more through feelings of shame, stigma, and more specifically how this is reduced. This is also related to how the organisation seems to protect dignity: Increasing feeling of reciprocity and facilitating a community feeling. Besides this, they dignity by increasing freedom of choice and offering nutritionally adequate food, which is also done by the other organisation. On the other hand, awareness and formation of habits are mentioned more by food aid receivers of organization B, which is something that the organisation aims for on the long-term. This is also related to how the organisation is organized as it encourages people to buy fruit and vegetables every week for three years. The long-term focus of organization A is more on motivation, knowledge and increasing social contacts.

6. DISCUSSION

This research has shown how two health promoting food aid initiatives have combined food aid with mental, physical, social and financial health, how they approach a healthy lifestyle while offering food aid and how this is experienced by food aid receivers. Combining food aid and healthy lifestyle objectives through coins which people can earn and with which they can get healthy food seems to have a positive impact because of certain aspects like reciprocity, choice, independence and self-sufficiency. Combining food aid with healthy lifestyle objectives through a supermarket gift card seems to be experienced as positive because of aspects like choice, independence, responsibility and capacity.

An interesting discussion point are the outcomes regarding social support and to what extent these outcomes can be applied in other cases. Within this research, both cases focus on the interpersonal level, and it is seen that social support and social interaction is important for food aid receivers when receiving food aid and making certain choices. It helps people to overcome barriers and minimize eventual feelings of shame and stigma. For example, at organization A, people indicated that one of the reasons why they joined was because of the social aspect and/or that they enjoyed being able to talk to people in the same situation. At organization B, the social interaction with volunteers has shaped the experiences of food aid receivers regarding the food aid in a positive way. This may have a positive impact on how they are taking up suggestions from volunteers or the degree to which they express themselves. Even though this research is based on two specific cases, the outcomes regarding social support seem to be supported by other literature. For example, research from Allen and colleagues (2014) showed that social benefits like social interaction with others, feeling accepted in the society and part of the community were reasons for people to join a food initiative (Allen et al., 2014). In addition, research from Turner & Brown (2010) states that supportive relationships are important to mental health and that social support helps against the effects of stress. Both initiatives within this research and the research mentioned show the importance of social context in stimulating a healthy lifestyle. This also shows how lifestyle is rooted in social structures and not only results from individual-level preferences and actions, which is in line with research from Korp (2010). Finally, as the importance of social support for health and food aid receivers also seem to be mentioned by other research, it could be said that to some extent, the outcomes regarding social support can be applied in other cases. However, a more specific study about the impact of social support on people with a low-income using food assistance could be interesting.

Another discussion point includes the target group and the extent to which they influence the level of health promotion. One of the organisations promotes health on interpersonal and community level and facilitates interaction between food aid receivers. This is also the organization who has a wide target group as everyone who lives around the poverty line in Nijmegen can join the initiative. The other initiative promotes health at interpersonal level and targets parents with children under the age of eighteen. Connections between food aid receivers and building a community does not seem to play a role, which may have to do with the target group/ Food aid receivers also indicated that they did not necessarily want to have contact with other food aid receivers as they are busy with their children. Thus, a different target group may also have as a consequence that the initiatives promote health at different levels and may influence how food aid is organized. If you look at other literature involving households with children, these initiatives also do not always promote health on the community level. An example is research from Dalma and colleagues (2018) to interventions at school. They focus especially on parents-school relationships and increasing healthy food intake, but not necessarily on social connections between households or parents. This seems to be in line with organization B who also focuses on households more specifically and promote health mainly on the individual level and interpersonal level in the form of social interactions with volunteers. In contrast, looking at the Community Food Centre in Toronto, they target the whole neighborhood and promote health on the community by building social ties and mutual support networks (Levkoe & Wakefield, 2011)

Comparing the approach of organization B with other voucher programs, organization B shows some interesting insights regarding tackling stigmatization. For example, at the voucher program researched by Dalma and colleagues (2018), people had to pick up the vouchers. Consequently, people did not enjoy participating because of social prejudices, which indicates that self-stigma and public stigma played a role (Dalma et al., 2018). These feelings of stigma, especially public stigma, also played a role in the SNAP program, a food assistance program in the US which distributes vouchers, not necessarily limited to healthy food. This program induces feelings of shame because of a person's own distaste for receiving SNAP, the fear of disapproval from others and/or possibly a negative reaction from caseworkers (Gundersen, 2015). Looking at how organisation B protects anonymity with their gift card and reduces stigma, they seem to give some insights and fill a gap regarding how voucher programs which target food insecure people can increase the participation rate.

A last discussion point relates to the justice model. If you look at the results, it seems to fit with the justice model as described in the theoretical framework with respect to certain characteristics. First, both organisations pay attention to one of the drivers of food insecurity, which is lack of money. They are doing this by offering a card with money on it or by focusing on financial health and providing bags with food through which people have more budget for other things. According to Loopstra (2018), researchers have been concerned about the ability of community food programs to address food insecurity and drivers of it, as these programs usually focus on skills, behavior and physical food access, which have not been documented as drivers of household food insecurity (Loopstra, 2018). However, looking at this research, the organisation which promotes health at community level seems to be able to address food insecurity and a driver of it, like the lack of money, to a certain extent by for example increasing the budget of food aid receivers, referring them to a budget coach, stimulating knowledge exchange and focusing on internal motivation. Therefore, more research towards the ability of community food programs to address food insecurity could be interesting. Another characteristic which was mentioned in both the result and the justice model was reciprocity. Making the relationships feel reciprocal seems to be an important means to decrease stigma and increase dignity, but also as a way for food aid receivers to see the food donation as something they have rightful earned instead of it being a gift or favor. However, in literature, reciprocity in relation to food assistance is not mentioned that much. Therefore, there seems to be a gap in the literature regarding this aspect of the justice model.

Something which also stands out in the results were that food aid receivers feel supported through an increased feeling of independence, responsibility and capacity. The importance of feeling capable is also addressed by Gundersen (2015) in relation to self-stigma and the SNAP program, as he stated that the SNAP program might not always be experienced as positive as it may make participants feel like they are irresponsible and incapable of making well-informed food purchases for their children (Gundersen, 2015). However, as this is not explicitly mentioned in the justice model, this could indicate that there is a gap in the model if you look at how support of food insecure people is related to feelings of responsibility and capability.

Looking at the strengths and limitations of this study, the sample in this case study is important to discuss. Within this case study, as many people were interviewed as possible. With the amount of people interviewed during the eight weeks of field research, it was possible to get a good idea on how the initiatives operated and how their way of food aid and health promotion was experienced. Looking at the results, the organization which worked with a voucher seemed to attract more difficult cultural backgrounds than the organization with the reward system. Looking at these points, some things could be discussed regarding whether everyone is included and the cultural backgrounds.

First, strength and limitations could be mentioned regarding the method used and the inclusion of the participants. The organisations who worked with a reward system and promoted health at a community level had a physical space through which the interviews and observations could be done there. An advantage of these observations was that differences in how people act could be observed, and it contributed to finding out if what people said matched with how they act. At organisation B, observations were not done as they did not

have physical meeting places and conversations with the interviewees took place through Teams or the phone. Therefore, an alternative for the method used within this research could be to not use a mix of face-to-face interviews and online interviews, but to use only face-to-face conversations and visit the households. However, this would also mean that more time is needed for doing field research. At organization A, eight people were interviewed during the eight weeks of field research and some of them were introduced by the initiator. Besides this, there were also casual conversations on the day itself during observations. Therefore, I got a chance to speak to a lot of different people. However, people who were not there during the period of field research were excluded. In addition, the field research took place just after the covid pandemic through which people were excluded who were still a bit scared to come to the initiative. At organization B, the contact person had asked beforehand to food aid receivers who were in a WhatsApp group if they would like to be interviewed and eventually, I could interview six of these people. Therefore, it could be that the people interviewed were already at the foreground and active and that people who were less on the foreground were excluded. It could be that there are more people getting a card from organization B who did experience feelings of shame or who did want to meet other food aid receivers but that I did not get the chance to meet them.

Second, something could be said about the cultural backgrounds and differences between people with different cultural backgrounds. According to Huff, Kline & Peterson (2014), cultural differences are related to health in different ways. Therefore, it is relevant to consider the different cultural backgrounds. At organization B, people from different cultural background were interviewed through which I could get a good idea if there were differences between how they experience it. At organization A, one of the interviewed food aid receivers had a different cultural background compared to the others who had a Dutch background. Therefore, it is difficult to compare the organisations regarding cultural differences. In addition, this research took place in two different cities. These cities also may differ in the cultural diversity which may have an influence on the different cultures present at the initiatives.

Based on the points discussed above, further research could be more specifically about different type of food aid receivers and how they influence the way food aid is organized. In addition, it could be interesting to research different cultural backgrounds and more specifically how they perceive food aid and the way they promote health differently. In addition, it may also be interesting to research if the way of how food aid is provided has an influence on the cultural diversity. Finally, as reciprocity is not researched that much in relation to food assistance in the Netherlands, it could be interesting to research this relation to food assistance.

7. CONCLUSION

With this thesis, I have tried to create deeper understanding the ways in which food aid can be combined with healthy lifestyle objectives and how this is experienced by food aid receivers. This chapter will provide a conclusion that answers the research question '*How do health promoting food aid initiatives couple food aid with healthy lifestyle objectives, and how is this experienced by food aid receivers in the Netherlands?*'.

Within the results, several barriers were mentioned which prohibited food aid receivers from accessing a healthy lifestyle. The researched organisations combine food aid with healthy lifestyle objectives by addressing these barriers and therefore, they try to make a healthy lifestyle accessible through food aid.

First, the researched food aid initiatives couple food aid with healthy lifestyle objectives by addressing the barrier of not having the financial means to healthy food or organized exercising or the knowledge about obtaining financial support. As explained in the theoretical framework, health can be promoted at different levels. Looking at health promotion at the organizational level and thus how the initiatives are organized, organisation B addresses this barrier and combines food aid with a healthy lifestyle by offering a card with money for fruit and vegetables through which they take away this barrier to healthy products. Food aid receivers feel supported as it aligns with their food preferences, and they have more budget for other things. At the organizational level, organization A addresses this barrier by increasing the budget of food aid receivers and referring them to for example a budgeting coach, which is mentioned by both the organization and food aid receivers. That both organisations pay attention to these barriers show that when combining food aid with a healthy lifestyle, they do not only pay attention to the symptoms of poverty but also to one of the causes of food insecurity, which is lack of income. In addition, they both pay attention to long-term needs. Therefore, both organisations are in line with characteristics of the justice model, which includes several characteristics of how food aid organisations can support food insecure people. By taking away this financial barrier, they show that they do not only focus on physical, mental and social health, but also on financial health.

Second, the researched food aid initiatives couple food aid with healthy lifestyle objectives by addressing the barrier of having feelings of shame or stigma, which impacts the mental health of people and might withhold them from asking help regarding accessing healthy food. This barrier was something which is especially mentioned by food aid receivers of organization A. Food aid receivers at organization B do not describe their feelings through stigma of shame, but the reason could be that children give them the strength to overcome these. Therefore, not only the parents but especially the children are seen as deserving poor by both the organization and food aid receivers. Organisation A addresses this barrier when combining food aid with healthy lifestyle objectives by making the relationships feel reciprocal, which is in line with characteristics of the justice model. Food aid and a healthy lifestyle are combined by using a sort of reward system in which people have the opportunity to do something for the food. Therefore, the way how they promote health can be seen as a form of reciprocity, which is experienced as dignifying by food aid receivers. Consequently, it would be interesting for further research to research food aid in relation to reciprocity. In addition, by combining it this way, food aid receivers have the chance to stay close to values like self-sufficiency, which is explicitly mentioned by some of them. Organisation B addresses this self-stigma and public stigma by increasing anonymity and combining food aid and a healthy lifestyle in such a way that a normalized shopping experience is offered, which reduces the risk of structural stigma too.

Another way in which this barrier is addressed is by promoting social support and social interactions, which are seen as important by both organisations when making a healthy lifestyle accessible through food aid. Both organisations promote health on the interpersonal level, which consists of persons with who food aid receivers associate. Social contact with the volunteer or with other food aid receivers and creating a welcoming atmosphere and supportive environment is mentioned as important by both the food aid receivers and the organization to feel comfortable, overcome a barrier or to join the initiative. Thus, you could say that reducing stigma is an important reason of why the interpersonal level is important in relation to health promotion.

Organisation A promotes health on the community level too by increasing social connections between food aid receivers and reducing social isolation, which is in line with the food aid receivers who ascribe importance to meeting others in the same situation and with common concerns. Individuals are targeted as a collective too through organized exercising and meetings, which indicates health promotion at the organizational level. This again relate to the different aspects of health, including social health. Looking at the way how organisation B combines food aid with a healthy lifestyle, contact between food aid receivers is not promoted that much as the focus is on personal, informal contact between food aid receiver and volunteers. As discussed before, these differences may be partly attributed to having a different target group. However, different opinions exist among the food aid receivers whether meeting others is necessary and should be considered. Looking at the different forms of stigma, both organisations try to minimize the risk of structural stigma by making it easier for people to comply to certain social norms and expectations. Something which also plays a role in protecting dignity is choice. Both organisations promote a healthy lifestyle in such a way that the food aid receivers still have a choice through which their dignity is protected, which Is in line with one of the characteristics of the justice model.

Finally, the researched food organisations combine food aid with healthy lifestyle objectives by addressing the barrier of motivation or capability of people to buy healthy food and to exercise. This is also related to how the organisations promote health on the individual level. Organisation A approaches health on the individual level by implementing a saving system, refer if necessary and trying to increase the knowledge and motivation of food aid receivers to eat healthy and to move. With this saving system, they offer an external stimulation to food aid receivers. Organisation B approaches the different aspects of health by influencing the buying behavior of food aid receivers, increase their awareness, refer if necessary and increase their knowledge. Buying behavior is influenced not necessarily because they think that people cannot make healthy choices themselves, but they want to make it easier for people this way to access healthy food as they recognize that the barriers mentioned previously play a role. Looking at knowledge, organisation B has a less active attitude towards exchanging knowledge and referring and some food aid receivers indicate that this could be more. In their approach, they focus on healthy eating and not necessarily moving like the other organisation.

Thus, when answering the question on how health promoting food aid initiatives couple food aid with healthy lifestyle objectives and how this is experienced by food aid receivers, this research illustrates two ways of how initiatives this are doing this and how the different type of food aid receivers experience this. In both cases health promotion is linked to increasing physical, mental, social and physical health. One organization uses a reward system which shows the importance of reciprocity, building a community, social inclusion and social support. Food aid receivers also describe their experiences through reciprocity, community feeling, social inclusion and feelings of independence and responsibility. The other organization uses a more direct system in which people are directly provided the financial means to buy fruit and vegetables. This is experienced as positive and dignified by food aid receivers because of several factors: a good relationship between food aid receiver and volunteers, feelings of independence, responsibility and capacity, social inclusion and an increased awareness. In addition, a higher degree of anonymity is implemented to reduce stigma. A factor which is mentioned as important by food aid receivers at both initiatives is giving the food aid receivers choice, increasing their budget and giving them more options. This does contribute to dignity, but also to an increased mental and financial health. Looking at the overall impact, both organisations have a positive impact on food aid receivers and on their mental, physical and social health. However, this research has also shown some things that organisations could have a look at regarding knowledge exchange, creating opportunities for food aid receivers to meet each other, and the degree to which a healthy lifestyle is stimulated for everyone.

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9.1 INTERVIEW GUIDE ORGANISATION A

The interview guides include the main questions and below the main questions are sub questions which could be asked if they are not answered yet. This depends on the conversation itself.

9.1.1 INTERVIEW GUIDE INITIATOR

- *Start with introducing and explaining the research. Explain goal and structure of the interview.*
- *Informing where information will be used for and asking if interview can be recorded*
- *Any questions?*

Aims and practices regarding food aid

1. What is your role in the organisation?
2. What are the goals of the organisation on the long-term and short-term?
3. When and with what purpose is the food aid initiative founded?
   a. What do you want to reach with this project on the short-term and long-term?
4. What are other projects or activities that you organise in the context of food aid and tackling poverty?
5. What would you say is the biggest differences between your food aid initiative and with for example the foodbank?
6. How do you try to change the situation of people with this food aid initiative?
   a. How do you want to structurally change the situation of people?
   b. The role of food aid receivers in changing the situation
   c. The role of policymakers in changing the situation
   d. How can you as organisation contribute to these changes?
7. What underlying problems of poverty are you trying to address with this food aid initiative or other activities?
8. How would you describe the contact between food aid receivers and volunteers?
   a. What values and norms do you think is important in this contact and when offering help through the food aid initiative and other activities?
9. If you look at the contact between food aid receivers, how contributes this organisation with the food aid initiative to supportive relations between food aid receivers and between food aid receivers and other people in the community?
10. Do you see that people with a low income suffer from shame or stigmatization or that seeking food aid is a taboo?
    a. How does this organisation deal with this and how do you try to tackle this with the food aid initiative and other activities?
11. How does this food aid initiative help to reduce possible barriers that food aid receivers experience in accessing healthy food?

Healthy lifestyle objectives and approaches to influence health behavior

12. Looking at how you try to combine food aid with a healthy lifestyle, how is this organised and what do you try to reach with it?
    a. How do you, as an organisation, try to create chances for people with a low income to have a healthy lifestyle?
    b. What is the added value of having a meeting place for, among others, exchanging coins?
13. What is a healthy lifestyle for you and why do you think it is important?
    a. What are you trying to reach with it?

14. How contributes this food aid initiative to knowledge and motivation of participants?
15. How do you try to influence the social environment of food aid receivers?
    a. How do you try to contribute to support that food aid receivers get?
16. To what degree do you focus on individuals as part of a community? So, on reducing social isolation and increasing community empowerment?
17. How are policymakers involved with this food aid initiative and the organisation?
    a. How big is their role?
18. How do you try to ensure a sustainable change on the long term with this food aid initiative and with the rewards?

Experiences of food aid receiver

19. What kind of reactions do you get from food aid receivers who use your help?
20. Do people with different cultural backgrounds make use of your help?
    a. Is it for people with certain cultural backgrounds also easier to participate than for others? If yes, why? If no, what makes it accessible?
    b. Do you have the idea that this organisation fits with what is important for food aid receivers, so with their values and norms?
21. How does this initiative fit with the lifestyle of the food aid receivers?

Thank the initiator. Ask if they want the research in English or in Dutch and if they want a summary of the research besides the whole thesis. Tell them how they can reach me when they want more information.

9.1.2 INTERVIEW GUIDE FOOD AID RECEIVER

- *Start with introducing and explaining the research. Explaining goal and structure of the interview.*
- *Informing where information will be used for. Indicate that if someone does not want to answer a question, that they can always say this. Indicate that the interviewee's story is centra land that they are the expert. The food aid receiver tells what is important for them.*
- *Asking if they want to stay anonymous and asking to the informed consent, if everything was clear. Asking if they are okay with the conversation being recorded.*
- *Any questions?*

1. How and when did you come into contact with the organisation?
2. Why do you make use of their help?
    a. What has been your biggest motivation to ask for help?
3. How do you experience the situation you are in and how does the organisation help with this?
    a. What kind of feelings play a role here? (For example, feelings of shame, financial stress or stigma).
4. Experiences with other ways of food aid?
5. Importance of moving and healthy food?
6. How do you experience this food aid initiative?
    a. What do you (dis)like about this way of food aid?
    b. How does it fit with your needs and expectations regarding food aid?
    c. How do you experience the system that you have to earn coins by moving to get food instead of that you just would get the food?
    d. How do you experience it that the organisation encourages a healthy lifestyle this way?
    e. To what extent does the content of the grocery bags or vegetable- and fruit bag with what you like and your idea of healthy food?
7. Experiences with saving the coins?

a. Easiness?

b. What kind of products do you save?

c. What kind of activities do you joint to earn points and how often? How do you experience these activities?

8. How do you experience the freedom of choice (regarding the products)

9. How do you experience it to talk to others about that you are joining this food aid initiative?

a. Easy to talk to others about it? Why?

b. Reactions of others? Effect of this on you?

c. Do you have the feeling that the organisation is doing enough to promote a healthy lifestyle?

10. Do you also make use of services which are not necessarily coupled with this project, for example getting products from the giveaway closet?

11. How do you experience it that the organisation has a physical space where you can sit with others or pick up the products you saved?

12. How do you experience the way how the organisation operates?

a. How do you feel supported by this food aid initiative and the organisation around it?

b. How do you experience the contact with the volunteers?

    i. Do you notice certain differences?

c. To what extent do you meet others and how do you experience this?

    i. Do you have the feeling that this is helping you? If yes, in what way?

    ii. How do you experience the contact with other food aid receivers?

d. Do you have the feeling that you can talk to others in an equal way?

e. Do you have the feeling that you can participate in society? So that you can do the same as others and that you maybe feel less limited in what you can buy or do?

13. What kind of difficulties do you experience in accessing fresh and healthy food?

a. Does policy also play a role? So, for example certain policies or rules from the municipality or other institutions?

b. How does the organisation help you with this?

14. Did you experience difficulties with searching food aid or accepting it?

a. Do judgments of other people play a role? So, for example certain opinions or ideas about food aid receivers of people with a low income?

b. How does the organisation help you with this with their food aid initiative?

15. What is changed for you since you are joining the food aid initiative and other activities from the organisation?

a. What is changed in your lifestyle?

    i. Did the organisation contribute to changes in eating habits or how you are doing groceries?

    ii. Do you have the feeling that you have more knowledge since you have joined the organisation? (Regarding certain aid organisations for example or knowledge about healthy food)

    iii. Do you have the feeling that you are now motivated more to eat healthy and move?

b. Have there been any other changes through which it was easier for you to access healthy food?

c. How does the organisation contribute to you mental and physical health?

16. Wat are important values for you when getting help or within the contact with volunteers? Does the organisation align with these values?

17. Do you have suggestions of what the organisation could change or add?

18. Questions about cultural background and marital status

a. Role of children

b. If the organisaton aligns with their cultural background

Thank the food aid receivers and as kif they are interested in the result of the research. Tell them how they can reach me if they want more information.

9.2 INTERVIEW GUIDES ORGANISATION B

The interview guides include the main questions and below the main questions are sub questions which could be asked if they are not answered yet. This depends on the conversation itself.

9.2.1 INTERVIEW GUIDE INITIATOR

- *Start with introducing and explaining the research. Explain goal and structure of the interview.*
- *Informing where information will be used for and asking if interview can be recorded*
- *Any questions?*

Aims and practices

1. What is your role at ViktorVitamientje?
2. When and with what purpose is the organisation founded?
3. What are the goals of the organisation on the long-term and short-term?
   a. To what degree is your priority with responding to the short-term needs and to what degree with changes on the long-term?
22. Food aid is offered by giving people supermarket giftcards with which they can get fruit and vegetables. How is this organised?
23. What would you say is the biggest difference with for example the food bank?
24. How do you try to change the situation of people with this food aid initiative?
    a. How do you want to structurally change the situation of people?
    b. The role of food aid receivers in changing the situation
    c. The role of policymakers in changing the situation
    d. How can you as organisation contribute to these changes?
25. Do you see that people with a low income suffer from shame or stigmatization or that seeking food aid is a taboo?
    a. How does this organisation deal with this and how do you try to tackle this with the food aid initiative?
26. What underlying problems of poverty are you trying to address with this food aid initiative?
27. How would you describe the contact between food aid receivers and the volunteers?
    a. What values and norms do you think is important in this contact and when offering help through the food aid initiative?
28. Is there contact between food aid receivers? If yes, how would you describe that?
    a. How contributes this organisation with the food aid initiative to supportive relations between food aid receivers and between food aid receivers and other people in the community?
29. How does this food aid initiative help to reduce possible barriers that food aid receivers experience in accessing healthy food?

Healthy lifestyle objectives and approaches to influence health behavior

30. Looking at how you try to combine food aid with a healthy lifestyle, how is this organised and what do you try to reach with it?
    a. Why is it so important for you to promote a healthy lifestyle?
    b. How do you, as an organisation, try to create chances for people with a low income to have a healthy lifestyle?
31. What is a healthy lifestyle for you?
32. How contributes this food aid initiative to knowledge and motivation of participants?

33. How do you try to influence the social environment of food aid receivers?
    a. How do you try to contribute to support that food aid receivers get?
34. To what degree do you focus on individuals as part of a community? So, on reducing social isolation and increasing community empowerment?
35. How are policymakers involved with this food aid initiative and the organisation?
    a. How big is their role?
36. How do you try to ensure a sustainable change on the long term with this food aid initiative?

Experiences of food aid receiver

37. What kind of reactions do you get from food aid receivers who use your help?
38. Do people with different cultural backgrounds make use of your help?
    a. Is it for people with certain cultural backgrounds also easier to participate than for others? If yes, why? If no, what makes it accessible?
    b. Do you have the idea that this organisation fits with what is important for food aid receivers, so with their values and norms?
39. How does this initiative fit with the lifestyle of the food aid receivers?

40. Are you busy with ohter projects around food aid?

Thank the initiator. Ask if they want the research in English or in Dutch and if they want a summary of the research besides the whole thesis. Tell them how they can reach me when they want more information.

9.2.2 INTERVIEW GUIDE FOOD AID RECEIVER

- *Start with introducing and explaining the research. Explaining goal and structure of the interview.*
- *Informing where information will be used for. Indicate that if someone does not want to answer a question, that they can always say this. Indicate that the interviewee's story is centra land that they are the expert. The food aid receiver tells what is important for them.*
- *Asking if they want to stay anonymous and asking to the informed consent, if everything was clear. Asking if they are okay with the conversation being recorded.*
- *Any questions?*

1. How did you encounter the organisation and why are you using their help?
   a. What has been your biggest motivation to ask for help?
2. How do you experience the situation you are in?
   a. What kind of feelings play a role here? (For example, feelings of shame, financial stress or stigma).
   b. How does the organisation help you with this?
3. Have you ever used help from other organisations?
   a. Why this kind of food aid and not for example from the food bank?
4. How do you experience the way how ViktorVitamientje offers food aid, so through a giftcard with which you have to get fruit and vegetables?
   a. What do you (dis)like about this way of food aid?
   b. How does it fit with your needs and expectations regarding food aid?
   c. How important is healthy food for you?
   d. How do you experience it that the organisation encourages a healthy lifestyle this way?
   e. To what extent does the initiative fit with what you eat and your idea of healthy food?
      i. Do you have the feeling that you can get enough fruit and vegetables this way for your family?

5. How do you experience the use of a supermarket giftcard?
   a. How would you rate the giftcards?
   b. What do you think of the rule that you can only get fruit and vegetables with it?
6. How do you experience the freedom of choice?
7. Do you have the feeling that the organisations do enough to stimualte a healthy lifestyle?
   a. And do you have the feeling that food aid is combined with a healthy lifestyle in a good way?
8. How do you use the giftcard?
   a. Why this way and what feeling does it give you?
   b. How do others react on this?
9. To what extent do you talk with others about that you use the help of this organisation?
   a. How do you experience this? Do you find it easy to talk to others about it?
   b. How do others react on that you are using their help? How does this effect you?
10. How do you experience the way the organisation works?
    a. How do you feel supported by this food aid initiative and the organisation itself?
    b. How do you experience the interaction with the volunteers?
       i. Do you have the feeling that you are treated equally?
    c. To what extent do you meet others and how do you experience this?
       i. Is there contact with other food aid receivers? If yes, how do you experience this?
       ii. Do you have the feeling that this supports you? If yes, in what way?
    d. Do you have the feeling that you can talk to others in an equal way?
    e. Do you have the feeling that you can participate in society? So that you can do the same as others and that you maybe feel less limited in what you can buy or do?
11. What kind of difficulties do you experience in accessing fresh and healthy food?
    a. Does policy also play a role? So, for example certain policies or rules from the municipality or other institutions?
    b. How does the organisation help you with this?
12. Did you experience difficulties with searching food aid or accepting it?
    a. Do judgments of other people play a role? So, for example certain opinions or ideas about food aid receivers of people with a low income?
    b. How does the organisation help you with this with their food aid initiative?
13. What is changed for you since you have joined the food aid initiative?
    a. What is changed in your lifestyle?
       i. Did the organisation contribute to changes in eating habits or how you are doing groceries?
       ii. Do you have the feeling that you have more knowledge since you have joined the organisation? (Regarding certain aid organisations for example or knowledge about healthy food)
       iii. Do you have the feeling that you are now motivated more to eat healthy?
    b. Have there been any other changes through which it was easier for you to access healthy food?
    c. How does the organisation contribute to you mental and physical health?
14. Wat are important values for you when getting help or within the contact with volunteers? Does the organisation align with these values?
15. Do you have suggestions of what the organisation could change or add?
16. Questions about cultural background and marital status
    a. Role of children
    b. If the organisaton aligns with their cultural background

Thank the food aid receivers and as kif they are interested in the result of the research. Tell them how they can reach me if they want more information.

The interview guides include the main questions and below the main questions are sub questions which could be asked if they are not answered yet. This depends on the conversation itself.

- *Start with introducing and explaining the research. Goal and structure of the interview.*
- *Informing where information is used for. Ask if they want to stay anonymous and ask about the informed consent. Ask if it is okay if the interview is being recorded.*
- *Any questions?*

1. How did you encounter the organisation?
    a. Do you make use of the help yourself?
    b. If they are making use of the help too > How does this initiative help you?
2. Why did you become a volunteer here?
3. What is your role in the organisation?
4. What is, according to you, the biggest difference between this form of food aid and food aid from for example the food bank?
5. How would you describe the atmosphere within the organisation?
6. How does this initiative give food aid receiver a feeling of dignity?
7. How do you contribute to changing the situation of people?
8. How do you contribute to the physical and mental health of food aid receivers?
9. How would you describe the contact with food aid receivers?
    a. Would you say that the expectations from volunteers align with the expectations from the volunteers or the organisation?
    b. What values and norms are important for you in the contact with food aid receivers and when offering help to them?
10. Do people with different cultural backgrounds make use of your help?
    a. How do you experience the contact with people from different cultural backgrounds?
    b. Do you notice differences between people with different cultural backgrounds if you look at how easy they accept help and how they experience the way the organisation works?
11. How is the contact with new people?
    a. Do feelings of shame or stigma play a role?
    b. Do you notice that people fin dit difficult to ask for help? If yes, what is the reason for this?
        i. Do feelings of shame, stigma or judgments of other people play a role?
12. How is the contact between food aid receivers themselves?
    a. Do you notice differences in for example status?
13. Does the organisation make it easy for people to have contact with each other? If yes, how does the organisation contributes to this?
14. What kind of reactions do you get from people who make use of your help?

15. If they are food aid receiver themselves > How do you experience it to talk with other about that you are using the help of this food aid initiative?

Thank the volunteer and as kif they are interested in the results of the research. Tell them how they can reach me if they want more information.