

Talking about the unmentionable: attitudes towards faecal monitoring as a marker of nutritional health [abstract only]

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Talking about the unmentionable: attitudes towards faecal monitoring as a marker of nutritional health

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Abstract

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There is a need to design low-cost population based dietary interventions that improve diet quality to reduce population risks for poor health outcomes linked to diet. Currently, much attention and research funding are focused on 'ultra-processed foods'; an alternative approach to improving diet quality is use of positively framed, 'eat more' health messages in relation to minimally refined, or 'intact' plant foods. Since intake of plant foods is associated with stool weight ⁽¹⁾, there is potential for monitoring of faecal output to act as a proxy for diet quality. Despite exponential interest in gut microbiome research, bowel function in healthy individuals is perhaps the least understood and least studied of all human bodily functions. One likely reason for this is that the subject of bowel movements is still a social taboo; bodily secretions, including faeces, are a widely reported elicitor of disgust ⁽²⁾. This disgust appears to be profound, extending even to aversion to take part in bowel cancer screening ⁽³⁾. It is important to better understand attitudes toward bowel movements so that the potential for operationalisation of this bodily function may be explored. This study aims to investigate 1) beliefs about the link between faeces and health and 2) attitudes towards and acceptability of using a stool chart as feedback on diet quality.

Seven focus groups (n=32) were held at Leeds Beckett University between February and March 2024. Participants were recruited via community posters, email lists and social media. Inclusion criteria were: aged 18-60 and in good general health (e.g. no bowel disease, or constipation). Sessions lasted 60 minutes and were facilitated by a trained moderator following a semi-structured interview guide. A second researcher recorded notes on group dynamics and non-verbal communication. All sessions were video recorded with participant permission. Data saturation was considered achieved when no new themes emerged from the analysis. Audio recordings were transcribed verbatim by an experienced qualitative researcher. Data were analysed using thematic analysis ⁽⁴⁾.

Participants predominantly associated stool monitoring with bowel cancer detection rather than general health assessment. Some participants recalled their mothers observing their stool characteristics and relating these observations to their diets—a practice they perceived as less common in contemporary society. When discussing stool appearance, participants primarily referenced colour variations while generally overlooking considerations of form or size as potential health markers.

Participants demonstrated broad acceptance of using stool charts as tools for monitoring dietary health. These results suggest that there is scope for operationalising bowel movement monitoring as a personalised marker of good nutritional health.

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