



**FOOD PRACTICES AMONG  
MOTHERS OF YOUNG  
CHILDREN**

**Preliminary Research Report**

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## 1. BACKGROUND

There has been widespread concern in recent years over rising levels of obesity in the UK. (Royal College of Physicians 2004). The number of children classified as overweight and obese has risen dramatically in the last 10 years (McCarthy et al 2005) and the rate of change is faster among children in Scotland than in England (Armstrong 2003). In Edinburgh and the Lothians it is now estimated that 1 in 4 children starting primary school is overweight or obese (Emslie 2005) In addressing these issues, children and young people have been identified as a 'target group', with the intention of promoting healthy lifestyles before the onset of adult weight problems. Studies have shown that being overweight in childhood is a high indicator that weight issues will continue into adulthood, disturbingly this can be set as early as age two (Anon 2010). In relation to this it has been identified that the eating habits developed by children will often be preserved into adulthood, and can be very hard to change (Anon 2010, Brown & Ogden 2004).

Existing research around children and food tends to focus on late childhood and adolescence, as periods when children are making more independent food choices (Wills et al 2006). However it is now argued that attention should be turned to younger children (Reilly et al 2005). Recent Scottish Government policy reflects this concern and has focused on the early years of childhood as a key period in establishing health patterns in later childhood and adulthood (Scottish Government 2008a). However there is little in-depth research with families with young children that looks at food practices in a broader context.

While some policy is directed at institutions involved in the education or care of children, for example the Active Schools programme, the focus of attention is often on families to provide a healthy start for their children. For example, the UK government has been running 'healthy eating' campaigns, in the hope that increasing knowledge around food will encourage healthier diets in the population (Clark, Goyder, Bissell, Blank, & Peters, 2007). Yet this can often be perceived as part of the 'blame culture' with parents being held responsible for their child's

health without adequate attention being placed on the constraints and challenges that many parents face. Policy recognises that eating healthily is a particular challenge for some low-income families (Scottish Government 2008b). Indeed a link has been established between childhood obesity and social inequality. Children in the most deprived areas of Scotland have a 30% higher risk of obesity than their peers in more advantaged areas (Armstrong 2003). Given the current economic climate, exploring the nature of these challenges and the ways in which families address them is all the more pertinent.

However we need to be wary of making assumptions equating low income families with unhealthy diets (Crossley, 2004). Social research offers a contextual understanding of health within families. The model of the 'health promoting family' (Christensen 2004) encapsulates the external and internal factors which shape family health practices. Christensen argues that in order to understand family practices we must place these within a wider context relating to external factors, such as income but also to the family practices, goals and values reflected in, and shaped by, their everyday lives and routines.

## **2. THE STUDY**

### **2.1 Aim and Research Questions**

The overall aim of the study was: to explore the everyday food practices of parents of young children, living in a socio-economically disadvantaged area. The following specific research questions were addressed:

1. How do low income parents understand and speak about food in everyday life?
2. How do low income parents position themselves in relation to dominant discourses about food consumption and children's health?
3. What are the key factors that shape low income parents' food choices?

4. What influence do family members have over food choices and how is this influence negotiated in practice?
5. How are low income parents experiencing the impact of the recession on food choices?

## **2.2 Methodology**

This project adopted a qualitative approach to enable the participants to explain their own views and experiences in relation to parenting and food. Individual in-depth interviews were carried out with 13 mothers between April and June 2010.

*Recruitment:* With the support of Community Health and Food Scotland (CHFS), the researchers made contact with two projects in the Edinburgh and Lothians area. Initial meetings were held with the project managers/ outreach workers and one group from each project was identified as suitable for accessing research participants: a mother's group organised by the local health visitors; and a group for young mothers, organised by a community project. Both groups were visited by the researchers and initial discussions around participation were held and contact details provided by those who were interested in taking part. These meetings were followed up by phone calls to discuss the women's participation and interviews were arranged.

*Participants:* 13 mothers were interviewed. They ranged in age from 18- 40 years. 8 of the participants had 1 child aged between 9 months and 6 years. The remaining parents had children ranging from 10 months to 22 years. 7 of the women lived with their partner while the other 6 were single or had non-cohabiting partners. 3 were in part time employment and the rest were unemployed. Appendix 1 provides details of the participants.

*Research Methods:* an initial group discussion was held with the mum's group with the purpose of informing the design of the interview topic guide to be used in the individual interviews. 13 individual interviews were held either in the participant's home or in a private room in a local community building. The location was chosen by the participants. Interviews lasted

between 40 and 75 minutes. All interviews were audio recorded with the participants' permission.

*Data Analysis:* the interview data were transcribed and read by members of the research team. An inductive thematic approach was taken through which the data were read to identify key themes and to identify areas of similarity and difference between participants' accounts.

#### *Ethical Issues*

Ethical approval for the project was given by the Faculty of Health, Life and Social Sciences Research Ethics and Governance Committee, Edinburgh Napier University. Informed consent was gained through the processes described above. Confidentiality and anonymity were maintained throughout the research.

## **3. FINDINGS**

### **3.1 Financial constraints on food choices**

The financial restrictions experienced by almost all of the participants significantly shaped their practices with food in a number of ways.

#### *Choice of where, when and how often to shop*

The women demonstrated detailed knowledge of the comparative costs of food items within a range of different shops, including large supermarkets and smaller local shops. However the strategy of buying from the cheapest sources was very time consuming, involving multiple trips to different shops, and often involved shopping outwith their immediate neighbourhood. Despite knowing where to get best value, the women's choices were therefore limited by availability within the local area and access to transportation. Only two of the women had their own transport and many discussed the difficulty of negotiating public transport with young

children, buggies and shopping. Most relied on friends and family to take them further afield to specific supermarkets so that they could do a larger shop, although this was not usually on a weekly basis.

While transportation difficulties were an issue for the women, there were other concerns relating to doing a regular large shopping trip. One mother expressed concerns about not having enough money when doing a weekly shop.

**“Well you do think ‘what if I get to the checkout and I’ve not got enough?’ Right, I better just get what I’ve got and then if I need more I can go to the local shop or whatever.’ So aye, you’re constantly thinking” (Karen).**

#### *Types of food purchased*

Many food types which parents are encouraged to feed their children, in particular fruit and vegetables, were described as being more expensive. This concern over costs was expressed by many of the women as a key reason for not always being able to buy ‘healthy’ food. Healthy Start Vouchers, which are provided by the government and can be used towards fruit and vegetables, were seen by many as an essential way of ensuring they can provide a healthy option for their children. However many of the mothers were critical of the limited provision.

**“We used to get Healthy Start Vouchers, and they stopped ... and I thought that’s quite rubbish, but see even if you were to keep them to five I would still think that was quite rubbish, I would think you should keep them till they were in primary four or something you know, because they still need ... I think you’re getting them for a healthy start for your kids, so I think you should still be getting your milk and your fruit and all that till they’re a good age” (Susie).**

Even with vouchers many of the women suggested that their money could go further if they purchased cheaper convenience products. Karen had a large family and found she was making

multiple meals for her family members, which in turn meant that buying a range of different frozen or tinned meals was the cheapest and most convenient option. In contrast, another mother with a large family, Lucy cooked the same meal for all her family and so found that home cooking, that is cooking meals from scratch using fresh ingredients, was the cheapest option. This also begins to point to the significance of family practices rather than cost alone, in shaping food practices. Nevertheless, financial constraints were very significant in shaping the food choices the women made. When asked what changes they would like to see in their lives that would make a difference to them, all of the participants mentioned that an increase in their income, whether from benefits or paid work, would allow them to buy a larger amount of healthier food.

### **3.2 Knowledge of Healthy Eating**

The mothers presented a detailed knowledge of healthy eating that matched most government guidance. All of the women described their concern with trying to ensure the food they were giving to their children was as nutritious as possible.

**“So aye, I feel I know a lot about like food, it’s just the prices of stuff for to make ... I’d love to make him proper food every night, but there’s no way I could afford it” (Joanne).**

This idea of ‘proper food’ was one expressed by many of the mothers and was the way in which they described their knowledge of healthy eating.

#### *‘Proper’ food*

This use of the term ‘proper’ is one repeated in many of the interviews. There appears to be taken-for-granted assumption around what ‘proper’ food consists of, and how families should eat ‘properly’. ‘Proper food’ tended to refer to meals cooked from scratch and was often contrasted with convenience food which was associated with higher levels of obesity and disease.

**“It’s all home cooking that I do, I don’t buy any processed stuff and I get my meat from the butcher, so I don’t buy supermarket meat or anything like that, I get it from the butcher. I don’t know why, it’s probably the same, just better. But I try not to buy anything with additives in it and I like to make my own sauces up rather than buying them” (Emily).**

‘Proper’ food was also associated with particular mealtime practices in the home. While shared family meal times was an everyday practice for some families, others often cooked for the children while they ate at a separate time. Few of the families had space in their homes for a dining table although this was expressed as an aspiration and an ideal for many.

**“She’s got her table next to us on the couch, but we don’t have space for a dining table. I would love a dining table because I like the idea of having us all sitting but we don’t have space for one” (Maria)**

Despite the apparent knowledge about healthy eating and intention to prepare ‘proper’ food, many of the mothers still often bought and fed their children convenience foods. Many of the mothers described having periods of time when this was an easier option. This highlights the need to understand food practices within the wider context of people’s lives. One of the primary reasons given by many of the mothers for using convenience foods was having a lack of time

**“It’s quicker, it’s easier just to throw something in the oven and get on with what you’re doing” (Group Interview).**

Lack of time is often identified by working mothers as a factor shaping dietary practices. Devine et al (2003) found that working mothers found time shortages and time management important issues, these women found that using convenience food was a way to allow them more time with their families. For most of the women in this study the majority of their time is spent on/in the home rather than in paid work, but there are still perceived difficulties around finding time to cook. This was addressed explicitly in the group interview.

**“The working thing, and not working. I wonder if maybe sometimes routine helps. You see people that work, say, like during the day I don’t know if you have all got, but I feel like I’ve not got a routine” (Group Interview )**

For many of the mothers there are also complex issues that are experienced in their everyday lives including mental health problems; living with partners with addictions; and coping with children with special needs. The circumstances in which many of the women lived, therefore created a sense of being harried, of lacking the time to spend preparing meals and also meant that ‘healthy’ food choices were not always being seen as the priority in their everyday lives.

Yet there were often feelings of guilt described around the use of convenience foods.

**“I don’t want to give her fish fingers and chips every night for her tea....like she’s so good at eating all different things and when I have one o’ they weeks I feel bad that she’s just getting ... there’s a guilt thing going on” (Katie).**

One area that parents described some lack of knowledge about, or questioned the expert advice on, was portion size. For most, getting children to eat the right kind of food was the main concern but in informal discussion with the mother, mention was also made of a television programme that some had seen presenting the correct portion sizes to be offered to children. The advice was described as ‘ridiculous’ and one mother noted that if that was offered to their children they would ask where the rest of their dinner was. One mother who had concerns about her children’s weight discussed this issue in more detail.

**“I always think maybe I’m giving mine too much because everybody else’s kids are always starving. But then I think, well it can’t be because I give mine hearty foods, like proper healthy dinners and people are maybe just getting a wee box of micro chips.” (Susie)**

There did therefore seem to be some confusion around portion sizes. As Susie indicates, the mothers’ focus was on what to feed their children and concerns about quantity only tended to arise if the children were seen to eat too little, or in relation to eating too much of the ‘wrong’ kinds of food.

### **3.3 Children's Involvement in Food Practices**

A number of issues arose in relation to the involvement of children in food practices that can be understood in relation to the issue of control. The mothers described feeling responsible for their children's diet, and as discussed above, were aware of what a healthy diet should entail, but there were many ways in which this responsibility was challenged through food, in relation to what was eaten and who chooses, when and where food is eaten, and how much is eaten.

For Susie, the importance of cooking meals from scratch was linked to her desire to know what her children were eating, but was also related to the issue of control.

**"Kids have to have discipline and if you're just going to give them everything that they want all the time, like as in food ... then there's not going to be an end to it"**  
**(Susie).**

However, some of the mothers expressed feelings of being out of control, with their child determining what they would eat.

**"I put something down and he said he didn't like it, I would take it away and give him something else, so it's giving him that choice, and now he's controlling everything he eats ... I give in to him, like, if he says 'can I get a sweet instead of', you know, I don't give him a banana because he wouldn't eat it, so there's no point giving him it"**  
**(Anne).**

Many of the mothers described situations of cooking different meals for different family members depending on their food preferences, including preparing different meals for the children and adult(s) and preparing different meals for each child. The attitude of the mothers to children's food preferences, described through the concept of 'fussy eaters' was mixed. While some mothers suggested that children should eat what is given to them, others were expressed concern that their children would simply not eat what they didn't like so would go

hungry and the food would be wasted. The issue of cost arises here again as it was suggested that trying new foods was expensive, when it was likely that another meal would have to be prepared if the new food was not liked by the child. There were many strategies described by the mothers in dealing with 'fussy' eaters. Some mothers offered rewards for eating what was given, or for trying new foods, often in the form of a sweet treat. Others suggested the removal or denial of some activity or toy, for example not getting to play outside until the dinner was eaten. This was often a dynamic process as mothers tried one strategy after another. For Joanne, food had become an area in which control issues were crystallised and when faced with increasing refusals by her son to eat what he was given, she described how she began to change her attitude towards his refusals and moved to a stricter approach.

**“He was so so. Some of the stuff, ‘I’m not eating that’ ...but that’s when I was sticking to my guns and saying ‘well if you don’t eat it, there’s nothing else for you to eat. I’m not making nothing else for you’”.**

Some of the mothers described ways in which they tried to involve their children in food practices most commonly by consulting with them about meal choices. Most mothers (other than those with infants) regularly asked their children what they would like to eat and tried to accommodate those choices. However it was often around this issue of choice that contrasting positions within families were demonstrated. Some of the mothers lived with a partner or had other relatives involved in the care of their children. At times, this involved offering advice contrary to the belief of the mother as Josie describes.

**“I give her choices and my auntie’s like ‘ don’t give her choices because she’s going to end up spoilt and if you put something down to her she’s not going to want that because it’s not what she ordered”**

However in most cases, the partners or relatives were described as offering valued support and reinforced the practices the mothers were trying to establish with their children.

'Rules' around food were discussed by the mothers, reflecting practices that they engaged in on a daily basis, for example eating what was given to them; limiting of 'treats' to particular times of the day; asking permission before taking food. However, such 'rules' can also be understood as expressions of an aspiration – what they would like their food practices to involve – rather than an everyday reality. In some interviews, there were contradictory accounts presented by the mothers, for examples stating at one point that children had to sit and eat what they were given and giving examples at other points of instances when the children refused to eat their dinner. Many discussed the difficulties in sticking to 'rules' in the context of other circumstances in their lives, such as ill health, mental health problems, and financial constraints. Indeed, for many of the mothers, it appeared that the issue of control around food related to other aspects of their lives. Many of the women were single parents and some described feelings of isolation and the challenges of coping alone. For example, when asked what it is like being a mum, Anne said

**“It’s brilliant but then you have got all the down sides like money worries, like being ill all the time you know, especially if you’re on your own, you’ve not got a lot of people, it does get to you, but then you just get through it”.**

Some of the mothers also described concerns about their children’s behaviour relating to other circumstances in their lives. For example, Joanne had experienced a bereavement, a separation from her partner and a period of homelessness and her son had been seeing a child psychologist to address behavioural problems. The issue of food can therefore be part of much wider concerns that parents have regarding their own lives and those of their children.

The mothers faced many contradictory pressures therefore around the issue of control – the requirement to be a responsible parent demonstrated through providing an appropriate diet; the desire to respond to a child’s individuality expressed through likes and dislikes of foods; and the requirement to meet the needs of the family not just the individuals within it.

### **3.4 Do as I say, not as I do: challenges in the transmission of food practices**

Many of the women interviewed did not have regular mealtimes. Very few ate breakfast, many skipped other meals and on the whole there was a 'do as I say, but not as I do' attitude in relation to food practices as Susie describes:

**"I'm an unhealthy eater but the kids eat healthily. And as a parent obviously I'd tried for them not to see my eating habits because I am really...I eat rubbish. Whereas with them, because I can see myself eating rubbish, I've got to see them eating the best that they can have".**

Other mothers also described similar attempts to disguise such differences.

**"But if the kids are watching me, I'll just maybe have a banana in my hand just to make sure, you know, they think 'oh you have to eat a breakfast'"(Anne).**

While many of the children were young enough that they were perhaps not fully aware of the differences between their food routines and that of their mother, there was acknowledgement that this would get more difficult as the children got older and that they would have to change at some point in the future.

Many of the women themselves drew on the food practices of their parents and their memories as children when discussing their current practices as parents

**"I think when I was younger the majority of people they all did eat properly, because people just didn't have the then because junky food was a lot dearer ... but we always did have proper meals and always sat as a family" (Susie).**

For some, their upbringing was described as providing them with a good model to be applied and giving them a body of knowledge on what and how to cook.

**“I don’t think there’s anything wrong with how I was brought up and I think that’s why I’m still doing it the way mum and dad done it with me” (Joanne).**

For others, there was a more critical look back at their experiences and a desire that they do things differently as parents

**“I grew up being able to eat whatever I wanted, when I wanted. But I don’t want her to be like that. I want her to eat healthily” (Kirsty).**

#### **4. Conclusion and Recommendations**

This report sought to develop an understanding of food practices in socio-economically disadvantaged families. As we have seen there is a complex interplay between social constraints and individual lives which shapes food practices in the home. In line with the findings from Pocock et al (2010), this study identified multiple, interlinking social factors which shape parents’ food practices and so which shape young children’s eating behaviour. At a societal level, effective policy and practice should therefore seek to address the wider contexts within which food practices are experienced by those living near to or below the poverty line. It is recognised that this is both a very long term goal and one that has proved challenging for successive governments therefore more focussed recommendations can also be offered from the main findings.

- **Parents have knowledge of healthy eating practices, but are restricted by their financial and social circumstances.** All the mothers had a sound knowledge of what food they ‘should’ be providing for their children. The limitations to practising this ideal were both financial and social. To address the issue of cost and time, more advice on preparing quick meals on a budget could be offered.
- **Children are not the passive recipients of food.** The mothers described ways in which children, from a very young age, were able to influence and sometimes dictate what

food they were eating. Policy relating to healthy eating needs to recognise the role that children play, both in terms of children's rights within the family, but also as part of the challenges faced by parents. More support around parenting strategies in relation to food may prove useful to parents. This could be addressed in the context of pre-school provision, working with both parents and children together.

- **Food practices are transmitted through generations:** most of the mothers described the ways in which their own childhood experiences with food had shaped their own practices as parents. However this awareness of the links to their own past, did not seem to alert them to the potential difficulties in maintaining a 'do as I say not as I do' practice in relation to food. Advice and services could be targeted to parents on the issue of their own diet in relation to the longer term implications for themselves and for their children.
- **The significance of age:** There were little differences found in the study between the younger mums and the older mums. Most of the issues were shared across both groups and the age of the mother did not appear to be significant in shaping food practices. As a small study, there are obvious limitations to the comparisons between these two age groups of mothers which a larger qualitative study could address.

#### **4. Future research directions**

There are a number of future research areas that have been identified by this research.

- Longitudinal – go back to the families and see how and if their lives and food practices have changed and how any change or continuity is viewed by the mothers.
- Research with whole families – including young children and, when appropriate, fathers in order to get a multiple perspective view of how food practices are negotiated within families.

- Impact of current economic changes - What effect the current government's cuts will have on these women and others in their situation remains to be seen. Further research is recommended to address the effect of economic change to identify strategies to minimise any negative impact.

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## Appendix 1 : Participant Information

Name (pseudonym)	Age	Number and age of children	Marital status	Employment status
Anne	23	2 (2 and 3 years)	Non-cohabiting partner	Unemployed
Josie	18	1 (2 years)	Single	Part time
Susie	34	2 ( 5and 6 years)	Single	Unemployed
Karen	40	6 (2,7,11,20, 22 years)	Single	Unemployed
Lucy	34	5 (10 months, 3,10,12,15 years)	Cohabiting	Unemployed
Claire	21	1 (9months)	Single	Unemployed
Katie	24	2 (7 and 2 years)	Cohabiting	Unemployed
Maria	23	1 (2years)	Cohabiting	Part time
Joanne	29	1 (6years)	Single	Unemployed
Emily	22	1 (3 years)	Cohabiting	Unemployed
Sarah	22	1 (18months)	Cohabiting	Part time
Kirsty	19	1 (13 months)	Single	Unemployed
Michelle	20	1 (12 months)	Cohabiting	Unemployed