

Msc Thesis

Directing food practices towards health from a Salutogenic perspective:

Exploring food literacy, GRRs, and life experiences in people having and rearing children



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Abstract

Background:

The obesogenic environment in which people live today contributed to shaping poor dietary habits, resulting in increased rates of obesity and associated chronic diseases throughout Europe and the world. Health promotion actions aiming at creating enabling contexts in which eating healthy is the easiest choice have not been very effective up till now. Due to this, the European Salutogenic Eating Project (ESEP) attempts to further inform practice and policy by gaining more insight into how contexts enable people to develop behaviours towards health by focusing on transition stages in life. Within the framework of the ESEP, transition stages are relevant for studying how people overcome food related challenges in new circumstances and manage to eat healthy. This study, as part of the ESEP, focuses on people having and rearing children and the way they deal with food practices and challenges related to this life stage.

Objective: The aim of this study was to gain insight into the mechanisms which underlie the ability of people having and rearing children to direct food practices towards health by exploring resources that are used for coping with food-related challenges, and how certain life experiences enable the identification of such resources, as well as exploring the relation of food literacy with food practices and health.

Methods: Salutogenesis and the Life-course perspective as theoretical framework guided this research. Diverse methods were used to explore the underlying mechanisms (food literacy, resources and life experiences) that enable people having and rearing children to direct their food practices towards health. These methods included: (1) a systematic literature review on the three concepts that guided this study – food literacy, resources, life experiences – in relation to people having and rearing children; (2) narrative inquiry by semi-structured interviews with twelve Dutch women with children between 0 and 12 years old. The interview was designed to discuss the role of food in life, past and present experiences with food and their influence on food practices, as well as the resources used for managing food practices in both challenging situations and everyday life. Categorical–content analysis was used to analyse the data.

Results:

From the interviews, two major themes have been derived: (1) A way of eating, a way of life; and (2) Food and the transition to motherhood. Eating is an important part of the everyday life of women with young children and they use it in different ways. They aim to eat in a responsible way for a healthy life, and they use eating as a way to release, and as a way to connect. For the participants, (healthy) eating is a way of life which develops continuously during their life course through life experiences which enable the identification of resources. Especially the transition to motherhood is an important transition stage which has a major impact on the food practices of the participants. It involves a shift from I to I & WE and a shift from I & WE to I & I. The first shift starts with the pregnancy and includes the first years with the child. It triggers a feeling of responsibility and increases food awareness, which motivates

women to internalize healthy eating and helps them to identify and use enabling resources. The second shift starts when children get older and begin to form their own opinions, which can create challenging situations for mothers when dealing with food practices. To manage these challenging situations mothers apply different strategies.

Conclusion:

The study confirms that (healthy) food practices are continuously developing during one's life course. For the mothers in this study the life stages childhood, school/study, living on their own or with a partner, and the transition to motherhood were especially important for the identification and use of enabling resources (GRRs) to direct their food practices towards health and manage challenging situations. The life experiences within these life stages have a cumulative learning effect through the life course and contribute to the development of 'coping strategies' to deal with certain (challenging) situations by using certain resources.

In particular, the transition to motherhood, even though it is challenging at times, is a life experience that enables women to direct their food practices towards health. Their increased feeling of responsibility and food awareness motivates the mothers to internalize healthy eating. This process of internalization increases their food involvement, for which the mothers need to use their existing food literacy. But at the same time, increased food involvement also enables the development of food literacy through active learning experiences with food. Moreover, active food involvement helps mothers with the internalization of healthy eating through the identification and use of certain resources (GRRs). Therefore, food involvement functions as a resource. In the end, the internalization of healthy eating increases their SOC and enables mothers to direct their food practices towards health and to manage challenging situations. Finally, based on this study, food literacy could be considered as a composite GRR, including several GRRs. Additionally, other important enabling resources (GRRs) were mothers' social environment and personal characteristics, motives and values.

Recommendations:

Recommendations for health and nutrition promotion are to focus on the internalization of healthy eating, active learning experiences with food and eating, and the development and use of food literacy. Furthermore, it should take on a holistic approach including all roles of food and dimensions of health, taking into account the context of everyday life; and pay attention to important transition points and challenges in life, such as the transition to motherhood.

Key words: Salutogenesis - life-course perspective - healthy food practices - people having children - food literacy - resources - life experiences - nutrition promotion - narrative research

Preface

This thesis has been a long road with some ups and downs along the way. It was a challenging life experience for me, but I also learned a lot from it about the topic, doing research, and life in general. Through active learning I identified and used certain resources which enabled me to finish this thesis. I used my willpower and I learned to have more faith in myself when doing research and writing. Also, it was very nice to have some social resources who supported me during this journey and who never stopped believing in me 😊

First, I would like to thank my supervisor Laura Bouwman for her guidance and constructive and encouraging feedback. Thank you for your motivational words and not giving up on me. Your contagious enthusiasm for this project inspired me and kept me going!

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I also want to express my gratitude to all the women who took the time to participate in this study. I really enjoyed meeting you and listening to all your food stories through a nice conversation. Your contribution to this research is really valuable!

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Table of Contents

Chapter 1: Introduction	8
1.1 Background	8
1.2 The European Salutogenic Eating Project	9
1.3 Having/rearing children	10
1.4 Objectives and Research Questions	11
1.5 Thesis Outline	12
Chapter 2: Theoretical Framework	13
2.1 Salutogenesis	13
2.2 Life Course Perspective	15
Chapter 3: Literature Review	18
3.1 Methodology	18
3.1.1 Search criteria	18
3.1.2 Inclusion criteria	19
3.2 Results Food Literacy	20
3.2.1 Definition of food literacy	20
3.2.2 Components of food literacy	21
3.2.3 Relation of food literacy with nutrition and food practices	23
3.3 Results Resources	25
3.3.1 Internal resources	25
3.3.2 External resources	35
3.4 Results Life experiences	39
3.4.1 Childhood	39
3.4.2 Pregnancy and the transition to parenthood	40
3.5 Gaps in the literature	45
Chapter 4: Fieldwork	46
4.1 Methodology	46
4.1.1 Study population and sampling strategy	46
4.1.2 Data collection	48
4.1.3 Data analysis	49
4.2 Results	50
4.2.1 Population characteristics	50
4.2.2 Interview results	52
4.2.3 Theme 1: A way of eating, a way of life	58
4.2.3.1 Subtheme 1a: Eating in a responsible way for a healthy life	58
4.2.3.2 Subtheme 1b: Eating as a way to release	65
4.2.3.3 Subtheme 1c: Eating as a way to connect	69
4.2.4 Theme 2: Food and the Transition to Motherhood	73
4.2.4.1 Subtheme 2a: I → I & WE	73
4.2.4.2 Subtheme 2b: I & WE → I & I	86

Chapter 5: Conclusion and Discussion	92
5.1 Conclusion: Mechanisms underlying healthy eating in everyday life	95
5.2 The study in the context of existing nutrition research and -promotion and the relevance of the theoretical framework	98
5.2.1 <i>Directing food practices towards health from a Salutogenic perspective: underlying mechanisms</i>	98
5.2.1.1 Increased nutrition awareness and motivation to eat healthy	98
5.2.1.2 Internalization of healthy eating	99
5.2.1.3 Food involvement	100
5.2.1.4 Food literacy	101
5.2.2 <i>Life experiences and the social environment</i>	103
5.2.2.1 Life experiences contributing to healthy eating	103
5.2.2.2 Social relations and their influence on healthy eating	106
5.2.3 <i>The holistic role of food and health in everyday life</i>	107
5.2.3.1 Holistic role of food and health in this study	107
5.2.3.2 Support for the holistic approach in existing nutrition research and -promotion	107
5.2.3.3 Nutrition information and advice	109
5.3 Strengths and limitations of this study	110
5.4 Recommendations	112
5.4.1 <i>Further research</i>	112
5.4.2 <i>Health and nutrition promotion</i>	114
References	116
Appendices	121
Appendix 1 Recruitment	122
Appendix 2 Informed consent form	123
Appendix 3 Interview preparation package	124
Appendix 4 Interview guide	129

1. Introduction

1.1 Background

“Obesity is one of the greatest public health challenges of the 21st century” (WHOEurope, 2013). Its prevalence is increasing substantially throughout the world’s population (Swinburn et al., 2004). The rapid rise in the prevalence of obesity has led experts to conclude that it has become an epidemic in the United States (Peters et al., 2002). Also the levels of overweight and obesity in the European population have increased dramatically during the last three decades (European Commission, 2007). According to the World Health Organization, the prevalence of obesity has tripled in many countries of the WHO European Region since the 1980s, and the numbers of those affected continue to rise at an alarming rate, particularly among children (WHOEurope, 2013).

Obesity radically increases a person’s risk of developing a number of non-communicable diseases, such as cardiovascular diseases, cancer and diabetes (WHOEurope, 2013). These obesity-related co-morbidities will in the long run have a negative impact on the life expectancy of the European population, and result in a reduced quality of life for many (European Commission, 2007). Annually, more than one million deaths in Europe are due to obesity and overweight related degenerative and chronic diseases, which therefore represent the leading causes of death in the Western world (WHOEurope, 2006). Besides these more individual health consequences, obesity is also a burden for the whole society in terms of health care costs. “The costs of treating this disease are of such a magnitude as to potentially overwhelm the health-care systems of many countries” (Peters et al., 2002). Nearly 6% of health care expenditures in the European region is caused by adult obesity and overweight (WHOEurope, 2006).

According to the European Commission (2007), the obesity epidemic is indicative of a worsening trend of poor dietary habits across the European population. Results of the Dutch National Food Consumption Survey 2007-2010 show that most people of all age groups do not comply with the recommendations of consumption for fruit, vegetables and fish established in the national dietary guidelines (Van Rossum et al., 2011). For example, over 85% of adults do not eat the 200gr of daily vegetables recommended, and around 98% of children do not reach the 150gr of vegetables they need each day. Regarding fruit consumption, nearly 75% of the Dutch population in the different age groups does not eat the 2 pieces of fruit that are set by the guidelines. Finally, over 90% of youth (i.e. under 19 years old) and nearly 75% of adults do not meet the recommendation of eating fish twice a week (van Rossum et al., 2011).

The increase in obesity during the last three decades cannot be explained by genetic factors alone. Also, the increase can be seen in all socioeconomic groups. Therefore, it seems logical that the trend of unhealthy diets and the resulting obesity epidemic need to be explained by larger environmental factors, such as social, political and economic influences (Christakis et al., 2007).

The modern society in which people live encourages overeating (Peters et al., 2002). The greater availability, affordability and intense marketing of processed foods high in sugars and fat contribute to an elevated consumption of energy-dense products, and a consequent reduction in the intake of healthier foods such as fruits, vegetables, legumes and whole grain cereals; particularly in society's most vulnerable socio-economic groups (Swinburn et al., 2004; WHOEurope, 2007). Therefore it is likely that the major driving force for the rising obesity epidemic is the 'obesity-promoting' environment external to individuals (Swinburn et al., 2004).

Since poor dietary habits elevate the risk for developing obesity and chronic disease, such as cancer, diabetes, and cardiovascular diseases (WHOEurope, 2007), directing food practices towards health represents a major challenge for public health and health promotion. In order to make the environment less 'obesogenic' and to address unhealthy diets and its health consequences within the European region the World Health Organization (WHO) suggests several health promotion actions to be adopted in European countries. These actions aim at creating a healthy food environment which supports and facilitates healthy choices. (WHOEurope, 2013²). This implicates ensuring the affordability, attractiveness and accessibility of healthy options, which makes "the healthy choice, the easiest choice" (WHOEurope, 2013²). In addition, to improve the ability of citizens to make informed choices, the WHO aims at encouraging reliable consumer information, and improving health literacy and food literacy (WHOEurope, 2013). Similarly to health literacy, *food literacy* refers to the knowledge and skills that are necessary for obtaining, understanding and using information to promote and maintain healthy behaviours; but particularly related to food (Vidgen & Gallegos, 2011). One of its latest definitions is: "*The relative ability to basically understand the nature of food and how it is important to you, and how able you are to gain information about food, analyse it, and act upon it*" (Vidgen & Gallegos, 2011, p.33). Furthermore, the knowledge and skills that it includes are determined by the social and food environment, which make food literacy contextual. (Vidgen & Gallegos, 2011).

1.2 The European Salutogenic Eating Project

Despite health promotion strategies focusing on promoting a healthy diet and its health benefits, as well as providing enabling contexts in which eating healthy is the easiest choice (WHOEurope, 2007; WHOEurope 2013); these efforts have failed.

Food consumption data as also mentioned above, indicate that eating healthy in today's obesogenic environment is still a challenge that only very few can manage. It may be possible that people have difficulties to apply the strategies and messages for nutrition promotion in their everyday food and eating situations, because they do not relate to what they perceive as healthy food practices, and the way they actually decide on their own (healthy) food choices. This suggests that there is still much to be learned in how contexts enable people to direct their food practices towards health.

To gain more insight in this issue, a research project named the *European Salutogenic Eating Project* (ESEP) is carried out in different European countries, namely Spain, Italy, Norway and the Netherlands. This project aims to gain insight into the origins, patterns, and mechanisms which facilitate decisions and behaviours for healthy eating from both individual (cognitive) and external (social and physical resources) perspectives. Consequently, the purpose of the ESEP is to use those insights in practice and policy for the development of enabling contexts that promote healthy eating behaviours across Europe, and deal with obesity and chronic diseases that affect the region.

This MSc thesis is part of the ESEP, and also forms part of a PhD research project that is embedded in the ESEP. The ESEP consists of a quantitative and a qualitative study in the participating countries. The quantitative study has already been executed in the Netherlands and suggested that being female, living with a partner, a good perceived health, flexible restraint of eating, and self-efficacy in relation to eating are resources positively associated to healthy food practices (Swan et al., 2014). However, nutrition knowledge was not associated as a resource for healthy eating practices (Swan et al., 2014).

Because knowledge is a key driver for change, it is suggested that a more comprehensive concept of food-related knowledge should be considered for the research project as a resource for eating healthy, namely food literacy. The concept of food literacy is more comprehensive than food knowledge, because it involves more than knowledge alone. Food literacy is 'action oriented' and emphasizes the ability to act upon the knowledge, so it includes both knowledge and skills to direct food practices towards health. Moreover, since food literacy is contextual and a novel concept in health promotion strategies, it is relevant to study what Dutch citizens define as food literacy, what their food literacy is composed of, how it is obtained, how they use it for coping with the obesogenic environment, and whether it is a resource for directing their food practices towards health.

1.3 Having/rearing children

Within the framework of the ESEP, three relevant life-course stages are considered:

- 1) Students moving out of their parents' house and living independently for the first time (i.e. 'leaving the nest');
- 2) Having children/childrearing stage;
- 3) Retirement and getting older.

These life stages are major transition moments in people's live, in which their food practices are challenged or put under stress, because transitioning to a new life stage brings along new circumstances in which habitual food practices are sometimes harder or not possible to maintain (Bisogni, 2005). Therefore, these groups are relevant for exploring how people learn to adapt or maintain their food practices to these new circumstances and manage to eat healthy through such transition moments in life.

As part of two other larger research projects (PhD study and ESEP), this study was conducted in parallel with two other Health and Society MSc students, each one focusing on another life-course stage, which together will contribute to the larger research projects. The research presented in this MSc thesis report focuses on the life-course stage 'having children/childrearing'.

This life-course stage is very relevant and important to study, because becoming a parent is a transition in a person's life course which is a change in role that can lead to a change in food practices (Devine, 2005). It is a major transition area in people's lives and a stage where people's food practices are "challenged" or put under stress, because they get the responsibility to take care of one or more children.

Furthermore, parents have a major influence on the development of the food practices and the resulting weight and health of their children. "Parents provide food environments for their children's early experiences with food and eating. Several studies have shown that a child's eating behaviour is strongly influenced by the family environment" (Scaglioni et al., 2008, p. 22). Particularly in the early years of childhood, parents play an important role in shaping the child's experiences with food and eating. Especially mothers have a large influence on the food practices and health of their children (Scaglioni, et al., 2008; Johnson et al., 2011), because they spend more time than fathers in direct interactions with their children across several familial situations, including mealtimes (Scaglioni et al., 2008).

This indicates that the food practices of people are already shaped very early in the life course. It is therefore of great importance that parents direct the food practices of their children towards health to prevent the development of overweight or obesity in their children. Studying which resources and life experiences enable parents to eat healthy, will contribute to health promotion strategies which aim to help parents in directing their food practices towards health.

1.4 Objectives and research questions

Despite the obesogenic environment, there are people who manage to cope with its challenges and eat healthily. Studying what facilitates directing food practices towards health and how it is accomplished will add valuable information needed to formulate adequate health-promoting strategies for the European region. Therefore, the overall objective of the European Salutogenic Eating Project, the PhD research project, and this MSc Thesis is to gain insight into the mechanisms underlying the ability to direct food practices towards health, or in other words to explore how people learn to eat healthy.

The following sub-goals will contribute to reaching the overall objective (applied to the-life course stage 'having children/childrearing'):

- Gain insight into the concept of *food literacy*, and how it relates to health and food practices.

- Identify internal and external resources that are used for coping with challenging eating situations and explore how those resources are applied in directing food practices towards health.
- Explore how certain life experiences through the life course enable people to identify resources and learn to apply them to direct food practices towards health.

Applied to people in the ‘having children and/or childrearing stage’, the following research questions were formulated:

General research question:

- How do food literacy, resources (GRRs), and life experiences enable people having/rearing children to direct food practices towards health?

Specific research questions:

- 1 What is the meaning of food literacy in terms of healthy eating, and what is its role in directing food practices towards health in people having/rearing children?
- 2 What resources (GRRs) enable people having/rearing children to direct food practices towards health?
- 3 What life experiences enable people having/rearing children to direct food practices towards health?
- 4 In what ways do food literacy, resources (GRRs) and life experiences relate to direct food practices towards health in people having/rearing children?

1.5 Thesis outline

In this report, the theoretical framework underpinning the research is explained in chapter 2. It describes both Salutogenesis’ and the Life-course perspective’s main concepts and their relevance to the study.

The research consists of two parts, which are described in chapter 3 and 4. The first part of the study is a literature review of the three concepts that guided this research: *food literacy*, *generalized resistance resources (GRRs)* and *life experiences*. In chapter 3 the methodology used for the literature review is explained and the findings from the literature are presented. The second part of the study is fieldwork by means of interviews. The interview methodology, including the data analysis of the obtained narratives is explained in chapter 4. The results obtained from those interviews are also presented in this chapter.

Chapter 5 includes conclusions, discussion of the results, strengths and limitation of the study and recommendations for further research and practice.

2. Theoretical framework

2.1 Salutogenic perspective

To study how people successfully deal with an obesogenic environment and manage to eat healthfully, it is necessary to focus on beneficial or protective factors. Therefore, Aaron Antonovsky's *Salutogenesis* serves as an appropriate framework.

Salutogenesis addresses the origins of health by focusing on the question 'what creates health?' (Antonovsky, 1996), or in the case of this particular thesis, 'what creates healthy eating?' According to Antonovsky's framework, health is a shifting position along a continuum between an end of absolute health (ease) and one of absence of health (dis-ease) (Lindström & Eriksson, 2005; Lindström & Eriksson, 2010). Additionally, Antonovsky stated that life is unpredictable and chaotic due to stressors one is faced during everyday life. Such stressors modify one's position in the ease/dis-ease health continuum by generating tension. Individuals either succumb under the tension and move towards the 'dis-ease' end of the continuum and consequently become ill; or are able to overcome the tension and move towards health ('ease' end of the continuum) (Lindström & Eriksson, 2006; Lindström & Eriksson, 2010).

Generalized Resistance Resources (GRRs)

In order to answer the Salutogenic question: "*How can we understand movement of people in the direction of the health end of the continuum?*" (Antonovsky, 1996, p.14) Antonovsky attended to the factors and resources that actively promote and create health by enabling people to successfully cope with life's stressors (Antonovsky, 1996; Lindström & Eriksson, 2010), known as 'generalized resistance resources' (GRRs).

GRRs are physical, biochemical, material, cognitive, emotional, valiative-attitudinal, interpersonal-relational and macro-social characteristics of an individual, group, subculture or society that when put into practice in a health promoting way, are effective in avoiding and/or combating a wide variety of stressors (Lindström & Eriksson, 2010). GRRs are material and non-material qualities found within the individual as well as the environment, for example money, housing, self-esteem, knowledge and intelligence, contact with inner feelings, beliefs, religion and traditions, social and cultural capital, experience, commitment, and healthy orientation and behaviour (Lindström & Eriksson, 2006; Lindström & Eriksson, 2010).

From the Salutogenic perspective, food literacy could be considered as a GRR, because the food-related knowledge and skills that it includes can be put into practice in a health promoting way, in terms of healthy eating. Therefore it can be an effective GRR for avoiding and/or combating a wide variety of stressors, for example using skills related to the preparation of food to improvise a healthy meal with ingredients that are available in the refrigerator at any moment. In this study, the concept of food literacy will be further explored; its meaning, components, its relation with healthy food practices, and its position within the theoretical framework.

Sense of Coherence (SOC)

Having GRRs available is not sufficient for moving towards health, one must also be able to identify and use them. Such ability is conceptualized as 'sense of coherence' (SOC), a life orientation that conveys the degree to which someone is capable of understanding and is confident of responding to situations in which stressors are present (Lindström & Eriksson, 2005; Lindström & Eriksson 2006; Lindström & Eriksson 2010). SOC consists of the three dimensions (Antonovsky, 1996; Lindström & Eriksson, 2005):

- *Comprehensibility*. It is the cognitive component and refers to the extent to which the information received from the environment is clear, structured and makes sense. It is the degree to which someone understands the challenge of coping with stressors.
- *Manageability*. It is the behavioural component and refers to the extent to which the person believes the resources needed to cope with stressors are at his or her disposition.
- *Meaningfulness*. It is the motivational component and refers to the extent to which life makes sense and one wishes to cope with the stressors.

SOC is developed and strengthened by GRRs, while at the same time a strong SOC is necessary for using GRRs for health promoting practices (Antonovsky, 1996; Lindström & Eriksson, 2006), such as healthy eating behaviours.

Studies have found an association between SOC and healthful eating. Evidence suggests that adults with a strong SOC have higher fruit and vegetable consumption (Packard et al., 2012), are able to make healthier food choices and stick more closely to dietary recommendations as compared to those with low SOC (Ahola et al., 2012; Lindmark et al., 2011). An association between strong SOC and healthy behaviours related to food and eating has also been observed in adolescents (Mattila et al., 2011; Myrin & Lagerström, 2006) and university students (Suraj & Singh, 2011). It has also been demonstrated that children present healthy eating patterns when their parents have a strong SOC (Ray et al., 2009).

Given that a strong SOC facilitates healthy food practices, it indicates that there are GRRs contributing to such behaviours. Hence, Salutogenesis provides a suitable framework for identifying those resources used for directing food practices towards health in people who are in the 'having children/childrearing stage'.

Finally, the strength of one's SOC is determined by people's life experiences (Antonovsky, 1996). If a person has GRRs at her disposal or in her immediate surroundings they will help the person to overcome challenges in life and to construct coherent, manageable and meaningful life experiences that promote a strong SOC (Antonovsky, 1996; Lindström & Eriksson, 2005). The development of one's SOC is an ongoing process during one's whole life course, but mainly in the first decades of life when people learn how to deal with life in general (Lindström & Eriksson, 2005). Therefore within the Salutogenic framework, the *Life Course perspective* allows the exploration of those life experiences that help identify and use GRRs that contribute to directing food practices towards health.

2.2 Life Course Perspective

Because of the focus of this study on the life-course stage ‘having children/childrearing’ and the importance of life experiences within Salutogenesis it seems logical to also take into account the Life course perspective, and to complement the Salutogenic perspective with the Life course perspective.

“A life course perspective focuses on how the life history of groups or individuals in society may explain differences in health” (Devine, 2005). The environments in which people live are changing over time, and how people develop and change over time is shaped by their environments. Depending on the environments in which they live, individuals construct their own life course that involves past and current experiences, events, and choices as well as expectations about future possibilities (Devine, 2005; Sobal, 2006). Therefore, the Life course perspective provides a framework to understand how experiences and events that occur over the lifetime determine present and future food choice behaviours within dynamic contexts (Devine, 2005); and understand how life experiences influence the ways people cope with making healthy eating decisions (Bisogni et al., 2005).

Key concepts within the Life course perspective are trajectories, transitions, turning points, timing, and contexts (Devine, 2005; Sobal, 2006):

- *Trajectories.* Food choice trajectories are someone’s thoughts, feelings, strategies and actions in relation to food and eating that are formed during one’s life course. People develop these trajectories within specific situational and historical contexts. Trajectories are rather stable in time, particularly during adulthood, but still are subject to change. They are also cumulative, meaning that new trajectories are incorporated to former ones throughout life. An example of a life course influence that can influence a person’s trajectory of food practices is family food upbringing.
- *Transitions.* Occurring within existing trajectories, transitions are normal shifts in a person’s life that can lead to changes or solidify the continuation of behaviours, including food practices. A transition occurs when a person moves from one state to another, for example when people get married, become a parent, enter the labour force, retire, etc. These transitions offer new situations (e.g. change in roles, resources, health or contexts) which may need minor adjustments in people’s existing food trajectories in order to adapt to the new life state. For example, becoming a parent is a change in role, which could lead to eating more fruit and vegetables, because a parent feels responsible for the health of his/her child.
- *Turning points.* As opposed to transitions, turning points are drastic events that impact life deeply and result in a radical change in food trajectories. These turning points often involve a change in identity, which is enacted through new food behaviour, for example becoming a vegetarian. Major life-changing events are for example diagnosis of a life-threatening disease or the death of a spouse.

- *Timing.* Refers to the moment in a person's life course at which a particular transition or turning point occurs. If and how a transition or turning point influences the food practices of an individual, depends on the specific timing of this event in a person's life course. For example, the death of a spouse will probably have a different influence on food practices early in a person's life course than at the end of one's life course.
- *Contexts.* Life events and its changes take place within a context, such a certain social structure, economic conditions, historical eras and the changing physical environment. For example, a child that grows up in a time with a change from economic prosperity to an economic crisis, which causes his parents to lose their jobs, will probably experience a change in food practices.

The life course, composed of all past and current experiences, situations, contexts and events, contributes to developing both healthy and unhealthy food practices (Devine et al., 1998), and is considered as the main element that explains food choices (Sobal et al., 2006).

According to the Food Choice Process Model, there are three main elements that guide the process of food choice: (i) the life course, (ii) influences, and (iii) personal food systems. The life course is composed of all past and current experiences, situations, contexts and events a person has gone through. The life-course generates *influences* on food choice, which are mainly ideals, personal characteristics, tangible and intangible resources, social factors and contexts or environments. Those influences contribute to personal food systems, referring to the mental processes through which the decisions on food choice are made in each situation. These food systems are guided by specific *values*, namely managing relationships, taste, health, cost and convenience (Sobal et al., 2006). Research has identified how life experiences shape these influences and values that guide food choice in particular situations (Bisogni et al., 2005; Connors et al., 2001).

From a Salutogenic perspective, the influences and values described in the Food Choice Process Model correspond with the concept of GRRs, because they fit in the categories of GRRs provided by Antonovsky. For example, the value, 'managing relationships' fits in the category of 'interpersonal-relational' GRR; 'personal characteristics' can be 'physical' and 'biochemical' GRRs; and 'ideals' can be classified as 'valuative-attitudinal' GRRs.

Finally, the Life course perspective best meets this study's research objectives, since it is a useful salutogenically oriented framework for identifying both SOC-shaping life experiences and GRRs that enable directing food practices towards health. For this study, it will be relevant to use the Life course perspective to examine which life experiences through the life course enable people who are in the 'having children/childrearing stage' to identify and learn to apply resources (GRRs) to direct food practices towards health.

In figure 2.1 below a conceptual model is provided, including both the Salutogenic perspective and the Life Course perspective applied to the present study. It shows the mechanisms that are supposed to influence healthy food practices of people having and rearing children, according to the theoretical framework chosen for this study.

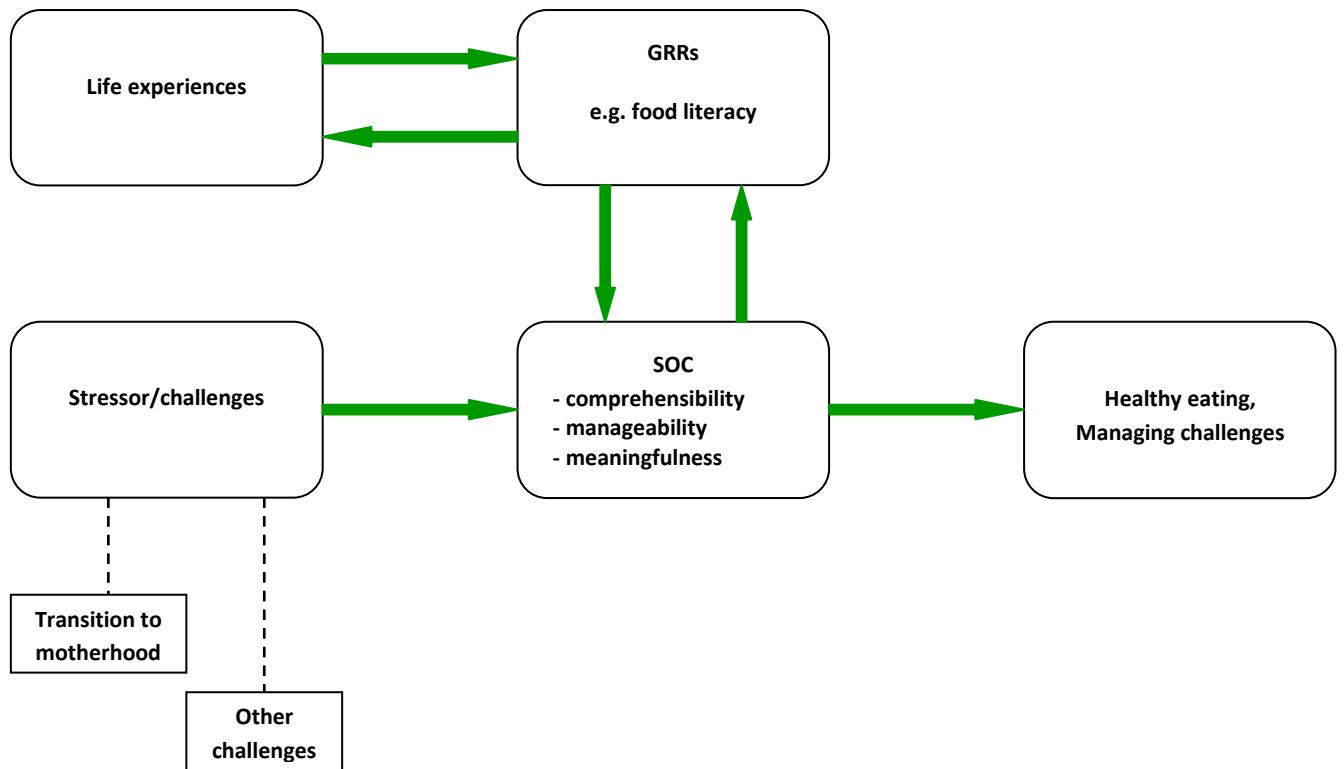


Figure 2.1 Conceptual model based on the theoretical framework.

3. Literature review

As a first step in gaining more insight into the mechanisms underlying the ability to direct food practices towards health in people having/rearing children, a literature review was conducted. The literature review is subdivided in three parts according to the concepts *food literacy*, *resources (GRRs)* and *life experiences*. The following research questions are based on these concepts and were used to guide the literature review:

1. *What is the meaning of food literacy in terms of healthy eating, and what is its role in directing food practices towards health in people having/rearing children?*
2. *What resources (GRRs) enable people having/rearing children to direct food practices towards health?*
3. *What life experiences enable people having/rearing children to direct food practices towards health?*

3.1 Methodology

3.1.1 Search criteria

The literature search focused on the meaning of food literacy in terms of healthy eating and the empirical evidence on its relation with food practices and health, as well as life experiences and resources that enable directing food practices towards health in people having and rearing children.

The following search criteria were used:

- Articles published in scientific and professional journals, reports, conference proceedings, and government documents,
 - ➔ To obtain information from both relevant and reliable sources.
- Published between January 1980 and September 2013,
 - ➔ To ensure a sufficient number of publications, and to cover the entire period in which publications on Salutogenesis are presented. starting from the decade in which the 14 first publications on Salutogenesis were presented.
- Published in the English language,
 - ➔ To obtain literature in a language readable and comprehensible to the researcher performing the literature review (the author of this thesis).
- Concerning Western developed countries,
 - ➔ To provide evidence from countries and societies comparable to the Netherlands.
- Concerning people having and rearing young children (0 – 12 years old),
 - ➔ To find information which is applicable to the study population addressed in this research.

The search for literature was performed following a systematic approach. This approach provided a manageable, yet thorough amount of literature. Google Scholar, PubMed, Scopus and Web of Science were the databases used for the search, as well as library catalogues. For each concept –*food literacy*, *resources* and *life experiences*– a separate search was performed using the same search criteria.

For the concept of *food literacy*, the search terms used were ‘food literacy’ and its related terms (i.e. ‘food literacy’, ‘food knowledge’, ‘food understanding’, ‘food awareness’, ‘cooking’, ‘cooking skills’, ‘cooking knowledge’, and ‘food skills’, in combination with terms related to ‘food practices’ (i.e. ‘food practices’, ‘food’, ‘diet’, ‘eating’, ‘healthy food habits’, ‘food choice’, ‘health* eating’, ‘eating habits’, ‘eating practices’, ‘eating behavior’, ‘dietary habits’, ‘dietary behavior’, ‘food habits’, ‘food behavior’, ‘nutrition’, ‘food preference’, ‘food selection’, ‘food preparation’ and ‘meal preparation’), and terms related to the study population (i.e. ‘parents’, ‘fathers’, ‘mothers’, ‘fatherhood’, ‘motherhood’, ‘parenthood’, ‘pregnancy’, ‘family’ and ‘postpartum’).

For the concept of *resources*, the search terms used were ‘resources’, ‘assets’, ‘factors’, ‘influences’, ‘predictors’, ‘resistance resources’, ‘determinants’, ‘skills’, ‘tools’, ‘strengths’, ‘salutary’, ‘positive factors’, ‘qualities’, ‘strategies’, ‘positive health attitudes’ and ‘competencies’; in combination with the same terms related to food practices and study population used for the *food literacy* search.

For the concept of *life experiences*, the search terms used were ‘life experience’, ‘life course’, ‘life event’, ‘lived experience’, ‘life span’, ‘life cycle’, ‘transitions’, ‘turning points’, ‘life status change’, ‘major transitional life events’, ‘experience’, ‘lesson(s)’ and ‘life lessons’; in combination with the same terms related to food practices and study population used for the other two concepts.

The terms could be present in the article’s title, abstract or key words. Reference lists of relevant articles were used to find additional literature that the search in databases could have omitted.

3.1.2 Inclusion criteria

Removing the duplicates was the next step after the search, and all the obtained articles were scanned by their title and/or abstract. The articles not matching the following inclusion criteria were excluded:

- Published between January 1980 and September 2013;
- in the English language;
- research conducted in Western developed countries, involving people having and rearing young children (0 - 12 years old);
- exploratory research (e.g. surveys, interviews, case studies, etc.) informing food practices from a Salutogenic perspective (i.e. practices that contribute to health).

The remaining articles were verified by reading the full-text. Finally, the articles complying with the mentioned inclusion criteria were critically assessed and the most relevant articles for this thesis, and with the soundest methodology were included in the literature review. (Since little of the research has been conducted in the Dutch context, it must be applied with some caution, as the results might not be fully applicable to the Dutch situation.)

The results of the literature review are divided into three subsections, in line with the three concepts that guided the review. The results regarding food literacy will be discussed in paragraph 3.2, and paragraph 3.3 and 3.4 will discuss the results regarding resources (GRRs) and life experiences respectively.

3.2 Results food literacy

The search revealed a total of 1190 articles. The duplicates were excluded and 990 articles were screened for eligibility through titles and abstracts. A total of 979 articles were excluded for not meeting the inclusion criteria. Then, 11 full-text articles were assessed for eligibility and eventually 3 articles were included in the literature review. Table 3.1 below shows the search process.

Table 3.1 Search process – Food literacy

Search 1: Food literacy	
Potentially eligible articles obtained after search	1190
Exclusion of duplicates	200
Articles screened for eligibility through titles and abstracts	990
Exclusion of articles for not meeting the inclusion criteria	979
Full-text articles assessed for eligibility	11
Exclusion of articles for not meeting the inclusion criteria	8
Articles included in literature review	3

The term "food literacy" is emerging in policy, practice, research and the general public to describe a range of knowledge and skills needed to use food. However, evidence on what this knowledge and skills are and how they link to improved nutrition is lacking. There is no shared understanding of the meaning of food literacy or what its components might include, which makes use of the term ambiguous and inconsistent (Vidgen & Gallegos, 2011). Therefore, more research is needed into the meaning and components of food literacy and its relationship to nutrition.

3.2.1 Definition of food literacy

In recent years, Vidgen and Gallegos, researchers from the Queensland University of Technology in Australia, contributed to the amount of literature on food literacy and its relationship to nutrition by undertaking a comprehensive research project. This research project consists of three studies, namely 'A delphi study of food experts', 'Qualitative interviews with young people' and 'A review of existing efforts to address food literacy'. "The

purpose of the food literacy Delphi study was to explore what experts understood the term "food literacy" to mean, what its components might be and how it potentially related to nutrition" (Vidgen & Gallegos, 2011, p. 1). The target group of the delphi study is not the same as in the present study, but the findings of the delphi study can provide some interesting input for the study at hand.

According to the study of Vidgen and Gallegos (2011) the most popular definition of food literacy is *"the relative ability to basically understand the nature of food and how it is important to you, and how able you are to gain information about food, process it, analyse it and act upon it"* (Vidgen & Gallegos, 2011, p. 33).

After examining the views of experts from around Australia about food literacy, specifically, its meaning, potential components and relationship to nutrition, Vidgen and Gallegos (2012) also considered these concepts from the perspective of consumers. The researchers chose to focus on one specific group as a case study: people aged 16-25 years living in an urban area who were responsible for feeding themselves (Vidgen & Gallegos, 2012). In this study food literacy was defined as *"A collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat foods to meet needs and determine food intake. Food literacy is the scaffolding that empowers individuals, households, communities or nations to protect diet quality through change and support dietary resilience over time"* (Vidgen & Gallegos, 2012, p.72).

Furthermore, Block and colleagues' (2011) build the concept of food literacy from frameworks developed for health literacy. They define food literacy as more than knowledge, it also involves the motivation to apply nutrition information to food choices. *"Whereas food knowledge is the possession of food-related information, food literacy entails both understanding nutrition information and acting on that knowledge in ways consistent with promoting nutrition goals and food wellbeing"* (Block et al., 2011, p.7).

The three definitions above correspond in that they refer to food literacy as the food and nutrition information (i.e. food knowledge) and the ability to apply this knowledge in daily food practices (i.e. food skills). Vidgen and Gallegos' (2011) definition based on the views of experts is quite comprehensive. However, Vidgen and Gallegos (2012) definition based on the perspective of a specific group of consumers is even more comprehensive and specific. Also, it also goes beyond the individual level. Furthermore, the latter definition matches the Salutogenic perspective, because it considers food literacy as a factor that supports and maintains diets that contribute to health. Block and colleagues' (2011) definition also fits into the Salutogenic framework, because it states that food literacy helps to reach healthy dietary goals. Based on these definitions, food literacy could be considered as a GRR.

3.2.2 Components of food literacy

In the 'delphi study of food experts' at least 75% of the participants considered the following components as being core (Vidgen & Gallegos, 2011):

- Being able to access food through some source on a regular basis with very limited resources.
- Being able to choose food that is within your skill set and available time.
- Knowledge of some basic commodities and how to prepare them.
- Knowing how to prepare some foods from all of the food groups, e.g. how to prepare meat, how to cook pasta, how to prepare vegetables and then there are spin offs there.
- Being able to confidently use common pieces of kitchen equipment such as a stove top, oven, microwave, can opener and saucepans.
- Enough food hygiene and food safety so that you don't poison anyone.
- Being able to understand what is in the product and how to store and use it.

The study that focused on the perspective of a specific group of consumers identified the following components:

Planning and management:

- Prioritise money and time for food.
- Able to access food through some source on a regular basis irrespective of changes in circumstances or environment by planning food intake.
- Make feasible food decisions which balance food needs with available resources.

Selection:

- Know that food can be accessed through multiple sources and the advantages and disadvantages of these sources.
- Know how to determine what is in a food product, where it came from, how to store it and use it.
- Can judge the quality of food.

Preparation:

- Can make a good tasting meal from whatever food is available. This includes being able to prepare commonly available foods, efficiently use common pieces of kitchen equipment, and having a sufficient repertoire of skills to adapt recipes to experiment with food and ingredients.
- Know the basic principles of safe food hygiene and handling.

Eating:

- Understand food has an impact on personal wellbeing.
- Demonstrate self-awareness of the need to personally balance food intake. This includes knowing foods to include for good health, foods to restrict for good health, and appropriate portion size and frequency.
- Can join in and eat in a social way.

While these food literacy components were based on a group with high socioeconomic disadvantages, the components are in line with those identified as core elements of food literacy by food experts in the Delphi study. Furthermore, the dimensions of these components also correspond with the dimensions identified within for example information literacy or

health literacy; they include functional literacy, factual and procedural knowledge, awareness and critical dimensions (Vidgen & Gallegos, 2012).

Furthermore, according to Block and colleagues (2011), food literacy consists of three main components: conceptual or declarative knowledge, procedural knowledge, and the ability, opportunity, and motivation to apply or use both types of knowledge. Conceptual or declarative knowledge involves reading and other forms of acquiring knowledge related to food and nutrition. This can be considered as the cognitive component of food literacy, and therefore relates to the cognitive dimension of the SOC: comprehensibility. Procedural knowledge is used to apply the obtained food knowledge when making food choices, which includes certain skills (e.g. shopping and cooking skills). Skills can be considered as the behavioural component of food literacy, which corresponds with the behavioural dimension of the SOC: manageability. The third element, the motivational component, is in line with the motivational dimension of the SOC: meaningfulness. For this literature review, conceptual knowledge (information) is labelled as *knowledge* and procedural knowledge as *skills*.

Finally, food literacy develops over the life course (Block et al., 2011; Vidgen & Gallegos, 2012) and is highly contextual, instead of an universal set of competencies that can be applied in all contexts (Vidgen & Gallegos, 2011; Vidgen & Gallegos, 2012). Not all components of food literacy are present simultaneously and in the same depth. They are influenced and developed depending on social and environmental factors that need to be dealt with when making food choices. For example, the ability to plan meals is more relevant for mothers, compared to women without children. Therefore, developing food literacy requires the ability, opportunity, and motivation to identify, understand, and use food-related knowledge and skills in different contexts (Block et al., 2011). In other words, the development of food literacy requires SOC.

3.2.3 Relation of food literacy with nutrition and food practices

How people in the delphi study talked about the way in which knowing and understanding how to use food (food literacy) improved nutrition revealed that the relationship between food literacy and nutrition is indirect (Vidgen & Gallegos, 2011). This was also the case in the study which examined the consumers' perspective (Vidgen & Gallegos, 2012). The results of these studies helped the researchers to develop a conceptual model of the relationship between food literacy and nutrition (figure 3.2).

The conceptual model shows a mechanism between food literacy and improved nutrition. This mechanism consists of three sub-mechanisms, which all are about empowering the individual and providing more control over food and eating:

1. Food literacy helps to protect diet quality by providing greater resilience and resistance to changing economic and social changes. Thus, food literacy improves nutrition by providing greater certainty, and consequently improving food security.
2. Food literacy improves nutrition by giving people more choice and consequently making them less restricted by their environment and resources.
3. Knowing and understanding how to use food makes healthy foods more pleasurable and more likely to be eaten, therefore it improves nutrition.

Furthermore, the extent to which food literacy can improve diet quality through these mechanisms mentioned above, appears to be mediated by social determinants of health, that is, social exclusion, poverty, social support, geography and transport. These factors define the context and influence the relative importance and depth of knowledge or skills for individual components. Furthermore, they determine food literacy’s capacity to influence nutrition (see model in figure 3.2 below).

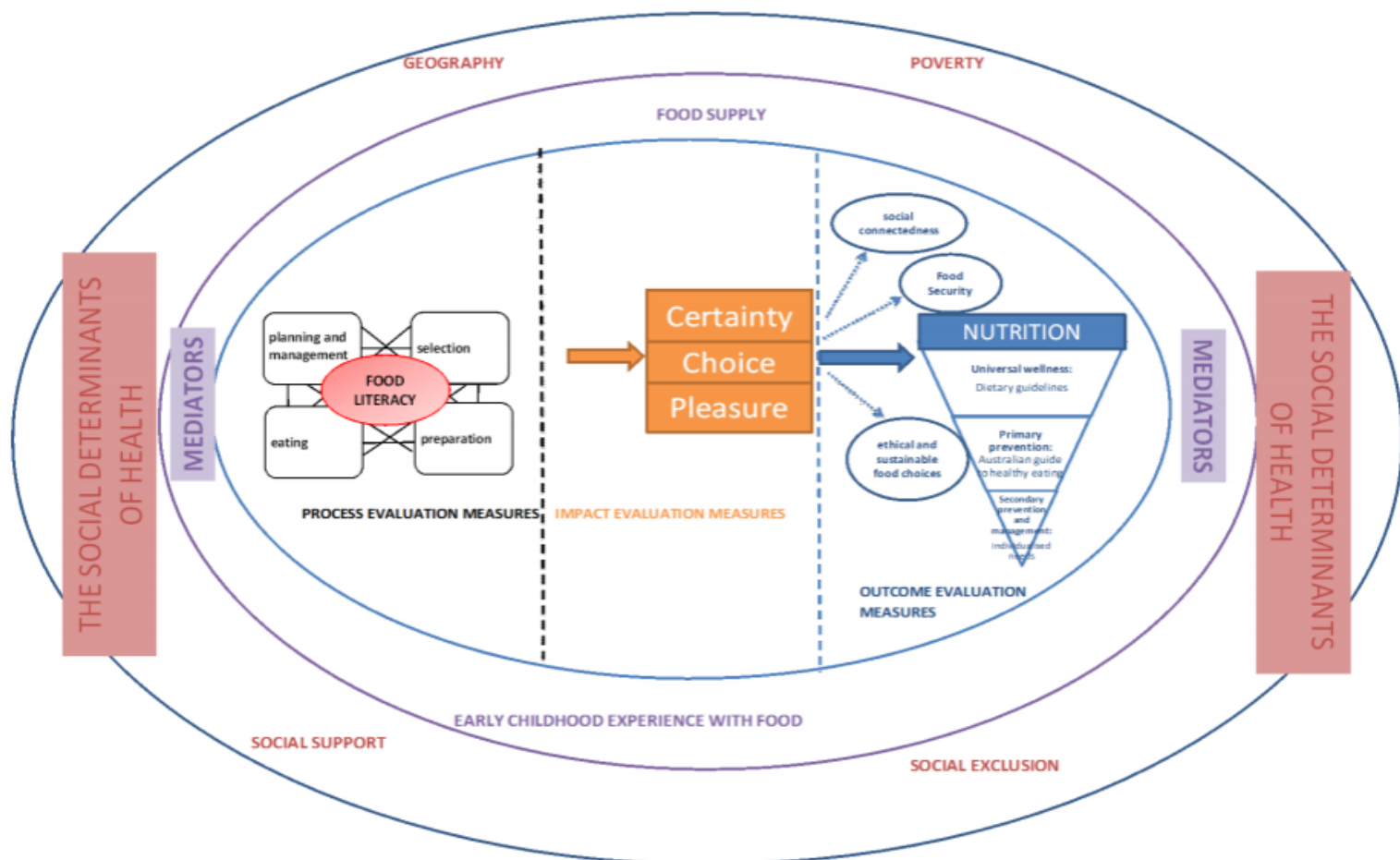


Figure 3.2: Conceptual model of the relationship between food literacy and nutrition (Vidgen & Gallegos, 2012)

However, up till now little research has been done on the concept of food literacy which included the specific target group of this study: people having and rearing children. Therefore, there is little knowledge regarding the relation of food literacy with food practices and its healthiness among people having and rearing children. A reason for this could be that the concept of food literacy and what it entails is rather recent.

The other studies that were found in this literature review do not mention nor describe food literacy itself, however some of the factors included in these studies can be associated with components of food literacy; and a few studies also explored their relation to food practices and health. Some of these components of food literacy from these studies are included in the description of internal and external resources (GRRs) below, such as nutrition awareness and knowledge, and skills regarding management of food costs, cooking and time.

3.3 Results resources

The search revealed a total of 2410 articles. The duplicates were excluded and 1496 articles were excluded by using filters/categories. Then, 853 articles were screened for eligibility through titles and abstracts. A total of 833 articles were excluded for not meeting the inclusion criteria. Then, 20 full-text articles were assessed for eligibility and eventually 19 articles were included in the literature review. Table 3.2 below shows the search process.

Table 3.2 Search process – Resources

Search 2: Resources	
Potentially eligible articles obtained after search	2410
Exclusion of duplicates	61
Exclusion of articles by using filters/categories	1496
Articles screened for eligibility through titles and abstracts	853
Exclusion of articles for not meeting the inclusion criteria	833
Full-text articles assessed for eligibility	20
Exclusion of articles for not meeting the inclusion criteria	1
Articles included in literature review	19

In the literature, food practices related to health are mainly about food selection and consumption. The consumption practices mostly include the intake of healthy foods such as fruit and vegetables, as well as consuming certain foods to comply with dietary guidelines. Furthermore, the literature also indicated social eating as a food practice related to consumption. Food selection practices in the literature mostly involved making food choices and the use of food and nutrition information and food labels.

3.3.1 Internal resources

Following the Salutogenic definition of GRRs, internal resources are those resources that are found within the individual, such as physical, biochemical, cognitive and emotional characteristics (Lindström & Eriksson, 2010). The internal resources found in the literature which enable healthy food practices in people having and rearing children are described in this section.

Nutrition awareness and knowledge

According to Szwajcer et al. (2007), nutrition awareness is an important determinant in many behavioural change models and intervention studies, and many studies in the 'health promotion' field emphasize its significance in strategies to promote healthy eating. They also state that while the term is often used, there is no commonly used definition for nutrition awareness and many articles do not define the term. However, Szwajcer et al. (2007) can distinguish three types of definitions for nutrition awareness from earlier studies: (1) having knowledge or some kind of understanding of nutrition, (2) an accurate estimation of one's own food intake compared to one's actual nutrition behaviour (measured by researchers) or to the recommended food intake, and (3) realisation or gaining consciousness of (the causes,

consequences, and solutions related to) one's own personal problem or risk behaviours regarding nutrition (from experience, observation, and confrontation).

Two types of nutrition awareness can be derived from these three types of definitions, namely *passive* nutrition awareness and *active* nutrition awareness. The first and second definitions relate to passive nutrition awareness, because it is about having nutrition-related knowledge or not, but this knowledge is not used or put into practice. The third definition however, is not only about having knowledge or not, there is an element of alertness in it, which relates to active nutrition awareness (Szwajcer et al., 2007).

Passive nutrition awareness can transform into active nutrition awareness when a person is triggered by a specific desirable and/or undesirable event in his or her life, which makes nutrition more personally relevant in terms of personal goals and well-being (Szwajcer et al., 2007). An example of such an event which is relevant for this study is the transition to motherhood, in which a woman becomes responsible for the health and well-being of her child.

Szwajcer et al. (2007, p. 26) distinguish three components of active nutrition awareness. Nutrition and nutrition behaviour become:

- *More salient* compared to other aspects in a person's life. For example, a mother thinks that eating fruit is very important and feels that her child has to eat at least two pieces per day.
- *Subjects of continuous attention*. For example, a mother is really preoccupied about her child eating two pieces of fruit per day.
- *Subjects of deliberate supervision* in daily life, rather than just nutrition habits. For example, a mother actually sees to it that her child eats two pieces of fruit per day. In this way, she establishes some kind of rule (*action rule*) and makes it her own.

Motivation

"Motivation can be defined as an internal state of desire which stimulates a person to a certain course of action to perform behaviour" (Szwajcer et al., 2007, p. 29). Different kinds of motivations increasing in extent of autonomy (free will) can be distinguished (Szwajcer et al., 2007, p. 29):

- "External regulation: a pressure to think, feel or act in order to satisfy an external demand", for example when a mother feels pressure from her friends to provide her children with healthy food because she is responsible for their health (social pressure).
- "Introjected regulation: a pressure to think, feel or act in order to satisfy an internal demand or to avoid guilt or anxiety", for example when a mother would feel bad about herself if she did not provide her children with healthy food because she is responsible for their health.
- "Identification: a person has identified with the personal importance of an action and has accepted it as her own", for example when a person really feels better by providing her children with healthy food because she is responsible for their health.
- "Integration: identified regulations have been fully assimilated to the self, when eating healthy has become a habit in its own right", separate from being responsible for the children's health.

The motivations mentioned above can act simultaneously with another. For example, a mother can be motivated to provide her children with healthier food because she feels pressure from her friends and her inner self at the same time. Furthermore, more autonomous types of motivations (identification/integration) are more likely to have long-term effects on nutrition behaviour, while less autonomous types of motivations (external/introjected regulation) will have more short-term effects (Szwajcer et al., 2007).

Motives and values

According to the literature, food practices are based on the importance given to different food-related motives and values; but especially health is an important motive or value among people having and rearing children to direct their food practices towards health.

To determine the health and social benefits of the family mealtime, Marquis and colleagues (2005) examined the importance placed on family meals, and cultural differences in mothers' food motives and the importance ascribed to family meals. Their findings indicated that health motivations emerged as the only significant predictor of the importance given to family meals among Haitian and Portuguese mothers, whereas for Vietnamese mothers, both health and eating familiar foods were predictors (Marquis et al., 2005).

Also, Tucker and colleagues (2006) found in their research into parents' perspectives on pre-schoolers' dietary behaviours that parents identified food and food issues as key health-related behaviours among pre-schoolers, especially with respect to obesity.

Furthermore, Carnell and colleagues (2011) explored in their qualitative study parental feeding behaviours and motivations in mothers of UK pre-schoolers. Their findings show that feeding behaviours were motivated most frequently by concerns for the child's health or by practical considerations that the child's feeding patterns should fit into family life and accommodate other demands on the parent's time. Feeding behaviours were only rarely motivated by concern about weight (Carnell et al., 2011).

Moreover, Hingle and colleagues (2012) explored factors that motivated parents to use vegetable parenting practices. All parents stated that regular vegetable consumption was very important for their child's health and wellbeing. However, the majority of parents reported that their child did not meet the dietary recommendations. So, while they have the knowledge and motive for providing their children with healthy foods, this is apparently not sufficient to make changes in their dietary behaviour. This is due to other perceived barriers to child consumption of vegetables, such as child vegetable preferences, parent and spouse or partner vegetable preferences, vegetable availability in the home, availability of other foods in the home, and parent food preparation skills and resources (Hingle et al., 2012).

Further, Duncanson and colleagues explored parents' perceptions of child feeding and found that participating parents consistently identified that the nutritional health of their children was predominant in their parenting role; nutrition was indicated as their main priority (Duncanson et al., 2013).

Also, the findings of Edvardsson and colleagues (2011) in their study into experiences of health promotion and lifestyle change during pregnancy and early parenthood showed that parents made lifestyle changes to secure the health of the fetus during pregnancy, and in early parenthood to create a health-promoting environment for the child. Becoming a parent made them reflect on their lifestyle and in what way their own habits could influence the health of their child. Many believed that their lifestyle was formed during their childhood. Therefore,

they aim to set a good example to influence their children's behaviour in a good way (Edvardsson et al., 2011).

Furthermore, Byrd-Bredbenner and colleagues (2008) studied psychographic food decision influencers in mothers of young children. Their results revealed that mothers who value health, and who actively protect health and feel highly responsible for the healthfulness of their families' meals achieved higher dietary quality, which included high intakes of vitamin C, dietary fibre, magnesium, and potassium. Also, their BMI and that of their children tended to be lower (Byrd-Bredbenner et al., 2008).

Finally, Connors and colleagues (2001) explored the management of values in personal food systems. Their analysis of 86 semi-structured, in-depth qualitative interviews from a diverse population of urban adults living in upstate New York revealed that all participants used a personal food system, which was a dynamic set of processes constructed to enact food choices. Within these personal food systems people managed five main food-related values: taste, health, cost, time and social relationships. The salience of these values varied among participants as well as across the eating situations that confronted each participant. Participants used three main processes in their personal food systems: (1) categorizing foods and eating situations based on food-related values; (2) prioritizing conflicting values for specific eating situations, sometimes value prioritization schemes evolved into habits over time; and (3) balancing strategies and priorities across eating situations to meet salient values (Connors et al., 2001).

Attitudes and beliefs

Attitudes are an individual's evaluation towards and object, person or behaviour; evaluation which can be either positive or negative (Koelen & Van Den Ban, 2004). Moreover, attitudes are an expression or application of a person's beliefs and values, and are expressed through words and behaviour. Within the literature a belief is referred to as a personal internal feeling that something is true, even though that belief may be unproven or irrational; and a value is referred to as a measure of the worth or importance a person attaches to something (Anderson & De Silva, 2009).

Duncanson and colleagues (2013) used the key components of the Theory of Planned Behaviour (TPB) in their study to predict the child-feeding practices and behaviours of parents. Their aim was to use the TPB to conduct a qualitative exploration of parents' perceptions of their child-feeding practices and the dietary intakes of their children. Within their application of the TPB, attitudes towards child feeding are a result of personal beliefs about feeding children and personal evaluation of children's dietary intake. Their findings show that the attitudes and beliefs of participating parents' regarding child feeding were expressed as a strong sense of responsibility regarding child feeding, in terms of providing them with healthy food and beverages. Participants strongly indicated that it is a parent's role to provide a balanced diet for their children. They felt responsible for giving children the opportunity to try new foods, to give children a degree of choice around what they eat, to repeatedly expose children to unfamiliar foods, to role model healthy eating behaviours, and to monitor child food intake (Duncanson et al., 2013).

Furthermore, Hingle and colleagues (2012) aimed to explore factors underlying parents' motivations to use vegetable parenting practices (VPP) using the Model of Goal Directed Vegetable Parenting Practices (MGDVPP) (an adaptation of the Model of Goal Directed

Behaviour) as the theoretical basis for qualitative interviews. The model of Goal Directed Behaviour (MGDB) is an expansion of the TPB that enhanced its predictiveness through the addition of emotions and desires (intrinsic motivations). They found that parents reported varied reasons why child vegetable consumption was important to them, including child health, weight management, and cognitive function. Additional reasons were: helping their child to develop healthy eating habits, meeting the Dietary Guidelines, and having enough (and the right kind of) fuel for physical activity. Moreover, they had certain expectations regarding child behaviour and health status related to the consumption of the daily recommended amount of vegetables, including improved energy (vitality), development of good eating habits, setting a good example for others (e.g. younger siblings), being more open to trying new foods, achieving and maintaining a healthy weight, and increased vitamin intake. On the other hand, parents expected negative child outcomes if their child did not eat the recommend amount, such as increased behavioural problems (e.g. poor concentration), nutrient deficiencies, increased preference for junk food, gastrointestinal issues (e.g. constipation), or more frequent illness (Hingle et al., 2012).

Moreover, Bassett and colleagues (2013) examined eating behaviour motives across 12 months within the framework of the TPB and compared these across groups with a different parent status, namely new parents, non-parents, and established parents (expecting a second child). They found that both affective (i.e. emotion-based judgements about behaviours, for example enjoyment from healthy eating) and instrumental (i.e. perceived benefits and costs of the behaviour) attitudes were significant predictors of intentions to eat healthy among men and women. Consistent with previous research, their results indicated that affective attitudes were the strongest predictor of intentions for men and women, regardless of parent status (Bassett-Gunter et al., 2013).

Further, Blake and Bisogni (2003) gained conceptual understanding of the cognitive processes involved in food choice among low- to moderate-income rural women. They found that participants held both personal and family food choice schemas (for personal and family eating situations). Five personal food choices schemas (dieter, health fanatic, picky eater, non-restrictive eater, inconsistent eater) and four family food choice schemas (peacekeeper, healthy provider, struggler, partnership) emerged. These schemas were characterized by food meanings and behavioural scripts. Food meanings referred to self-reported beliefs and feelings associated with food. Focusing on the 'health fanatic' (personal food choice schema) and the 'healthy provider' (family food choice schema), they held certain beliefs related to health when giving meaning to food. For the 'health fanatic' these included: eating 'healthy' is primary concern, guilt about eating 'bad' foods, and food as disease prevention. For the 'healthy provider' these included: primary concern is health quality of foods, and health quality of family food choices reflect quality of care (parental/spousal/other) (Blake & Bisogni, 2003).

Subjective norms

Subjective norms are another key component of the TPB which Duncanson and colleagues (2013) studied in their exploration of parents' perceptions of their child-feeding practices and the dietary intakes of their children. In this study, subjective norms are derived from parent's perception of what significant others think about the parents' child feeding (normative beliefs) and their motivation to comply with norms. Their results revealed that although parents believed that their child's nutrition was one of their key responsibilities as a parent, they also

believed it to be one of the most challenging parenting roles. Parents admitted that their own child-feeding practices were not ideal and they could easily identify areas for dietary improvement. However, rather than referencing their own child-feeding inadequacies to the dietary guidelines, they referenced these against child-feeding practices of their peers, family, and friends; thereby justifying their own inadequacies. Participants believed that their own child-feeding practices and children's dietary intake were superior to their peers, so that there was no reason to change, despite their children's dietary intake not meeting the dietary guidelines. Therefore the researchers propose that the subjective norm for child feeding is an explanatory factor for parents' ambivalence toward changing their child-feeding practices (Duncanson et al., 2013).

Furthermore, Hingle and colleagues (2012) also explored subjective norms as a factor underlying parents' motivations to use vegetable parenting practices (VPP). In their Model of Goal Directed Vegetable Parenting Practices (MGDVPP) subjective norms are normative beliefs that result in perceived social pressures and are assessed as social pressures by significant others and one's motivation to comply with their expectations. They found that spouses or partners and child(ren) played an important role in determining whether and how often vegetables were served to the family. Spouses or partners were often reported as nutrition role models for the family. Other people whose opinion had an influence were mother or mother-in-law, siblings or sisters and brothers-in-law, and friends (Hingle et al., 2012).

Moreover, Bassett-Gunter and colleagues found that subjective norms were a predictor of intentions to eat healthy among women who were new parents and established parents, but not for fathers. Mothers may rely on the perceived normative beliefs of important others (e.g. health care worker, spouse) when forming their intentions to eat healthy (Bassett-Gunter et al., 2013).

Perceived behavioural control and self-efficacy

Self-efficacy and perceived behavioural control are two separate but complementary concepts related to perceptions of behaviour performance. Self-efficacy refers to the individual's perception of their own capability to perform a behaviour in order to achieve a goal (Koelen & Van Den Ban, 2004). Perceived behavioural control is how easy or difficult the individual perceives it is to perform a specific behaviour (Koelen & Van Den Ban, 2004).

In their qualitative study into parents' perceptions of child feeding based on the TPB, Duncanson and colleagues (2013) explored perceived behavioural control/self-efficacy to change feeding. They operationalized this concept as parent's beliefs about the degree of control they have over child feeding. Their results indicated that parents' degree of perceived control over child feeding was a reflection of the relative balance of positive and negative factors that influenced their own child-feeding experiences. On the one hand they had feelings of frustration and helplessness associated with fussy/picky eating and perceived changing child feeding as difficult. On the other hand parents also experienced a sense of achievement when they felt they were providing their child with a balanced diet. Furthermore, the researchers conclude that a high degree of perceived control over child feeding combined with high self-efficacy among parents would represent an ideal formula for increasing behavioural intention with regard to changing child-feeding practices (Duncanson et al., 2013).

Further, Bassett-Gunter and colleagues (2013) found that new parents experienced a decrease in perceived behavioural control during the six-month post-delivery period. This decrease in

feelings of confidence and control regarding healthy dietary behaviour may not be surprising as new mothers and fathers face the demands of parenthood that may impact health behaviour motivation (e.g. fatigue, limited time). In contrast, established parents experienced increased perceived behavioural control during the six months following the birth of their second child. These parents may have drawn on previous experiences with their first child to better cope with their second child (Bassett-Gunter et al., 2013). Furthermore, the results of this study indicate that perceived behavioural control was a significant predictor of changes in eating behaviour under certain circumstances. Men who had greater perceived behavioural control at six months increased their fruit and vegetable consumption. Also, both men and women who had greater perceived behavioural control at 12 months decreased their fat consumption. However, the relationship between perceived behavioural control and changes in eating behaviour did not vary by parent status, suggesting that perceived behavioural control is an important predictor for non-parents, new parents, and established parents (Bassett-Gunter et al., 2013).

Moreover, Hingle and colleagues (2012) studied perceived behavioural control related to vegetable parenting practices in terms of: control beliefs; how easy it is to perform the behaviour related to past skill, experience, ability, confidence, and a reflection of perceived barriers (e.g. time, opportunity, money). They found that while all parents emphasized it was very important for children to eat the adequate amounts of vegetables each day, most stated that children did not regularly meet the vegetable consumption guidelines. Parents often mentioned “being in a struggle” or “losing a battle” with children regarding the consumption of vegetables. Other barriers for meeting the guidelines for vegetable consumption were child vegetable preferences, parent and spouse or partner vegetable preferences, vegetable availability in the home, availability of other foods in the home, and parent food preparation skills and resources. However, parents also suggested certain strategies to increase their child’s vegetable intake, including bribing their child with other more appealing foods, hiding vegetables in foods to “disguise the taste”, learning and using more kid-friendly preparation and serving methods, increasing availability and accessibility of vegetables in the home, and getting older siblings to role model healthy eating. Also, when they needed help with getting their child to eat vegetables they used friends, family members, caregivers, paediatricians, and the media. Finally, when parents were asked to rate the overall difficulty of getting their child to eat vegetables, all parents in the study rated this task as ‘somewhat difficult’ (Hingle et al., 2012).

Furthermore, Bisogni and colleagues (2005) developed a conceptual model for food choice capacity. “Food choice capacity is similar to the concept of self-efficacy, but it also differs. Applied to nutrition and health, self-efficacy focuses on achieving practices recommended by experts. In contrast, food choice capacity focuses on the person’s view of achieving the standards that she or he constructs.” (Bisogni et al., 2005, p. 289). So, food choice capacity refers to the extent to which one feels able to and is trying to “eat properly”, according to one’s own definition of proper. The researchers found that food choice capacity represented participants’ confidence in meeting their standards for food and eating given their food management skills and circumstances; and they found two dimensions of food choice capacity in their study. One dimension related to the level of confidence, pride, satisfaction, or contentment that the participants conveyed about how they managed food and eating for themselves or their households and their ability to adapt to new circumstances. The second

dimension was related to participants' descriptions of their current involvement in increasing their own food choice capacity (Bisogni et al., 2005).

Behavioural intention

The intention to perform certain food behaviours is another internal resource identified within the literature that helps to direct food practices towards health.

In their application of the TPB to child-feeding practices, Duncanson and colleagues (2013) operationalized behavioural intention as the culmination of the attitude, subjective norm, and the perceived behavioural control. Intention is assumed to be the immediate antecedent of behaviour, which in their study was parental child feeding. Their findings identified that parents attitudes, subjective norms and perceived child-feeding control influence parental child-feeding practices, which can explain the disparity between parents' child-feeding intentions and actual behaviours. Therefore, they suggest that future interventions should positively influence these TPB constructs so that the behavioural intention to improve child-feeding practices increases, which in turn would result in constructive changes to actual child-feeding practices of parents (Duncanson et al., 2013).

Furthermore, Bassett-Gunter and colleagues (2013) found in their study into motivations for healthy eating during parenthood transitions that new and established fathers had greater intentions to eat healthy compared to non-parents suggesting that parenthood may have triggered an increased motivation for healthy eating. On the other hand, for women, established parents had lower intentions to eat healthy compared to new parents and non-parents suggesting a negative impact of multiple children on women's motivation. An explanation could be that for many mothers having more than one child may result in increased demands related to time, finances, fatigue, and social support, which may lead to decreases in motivation for their own dietary behaviours (Bassett-Gunter et al., 2013). However, the findings also showed that intentions to eat healthy did not predict changes in dietary behaviour for men and women, regardless of parent status. This finding was unexpected, because intentions are a key predictor of behaviour within the TPB and have been found to predict dietary behaviour in previous research. However, this finding also highlights the intention-behaviour gap which is often observed when considering health behaviours within the framework of the TPB and is line with the relatively weak evidence for intentions as an actual antecedent of behaviour (Bassett-Gunter et al., 2013).

Nutrition habits

Most human behaviour is not driven by cognition or emotion, but controlled by habits. Habits are associations between goals and means that can be used to achieve goals in an automatic and less cognitive way. Therefore, habits save more cognitive capacity for other (simultaneous) cognitive tasks (Szwajcer et al., 2007).

Cognitive behaviours may become habitual over time. Habits are often the product of an earlier, more cognitive strategy that has become more automatic, because it is more convenient not having to go through a whole selection process when a decision has to be made. Therefore, cognitive behaviours can become a more automatic process, certainly when they are performed frequently, such as nutrition behaviours. When nutrition behaviours are triggered by specific situations, for example pregnancy and the transition to motherhood, they can turn into nutrition habits. An increased nutrition awareness, for example during pregnancy

and the transition to motherhood, can lead to the development of new nutrition-related habits and/or could be an important condition to quit old nutrition habits (Szwajcer et al., 2007). Further, as already mentioned under attitudes and beliefs, Blake and Bisogni (2003) gained conceptual understanding of the cognitive processes involved in food choice, and found both personal and family food choice schemas characterized by food meanings and behavioural scripts. The behavioural scripts were based on the food meanings people held and described the behavioural plans for regularized/familiar food and eating situations. These behavioural plans were performed frequently when faced with similar food and eating situations, therefore they could be seen as habits. When looking at the 'health fanatic' personal food choice schema, behavioural scripts included: avoiding 'junk food', focusing on learning about food and health, and regularly practicing other health behaviours such as exercise. Furthermore, behavioural scripts in the 'healthy provider' family food choice schema included: careful organization of all food activities, keeping track of what family members eat, and encouraging and enforcing 'healthy' eating habits of family members. However, food choice schemas are continually modified in response to new food-related experiences or information. These modifications may influence behaviour change through changes in behavioural scripts (or habits) (Blake & Bisogni, 2003).

Skills

Skills related to food and eating are also mentioned in the literature. Bisogni and colleagues (2005) studied food choice capacity: participants' confidence for meeting their standards for food and eating given their food management skills and circumstances. They found two main sets of food management skills, namely "keeping food costs down" or "trying to save" and "being a good cook". The first set of management skills involved skills in managing their food costs, including strategies as 'continual monitoring of food costs', 'using coupons', 'cooking from scratch', modifying expensive ingredients', 'avoiding eating out as much as possible' and 'packing lunch for work'. The second set of management skills involved the ability of cooking. Aspects of being a good cook were 'do a lot of just throwing it together and it comes out good', 'do a lot of variations to the basics', 'get everything done at once' and 'adjusting meals to changing family schedules'. In addition some specialized skills such as gardening, food preservation and hunting enabled some participants to get quality food. Participants reported that they developed these food management skills through relatives and friends, certain life events, and new relationships and roles. Moreover, the study findings present food management skills as durable resources, in that participants accumulated these skills over time and did not lose them in hard times. Also, these skills help people meet personally constructed food choice goals (food choice capacity), adapt to changing circumstances, and provide self-esteem; therefore contributing to positive health. Finally, these results suggest that educators should emphasize personalization, flexibility, and lifelong learning when teaching food management skills; so that people will gain self-efficacy and know how to adapt management of food and eating as their life circumstances change (Bisogni et al., 2005).

Furthermore, Hingle and colleagues (2012) found that food preparation skills played a role in the motivations of parents to engage in specific vegetable parenting practices. Participants reported certain food preparation skills as a barrier for engaging in vegetable parenting practices. These food preparation skills included lack of cooking skills, lack of presentation skills, lack of recipe ideas, and time consuming to prepare vegetables compared to snack foods

(Hingle et al., 2012). In addition, Devine and colleagues (1998) found in their study into life-course influences on fruit and vegetable trajectories that some participants reported eating fewer vegetables than they would like because they lacked the cooking skills necessary for a high vegetable consumption trajectory (Devine et al., 1998).

Food involvement

The findings of Byrd-Bredbenner and colleagues (2008) revealed that mothers who were more actively involved in food-related activities (i.e. food related activities are worth the time and effort, values and uses product information such as food labels) and enjoyed these activities, achieved higher dietary quality, which included high intakes of vitamin C, dietary fibre, magnesium, and potassium. Also, their BMI and that of their children tended to be lower (Byrd-Bredbenner et al., 2008).

Furthermore, Devine and colleagues (1998) findings indicated that involvement in cooking as a food-related activity was a key resource in shaping food trajectories. Participants' interest and receptivity to cooking varied across the life course. Many participants did not learn to cook while living at home as children but picked up preparation skills from roommates, spouses, the local supermarket, or by calling home for recipes of dishes they remember having as a child (Devine et al., 1998).

Identity

In their study into fruit and vegetable trajectories, Devine and colleagues (1998) found that participants seemed to be using food identity to describe their eating style. Food identity was used to maintain affiliation with a food subculture (e.g. vegetarianism) by comparing it with other eating styles in their social environment. "These food identities were a cumulative product of lifelong food choice trajectories that, in turn, were shaped by the context, roles, resources, and experiences over the life course and continued to be modified by current eating and information environments (Devine et al., 1998).

The research of Johnson and colleagues (2011) into mothers' food-related identities in family food choice indicated that mothers' identities related to food and eating played an important role in mothers' food choices for themselves and their families. Therefore, mothers' identities are important for food-related activities, such as making foods available at home, putting meals together, and providing verbal information and modelling healthy eating habits to children. The analysis revealed that mothers with a more defined health identity made healthier choices for themselves and similar food choices for their children, in terms of providing fruits and vegetables at home and with meals, and teaching/modelling healthy eating habits to their children (Johnson et al., 2011).

3.3.2 External resources

External resources include material and non-material elements found within an individual's physical and social context (Lindström & Eriksson, 2010). The external resources found in the literature which enable parents having and rearing children to direct food practices towards health are described below.

Physical-Environmental resources

Physical-environmental resources that are found in the literature regarding healthy eating habits among people having and rearing children mainly included nutrition related-information sources, time and economic resources.

Firstly, nutrition-related information sources are often identified as an external resource in the literature for people having and rearing children, especially for new parents and in particular new mothers.

For example, Gage and colleagues (2012) explored influences on infant feeding decisions of first-time mothers in five European countries. Their results showed that these mothers reported (from a list of 17 different sources) that books, partners and health professionals most influenced their infant feeding decisions. Of slightly less importance were leaflets, magazines, parents and the Internet. Advertising, TV, DVD and radio media were the least important sources. Furthermore, after 8 months after the birth the influence of most sources was greater than at the moment of birth, however the information-gathering patterns of almost two-thirds of mothers changed in the postnatal period. At 8-month follow-up mothers were more likely to report reliance on one primary information category (family and friends, health professionals, written materials) than at baseline. While written materials were the primary source for the largest proportion of mothers at both time points, family and friends gained importance over the first 8 months after birth (Gage et al., 2012).

Furthermore, Chezem and colleagues (2001) examined in their study the sources of information used during the prenatal period by women who plan to breastfeed, formula feed, or combination feed their infants. They found that a woman's decision is influenced by a variety of factors, including information obtained and advice offered to her by her health care provider, her friends and family, and through reading materials. In addition, although health care providers discussed feeding practices with the women in this study, participants were more likely to reach out to family and friends for information about infant feeding than to their health care provider (Chezem et al., 2001).

Moreover, in their qualitative in-depth study, Szwajcer and colleagues (2005) explored nutrition-related information sources, nutrition information-seeking behaviours and motives for seeking nutrition information before and throughout the course of pregnancy.

Research among Dutch consumers showed that the mass media, the social environment and the health professionals are important information sources, therefore Szwajcer et al. (2005) included these information sources in their study. Motives for using a certain type of mass medium could be information, personal identity, integration and social interaction, and entertainment. With respect to the social environment, social support could provide a sense of belonging, assistance with acquiring needed goods or services, guidance and advice in

uncertain circumstances, and access to new information. Also, comparing ideas, opinions and feelings with people in a similar situation who have the same values could help pregnant women to evaluate if they are doing well. Lastly, regarding health professionals, they are often perceived as credible sources, because of their expertise and trustworthiness. In the Netherlands, the most common health professional for the guidance of pregnant women is the midwife (Szwajcer et al., 2005).

According to previous research, the nutrition awareness effect is greater among first-time pregnant women. Furthermore, the authors focused mainly on nutrition-related information sources and information-seeking behaviours during first-time pregnancies, because they expected that being pregnant for the first time leads to higher needs for nutrition information. (Szwajcer et al., 2005).

The results of the study showed that most Dutch first-time pregnant women had an increased nutrition awareness and used more nutrition-related information sources, mainly for protection of the health of the baby. They mostly used the following information sources: the Internet (anonymous and up to date) and books (extended) during the first trimester; midwives (expert), the 9-month calendar (fun and tips) and pregnant friends (in the same position) in the second trimester; and friends (information on breastfeeding) in the third trimester. Finally, own experience, and a midwife and books for specific questions were important sources for second-time pregnant women. Lastly, using nutrition-related information sources influenced nutrition awareness and vice versa (Szwajcer et al., 2005).

Secondly, time is an external resource that is often identified in the literature related to healthy eating. People often indicate to have too little of this resource, which makes managing healthy eating more difficult for them. People especially experience time scarcity when transitioning into parenthood and when combining work and having and rearing children.

Firstly, Devine and colleagues (1998) found in their study into fruit and vegetable trajectories that many people experienced time constraints in their busy lives, and convenience was a frequently mentioned factor in their trajectories of choosing fruit and vegetables. Their results indicated that time for a stable, home food preparation system shaped the pathways people followed and influenced fruit and vegetable consumption (Devine et al., 1998).

Furthermore, Aschemann-Witzel explored Danish mothers' perception of the healthiness of their dietary behaviours during the transition to parenthood. Her findings showed that perceived time scarcity in the phase after the birth was an important issue for many participants. During the first months with the baby they characterized their eating habits by an absence of structure in their meal patterns and a lot of snacking. The participants described their food choice in the first months with the baby as less varied and the food chosen had to be easy to prepare or even ready-made. They felt that there was not enough time for preparing food and eating it. In addition, as compared with the life before the baby, predictability of time that the mother has to herself seems to be more difficult (e.g. not knowing when the baby would start to cry again). This also contributes to the perceived time scarcity (Aschemann-Witzel, 2013).

Also, Edvardsson and colleagues (2011) found that time constraints were commonly experienced as barriers for healthy food choices, especially when parental leave was over. At that moment, preparing healthy, home cooked meals or doing exercise became less of a priority (Edvardsson et al., 2011).

Further, Hingle and colleagues (2012) identified perceived lack of time to prepare vegetables as a factor underlying parents' motivations to use vegetable parenting practices.

Moreover, the results of the study of Tucker and colleagues (2006) into parents' perspectives on pre-schoolers' dietary behaviours showed that parents experienced limited time for healthy eating due to their pre-schoolers' enrolment in physical activities. They explained that there simply was not enough time in their busy lifestyles to facilitate their pre-schoolers' various physical activities and provide them with a healthy meal. Therefore, they felt they had to compromise on healthy eating, and often made convenient, unhealthy food choices. However, some parents suggested that a choice between healthy eating and physical activity was not needed and that preparation enabled "doing it all", which involved constantly planning, preparing meals, and keeping a well-stocked refrigerator (Tucker et al., 2006). This finding is in line with a finding of Aschemann-Witzel (2013) who found that participants used "management" as a coping strategy to improve their own diet and eating habits. This coping strategy included increased organization, planning ahead and preparing in advance (Aschemann-Witzel, 2013).

Moreover, also some studies explored the relation between parents' employment, time scarcity and healthy food choices and found that working parents experienced more time scarcity and had more difficulties with managing healthy food behaviours (Blake et al., 2011; Jabs et al., 2007). For example, Jabs and colleagues (2007) aimed to develop an understanding of how low-wage employed mothers constructed time for food provisioning for themselves and their families. They found that most mothers expressed feelings of time scarcity. The ways mothers explained their perceptions of time and their daily activities revealed different time styles that were labelled as active, reactive and spontaneous. The mothers with an active time style commonly expressed feelings of time scarcity, but they talked about "schedules" and "managing" and "structuring" their time to "fit in" things they needed to accomplish and keep their day running smoothly. They felt they could "control" and "make" time daily by actively managing time. Reactive time styles involved time scarcity and consistently not having the time to accomplish all tasks in a day. Mothers in this time style talked about their behaviour being regulated by the clock. Lastly, none of the mothers with a spontaneous time style talked about time scarcity. They expressed the attitude that their day was "just the way it is" and talked about doing things "on the fly" and "figuring it out along the way" when dealing with work and family responsibilities. In addition, they felt they had no control over events in their life and no hope for change. Furthermore, the researchers identified three time management strategies, which were in general most successful for mothers with an active time style: (1) planning: planning meals for routine days and extra-busy days; (2) coordination: fit together or synchronize various activities and responsibilities; and (3) prioritization: prioritizing activities, for all mothers feeding their children was a priority (Jabs et al., 2007).

Finally, economic resources are identified by some studies as an external resource for healthy food practices. For example, Devine and colleagues (1998) explored fruit and vegetable trajectories and found that financial limitations of many participants at several points in their life course affected food choice trajectories by contributing inconsistency, lack of control, and uncertainty into food acquisition. Furthermore, reliance on food or financial assistance that was provided at the beginning of each month created food insecurity and unstable eating patterns in food choice trajectories (Devine et al., 1998). In addition, Hingle and colleagues

(2012) found that a perception of increased expense associated with purchasing vegetables played a role in parents' motivations to use vegetable parenting practices (Hingle et al., 2012).

Social resources

Some studies have identified social relations as a recourse for people (including people having and rearing children) to direct their food practices towards health. Aschemann-Witzel (2013) studied how the healthiness of diets and eating habits is influenced during the transition to parenthood. She found that social or environmental factors are important for healthy eating behaviours, namely information that mothers received and the importance of healthy nutrition transmitted to them. This information might reach them through friends and mother groups, via education, workplace, child care, media, and society in general. In addition, the transition to parenthood has an influence on its own, but all the focus that everybody places on healthy eating also has an important influence. Furthermore, the findings also show that the partner often is a very important factor of influence on the mother's dietary habits, either in a positive or negative way. Taking over the task of cooking at some point, cooking in a certain way, or introducing things the mother did not eat before, such as fish or using exotic ingredients (bringing in lots of variation) are mentioned as positive influences. However, not using enough vegetables when cooking, drinking relatively more alcohol or eating more crisps and sweets were negative influences. Also, some mothers were indirectly influenced by their partner's dietary needs, for example when the partner was overweight it could affect the mother's food buying behaviour (e.g. low-fat products) and her food preparation patterns and eating behaviour (e.g. cooking smaller portions and serving the food on smaller plates) (Aschemann-Witzel, 2013).

Also, Bisogni and colleagues (2005) found that social relationships had an influence on participant's past and current ways of managing food and eating. These relationships, for example with parents, spouses, children, and roommates, were important influences on their personal food systems, and these rarely remained stable over time. Changes in relationships appeared to have both positive and negative impacts on food and eating, as a result of altered social support, financial support, and household responsibilities. Moreover, participants developed food management skills through social relations, for example many participants learned cooking skills from their mothers, grandmothers, neighbours, and roommates by "watching a lot", asking people, "getting them to write down a rough thing", or trial and error (Bisogni et al., 2005).

Furthermore, Tucker and colleagues found that parents not only expressed that healthy eating was important because they wanted their children to grow up healthy, but also because they wanted to protect their children from the psychological torment associated with being overweight, because society has placed a strong emphasis on being thin in which fat people and fat children are not accepted. So they also felt societal pressure to let their children eat healthy as to prevent them from becoming overweight and not being accepted in society (Tucker et al, 2006).

Moreover, as already described under subjective norms and perceived behavioural control, Hingle and colleagues (2012) found in their study into factors underlying parents' motivations to use vegetable parenting practices that spouses or partners and child(ren) played an important role in determining whether and how often vegetables were served to the family. Spouses or partners were often reported as nutrition role models for the family. Also mother

or mother-in-law, siblings or sisters and brothers-in-law, and friends were identified persons whose opinion had an influence. Furthermore, when parents needed help with getting their child to eat vegetables they used people within their social environment as a resource, including friends, family members, caregivers, paediatricians (Hingle et al., 2012).

3.4 Results life experiences

The search revealed a total of 1370 articles. The duplicates were excluded and 1319 articles were screened for eligibility through titles and abstracts. A total of 1310 articles were excluded for not meeting the inclusion criteria. Then, 13 full-text articles were assessed for eligibility and eventually 9 articles were included in the literature review. Table 3.3 below shows the search process.

Table 3.3 Search process – Life experiences

Search 3: Life experiences	
Potentially eligible articles obtained after search	1370
Exclusion of duplicates	51
Articles screened for eligibility through titles and abstracts	1319
Additional potentially eligible articles (reference etc.)	4
Exclusion of articles for not meeting the inclusion criteria	1310
Full-text articles assessed for eligibility	13
Exclusion of articles for not meeting the inclusion criteria	4
Articles included in literature review	9

Life experiences that have previously been studied in people having and rearing children concentrate on the experiences related to pregnancy and the transition to parenthood, in particular motherhood. In addition, experiences with food and eating during childhood are also taken into account.

3.4.1 Childhood

Devine and colleagues (1998) examined the development of food choice trajectories for fruit and vegetable use to develop a deeper understanding of how someone’s life course shapes his or her food choices. Their findings showed that food experiences early in the life course were a prominent factor for shaping current fruit and vegetable trajectories. “Early experiences provided lasting “food roots” that set people on trajectories or provided reference points for later comparison” (Devine et al., 1998, p. 364). Reasons that people mentioned for still liking fruits and vegetables today were: participation in enjoyable family activities and rituals that included fruits and vegetables, experience with a variety of fruits and vegetables, experience with preparing fruits and vegetables, and pleasurable memories of the taste of fruits and vegetables. For example, growing up on a farm or having a garden early in one’s life were strong positive experiences with fruits and vegetables. As a conclusion, people with positive early experiences with fruits and vegetables described more positive trajectories of higher

lifelong fruit and vegetable consumption, so also when they become parents. In contrast, when people disliked fruits and vegetables early in life or when they were not part of their childhood experiences were not incorporated into personal food systems and often remained unsought, unacceptable, or uneaten (Devine et al., 1998).

Furthermore, to develop a conceptual understanding of how life course events and experiences shape adult's management of food and eating, Bisogni and colleagues (2005) examined with in-depth, qualitative interviews how a sample of adults linked their current personal food systems for managing food and eating (i.e. the mental process that people construct for everyday food activities) to their past lives. They found that participants developed strong beliefs and feelings through their life course experiences about the way they should be eating and providing food for others. Participants especially had good memories of eating in childhood and carried these with them into their present life. Also, they aim to provide their own children with the same kind of positive food and eating memories. Positive food practices they remembered from their childhood and aim to pass onto their children include having/buying good foods, serving home-cooked meals, and regular family meals: meals as a pleasant family gathering time. In addition, also the way should be prepared and the ways food should taste was inherited from childhood experiences for several participants, which mainly involved homemade cooking or the way their mother's cook(ed). Also, some participants learned to value healthy eating or eating a variety of foods during their childhood, for example they learned to love the taste of fresh vegetables because they experienced growing their own garden as a child (Bisogni et al., 2005).

More related to the target group of this study, Edvardsson and colleagues (2011) found that many parents experienced their own lifestyle as being formed in childhood. Therefore, setting a good example for their children became important when they transitioned into parenthood, as they perceived their own behaviour as strongly linked to the behaviour their children would adopt (Edvardsson et al., 2011). Also, Aschemann-Witzel (2013) who studied Danish mothers' perception of the healthiness of their dietary behaviours during the transition to parenthood found that several participants referred to food habits in their own upbringing at some point in order to explain their behaviour. For example, eating breakfast was an important habit that was formed during childhood. Furthermore, some participants also mentioned that they received advice on cooking from their mothers (Aschemann-Witzel, 2013).

3.4.2 Pregnancy and the transition to parenthood

A life experience which can exert a large influence on directing food practices towards health is in and around the period of pregnancy. "An adequate nutrition pattern is of major importance for one's health and well-being, especially during pregnancy. It is beneficial to maternal, foetal and infant health and should provide energy for the birth and future breastfeeding practices" (Szwajcer, 2007, p. 20). Being pregnant, and particularly being pregnant for the first time, is an unique and relatively new situation in which a woman experiences significant physical, psychological and social changes. Becoming a mother involves new responsibilities and social expectations with respect to a women's nutrition behaviour, which could lead to uncertainties and concerns about her new identity as a (future) mother. Therefore, the time in and around pregnancy can be a life experience that triggers a woman to rethink and reconsider her nutrition behaviour and to make a decision about her future nutrition-related lifestyle behaviours (Szwajcer et al., 2007).

Because nutrition becomes more personally relevant during pregnancy, which makes most pregnant women more conscious with respect to nutrition, a pregnant woman may also be more sensitive to promotion activities aiming at healthy eating. Also, nutrition-related information seeking activities may be more prevalent in and around the period of pregnancy. Consequently, this period may make women more able to make significant decisions and real nutrition-related behaviour changes, which is more difficult at other moments in life (Szwajcer, 2007). "Pregnancy can therefore be seen as a major transition or turning point in a woman's life and may have positive consequences for a woman's future health and nutrition behaviour, and that of her family" (Szwajcer et al., 2007, p. 20).

In their qualitative study, Szwajcer et al. (2006) explored the influence of preconception and pregnancy as a life event on nutrition awareness and how this awareness relates to motivations for nutrition behaviour. The life course perspective was used as theoretical framework, and this study provided some results that support this perspective. An important result was that pregnancy and also preconception could indeed be life events leading to an increase in nutrition awareness. However, different levels of nutrition awareness could be distinguished which divided the women into three groups: (1) 'going all the way', (2) 'taking the flexible way', and (3) 'continuing the same way'. Women going all the way tried to live precisely by the book. For them, nutrition became more salient, a subject of preoccupation and deliberate supervision. Women taking the flexible way were more flexible in dealing with their increased nutrition awareness, and they found their own ways of doing so. The third group of women did not experience essential changes in nutrition awareness and can be divided into two sub-groups: (1) women who did not find it necessary to become more aware because they had always been aware of their nutrition, and (2) women who did not really care about their nutrition (Szwajcer et al., 2006).

Another important result was that the intensity of nutrition awareness is based on three types of motivations: (1) the interest of the child; protecting the health and well-being of the developing baby (2) the interest of the mother; protecting the health and well-being of the prospective mother, and (3) expectations from the social environment. The most autonomous type of motivation with more long-term effects is the interest of the mother. However, the level of nutrition awareness and types of motivations change throughout preconception and pregnancy. Observed shifts in favour of the life course perspective were that women started to realise that good nutrition was in their own interest too, and that good nutrition had become a habit for women who were pregnant for the second time. Overall, from the results of this study it can be concluded that the period in and around pregnancy could have positive consequences for a women's future health and nutrition behaviour, and that of her family (Szwajcer et al., 2006).

In another study, Szwajcer et al. (2012) examined nutrition awareness of women before and during pregnancy in a quantitative way (cross-sectionally), to provide more insight into the life course perspective in relation to nutrition behaviour and pregnancy.

The results of this study showed that women not trying to conceive, women trying to conceive and pregnant women perceive the influence of nutrition relatively high. Unhealthy nutrition took in the third place in a range of six lifestyle factors, after excessive alcohol consumption and smoking and followed by stress, little physical exercise and bad hygiene. Furthermore, it

appeared that pregnancy could indeed be a life event leading to an increase in nutrition awareness, which is supportive of the life course perspective (Szwajcer et al., 2012).

These results made the authors wonder if nutrition awareness acquired during pregnancy has mainly short-term effects or if it could have longer lasting effects. So, if it could influence the future health and nutrition behaviour of a woman, and perhaps that of her family. Also, motherhood could be an additional life event that stimulates women to seriously consider their own health and that of their baby. Therefore, Szwajcer et al. (2007) executed another qualitative study in which they focused on the transition from pregnancy to motherhood. In this study they aimed to obtain an in-depth understanding of the development of nutrition awareness in this critical life event, and to provide more insight of the life course perspective in relation to postpartum nutrition behaviour (Szwajcer et al., 2007).

The results of this study showed that both pregnancy and motherhood could indeed be periods in a woman's life that lead to an increase in nutrition awareness. However, the study also suggested that intensity shifts in nutrition awareness occurred in the transition from pregnancy to motherhood. In relation to this, the authors categorised women into four possible postpartum nutrition awareness routes: (1) the new routine route: increased nutrition awareness acquired during pregnancy transforms into a new postpartum lifestyle identity, without thinking about it or feeling pressured; (2) the attentive route: increased postpartum nutrition awareness; nutrition is still, or becomes even more, personally relevant after giving birth, (3) the relapse route: nutrition awareness acquired during pregnancy goes back to the level before the pregnancy, the increase in nutrition awareness was just temporary; and (4) the steady route: postpartum nutrition awareness does not change compared to pregnancy and pre-pregnancy. With respect to the life course perspective, the new routine route and the attentive route support this perspective, while the relapse route and the steady route do not (Szwajcer et al., 2007).

Furthermore, the results revealed that motivations for women's choice of postpartum nutrition awareness route are generally dependent on: (1) feelings of responsibilities accompanying pregnancy and motherhood, (2) a lack of energy, and (3) the wish to regain old weight and shape (with motivation (1) being more autonomous than motivations (2) and (3)) (Szwajcer et al., 2007). Hereby it is important that eating healthy is a personal, autonomous choice of the mother, and that it is not based on the prescriptions of health officials or the expectations of the social environment. A woman has to be convinced herself that eating healthy is important during pregnancy and/or motherhood (Szwajcer et al., 2007).

Finally, when looking at the first postpartum year, nutrition practices became more relaxed and part of a daily routine after the first few months right after the pregnancy. However, when the child began to eat the same dinner as the rest of the family, women generally became more aware of their nutrition in relation to health (Szwajcer et al., 2007).

Moreover, next to the efforts of Szwajcer and colleagues, the influence of the life experience of transitioning into parenthood, and especially into motherhood, is also studied by some other researchers. Devine and Olson (1991) studied in which ways the social roles of women at different life stages influence their attitudes and beliefs about preventive dietary behaviour. Their findings suggest that women's motives for preventative dietary behaviour vary with life stage, due to altered perceptions of health status, body weight and social roles. Women with

young children may be more likely to make dietary changes for the health and nutrition of their children. However, mothers also felt that they had less time for themselves and they prioritize the nutrition of their children over themselves (Devine & Olson, 1991). Furthermore, the study of Devine and colleagues (1998) into life-course influences on fruit and vegetable trajectories provides support for the importance of role transitions and role-specific norms, especially family roles, as influences on food choices. Major transitions in roles such as parenthood have been identified as a motivation for dietary change, involving increased serving and eating of fruits and vegetables for the sake of their children (Devine et al., 1998). Further, Olson (2005) studied the patterns in selected food choice behaviours across the transition to motherhood and found that the transition to motherhood was associated with a positive change in some food choice behaviours, including fruit and vegetable consumption and breakfast habits. In addition, women making this transition for the first time showed the most consistent positive changes (Olson, 2005). Also, Aschemann-Witzel (2013) concludes that becoming a parent is a time of change in food choice and eating habits and therefore provides opportunities for health promotion efforts to induce and promote favourable changes to eat healthier. She found that several participants described that discovering pregnancy and the awareness of the growing foetus resulted in a feeling of responsibility and caring for the child's health via one's own diet, and thus an increased obligation and motivation to improve diet healthiness. For example, in terms of abstaining from alcohol and reducing coffee consumption; eating more fruit, vegetables, and fish; drinking more milk; and taking dietary supplements. However, after birth the healthiness of their dietary behaviours drops considerably, which underlines that expecting parents might need more awareness of their coming challenges and more help in achieving healthy diets for themselves in this period. In addition, her study shows that it should be taken into account in health promotion efforts that mothers have different needs and challenges in the different stages of the transition to parenthood (Aschemann-Witzel, 2013).

Table 3.4 below provides a summary of the literature study into the concepts food literacy, resources (GRRs), and life experiences.

Table 3.4 Summary results literature study

Results literature study	
<i>Food literacy</i>	<ul style="list-style-type: none"> ➔ Definitions in the literature refer to food literacy as the food and nutrition information (i.e. food knowledge) and the ability to apply this knowledge in daily food practices (i.e. food skills). ➔ Food literacy is an input (resource) and an outcome of combined resources (the different components/factors of food literacy), in terms of skills related to planning and management, selection, preparation and eating. ➔ Food literacy consists of multiple factors/components (GRRs), therefore it could be considered as a composite GRR. ➔ There is an indirect relationship between food literacy and nutrition/food practices through three sub-mechanisms, namely certainty (food security), choice (nutrition variety), and pleasure (nutrition quality). These mechanisms all empower the individual and provide more control over food and eating.

	<p>→ Little research has been done on the concept of food literacy which included the specific target group of this study, and no research included the Salutogenic perspective. Therefore, its position is not so clear in this field of research.</p>
<i>Resources (GRRs)</i>	<p>→ Internal resources:</p> <ul style="list-style-type: none"> - Nutrition awareness & knowledge - Motivation - Motives & values - Attitudes & beliefs - Subjective norms - Perceived behavioural control & self-efficacy - Behavioural intention - Nutrition habits - Skills - Food involvement - Identity <p>→ External resources:</p> <ul style="list-style-type: none"> - Physical-Environmental resources: nutrition-related information sources and time - Social resources
<i>Life experiences</i>	<p>→ Childhood:</p> <ul style="list-style-type: none"> - Food experiences during childhood have an important influence on food practices later on in someone's life course: "Early experiences provided lasting "food roots" that set people on trajectories or provided reference points for later comparison" (Devine et al., 1998). - Such experiences include for example experience with the preparation and taste of a wide variety of fruit and vegetables, home cooked meals and regular family meals. - People aim to pass on their positive food experiences from their own upbringing to their children. <p>→ Pregnancy and the transition to parenthood:</p> <ul style="list-style-type: none"> - Pregnancy and the transition to motherhood can be seen as a major transition or turning point in a woman's life and may have a positive effect on a woman's future health and nutrition behaviour, and that of her family (Szwajcer et al., 2007). - Nutrition awareness increases during the period around pregnancy and the transition to motherhood. However, the intensity of nutrition awareness and the type of motivations for this awareness differ across different women and between different points in time (e.g. just before pregnancy, during pregnancy, right after the pregnancy). - Many researchers explored the transition to parenthood and found that it is a transition which has an important influence on food practices. Some found that it has a positive effect; but some studies also found that it can have a negative effect on the food practices of parents themselves, for example because of a lack of time. - However, little research has been done on the mechanisms underlying the effect of the transition to parenthood on (healthy) food practices.

3.5 Gaps in the literature

The existing literature for the three concepts – food literacy, resources, life experiences – focuses on nutritional aspects of food and health, and on the physical dimension of health. By doing so, it neglects other dimensions of health that can be affected by food, such as mental and social dimensions; and it does not take into account non-nutritional aspects of food.

Another issue in the current literature is that it often defines healthy eating as following the dietary guidelines and the adequate intake of nutrients established by experts; whereas less attention is paid to people's own meaning of healthy eating and healthy eating behaviours in their everyday life, especially in the group of people having and rearing children. It should be further explored how people having and rearing children give meaning to healthy eating, what (healthy) food practices they perform and how they are able to perform them in the context of their everyday life.

Furthermore, up till now there is little research examining the life course perspective and life experiences that enable people having and rearing children to identify and use resources for healthy food practices. Most studies mainly pay attention to food upbringing in childhood and the transition to parenthood itself, but do not take into account the whole life course of people.

Finally, studies that explicitly pay attention to food literacy when studying healthy eating behaviours among people having and rearing children are lacking. This is probably due to the fact that food literacy is a relatively new concept in this field of research.

4. Fieldwork

In order to gain insight into the mechanisms underlying the ability to direct food practices towards health among people having/rearing children, a qualitative narrative study was carried out by means of face-to-face semi-structured interviews aimed at answering the following research questions:

2. What resources (GRRs) enable people having/rearing children to direct food practices towards health?
3. What life experiences enable people having/rearing children to direct food practices towards health?
4. In what ways does food literacy, GRRs and life experiences relate to directing food practices towards health in people having/rearing children?

Firstly, the methodology which was applied in carrying out the fieldwork will be explained. Secondly, the findings from the face-to-face semi-structured interviews will be discussed.

4.1 Methodology

A qualitative narrative research was carried out by means of face-to-face semi-structured interviews aiming to explore from a Salutogenic and Life course perspective how food literacy, resources (GRRs) and life experiences enable people having and rearing children to direct food practices towards health. Narrative research is based on collecting stories or accounts (i.e. narratives) from the participants in the study. Those narratives are evaluated and analysed in a systematic way by looking for themes concerning a certain topic or research question (Overcash, 2003). The reason for choosing this method is that narratives of lived experiences provide rich data which makes it possible to explore and understand meanings of people's inner world in terms of interpretations of lived realities, beliefs, and identity (Lieblich, Tuval-Mashiach & Zilber, 1991). Furthermore, a qualitative method was chosen because it allows identifying and understanding people's perspectives, experiences and interpretations on healthy food practices; the reasons and factors behind their eating behaviour, and their development throughout life (Bisogni, Jastran, Seligson, & Thompson, 2012).

The study population, sampling strategy, data collection and data analysis are described in the following sections.

4.1.1 Study population and sampling strategy

The population considered for this study consists of Dutch women having and rearing children between 0 and 12 years old. This study population with specific characteristics is selected because of the following reasons:

- *Dutch population.* This thesis is part of the European Salutogenic Eating Project, which aims to gain insight into the mechanisms underlying people's ability to direct food practices towards health within the context of each of the countries involved. Because the research for this thesis takes place in the Netherlands only participants with a Dutch nationality were chosen to represent the Dutch context.
- *Having and rearing children.* This specific population was selected because having and rearing children is a major transition stage in people's life and a stage where people's food practices are "challenged" or put under stress, because they get the responsibility to take care of one or more children. This means that they no longer only have to think about themselves with respect to food practices, but also about their children, for example when making food choices, buying groceries, and preparing meals (Devine, 2005; Olson, 2005). This particular feature in the study population is in line with theoretical framework that guides this study (refer to chapter 2) and provides a rich source for exploring the ways in which these food challenges are overcome.
- *Children between 0 and 12 years old.* People with children between 0 and 12 years old were chosen, because children in the Netherlands go to primary school until they are 12 years old. These children are still very dependent from their parents and also for the biggest part influenced by their parents with respect to food. After 12 years old, when they go to secondary education, they are already starting to get a little less dependent from their parents, and also other people (e.g. classmates) start to exert an influence on them with respect to food. Therefore, it was decided to focus on people with children who are 12 years old or younger.
- *Females.* Previous quantitative research from the European Salutogenic Eating Project suggests that being female is a factor that predicts healthy food practices among the Dutch population (Swan et al., 2014). Therefore, to further explore the ways in which females are able to direct food practices towards health the study population of this qualitative research consists of females only.

The sample in this study was selected in a non-random manner. A purposive sampling strategy was used in order to recruit participants who complied with the specific characteristics mentioned above.

As a first step to recruit participants a recruitment poster was designed (see appendix 1). This recruitment poster was placed in different organizations and institutions in Wageningen where it was expected to find the study population of interest for this study, such as a day-care, school, consultation clinic ('consultatiebureau') or a centre for young parents. Also, the poster was placed in supermarkets in Wageningen, including one supermarket in a neighbourhood with a lot of young children. People who complied with the specific characteristics and were interested to participate in the study could contact the researcher by e-mail.

However, recruiting participants through the recruitment posters appeared to be very difficult. Therefore snowballing sampling, through the social network of the researcher, was also used to recruit the required amount of participants for the study (Ebrahim & Bowling, 2005).

The targeted sample size was determined on a minimum of 10 and a maximum of 15 participants, the total depending on when data saturation was reached. These limits were set based on the feasibility of carrying out the interviews and processing the information within the period of time established for the study. Due to this limited sample size and the purposive nature of the sampling, it is not possible to claim that the sample is representative (Silverman, 2001). Eventually, a sample consisting of 12 women participated in this study. At this point data saturation was reached.

4.1.2 Data collection

Firstly, people complying with the specific characteristics and interested in participating in the study were contacted by telephone to confirm their participation in the study, to explain what was expected from them, to arrange the interview appointment and to ask for their address.

The actual data collection process consisted of two stages. In the first stage, an *interview preparation package* (see Appendix 2) was sent to the participants by e-mail. The package included:

1. An informative letter concerning the purpose of the study, the aim of the interview, confidentiality and anonymity issues, and a set of instructions for their participation;
2. A short questionnaire regarding general background information, such as age, marital status, socioeconomic background, children, and frequency of general food practices (selecting, buying and preparing food). This general background information was not analysed in relation to the narratives on food/eating from the 12 participants, but served as a context for the study;
3. A reflection activity which consisted of creating a visual representation of the role of food in their lives. To create this the participants received a blank sheet of paper entitled "Food & me", and the participants were asked to describe the role of food in their lives with the use of words, sentences, drawings, photos or pictures.

The purpose of this activity was two-fold: act as a warm-up activity for participants to begin thinking about food in their lives before the interview; and to act as a visual prompt during the interview for generating narratives from the respondents (Ebrahim & Bowling, 2005).

Participants were requested to send the completed activities prior to the interview or hand them to the researcher on the day of the interview. In the meantime, when participants had any questions they could contact the researcher.

In the second stage of data collection, a face-to-face semi-structured interview was carried out with each woman, guided by a semi-structured interview guide. This type of interview was chosen because it allows obtaining rich data by letting participants speak extensively about the topic asked, yet allows the researcher to contain and guide the conversation with prepared but flexible questions (Ebrahim & Bowling, 2005). Hence, this type of interview provides narratives of the participants' life stories which can then be analysed and quoted.

The interview guide was designed to discuss the role of food in life (with the reflection activity completed at home as starting point), past and present challenging life experiences (with respect to food) and their influence on food practices, and the resources used for managing

food practices in both challenging situations and everyday life. The interview ended with a section of evaluative questions about the reflection activity and the interview itself. These questions were intended for feedback purposes. Probes were used along with certain questions to ensure clarity, understanding of meaning and completeness. (See Appendix 3 for the complete interview guide).

The interviews were carried out in December 2013 and January 2014. Each interview was performed face-to-face at the home of the participant (one at the home of the researcher), and was conducted in Dutch and by the same researcher. Before the interview started, the returned questionnaires were checked to verify any unclear or incomplete background information provided by the participants, followed by signing of the informed consent (see Appendix 4). The interviews were recorded with a digital voice recorder and transcribed verbatim.

4.1.3 Data analysis

To analyse the data obtained through the interviews a categorical–content analysis was used, because that is the “classical method for doing research with narrative materials” (Lieblich et al., 1998, p.112). It consists of classifying and grouping excerpts of text under a category system in order to identify themes emerging from the data (Hiles & Cermak, 2007; Lieblich et al., 1998).

The qualitative data analysis was supported by the computer programme Atlas.ti, which enhanced the efficiency of data storage and application of codes to the data. With the help of Atlas.ti the interview transcripts were analysed according to the research questions. The steps of the process followed in this research - data familiarization, coding, emerging themes and inferences on the data - are described in detail below.

Step One: Data familiarization

At the beginning of the data analysis the transcripts were read through as many times as needed to become immersed in the text and to become familiarized with the content of the narratives. This was needed to be able to consider its thematic relevance in relation to the study’s specific research goals, questions and theoretical framework (Burnard, 1991). Notes on initial impressions and topics within the transcripts were made and were discussed with the researchers carrying out this same study in other populations of interest for the Salutogenic Eating Project in the Netherlands (i.e. students leaving the nest and retirees). A list of topics was created based on the main concepts of the study (food literacy, GRRs and life experiences) and the interview topics. The list consisted of the following topics: (i) meaning/role of eating and food practices; (ii) meaning of significant life experiences/challenges across the life course and their influence on food practices; and (iii) resources and components of food literacy for managing food practices in both challenging situations and everyday life. This list was then used to guide the next step, coding.

Step Two: Coding

Using the qualitative data analysis software Atlas.ti, a modified version of open coding was performed to facilitate the coding process in this study. Burnard (1991) described open coding as freely generating and assigning codes to fragments of the text to describe all aspects of its

content. In this study, coding was conducted in a structured way by assigning codes to segments of the transcripts based on the topics list created in step one. Therefore the coding process could be concentrated on topics relevant to the research objectives and questions (Lieblich et al., 1998).

Step Three: Emerging themes

Once the transcripts were coded, the list of generated codes was reviewed and similar codes were merged. After that, related codes were grouped into categories (Burnard, 1991; Lieblich et al., 1998). Thereafter, categories were placed under broader thematic groups from which emerging themes were obtained. The main themes that the participants used to talk about food and eating were the role of food and way of eating in their everyday life (health, relaxation/release, social connectedness), their experiences with food and eating throughout their life course, and their transition to motherhood in relation to food and eating.

Step Four: Inferences on the data

The content within the emerging themes was used to describe and make inferences regarding the meaning/role of food, life experiences and resources among people having and rearing children within the Dutch context. Furthermore, the themes were compared to what was found in the literature review.

To ensure robustness and a correct interpretation of the data, codes, themes and inferences from the data were discussed with other researchers involved in the Salutogenic Eating Project in the Netherlands throughout the analysis stage. With these discussions, consensus could be reached on conflicting interpretations of the data, reducing subjectivity of the results (Burnard, 1991; Lieblich et al., 1998).

The themes from the interviews are described in section 4.2.3 and 4.2.4; and their comparison to what was found in the existing literature is discussed in chapter 5.

4.2 Results

4.2.1 Characteristics research population

A total of 12 women with children between 0 and 12 years old participated in the study. Their ages ranged from 28 to 43 years. Eight of the participants were married, and four were unmarried and cohabiting with a partner. Among the participants, two completed university (WO), five higher vocational education (HBO), three intermediate vocational education (MBO), one higher general secondary education (HAVO/VWO), and one lower vocational education (VMBO). All mothers had paid employment, either fulltime or part-time, ranging from 16 to 40++ hours per week. The occupations of the participants were very varied, which included entrepreneur, teacher, coach, administrative officer. Also their partners all had paid employment, almost all fulltime, ranging from 32 to 40+ hours per week. Eight participants had two children, three had one child, and one had three children, and their ages ranged from 3/4 months to 12 years. Table 4.1 on the next page provides more details on the demographic characteristics of the research population.

Regarding food practices, almost all participants were in charge of selecting, buying and cooking their own food. Only one participant indicated that her husband was in charge of all the food practices, and one participant indicated that she shared the food practice of selecting food with her partner. The frequencies in which they were involved in each food practice are shown in table 4.2 on the next page. All participants stated they had started selecting, buying and cooking their own food once they moved out of their parents' house.

Table 4.1 Participants' demographic characteristics

	Year of birth	Place of residence	Marital status	Highest education level	Employment + hours per week	Occupation	Employment partner + hours per week	Children + age
Julia	1970	Oijen	Married	HBO	Yes, 40 ++	Creative coach, entrepreneur	Yes, 32	2 children 9 & 11 years old
Suzanna	1977	Ravenstein	Married	MBO	Yes, 25	Entrepreneur	Yes, 40+	1 child 10 years old
Jackie	1973	Oss	Cohabiting	HAVO/VWO	Yes, 25	Sensi therapist, artist, pedagogic worker	Yes, 33	2 children 7 & 9 years old
Vera	1980	Berghem	Cohabiting	HBO	Yes, 20	Teacher	Yes, 40	1 child 3/4 months old
Olivia	1972	Oss	Married	WO	Yes, 40+	Entrepreneur, career advisor, coach	Yes, 40+	2 children 2 & 5 years old
Emily	1985	Oss	Cohabiting	MBO	Yes, 36	Salesperson toy store	Yes, 38	2 children 1 & 3 years old
Lois	1972	Wageningen	Married	WO	Yes, 30	LIMS consultant	Yes, 34	2 children 10 & 12 years old
Rose	1979	Oss	Married	HBO	Yes, 16	Teacher	Yes, 40	3 children 2, 5 & 7 years old
Leanne	1973	Oss	Married	VMBO	Yes, 16	Administrative officer	Yes, 40	2 children 1 & 10 years old
Valerie	1978	Berghem	Married	MBO	Yes, 28	Clinical chemical analyst	Yes, 41,5	1 child 1 year old
Amber	1974	Ijsselstein	Cohabiting	HBO	Yes, 36	Programming manager	Yes, 32	2 children 2 & 3 years old
Sara	1981	Amsterdam	Married	HBO	Yes, 32	Planner	Yes, 36	2 children 1 & 4 years old

Table 4.2 Responsibility and frequency of engagement in food practices

Number of people (n=11)			
	Select food	Buy food	Prepare food
Responsible for food practice			
Yes	11	11	11
No	2	1	1
Frequency engagement in food practice			
0-1 day per week	-	1	-
2-3 days per week	-	9	2
4-5 days per week	7	1	4
6-7 days per week	3	-	5

4.2.2 Interview results

In the interviews, participants talked about the meaning and role of food in their life and how this has developed throughout their life course, and the different elements that helped them to manage different food practices throughout life, particularly during the transition into motherhood. From these narratives, two emerging themes with associated subthemes were identified: 'A way of eating, a way of life' and 'Food and the transition to motherhood'. A summary of these themes and subthemes is presented in table 4.3 (page 56).

These emerging themes are described in section 4.2.3 and 4.2.4 below. Quotes from the interview transcripts (translated from Dutch to English) are provided to portray what the participants said within the themes and to illustrate the findings. To ensure the anonymity of the participants they were assigned a pseudonym that was used alongside the quotes.

Before elaborating on the two emerging themes, first some general results from the interviews will be discussed.

All interviewed mothers talk about the role food plays throughout their whole life course. Eating is a part of their life, without eating there is no life; and the way in which the participants eat is connected with their way of life. In other words, a way of eating, a way of life.

The role of food in life differs among the interviewees. However, also a lot of similarities can be found within the interviewed group of mothers.

Firstly, all mothers think that food plays an important role in their life, especially when they became a mother, but the level of importance and what they find important with respect to food differs somewhat among them. A few interviewees think food is a very important part of their life and they pay a really large amount of attention to it, while other interviewees think a bit more loosely about it. They also think food is important, but they pay less attention to it and do not worry too much about it. Lastly, there is a group of interviewees that falls between these two groups, they pay an average amount of attention to food in their life. They really

want to pay attention to it, but also do not want to overdo it. Mainly, they try to follow the general dietary guidelines concerning healthy eating.

For example, Jackie pays attention to food in a quite extreme way compared to the other interviewees. Almost her whole life she has been really focused on finding the best way possible to eat healthy for herself, and when she became a mother also for her children. She tells that food is something she pays a lot of attention to the whole day. Whereas, for example Suzanne thinks that food plays an important role in her life, but she also says that her and her family's day is not all about food.

Moreover, the interviewed mothers all perceive food as *'necessary for life'*. They talk about food as something that is necessary to make daily life possible, and they express this in two ways. Firstly, food provides *energy for performance*. According to the interviewees, food in general plays an important role in their lives, because it is a source of energy they need to function well during the day and to perform their daily activities (as a mother). Secondly, food is seen as a fuel which is essential for *staying alive*. They know that it is not possible to survive without food. For example, Julia and Suzanne tell that they see eating as a necessity or a basic need to stay alive and to be able to function throughout the day. Another interviewee, Valerie says eating is just a part of life, that it is something that is intertwined with life and that you are supposed to eat. Moreover, many interviewees see food as a substance which is needed to provide nutritional support for the body, for example to grow and to gain energy. They know the body needs food, because it contains essential nutrients such as fats, proteins, vitamins or minerals.

Julia:

[...] when I listen to my story now it actually is something that is necessary ('noodzakelijk kwaad'), so when I say that eating is very important to me then it is because it keeps me alive.

Suzanna:

Well, yeah eating is a basic need [...].

[...]

Well I think uhm, uhm look, I think that eating at least needs to ensure that you can function throughout the day.

Furthermore, the role of food differs in the different phases the interviewees are in during their life. How they look at food, what it means to them and the way they deal with it changes throughout their life course. In general, these changes occur gradually, mainly when the participants experience a transition into another life stage. At that moment their way of life changes and because of that also the role of food in their life changes.

When the interviewees were asked where the role of food in their life originated from most of them answered with experiences in the different life stages they were in. The most frequently mentioned life stages were the childhood/family food upbringing, school/study, living on your own or together with a partner and becoming a mother. These life stages provided the interviewed mothers with certain life experiences, resources and food literacy, which they use to deal with food practices in subsequent life stages throughout their life course. With respect to this study, the way mothers with children between 0 and 12 years old deal with food

practices depends to a large extent on the life experiences, resources and food literacy they acquired in previous life stages during their life course.

Especially childhood and family food upbringing are often mentioned by the interviewees when they are asked where the role of food in life originated from. Family food upbringing seems to serve as an example and to provide a basis for the way most participants deal with food practices in subsequent life stages during their life course. This influence of family food upbringing may have occurred in a conscious or unconscious way. However, according to the stories of many of the interviewed mothers, they seem to remember quite a lot about their upbringing with respect to food. Also, they often acknowledge they continued some of their parents' food habits and things they learned from their upbringing in terms of food. Especially when they transition into motherhood, family food upbringing appears to have an influence on the way they deal with food practices with their child(ren).

Vera:

[...] I think eating is very important, and I think I also inherited that a little from my parents. At home we had a very big garden with a vegetable garden in it also, so we also had to help in the garden [...]. So from childhood onwards it's already emphasized a lot that eating is very important, because you have to help, and you put effort into it.

Valerie:

Yeah that's really from my parents. [...] uhm and you continue doing that of course, and I think that you've already understood a bit from my story that I like to pass on a lot of those things to my son later on. That I'm really satisfied about uhm the things I learned from my parents.

Furthermore, also school/study and living on your own or with a partner influenced the development of the role of food in the lives of the interviewees. School/study especially had an impact when food played an important role within the education, for example a sports education or dance academy. Also, the way in which was dealt with food within the education influenced the way they dealt with food practices at that moment and also later on in their life.

Vera:

[...] uhm I studied at the CIOS and the ALO (sports education), and there you're also a bit educated about nutrition of course. Uhm it's very important to take care of your body when you sport 20 hours per week. [...] So we always had to eat well and healthy [...] you had those lessons at school about how you can take good care of yourself, uhm we also had to count calories very often, so I paid a lot of attention to that at the CIOS. At a certain moment you let that go, because then you think I know it now, but uhm I still catch myself sometimes that I think don't count [...] you don't have to count calories, but yeah you just know oh that contains so many calories, and you need so much of that, and yeah.

Moving out of the parents' home and starting to live on your own or with a partner also had an impact, because at that moment the participants started to live independently from their parents to a large extent. In this new phase their parents had less surveillance over them,

which meant more freedom, also when dealing with food practices. Consequences were that they could deal with food in their own way, for example only eating food they liked, but also having more responsibilities concerning food, in terms of choosing, buying, preparing and eating certain foods.

Suzanna:

[...] the beginning period that we just started living together [...] then you suddenly have all the freedom [...] that freedom means that you're also suddenly able to buy all the things your mother wouldn't normally put in the shopping cart, and uhm in the meantime I luckily found a right balance in it, but especially in those early years, and then I'm really talking about yeah like from 17 years old till 23/24 years old, then that balance was gone sometimes [...].

[...]

I think [...] that we just came out of that because you're also getting more mature and because your world also just becomes different, uhm at a certain moment you're going to compare yourself less with the people around you, like what they do I also want to do, you're going to make your own choices.

Finally, transitioning into motherhood has a major impact on the further development of the role of food in the lives of the interviewed mothers and the way they deal with food practices, which is further explained in emerging theme 2. The life experiences before the transition to motherhood and the acquired resources through these life experiences also play an important role in this further development.

Leanne:

And certainly since we have children then you're becoming more aware, because normally at home with our parents uhm we always ate healthy of course, and then you're going to live together and then you think like oh yeah I don't have to uhm haha [...] I didn't cook every day for example, I cooked five days a week and in the weekend it was often something easy or take out. Since we have children, then you notice that you're going to do it the same way as uhm your parents did.

[...]

Yes, yeah you also take over a piece of your upbringing when you're uhm going to live together and then yeah you also pass it on to your children.

Lastly, according to the stories of all of the interviewees, dealing with food practices can be challenging and complicated sometimes. How to eat in the right way is not something that is straightforward for most of the participants. Questions they ask themselves that are related to eating right are for example: "What is right?", "What is right for me?", "What is right for my children?", "Do I provide my children the right basis?" or "How do you know that the quality of food products is right?"

Furthermore, most interviewed mothers are faced with challenging life experiences throughout their life course. In these situations it can be quite challenging and complicated for them to keep dealing with their food practices the way they want to deal with it. These challenging life experiences are discussed within the different (sub)themes.

To summarize these general results shortly, all interviewed mothers talked about food as playing an important role throughout their whole life course. However, the level of importance and what they find important with respect to food differs somewhat among them. Moreover, all participants perceived food as *'necessary for life'*, in terms of *energy for performance* and a fuel for *staying alive*. Furthermore, the role of food differs in different life stages throughout the life course. Especially childhood/family food upbringing, school/study, living on your own or together with a partner and the transition to motherhood provided the interviewed mothers with certain life experiences, resources and food literacy, which they use to deal with food practices in subsequent life stages throughout their life course. Lastly, according to the stories of all of the interviewees, dealing with food practices can be challenging and complicated sometimes.

Before discussing the emerging themes and subthemes elaborately a summary is provided in table 4.3 below.

Table 4.3 Summary of themes and subthemes

Themes	Subthemes
Theme 1: A way of eating, a way of life	<p>Subtheme 1a: Eating in a responsible way for a healthy life</p> <ul style="list-style-type: none"> ▪ All interviewees aim to take their responsibility for eating in a healthy way. ▪ To eat in a responsible way most participants try to follow the dietary guidelines as formulated by the national nutrition centre. ▪ Next to following these guidelines, eating in a responsible way for a lot of the interviewed mothers also means having a critical attitude towards food now and then and having doubts concerning food. ▪ One interviewee (Jackie) is the deviant in this study. She aims to develop and follow her own path/guidelines and is especially critical and having doubts concerning food. ▪ All the participants acknowledge that eating in a responsible way can be quite complicated and challenging sometimes. Their stories show the doubts they have concerning eating in a responsible way. <p>Subtheme 1b: Eating as a way to release</p> <ul style="list-style-type: none"> ▪ Above all, the interviewed mothers all discuss that it is important to enjoy food and eating. They share the opinion that eating and/or cooking nice and tasty foods are enjoyable moments of relaxation, comfort or happiness for them. ▪ However, at less enjoyable moments in life eating is not just a simple moment of enjoyment anymore for most participants, but is often used as a way to let go or to release. ▪ When dealing with these challenging situations the interviewees often struggle to maintain control over their food practices and to stick to eating in a responsible way, which for most of them means that they either tend to eat more or to eat less as a way to release or letting go. ▪ However, after a while they aim to go back to their responsible way of eating. Their own strength and their social environment help them doing that.

	<ul style="list-style-type: none"> ▪ One interviewee (Jackie) is again the deviant in this case. Compared to the other interviewed mothers she less often feels the need to use eating as a way to release or let go. Her strong motivation to eat in a responsible way and her own guidelines to do that enable her to overcome challenging situations in her life without losing control over her food practices. ▪ However, while Jackie rather sticks to responsible eating, she also would like to be able to let it go a bit once in a while. <p>Subtheme 1c: Eating as a way to connect</p> <ul style="list-style-type: none"> ▪ All interviewed mothers discuss eating also as a social affair, which is an important part of their life. Eating is not just an individual activity, it is often shared with other people. ▪ Most interviewees discussed eating and/or cooking together as a shared enjoyable moment within their family to connect with each other, for example by sharing their stories about the day. ▪ Also, the participants talk about eating and/or cooking together at home or going out for dinner as a social activity to spend time and to connect with other people outside their own family ('social eating appointments'). ▪ While most interviewed mothers mention that they really like eating and/or cooking together as a shared social activity, some interviewees sometimes have difficulties in certain social eating situations and find it challenging to eat with other people as a way to connect.
<p>Theme 2: Food and the transition to motherhood</p>	<p>Subtheme 2a: I → I & WE</p> <ul style="list-style-type: none"> ▪ The transition to motherhood, with as starting point the pregnancy, involves a shift from I to I & WE. When a woman becomes a mother she not only thinks about herself ("I") anymore with respect to food, but about her family, with focus on her children ("WE"). ▪ The transition to motherhood causes a feeling of responsibility inside mothers to take good care of their children and their health, which also includes taking care of the food for their children and what food contributes to their health. ▪ The transition to motherhood makes women more aware of their food practices and the effect these practices have on their children. In their food practices they especially pay more attention to health, structure, variety, home cooking and norms & values. ▪ Overall, the interviewed mothers share the feeling that it is complicated to find out what the right food practices are, especially with respect to their children ▪ Especially having their first child is a big life-changing experience for women, with a major impact on their food practices. <p>Subtheme 2b: I & WE → I & I</p> <ul style="list-style-type: none"> ▪ When children get older they begin to form their own opinions as individuals, also with respect to food. This leads to a shift from I & WE (mother & child(ren)), as described above, to I & I: mother and child(ren). ▪ This shift from I & WE to I & I can create challenging situations for mothers when dealing with food practices and their children. ▪ To manage these challenging situations mothers apply different strategies, for which they use the food literacy, resources, and life experiences they have at their disposal.

4.2.3 Theme 1: A way of eating, a way of life

As already mentioned above, the way in which the participants eat is connected with their way of life. Eating is a part of their life and several ways of eating as part of their life can be recognized in the stories of the interviewees: *“Eating in a responsible way for a healthy life”*, *“Eating as a way to release”* and *“Eating as a way to connect”*.

Firstly, all interviewees talk about food practices as important for health. By doing so they emphasize they aim to eat in a responsible way to attain and maintain a healthy life. In other words, they show that they are aware of their responsibility to eat healthy. For most of the interviewed mothers this sense of responsibility for eating healthy means that they try to follow the national dietary guidelines as much as possible. These responsible food practices and related challenges are described under subtheme 1a: *“Eating in a responsible way for a healthy life”*.

Secondly, a lot of participants talk about food and eating as a way of letting go and to release. This especially happens when they experience difficult or stressful moments in their life. At those moments they often struggle to maintain control over their food practices. It seems that they feel like they are allowed to let it go a bit once in a while. It is their way to release stress and to deal with difficult and stressful moments in their busy everyday life as a mother. This way of eating and related challenges is discussed further under subtheme 1b: *“Eating as a way to release”*.

Thirdly, for all the interviewed mothers, food and eating are part of social interactions. Eating is not just an individual activity, but also a social activity, because it is often shared with other people. The interviewees talk about eating and/or cooking together as shared enjoyable moments with family, friends or acquaintances. This way of eating to socially connect with other people is elaborated on under subtheme 1c: *“Eating as a way to connect”*.

4.2.3.1 Subtheme 1a: Eating in a responsible way for a healthy life

A frequently discussed role of food practices in the lives of the interviewees and their children is their importance for a *‘healthy life’*. All the interviewees see eating healthy as something important for themselves and their children, because it is a way to maintain physical health, to feel well, to deal with and prevent health problems and to manage a healthy weight. To attain and maintain this healthy life they try to take their responsibility to eat in a healthy way as much as possible. However, the participants acknowledge that eating in a responsible way can sometimes also be complicated or challenging for them.

Responsibility for eating healthy: Dietary guidelines, critical attitude and doubts

When the participants are asked what eating in a responsible way includes according to them, most of them mention basic aspects they seem to have learned from the national dietary guidelines. To eat in a responsible way they try to follow the dietary guidelines as formulated by the national nutrition centre (Voedingscentrum). Also, most interviewees learned at home from their parents that eating healthy is important. Therefore, they aim to continue what they learned about healthy eating during their family food upbringing. Important aspects they learned from their parents are eating vegetables and fruit, using fresh products and homemade cooking. Next to following the dietary guidelines and their family food upbringing, eating in a responsible way for a lot of the interviewed mothers also means having a critical

attitude towards food now and then and having doubts related to food. For example, questioning the quality and/or labels of food products or doubting what the right way to eat healthy/responsible is.

When the interviewees talk about eating in a responsible way the most frequently discussed aspects are *fruit and vegetables, variety ('schijf van vijf'), balance/moderation, structure, fresh and good products.*

For most participants, the main part of eating in a responsible way consists of some *fruit and vegetables* every day. In general they try to eat the amount of fruit and vegetables prescribed by the general dietary guidelines in the Netherlands (two ounces of vegetables and two pieces of fruit per day).

Julia:

[...] it includes the vegetables and fruit for sure, uhm yeah I think that's the main part of healthy eating.

Emily:

[...] vegetables, I think that's important for sure [...]

[...]

At least a piece of fruit every day, banana, apple, uhm what else do you have, mandarins, mango [...].

Also, *variety* is a very important part of healthy eating according to most of the interviewees. For them, eating in a varied way means trying to eat something different every day and eating many different kinds of food to make sure that your body gets something of everything. Three of the interviewees mention that they make use of the 'schijf van vijf' from the national nutrition centre (Voedingscentrum) to keep in mind to eat in a varied way every day. Fruit, vegetables, grain products (such as potatoes, pasta, rice, (whole wheat) bread), meat, fish, and dairy products are often mentioned to describe varied eating or a varied meal.

Vera:

[...] I also keep in mind the 'schijf van vijf' a little, like uhm variety is very important, so one day rice, the other day spaghetti, one time potatoes, uhm one time no grain or something like that [...]. Fish two times per week, for the rest meat or no meat. [...] always some vegetables included, maybe even more than meat [...].

Rose:

[...] but also just really uhm potatoes, vegetables, meat and uhm varied, so that not every day is the same, but that you also vary with pasta or... yeah a dish out of the oven or so.

[...]

And furthermore I also had yeah the 'schijf van vijf', you also want to take into account that you uhm use things out of it every day.

Amber:

[...] I try to use the 'schijf van vijf' as much as possible.

[...]

Well at least enough uhm I always pay a lot of attention to uhm two pieces of fruit a day, and uhm enough vegetables, and uhm I also try to eat fish once or twice a week, uhm and for the rest uhm yeah in general meat, uhm bread, whole wheat bread [...].

Furthermore, keeping a *balance* is talked about by the interviewees as being part of eating healthy, which is also in line with the national dietary guidelines. This means that they try not to eat too much, so not more than their body needs to stay alive and to perform daily activities. Also, they try to eat not too much unhealthy foods, like fast-food (e.g. fries, pizza) and fatty or sweet snacks; and not too much unhealthy nutrients, like salt, fat and sugar. Most interviewed mothers say that they try to eat these food stuffs in moderation and to eat more healthy food stuffs to keep a balance.

However, according to some interviewees it can be a bit of a challenge sometimes to keep a balance. For example, Lois tells that health is very important to her, so she thinks that you have to keep a balance between food as a necessity and something to enjoy. She also thinks this can be a challenge in the luxury society we live in nowadays, in which a lot of nice and tasty food is available for our enjoyment. This can easily result in eating too much (unhealthy) food. Therefore, keeping a balance can be quite complex and challenging according to her.

Lois:

[...] uhm for me it stands for health a lot, but yeah at the same time eating is also just uhm making sure that you stay alive of course so to say, so uhm food is quite complex for us, because you need it, but nowadays we live in a luxury society, so you also tend to enjoy eating a lot of cookies, which isn't necessary, but is just nice.

[...]

but at the same time you also need to keep the balance so that you don't eat too much. Not that I teach my children that it's only cosy if there's tasty food. It can also be cosy uhm with an apple.

Another part of healthy eating, which is also in line with the national dietary guidelines, mentioned by the participants is *structure* with respect to eating. This is related to the regularity of eating moments during the day. According to some of the interviewees it is healthier for the body to have regular eating moments throughout a day, because your metabolism stays more active then. Generally, the participants indicate to eat at least three meals a day, and some also eat smaller meals in between, for example fruit or a (healthy) snack.

Vera:

So I think that's also very important, the regularity, and then you also notice that your metabolism is much faster, and that it's much better for your body and so, so I also pay a lot of attention to that actually [...] that you eat about six times a day, yeah.

Finally, as part of their critical attitude towards food, some of the interviewees say that eating healthy for them includes using *fresh* and *good products*. Fresh for example means not from a

jar or can (e.g. vegetables, fruit); and only homemade food, so no readymade meals, packets (e.g. 'Knorr') or sauces for example. Good products are referred to as products with a high quality, tasteful, and not too many additives, like E-numbers and taste enhancers. For example, an authentic bread from a bakery or meat from a butcher.

Vera:

[...] not from a jar [...] I think a bag with sliced vegetables is not a big disaster [...]. That's fast, but also healthy [...] uhm no readymade sauces [...]. And everything in the store with an E on it, I try to avoid that as much as possible [...] I know that's not healthy. [...]

Suzanna:

[...] uhm yeah just that it's tasty, that what you put in your mouth is also nice to eat and uhm that you just have good bread with tasty sandwich filling and uhm good products.

However, a lot of interviewed mothers are a bit critical and have doubts with respect to food products (food product awareness). They discuss that they often find it complicated to determine whether the quality of food products is good or not. They are often in doubt of the quality of food products they see and buy in the store. Also, they do not always know if they should believe what they are told about food products. For example, certain stories in the media or what is claimed by the labels on food products. For example when a product is claimed to be healthy ('kies gezond/bewust vinkje') and/or organic by the label, they often doubt if this is true. Or they are not sure if they can believe that the ingredients according to the label are really in the product.

Amber:

[...] and especially uhm I really don't like the uhm use of antibiotics in meat, but later on I heard that if you buy organic meat it doesn't have to matter at all, that there can be as much antibiotics in it as uhm when you don't eat organic, so then I thought why am I doing it actually haha.

Suzanna:

[...] uhm what is healthy nowadays, because nowadays they say it's light, it's healthy, but then the sugar is taken out of it and replaced by aspartame. I find that difficult, I think uhm moderation is needed, like I don't eat uhm five apples per day for example, because an apple is healthy, because if that apple has a lot of filth on the outside then it isn't healthy anymore. [...] especially with everything that's on the news nowadays I just find it very difficult to determine if something is healthy. [...] the things we think are healthy, like taking an apple to school every day or a mandarin, because you have to eat fruit, but does it at a certain moment in the future have so much filth on it that you're giving you child pure poison, yeah what choice do you make then? [...] do you give them what you think you're giving?

Jackie:

[...] what can you believe in the store and what not, all those hypes about food, is it really organic when you buy organic, uhm yeah 'gezondmerk' (kies gezond/bewust vinkje) that isn't true at all when you look at the ingredients [...]. What can you still believe?

Overall, although most interviewees think they are eating in a quite responsible way by following the dietary guidelines, some of them also discuss that they are not so sure about the right way to eat healthy/responsible. One of the reasons for these doubts is that the available information about food (e.g. in books, newspapers, magazines) is not always straightforward about this. Some participants discuss that they are being informed about different ways to eat healthy/responsible nowadays, which makes it more complicated for them to conclude what the right way of eating is.

Interviewer:

What do you see as healthy, what is healthy eating according to you?

Lois:

Yeah I think that is quite a puzzle, because uhm the literature isn't always straightforward about it. Several years ago we got a book about the 'voedselzandloper', so we immersed ourselves a bit in that [...] uhm but at the same time you realize that you're just brought up with eating pasta or potatoes or rice, so we didn't grow up with just leaving that out.

Uhm yeah but what is right? If you read such a book about the 'voedselzandloper', yeah then uhm you tend to say well that is good, but yeah...

Finally, cooking and especially cooking in a healthy way is an activity related to eating in a responsible way which some of the interviewees (really) like, while some others do not like it or find it complicated/challenging. To some extent this is a result from their family food upbringing. The way in which their parents used to deal with cooking during the time they lived at home, which for most interviewees was their mother, influenced how they manage cooking later on in their live. The way of cooking during their family food upbringing could either serve as a positive example to continue with or as something to do differently when they moved out of their parents' home. For example, for Vera her mother was a very positive example. Her mother liked to cook in a healthy way and spent a lot of time on it, so Vera learned a lot from her about healthy cooking and also likes to do it. However, not all the participants inherited their cooking skills from their parents, and for them cooking can be more complicated/challenging. Most of them developed these skills later on in their live, for example with help from their partner or friends and colleagues.

For example, Olivia tells that her parents cooked in a quite simple way, and that she learned to cook in a more culinary way when she met her partner (who is a cook) and when they started living together. Also Valerie did not inherit cooking skills from her upbringing. She grew up with a mother who did not like to cook and did not want to spend too much time on it. Also, her mother did not really season the food and she did not use a lot of fresh products to cook with, but more from a jar or can. This part of her family food upbringing still influences Valerie. She also does not really like to cook, especially when it takes a lot of time. She also thinks that cooking with fresh products takes too much time. Furthermore, she also does not really season

her food, because she is not made familiar with it in her upbringing, so she has no knowledge about how to do that. However, she mentioned that she really likes to have more knowledge and skills with respect to cooking, and she also wants to try to spend more time on it. For example, by talking about it with friends and colleagues and by trying out recipes. Moreover, she thinks that she already made a step forward compared to her mother. She thinks she developed her cooking knowledge and skills already a bit better than her mother and started to do some things differently.

Responsibility for eating healthy: development of personal guidelines

All participants think it is important to eat in a responsible way, but different ways to eat responsible can be recognized in the stories of the interviewees. As already mentioned above, one interviewee (Jackie) has an unique point of view with respect to healthy eating. She talks about it in a conscious and critical manner, and her way to eat responsible is different from the other participants. While the other interviewees also have a critical attitude towards food, they seem to primarily copy the dietary guidelines recommended by the national nutrition centre when they are talking about eating in a responsible way. Jackie however does not blindly follow these guidelines. For example, she thinks that the 'schijf van vijf' is outdated, vague and not as healthy as claimed by the national nutrition centre.

Furthermore, she is very motivated to find a way of responsible eating that is suitable for her. Therefore she searches extensively for new information and tries out what works and feels well for her. To search for information and to look for recipes she uses the Internet a lot, for example Google, certain websites, and Facebook. Also, she uses books about food as a source of information, especially books with a new perspective on food and eating. Furthermore, she followed an education to become a sensi therapist, where she also learned a lot about nutrition and how to use it for a healthy life. Moreover, she believes that food and eating have a large impact on everything in the body and mind, like the feeling in your body, emotions and behaviour. She also experiences this impact in her own body.

Jackie:

Influencing. Uhm yeah it influences me, in my mood, in my uhm if I eat badly I also notice that I'm more cranky, I notice that if my children don't eat well that are angry much faster, much more irritable and so, and tired, so I think it influences everything.

[...]

[...] when I eat healthy I feel fresh, when I don't eat healthy I don't feel fresh.

Although Jackie is very aware of responsible eating it is still a challenge for her to figure out what the most suitable way is for herself. She believes there is not only one way, but more ways to eat responsible. Which way is most suitable depends on the person, because what works and feels well for one person, can be very different for another person. According to Jackie it is not going to work if someone tells you how to eat in a responsible way, like the national nutrition centre or labels on food products. She thinks that you can only find out the most suitable way by yourself, because only you can feel what works well for your body and mind. Therefore, eating in a responsible way is not something that is straightforward, like following the national dietary guidelines, and it can be very complicated according to Jackie.

Jackie:

[...] who is going to tell me how to eat well [...]. And I also don't think that anyone can say that, that you can only discover that yourself, because I also really think, I discover more and more that, yeah what is good for me could not be nice at all for you.

Also, compared to the other interviewees who talk about healthy food and meals in more general terms based on the national dietary guidelines, Jackie talks more specifically about this and explains more explicitly what responsible eating means for her.

Jackie:

Yeah nowadays I think healthy eating is, so uhm yeah what's best for me, cow milk free, sugar free, and especially vegetables, fruit, uhm proteins, so eggs, yoghurt, yeah yoghurt, or soya, nuts, lots of raw nuts, and all those uhm foods you also see nowadays [...], like chia seeds, and flax seeds, and all those berries and so on, yeah I don't buy those things yet, because I think it's still too expensive, but yeah I'm really looking for good food [...].

This contrast between Jackie and the majority of the participants can also be recognized when they talk about unhealthy eating. Most interviewees talk about unhealthy eating as 'obviously' bad and in a more general way, based on recommendations of the national nutrition centre, for example fast-food (e.g. fries, pizza), fatty or sweet snacks and nutrients like salt, fat and sugar, which they try to eat in moderation. On the other hand, Jackie talks more critical and specific about what she thinks is bad for her and she is determined to avoid the things she believes are unhealthy for her. However, this is still quite a search for her.

Jackie:

Unhealthy. Yes unhealthy, yeah what is unhealthy then? All the obvious things are unhealthy, McDonald's, fries, [...] but there are also just pastas and so unhealthy, that the blood sugar level increases really fast, white pastas, white rice, yeah that also appears not to be so healthy actually, bread yeah. That's also a question mark, what is unhealthy?

Extremeness of responsible eating

Finally, although eating in a responsible way is seen as important by all the interviewees, the stories of the participants show that they differ in their extremeness concerning responsible eating. This means that some interviewed mothers are more extreme with respect to responsible eating, while others are much less extreme, or somewhere in between. The difference between Jackie and the other interviewees is most straightforward in this study. Jackie is most extreme concerning responsible eating compared to the others.

Most of the interviewees say that they generally try to pay attention to eating in a responsible way as much as possible, but they do not want to go too far. They doubt if paying attention to responsible eating in a very extreme way is the best way to deal with it. Therefore they do not want to exaggerate it, so they also deviate from responsible eating sometimes and like to eat something 'unhealthy' now and then.

Suzanna:

I have a little aversion towards all those hypes, like no carbohydrates, [...] then I think like they used to eat a good piece of meat and there were few people who were overweight.

[...] and I think health is more about variety and in being aware, like uhm brown bread, but yeah uhm not too much salt, not too much sugar, uhm not too much of everything, and then yeah you just hope that you belong to the average a bit, so to say. So I try to pay attention to it in that way.

Leanne:

Yeah basically I try to take it into account as much as possible, but yeah I also don't exaggerate it so to say, I think some people really exaggerate it, that it's never allowed to have something, in between brackets, unhealthy so to say, but here we sometimes do that of course, but uhm in general you try to eat as healthy as possible.

To summarize, most interviewees aim to take their responsibility for eating in a healthy way by following the national dietary guidelines and taking on a critical attitude now and then. Jackie is the deviant in this study, who aims to develop and follow her own path and is especially critical.

Furthermore, although all the participants aim to take their responsibility to eat in a healthy way, at the same time they acknowledge that it can be quite complicated and challenging sometimes. Their stories show the doubts they have related to eating in a responsible way. This is especially the case for Jackie who takes her responsibility for eating healthy very seriously.

4.2.3.2 Subtheme 1b: Eating as a way to release

Attaining and maintaining a healthy life is something valuable for all participants. However, as already appears from the two quotes above (Suzanna & Leanne), most of the interviewees acknowledge it is difficult to stick to a responsible way of eating all the time. They also feel the need to enjoy, relax and let go a bit once in a while. In other words, they also use eating as a way to release in their busy everyday life. This is especially the case when they experience difficult or stressful moments in their life. When dealing with these challenging situations they often struggle to maintain control over their food practices and to stick to eating in a responsible way (following the dietary guidelines and critical attitude). Moreover, eating in such situations used as a way to let go or to release stress.

Enjoyment of food and eating

Above all, the interviewed mothers all discuss that it is important to enjoy food and eating. To enjoy their eating moments they think it is important to buy, prepare and eat nice and tasty foods (e.g. fresh). What kind of food they enjoy differs across the interviewees. Some enjoy eating healthy food, while others like eating more unhealthy food, like fast-food, chips and sweets. For some participants it can be very simple good food products, while others also enjoy more luxurious food. However, they share the opinion that eating and/or cooking nice

and tasty foods are enjoyable moments of relaxation, comfort or happiness for them. Therefore, eating also contributes to emotional and mental health.

Suzanna:

[...] because above all I just think that uhm yeah if you just take the everyday meal and in a family in which uhm everyone works, then it just needs to be tasty, there just needs to be tasty food, and uhm with vegetables and a piece of meat, and good ingredients, and it just needs to possible to have fun at the table.

Jackie:

I uhm if people say oh yummy cake, yummy chocolate, oh yummy uhm... , then I can't think anymore oh yummy, [...] oh if someone could make smoothies and pineapple and I know what for me every day, all kinds of healthy things, oh I would really pay a cook for that so to speak, because I don't really like it myself to uhm prepare food, especially dinner, to make that, to choose it, [...] I also really like healthy food a lot if it's available.

Amber:

Oh yeah I really like snacks, I also want to eat healthy, but I also really like chips and snacks and wine also.

[...]

[...] just to relax for a while, a moment of relaxation.

Olivia:

Gastronomic enjoyment, [...] I think that's also because Peter, my husband, is a cook. We know each other for quite some years already, uhm yeah and I think he also made me a bit more familiar with more luxurious food, and also the more luxurious restaurants where you're going to together, just because of his background.

Letting go of control in challenging situations

However, at less enjoyable moments in their life eating is not just a simple moment of enjoyment anymore for most interviewed mothers, but is often used as a way to let go or to release stress. At these difficult or stressful moments in their life the interviewees seem to feel like they are allowed to let it go a bit and not be too strict for themselves. Dealing with those challenging moments for most of the participants means that they lose control over their food practices and that they do not keep eating in a responsible way.

Letting go of control over their food practices when they experience difficult or stressful moments in their life for some of the interviewees means that they tend to eat more. One of the interviewees (Olivia) tells for example that negative tensions in her life are related to eating more, especially more snacking, for her it is like a cause-effect relationship. In that way it can be seen as emotional eating, to have a moment of relaxation and as a form of releasing stress, which one of the participants (Olivia) also mentions. This often involves more unhealthy food and snacks.

Interviewer:

So when are you an emotional eater for example?

Olivia:

[...] uhm with tensions or when something goes less well or so, for those things I see eating, for example in the evening, as a form of release or something like that, and it doesn't take on extreme forms or so, but I do notice that I pay less attention to it to keep it under control.

Interviewer:

So then you're eating a bit more than you want?

Olivia:

Yes, yeah and it's especially snacking then, so uhm and again it doesn't get out of hand, but then I notice that I just gain some weight, because I also have a predisposition to gain weight [...]

However, this cause-effect relationship can also work the other way around for the interviewees. This means that when things are going well in life and there are no negative tensions it is easier for most participants to stick to responsible eating and to follow the dietary guidelines. At those moments when they feel good it is easier for them to eat less and also more healthy. For example, Olivia says when it is going better again at a certain moment she finds it very easy to go back to eating in a responsible way, because then it does not feel good anymore for her to eat a lot and not so healthy. She also notices that when she feels good she wants to keep feeling that way or even better, so then she is more motivated to pay attention to responsible eating and to stick with it.

On the other hand, when things are going less well in the life of the interviewees they can also have difficulties with eating in a responsible way, but then in the opposite direction, so eating less instead of more. This is especially the case in situations which are heavy in an emotional way. In those situations some of the interviewed mothers just do not feel like eating, because they are full of emotions, like stress, worries, sadness or grief, so then they eat much less or almost nothing. However, they all say they ate just enough to stay alive and to have some energy throughout the day in those periods, because they know they have to eat to take care of themselves. Moreover, they all started to eat normally again after a while, so it did not become an excess for them. Examples of situations some of the participants experienced in which they did not feel like eating are stress at work, losing a relative, a miscarriage, a sick child in hospital, psychological problems of a family member or a stressful relationship.

Vera:

[...] like I said before, eating is cosy/nice, so if something less pleasant or something heavy happens in your life, then you're just going to eat differently or you don't eat, because then it isn't cosy/nice anymore, then you don't feel like eating for a while [...].

Emily:

[...] for me it's with everything [...], I get a lot of stress from, then I just, yeah something happens on the inside, something shuts off causing that I just can't eat.

Furthermore, one of the interviewees (Suzanna) has two ways of dealing with eating in challenging situations. She tells she can go into two opposite directions when she experiences difficult or stressful moments in her life. She can either be very strict for herself to keep a grip on the situation or very soft to let it go a little. At the times that she is very strict she can be very harsh for herself. Sometimes she starts to follow extreme eating patterns and then she can go too far in it. At the moments that she is very soft for herself she tends to downplay everything a bit to justify for herself that she did not stick to responsible eating.

Maintaining control in challenging situations

Compared to the other interviewees, Jackie has a stronger motivation to eat in a responsible way and to stick with it consistently no matter what, because this is a very important aim in her life. She has made her own guidelines to eat in a responsible way, and when she is faced with challenging situations in her life she is still motivated to stick with her guidelines. This enables her to overcome difficult or stressful moments without losing control over her food practices. This means that she less often gives up on responsible eating as compared to the other participants. Jackie does not want to admit to unhealthy eating as a way to release, because it makes her feel bad to eat more and/or unhealthy food. In contrast, the other participants more often feel the need to release and do not feel so bad when they admit to eating a bit unhealthy (eating/snacking more or eating less) once in a while, especially at challenging moments in their life.

Jackie has more difficulties with letting go (releasing) once in a while than the other interviewees, it seems like a challenge for her to let go of her responsible way of eating. While she rather sticks to responsible eating, she also would like to be able to let it go a bit once in a while. So that she could be a little less strict sometimes and to be able to enjoy food without over thinking it.

Jackie:

Yeah at a certain moment I'm so focused on everything that's not good, that at a certain point it starts to become such a forbidden thing, oh that's not allowed, that's not allowed, and that's not allowed. So that you can also find a balance in it [...].

[...]

I find it very annoying that I'm always paying attention to it, then I think like oh just enjoying life and just eating what you like, that's also nice if you're capable to do that.

With respect to responsible eating and eating to release Jackie also talks about balancing the body and the mind. She thinks that if you are too focused on eating in a responsible way it can cause stress in the mind, but when you let it go too often and use eating too much as a way to release it causes stress in the body. Therefore she thinks you have to keep the balance between eating for a healthy body and a healthy mind.

Jackie:

Stressful, healthy in the mind and unhealthy body. Yeah that I think it also causes stress in the mind if you pay attention to health, while you actually

have to deal with it in a healthy way, but when you let it go then it's unhealthy for the body, uhm yeah if you eat unhealthy then it causes stress in my body. So, that's searching for that balance again.

Helpful resources in challenging situations

Finally, most participants mention two types of resources that help them to overcome emotionally challenging moments in their life. These resources can be described as a kind of strength within themselves and people in their social environment. They seem to really want to solve problems themselves and they have a natural tendency to draw strength from within themselves. This strength within the interviewed mothers mainly includes characteristics like perseverance, positivity (positive attitude), and a sense of responsibility for their children. The people in their social environment that also support them are for example family, friends or their partner. When the interviewees eat too little or too much at emotionally difficult moments these people are there to motivate and help them to eat in a responsible way again.

Julia:

[...] that has to do with your social environment. If I had been alone and something like that happens, and you're alone in an apartment and alone in your life... Uhm I think that my social environment has been very strong by pulling me through it, and I had a partner who paid attention to me, if I didn't feel like cooking then he cooked and put it in front of me, and I just had to eat that, although it wasn't much.

Olivia:

[...] I think it really has to do a lot with uhm my character, just always staying positive, and my perseverance, that definitely helped me.

Emily:

Yeah I don't want to give up. I have perseverance, I think like you just have to go on, I cannot be weak.

In conclusion, from their stories it appears that most of the interviewees not always stick to eating in a responsible way. Besides the responsibility for eating healthy, eating is also enjoyment, letting go and a way to release. Especially at emotionally challenging moments in their life the participants feel the need to use eating as a way to release. However, after a while they aim to go back to their responsible way of eating. Their own strength and their social environment help them doing that. Jackie is again the deviant in this case, compared to the other interviewed mothers she less often feels the need to use eating as a way to release or let go, and she rarely loses control over her food practices.

4.2.3.3 Subtheme 1c: Eating as a way to connect

Next to eating in a responsible way or as a way to release, eating is also a social affair for the interviewed mothers. Eating is not just an individual activity, it is often shared with other people. Social interactions are a part of life, and eating often forms a part of these interactions. The interviewees talk about eating and/or cooking together at home or going out for dinner as a social activity to spend time and to connect with family and/or friends. The food

is enjoyed together and it also creates moments of social interaction. Furthermore, the participants see eating together as shared enjoyable moments within their family. It provides opportunities to spend quality time together and to talk with each other about the day to keep updated about each other's lives. Therefore, eating as a way to connect takes up an important place in the lives of the interviewed mothers.

Shared moment within a family

Most of the interviewees discussed eating together as a shared moment within their family. At these moments they are together as a family and they enjoy the food and each other's company (cosiness ('gezelligheid') is often mentioned). While they are eating they spend quality time together by talking with each other, for example about things that happened during their day. It is a moment at which every family member can share their stories. Especially dinner is seen as an important moment of the day, as a moment of rest and togetherness, and to look back at the day together. In this way, eating creates social interaction and connection between family members, which helps to prevent losing touch with each other.

Julia:

[...] eating is a shared moment within the family. Cosy, 'bourgondisch', enjoyment, telling about your day/your story, what did you do that day, are there nice things/less nice things, so that's a very important moment for us.

[...]

That's a moment at which you're all together [...] because otherwise you're going to scatter a lot as a family. And I think that's the role of the eating moments. [...] eating is a moment to talk about the day, or to tell things.

Olivia:

[...] Peter has his own company, I have my own company, so we uhm we don't speak with each other a lot, because we're just very busy with our own things. [...] especially Peter often comes home late, yeah and then you still want to exchange some things, and then we take some cheese and some sausage haha [...]

[...]

[...] these are also the moments that you find each other, at the table or in the evening when we drink and snack something.

Attention for eating

Furthermore, a lot of the interviewees mention that they also find it important to take the time to eat and to sit together at the table. They think of eating as a way to connect as something that is nice and cosy which you should not rush but pay attention to. For them it is not just eating in a functional way, but it is also about enjoying the food and each other's company, and just really making something of these eating moments together. To do this, they want to spend time eating and sitting together at the table.

Leanne:

Uhm yeah and taking the time to eat is also important I think, not just uhm eating quickly until your plate is empty and uhm then it's done. And we also

eat together at the table cosily most of the time, so that's also why I said cosiness, because that's different than on the couch with a plate [...].

Vera:

*I don't think yeah uhm that you should rush eating or so. I think it's cosy/nice to cook, but I think it's also cosy/nice to eat together at the table after it. [...]
So I think the cosiness of eating is also very important, I always think it's a party when we can eat again [...].*

Social eating appointments

Also, the participants talk about eating and/or cooking together at home or going out for dinner as a part of their social interactions with other people. Next to being a shared moment within their family it is also a social activity to spend time and to connect with their friends, relatives and acquaintances. They talk about 'eating appointments' with people they know, which include: cooking for people coming over for dinner, other people cooking for them and being invited for dinner, cooking together with people at their home or someone else's home, or going out for dinner with other people. The interviewees mention that they really enjoy these 'eating appointments'.

Rose:

*Yeah people who come to eat. Well, people are coming over to eat regularly; I always find it nice and cosy to cook for them.
[...]
And also going out for dinner is cosy. Sometimes we're going with the group of friends and yeah another time we take the children with us to go out for dinner [...].*

Challenges in social eating situations

While most of the interviewees mention that they really like eating and/or cooking together as a shared social activity, some other interviewees sometimes have difficulties in certain social eating situations and find it challenging to eat with other people as a way to connect.

For example, Valerie does not like to cook and also thinks she is not very good at it, so she is a bit insecure to cook for other people. She is afraid that she is not able to cook something special or that people do not like the food she prepared. In contrast, her neighbours really like to cook and they invite her and her family over for dinner now and then, which she really enjoys. However, Valerie also wants to invite her neighbours back for dinner at her home. Because she prefers not to cook she invites them over to barbecue or to cook at the raclette (gourmetten). She tells that she really likes to invite people over for dinner, and in this way she avoids cooking herself.

Furthermore, especially Jackie has more difficulties with social eating situations than the other interviewed mothers. She is really motivated to stick with eating in a responsible way in social eating situations that deviate from responsible eating. While the other participants let go of responsible eating quite easily in such situations, Jackie finds it difficult to relax in these social eating situations and wants to hold on to her own responsible way of eating. However, this can be quite challenging for her, because other people often encourage her to just deviate from

her way of responsible eating once in a while. She feels like she is not really able to do her own thing in social eating situations and that she really has to stand up for herself because she deviates from most other people. She tells that people often think it is strange when you do not eat certain things and she sometimes feels like she is offending someone when she refuses to eat certain things. Therefore she finds it complicated to eat with other people and she thinks it is often a struggle to keep eating in a responsible way in social eating situations.

Jackie:

Uhm in the beginning I always found it very difficult to stand up for yourself, your own wishes [...] to say yeah but I don't eat this or that, and I still find that difficult, so uhm I find that very complicated, just bending yourself over backwards like oh shall I go there, am I going to be troublesome, am I going to ask if they want to adapt to me, or am I not going to do that or am I just going to look for myself what I'm going to eat and what not, and am I going to have stomach ache once again afterwards; just let go a little, yeah complicated again.

Shortly, eating as a way to connect is an important part of life according to the stories of the interviewed mothers. Eating is often a part of social gatherings and eating is a form of social connectedness among family and friends. Therefore, eating can not only be considered as an individual activity, but is also an important social affair.

4.2.4 Theme 2: Food and the Transition to Motherhood

According to their stories, the transition to motherhood has been a big life-changing event for all the participants in this study. Especially having their first child changes their life a lot in many different areas, with food being one of these areas. Overall, the life experience of becoming a mother for the first time has a major (positive and challenging) impact on the food practices of the interviewees.

Within the transition to motherhood, two shifts with respect to the food practices of the interviewed mothers can be recognized: a shift from 'I to I & WE' and a shift from 'I & WE to I & I'. The shift from 'I to I & WE' means when a woman becomes a mother she does not only think about herself ('I') anymore, which is also the case with respect to food, but starts to focus on her children ('WE'). The transition to motherhood triggers a feeling of responsibility inside the interviewed mothers to take good care of their children and it makes them more aware of their food practices and the effect on their children. The shift from 'I & WE to I & I' starts when children get a bit older and begin to form their own opinions as individuals, also with respect to food. Mother and child start to become two separate individuals with their own opinions. This shift can create challenging situations for mothers when dealing with food practices and their children, for example when their children do not like the food they prepared for them. To overcome these challenges the interviewed mothers apply different strategies. These shifts and the associated changes and challenges with respect to the food practices of the participants are explained in subtheme 2a and subtheme 2b respectively.

4.2.4.1 Subtheme 2a: I → I & WE

From the pregnancy onwards a shift from 'I to I & WE' occurs and starts to influence the food practices of the interviewees. This shift within the transition to motherhood and its relation to the food practices of the interviewed mothers is described below.

First pregnancy and the period right after

The starting point of the transition to motherhood is the pregnancy. Among most of the interviewed mothers the shift from 'I to I & WE' started when they discovered they were pregnant of their first child. Being pregnant, they realized a human being was growing inside them. They felt they had to take care of this little creature and they already started to feel like a mother. The first pregnancy of a woman appears to trigger a feeling of responsibility. A pregnant woman not only thinks about taking care of herself ('I') anymore, but also about taking care of her child ('WE').

Vera:

[...] The entire pregnancy I took really good care of my body, so I just continued exercising, swimming [...] I didn't smoke, didn't drink, I don't do all those things anyway. So uhm, I ate well and healthy, I ate regularly, uhm I took lots of rest, so I thought [...] at least the baby will be born very healthy, which isn't guaranteed of course, but hey everything you can still do yourself then, luckily it turned out this way, because we have gotten a very healthy daughter.

Amber:

*[...] that uhm baby in my belly that I wanted to be healthy when it was born
[...] so uhm that was a big motivation, yeah.*

This feeling of responsibility increases when the child is born and a woman actually transitioned into motherhood. All interviewed mothers feel responsible for taking good care of their children and their health. This also includes taking care of the food for their children and making sure they eat food that contributes to their health.

In the beginning taking care of the food only involves milk, in the form of breastfeeding or formula milk. Mothers need to feed the new-born several times a day at fixed times. It is also important that he/she gets the appropriate amount of milk in order to grow at a normal pace and to maintain a healthy weight. One interviewee (Valerie), for example told that she experienced some difficulties in the beginning to find the right way to feed her child.

Valerie:

[...] with the little one [...] uhm I think the food is very difficult. Feeding him, that's uhm what I thought was most terrible. [...] when do you have to give them more, what can you give them, how do you give it. Uhm he's crying, does he need more, does he need less, does he need..., that's what I thought was very difficult in the beginning, I just didn't know it, how do you handle it. [...] at a certain moment, uhm you go from, uhm I don't know exactly, from six to five feedings. Do you need to give more then, and do you need to give it this or that way, that's what I thought was the worst thing in the upbringing, the food.

In relation to breastfeeding, two interviewees showed that they had put some thought into their own food practices and the effect these have on their child through the breastfeeding.

Suzanna:

[...] I have breastfed her for almost a year, so then you are very aware of what I eat will also end up in her eventually.

Olivia:

[...] I have breastfed both children for somewhat more than a year [...] and we said that we wouldn't eat less spicy or eat differently because I was breastfeeding. They often advise to do so, because then the breastfeeding will also taste like it, while we thought, well, actually the child already takes in all those types of flavour then and already gets used to it.

Another topic coming forward among some of the interviewed mothers is the importance of taking care of yourself. Next to taking care of their children the interviewees mention that it is also very important to take care of themselves. To be able to take care of their children mothers first need to take care of themselves, so that they have enough energy to perform their caring task. An important part of taking care of themselves consists of food. Having their first child makes women realize that it is important to hold onto food practices that give them energy and that contribute to their overall well-being. In this way, they will be able to take care of their children, see them grow up and enjoy them for a long time.

Suzanna:

[...] if you eat well and if you take care of yourself then [...] uhm you stay healthy, at least you assume that, and in that way I can also, as a mother, take care of the rest of the family, that is my goal basically.

[...] the fact that you're having a baby to take care of, uhm yeah that you, especially as a young mother, uhm have to take care of yourself really well to be able to take care of your baby.

Lois:

[...] since we have children I think eating is even more important [...] you also think it's important uhm to do it well for yourself because you have children. Because I hope to be able to be there for my children still for a very long time, and that's why I think it's also important to take good care of myself.

Taking care of themselves and their food practices seems especially difficult in the period right after the first pregnancy when women just gave birth to their first child. They are tired of giving birth and having a child is an entirely new situation for them. At that moment, taking care of their child seems like the most important thing in the world, and they want to do the job as good as possible. Absorbed by their new task, new mothers often forget that it is also very important to take care of themselves and their own body. They spend a lot of time on taking care of their new-born, and less on taking care of themselves. This also means that they have less time to spend on their food practices. Therefore, it appears that mothers eat less well in the period after their pregnancy. As said above, it is important for mothers to hold onto food practices that give them energy and that contribute to their overall well-being. This is especially the case when women just gave birth to their first child, because they need the strength to take care of their new-born and to adjust to their new situation.

Vera:

[...] after giving birth you still have to recover a little and you're just occupied with other things than taking care of yourself, while that's just very important at that moment, maybe the most important thing, but you don't think that yourself, because you think oh yeah my body will just keep going, but hey that's not the case, because you are breastfeeding, it takes a lot of energy, taking care of your baby the whole time. Your baby will immediately feel if you are feeling well or not, so you just have to take care of yourself very well.

Feeling of responsibility, triggered awareness, and first phases of taking care of food

The transition to motherhood, which includes a shift from I to I & WE, triggers a woman's awareness with respect to food. As described above, this already begins with the pregnancy when a woman starts to feel responsible for taking care of her child. This awareness increases right after the child is born and he or she needs to be fed (breastfeeding or formula milk).

A shared sentiment among the interviewees is that they want the best for their children, also with respect to food. They feel responsible for the life of their child, and they think food plays an important role. This increases their awareness with respect to food.

Suzanna:

[...] the 'food part' uhm around the birth of our daughter, that awareness is also just because you're in a phase at that moment in which you want to know a lot about it, I mean I think nobody, or at least most people don't become a parent if you don't have the best intentions to raise your child as a little prince or princess [...]

[...] at least more aware, at that moment you're thinking what you, uhm sometimes they say your body is a temple, and what you put in yourself, but if you can also affect someone else either positive or negative, then you're even more aware of something working for or against you.

Interviewer:

And you just said that you think food is more important since you're having children. Why is that? Can you explain that a little bit more?

Lois:

Yes because you hope that you're children [...] grow old very healthily [...].

[...]

[...] I really believe that if you, what you eat and learn during your childhood, that this is crucial for later on, so I think it's very important what you uhm let them eat.

All of the interviewed mothers seem to become more aware with respect to food when their child enters the phase in which he or she can also eat solid food instead of only drinking milk. This starts with the little mashed meals which in the beginning mainly consist of fruit and/or vegetables. These little meals can be bought in jars, then they are already prepared, and they can be eaten right away or they only need some heating up. These ready-made meals are very convenient and save a lot of time for busy mothers. However, some interviewees were not in favour of these jars and preferred to make the meals at home with fresh food products which they mashed themselves. They believed that the homemade meals would be healthier for their child than the ready-made jars from the store.

Lois:

[...] we've always consciously chosen not to feed them the jars. [...] So from the beginning we have always cooked for the children, just uhm yeah and then in the freezer.. But real, real food, and no jars [...]. And it does have consequences, I mean grabbing a jar out of the closet is much easier than standing in the kitchen and uhm cooking.

Valerie:

We have, uhm I have, oh yeah consciously chosen to have it fresh for Pim (child) as much as possible.

Interviewer:

Not from a jar from the store?

Valerie:

Yes, we always have, and also now for example, I think I have one jar, one jar with dinner for him [...]. Uhm just for convenience, but I just want that if, if

there is nothing in the freezer in the attic or you forgot it or you go somewhere casually, I just want to have a backup.

[...]

[...] I didn't want a child that was only eating food from jars.

When a child grows older he or she can eat more and more different kinds of food, and at a certain age he or she can eat all kinds of food. The child can start to eat the same meals as his or her parents (and siblings). At this certain moment the interviewed mothers seem to become even more aware of their food practices and the effect these practices have on their children. All the interviewees want to do their job as a mother as good as possible. They want to make sure that their children eat well and they hope to give them a good basis with respect to food for later on in their life. They want to teach them the right food practices and set a good example to them. The interviewees think it is important to start with this at a really young age so a child gets used to it and makes it a habit. So generally they start with it the moment a child can eat all kinds of food.

However, a general feeling among the interviewed mothers is that it can be a challenge to take good care of the food practices for their children. They often doubt if they are doing good enough for their children.

Some interviewees expressed their awareness and doubts about how to deal with the food practices for their child when he or she enters the phase in which he or she can eat solid food, and gradually is allowed to eat more and more different kinds of food. They find this early period of figuring out the right food practices for their child quite difficult. They tell that they really try to let their child eat the right food, but they still worry sometimes if they are doing it well for their child.

Vera:

[...] before it was only a bottle (milk) what your baby uhm gets, and now uhm it needs, gets also real food, so that makes you much more aware, how to deal with it, and like oh she cannot have salt yet, uhm no sugar, uhm well that challenge in searching the right things, and uhm what is healthy, what is healthy for her, that's what I also try to figure out, and what is the best thing to start with and so on.

Valerie:

[...] I thought it was very difficult in the beginning, what can he have, what does he need, and...

And then you are a little bit used to a certain phase and then the next phase starts. And now for example then, yeah he is one year old and then, officially, they can have everything all of a sudden, I think that's still a little bit difficult sometimes, but I let him often taste everything and then we still always have a jar (haha) as a backup. If he really doesn't like it.

[...] But actually, we try everything I make, also the nasi, the uhm the macaroni, uhm from now on he basically eats everything we eat, so I'm very happy about that..

Turning point for awareness concerning food

The aim to feed their children well and to give them a good basis by teaching them the right food practices and setting a good example makes the interviewed mothers much more aware of their food practices and the effect these practices have on their children. Therefore, the transition to motherhood, especially with the first child, can be identified as a turning point in their awareness with respect to food. Becoming a mother makes them much more aware with respect to food than before they became a mother. Even if they were already aware with respect to food before they transitioned into motherhood, it still changes their perspective on their food practices.

The increased awareness with respect to food makes the mothers pay more attention to certain things related to their food practices. Topics that are frequently discussed among the interviewees are health, structure, variety, and home cooking. Also some topics with respect to norms and values are often mentioned, such as tasting everything, 'take potluck' ('eten wat de pot schaft'), table manners, and food waste. By paying more attention to these topics the interviewed mothers hope to achieve their aim of feeding their children well and giving them a good basis by teaching them the right food practices and setting a good example.

Health

Almost all the interviewed mothers emphasized the importance of eating healthy, because the health of their child is one of the most important things for them. A very important aim of the interviewees is to raise healthy and happy children. To positively influence its health they think it is important to make sure that their child learns healthy food practices from an early age. They find it really important to pay attention to the nutrients, like vitamins and minerals, their children take in through the food they eat. Eating healthy is also something they learned at home from their parents. When they become a mother they want to pass on to their children what they learned about healthy eating in their own upbringing.

Julia:

[...] when my children, especially my first child, were born, and my son was born two years later, I thought it had to be super healthy, because then you have children sitting at the table, you have to eat super healthy then.

Amber:

[...] because I have little children uhm at home uhm it's very important, especially eating healthy, that they get enough uhm vitamins [...].

[...]

Uhm well yeah I think it's especially uhm important that uhm my children uhm are healthy and uhm that they get enough of everything, that uhm I think is most important.

[...]

Yeah uhm well yeah I want to put healthy children uhm into society of course. And uhm that's seems obvious for me actually.

[...]

Yeah I think health is the most important thing there is, and their happiness, but that's also related.

Emily:

[...] since I have children I'm eating more consciously so to say. More with vegetables, a lot more fruit, I also didn't do that so much before actually uhm not like I do that now. Yeah now you just have to pay attention that your children get enough vitamins, minerals and all that.

Structure

Structure with respect to food and eating is also frequently discussed by the interviewees. They explain that structure became more important to them after they transitioned into motherhood. One reason for this increased importance is that it helps mothers to structure their life. This is needed, because most mothers have to adjust to having their first child. Structure with respect to food and eating helps them in this new phase of their life course. It helps them to organize their caring task in the area of food. It also helps them to manage their time, because the time they spend on food and eating is more structured. Another reason structure is more important after becoming a mother is that it is beneficial for the child. He or she learns that it is normal to eat several times a day at certain times and gets used to this. Children learn that it is not normal to eat all the time or only one time a day for example, or to skip a meal. Also, eating regularly keeps the engine running and provides the body with energy throughout the entire day.

Generally, the interviewed mothers share the same structure with respect to eating during a day. Most of them mention that they eat three meals a day: breakfast, lunch and dinner. These are their most important eating moments. In between these meals they also eat something small, like fruit or a (healthy) snack. Mostly, the interviewees already had this kind of structure before they became a mother, during their childhood at home with their parents and when they lived on their own or together with a partner, but since having their first child they pay more attention to it. For example, they do not want their children to skip breakfast out of haste or something else, because they think that is a very important start of the day, however they sometimes skipped it before they became a mother. Now, they want to set a good example for their child and avoid learning them bad food practices. Often they are also more focused on the dinner time, because with young children it is more important to eat at a certain time. Young children have to go to bed early, so they also need to have dinner at an early time to make sure they are not going to bed with a full stomach.

Julia:

[...] that was the period in which you had to make a change yourself by providing structure and regularity, well we didn't have that, because we were dual earners and we ate when we came home. So then you have to get into a structure in which you just say, at five o'clock we eat, because at half past six the little one has to go to bed.

[...]

[...] so that was a period in which I became really aware of the fact that I had to provide a structure with respect to eating now, just on time, getting up on time in the morning and not quickly making a sandwich and taking out, but they have to eat, also in the afternoon and in the evening.

Leanne:

[...] especially that fixed time and uhm healthy, uhm yes that has more uhm yeah influence on it than when we were living together, when we had no children yet.

Interviewer:

Yes. Why do you think it's so important now you have children?

Leanne:

Well, yeah if you're just with two you can also eat at seven o'clock in the evening of course.

But if you have children that isn't possible actually, because then they have to go to bed at half past seven for example, and you cannot bring them uhm to bed with a full stomach [...].

Variety

Paying more attention to variation in food is also a frequently mentioned topic by the interviewees. Motherhood makes them more aware of the importance of variation in food than before they became a mother. One of the reasons for this increased importance is that mothers think it is healthier for their children to eat a variety of foods instead of only a few types of food. Another reason is that mothers want to provide a good basis for their children by learning them to eat a wide variety of foods.

Julia:

[...] I wanted them to learn to eat well eventually, uhm so then you have to, at least that was the story then, give a lot of variation, so that they learn to eat everything, then you start when they are a baby, because if I would give them something now which they would have to learn to eat, I think that's not going to happen, that's what you do with children, that's what you do when they are little, they get to know the taste and the structure of food.

Sara:

[...] We just try to provide them with a variety of foods every day [...] so that they taste everything [...].

Home cooking

Another topic that is talked about a lot among the interviewed mothers is home cooking. Since the interviewees have the responsibility to take care of the food for their children they generally became more aware of the importance of home-made meals. This is also something many of the participants learned a bit at home from their parents, especially their mother. Some of them mention that they acquired knowledge and skills related to healthy cooking, which they continued to use when they started to live on their own or together with a partner, and especially when they became a mother. For example, Vera tells that her mother always spent a lot of time in the kitchen and that she always cooked fresh and proper meals. Also, her parents took their vegetables from their own vegetable garden and prepared a lot of things with it. By seeing it and helping her parents with it she acquired knowledge and skills related to healthy cooking, and she thinks it is important to pass this on to her children.

All the participants think it is important that their children eat home-made meals as much as possible, preferably with fresh ingredients and not from a jar or packet. Some interviewees mention that they more often ate convenience meals (like take out, fast food and pizza, or from a jar or packet) before they had children. They say they did not eat (very) unhealthy before they had children, just a little bit easier now and then, for example when they did not feel like cooking. However, with their children they really want to do it the right way. Most participants think it is not so bad to eat a little unhealthy now and then (like pizza or fries) themselves, but some interviewed mothers mention that is no decent food for little children. So if they eat a convenience meal themselves, they aim to cook something healthier for their children. This also relates to their aim to feed their children well and to give them a good basis by teaching them the right food practices and setting a good example.

Vera:

[...] for ourselves I sometimes think I don't feel like cooking, you know what, uhm we are going to get some fries. And I don't want that actually when she is old enough, I think that's just, that should not be a reason, because we don't have time to cook she has to eat fries. And of course she can eat fries once in a while, of course, but uhm I think it's important that she is not going to learn that, like when you don't have time to make something then uhm then you have to get fries or something, [...] it just has to be healthy food for her, she still has to grow a lot, so uhm I think that's more important.

Olivia:

[...] we are very aware of when there is a moment that he (partner) isn't cooking, that we don't automatically think like we are going to get fries or we get a pizza or I don't know what. So I think that the feeling of responsibility also makes sure that you keep dealing with eating and drinking the right way, yeah.

Lois:

[...] yeah we like fresh actually, I cook almost everything actually, every day we cook something actually.

[...]

[...] when we uhm were with the two of us we clearly ate different, and more from packets [...] now we just try to eat more fresh.

Norms & values

As said before, also some topics with respect to norms and values are often discussed by the interviewees. Their aim to feed their children well and to give them a good basis by teaching them the right food practices and setting a good example also includes paying attention to the particular norms and values with respect to food practices that mothers want to pass on to their children. Some of these norms and values they already learned during their family food upbringing, especially tasting everything, table manners and eating everything on your plate. Of course, the interviewed mothers have different norms and values with respect to food practices they want to pass on to their children. However, also a lot of similarities can be recognized in the conversations with the mothers.

Especially tasting everything is a shared norm among the interviewees, which most of them also experienced at home with their parents. Their parents emphasized they had to taste everything and that they always had to eat a little bit of everything, even if they did not like it. Mostly, they feel positively about this and think that it made them like more kinds of food later on in life. Therefore, they want to continue with this food practice in the food upbringing of their own children. Their children always have to taste something first, and preferably several times, before they can say they do not like it. The participants emphasize to their children that they can only find out if they like a certain food or not by tasting it (several times), and not just by looking at it and thinking they do not like it because of the way it looks. By encouraging their children to actively taste all kinds of food, the interviewed mothers hope that their children learn to eat a large variety of foods. This will help them to achieve their aim of feeding their children well and giving them a good basis.

Julia:

[...] also, we always had the agreement if they don't like something, then you have to taste seven times and only then you're allowed to say that you really don't like it [...]. But they really tasted everything [...].

Vera:

Tasting everything. Yeah that was emphasized really early, you just eat what's on the table [...] and I don't like that, yeah that's possible, but you just have to taste it, and yeah that was really the rule, although you don't like it, yeah too bad, but you're going to eat two bites, I always had to take two full spoons, so because of that I really eat everything know, I can't mention anything I don't eat. And I hope now, that what you inherited, and because that worked well for me, I hope that I can also do it that way with my own child [...].

[...]

[...] and I think also if you keep it fun, that it's fun to taste things and very exciting, and you're allowed to think it's exciting [...]. That's allowed, but just try to taste, and then just persevere, I always think the one who perseveres wins ('de aanhouder wint').

Olivia:

[...] in the beginning they certainly say they don't like something, and then we put it away and they don't eat it, but they really have to taste it first before they are allowed to say that, and then they don't have to eat it, if they just really don't like it, because often it are also just phases. Yeah then they at least tried it, and then you also see if it's fake or not, but if they just really don't like it, yeah we are not going to push it, I think that's only counterproductive.

Next to tasting everything some interviewees discuss that their children have to eat all the food that is served to them, even if they do not like it, and that their plate has to be empty. They want to teach their children the norm 'take potluck' ('eten wat de pot schaft'). By applying this norm, mothers hope that their children will eat all kinds of food later in life and that they do not complain if they do not like a certain food. This also relates to certain norms and values with respect to going out for dinner, for example in a restaurant or when going to

friends or family for dinner. It is easier to go out for dinner if you are able to eat a lot of different foods. Also, it shows you have good manners when you just eat everything even if you do not like it so much, for example if you are invited for dinner with friends or family.

Emily:

Yes but I think the children yeah, I think like they just have to learn to eat something, I think yeah they can say very easily I don't like that and then spit it out, but I always think like you have nothing to want, you just have to 'take potluck' ('eten wat de pot schaft'). Yes I'm not going to make something else for him again. I think like he really has to try it, look and if it's extremely dramatic again the next time, that he really doesn't like it, then you're going to think at a certain moment that it really is something that he just really doesn't like [...].

Leanne:

[...] some things you also inherit from home [...] then it also wasn't like uhm oh yeah you don't like this so then I make this for you and this for you, [...] just 'take potluck' ('eten wat de pot schaft'), and if you really don't like it yeah then, then you don't have to eat it.

However, some interviewees do not (or not entirely) share this norm. They think it does not always have a positive effect on the food practices of children to force them to eat everything even if they do not like something. These mothers think that compulsion could have a counterproductive effect, so that children do not eat a lot of different foods in the end. A reason for this outcome could be that if children are forced to eat everything they start to see eating as an obligation and not as something to enjoy. Therefore they will enjoy eating less and also not like a lot of different foods. Therefore, some mothers think it is better to deal less strict with eating and to let it go a little to keep it more loose and fun. They agree with the other mothers that their children have to try everything before they are allowed to say they do not like something, and that it is important to stimulate their children to eat everything on their plate. However, if their children really do not seem to like something they do not want to fight it too much and they will not force their children to eat it, but they are also not going to cook something else for them most of the times. Although some mothers try to stimulate their children to eat their meal in another way. For example by using a piece of candy or a dessert as a kind of incentive. So that their children get a piece of candy if they eat their vegetables or that they only get a dessert if they try their best to eat their dinner.

Amber:

[...] if they really don't like it then uhm I don't want to be too difficult about it.

My parents uhm also didn't do that with me and I don't know, I like almost everything now, so I don't know if that uhm worked out well for me, that I wasn't forced to eat everything until my plate was empty, because I'm just very easy uhm with eating. So I also like to pass that on to my children.

[...] well, sometimes I just notice it entirely depends on their mood and then uhm they have to uhm eat at least half of the food uhm on their plate and then uhm they are allowed to go and do something else.

Olivia:

[...] eating until the plate is empty, uhm I think that's a difficult one sometimes, because certainly in the beginning when children are very young you think like yeah they have to eat something, but to push it really hard and to impose it, I think that works counterproductive. [...] we think like if they at least taste and see how far they can get, then we think it's okay already. And if we really get the idea that they don't eat because they don't want to, then there is also no dessert for example. If you didn't try your best to eat it means no dessert.

Rose:

[...] but I'm not going to fight it. Because I think like then it works counterproductive if I'm going to say like you have to eat and..., no I don't do that uhm, and uhm Anne, the oldest, often starts to uhm retch if she doesn't like something and yeah then I give it up at a certain moment. I think it doesn't need to become too awful [...].

Most interviewed mothers share the opinion that it is important to take the time to eat and to eat at the table, preferably all together as a family. They want to teach their children that eating is something to pay attention to on certain moments during the day. The best place to take a moment to eat is together at the table, without distractions from television, mobile phones or toys for example. Some interviewees tell that they sometimes eat in front of the television, but that they try to minimize that as much as possible. Furthermore, most mothers think it is important to eat at the table as a family, because this is a shared moment during or at the end of a day. And this moment can be used to connect with each other and to talk about the day.

Julia:

The children always like it very much if we eat in front of the television, but in general we eat breakfast always at the table, the lunch in the weekend I think a little less at the table and during the week they have lunch at school, yes two times a day we just eat at the table.

[...]

[...] we are really aware of it that we persevere eating at the table.

Olivia:

I also think it's very important when we're sitting at the table that there uhm are no toys at the table, no TV, sometimes that's even the hardest for Peter (husband), because he often has his mobile phone still on haha, but nowadays the oldest says 'daddy no toys at the table' hahaha, mobile phone is also not allowed, but yeah thereby I think we also learn them that eating is just an important moment, that we just want to have attention for it, so yeah no distraction from TV or toys or whatever.

Rose:

[...] what we also do is just always taking a moment to sit at the table cosily, and not just grabbing a sandwich at the kitchen dresser or so.

*And that's also what I wrote down somewhere here a bit downwards, uhm cosily sitting at the table together.
Because you also hear from a lot of people, who put the children in front of the television or uhm just quickly eat a sandwich in between things [...].*

Related to eating at the table are table manners, which are discussed a bit by some interviewees who also learned some table manners from their parents. They mention for example that they want to avoid that their children make a mess with the food. Also, sitting at the table decently and eating decently are mentioned. These things are especially valued when going out for dinner, to friends or family or to a restaurant. Mothers want to teach their children those kinds of table manners so that they can take their children with them to go out for dinner without being ashamed of them. Also, they want to teach their children table manners because they like them to know how to behave at the table later on in their life. One interviewee (Valerie) for example tells that her parents attached importance to certain manners, also with respect to eating. To teach their children these norms and values they took them out for dinner in a restaurant every year. In this way they became familiar with the norms and values and how to behave in a restaurant. But they also expected certain manners at home, so eating in a decent way was important to them. Valerie likes that she learned these manners from her parents and wants to pass it on to her son.

Leanne:

And uhm not making a mess with the food, that there's food everywhere, I think, yeah that bothers me. Luckily they also don't do that here haha.

Valerie:

Just uhm certain norms and values, but also just when you take your child uhm somewhere to eat, then I think it's nice when you see that your child uhm has manners at the table. Those are very important, and uhm I think you already teach those manners at home.

[...]

But uhm yeah I think norms and values with respect to eating are quite important.

[...]

Eating a little decently. Sitting at the table decently [...].

Another topic with respect to norms and values that is talked about by some of the interviewed mothers is food waste. They indicate that they have difficulties with wasting food, so they want to avoid that food has to be thrown away. For example, when too much food is cooked and there are leftovers. Or when people put too much food on their plate and they do not eat everything because they are full or do not like the food. Strategies to avoid these things are for example not cooking too much food and not putting too much food on your plate. Instead just put a little bit on your plate at first and if you still like some more food you can put a little more on your plate a second time. Valerie's mother for example had the norm that you have to eat everything that you put on your plate. She always said just put a little bit on your plate, you can always go for a second round, because everything you put on your plate you have to eat. Valerie also likes to pass this norm on to her son.

Leanne:

I always have a difficulty with having to throw away food when there are leftovers. So I always try to cook in a way that there's uhm uhm not going to be a lot in the dustbin, because I think that's, yeah I think that's a waste and yeah I don't send money to Africa, but I think those people have no food at all, so then I should not throw it away here.

Valerie:

[...] everything you put on your plate you have to eat. For example, I really hate [...] those big all-in hotels, and uhm then you see [...] they have a plate, completely full, they walk to their table [...] they put their plate at the table and next to it is another plate, but they only ate half of what's on the plate and then they don't like that anymore and they put it away. It's okay if you try something, but then you only put a bit on your plate to try it and then it's okay if you leave a little bit. I really hate those plates full of food that have to be thrown away, just because someone put it on their plate.

4.2.4.2 Subtheme 2b: I & WE → I & I

When children get older they begin to form their own opinions as individuals, also with respect to food. Generally this starts when children are able to talk and make themselves clear. This leads to a shift from I & WE (mother ('I') & mother and child(ren) ('WE'), as described in subtheme 2a) in which children are totally dependent on their mother ('WE'), to I & I: mother ('I') & child(ren) ('I'), which means that mother and child are becoming two separate individuals next to each other. In other words, older children are no longer unable to express their opinions and start to become individuals. However the child is still dependent on his/her mother ('WE'), but is also an individual on its own with his/her own opinions ('I'), next to his/her mother with her own opinions ('I'). This shift from I & WE to I & I can create challenging situations for mothers when dealing with food practices and their children. If mother and child have different opinions in a certain situation concerning food this could lead to a conflict. To overcome these challenging situations mothers apply different strategies, which include a combination of resources, life experiences and food literacy they have at their disposal. The challenging situations the interviewees talk about and the different strategies they use to try to overcome them are discussed below.

Challenging situations concerning children's food preferences

The biggest challenge and frustration for most interviewed mothers is that their children do not like all the different kind of foods they cook for them and try to let them eat. Especially when children get a bit older (toddlers) and start to get an opinion of their own they often become more difficult when it comes to eating. As appears from the stories of the participants, even when children were very easy and relaxed eaters in the beginning and liked a lot of different foods they can become very difficult eaters later on. Also, some interviewees mention that it can depend on their age what kind of foods children like and do not like, and that this can also develop with age. Especially when children are still young their taste can change very fast and sudden according to some of the interviewed mothers. Therefore, they

do not always see it is a very big problem and do not want to be too difficult about it. On the other hand, some other participants are really concerned, because their child is a really difficult eater and hardly likes/eats anything. They feel responsible for taking care of the health of their child, so they really feel like they have to deal with this challenge the right way so that their child takes in enough food to stay healthy.

Amber:

[...] luckily I have two children who eat well uhm and especially uhm now that they are getting a bit older, they become a bit more difficult, but uhm from an early age I always let them uhm taste as much different things as possible, and in general it goes quite well, uhm only now it's a bit more uhm 'toddler-teenager time', so they don't uhm haha just eat everything anymore.

Rose:

[...] I notice now, I still have that with the youngest, well that is also a huge struggle now, she likes meat a lot and she doesn't eat the rest. And I've also had that with the other two, but yeah the oldest is seven now and starts to eat uhm more and more, and the middle one also. So eventually it's going to be okay, and I think that you just don't have to be too difficult about it.

Suzanna:

[...] in the beginning our daughter really liked to eat and now she's getting more and more difficult in terms of eating, so on the other side that brings, next to the fact that you want to look at it very relaxed and laid back, also a very big concern, like how can we deal with this, what can we do about this. So eating isn't uhm a very relaxed affair anymore like in her younger years, but there's even a little bit of pressure on it.

Furthermore, as also shortly mentioned above, their taste and what kind of foods they like and do not like can change very fast and sudden when children are very young. Some interviewees even tell that young children are very inconsistent when it comes to liking certain foods. They say that they notice that their children go through certain phases, which means that in one phase they do not like a certain food (e.g. vegetables) and in the next phase they do not like another food (e.g. meat). Also, some interviewed mothers think that their children sometimes encourage each other not to like certain foods or they take over each other's food preferences, so when one child does not like a certain food the other child(ren) also do not like it. Moreover, some participants mention that it can depend on their mood, which can be different every day, what kind of foods children like or do not like. So, at a young age children's taste can change really fast, in phases or depending on their mood, hence it is not really possible for mothers to rely on their children's food preferences to decide what to cook for their children. This makes it more challenging for mothers to think of what to eat when taking their children into consideration. However, they really want to take their children's food preferences into account, because it is important to them that their children eat well and maintain their health. Moreover, some interviewed mothers also mention that they try not to worry too much about it, because they know that when children get older they often become less difficult and start to eat more and more kind of foods.

Olivia:

And in the meantime I also noticed that it are also phases, the one time they don't like vegetables, and the other time they don't like meat, and apparently that disappears and they will start to eat everything [...].

Lois:

Yeah, so that uhm for a while it seemed like they arranged it with each other. Then one didn't like uhm no uhm melted cheese, while the other one did like that, and the other way around. And then the other one didn't like uhm chicory, while the other one liked it a lot. So it seemed like one liked it or the other liked it, you know haha.

Sara:

Not every child is the same yeah, and their mood is also different every day, one day they eat something very well, the other day I had mashed potato stew and uhm spinach which they ate very well, I thought well that's at least uhm healthy and nutritious. Well, at the moment they just don't eat it anymore.

Ways of dealing with challenging situations

As appears from the stories from most interviewed mothers it is often a challenge for them to deal with their children's food preferences. However, it is very important for them to deal with these challenging situations and to try to overcome them, because they feel responsible for their children and only want the best for them. When their children do not eat well they are often concerned if they are getting enough nutrients through the food they eat and they worry about the effect this could have on their children's health. Therefore, it is a challenge to let them eat better and to maintain their health. To deal with this challenge the interviewees talk about different strategies they use with their children to stimulate their eating behaviour and food preferences.

Some participants have children who are really difficult eaters and barely like any kind of food. For these mothers it is really hard to make sure that their children eat well. They are often really concerned about the eating behaviour and health of their children. For them it is already an achievement when their children eat something of what they cooked. They often have less high demands when it comes to what kind of food their children eat (e.g. in terms of healthy food). Often they are already satisfied of their children just take in some food, because that is already a challenge every day.

To deal with this challenge they try to take their children's food preferences into account as much as possible, and they try not to put too much pressure on eating by not fighting it too much. Therefore, they try to cook food of which they are sure their children will eat it and which has some nutrients, because their main aim is to make sure that their children take in enough (healthy) food. Therefore, eating and cooking have become more complicated and practical nowadays for these interviewed mothers, while it earlier was uncomplicated and something fun and relaxed most of the time. Nowadays, the focus is more on their children and their food preferences than on their own food preferences and eating and cooking are mainly approached as something practical.

Suzanna:

So you're going to approach it more practical, you're really going to think more in terms of uhm what do I cook to make sure she gets enough nutrients. And I think that's a really important issue in our family at this moment, that we don't want to fight about out continuously, so you're going to deal with it in a very practical way, and that is yeah that you want to make your chance of success as large as possible actually, by cooking something which she at least eats, and by doing that you're at least uhm yeah reassured that she has enough energy again to get through the day.

[...]

Yes absolutely, at this moment I'm really going for certainty, uhm yeah am I going for the quality? More the chance of success, I really put [...] uhm my own wishes aside to make sure that uhm yeah that she just eats. The fun is somewhat gone at this moment [...].

Interviewer:

So you really make your choices based on what the children like to eat?

Sara:

Yes [...] in the beginning you still try to let them eat everything, I still let them eat a variety of foods, but like the youngest who is one year old, almost two years old, she only eats spaghetti at the moment, she doesn't get that everyday hahaha. But then we just eat pastas more regularly, with a lot of vegetables through it so you know that she at least has vegetables in her food and that she eats her vegetables.

Some other interviewees apply another strategy when their do not like certain foods. They approach their children's eating behaviour and food preferences a bit more loosely. They take into consideration that taste can develop over time, which is even the case with adults, but especially when growing up and trying new things. So according to these interviewed mothers it is possible that children do not like a certain food at one moment and that they suddenly start to like that same food at a later moment. Therefore they do not force their children to eat a food they do not like. If they tried it then it is already fine. However, they let them try the same food at a later moment to see if their taste has changed. They try to motivate their children to taste again by explaining that it is possible to like a certain food while this earlier was not the case. Participants who apply this strategy experience that it is indeed possible that their children's taste changes and that it can have a positive effect on their eating behaviour and food preferences to stimulate trying the same food several times instead of forcing them to eat certain foods when they do not like it.

Lois:

And often uhm it helps a lot better when you say like uhm yeah but now you're already a bit older, and you can try it again, because it's already a while ago that we ate this, it's possible that you do like it now. And then you sometimes see that they indeed like it later on. But that works a lot better [...] than when you say they have to eat it now.

[...]

Yeah and the taste also develops, I mean uhm our taste also still develops, so that's very normal [...].

And you already saw that with the oldest like at first she didn't like this, and later on she liked it, so yeah that will also be the case with the youngest [...]. Yeah we stimulate them to try it again [...].

Furthermore, another strategy that is applied by several interviewees is making eating more fun.

For example, cooking and baking (healthy) things together with their children is mentioned several times by the participants. Also because this is sometimes advised when children do not eat well, for example one interviewee said that she heard this advice on the television or on the Internet. The mothers indeed notice that their children like to help with the cooking and that it also stimulates them to taste more. So, by helping their mother with the preparation of meals their eating behaviour improves. Also, garnishing their children's plate in a nice way is mentioned, to make the food more attractive and eating more fun, which could stimulate them to eat all their food.

Rose:

Well, and I also think it's always really nice to cook or to bake things together with the children, and uhm the children also really like that. And it also stimulates them to eat, if they help to prepare it together then yeah it goes better [...]. Yeah then they already try a bit more.

[...]

Yeah of course you try in all kinds of ways, I mean you try to garnish their plate in such a way that they might eat it [...].

Another strategy that is also mentioned several times by the participants is using a reward to motivate their children to eat their food. So, for example if they eat their food they get a dessert or a piece of candy, but if they do not eat their food they do not get it. Or that they get the opportunity to choose what they eat once a week if they try to eat better the rest of the week. The interviewed mothers acknowledge that they doubt if this is the best strategy and if it really helps to improve their eating behaviour and food preferences, but they do notice that their children eat their food better.

Interviewer:

Does it work, do they eat better the next time?

Olivia:

Well yes and sometimes it's also later in the evening, because than the plate goes away for a while and sometimes it already goes back to the kitchen, then it can be the case that they suddenly come back to the table and want to eat. And if that's because of the dessert or not I don't know haha, but they really do want that dessert, so I think it does serve as a threat in a certain way. And we don't really know if that's a smart move or not, but we do notice that they start to eat at a certain moment. So yeah I think it does help yeah.

Suzanna:

[...] because at a certain moment we said like the battle is over, you're going to try to eat we said to our daughter, but then you can choose once a week

what we're going to eat, well that became the Friday night, now we eat fries every Friday, yeah maybe that's unhealthy.

Finally, the interviewees mention that they also get support from certain people to deal with the eating behaviour and food preferences of their children. For example, they say that they receive information and advice for the consultation clinic ('consultatiebureau'), like approaching eating in a positive way, using distraction, and not focusing too much on failure. However, they especially use this information with their first child and when they get more children they are already more experienced and know what to do by themselves. Also, it depends on the child what works or not, so you really have to try out different things yourself at home to see what works for your child. Furthermore, they tell that they discuss their challenges with their friends or colleagues now and then. They sometimes provide them with tips and tricks which could help their children to eat better. For example, instead of putting pieces of vegetables through the pasta making a sauce of the vegetables so that the children do not see that there are vegetables in it. Finally, they also get a lot of support from their partner. Most participants emphasize that you have to do deal with it together with your partner.

5. Conclusion & Discussion

The aim of this research was to gain insight into the mechanisms which underlie the ability to direct food practices towards health among people having and rearing children. The main research question “How do food literacy, resources (GRRs), and life experiences enable people having and rearing children to learn to direct food practices towards health?” is answered by combining the results from the literature study and the in-depth interviews. The main conclusions are described below. Also, (new) insights in the context of this specific field of research and regarding the theoretical framework used for this research are elaborated on. Finally, strengths and limitations of this research, and recommendations for further research and practice are discussed in this section.

Firstly, an overview of the results of the literature study and the results of the interviews is provided in table 5.1 below.

Table 5.1 Overview results literature study and interviews

	Results literature study	Results interviews
Food literacy	<ul style="list-style-type: none"> ➔ Definitions in the literature refer to food literacy as the food and nutrition information (i.e. food knowledge) and the ability to apply this knowledge in daily food practices (i.e. food skills). ➔ Food literacy is an input (resource) and an outcome of combined resources (the different components/factors of food literacy), in terms of skills related to planning and management, selection, preparation and eating. ➔ Food literacy consists of multiple factors/components (GRRs), therefore it could be considered as a composite GRR. ➔ There is an indirect relationship between food literacy and nutrition/food practices through three sub-mechanisms, namely certainty (food security), choice (nutrition variety), and pleasure (nutrition quality). These mechanisms all empower the individual and provide more control over food and eating. ➔ Little research has been done on the concept of food literacy which included the specific target group of this study, and no research included the Salutogenic perspective. Therefore, its position is not so clear in this field of research. 	<ul style="list-style-type: none"> ➔ The participants were not asked explicitly about the meaning and role of food literacy, so they did not talk about it in an explicit way. However, throughout their stories it was possible to identify several components of food literacy they used to direct their food practices towards health. ➔ These components mainly included budget- and time-management skills; cooking skills; identifying, selecting, and consuming good quality and safe products; and obtaining and using food and nutrition related information. ➔ These components support the definitions of food literacy found in the literature: the food and nutrition information (i.e. food knowledge) and the ability to apply this knowledge in daily food practices (i.e. food skills). ➔ Food literacy could be considered as a composite GRR, including several GRRs (components/factors of food literacy). These multiple GRRs combined into food literacy are the prerequisites for healthy eating. ➔ There is an indirect relationship between food literacy and healthy food practices through several mechanisms (food involvement, internalization of healthy eating; see figure 5.1).

Resources (GRRs)	<p>→ Internal resources:</p> <ul style="list-style-type: none"> - Nutrition awareness & knowledge - Motivation - Motives & values - Attitudes & beliefs - Subjective norms - Perceived behavioural control & self-efficacy - Behavioural intention - Nutrition habits - Skills - Food involvement - Identity <p>→ External resources:</p> <ul style="list-style-type: none"> - Physical-Environmental resources: nutrition-related information sources and time - Social resources 	<p>→ Internal resources:</p> <ul style="list-style-type: none"> - Personal characteristics, motives and values: e.g. feeling of responsibility, food awareness, perseverance/will-power, motivation, self-efficacy, values regarding personal health and well-being, and regarding health and well-being of child(ren). - Health beliefs: e.g. expert and personal guidelines. - Food literacy: food and nutrition related knowledge and skills (see components of food literacy above). - Food involvement: food activities, e.g. selecting, buying, preparing, and consuming. <p>→ External resources:</p> <ul style="list-style-type: none"> - Social environment: e.g. parents, partner, friends, neighbours. - Food information: e.g. media, Internet, books, recipes, and health professionals (e.g. midwife, (alternative) doctor). - Time: often lack of time because of busy everyday life (dual earners, activities children).
Life experiences	<p>→ Childhood:</p> <ul style="list-style-type: none"> - Food experiences during childhood have an important influence on food practices later on in someone's life course: "Early experiences provided lasting "food roots" that set people on trajectories or provided reference points for later comparison" (Devine et al., 1998). - Such experiences include for example experience with the preparation and taste of a wide variety of fruit and vegetables, home cooked meals and regular family meals. - People aim to pass on their positive food experiences from their own upbringing to their children. <p>→ Pregnancy and the transition to parenthood:</p> <ul style="list-style-type: none"> - Pregnancy and the transition to motherhood can be seen as a major transition or turning point in a woman's life and may have a positive effect on a woman's future health and nutrition behaviour, and that of her family (Szwajcer et al., 2007). 	<p>→ Childhood:</p> <ul style="list-style-type: none"> - Family food upbringing is an important influence on the participants' way of dealing with food practices in subsequent life stages throughout their life course. - They often continued some of their parents' food habits and things they learned about food from their upbringing. - Especially when they transitioned into motherhood family food upbringing appeared to have an important influence on the way they deal with food practices in their children's upbringing. - Especially healthy food practices, home cooked meals, regularity/structure (e.g. three meals a day, not skipping breakfast), family meals, and certain norms and values (e.g. tasting everything, 'taking potluck') they want to pass onto their children. <p>→ School/study:</p> <ul style="list-style-type: none"> - This life experience especially had an impact on the food practices of the participants later on in life when food played an important role within the education

	<ul style="list-style-type: none"> - Nutrition awareness increases during the period around pregnancy and the transition to motherhood. However, the intensity of nutrition awareness and the type of motivations for this awareness differ across different women and between different points in time (e.g. just before pregnancy, during pregnancy, right after the pregnancy). - Many researchers explored the transition to parenthood and found that it is a transition which has an important influence on food practices. Some found that it has a positive effect; but some studies also found that it can have a negative effect on the food practices of parents themselves, for example because of a lack of time. - However, little research has been done on the mechanisms underlying the effect of the transition to parenthood on (healthy) food practices. 	<p>and when food was dealt with in a certain way within the education (e.g. a sports education or dance academy).</p> <p>➔ Living on your own or together with a partner:</p> <ul style="list-style-type: none"> - This life experience influenced the food practices of the participants, because at that moment they moved out of their parents' home and started to live independently from their parents to a large extent. - This new phase meant less surveillance from their parents, so more freedom with respect to their food practices. - They started to have their own responsibility over their food practices, in terms of selecting, buying, preparing and consuming. - In this phase the participants developed their own food practices further, independent from their parents. This was experienced as enjoyable, but sometimes also challenging. <p>➔ The transition to motherhood:</p> <ul style="list-style-type: none"> - Transitioning into motherhood (especially first child) has a major impact on the further development of the role of food in the lives of the participants and the way they deal with food practices. - It causes a feeling of responsibility inside mothers to take good care of the health of their child(ren). - The participants became more aware of their food practices (increased nutrition awareness). They especially started to pay more attention to health, structure, variety, home cooking and norms & values. - Two shifts took place according to the stories of the participants. From I to I & WE (starting with pregnancy) and from I & WE to I & I (when children get a bit older and begin to form their own opinion). - Dealing with food practices with respect to their children was sometimes experienced as challenging. - The life experiences before the transition to motherhood and the acquired resources through these life experiences play an important role in this life stage. Especially family food upbringing appeared to have an important influence for most of the participants. They aim to pass on their positive experiences from their own upbringing to their children.
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5.1 Conclusion: Mechanisms underlying healthy eating in everyday life

The findings of the present study show that (healthy) eating is a way of life. Food and eating are an important part of the everyday life of women having and rearing young children in different ways: (1) Eating in a responsible way for a healthy life; (2) Eating as a way to release; and (3) Eating as a way to connect. By managing food and eating in these different ways they pay attention to different aspects in life: eating responsible for the (physical) health aspect, eating to release for the emotional/mental aspect, and eating to connect for the social aspect.

Furthermore, the results of the study confirm that (healthy) food practices are continuously developing during one's life course. Resources (GRRs) that enable directing food practices towards health are identified, developed and used throughout different life stages and (challenging) life experiences during the life course. These life experiences have a cumulative learning effect through the life course, which is especially the case for the knowledge and skills related to food literacy which generally strengthen over time. Also, life experiences contribute to the development of 'coping strategies', which means being able to deal with certain (challenging) situations by using certain resources. For the mothers in this study certain life stages or transition points in life were especially important for the identification and use of enabling resources to direct food practices towards health and to manage challenging situations. These are childhood/family food upbringing, school/study, living on their own or with a partner, and the transition to motherhood. In particular, the transition to motherhood had a major impact on their food practices and contributed to eating healthy.

To give an overview of the mechanisms which underlie healthy eating in the everyday life of women having and rearing young children, an explorative conceptual model/framework was developed based on the results of this study. The transition to motherhood takes up a central place, because this transition stage had a major impact on the food practices of the participants (see figure 5.1 on the next page).

In this model four sub-mechanisms can be distinguished, which together contribute to an increased SOC and enable women having and rearing young children to direct their food practices towards health: (1) relation between the transition to motherhood and motivation/meaningfulness (GRR) to eat healthy (including dealing with challenges); (2) relation between motivation/meaningfulness (GRR) to eat healthy (including dealing with challenges) and internalizing healthy eating; (3) the relation between internalizing healthy eating and active food involvement/food experiences; and (4) the mechanisms regarding food literacy. This model/framework focuses on the mechanisms which are at work in the period around the transition to motherhood, because the results from the literature and the interviews indicate that this transition stage has a major impact on the food practices of women. According to the stories of the participants in this study becoming a mother is a life experience that contributes to eating healthy. However, also earlier life experiences before the transition to motherhood (e.g. childhood, school/study, living on your own or with a partner) and the resources (e.g. food literacy, food involvement, social environment, health beliefs, personal characteristics, motives and values) acquired throughout these life experiences play a role in this model/framework. These life experiences and GRRs have an effect on healthy food practices through the mechanisms at work in the period around the transition to motherhood and through a positive effect on the SOC.

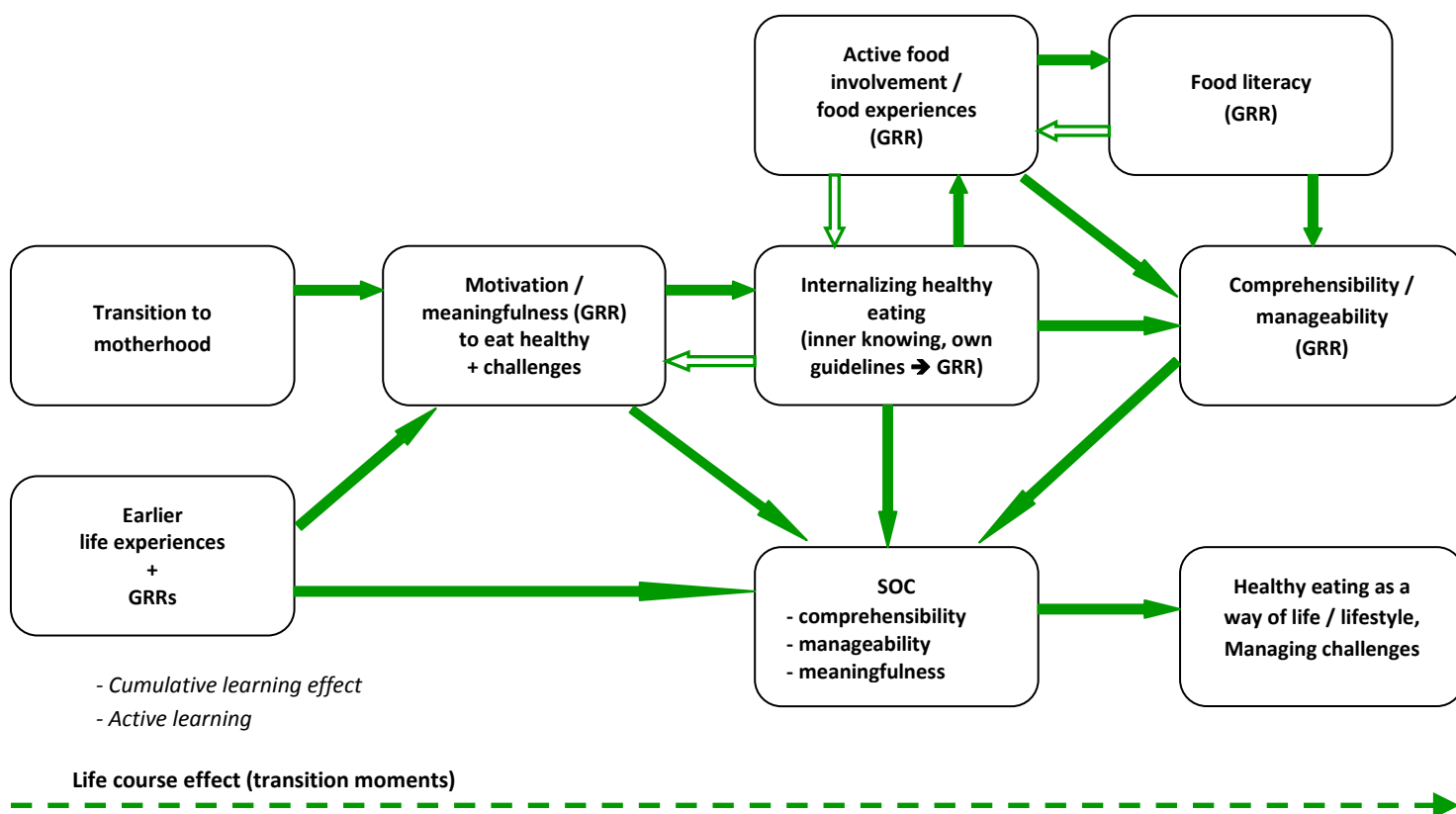


Figure 5.1 Explorative conceptual model/framework for healthy eating practices of women with young children

Firstly, the transition to motherhood triggers a feeling of responsibility inside women to take good care of the health and the food of their children. Also, it stimulates them to be more aware of their food practices and the effect these practices have on their children. This increased feeling of responsibility and food/nutrition awareness make women more internally motivated to take good care of healthy food practices for their children. Healthy eating becomes more meaningful, because it is important for the health of their children. This can also be interpreted within the framework of Salutogenesis, in which the increased meaningfulness of healthy eating caused by the transition to motherhood can be compared to the motivational component of the SOC.

Secondly, this triggered internal motivation to direct their food practices towards health motivates most mothers to internalize healthy eating. This process of internalization involves a shift from outer knowing (expert) to more inner knowing (part of food literacy), which means that mothers start to think in what way certain food and nutrition information and knowledge is important for them and their children and how they can apply it in their daily food practices. This means for example that mothers do not only stick to following the national dietary guidelines, but also start to develop and follow their own food and eating guidelines by considering what is important about food for their children and themselves, in terms of health (health beliefs and values (GRR)), but also other aspects in everyday life (e.g. personal motives and values (GRR), such as enjoyment or social eating/cooking). In addition, when healthy eating becomes more internalized it also has a positive effect on internal motivation; mothers become more motivated to stick to healthy eating.

Thirdly, internalizing healthy food practices leads to an increase in food involvement for most mothers. The internalization process makes them more active in activities around food, in terms of thinking, selecting, buying, preparing and eating. For example, they start to think more about what is important for their children regarding food and their health, they pay more attention to the process of selecting and buying certain foods, and try to prepare and eat different kind of foods. Also, these active experiences with food help mothers with the internalization of healthy eating, because through these active learning experiences they learn to identify and use certain resources (GRRs).

Fourth, for this active involvement in food activities they need to use their existing food literacy: their knowledge and skills for obtaining and understanding information related to food and nutrition, and using it for managing healthy food practices in everyday life. However, at the same time, their increased involvement in food activities also increases their experiences with food, which have a positive effect on the development of their food literacy through active learning. Therefore, the transition to motherhood can be considered as a moment at which food literacy is strengthened and developed.

According to these findings, both food involvement and food literacy can be identified as resources (GRRs) which the mothers apply for managing their daily food practices. Interpreted within the framework of Salutogenesis these GRRs contribute to the cognitive (comprehensibility) and the behavioural (manageability) component of the SOC.

These four sub-mechanisms described above, together with earlier life experiences before the transition to motherhood and the resources (GRRs) acquired through these life experiences, contribute to an increased SOC. This increased SOC enables women having and rearing young children to direct their food practices towards health. It helps them to see healthy eating more as a way of life (lifestyle), their own way of life and not mainly told by an expert, which is an important result of the internalization of healthy eating. This also helps them to direct their food practices towards health when faced with challenging situations in their life. Even though motherhood can be challenging at times, the findings of this study indicate that it helps women to direct their food practices towards health.

5.2 The study in the context of existing nutrition research and -promotion and the relevance of the theoretical framework

In the following sections the insights of this study are discussed in light of existing research and promotion efforts in the field of health and nutrition. Also, the relevance of the theoretical framework – Salutogenesis and the Life course perspective – that guided this study is considered in relation to the research findings.

5.2.1 Directing food practices towards health from a Salutogenic perspective: underlying mechanisms

As described above (section 5.1), the findings of this study show a few important underlying mechanisms which enable women having and rearing young children to direct their food practices towards health. These mechanisms are further discussed below in the context of existing efforts in the field of health and nutrition, and the theoretical framework used for this study.

5.2.1.1 Increased nutrition awareness and motivation to eat healthy

As said before, the results of this study indicate that the transition to motherhood triggers a feeling of responsibility and more awareness regarding food and nutrition, which make women more internally motivated to take good care of healthy food practices. Their motivation to eat healthy increases, because healthy eating becomes more meaningful for them when they transition into motherhood. Especially because they feel responsible for the health of their children and they are aware of the influence that food has on their health. Also, they want to teach their children the right food practices for later on in their life and provide them with a good example during their childhood. Although all mothers experience challenges now and then, they are motivated to manage healthy food practices for their children.

These results confirm earlier research findings in the literature in which the transition to motherhood is studied with respect to food practices. Szwajcer and colleagues contributed to this field of research with several studies and one of their important findings was that the period around the pregnancy and transition to motherhood is associated with an increase in nutrition awareness and motivation to eat healthy for most women (Szwajcer et al., 2006; 2007; 2012). Also some other studies found a positive effect from pregnancy and the transition to motherhood on feeling of responsibility, awareness and motivation to eat healthy, however they also indicated that mothers sometimes prioritize the nutrition of their children over themselves and that they experience challenges when managing food practices (Devine & Olson, 1991; Devine et al., 1998; Aschemann-Witzel, 2013). Furthermore, many studies found that the health of the child(ren) is the most important motive for parents to manage healthy food practices (Marquis et al., 2005; Carnell et al., 2011; Hingle et al., 2012; Duncanson et al., 2013; Edvardsson et al., 2011; Byrd-Bredbenner et al, 2008; Connors et al., 2001).

However, these studies did not research how this increased internal motivation to eat healthy actually translates into healthier food practices. Therefore, the present study contributes to the existing literature by providing more insight into the mechanisms which are at work when

internally motivated mothers direct their food practices towards health. In addition, the present study also adds new insights to the existing literature, because it takes into account the Salutogenic perspective. The use of this perspective to explore healthy food practices in combination with the specific target group in this study is quite new. The increased meaningfulness of healthy eating caused by the transition to motherhood can also be placed within the Salutogenic framework. It can be compared to the motivational component of the SOC ('meaningfulness'), which refers to the extent to which life makes sense and one wishes to cope with the stressors. For the mothers in this study it appeared to be self-evident to provide their children with healthy food practices and to cope with challenges along the way, because their children's health is very important to them.

5.2.1.2 Internalization of healthy eating

The internal motivation to provide their children with healthy food practices motivates most mothers to internalize healthy eating and to identify and use enabling resources. As mentioned before, this process of internalization involves a shift from outer knowing (information about food and nutrition by experts) to more inner knowing (internalized information in terms of knowledge and skills; part of food literacy). This means that mothers start to think deeper about food and nutrition information and how it is important for them and their children (knowledge), and that they know how they can apply this in their daily food practices (skills).

This internalization of healthy eating also has a positive effect on the internal motivation to eat healthy; mothers become more motivated to stick to their healthy food practices. Also, it is often easier to stick to them and to cope with challenges, because their food practices are mostly based on their internalized knowledge and skills (inner knowing). This could also be interpreted within the Salutogenic framework, because this finding indicates an increased comprehensibility and manageability of healthy eating, the cognitive and behavioural component of the SOC respectively.

An implication of these results is that the transition to motherhood motivates most mothers in this study to think more critically about healthy food practices and how to manage them in their everyday life with their children. Most participants mentioned they dealt in a more uncomplicated and unproblematic way with food and eating in their everyday life before they had children. They tried to follow the dietary guidelines as much as possible, but they also ate convenience or unhealthy foods now and then. The transition to motherhood, which means responsibility for their children and taking them into account in their daily food choices, makes most participants realize that managing healthy food practices in their everyday life requires more thoughtful consideration than they devoted to it before they had children. In addition, the stories of the mothers showed that most of them also have a critical attitude towards food now and then, and to have doubts related to food. For example, they sometimes question the quality, labels and claims regarding food products (food product awareness) or certain stories in the media concerning food.

These findings support a recent study of Bouwman and Swan (2014) in which they state that it is important that consumers themselves are stimulated to critically think about how to organize healthy food practices in their everyday life. Nowadays this is often already taken care of for them by experts. An important reason behind this is that the pathogenic

perspective on health (in contrast with the Salutogenic perspective) focuses on the specification of nutritional advice on why, what and how to eat for physical health; and thereby making it more complex for people to determine how to eat healthy. Therefore, this complex nutritional information is simplified by experts and translated into guidelines, claims and logo's on healthy eating, which are communicated to consumers through educational and marketing efforts. Health promoters, policy makers, the food industry and other experts in nutrition communication aim to decrease the complexity of healthy eating by facilitating convenient healthy eating; for example in the form of a growing variety of convenient, tasty and healthy foods and meals that are available for consumers. This may make choosing for healthy foods less complicated and more pleasurable (Bouwman & Swan, 2014).

However, through this 'expert-driven' approach of current nutrition promotion efforts consumers themselves are not stimulated to critically think about how to organize healthy food practices in their everyday life. Therefore they may deal with it in an uncomplicated and unproblematic way, because it is already taken care of for them by experts. Hence, it is questionable who is in the drivers' seat when it comes to eating healthy. 'You are what you are told to eat' seems to replace 'You are what you eat' (Bouwman & Swan, 2014).

The results of the present study show that it is important for the participants to be motivated to be in the 'drivers' seat' themselves and to take charge of the organization of healthy food practices in their everyday life by critically considering and using the food and nutrition information provided by experts. In this way healthy eating becomes more internalized: 'You are what you eat' instead of 'You are what you are told to eat'.

In a lot of studies in the current literature healthy eating is defined as following the dietary guidelines and the adequate intake of nutrients established by experts ('expert-driven' approach); whereas less attention is paid to people's own meaning of healthy eating and managing healthy eating behaviours in their everyday life, especially in the group of people having and rearing children. Therefore, the findings of the present study add new insights into how people (in this case women) having and rearing children give meaning to healthy eating, what (healthy) food practices they perform and how they are able to manage them in the context of their everyday life.

5.2.1.3 Food involvement

Overall, most participants become more involved with food and related activities during their life course through consecutive transitions and life experiences (e.g. family food upbringing, student life, living on their own or together with a partner), but especially the transition into motherhood stimulates more active food involvement in most of them. According to the stories of the mothers in this study, active food involvement is important for the development of healthy food practices in the period around the transition to motherhood. The internalization process of healthy eating during this period makes most mothers more involved in activities around food, in terms of thinking, decision making, buying, preparing and eating. These active experiences with food help mothers with the internalization of healthy eating, because through these active learning experiences they learn to identify and use certain resources (GRRs). For example, when they become more involved with cooking healthy meals they learn to use their cooking skills and they also develop them by cooking healthy meals more often. This leads to an internalization of knowledge and skills related to cooking healthy

meals (inner knowing). Therefore, food involvement can be considered as a resource (GRR) which indirectly – through internalization of knowledge and skills learned from active food experiences – enables the mothers to direct their food practices towards health in their everyday life.

This finding confirms the importance of the ‘participation’ aspect which is widely recognized in health promotion and which is central to human rights. For example in the Ottawa Charter (1986) in which one of the health promotion actions is to ‘strengthen community actions’ which involves public participation and empowerment (WHO, 2016²). However, this aspect is often not sufficiently taken into account in the ‘expert-driven’ approach of current nutrition promotion efforts. While health and nutrition promotion aim for autonomy, the capacity to self-govern, self-control and act independently in relation to eating, current efforts insufficiently allow for active involvement of people themselves (Bouwman & Swan, 2014). Therefore, the active involvement in food of people themselves should become more central in health and nutrition promotion to enable healthier eating practices. This also corresponds with the Salutogenic perspective, which states that the development of health requires active involvement, participation in important decisions and subsequent actions (Swan et al., 2014).

5.2.1.4 Food literacy

As argued before, for the internalization process of healthy eating and their active involvement in food activities the mothers need to use their existing food literacy. But at the same time, their increased food involvement also increases their active experiences with food. These active learning experiences have a positive effect on the development of their food literacy. Therefore, the transition to motherhood can be considered as an important moment at which food literacy can be strengthened and developed. This is in line with Vidgen and Gallegos (2011) who argue that not all components of food literacy are applied at each moment in life, but that they are identified, developed and applied according to the context/situation people are in when making food choices. Also, this supports the theoretical framework of this study (Salutogenesis and the Life Course perspective) which states that certain life experiences (in this case the transition to motherhood) through the life course enable people to identify and use certain resources (in this case food literacy) to direct their food practices towards health.

The meaning and role of food literacy was not explicitly asked in the interviews, because this is not a common concept, so the participants are probably not familiar with it. Nevertheless, throughout their stories it was possible to identify several components of food literacy they used to direct their food practices towards health: budget- and time-management skills; cooking skills; the ability to identify, select and consume healthy products which are of good quality and safe; and the ability to obtain, assess and use food and nutrition information. These components of food literacy are elaborated on below.

They were able to provide healthy meals based on available resources (e.g. money, time) and food needs of their children and themselves. Money and time are resources (GRRs) for healthy food practices in itself, but the skills for managing these resources to eat healthy are part of food literacy (GRR). While eating healthy requires economic resources next to other (basic) needs in their daily life, the participants used budget-management skills to manage their

available economic resources and to provide their children with healthy foods and meals. Furthermore, eating healthy also requires time, in terms of selecting, buying, preparing and eating healthy foods and meals. However, for most mothers time is a scarce resource in their busy everyday life with children and work (either fulltime or part-time). Therefore, they used time-management skills which enabled them to plan and allocate sufficient time needed for activities to eat healthy in their busy life as a working mother. Most of them also mentioned that although they have not much time available they always aim to prepare homemade meals for their children and themselves, instead of resorting to convenience meals.

In relation to homemade meals the participants also used cooking skills as part of food literacy to prepare healthy meals. Most of them partly learned these skills in their childhood during their family food upbringing, in particular from their mother. However, they also developed their cooking skills during their student life, when living on their own or living together with a partner, and when they became a mother. They mostly did that through knowledge and advice from their social environment (e.g. parents, partner, friends), searching for information (e.g. books, Internet) themselves, and through experimentation (e.g. with recipes). Especially when they transitioned into motherhood most participants became more active in developing their cooking skills, because they aimed to provide their children with healthy, varied, homemade meals.

Recipes were an important resource (GRR) that helped to develop their cooking skills. They were not directly linked to healthier meals, but mainly used by participants to increase the variety of their meals and to include new ingredients; and they were also used by participants who had basic cooking skills and wanted to improve them further.

Another component of food literacy coming forward in the stories of the mothers was the ability to identify, select and consume healthy products that are of good quality (e.g. fresh, organic) and safe (e.g. free of toxic chemicals). They used their food and nutrition knowledge with respect to food ingredients, nutrients and their role in health (taking into account the dietary guidelines and 'schijf van vijf') when looking at food labels, selecting products and making food choices. However, most mothers did not seem to have specific or in-depth nutrition and food knowledge, and they were not always sure which products were healthy, had good quality, and were safe. Furthermore, some participants also mentioned that they wanted to eat certain ingredients in moderation, e.g. salt, sugar, fat, or avoid certain ingredients due to allergies or because they are unhealthy, such as lactose or certain E-numbers. Therefore, they used the labels on food products to identify unwanted ingredients.

Furthermore, mothers mainly obtained food knowledge from information about food and nutrition on the Internet and books (GRR), and from their social environment (GRR), e.g. family, partner or friends. However, they discuss that there is so much food information to find nowadays, and also a lot of different information, that it is sometimes challenging to determine which information is relevant and to identify which sources provide accurate information. These findings implicate that the ability to access food and nutrition information, and most importantly assessing its relevance is an important skill within food literacy. However, current nutrition research and -promotion has not really considered this yet. To overcome the challenges the participants are faced with when looking for food and nutrition

information, it is essential to develop their skills for assessing this information, because their interpretation and use of it has an influence on their food practices.

These components of food literacy described above can be compared with the 'planning' and 'management', 'selection', 'preparation', and 'eating' components that Vidgen and Gallegos found in their research (Vidgen & Gallegos, 2011; Vidgen & Gallegos, 2012). Also, they can be associated with certain internal and external resources (GRRs) found in the literature, such as food management skills related to food costs, time and cooking, and skills with respect to nutrition-related information seeking. However, up till now studies that explicitly pay attention to the concept of food literacy when studying healthy eating behaviours among people having and rearing children are lacking. Therefore, the present study provides new insights into the concept of food literacy and its relation with healthy food practices among people (in this case women) having and rearing children from a Salutogenic perspective.

According to the findings of the present study, food literacy could be considered as a composite resource (GRRs), including several resources (GRRs), which are similar to the components of food literacy. These multiple GRRs combined into food literacy enable the mothers to direct their food practices towards health in their everyday life.

Furthermore, the findings support the place of food literacy within the Salutogenic framework as a resource (GRR) that can be put into practice in a health promoting way, in terms of healthy eating, and for avoiding and/or combating a wide variety of stressors. Food literacy empowers the mothers to direct their food practices towards health and provides them more control over food and eating by increasing the cognitive (comprehensibility) and the behavioural (manageability) component of their SOC.

5.2.2 Life experiences and the social environment

5.2.2.1 Life experiences contributing to healthy eating

The transition to motherhood is not the only life experience that helps mothers to identify and use GRRs to direct their food practices towards health. Next to the transition to motherhood, the stories of the participants show that certain other life stages or transitions influenced their food practices and helped them to direct these practices towards health. The life experiences before the transition to motherhood and the acquired resources (GRRs) through these life experiences also play an important role in the further development of healthy food practices in the period around the transition to motherhood. Childhood/family food upbringing, school/study, and living on their own or together with a partner were frequently discussed life stages or transitions among the mothers.

Food experiences during childhood

Especially the influence of their childhood and family food upbringing is often discussed when the mothers talk about their (healthy) food practices. This is in line with existing studies found in the literature, which also found that experiences with food during childhood have an important influence on food practices later on in the life course.

Most participants remember quite a lot about their upbringing with respect to food. For most of them family food upbringing seems to serve as an example and to provide a basis for the way they deal with (healthy) food practices in subsequent life stages during their life course. Also, they continued some of their parents (healthy) eating habits and knowledge and skills they learned from their upbringing in terms of (healthy) eating. Therefore, parents who pay attention to healthy food practices are important people in the process of learning how to eat healthy, because they provide initial knowledge and skills. Therefore, they function as a GRR to eat healthy in childhood, but also during later stages in life. For example, when starting to live independently or during the transition to motherhood to ask them (especially the mother) for advice or help in food-related issues.

Most participants learned from their parents that it is important to eat healthy and fresh, and try to continue doing that themselves. Especially when they became a mother they wanted to pass on to their children the aspects of healthy and fresh eating they learned in their own upbringing. Aspects of healthy eating their parents paid attention to during their upbringing were eating vegetables and fruit, using fresh products, homemade cooking, and having a little garden with fresh vegetables which were used for cooking meals. Also, participants acquired knowledge and skills regarding healthy food practices, especially with respect to cooking. For example, by seeing their parents cooking healthy and fresh meals and sometimes helping them with it, and having a vegetable garden to prepare meals with fresh vegetables. These experiences and the acquired food knowledge and skills help them to manage healthy food practices on their own later in life.

Furthermore, a food practice related to the social dimension of food and health the participants learned from their parents is eating together at the table as a family. Growing up with family meals allowed them to learn the ability to eat in a social way. All participants consider this as an important food practice, in particular for social connectedness, and continued with it in their everyday life, especially when they transitioned into motherhood. Moreover, participants also learned food practices related to social norms and values, such as having to taste everything and certain eating manners. Their parents emphasized that they had to taste everything and eat a little bit of everything, even if they did not like it. Most participants feel positively about this and think it made them like more kinds of food later on in life. Furthermore, they aim to continue with this food practice in the upbringing of their own children to learn them to eat all kinds of food. Eating manners their parents learned them include for example eating in a decent way, not making a mess with food, eating everything you put on your plate, and socializing during dinner.

As appears from the findings of this study, most participants maintained a lot of food practices they learned from their parents through later stages in life. However, some mothers did not continue the food practices they learned during childhood. Instead of serving as a positive example to continue with, family food upbringing served as a sort of negative example which triggered them to make a change. When they moved out of their parents' home they started to deal with their food practices in a very different way from their parents, for example because their parents food practices were unhealthy.

Student life and living independently

Other life stages or transitions that influenced mothers' food practices and helped them to direct their food practices towards health are school/study and living on their own or together with a partner. These findings add to existing studies found in the literature, because these life stages or transitions are not yet included in these studies.

School/study especially had an impact when food played an important role within the education, and when attention was paid to teaching about nutrition and healthy eating, for example a sports education. Through education about the importance of nutrition and how to eat healthy they learned to direct their food practices towards health.

Moving out of the parents' home and starting to live on their own or with a partner also had an impact, because at that moment the participants started to live independently from their parents to a large extent. In this new phase their parents had less surveillance over them, which meant more freedom when dealing with food practices. Consequences were that they could deal with food in their own way, but also being responsible for their own healthy food practices. The experiences during this life stages contributed to the development of food knowledge and skills independent from their parents, and they started to learn managing healthy food practices on their own or with a partner.

Implications for the theoretical framework

These life stages and life experiences described above help the mothers in this study to develop their SOC, to identify and use GRRs, and to direct their food practices in the healthy direction. The findings of this study show that learning to manage healthy food practices is an ongoing and active process throughout the life course, in which active learning through experiences takes up a central role. Life experiences have a cumulative learning effect through the life course and contribute to strengthening of the SOC and the development of coping strategies: identifying and using the appropriate GRRs to manage healthy eating in any (challenging) situation in life. This mechanism underlies the ability to direct food practices towards health.

These findings support the theoretical framework that guided this study, consisting of Salutogenesis and the Life Course perspective. The life course and life experiences fulfil an important role within the Salutogenic perspective. According to Salutogenesis, the strength of one's SOC is determined by people's life experiences, and the development of one's SOC is an ongoing process during one's whole life course. Furthermore, within this Salutogenic framework, the Life Course perspective appeared to be useful for identifying both SOC-shaping life experiences and GRRs that enable mothers to direct their food practices towards health. Also, the results of the present study support key concepts within the Life Course perspective, especially *trajectories* and *transitions*. The participants' trajectories of food practices appeared to be rather stable over time, however certain transitions occurring within these existing trajectories resulted in changes in their food trajectories, especially the transition to motherhood.

Furthermore, up till now there is little research examining the Life Course perspective and life experiences that enable people having and rearing children to identify and use resources (GRRs) to direct their food practices towards health. Most studies mainly paid attention to food experiences during childhood and the transition to parenthood itself, but do not take into

account the whole life course of people. Therefore, the present study provides additional insights for the Life Course perspective with respect to healthy food practices among people (in this case women) having and rearing children.

5.2.2.2 Social relations and their influence on healthy eating

Besides parents, also other social relations function as a resource (GRR) for the participants in learning and managing healthy food practices, such as a partner, friends, colleagues or neighbours. Participants mainly use them as a resource in terms of support or advice, for example when they are faced with a challenging situation or when they are not sure what foods they should give to their children and how they should give it to them. Moreover, people in participants' social environment have an influence on eating practices. What participants eat and how they eat is partly influenced by their social environment, and a certain culture with certain social norms and values within that social environment. Therefore, people in their social environment can also influence their food practices in terms of health. They can stimulate them to eat healthy and function as an example, for example when they like to cook healthy meals together. However, they can also be a bad influence, for example when they encourage to get takeout.

Bouwman et al. (2009) found in their discursive research ('I eat healthfully but I am not a freak. Consumers' everyday life perspective on healthful eating') that people in general talk about healthy eating in a way that distances them from the extremes of always eating healthfully on the one hand and frequently eating for pleasure and eating pleasure-food in large quantities on the other. Furthermore, Bouwman et al. (2009) found that being someone who makes great efforts in relation to healthy food practices is treated as a disfavoured image, in terms of being a difficult person or health freak. Therefore, most people aim to confirm the routine, natural importance of health, but at the same time they want to avoid being designated as individuals who are too rigidly health-conscious, too concerned about their health.

This 'social standard' can also be recognized in the stories of most participants. They seem to talk in a comparable way as the participants in the research of Bouwman et al. (2009) to comply with the social norms in their social environment. They talk about healthy eating as something that is obviously important to them and something they pay attention to in their everyday life, however not in an extreme way. Furthermore, they mention that it is very normal to also eat something unhealthy now and then for pleasure, but also not too often and in moderation.

As argued by Bouwman et al. (2009) if structural change in the eating behaviour of people is to be achieved the image of being a health freak when paying a lot of attention to eating healthy needs to change. Instead of being called a difficult person or health freak it should be normal to thoughtfully consider and discuss the wish to eat healthy in everyday life. To promote healthy food practices this should become the new social standard, and nutrition promotion should play an important role in achieving this standard.

5.2.3 The holistic role of food and health in everyday life

5.2.3.1 Holistic role of food and health in this study

As indicated before, this study found that food and eating play an important role in the everyday life of women with young children through three different ways, which correspond with important aspects in life: the physical health, emotional/mental health, and social aspect. The mothers aim to eat in a responsible way for a healthy life for themselves and their children. Food gives them the needed energy and nutrients to function well during the day and to perform their daily activities. Additionally, eating healthy contributes to maintaining physical health, feeling well, preventing illness and managing a healthy weight, especially regarding their children. Secondly, they use food and eating as a way to enjoy, relax and release in terms of emotional/mental health. Eating and/or cooking nice and tasty foods are enjoyable moments of relaxation, comfort or happiness for them, which can also include less healthy or unhealthy foods. This is sometimes also used as a way to let go and release stress, especially at challenging moments in their life. Lastly, the mothers see eating as a way to socially interact and connect with their family and other people, like friends, acquaintances or neighbours. Most of them really like eating and cooking together as a social activity, however social eating situations can also be challenging sometimes.

Furthermore, the results of this study show that the different roles of food in the everyday life of the mothers are interconnected. Especially the interplay between eating in a responsible way for physical health and eating as a way to enjoy, relax and release appeared from the stories of the participants. The mothers aim to choose for healthy and nutritious foods to be physically healthy, but also feel the need to give in to eating less healthy or unhealthy foods once in a while for their mental state. Moreover, they mention that in order to be physically healthy, it is necessary for them to be mentally healthy and the other way around. Therefore, the mothers make food choices to balance these roles of food in their everyday life. Furthermore, social eating and cooking fulfils an important overall role in the everyday life of the participants. It strengthens their social relations (social role of food) and they mostly experience these social activities as fun and enjoyable, which contributes to their emotional/mental health. Also, it contributes to the physical health of the mothers, because having a family with children to take care of encourages them to prepare healthy and nutritious homemade meals. However, it can also negatively influence their physical health, for example social relations with people who like eating and cooking unhealthy food.

5.2.3.2 Support for the holistic approach in existing nutrition research and -promotion

These different roles of food in the lives of the mothers are in line with the physical, mental and social dimensions of health addressed in the definition of health provided by the World Health Organization (1948): “Health is a state of complete *physical, mental and social* well-being and not merely the absence of disease or infirmity”. The mothers in this study not only aim to use food and eating to attain and maintain physical health and to avoid disease, also being “healthy” in an emotional/mental and social way is important to them. Therefore, this study shows that besides physical health, the non-physical dimensions of health are also relevant aspects of wellbeing among mothers. The stories about their food practices reveal

that they try to balance the different dimensions in their everyday life to manage a complete state of health and wellbeing.

Furthermore, the findings of the present study also correspond with the Salutogenic perspective. Salutogenesis includes not only the physical dimension, but all dimensions of health, which is in line with the way the participants in this study experience health and the role of food in it. Therefore, the Salutogenic perspective on health complements the pathogenic approach which is focused on physical health: the study of origins and causes of disease and how to prevent, manage and cure disease. Salutogenesis also considers the context and takes into account the everyday life where people not only aim to avoid disease, but also for quality or 'goodness' in life. Thereby, health-related practices, such as eating for physical health, are considered as a resource for living rather than a central goal of life. This also corresponds with the World Health Organization who does not define health as the object of living, but as a resource for everyday life (WHO, 2016). Furthermore, Salutogenesis takes on a positive approach towards health: instead of only being aware of risks for disease, people also need to be aware how they can use resources within and outside themselves to create, enhance and improve their health and wellbeing in all dimensions (Bouwman & Swan, 2014). This is also in line with the World Health Organization, who looks at health as a positive concept emphasizing social and personal resources as well as physical capabilities (WHO, 2016). This positive, contextual, everyday life perspective of Salutogenesis appeared useful in this study to explore what helps mothers of young children to direct their food practices towards health. Therefore, it would be advisable to further apply the Salutogenic perspective in related research in the future.

Moreover, these results also support a recent study of Bouwman and Swan (2014) who state that the narrow focus on physical health as the primary focus for the achievement of health and wellbeing may have limited value in people's everyday life in which other dimensions of food and health are also important. Nutritional research and behavioural food research that provide the scientific basis for nutrition promotion strategies often do not consider contextual influences, for example they study diets without considering other lifestyle components. Therefore, the results of this kind of research has little value for people's everyday life situations by causing a gap between healthy eating guidelines and concrete action rules for real life eating practices (Bouwman & Swan, 2014).

If food choice is considered from an everyday life perspective and a consumers' own point of view, studies show that healthy eating involves also other functions next to physical health, such as taste, convenience, costs, moral concerns and the maintenance of relationships (Bouwman et al., 2009; Bouwman & Swan, 2014). Especially this latter function is important, because decisions and actions regarding everyday food practices are embedded in a range of social activities. Food is often shared with others and provides opportunities for social interactions. Also, the social environment has an influence on people's food practices by stimulating or inhibiting eating healthy. However, dietary guidelines are mainly focused on the physical side of health, and do not include the social dimension (Bouwman et al., 2009; Bouwman & Swan, 2014).

5.2.3.3 Nutrition information and advice

Nutrition advice in general and the Dutch dietary guidelines indeed tend to focus on the physical dimension of health and on promoting the consumption of healthy nutritious foods (Voedingscentrum, 2014). These recommendations do not fully match the role of food practices and its relation to health and wellbeing in the everyday life of the participants in this study. Therefore, nutrition advice (e.g. dietary guidelines) can be difficult for people to apply in their everyday life, which can also be recognized in some of the stories of the participants. Although most mothers use the national dietary guidelines as a basis (GRR) to guide their food practices in the healthy direction, they also mention that they still question sometimes what exactly is the right way to eat healthy, especially with respect to their children. Looking at their everyday life and the importance of different dimensions of health, the dietary guidelines with a focus on physical health are not sufficient in directing their food practices towards health.

In addition, the large amount and complexity of information and advice about food and nutrition also makes it complicated for the participants to determine how to eat healthy nowadays. The mothers discussed that they are sometimes overwhelmed by the enormous amount of information about healthy eating and they mentioned that this information is not always straightforward, which makes eating healthy more complex for them.

These findings are in line with Bouwman & Swan (2014) who question how the complexity of nutritional advice on why, how and what to eat relates to the comprehensibility or the understanding of one's environment. They also think that this complex advice may inhibit the opportunity for positive life experiences which people need to develop a strong SOC. Life experiences strengthen one's SOC when they are characterized by consistency, an underload-overload balance and participation in socially valued decision making. However, the rapid changes in the insights regarding the relations between food and health may not provide consistency and the enormous amount of attention paid to food and health may lead to an overload of information.

Finally, the results of the present study add to the existing body of literature by not only focusing on the physical dimension of health and the nutritional aspects of food and health, but also taking into account the other dimensions of health and non-nutritional aspects of food. Furthermore, based on the findings of the present study, it would be recommendable for nutrition research and -promotion to adopt a more holistic approach which takes into account the context of everyday life within, including all dimensions of health and well-being, instead of only focusing on nutrition and physical health. In addition, it would be advisable to approach food in a less complicated way when providing information and promotion regarding healthy eating.

5.3 Strengths and limitations of this study

The chosen theoretical framework and the qualitative methods used in this study allowed a solid exploration of the different aspects that contribute to healthy food practices. A systematic search of the literature was conducted to guide the development of the interview guide used for the semi-structured interviews, and aided in answering part of the research questions. Furthermore, the narrative inquiry through semi-structured interviews and categorical-content analysis further helped to answer the research questions. Qualitative methods such as semi-structured interviews allow obtaining rich data by letting participants speak extensively about the topic asked, yet allows the researcher to contain and guide the conversation with prepared but flexible questions (Ebrahim & Bowling, 2005). Hence, this type of interview provides narratives of the participants' life stories which enable identifying and understanding people's perspectives, experiences and interpretations on healthy food practices; the reasons and factors behind their eating behaviour, and their development throughout life (Bisogni, Jastran, Seligson, & Thompson, 2012).

However, the qualitative methods used in this study are not without limitations. First of all, due to the qualitative nature of the research the number of participants was small. Moreover, the sample in this study was selected in a non-random manner. Purposive and snowballing sampling was used in order to recruit enough participants and who also complied with certain characteristics. Due to this limited sample size and the purposive nature of the sampling, it is not possible to claim that the results of this research are representative for the general Dutch population (Silverman, 2001). Therefore, the results should be considered within this context. However, the findings of this study can be considered a grounded indication of a research phenomenon that deserves further attention.

Secondly, regarding the socio-demographic characteristics of the participants, the sample might not be entirely representative for the general Dutch population. Due to the snowballing sampling through the social network of the researcher most participants are from the same region in the Netherlands. Furthermore, all participants were living together with a partner and most of them were married. Also, all participants indicated to have paid employment, either fulltime or part-time, and also their partners mostly work fulltime. Therefore, it would be interesting to see if the results are different for women with other socio-demographic characteristics, for example single mothers and/or mothers without paid employment.

Furthermore, to look after the reliability of the interview process various techniques suggested in the literature to ensure credible qualitative research were used. These techniques included pre-testing of the interview questions, recording all interviews and performing verbatim transcription of the interviews (Silverman, 2011). Additionally, the study was performed in parallel with two other researchers who conducted the same research but addressing different study populations. This allowed continuous discussion with each other during the research process, for example when developing the interview guide, during the open coding process and identifying emerging themes.

While analysing the data through open coding has the risk of interpreting by the researcher, open coding also enables the researcher to be more in touch with real life, because the codes

are determined while reading the transcripts. However, a disadvantage is that the codes for a large part depend on the interpretation of the researcher (Silverman, 2011). Therefore, it was a big advantage to be able to discuss codes, themes and inferences from the data with the other researchers involved in the Salutogenic Eating Project throughout the analysis stage. With these discussions consensus could be reached on conflicting interpretations of the data, reducing subjectivity of the results (Burnard, 1991; Lieblich et al., 1998). This ensured reliable data interpretation and robustness of the results.

Also, next to the interpretation of the researcher, there is the risk of interpretation of the interview questions by the participants. Another disadvantage of the interviews was that the preparation activity was mainly about the role of food in the participants' life, but did not directly ask participants to think about past and current food challenges. Due to this, participants had difficulties coming up with such memories during the interviews, limiting the sources of life experiences and further data that could have been useful. Also, some participants mentioned they had difficulties with separating themselves ('I') from their children ('WE') when thinking and talking about the role of food in their life. They mainly answered from the 'WE' perspective. Therefore, it would be interesting for further research to let women talk about the role of food in two ways: (1) only considering themselves ('I') and (2) taking into account their children ('WE'). However, next to the disadvantages, there were also advantages of the interviews. Participation in the study triggered (another way of) thinking about the role of food in life, memories and life experiences that related to and influenced eating. Prior to the research, the participants were often not really aware of the role of food and the impact certain experiences had on their food practices. In addition, at the end of the interview most participants mentioned that they found the interview questions clear and not too difficult, and that they found it nice and interesting to participate in the study.

Finally, the results of this study contribute to the existing body of research regarding this topic. The Salutogenic approach in combination with the Life Course perspective in this study is quite new and provides relevant new insights into the topic. Prior research concentrates mostly on physical health and on the relationship between more concrete healthy food practices in terms of increased fruit and vegetable consumption and adequate nutrition intake, instead of a more holistic approach of health and wellbeing according to the Salutogenic theory. Also, prior research often has a quantitative nature and provides more abstract results, while the qualitative nature of the present study provides a more in-depth exploration into people's perspectives, experiences and interpretations on healthy food practices; the reasons and factors behind their eating behaviour, and their development throughout life. The new insights provided by this study could help to fill the current gaps of scientific knowledge and shortcomings of health and nutrition promotion efforts. However, the current study was a first exploration and more research is needed to overcome its limitations and to expand this area of research to gather more evidence regarding this topic.

5.4 Recommendations

5.4.1 Further research

This study was a first exploration into the topic and further research is needed to gain more insight into the underlying mechanisms that influence healthy eating practices. Interesting points of recommendation for further research emerging from the present study are the following:

- This study aimed to gain insights for practice and policy to develop enabling contexts that promote healthy eating behaviours by exploring the mechanisms underlying the ability to direct food practices towards health in people having children. However, to gain even more insight into these underlying mechanisms and to understand better how to encourage healthy eating, it may be valuable to study those people who are coping in the current obesogenic environment and manage to eat healthy. In spite of all the unhealthy options, they are able to eat healthy. What helps them cope with the challenges they face in a sea of unhealthy choices? These ‘positive deviants’ could provide valuable information regarding the resources and protective factors that enable to direct food practices towards health. This focus on ‘positive deviants’ also corresponds with the Salutogenic perspective. Instead of looking at the causes or risk factors that lead to an unhealthy diet, the focus is on resources or protective factors that lead to healthy eating habits. The outcomes of studying this group of people could help in gaining more insight into how contexts help people to eat healthy and could be used to inform future health and nutrition promotion strategies.

- Conduct the same kind of research with study populations that have other (socio-demographic) characteristics to compare the results of different study populations with each other, and to discover similarities and differences.
An interesting research would be to compare the results of this study with a comparable study population – in terms of the targeted characteristics (Dutch women having and rearing children between 0 and 12 years old) and socio-demographic characteristics – however with all participants having a high SOC. By doing this it is possible to determine if there is a relationship between the identified GRRs and healthy eating behaviours.
Furthermore, it would be interesting to find out if the results of this study would be similar or different for populations consisting of for example males, single mothers living without a partner, mothers without paid employment (housewives), immigrants or non-Dutch people. It would for example be interesting to see if the same GRRs are applicable to different populations or if other GRRs are identified and used among different populations.

- Due to the qualitative methods used in this study, which involved a small sample size and a purposive sampling strategy, it is not possible to generalize the results to the general Dutch population. Therefore, it is recommendable to perform a more quantitative research on the topic, with a sample that is recruited through a random

sampling strategy and that is representative for the general population. In this way the results could be generalized to the whole Dutch population.

Quantitative methods should preferably be combined with qualitative methods to be able to study a large representative sample, but also to obtain rich in-depth data.

- The results of this study have shown that it would be relevant to include and pay attention to food literacy in health and nutrition promotion strategies in terms of food knowledge and skills. However, food literacy is a quite new concept, so there is not that much literature and research concerning this concept. Therefore, more research is needed into the concept of food literacy. It is necessary to further explore the components of food literacy to be able to operationalize this concept in a better way. Also, it would be beneficial to conduct more research regarding food literacy specifically for the target group in this study, but also for other specific target groups. Moreover, further research into its relationship with health is needed. These research efforts would allow measuring food literacy in specific study populations as well as creating effective intervention programs to improve food literacy.
- Further explore the transition to motherhood through in-depth research, because this is a very important transition point in the life course of women. The transition to this life stage often has a major influence on women's eating behaviour and often results in changes in their food practices. To gain more understanding about the mechanisms which are at work during this transition it would be beneficial to deep further into the stories of mothers who experience(d) such a transition by having in-depth conversations with them. Also, the mothers in the present study indicated that they experience(d) challenges related to motherhood and eating healthy. More research into these challenges and what helps or could help them to overcome these challenges can provide meaningful insights for health and nutrition promotion strategies. Finally, it would be interesting to explore mother's ability to assess nutrition information (for the general population and targeted at mothers) and in what way they use this information to guide their food practices. This could help to understand how nutrition messages are interpreted and used.
- Finally, the outcomes of this study confirm that health involves not only a physical dimension, but also a mental/emotional and social dimension. However, prior research often concentrates on physical health and its relation to healthy eating. Therefore, it is needed to take on a more holistic approach of health and wellbeing in further research into this topic. The role of food in mental/emotional and social dimensions of health and wellbeing and how this benefits healthy food practices needs to be further explored.

5.4.2 Health and nutrition promotion

According to the findings discussed in chapter 4 and the conclusions presented above, the following recommendations for health and nutrition promotion aimed at enabling healthy food practices from a Salutogenic perspective are provided.

- Focus on a strong internalization of healthy food practices, to encourage people to think deeper about their food practices and to develop their own way of eating healthy. When healthy food practices are more internalized and come more from the inside with personal guidelines (more a way of life) instead of guidelines told by an expert it is often easier to stick to them. Thus, health and nutrition promotion should aim for “I am what I eat” instead of “I am what I am told to eat”. Therefore, health and nutrition promotion should change from an ‘expert-driven’ approach to a co-evolutionary development process. In this process, people themselves are actively involved, issues and solutions can be exchanged between consumers and experts, and new ways to establish eating for health may be devised (Bouwman & Swan, 2014).
- Strengthen and develop food literacy and help using the knowledge and skills, because this is also important for the internalization of healthy eating. To be able to direct food practices towards health it is important to have knowledge and skills with respect to healthy eating, but people also need to know how to apply them in their everyday life. Therefore, health and nutrition promotion activities should focus on stimulating active food involvement. It is important to provide people with active food experiences in their everyday life involving selection, purchase, and preparation and consumption of healthy foods to develop knowledge and skills necessary for these activities. For example, through active learning methods in schools and community organizations. These initiatives should focus on parents, because they are role models for their children. Their food upbringing and the knowledge and skills they pass on to their children have a large impact on the food practices of their children later in life. Furthermore, educational initiatives should also focus on children, because the school environment has an important influence on children and could contribute to developing food literacy from an early age. In addition, these initiatives should take into account social eating/cooking (e.g. with family, friends, neighbours) and use this in food activities, because it plays an important role in people’s daily food practices.
- Health and nutrition promotion strategies and messages should take on a more holistic approach of health and wellbeing that fits better within the context of people’s everyday life and the way they perceive healthy eating themselves. This means not only paying attention to the physical dimension of health, but also taking into account the mental/emotional and social dimensions of health and wellbeing and their influence on healthy eating. For example, the mental/emotional and social dimensions should be included in the dietary guidelines and nutrition messages to give them a holistic approach towards health.
In addition, since health promotion is led by the notion that health is a positive concept emphasizing social and personal resources, as well as physical capabilities, health and nutrition promotion should focus on supporting underlying mechanisms

that support healthy eating rather than focusing on risk factors (Salutogenic perspective).

- Take into account people's personal life course, because certain (challenging) life experiences and transitions can have an influence on people's past and present food practices. By understanding one's life story and food trajectory, professionals in the field of health and nutrition promotion would be able to help people to identify and use the resources they have at their disposal.

Furthermore, certain life stages or transition points can influence the way in which people manage their food practices, and they can experience challenges related to a certain life stage or transition. Therefore, health and nutrition promotion should focus on guidance and support during certain life stages or transition points in life, for example during the transition to motherhood. By empowering people and providing them with more control over their food practices, they could overcome challenges and direct their food practices towards health.

- Focus on people's personal life course and stories to trigger them to start thinking about food and eating and the memories they have about it. Participation in the study activated (another way of) thinking about the role of food in life and life experiences that related to and influenced eating. Prior to the research, the participants were often not really aware of the role of food and the impact certain experiences had on their food practices. This information might be useful for health and nutrition promotion as a tool to deep further into the origin of certain food practices and to help people directing their food practices towards health.

- Interventions and communication strategies should avoid making nutrition advice too complex or didactic, and instead promote a flexible, uncomplicated, relaxed approach to food in the context of everyday life, and encourage positive interactions and experiences with food. The participants in this study talked about healthy eating as something that is self-evident for them, but most of them were not overly strict about what they ate, they also ate something unhealthy now and then. A previous qualitative study with Dutch consumers about healthy eating also found that participants emphasized a relaxed approach to eating and distanced themselves from being perceived as 'health freaks' (Bouwman et al., 2009). Furthermore, previous quantitative studies found that having a flexible approach to eating, as opposed to a dichotomous approach (in extremes) was associated with healthier eating practices (Swan et al., 2014). Therefore, a more flexible, uncomplicated, relaxed, positive approach could help people to direct their food practices towards health in the context of their everyday life.

In addition, the image of being a 'health freak' when paying a lot of attention to eating healthy needs to change. Instead of being called a difficult person or 'health freak' it should be normal to thoughtfully consider and discuss the wish to eat healthy in everyday life. To promote healthy food practices this should become the new social standard, and nutrition promotion should play an important role in achieving this standard.

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Appendices

Appendix 1: Recruitment

Deelnemen aan de Eetgewoonten Studie

Vrijwilligers gezocht: Moeders met één of meerdere thuiswonende kinderen

Over het onderzoek...

De *Eetgewoonten Studie* is deel van een onderzoeksproject op Europees niveau over de ervaringen en het gedrag van mensen omtrent eetgewoonten in verschillende fases in hun leven. De leerstoelgroep **Health & Society** van de **Wageningen Universiteit** voert de studie in **Nederland** uit met als doel meer inzicht te verkrijgen over de manier waarop mensen omgaan met hun dagelijkse eetgewoonten.



We zijn op zoek naar...

- ✓ Nederlandse vrouwen
- ✓ Met of zonder partner
- ✓ Eén of meerdere thuiswonende kinderen
- ✓ Kinderen tussen 0 en 12 jaar

U wordt gevraagd om...

Thuis een aantal vragen te beantwoorden **en** aan een interview mee te werken over uw persoonlijke betekenissen, opvattingen, ervaringen, hulpbronnen, en gedragingen met betrekking tot dagelijkse eetgewoonten en situaties omtrent eten.



U moet weten dat...

- Deelname volledig vrijwillig is.
- Alle opmerkingen en antwoorden vertrouwelijk zijn en uw anonimiteit behouden zal worden.

De voordelen van deelname zijn...

- Bijdragen aan een beter inzicht over de manier waarop moeders zoals uzelf leren om keuzes te maken omtrent eten in het dagelijks leven.
- U ontvangt een samenvatting van de onderzoeksresultaten en een klein geschenk als waardering voor uw deelname.

Als u interesse heeft in deelnemen of als u vragen heeft, neem dan contact op met het onderzoeksteam.

Syfra Remst, MSc student

✉ syfra.remst@wur.nl



Appendix 2: Informed consent form

Food practices study

Toestemmingsformulier

- Het onderzoek is onderdeel van een onderzoeksproject van de leerstoelgroep Gezondheid en Maatschappij van de Universiteit Wageningen.
- In het onderzoek kijken we naar de rol van eten in uw leven en hoe u omgaat met uitdagingen op het gebied van eten.
- Doel van het onderzoek: inzicht krijgen in de manier waarop mensen omgaan met eten in verschillende levensfasen.
- Het onderzoek zal worden opgenomen met een spraakrecorder.
- Uw deelname is vrijwillig en u kunt op elk moment stoppen met het interview als u er niet mee door wilt gaan.
- Uw naam en identiteit zullen vertrouwelijk blijven in verslagen, publicaties of discussies, en uw naam zal niet genoemd worden in opnames of transcripten die voortkomen uit het interview.

Door dit formulier te ondertekenen, stem ik in met deelname aan dit onderzoek en verklaar ik dat ik op de hoogte ben van de aan mij uitgelegde details van het onderzoek, dat al mijn vragen zijn beantwoord, en dat ik het eens ben met alle voorwaarden van het onderzoek.

Naam participant	Handtekening	Datum
------------------	--------------	-------

Naam participant	Handtekening	Datum
------------------	--------------	-------

Appendix 3: Interview preparation package



Wageningen, [datum]

Beste [naam geïnterviewde],

Kinderen krijgen en opvoeden is een belangrijke fase in het leven, vol met nieuwe situaties en uitdagingen. Deze situaties en uitdagingen komen onder meer tot uiting in het maken van keuzes omtrent het kopen en klaarmaken van maaltijden.

Het onderzoek waaraan u deelneemt is onderdeel van een onderzoeksproject van de leerstoelgroep Gezondheid en Maatschappij van de Universiteit Wageningen. Het doel is om inzicht te krijgen in de manier waarop mensen omgaan met hun dagelijkse eetgewoonten, zoals het kopen en bereiden van eten. In het onderzoek kijken we naar de rol van eten in uw leven en hoe u omgaat met uitdagingen op het gebied van eten. Uw antwoorden zullen waardevolle informatie verschaffen over hoe moeders zoals uzelf keuzes leren te maken met betrekking tot eten in hun dagelijks leven.

Het onderzoek bestaat uit drie onderdelen:

- A. Een korte vragenlijst om algemene achtergrondinformatie te verkrijgen.
- B. Een opdracht ter voorbereiding van het interview, waarin u nadenkt over de rol van eten in uw leven.
- C. Een interview met Syfra Remst, deel van het onderzoeksteam, waarin uw ervaringen met eten uit het verleden en in het heden aan bod komen. Het interview zal ongeveer 45 minuten duren en zal worden opgenomen.

Gelieve onderdeel A en B uit te voeren voordat het interview plaatsvindt. U kunt de uitwerking van deze onderdelen op de dag van het interview bij de interviewer inleveren of van tevoren versturen via email.

Uw antwoorden zullen worden geanalyseerd en gebruikt in een afstudeerscriptie. Al uw opmerkingen en antwoorden zijn vertrouwelijk, alleen de onderzoeker heeft toegang tot persoonlijke informatie die u verstrekt als onderdeel van het onderzoek. Uw naam zal niet in de interview opname en in de scriptie genoemd worden om uw anonimiteit te behouden. Uw naam zal vervangen worden met een pseudoniem; op deze manier zal het niet mogelijk zijn om u te identificeren door middel van uw opmerkingen en antwoorden. Alle verzamelde gegevens, inclusief de audio opnamen, zullen bewaard worden in een beschermd datasysteem.

Bedankt voor uw medewerking!

Het onderzoeksteam

Contactinformatie onderzoeker:

Syfra Remst
MSc student Health & Society - Wageningen Universiteit
✉ syfra.remst@wur.nl
☎ 06-27487573

Eetgewoonten onderzoek

Instructies

- Lees de instructies voor elke opdracht nauwkeurig.
- Mocht u vragen hebben, neem dan contact op met Syfra Remst door middel van de bovenstaande contactinformatie.
- De opdrachten zijn bedoeld om je eigen opvattingen weer te geven, dus maak ze bij voorkeur niet in overleg met anderen.
- Gelieve onderdeel A en B uit te voeren voor het interview.
- U kunt de uitwerking van deze onderdelen op de dag van het interview bij de interviewer inleveren of van tevoren versturen via email.

Onderdeel A: Algemene achtergrondinformatie

Gelieve de volgende vragen in te vullen.

1. **Geslacht:** Vrouw Man

2. **Geboortedatum:**

3. **Woonplaats:**

4. **Burgerlijke staat:**

ongehuwd gehuwd samenwonend verweduwd gescheiden

5. **Hoeveel kinderen heeft u en wat is de leeftijd?**

.....

6. Wat is het hoogste opleidingsniveau dat u heeft gevolgd?

- basisonderwijs vmbo havo/vwo mbo hbo wo anders
 nog geen onderwijs afgerond (nog) geen onderwijs (gevolgd)

7. Heeft u betaald werk? Nee Ja → **Wat is uw beroep?**

.....

8. Hoeveel uur werkt u gemiddeld per week?

Vraag 9 en 10 alleen beantwoorden als u een partner heeft, zo niet ga naar vraag 11.

9. Heeft uw partner betaald werk? Nee Ja → **Wat is het beroep van uw partner?**

.....

10. Hoeveel uur werkt uw partner gemiddeld per week?

11. Bent u verantwoordelijk voor het kiezen van eten voor u en uw gezin?

- Nee → *Ga naar vraag 13*
 Ja → Wanneer bent u hiermee begonnen?

12. Hoe vaak kiest u eten voor u en uw gezin?

- 0-1 dag per week 2-3 dagen per week
 4-5 dagen per week 6-7 dagen per week

13. Bent u verantwoordelijk voor het kopen van eten voor u en uw gezin?

- Nee → *Ga naar vraag 15*
 Ja → Wanneer bent u hiermee begonnen?

14. Hoe vaak koopt u eten voor u en uw gezin?

- 0-1 dag per week 2-3 dagen per week
 4-5 dagen per week 6-7 dagen per week

15. Bent u verantwoordelijk voor het bereiden van eten voor u en uw gezin?

- Nee → *Ga naar vraag 17*
 Ja → Wanneer bent u hiermee begonnen?

16. Hoe vaak bereidt u eten voor u en uw gezin?

- | | |
|---|--|
| <input type="checkbox"/> 0-1 dag per week | <input checked="" type="checkbox"/> 2-3 dagen per week |
| <input type="checkbox"/> 4-5 dagen per week | <input type="checkbox"/> 6-7 dagen per week |

17. Wilt u een samenvatting van de onderzoeksresultaten ontvangen?

Ja, naar het onderstaande adres of emailadres:

.....

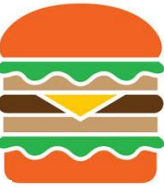
Nee

Onderdeel B: Eten & Ik

Kunt u de rol van eten in uw leven beschrijven? U kunt alles wat in u opkomt opschrijven, tekenen, opplakken op de volgende bladzijde. U kunt gebruik maken van woorden, zinnen, tekeningen, foto's, of plaatjes.



Eten & Ik



Appendix 4: Interview guide

Introductie

Ik doe de master Health & Society aan de universiteit in Wageningen. Ik werk mee aan een onderzoeksproject vanuit de Universiteit Wageningen over de manier waarop mensen omgaan met eten in verschillende fases in hun leven. In mijn scriptie doe ik onderzoek naar moeders met thuiswonende kinderen tussen 0 en 12 jaar. Twee studiegenoten doen in hun scriptie onderzoek naar hetzelfde onderwerp, maar dan met de doelgroepen studenten en gepensioneerden.

Het interview gaat over de rol van eten in uw leven en hoe u omgaat met uitdagingen op het gebied van eten. Ik zal drie open vragen stellen, waarbij we proberen dieper in te gaan op uw antwoorden. U mag alles vertellen wat in u op komt, het gaat om uw gedachten en ervaringen, er zijn geen foute antwoorden. Het interview zal ongeveer 45 minuten duren en uw antwoorden zullen opgenomen worden met een spraakrecorder. Uw naam zal niet gebruikt worden binnen het onderzoek, alle informatie en antwoorden die u geeft zullen anoniem zijn.

**(toestemmingsformulier ondertekenen)*

Heeft u nog vragen voordat we beginnen met het interview?

Oké, laten we beginnen met de opdracht die u thuis heeft uitgevoerd.

1a. Als u kijkt naar de door u gekozen woorden/zinnen/tekeningen/foto's/plaatjes, kunt u dan beschrijven wat de rol van eten in uw leven is? Waaruit bestaat deze rol (waarden, voorkeuren, idealen etc.)?

- Kunt u hier meer over vertellen? Hoe is deze rol van eten in uw leven ontstaan?
- Waarom zegt dit iets over (*uitwerking van de opdracht*) de rol van eten in uw leven? Waarom heeft u gekozen voor dit woord/deze foto om deze rol van eten uit te drukken?

Voorbeeld: Een voorbeeld is dat iemand waarde hecht aan zijn/haar gezondheid, en daarin speelt eten een belangrijke rol voor hem/haar.

2. Is er een situatie in uw leven geweest die een uitdaging vormde voor uw manier van eten, maar die u heeft overwonnen? Deze situatie mag uit het verleden zijn of in uw huidige levensfase als moeder; en deze situatie mag zowel negatief als positief zijn. Kunt u deze situatie kort omschrijven, en benoemen wanneer en waar het gebeurde, en wie er bij u was in deze situatie?

a. Wat of wie heeft u geholpen om deze situatie te overwinnen?

- Was het iets binnenin uzelf (fysiek, mentaal, spiritueel) of iets buiten uzelf (sociale en fysieke omgeving)?
- Hoe? Op welke manier?

→ *Zorg ervoor dat de geïnterviewde één situatie uit het verre verleden en een situatie uit het heden die haar huidige levensfase vertegenwoordigt noemt. Indien de geïnterviewde moeite heeft met het benoemen van situaties en hulpbronnen voorbeelden gebruiken. Probeer te achterhalen hoe hulpbronnen hebben geholpen in een bepaalde situatie.*

Voorbeelden:

Situatie verleden: Verdriet door overlijden van een dierbare (in je studententijd), waardoor minder zin in het leven, en dus ook minder zin om te eten.

Hulpbronnen:

- Geloof (spiritueel): gaf houvast en kracht om door te gaan met het leven, om weer in het leven te geloven, waardoor weer meer zin om te eten.
- Familie & vrienden (sociale omgeving): familie en vrienden gaven veel steun in de tijd na het overlijden, zijn kwamen vaak langs om te praten en namen dan vaak ook eten mee om samen te eten of nodigden je uit om bij hen te komen eten, waardoor ze ervoor zorgden dat je weer genoeg ging eten.

Situatie huidige levensfase: Krijgen van kind, wat veel tijd in beslag neemt, waardoor minder tijd voor het bereiden van maaltijden.

Hulpbronnen:

- Gevoel van verantwoordelijkheid voor je kind (mentaal): waardoor je jezelf verplicht voelt om goed te zorgen voor je kinderen. Hierbij hoort het bereiden van voldoende maaltijden voor je kinderen en voor jezelf (voor het hele gezin).
- Partner (sociale omgeving): gaat minder werken, waardoor hij meer tijd kan besteden aan de zorg voor de kinderen, en ook aan het bereiden van maaltijden.

3a. Laten we even terug gaan naar de opdracht 'Eten & Ik' die u thuis heeft uitgevoerd. Kunt u me vertellen waarom u ervoor gekozen heeft om woorden/zinnen/tekeningen/foto's/plaatjes te gebruiken om de rol van eten in uw leven uit te drukken?

- Kunt u hier meer over vertellen?

3b. Vond u het moeilijk om de rol van eten uit te drukken door gebruik te maken van woorden/zinnen/tekeningen/foto's/plaatjes?

- Waarom?
- Kunt u hier meer over vertellen?

Ten slotte zou ik graag het interview met u evalueren, en u de mogelijkheid geven om u mening te geven over het interview.

4a. Vond u de vragen in dit interview duidelijk?

- Waarom?
- Wanneer niet duidelijk genoeg: Op welke manier zouden de vragen volgens u duidelijker gesteld kunnen worden?

4b. Vond u de vragen in dit interview makkelijk of moeilijk?

- Waarom?
- Wanneer moeilijk: Op welke manier zouden de vragen volgens u makkelijker gesteld kunnen worden?

4c. Heeft u verder nog opmerkingen over het interview?