

Chapman, K and Ogden, J. (2009). A qualitative study exploring how mothers manage their teenage children's diets. Vulnerable Children & Youth Studies. 4, 90-100.

How do mothers manage their children's diets?:

A qualitative study of strategies and obstacles and the maintenance of 'good mothering'

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Running head: Mothers and their children's diets

Abstract

Research indicates that an unhealthy diet is a risk factor for the development of a range of chronic conditions including obesity, cancer, diabetes and coronary heart disease. This qualitative study explored the range of ways mothers try to manage their teenage children's diets. Semi-structured interviews were carried out with 15 British mothers who had at least one child aged 13-16 years. The data were analysed using Interpretative Phenomenological Analysis. The results showed that all mothers described a gold standard of healthy eating and were highly motivated to give their child a healthy diet. This gold standard, however, was seen as being undermined by a range of obstacles such as the child's own food preferences, time, food availability and peers. The mothers also described a range of strategies that they used to try to overcome these obstacles and highlighted a number of factors including their husbands and school policy that offered them support. This process of managing the obstacles was a not a straight forward one however and generated conflicts around issues of over and under control as the mothers described how they had to negotiate the perceived spectrum between obesity and eating disorders and balance the desire to provide a healthy diet versus pleasing their children. Central to all themes emerging from the transcripts was the issue of being a good mother in all its permutations with the mothers expressing a desire to be seen as a good mother by their children, their social world and by themselves. The central role of 'good mothering' is discussed in terms of the role of food and feeding in the development and perpetuation of a mother's self identity.

Key words: diet, children, mothers, healthy eating

Introduction

An unhealthy diet is a risk factor for the development of a range of chronic conditions including cancer (e.g. Doll and Peto, 1981), cardiovascular disease (e.g. Syme, Marmot, Kagan and Rhoads, 1975) and Type 2 diabetes (Nuttall and Chasuk, 1998). In recent years, research has particularly emphasised the role of diet in obesity (e.g. McKenzie and Johnston, 2001; Peters, Wyatt, Donahoo and Hill, 2002) with research focussing on rising levels of obesity in both adults and children and associated rates of morbidity and mortality (Manson, Willett, Stamfer, et al., 1995; Troiano and Flegal, 1998). This increase in prevalence has been attributed to a range of factors such as changes in eating behaviour and exercise patterns, shifts in food production and an increasingly obesogenic environment designed to encourage overeating and a sedentary lifestyle (James et al, 2001; Hill and Peters, 1998). Diet is considered one of the modifiable risk factors for each of these chronic conditions although studies indicate that once formed in childhood dietary habits may well persist into adulthood (Steptoe, Pollard and Wardle, 1995). An understanding of how children's dietary habits are formed is therefore central for reducing or minimising potential health problems.

Early research has focused on the biological basis for food choice with studies indicating that babies show an inherent preference for sweet and salty foods and a dislike for bitter tastes (Desor, Maller and Turner, 1973; Denton, 1982). Most researchers, however, conclude that although such food preferences may exist they are shaped through learning and environment and that biological factors are not very powerful predictors of what we eat (Rozin, 1982). Some studies have emphasised the importance of nutritional knowledge, and lack of knowledge has been implicated as

causing poor diets in children. Such an approach cannot be explanation enough, however, as health education campaigns which provide information and emphasise knowledge have had limited success in changing eating habits (Gatherer et al, 1979). Other research has focused on psychological models to explain children's diets and has found attitudes within the framework of social cognition models to be predictive (Sparks and Shepherd, 1992; Povey et al, 2000; Sparks, et al, 2001). However, most studies using these models have focused on adults rather than children, and those which have explored children's diets have left much of the variance in eating behaviour unexplained (Resnicow et al, 1997).

An alternative approach to children's diets has focused on developmental theories and emphasises the influence of significant others on a child's development of food preferences and eating habits. Some research has highlighted the role of observational learning and modelling. In one study peer modelling was found to effectively change children's preference for vegetables (Birch, 1980). Similarly, the impact of observational learning has also been shown in an intervention study designed to change children's eating behaviour using video based peer modelling (Lowe et al, 1998). Research has also explored the role of the parents as role models and as Wardle (1995) contended 'Parental attitudes must certainly affect their children indirectly through the foods purchased for and served in the household ... influencing the children's exposure and ... their habits and preferences'. For example, Olivera et al (1992) reported a correlation between mothers' and children's food intakes for most nutrients in pre-school children and Brown and Ogden (2004) reported consistent correlations between parent's and children aged between 9 and 13 in terms of snack food intake, eating motivations and body dissatisfaction. Further, Contento et al

(1993) also found a relationship between mothers' health motivation and the quality of children's diets and research shows that mothers who are neophobic are less likely to model eating novel foods and less likely to provide their children with opportunities to eat novel foods in order to reduce their neophobia (Hursti and Sjoden, 1997).

Other studies, drawing upon a developmental perspective have highlighted a role for parental control. Such studies do not emphasise how parents eat and think about food themselves but how they use food in the context of their children. Some research has explored the impact of controlling food intake by rewarding the consumption of 'healthy food' as in 'if you eat your vegetables I will be pleased with you' and shows that this form of positive reinforcement can increase food preference (Birch et al, 1980). Similarly an intervention study using videos to change eating behaviour reported that rewarding vegetable consumption increased that behaviour (Lowe et al, 1998). In contrast, other research indicates that parental control may not always have positive effects. For example, in one study, children were offered their preferred fruit juice as a means to be allowed to play in an attractive play area (Birch et al, 1982). The results showed that using the juice as a means to get the reward reduced the preference for the juice. Similarly, Lepper et al (1982) told children stories about children eating imaginary foods called 'hupe' and 'hule' in which the child in the story could only eat one if he / she had finished the other. The results showed that the food which was used as the reward became the least preferred one which has been supported by similar studies (Newman and Taylor, 1992). Although parents use this approach to encourage their children to eat vegetables the evidence indicates that this may be increasing their children's preference for pudding even further and as

concluded by Birch (1999) 'although these practices can induce children to eat more vegetables in the short run, evidence from our research suggests that in the long run parental control attempts may have negative effects on the quality of children's diets by reducing their preferences for those foods' (p.10).

There is also evidence, however, that parental control may facilitate weight reduction and help to improve dietary habits. For example Wardle et al (2002) suggested that 'lack of control of food intake [rather than higher control] might contribute to the emergence of differences in weight' (p. 453) and Brown and Ogden (2004) reported that greater parental control was associated with higher intakes of healthy snack foods. Recently, Ogden, Reynolds and Smith (2006) attempted to explain some of the contradictions in the literature on parental control. They proposed that parental control is not a unitary construct and can be either 'overt' which can be detected by the child or 'covert' which cannot. Further, they concluded from their study that whilst covert control practices such as avoiding bringing unhealthy foods into the house may be effective, it is overt control which may be problematic.

In summary, research focusing on children's diets has highlighted a role for knowledge, attitudes, modelling and parental control. Central to much of this research is the impact of parents, particularly the mother who is an important source of each of these developmental influences. The majority of studies to date, however, have focused on parents with young children up to 12 years old rather than those in their teenage years. Furthermore, studies have addressed the effectiveness of these different parenting strategies rather than exploring them from the perspective of the mother. What strategies do mothers use in their day to day lives? What factors

motivate mothers when they are dealing with the real life issues of feeding a family? What are they trying to achieve and what factors impede this process? In line with this the present qualitative study aimed to explore how mothers manage the diets of their teenage children. The teenage years were chosen as they represent a time when children are both being given more autonomy and becoming more independent and often reflect a time when mothers have to decide to what extent they should hand over responsibility for their child's behaviour. Mothers were chosen as they most frequently occupy the role of key care giver and provider of food within the family.

Method

Design

The study used a qualitative design involving 15 semi-structured interviews.

Interviews were carried out either in the participants' homes (n=6), in the researcher's home (n=5) or by telephone (n=4) and lasted between 20 and 60 mins.

Participants

15 British born mothers of teenage child/children aged 13 – 16 were identified using a snowballing sampling procedure and interviewed. All families lived either in small towns or a semi-rural area. Most of the mothers were married, working full or part time and all were of normal weight. The participants' demographic characteristics are shown in table 1. All participants have been given a pseudonym.

-insert table 1 about here -

Interview schedule

The interview involved open ended questions to explore the ways in which the mothers managed their children's diets. Questions asked included: 'What kinds of food do you think your children should eat?', 'How do you feel about your children's current diet?', 'How do you influence what your children eat?', 'Do you feel there are other sources of influence over what your children eat?', 'Are there any areas of conflict over food?', 'How do you manage these?'

Data analysis

The data was analysed using Interpretative Phenomenological Analysis (IPA; Smith, Jarman and Osborne, 1999). IPA was chosen as it focuses on the individual's own accounts of their experiences and behaviours and locates these within the researcher's own perspectives. The transcripts were read and re-read to ensure familiarity with the data. For each interview a coding sheet was constructed. This sheet contained all possible themes and sub-themes for the interview. References to original material were recorded under each theme. From the individual summary sheets an overall list of themes was constructed. With continuous reference to the transcripts, shared themes and connections across the list of themes were made. All the verbatim transcripts were re-read to ensure that the themes were representative of the original material. Throughout the write-up process, themes and sub-themes were adjusted and illustrative quotes were identified.

Results and discussion

The mothers described the ways in which they managed their children's diets in a range of ways. Analysis revealed five main themes. These were the gold standard,

obstacles, strategies, support, and conflicts. These will now be described with the use of illustrative quotes.

i)The gold standard.

All mothers were extremely motivated to give their children a healthy diet and all talked about the importance of having breakfast and eating with the family. In particular they described a 'gold standard' of diet which involved providing food that was healthy, often home cooked and consisted of lots of fruit and vegetables. For example, one woman described how she explains the importance of good nutrition to her children:

'when they ask why we have to have a bowl of fruit and a vitality drink every day? Well, because you need a minimum of 5 fruit and vegetables every day. It's like a car - if you keep putting a wrong fuel eventually it will give up. It's the same with your body you need to put good food in...' (Sue).

Similarly, another woman described how important a varied diet was:

'I'd like them to eat organic food if I can as much as possible and I'd like them to eat a range of things, a nice balance and not too many sweet and sugary things and not too much fat – hopefully a pretty healthy diet.' (Victoria)

Further, home cooking was also seen as central:

'I shove lentils in everything I make and when I make my own bread I put wheatgerm in and things like that to give extra boost of vitamins' (Sarah)

Current dietary recommendations suggest that children should consume a diet that is high in carbohydrate, low in fat and high in fruit and vegetables (National Heart Forum, 1997; Department of Health, 1991). The mothers in the present study seemed to be clearly aware of these recommendations and in addition were quite sophisticated in their understanding of nutrition and food preparation. They therefore described a gold standard of dietary provision for their children which illustrated a good level of knowledge and also reflected a high degree of motivation. Educational interventions designed to change children's behaviour often provide information as a means to improve parental knowledge about diet. The results from this study suggest that, at least for this group of women, knowledge was not an issue.

ii) Obstacles

This gold standard however, was not always reflected in the actual diet the children ate. All women described how their attempts to provide a high standard diet were often undermined or challenged by a range of obstacles. Some of these obstacles involved aspects of the child. For example some described how their children were biologically prone to like unhealthy foods and described them as 'fussy', and clear about their likes and dislikes:

'She has a sweet tooth so if I am not careful she could go mad' (Jessica).

And some described very strong food preferences and a fear of anything new:

'Tom very much knows what he likes and so he wants that so to get him to try anything new is difficult or you have to coax him but 9 times out of 10 he won't like anything new.' (Barbara).

Others described obstacles which were located in the environment. For example, they felt that their attempts to offer a healthy diet were undermined by the existence of junk food, fast food restaurants, sweets and crisps, unhealthy school meals:

'So I think the secondary school food, although they have improved the choice, the practicalities are not good. They have fizzy drinks at school over the counter, they took vending machines away - the vending machine has only water but over the counter you can have all sorts of rubbish: blue things and green things, full of colour and it is just awful.' (Sarah)

Others described how limited time influenced the choices made by their children:

'They do have healthy choices there but she doesn't eat them and I think that some of the foods there - salads - you need to sit down to eat and there is nowhere to properly sit down and eat so they buy paninis and takeaway foods like hot sausage rolls which I think is quite poor choice. They have only half an hour for lunch so in that half an hour they have to get their bags sorted for afternoon lessons, go to the toilet and see teachers so they really don't have much time to eat to sit down to eat a meal of any sort and foods like salads and stir-fries take quite a while to eat it.' (Sarah)

And some described the importance of economic factors and the existence of fast food, particularly when the children were out with friends:

' I think when they go out to different restaurants the cost of food...so when they go out they'll have something like McDonalds or she'll have Kentucky Fried Chicken which we never buy, never have it in, and Pizza Hut as well which I don't like but she'll go to those place with her friends because I think they are relatively cheap to eat. It's not very good quality food but it's the expense of it. I don't see them going to the restaurant and choosing pasta with tomato sauce because she is not quite that age yet. It's the sort of places that accepts children in groups and the sort of places that children can afford to go to.' (Sarah)

Therefore, although the mothers in this study were highly motivated to provide a 'gold standard' diet to their children they felt that their attempts were being undermined by a range of factors. Some of these were internal to the child such as their food preferences which is in line with an emphasis on the role of biological food choices (eg. Denton, 1982). The women in the present study endorsed this approach to their children's diets and although there is little evidence for such inherent preferences (Rozin, 1982), the mothers believed that they were the cause of their gold standard not being met. The mothers also emphasised the role of environmental factors such as peer pressure, the existence of fast food and school dinners. Current literature emphasises the impact of structural factors on eating behaviour and obesity in terms the obesogenic environment (James et al, 2001; Hill and Peters, 1998). The women seemed to also endorse this perspective as obstacles to how they manage their children's food intake.

iii) Strategies

In an attempt to combat these obstacles and provide a healthy diet the mothers described their use of a range of strategies to facilitate a healthier diet for their child. At times this involved trying to control their children's diet and limit their intake of unhealthy foods. For example, one woman described how she openly controlled her child's food intake:

'I will say to them: "you can help yourself to anything in the line of fruit or vegetables but if you want something sweet you have to ask permission and not just take it".'

(Victoria)

Similarly, another woman described how she limited the kinds of drinks her children could have:

'At the weekends I allow them to have a fizzy drink but usually they are low sugar fizzy drinks or just sparkling water.' (Jackie)

And one described how she would offer healthier foods to replace unhealthy ones:

'If they had dinner and she is heading towards the cupboard I will say 'don't have a biscuit, I'll cut up an apple for you, how about that?'' So I do nag a bit. I am in charge of shopping and cooking' (Georgina)

Many mothers also described how they used repetition as a strategy to get their children to try new foods:

'I still serve fish even though I know that's not particularly what they like and one person [the son] at least will hardly eat any of it. I still keep producing it and I say

'well, if you are hungry you will eat and if you are not, there is plenty of vegetables to keep you happy'. (Victoria)

And several mothers described how they refused to prepare alternatives and would allow their children to go hungry:

'They don't like lentils very much but I tell them that the lentils are good for you because they lower your cholesterol. ...So I will have a wide variety of vegetables in there [in a casserole] whether they like it or not. They can pick out what they really, really don't like but they have to eat the majority of it otherwise they will be hungry. I will not give them an alternative meal.' (Sarah)

Some mothers also described how they could be more forceful with their children and insist that they at least tried novel foods:

'Usually they would say 'uhh, what's this?'. But if I insist they will try just a little bit and they have to prove to me that they have tried it so I can see they have eaten a mouthful, the, if they don't like it that's fair enough but usually they surprise themselves and actually quite like it.' (Jackie)

In contrast, other mother's described more covert ways of getting their child to eat foods that they said they didn't like.

'I try to give them what's good for them like Jimmy wouldn't eat any vegetables so I make Bolognese sauce but I do it in a Magimixer. I put all the vegetables like peppers, carrots, onions and I grate them up and he doesn't know they are in there'.

(Alexandra)

Several mothers also described controlling their children's diets by not bringing unhealthy foods into the house:

'I think if things are not in the house they have a limited choice because they are home and that's all there is so either you have fruit or vegetables or yogurt or something like that or nothing.' (Sarah)

One woman described how she also encouraged her husband to limit the kinds of foods he bought when doing the shopping:

'I give him lists so he doesn't get carried away and buy for instance Doritos and dips which he bought last time. So I try to keep him on the straight and narrow' (Victoria)

Some also described how they believed that they should act as good role models for their children and tried to make sure their children saw them eating healthy foods:

'I suppose they will eat fruit if they see you eating fruit. I'd like to think that they watch what you do and if there is a lot of fruit about and you are eating fruit they will like fruit.' (Gill)

This was particularly the case for those mothers who could remember their own mothers taking time to cook:

'Mum was always in the kitchen cooking so that's sort of family I come from and I suppose that's what I am doing as well really because I don't work. I am there when they come to have tea and I am there to manage what they are eating so I know exactly what they are having at home.' (Linzi)

The mothers therefore described a series of strategies that they used to manage their children's diets and to overcome the obstacles that they face. Some described how they attempted to control their children's diets by limiting unhealthy foods, repetition or insisting that their children try foods they say they don't like. Birch and colleagues (eg. Birch, 1999) suggest that controlling a child's food intake can paradoxically result in the child preferring the restricted foods in the longer term. The results from the present study suggest that although such parental control may have detrimental consequences it is a commonly used strategy by many mothers. At times this involved letting the child know that this was their strategy whilst at other times the control was less open and obvious. Ogden et al (2006) differentiated between overt control that can be detected and covert control that can not. The results from this study indicate that mothers use both these approaches to managing their children's diet. In addition, the mothers also described how they used modelling as a means to overcome the obstacles that interfere with their attempts to give their children a healthy diet. This also reflects the literature on the role of social learning and observational learning and how this impacts upon eating behaviour (Lowe et al, 1998).

iv)Support

Many mothers also described how their attempts to achieve a gold standard of diet were helped and supported by a range of factors. For some, a good source of support was their husbands who often did the shopping or organised it from the internet:

'between me and my husband we share cooking and shopping. The buying is a family activity if we go to a market; we also buy on the internet.'(Andrea).

Some also described how the school was seen as a source of support. This was in terms of the dinners provided: *'they have school dinners which are cooked every day at lunch so I know they get at least one very good meal a day.'* (Justine).

The development of 'good' school policies: *'one thing in their favour is that they don't have in their school a vending machine and they are not allowed to go to the local chip shop'* (Georgina).

The provision of cookery lessons at school: *'I would like to see her cooking, I am glad she is doing it at school because she is getting few basic skills'* (Alison).

And classes on nutrition: *'at one of their science lessons they melted mini cheddar cheese and Duncan was horrified the amount of fat that it came out – he won't eat them now, funny enough neither will I!'* (Linzi).

The mothers therefore described a range of ways in which they are supported in their attempts to control their children's diet. Research describes the impact of the obesogenic environment in encouraging unhealthy eating (James et al, 2001). The mothers in the current study also describe ways in which environmental factors can be protective against overeating and having an unhealthy diet.

v) Conflicts

Although the mothers described a series of strategies and supports that they used to overcome the obstacles presented to them this course of action was not always a simple one and the mothers described the conflicts generated by this process of

negotiation. First, whilst they wanted to control their children's diets and avoid unhealthy eating and obesity they were also concerned that trying to overly control their children's diets could lead to a backlash with the child ultimately preferring or 'craving' all the foods that were being restricted:

'Maybe they'll be really rebellious and go out and eat really horrible stuff.' (Jackie).

And:

'They must know what is healthy and what isn't because it's part of what we stand for. Only time can tell I suppose whether they decide to binge on something they feel sadly deprived off.' (Grace)

Second they were worried that by being too concerned about their children becoming overweight they could drive them towards developing an eating disorder. This was clearly stated by a couple of mothers who had 14 year old daughters:

'I feel that I have to continually monitor and I always keep telling them "try not to eat quite so much particularly sweet things" and I keep telling my daughter: "A few seconds in the mouth, a few hours in the stomach, forever on the hips" but I am very wary of making her anorexic too so it's a difficult balance.' (Victoria).

And:

'The main thing is keeping an eye on her not eating too much sweet stuff and too much unhealthy food but at the same time I don't want her to be too fixed on her body image and to become anorexic. I want her to grow up like a normal girl being healthy but not being too self obsessed.' (Justine).

Finally, the mothers experienced a conflict between providing a healthy diet and pleasing their children. For example they described how they compromise their 'gold standard' when their children had friends around:

'If he has friends here I will provide pizza and chips and I know everyone is going to be smiling and happy and that's what I provide – the variation of this... I don't think it's got to be healthy all the time otherwise you might not have friends.' (Grace)

They also described how they enjoyed cooking what the children liked best for the joy of seeing them happy:

'I might say to them: 'is there anything that you would like me to cook this week?' they have their favourites and they would say: 'such and such'... I can't make their life misery by not having anything, any treats so I do let them have it.' (Gill).

This conflict was particularly illustrated by the obvious relief the mothers felt when they allowed themselves to let go of the desire to provide a healthy meal:

'I think its part of fun and it would otherwise introduce an area of conflict. It would cause unnecessary friction. It's supposed to be: 'lets have fun and be out together... I leave them carte blanche to try what they want.' (Justine)

And:

'It is supposed to be an enjoyable occasion and its family occasion and we are all together and I don't want it to be any conflict but I want it to be happy experience.'

(Victoria)

Accordingly the mothers expressed conflicts between too little control leading to obesity, too much control leading either to overeating or resulting in an eating disorder and a desire to provide a healthy diet balanced against a wish to please their children. The mothers were therefore caught between different sets of social discourses; a discourse which prioritises thinness and rejects obesity, an opposite one which fears over control and the development of an eating disorder and one which emphasises both healthiness and happiness. This resulted in a sense of conflict and a determination to resolve this conflict by doing the right thing and avoiding any future problems for their children.

Conclusion

The present study aimed to explore how mothers manage their children's diets. The results showed that the mothers were highly motivated to provide a gold standard of healthy eating which was undermined by a series of obstacles such as inherent food preferences, peer pressure and the existence of fast food. As a means to combat these obstacles the mothers described a range of strategies that they employed to manage their children's diets involving both covert and overt control and modelling and also highlighted how they gained support from both their husbands and schools. This process was not a straightforward one however and generated a series of conflicts centred on issues of control as the mothers negotiated a path through discourses of

obesity and eating disorders and desired both to do the right thing and please their children.

Central to all the themes emerging from the interviews was the importance of being a good mother in all its permutations. First the mothers wanted to be perceived as a good mother by their children. Although they wanted to manage and control their children's diets they also wanted to please their children and felt that giving them treats and cooking their preferred foods facilitated this process. Secondly, they wanted to be perceived as a good mother by society in general and were aware that they could be judged either by making their children overweight or by promoting an eating disorder. This was particularly apparent in those with daughters who placed value both on thinness and on an uncomplicated relationship with food. Furthermore, it was illustrated by the mothers' determination to endorse the gold standard and to describe their detailed understanding of nutrition and healthy eating. Finally they wanted to be able to see themselves as a good mother. This motivation was illustrated in several ways. Primarily their endorsement of the gold standard enabled them to feel that they were motivated and knowledgeable. In addition, their awareness of the tensions between over and under control illustrated a sophisticated analysis of the current problems surrounding diet and weight. Further, their attempts to find resolution to these conflicts reflected a determination to prevent any future problems for their children and a desire to do the right thing. Finally, their use of attributions helped to perpetuate their sense that they were being a good mother. In particular, when describing how they managed their children's diets they drew upon factors which were internal and controllable by them such as their own behavioural strategies and their own diets. In contrast however, when describing the range of

obstacles they selected those which were considered outside and beyond their control such as inherent food preferences, peer pressure and the existence of fast food. Therefore whilst they were attempting to manage their children's diets, these attempts were seen as being undermined by external factors. This gap between internal control and external barriers seemed to enable them to persist in their self image as a good mother and one who did not chose to compromise but who had compromise imposed upon them. The only exception to this was compromise for the sake of the relationship with their child, which itself was central to their identity as a good mother. Previous research has highlighted the central role that food plays in the family and how it can be used to communicate love and family closeness (eg. Charles and Kerr, 1987; Murcott, 1982; Ogden, 2003). In addition, research has emphasised how motherhood is central to many women's sense of self (Millward, 2006). The results from the present study suggest that mothers use a range of strategies to manage their children's diets and overcome the obstacles presented to them by their social world. The results also suggest that this process of food management, the conflicts it generates and the resolution of these conflicts is central to the mothers' sense of identity; the need to provide a healthy diet emerges from an identity as a good mother which in turn helps to perpetuate the different dimensions of this sense of self.

Acknowledgements: This project was completed as part assessment for the MSc in Health Psychology at the University of Surrey supervised by JO.

References

Birch, L.L. (1980). Effects of peer models' food choices and eating behaviours on preschoolers' food preferences. *Child Development*, 51: 489-96.

Birch, L.L. (1999). Development of food preferences. *Annual Review of Nutrition*, 19: 41-62.

Birch, L.L., Zimmerman, S. & Hind, H. (1980). The influence of social affective context on preschool children's food preferences. *Child Development*; 51: 856-861.

Birch, L.L., Birch, D., Marlin, D. & Kramer, L. (1982). Effects of instrumental eating on children's food preferences. *Appetite*, 3: 125-34.

Brown, R. & Ogden, J. (2004). Children's eating attitudes and behaviour: a study of the modelling and control theories of parental influence. *Health Education Research, Theory & Practice*, 19 (3): 261 – 271.

Charles, N. & Kerr, M. (1987). Just the way it is: gender and age differences in family food consumption. In: J. Brannen & G. Wilson (eds.) *Give and take in families: studies in resource distribution*. London: Allen and Unwin.

Contento, I. R., C. Basch, S. Shea, B. Gutin, P. Zybert, J. L. Michela, & J. Rips. (1993). Relationship of mothers' food choice criteria to food intake of pre-school children: identification of family subgroups. *Health Education Quarterly* 20:243-259.

Denton, D. (1982). *The hunger for salt*, Berlin: Springer Verlag.

Department of Health (1995). Obesity: reversing an increasing problem of obesity in England. A report from the Nutrition and Physical Activity Task Forces. London: HMSO.

Desor, J.A., Maller, O. & Turner, R.E. (1973). Taste and acceptance of sugars by human infants. *Journal of Comparative and Physiological Psychology*, 84, 496-501.

Doll, R. & Peto, R. (1981). *The causes of cancer*. New York: Oxford University Press.

Gatherer, A., Parfit, J., Porter, E and Vessey, M. (1979). *Is health education effective?: an overview of evaluated studies*. Health education Council, London.

Hill, J.O., & Peters, J.C. (1998). Environmental contributions to the obesity epidemic, Science, 280: 1371-4.

Hursti, U.K.K., & Sjoden, P.O. (1997). Food and general neophobia and their relationship with self-reported food choice: Familial resemblance in Swedish families with children of ages 7-17. *Appetite*, 29: 89-103.

James, P.T., Leach, R., Kalamara, E., & Shayeghi, M. (2001). The worldwide obesity epidemic. Obesity Research, 9 Suppl 4: 228S-233S.

Lepper, M., Sagotsky, G., Dafoe, J.L. & Greene, D. (1982). Consequences of superfluous social constraints: effects on young children's social inferences and subsequent intrinsic interest. *Journal of Personality and Social Psychology*, 42: 51-65.

Lowe, C.F., Dowey, A. & Horne, P. (1998). Changing what children eat. In A. Murcott (ed.) *The National Diet: the Social Science of Food Choice*. Addison Wesley Longman Ltd.

MacKenzie, D.C. & Johnston, R.K. (2001). Healthy people 2010: What is the nutrition message for women? *Nutrition Bulletin*, 26(3): 241.

Manson, J.E., Willett, W.C., Stamfer, M.J., Colditz, G.A., Hunter, D.J., Hankinson, S.E., Hennekens, C.H. and Speizer, F.E. (1995). Body weight and mortality among women. *New England Journal of Medicine*, 333: 677-85.

Millward, L. (2006). The transition to motherhood in an organizational context: An interpretative phenomenological analysis. *Journal of Occupational and Organizational Psychology*, 79(3), 315-333.

Murcott, A. (1982). On the social significance of the 'cooked dinner' in South Wales. *Social Science Information*; 21(4/5):677-95.

National Heart Forum (1997). *At least five a day. Strategies to increase vegetable and fruit consumption*. London: The Stationery Office.

Newman, J., & Taylor, A. (1992). Effect of a means-end contingency on young children's food preferences. *Journal of Experimental Psychology*, 64: 200-16.

Nuttall, F.Q. & Chasuk, R.M. (1998). Nutrition and the management of Type 2 diabetes. *Journal of Family Practice*, 47 (Suppl.5): 545-53.

Ogden J., Reynolds, R. & Smith, A. (2006). Expanding the concept of parental control: A role for overt and covert control in children's snacking behaviour? *Appetite*, 47: 100-6.

Ogden, J. (2003). The psychology of eating: from healthy to disordered behaviour. Blackwell: Oxford.

Olivera, S. A., R. C. Ellison, L. L. Moore, M. W. Gillman, E. J. Garrahe, & M. R. Singer (1992). Parent-child relationships in nutrient intake: the Framingham Children's Study. *American Journal of Clinical Nutrition*, 56:593-598.

Peters, J.C., Wyatt, H.R., Donahoo, W.T. & Hill, J.O. (2002). From insight to intellect: the challenge of maintaining healthy weight in the modern world. *Obesity Review*, 3(2): 69.

Povey, R., Conner, M., Sparks, P., James, R. & Shepherd, R. (2000). The theory of planned behaviour and healthy eating: examining additive and moderating effects of social influence variables. *Psychology and Health*, 14: 991-1006

Resnicow, K., Davis-Hearn, M., Smith, M., Baranowski, T., Lin, L.S., Baranowski, J., Doyle, C. & Wang, D.T. (1997). Social cognitive predictors of fruit and vegetable intake in children. *Health Psychology*; 16: 272-276.

Rozin, P. (1982). Human food selection: the interaction of biology, culture and individual experience. In L.M. Barker (ed.). *The psychobiology of human food selection*. Bridgeport, Connecticut: AVI, pp.225-254.

Smith, J.A., Jarman, M. & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray and K. Chamberlain (eds.) *Qualitative Health Psychology: Theories and Methods*. London: Sage.

Sparks, P. & Shepherd, R. (1992). Self-identify and the theory of planned behavior: assessing the role of identification with green consumerism. *Social Psychology Quarterly*, 55: 1388-1399.

Sparks, P., Conner, M., James, R., Shepherd, R. & Povey, R. (2001). Ambivalence about health-related behaviours: An exploration in the domain of food choice. *British Journal of Health Psychology*; 6: 53-68.

Steptoe, A., Pollard, T.M. & Wardle, J. (1995). Development of a measure of the motives underlying the selection of food: The food choice questionnaire. *Appetite*: 25, 276-84.

Syme, S.L., Marmot, M.G., Kagan, H. & Rhoads, G. (1975). Epidemiologic studies of CHD and stroke in Japanese men living in Japan, Hawaii and California. *American Journal of Epidemiology*, 102: 477-80.

Troiano, R. & Flegal, K. (1998). Overweight children and adolescents: description, epidemiology, and demographics. *Pediatrics*, 101: 497-504.

Wardle, J. (1995) Parental influences on children's diets. *Proceedings of the Nutrition Society* 54:747-758.

Wardle, J., Sanderson, S., Guthrie, C.A., Rapoport, L., & Plomin, R. (2002). Parental feeding style and the intergenerational transmission of obesity risk. *Obesity Research*. 10, 453-462.

Table 1: Information about participants

Participant	Age	Education level	Ages of male children	Ages of female children	Working outside of home	Living with husband/partner
Alexandra	52	Post A level	15	13	No	no
Sue	42	Post A level	14	12	Part-time	yes
Grace	45	BA	15	12	No	yes
Jackie	43	BSc	15, 13	17, 11, 8	Part-time	yes
Justine	43	HND level	0	13, 12, 12	Part-time	yes
Sarah	42	BA	0	13, 11	Part-time	yes
Barbara	43	A levels	14	11	No	yes
Andrea	48	Postgraduate	0	16, 13	Part-time	yes
Linzi	56	GSCE	16	13	No	yes
Victoria	52	BSc	12	14	Full-time	yes
Alison	47	A levels	0	13	Full-time	yes
Jessica	45	GSCE	12	21, 14, 6	No	yes
Gill	51	HND level	0	17, 13	Part-time	yes
Lucy	47	BSc, BA	10	13	Full-time	yes
Georgina	47	BSc	10	13	Full-time	no